

# VOLUNTEER ADVOCACY SERVICES ANNUAL REPORT

**July 2013 – June 2014**



**State Council on Developmental Disabilities**

**State Developmental Center Volunteer Advocacy Services  
Annual Report  
July 2013 – June 2014**

**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 2013 – June 2014. 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 Semi-Annual Report July 1, 2013 – June 30, 2014

	<b>Canyon Springs</b>	<b>Fairview</b>	<b>Lanterman</b>	<b>Porterville</b>	<b>Sonoma</b>	<b>Total</b>
Grievances	0	0	0	0	0	0
Total Residents as of 06/30/2014	51	311	48	433	437	1280
Number of Residents Referred for Services	28	53	32	119	131	363
Number of Residents Provided Services	21	47	32	96	131	327
# of Residents Served by Volunteer Advocates	21	29	30	93	83	256
Average # of Contacts Per Month by Volunteers with Each Resident Served	4	3	3	3	4	3
# of Individual Related Meetings Attended	8	44	3 average per month	1-5/per resident per month	13	600+
# of Residents Served by the Coordinator	12	22	2	3	27	66
Average # of Contacts Per Month by the Coordinator with Each Resident Served	6	2	2	1-2	1	2-3

	<b>Canyon Springs</b>	<b>Fairview</b>	<b>Lanterman</b>	<b>Porterville</b>	<b>Sonoma</b>	<b>Total</b>
# of Individual Related Meetings Attended	8	64	13 avg/mo	2-3 avg/mo	14	250+
# of Self-Advocacy Groups Facilitated by the Coordinators and Volunteers	2	6	1	4	2	15
# of Volunteer Advocates	4	5	4	6	11	30
# of Volunteer Advocate Training Sessions	7	4	4	10	3	28
# of Volunteer Advocates Trained	4	5	2	6	11	28
# of Volunteers Paid Stipends	3	5	5	6	16	35

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

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

## II. Residents

### Residents Referred and Provided Services

Developmental Center	Total Residents as of 06/30/2014	Number Referred for Services	Number of Residents Provided Services
<b><i>Canyon Springs</i></b>	51	28	21
<b><i>Fairview</i></b>	311	53	47
<b><i>Lanterman</i></b>	48	32	32
<b><i>Porterville</i></b>	433	119	96
<b><i>Sonoma</i></b>	437	131	131

### Residents Referred for Services

Developmental Center	Males	Females	Mental Retardation	Cerebral Palsy	Autism	Epilepsy	Other	Forensic
<b><i>Canyon Springs</i></b>	15	13	28	0	0	0	0	0
<b><i>Fairview</i></b>	29	24	53	0	0	0	0	0
<b><i>Lanterman</i></b>	17	15	32	0	0	0	0	0
<b><i>Porterville</i></b>			91	0	0	0	0	30
<b><i>Sonoma</i></b>	66	65	131	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
<b><i>Canyon Springs</i></b>	10	11	21	0	0	0	0	0
<b><i>Fairview</i></b>	25	22	50	0	0	0	0	0
<b><i>Lanterman</i></b>	17	15	32	0	0	0	0	0
<b><i>Porterville</i></b>	76	20	80	0	0	0	0	16
<b><i>Sonoma</i></b>	66	65	131	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
<b><i>Canyon Springs</i></b>	21	4	8
<b><i>Fairview</i></b>	29	3	44
<b><i>Lanterman</i></b>	30	3	3 (average per mo)**
<b><i>Porterville</i></b>	93	3	1-5/resident/reporting period
<b><i>Sonoma</i></b>	83	4	13

**\* 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, IEP, annual meetings, special team meetings, planning meetings and transition meetings with clients. They assisted clients with speaking to staff, writing letters, making phone calls and sending e-mails. They have attended pre-transition meetings and court preparation meetings. Advocates met with their consumers on a weekly and bi-weekly basis. During this reporting period, advocates continue to work on self-advocacy skills.

Advocates have reviewed the new 'Plus Program' with their clients to ensure they have a good understanding of the new program. Advocates have discussed and explored community living options with clients.

Advocates continue to assist clients with anger management and counting by utilizing approved games. This has also given clients the opportunity to learn good sportsmanship and acceptable behaviors in an environment that they can expect in their communities.

All volunteer advocates continue to spend time helping clients prepare for annual and semi-annual meetings at the facility. They review "My Own Choice," client's rights and assist the resident in writing their choices for presentation at meetings. Volunteer advocates assist their client with proceedings in the court settings. 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.

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 in meeting preparation by providing encouragement, support and planning. They have also practiced with clients on what they will say at the meetings and what to expect.

A volunteer advocate met with several clients in assisting their selection and transition to group homes. An advocate has assisted a client in moving to her new residence. She provided support and encouragement and helped the client get settled into her new environment. The advocate continues contact by visiting the client's in his home, phoning and utilizing e-mail. An advocate has encouraged a client living in the community to start an exercise program that is showing success and the client has been making good progress with this new program. A volunteer advocate has also researched and shared local advocacy group information to a client who has transitioned to a new area.

### **Fairview**

Volunteer advocates attend all annual IPP meetings and transition meetings for the consumers they serve. Their attendance in special IDT meetings is not mandatory, unless requested by the Coordinator, especially when the volunteer is able to provide additional support to the consumer and/or their team concerning a specific issue. The Advocacy Coordinator generally attends all special IDT meetings, as these meetings are often scheduled with short notice and their volunteer advocates are not always available to attend.

Volunteer advocates continue to assist in facilitating follow-up recommendations made by the IDT, such as obtaining special sensory equipment and following up on other medical recommendations. Advocates continue to ensure that necessary supports are available to consumers, such as trainings regarding the use of consumers' personal property and other appropriate trainings to improve consumers' skills and abilities.

Advocates continue to complete ongoing observations of consumers' programming, both on and off their residences, and bring concerns to the Advocacy Coordinator. Concerns include changes in classroom staff, who are often unfamiliar with the consumers' current goals and unable to provide activities/training for the specific needs of the consumer. Due to ongoing FDC staff reassignments, volunteers provide information concerning consumer's skills and levels of participation for residence staff that may be unfamiliar with consumer's current programs and abilities. When more complex issues arise, volunteer advocates advise the Volunteer Coordinator, who follows up with residence and/or program staff. If an issue cannot be resolved at the residence/program staff level, the issue is taken to the CRA/VAS meeting with FDC management for further discussion.

**Advocacy Assistance provided by volunteers during semi annual reporting period (July-December 2013):**

- Advocate talked with residence staff regarding consumer's lack of hygiene. Consumer's hair appeared dirty, his fingernails needed trimming, and one of his shoes ripped along the sole. During the advocate's next visit, the consumer had new shoes and better hygiene.
- VAS Coordinator requested consumer's assigned advocate be able to transport consumer to various activities on grounds. Advocate met with residence staff and received training/alerts concerning this consumer to insure his safety while off his residence. Consumer reported to have enjoyed the concert he attended and will have continued opportunities to attend other facility-wide events with his advocate.
- Advocate requested residence staff enroll consumer in a music class offered through Coastline Community College held on FDC campus. Consumer now attends class twice per week and is enjoying the activity.
- Advocate recommended an advance burial plan be purchased for him, as consumer has excess funds that need to be spent. FDC Social Worker agreed to speak with consumer's family; as to what arrangements they wish to make for their relative. Advocate to follow-up with FDC Social Worker concerning obtaining final arrangements.

- Advocates continue to ensure that consumers' televisions are positioned in the consumer's room so they are able to watch their personal TV or listen to their radios while resting in their rooms.
- Several advocates have requested that their consumers be up in their wheelchairs on a daily basis, health permitting. As a result, advocates have been able to support their consumers to attend activities/clubs available on their residences.
- Consumers are able to go to the outside patio of the residence with their advocates, so consumers are able to enjoy the outdoor environment. Some consumers enjoy lying on the grass in the sun, playing basketball or just enjoying the fresh air and conversations with their advocate.
- Advocate continues to monitor sleep logs for her consumers and has made recommendation to his IDT for reconsideration of sleep medications. Consumer is sleeping less than 5 hours per night and is often observed tired during his class. FDC IDT and advocate continue to monitor consumers' sleep pattern, to determine if medical treatment is needed for insomnia. A special IDT will be requested if further treatment is needed.
- Advocate continues to monitor consumer's nail care and requested more frequent trimming of nails. Advocate reports that consumer's overall health and hygiene has much improved and will no longer need surgery on his hands.

**Advocacy Assistance provided by volunteers during annual reporting period (Jan 2014 – June 2014)**

- Advocate continues to encourage her consumer to demonstrate good hygiene and grooming and to wear more fashionable clothing. He continues to need to be encouraged to wear the new shoes and slacks with zippers.
- Advocate followed up with residence staff to insure that consumers' had access to televisions in their living room, after consumers' moved into another residence.
- Advocate observed that her consumer generally only drank fluids during his meals and seldom ate the rest of his meal. Advocate brought this concern to the residence staff, and now consumer is encouraged to eat his meal first and then drink only some liquids, and after each bite of his meal. Advocate continues to monitor his training and observe consumption of his meals.

- Advocate observed an increase in the frequency and severity of seizures for her consumer. She discussed her concerns with residence staff, and a follow-up appointment was scheduled with UCI Neurology clinic. Consumer is being treated with a VNS, which was adjusted to better meet consumer's medical needs.
- Advocate followed up with IDT recommendation concerning the use of a communication board for her consumer. After some inquiry, consumer's communication system was made available to the consumer and her residence staff, so consumer could better communicate her needs and wishes. Advocate to inquire further if communication board is also be made available to her during off residence programming.
- Advocate shared her concerns to this office, regarding increased daytime coyote sightings on campus and the independent campus access for one of her consumers. Safety concerns were brought to FDC management, and have implemented a facility-wide safety program for all consumers and staff concerning wildlife on campus.
- Advocate assisted her consumer to make a list of questions for her physician so she would have a better understanding of her overall health.
- Advocate continues to sit outside and participate in ball activities with her consumer during her visits. Consumer motions towards the backyard door when her advocate arrives, so she can enjoy the outdoors with her advocate.
- Advocates accompany at least one of their consumers, to facility wide events held at FDC. A facility wide Fall and Spring festival was held on site along with various ongoing holiday events. Consumers always enjoy individual opportunities to participate in these special activities.
- Advocate visited consumer in class and noticed that consumer needed to change her clothes. Advocate was informed that consumer had to return home to be changed as she did not have a change of clothes. Advocate consulted with residence staff and consumer now brings a change of clothes with her on a daily basis.
- Advocate continued to support consistent training for consumer to ride in a van to participate in off campus outings. Consumer had refused for several years to even climb into a van or car and sit. After he continued to have regular training to initially touch the vehicle, and then to sit in the van without any movement he then sat on the seat in the front of the van. After several months, consumer did agree to take a short ride in the van and was able to purchase ice cream while in

the community which he truly enjoyed. Advocate providing continued follow-up with this training for consumer, as he has recently moved to another residence and now has different staff to continue with this training.

- Advocate recommended formal training for her consumer, to improve her toileting skills as consumer continues to attempt to urinate inappropriately while she was with her advocate.
- Advocate continues to monitor consumer's finger and toe nail care and requests more frequent trimming of nails to insure proper hygiene
- Advocate followed up with IDT recommendation for shoes with special insoles for one of her consumers with some balance issues. Consumer did receive new shoes with insoles and has not had any falls over the past several months.
- Advocate requested for her consumer additional hours of independent campus access over the summer. Because there is more daylight over the summer, consumer's hours were extended to 730 PM.

### **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 IPP, special team meetings, and Transition 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, as needed.

### **Porterville**

A total of 119 residents have been referred for advocacy assistance from Volunteer Advocacy Services Program this reporting period. Currently, 93 of the 433 residents are assigned a volunteer advocate and receive weekly services. The Advocacy Services Coordinator serves three consumers. 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 Coordinator, 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, money management, appropriate attire, and concerns with medication side effects, etc. All volunteers document their visits and advocacy assistance efforts and turn them in monthly for inclusion in the files in the VAS Coordinator's locked office.

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 himself/herself. When working with a resident who is unable to advocate for himself/herself or has not had success, the volunteer makes requests through various team members and/or will follow up with the VAS Coordinator or CRA for assistance.

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.

## **Sonoma**

Volunteer advocates attended sixty 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 twenty Transitional Support Meetings and Confirmation meetings for community placement for their consumers. Also advocates attended four 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 four hours per month.

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 the Residential Service Provider will meet that consumer's needs. Examples include:

- At team meetings advocates advocated for community placement for nine consumers.
- Advocates toured seven potential homes and/or day programs for their consumers; to assess needed supports were available to their consumers.
- The Coordinator or advocates had eight 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.
- When consumers become anxious about moving into the community their advocates will discuss the move and try to reassure them.

- When a consumer had to move from a residential unit that he lived on for thirty years to a nursing unit the consumer's advocate accompanied him on the move and followed up with the receiving unit staff to make sure the consumer was adjusting well to the move.
- 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. 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.

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. Advocates and the Coordinator keep in contact regarding the health of VAS consumers.

- An advocate requested that when possible, a VAS consumer be assisted to get out of bed into a wheelchair.
- An advocate attended palliative care meetings and hospice care meetings for a VAS consumer diagnosed with terminal cancer.
- An advocate wrote a letter giving support for VAS consumer to receive a new wheelchair from Medi-care.
- Occasionally advocates inquire about new wheelchairs for VAS consumers.
- An advocate discussed at consumer's IPP meeting her concerns of the consumer sliding down in his wheelchair.
- An advocate noticed that one of her consumer's looked uncomfortable in her wheelchair. The advocate spoke with the Occupational Therapist about the issue. The OT followed up.

- The Coordinator spoke with CRA regarding a consumer in the VAS project that needs dental care. CRA and the Coordinator contacted the Program director regarding setting up a special meeting to discuss plans for the consumer.
- The Coordinator spoke with the staff of Sonoma Regional Project regarding delaying community placement for a VAS consumer until his dental work was completed.
- An advocate spoke with the unit doctor regarding increased agitation of a VAS consumer. After the doctor did an assessment it was found that the consumer was in pain.
- Concerned that one of her consumers was declining in health an advocate spoke with the consumer's doctor and staff to make sure that no medical issues had been overlooked.
- An advocate spoke to the Unit Supervisor regarding the increased seizures of a VAS consumer. The US followed up with the unit doctor.
- An advocate discussed with a Unit Supervisor her concerns regarding a VAS consumer who fell while using the toilet. The US told the advocate that the staff received training regarding protocols on how to assist consumer in using the toilet.
- While visiting one of her consumer's living in the community an advocate became concerned that their consumer wasn't being offered an opportunity to eat food before being fed through a G-tube. Also the advocate noticed a leg restraint was being used which prevents the consumer from crossing her leg. The Coordinator brought this up with the case manager and was reassured that consumer would be given a choice of eating food at lunch and that the leg restraint would not be used.

<b>Developmental Center</b>	<b># of Residents Served by the Coordinator</b>	<b>Average # of Contacts Per Month by the Coordinator with Each Resident Served</b>	<b># of Individual Related Meetings Attended</b>	<b># of Self-Advocacy Groups Facilitated by the Coordinators and Volunteers</b>
<b>Canyon Springs</b>	12	6	8	2
<b>Fairview</b>	22	2	64	6
<b>Lanterman</b>	2	2	13 (average)*	1
<b>Porterville</b>	3	1-2	2-3	4
<b>Sonoma</b>	27	1	14	2

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

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

**Canyon Springs**

The VAS Coordinator is on the premises 40 hours per week and is available for all clients that reside at the Canyon Springs facility. The Coordinator has an average of four to six contacts on a monthly basis with clients who are eligible for advocacy services. Clients are greeted in person or by phone and email.

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. This affords the opportunity to meet informally with clients and discuss personal advocacy, program goals, diet, exercise, the judicial process, human rights, client rights, work place issues and other concerns. The VAS Coordinator has met with each client at Canyon Springs and discussed advocacy. Flyers and brochures, which clients have assisted in creating, are posted/placed throughout the facility with information on obtaining a volunteer advocate.

The Coordinator meets frequently with volunteer advocates on a walk in basis or by appointment and telephone contact to provide support, mentoring and coaching to identify strategies for effective advocacy. The VAS Coordinator meets with the volunteer on a monthly basis to discuss any current issues concerning the clients. The VAS Coordinator consults with the assigned volunteers prior to some meetings to

assist with any concerns. The VAS Coordinator provides guidelines to volunteers on the mission statement of the volunteer program.

A volunteer is a member of the Human Rights Committee that meets once a month. As a member of the committee, the volunteer reviews changes for clients and assists with making recommendations.

The Coordinator facilitated self-advocacy training for new volunteer advocates through individual training sessions. The VAS Coordinator has provided block training regarding clients' rights. The VAS Coordinator has provided training to new staff at Canyon Springs.

The VAS Coordinator monitors and follows up incidents documented in incident reports. This is done on a regular basis.

The Coordinator distributes a monthly calendar of scheduled annual IPP meetings to all advocacy volunteers. An updated calendar of scheduled outings is also distributed to the volunteers.

### **Fairview**

The Project Coordinator attends IPPs, Transitional Support and Review Meetings, and all special IDT meetings held for VAS residents. The Project Coordinator visits VAS consumers around campus, while they participate in the day programming, on their residences or while participating in various facility-wide activities.

The Project Coordinator continues to provide advocacy services for consumers who have recently transitioned back into their home communities. The Coordinator attends their 30 day 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 remains in contact with consumer, their care provider, FDC Regional Project and Regional Center staff during their provisional placement. Project Coordinator will request and review copies of initial IPPs from Regional Centers, behavioral assessments and other reports, once developed by their new community-based ID Team.

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. Advocates complete monthly visitation logs that are reviewed and further discussed if needed, by the Coordinator. Coordinator reviews all incident reports and IPPs for all VAS consumers, and prepares and mails out the volunteer's invoices for approval and payment.

An updated caseload list of consumers served by Advocacy Services is circulated throughout Fairview on a regular basis, to ensure that this office is properly notified of any changes in meetings or special incidents for the consumers we serve. Such information, such as change of dates and/or times of meetings is then forwarded to the consumer's assigned advocate for follow up as needed. Project Coordinator also attends FDC management meetings with CRA and provides CRA coverage during vacations or as needed.

**Advocacy Assistance provided by Project Coordinator during semi-annual reporting period (July-December 2013):**

- Project Coordinator requested special IDT to review surgery recommendation and "consent provider" for FDC consumer. Consent was later confirmed as RC. IDT was held and residence physician thoroughly explained previous surgical attempts and current recommendation for gastrostomy tube insertion. Procedure was completed successfully and consumer has slowly begun receiving nutrition via g-tube.
- Project Coordinator recommended consumer be evaluated for another wheelchair to better meet her physical needs. As part of this evaluation, RC will consult with their transportation services department to review if consumer's new wheelchair can meet ADA community standards, so she can access community services.
- Project Coordinator worked with FDC staff to ensure that the referral form for Advocacy Services continues to be available on FDC forms directory computer drive.
- Project Coordinator recommended that consumer be transferred to another group, within his residence, so he may have the opportunity receive more structured activities while on his residence. Consumer previously had the opportunity to remain in his bedroom and often refused to participate in residence activities. Consumer now willingly participates in most activities and training available to him by residence staff and continues to reduce incidents of behaviors.
- Project Coordinator supported consumer with her decision to not file a writ of habeas corpus, despite her treating psychologist's recommendation. Consumer had been residing in the community during the past year but returned to FDC during provisional placement due to her unsafe behaviors in the community.

- Project Coordinator continues to consult with FDC Occupational Therapy/sensory integration team concerning ongoing treatment with several VAS consumers.
- Project Coordinator ensured that recommendations from an outside behavioral consultant were forwarded to consumer's IDT members and attended a special IDT to include those recommendations in his current behavior plan.

During the past 6 months, VAS Coordinator has facilitated three (3) People First meetings/programs at Fairview DC.

- Coordinator facilitated training on self-advocacy, "Leading My Own Meeting", using the Think, Plan, Do model.
- The Annual FDC Self-Advocacy March featured a local self-advocate as the keynote speaker.
- The third meeting featured a local self-advocate, who met with consumers to answer their questions about community living.

During the second half of FY 2014, VAS Coordinator assisted to facilitate two People First meetings, one on "Making my own Choices" and another one on Earthquake preparedness. A town hall meeting was also held, with CRA on panel answering questions from FDC consumers regarding improvement and the addition of services FDC provides.

**Advocacy Assistance provided by Project Coordinator during annual reporting period (Jan 2014 – June 2014)**

- Coordinator assisted consumer's mother regarding the lack of FDC program staff's follow up to recommendations agreed upon from a formal Fair Hearing she filed. Mutual agreement was reached. The mother will also be kept informed immediately by telephone of any incidents or behavioral episodes.
- Coordinator requested a copy of the behavioral assessment completed by a community-based psychologist, who has expertise concerning severe self-injurious behaviors. A meeting was held to review consumer's current behavior plans and to include any additional recommendations by expert in his program here at FDC.
- Coordinator observed consumer during his afternoon class and was found to be working with a red plastic toy cash register. Coordinator shared concerns with FDC staff concerning the lack of age appropriate training materials. Consumer now is working with a calculator during programming.

- Coordinator attended a Denial of Rights meeting for a consumer who was able to have all her rights restored and her property returned.
- Coordinator continues to advocate for a consumer, who will be graduating from FDC public school in December 2014, concerning vocational training and opportunities upon graduation. He is being evaluated in different vocational settings to determine what type of work he is interested in for future paid employment.
- Consumer requested Coordinator's assistance to request a notebook-type computer to aid her to fall asleep at night. Coordinator consulted with both her conservator/trustee and her IDT, with her request. After several meetings concerning the type of notebook to best meet her needs, a Nook was purchased for her from her Trust and she is reported to be sleeping better at this time.
- Advocate reported to Coordinator that consumer is again wearing worn out shoes. Since this is the second time this was reported in the past few months, Coordinator contacted the residence manager for clarification. She reported that consumer did just get a new pair of tennis shoes but consumer did not know where they were. After repeated inquiries, consumer was recently seen in a new pair of tennis shoes.
- Consumer requested assistance from Coordinator to request campus access from his IDT. Coordinator practiced with consumer, as to what steps to take and whom he would need to speak to. After several practices, consumer did request a special meeting to request campus access. After meeting with his IDT, consumer began independent campus access to go to and from work and home on a daily basis. Consumer continues to do well with his increased independence on FDC campus.
- Coordinator visited consumer while at work and noticed that she was not positioned safely in her wheelchair. When asked if she could be repositioned while in class, Coordinator was informed that there was not any staff available in the classroom trained to reposition her. Coordinator requested that staff from her residence come to the class and return her to a safe position in her wheelchair before she left the classroom. Shortly after this incident, consumer did have an IPP meeting and recommendation was made for her wheelchair to be re-evaluated. After the evaluation, consumer's wheelchair material was replaced with non-slip material, so she would not slide down while she is in her wheelchair.

- Coordinator was contacted by consumer who had resided in Canyon Springs and currently resides in Orange County. He requested some assistance to obtain a signing interpreter to assist him during his group therapy sessions.

### **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 requests 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 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.

### **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.

The project has five to ten consumers that call the advocacy office on a daily and/or weekly basis (this does not include those that call periodically). These consumers are directed to resources and are provided support and problem solving scenarios so that they may self-advocate. If assistance is needed it is provided.

### **Sonoma**

The VAS Coordinator participated in 280 Individual Program Plan meetings, Transitional/Confirmation meetings as well as consultations with SDC staff, regional center case managers, Client's Rights Advocate, and Sonoma Regional Project staff about specific issues for VAS clients. The Coordinator attended meetings with SDC administrators and regarding the process of community placement for individuals in the VAS Project. The Coordinator attended four meetings regarding health issues of VAS participants and five 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 Client's Rights Advocate presented to six SDC social workers regarding SDC resident's right to vote.

The Coordinator presented fourteen rights training sessions to SDC residents. These sessions included discussions and examples of resident's rights.

Beginning in July, the Coordinator along with the Client's Rights Advocate made eleven presentations at SDC employee orientations. At the orientations, there were a total of 228 employees. The presentations included discussions of client rights, the importance of IPPs, the denial of rights process, descriptions of the VAS Project and CRA duties, and laws regarding people with developmental disabilities.

In October 2013, the Coordinator made a presentation regarding the purpose of the VAS project to the Senior Companions and Foster Grandparents organizational meeting. Forty people attended the presentation.

In April 2014, the Coordinator and the Client's Rights Advocate made a rights presentation to fourteen Central Programming Services staff.

On an ongoing basis, the Coordinator meets with new Social Workers and Individual Program Coordinators to inform them about the VAS Project and establish a working relationship.

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, bioethical issues related to treatment are raised, 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 four Client Protection Plan meetings regarding consumers in the VAS Project.
- The Coordinator and volunteer advocates attended six palliative care plan meetings in support of VAS consumers.
- The Coordinator informs advocates of incident reports, hospitalizations, and special meetings regarding their consumers.

- Occasionally the Coordinator and CRA meet with administrative staff (Executive Director, Clinical Director, and Sonoma Regional Project Director) in a joint effort to develop and promote opportunities for self advocacy at SDC.
- The Coordinator is a member of the Human Rights Committee that meets once a month.
- The Coordinator and CRA are assisting the Human Rights Committee in developing trainings and activities for staff and residents regarding rights, choices and advocacy.
- The Coordinator supported residents at their superior court hearings for their request to move from SDC.
- 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.
- The Coordinator and the Clients Rights Advocate requested that SDC provide classes on the nursing units to replace the SCOE classes.
- The Coordinator spoke to the Public Defender in support of a consumer who had filed a writ and whose regional center claimed that there wasn't an available community placement.
- An advocate along with the Coordinator followed up with the CRA and SDC staff in support of a consumer who filed a writ. Due to the advocacy of the Coordinator and the advocate the consumer's regional center has identified a community provider.
- The Coordinator and CRA did an inquiry with a community hospital social worker regarding a possible rights violation while the VAS consumer was at the hospital.
- When a VAS consumer informed the Coordinator of alleged psychological and verbal abuse; the Coordinator filed a GER.

- The Coordinator contacted the SDC trust office regarding establishing a special needs trust for consumer in the VAS project who received a lump sum payment. The special needs trust was established.
- Coordinator presented at the management of Program 6 and the nursing units regarding the roles of VAS advocates and notifications.

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

### **Canyon Springs**

The average one on one advocacy meetings by the Coordinator remained steady. The project increased the number of meetings with volunteer advocates and clients due to recruitment.

### **Fairview**

During the first reporting period, the Project Coordinator attended fewer meetings than in the previous reporting period, due FDC'S discontinuation of formal semi-annual IPP meetings for all ICF level of FDC consumers and the reduction of special IDT meetings. Volunteer advocates attended the same number of meetings during the first part of this fiscal year.

During the second reporting period, the Project Coordinator attended fewer meetings than the previous reporting period. This is probably due to the ongoing consolidation of residences, community placement activity and holding only annual review meetings for consumers who reside at FDC.

The VAS Coordinator followed three additional consumers who have moved into the community during the first reporting period and participated in Transition Support and Review meetings, along with their 30-day IPP meetings and 6-month IPP meetings. Additional follow up was also completed for several consumers who continue to have some difficulty adjusting to their community settings and have exhibited unsafe behaviors since moving into the community.

### **Lanterman**

Eighteen cases were closed for consumers that successfully transitioned into the community. Two new advocates were assigned to eight clients who were previously followed by the coordinator. Additionally, one new client was added to the project. The Coordinator has been increasingly involved with a few of the clients in the

community and at LDC due to unresolved or difficult issues as identified by the advocates.

### **Porterville**

Self-Advocacy/Group Training sessions were held (for all staff and residents), by the Coordinator, this reporting period. Training was presented at the Fall Festivals (STA & GTA) in October of 2013 and the Spring Festivals (STA & GTA) in May of 2014. Training presented included “Leadership, Through Personal Change”, “My Life, My Way” and “Making My Own Choices”. There was an increase in Coordinator attendance at meetings and trainings this reporting period.

Volunteer Advocates attended and assisted with the facilitation of training and presentation of support materials.

### **Sonoma**

The VAS Project has a decent working relationship with regional centers. This helps ease the transition for VAS participants with community placement. Also the VAS Coordinator attends the monthly liaison meeting with Sonoma Regional Project and Regional Centers. This assists the coordinator in knowing what kinds of supports the regional centers provide as well what assistance regional centers need at SDC. With cancellation of SCOE classes volunteer advocates are able to attend more IPP meetings and were assigned more residents. In the last year, 19 VAS consumers moved into community settings.

The VAS Coordinator and the SDC Assistant to the Clinical Director are co-chairs of the Opportunity Fair Committee. The Opportunity Fair is sponsored by the SCDD and Sonoma Developmental Center. The members of the committee include SDC staff, regional centers staff, SCDD 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 30 exhibitors from the bay area including four regional centers and two area boards. Over a hundred and thirty 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.

One advocate was successfully recruited during this period. Five advocates have been recruited into this program and are in the initial process of hiring/training. Two volunteer advocates have finished their training and have been assigned clients.

Three clients have transitioned into the community and their advocates continue to provide assistance. Clients were able to discuss their transitioning issues, their general outlook on life and feelings/ concerns about their new homes and their new work assignments.

### **Fairview**

During the first part of FY 2013-14, three consumers returned to community settings. The VAS Coordinator continues to follow two consumers who initially transitioned to the community with some difficulty and continue with their adjustment.

No VAS consumers passed away between July and December 2013 reporting period.

Three additional VAS consumers have moved into the community, during the last half of this fiscal year and are all reported to be transitioning fine.

The VAS coordinator continues to follow two other consumers, who continue to have had some difficulty transitioning back to the community during the past year.

One VAS consumer passed away between January and June 2013 reporting period.

- Coordinator assisted a consumer with an agenda for his IPP meeting with specific requests for purchase. Consumer then went shopping to select and purchase holiday music which he can enjoy listening to on his stereo.
- Coordinator accidentally discovered an enormous amount of junk food/treats in the DC's point store and reported this to the resident physician, who photographed the room with all of the food and agreed with the coordinator that junk food is not a good choice for a reward for following consumers' behavioral plans. The physician and dietitian thanked the coordinator for bringing this issue to their attention and will follow up to ensure healthy choices, including non-food items, will be made available to consumers.
- Coordinator continues to support parent's concerns regarding the lack of consistent staff working with her son. Several complaints have been filed by the family and this office continues to support the family to ensure the plan of correction pursuant to the complaint resolution is followed as agreed upon.
- Coordinator is having ongoing discussions with a parent concerning residential services in the community for her son due to inconsistent staffing on the residence. Coordinator encouraged family to visit a new residential model, a soft home, which would meet her son's needs. The parent had been extremely

apprehensive prior to our discussions regarding services in the community, but is now requesting this specific type of facility model be developed for her son, within their catchment area. Project Coordinator to follow up with RC program coordinator.

- Coordinator assisted family with referral to a behavioral specialist, who specializes in consumers with the diagnosis of autism and severe self-injurious behaviors. FDC referred a consultant to evaluate consumer and review the current behavior plans. Additional recommendations were made to his current behavior plans. A special IDT was held to review the recommendations and include suggested strategies in his IPP. Coordinator to follow up with those revisions.
- Coordinator assisted consumer to complete an agenda of topics to be discussed during his IPP meeting. His most important issue was the need to continue to receive training in safety skills so that he will again be able to walk to and from his work program without supervision.
- Coordinator attended several Denial of Rights meetings for a VAS consumer, who continues to injure himself with his personal property. His rights to access his personal property were reinstated and a reinforcement program was developed to better manage his behaviors and help him stay safe during a visit with his brother.
- Coordinator participated in two transitional support meetings and review meetings, prior to consumers' community placement. Coordinator also attended three thirty-day reviews and two annual/ six-month IPP meetings for consumers who have returned to the community. Quarterly follow-up continues for two consumers whose placement and programming remains in flux.
- Coordinator held one staff training for volunteer advocates during this reporting period.
- Coordinator attended FDC's annual Reunion Dance and was able to talk with several VAS consumers who now reside in the community and seem happy and healthy.
- With ongoing support from both VAS and residence staff, consumer has made significant improvement in his hygiene and grooming. He also is wearing more fashionable clothing such as jeans and dress shirts and seen in a new pair of tennis shoes.

- Consumer continues to consume all of his meals with the suggestions by his volunteer advocate, to alternate between solid and liquids while eating his meals. Consumer has now gained weight and now is within his ideal body weight range.
- Advocate noted increase seizure activity with her consumer and advocated he be re-evaluated by his neurologist. Consumer was seen at UCIMC Epilepsy clinic and was determined that his VNS device needed to be reprogrammed for maximum effectiveness to control his seizures.
- All FDC consumers were provided training in safety awareness regarding wildlife on campus. Advocacy services staff and volunteers are concerned with the safety of FDC consumers, who have independent campus access, occurring usually later in the afternoon and during early evenings when wildlife are more active.
- Volunteer assisted consumer in making a list of questions she wanted to ask her physician concerning several medical symptoms she was exhibiting. Consumer felt more comfortable speaking with her advocate freely about some questions she had. Consumer was seen by her physician and then prescribed treatment for her medical symptoms.
- While visiting her consumer while at work, consumer needed to change her pants but did not have additional clothing with her. Advocate requested that consumer have a change of clothing with her on a daily basis. Consumer now carries a backpack with a change of clothes with her on a daily basis.
- Coordinator continues to provide consultation to consumer's mom regarding ongoing programming issues for her son. Constant change of staff, in both his residence and in his programming site, continues to affect consumer's behaviors and his levels of participation. Family continues to request to have at least one consistent staff, be available to work with her son during all shifts on a daily basis.
- Coordinator advocated that recommendations made from an evaluation completed by an expert in self injurious behaviors, be included and implemented in consumer's behavioral management plans. Several special IDT meetings were held to insure behavior plans are consistent across all settings.
- While Coordinator was observing VAS consumer in his program, a plastic toy cash register was seen and being used as his training equipment. This concern of the lack of age appropriate training materials was brought to FDC management and consumer is now practicing money management skills on a calculator.

- VAS consumer shared with Coordinator that he has to earn a large amount of points to be able to visit his brother. Concerns shared with CRA about conditions of consumer's family visits. A special IDT meeting was held and agreement was reached that additional staff would be necessary to facilitate a family visit outside of Orange County.
- Coordinator continues to advocate that a variety of trial vocational opportunities, be presented to consumer, who will be graduating from FDC school in December 2014. He currently attends a vocational readiness program in the afternoon but is quite capable to participate in a paid employment opportunity, in an area of interest.
- Consumer is now willing to board a moving vehicle and ride into the community for outings. Consumer has had several successful community experiences to purchase food from various community resources. VAS will continue to monitor his progress in exposure to a variety of community.

### **Lanterman**

During July to December 2013 reporting period:

- One advocate monitored and visited a resident who required hospitalization and surgery in the community.
- Advocates participated in seven IPP team meetings at LDC. Advocates encouraged consumers to participate, express wishes and to ensure appropriate services were provided.
- Advocates attended four special team meetings at LDC. Most meetings were held to review health issues and consults received from medical specialists. Meetings were also held to review behavioral issues.
- Volunteers provided residents with increased opportunities to participate in off-residence activities such as walks, church and facility-wide activities and parties.
- Volunteers visited residents at LDC ninety-six times both on the residence and at DTAC.
- In total, six residents moved into the community during this reporting period. All are making smooth transitions.

- Advocates made fifty-nine follow-up home visits for residents who have moved into the community. Telephone calls to the homes were also made periodically.
- Advocates made seventeen 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 forty-eight ID team meetings for individuals living in the community as per LDC closure plan.
- Advocates participated in seventeen transition planning/review meetings for individuals on referral for community placement.

During January to June 2014 reporting period:

- One advocate monitored and visited two residents who required hospitalization and/or surgery; one client lives in the community and one client lives at LDC.
- Advocates participated in twelve IPP team meetings at LDC. Advocates encouraged consumers to participate, express wishes and to ensure appropriate services were provided.
- Advocates attended six special team meetings at LDC. Most meetings were held to review health issues and consults received from medical specialists. Meetings were also held to review behavioral issues.
- Volunteers provided residents with increased opportunities to participate in off-residence activities such as walks, church, and facility-wide activities and parties.
- Volunteers visited residents at LDC one-hundred-ninety-two times both on the residence and at DTAC.
- Some advocates participated in birthday and holiday celebrations with the consumers. As with any family or friend, the advocate often purchased presents and meals for these celebrations.
- In total, twelve residents moved into the community during this reporting period. All are making relatively smooth transitions.
- Advocates made one-hundred-ninety-two follow-up home visits for residents who have moved into the community. Telephone calls to the homes were also made periodically.

- Advocates made nineteen 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 eighty-four ID team meetings for individuals living in the community as per LDC closure plan.
- Advocates participated in thirty-eight transition planning/review meetings for individuals on referral for community placement.
- One advocate assisted clients to obtain necessary supports (new wheelchair; protective wrist cuffs).
- One advocate was instrumental in ensuring a client with cancer was provided appropriate pain management and individualized programming.

### **Porterville**

Volunteers work specifically with clients on an individual basis (following Individual Program Plans (IPP's)). They provide 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.

The following are examples of service outcomes during this reporting period:

- A male consumer, in the General Treatment Area (GTA) was wearing shorts, out of season, during their advocate's visit. The advocate assisted the consumer with choosing more weather appropriate clothing, as well as ensuring a variety of seasonally appropriate clothing items were available to the consumer. The advocate continued to follow up with the consumer on subsequent visits. No further issues were noted.

- The Volunteer Advocacy Services Coordinator assisted a consumer, in the Secure Treatment Area (STA), with concerns he was having related to personal hygienic dignity, specifically at his work site. An appropriate program was implemented to address the issue, as well as follow-up with medical treatment.
- A female consumer, in the GTA, had been identified as a candidate for home placement, at her IPP meeting. Her advocate assisted her with anxiety related issues regarding the upcoming change. She and her advocate spent their next several visits together preparing for a successful transition and placement.

As more and more consumers are identified for a lesser restrictive environment, all advocates have a client or multiple clients that are increasingly apprehensive and anxious about the changes they are facing. Many of our GTA consumers have spent their entire lives at PDC and the thought of change is very difficult to process for them. The advocates are helping our consumers by focusing on the positive aspects of these changes during their transitions. They are using our “Choices” materials as reinforcement.

We have seen six of our consumers placed during this reporting period with three of the six returning to PDC within approximately two months. Our advocates have taken special care to provide support upon their return and encouragement to continue with programming.

### **Sonoma**

- An advocate gave advice to a social worker regarding room decorations for the advocate’s consumer.
- An advocate noticed one of her consumer’s was wearing pajamas for two weeks. The advocate spoke with the unit Supervisor and was informed that the staff couldn’t find the consumer’s clothing. The advocate arranged a shopping trip with the recreational therapist for new clothes for the consumer.
- A consumer that likes using a recliner to rest did not have one in her room. The consumer’s advocate spoke with the unit supervisor and requested that the consumer have a recliner placed in their room. A recliner was placed in the consumer’s room.
- The Coordinator spoke with trust office regarding setting up a trust account for one of the VAS consumers that received a lump sum payment. The Coordinator was informed by the trust office that a trust account would be created for the consumer.

- On several occasions the Coordinator inquired with Regional Center case managers about action taken on community placement activity.
- The Coordinator spoke with SDC Executive Director regarding personal decorations in VAS consumer's rooms. The ED followed up and personal decorations were added to the VAS consumer's rooms.
- Advocates met a with a potential community providers when those providers visited their clients. The advocates gave information about their consumers to help the providers understand the consumer's needs.
- 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.
- Advocate kept in touch with consumer by email after they moved into community.
- Two advocates accompanied consumers on the day they moved to homes in the community.
- Advocates followed up to make sure their consumers are attending classes in the NF units.
- The Coordinator advocated for residents to attend more classes and to have more trips into the community.
- An advocate assisted with the comprehensive assessment for her consumer.
- A consumer had assessments for community placement from two supported living providers. The consumer's advocate assisted the providers with their assessments.
- An advocate concerned about one of his consumers that fell off a fence, spoke with the consumer's Social Worker regarding the supervision level for the consumer. The Social Worker brought the concerns to the ID team and the supervision level for the consumer was enhanced during times when the consumer is outside.
- A VAS consumer was moved to a warmer room after the advocate concerned about the temperature of the room requested that the consumer be moved.

- An advocate reported to the ID team that a VAS consumer seemed very comfortable while visiting a home in the community. The VAS consumer will move in July.
- At an IPP meeting the Coordinator requested that a VAS consumer be offered increased opportunities to have access to the unit's courtyard. This will be the first step towards preparing the consumer for community outings.
- Coordinator discussed with Sonoma Regional Project Director regarding a complaint by a provider that SDC staff were not available whenever she came to take a VAS consumer off the unit. The SRP Director spoke with the Unit Supervisor and developed a plan for meeting the needs of the VAS consumer and the community provider.
- An advocate was concerned about a VAS consumer who had fallen a number of times. The advocate asked for a mobility assessment for the VAS consumer. As a result of the mobility assessment the consumer is going to be trained to use a urinal during the night. Also he will be provided a taller chair in the family room to reduce his chances of falling when standing up.
- The Coordinator along with the CRA advocated for increased translation and interpretation services for SDC residents. Translators are now available for meetings and court hearings.
- The Coordinator and the CRA spoke with Recreational Therapist Department supervisor about a RT refusing to visit a community home for a VAS consumer, even though the RT worked with the consumer a long time, and could give valuable assistance in easing the transition of the consumer to the community. The supervisor spoke with the RT regarding the need for the team members to assist in making the transition as smooth as possible. The RT went on a visit to the home.

## V. Volunteers

### Volunteer Advocates

Developmental Center	Males	Females	Persons with Disabilities	Relatives	Providers	Students	Professionals	Foster Grandparent Senior Companion	Other
<b>Canyon Springs</b>	2	2	0	0	0	0	4	0	0
<b>Fairview</b>	0	5	0	0	2	0	2	0	1
<b>Lanterman</b>	1	3	0	0	0	0	0	0	4
<b>Porterville</b>	2	4	0	0	0	0	1	1	4
<b>Sonoma</b>	1	10	1	1	0	0	0	0	10

\* 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**

One volunteer was successfully recruited, trained and assigned clients. There is a total of four volunteer advocates at Canyon Springs. Five other volunteers have been recruited and are in the initial process of hiring/training. They will be assigned clients when the process is completed.

Volunteer recruitment consisted of the following: flyers posted at Canyon Springs and at local community centers, agencies, hospitals, libraries, medical clinics, professional organizations 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 met with numerous individuals from other agencies, churches schools, libraries, professional organizations, and colleges to present the program mission and to build community relationships. The Volunteer Coordinator has utilized a current volunteer to assist with presenting at their former college.

The coordinator has gone 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, community centers and work areas in Cathedral City, Palm Desert, Indio, Rancho Mirage and Palm Springs.

The VAS Coordinator has made contact with the California State University San Bernardino (Palm Desert Branch), San Bernardino Valley College and University of Riverside (Palm Desert Branch). The volunteer program was discussed and follow up calls were completed. Informational materials were taken and distributed on campus. Flyers were left at these locations at other times during the reporting period.

The coordinator has met with faculty from the College of the Desert to explore the possibility of developing a partnership with nursing and human service students. Materials for the project were provided to the college.

Recommendations for future recruitment include community presentations at local colleges, community groups and churches.

Cathedral City, CA and the local surrounding areas have a large elderly, seasonal population making it difficult to successfully recruit volunteers for the facility.

Volunteers must have an extremely 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 clients 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 field of nursing, human services, psychology and sociology. If students were given internship opportunities, college credits and mileage reimbursement, this might assist in recruiting more volunteers. The VAS Coordinator has also requested to provide presentations on a regular basis at several local colleges.

### **Fairview**

Recruitment for 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.

### **Lanterman**

Volunteer Advocates are encouraged to assist with recruiting of new volunteers. The Project is also posted on the Area Board X 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**

All eligible applicants must first pass a background/fingerprint requirement. 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.

Our program and those who receive services would benefit from training two to three more advocates to provide valuable services, primarily in the Secure Treatment Area.

## **Sonoma**

Volunteers are recruited with referrals from previous and current volunteers. The majority of advocates were Sonoma County Office of Education employees. Since the cancelation of the SCOE classes on the NF units, two advocates resigned. The remaining advocates were assigned more consumers. Five advocates left the project because they found other jobs and no longer had the time to be advocates. The volunteer advocacy position has been posted on the Area Board 4 Facebook wall and at Sonoma State University.

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:

- How to identify abuse.
- 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.
- How to assist consumers in enhancing their quality of life.

## Volunteer Advocates Training

Developmental Center	# Training Sessions	# Volunteer Advocates Trained
<i>Canyon Springs</i>	7	4
<i>Fairview</i>	4	5
<i>Lanterman</i>	4	2
<i>Porterville</i>	10	6
<i>Sonoma</i>	3	11

### ***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.

Four volunteer advocates received training in boundaries conducted by the on-staff psychologists at Canyon springs. Three volunteers have successfully toured Desert ARC, an off campus work program that some clients at Canyon Springs attend. Three volunteer advocates have also received training in Canyon Springs Behavior Support Procedures Manual, the PLUS Program (Pro-Social Learning System).

A volunteer is matched with a client of Canyon Springs and an initial meeting is arranged and attended by the client's rights advocate, volunteer, client and sometimes the Individual Program Coordinator.

#### **Fairview**

New volunteer advocates attend an eight-hour initial orientation prior to being assigned to provide direct services. Training 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 locate 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 campus. 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.

### **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 VAS Project, Area Boards, the Developmental Center, aspects of the advocate's and Coordinator's roles, and abuse reporting requirements. The advocates are also provided with 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 "A Consumer's 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, the advocate is introduced to the client and key staff on the client's residence and conducts a thorough chart review. The advocate submits assistance logs describing each visit and reports any problems noted. The coordinator attends team meetings with the advocate as necessary.

Volunteers are required to attend the Client/Human Rights and Client Protection classes offered by LDC. Advocates are encouraged to attend the other block training classes and are provided information on other off-campus classes offered throughout the year, as applicable.

During this reporting period, two advocates received orientation/training for additional consumers newly assigned to them. Individualized training was provided to the advocates throughout the year, as needed. Some advocates may also attend additional block training courses offered by LDC (CPR/First Aid, Feeding and Swallowing, etc.).

### **Porterville**

New advocates are provided training by staff and are given a copy of the Training Manual with project and PDC Policies & Procedures. Training is provided on a monthly basis for all advocates.

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, the protocols to follow when taking clients off their residential unit. Advocates are reminded the importance of using the IPP for services and supports. Self-determination and empowerment are discussed in the training as well as People First and community advocacy organizations. 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. Existing advocates mentor the new 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 2013, the Coordinator discussed the changes with the supervision of the VAS project from Area Board 4 to SCDD. The Coordinator discussed some of the

issues occurring at SDC ICF units. The advocates are mandated reporters so they received training in signs of abuse and mandated reporter; including the in new law on mandated reporter requirements at Developmental Centers. SDC is instituting the Person Centered Planning process in all IPP meetings. The advocates received training in Person Centered Planning and how to be an effective advocate in IPP meetings.

### **Volunteer Advocates Stipends**

<b>Developmental Center</b>	<b>Number of Volunteers Paid Stipends</b>
<i><b>Canyon Springs</b></i>	3
<i><b>Fairview</b></i>	5
<i><b>Lanterman</b></i>	5
<i><b>Porterville</b></i>	6
<i><b>Sonoma</b></i>	16

### ***BASIS FOR ESTABLISHING THE LEVEL OF STIPENDS***

All volunteers statewide receive a flat rate amount of \$50.00 per individual per month. 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 recently recruited for the volunteer position at Canyon Springs have expressed that they are volunteering their time to give back to their community, to help persons residing at Canyon Springs Developmental Center, for personal growth and because they believe it to be worthy of their time.

There appears to be a direct correlation between the amount of stipend offered by VAS and the amount of success achieved in recruitment and retention of Volunteer Advocates from local schools.

### **Fairview**

Stipends are an incentive to attract qualified persons to serve as advocates; e.g., those who are both experienced and knowledgeable of the California DD service delivery system and the people it serves.

### **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. Many advocates do not reside in Porterville and travel several miles to provide advocacy services. If the stipend reimbursement were 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 were 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 and mileage reimbursement for volunteers.

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

Funding the development of a website with message boards would facilitate communication between the program coordinators. Volunteers could utilize this as a resource center for learning, updates and communication. The development of on-line training sessions made available to volunteers via a web-site could expedite and coordinate training sessions.

### **Fairview**

- Due to ongoing consolidation within FDC, staffing is becoming more inconsistent and consumers are not often receiving adequate programming. VAS advocates provide specific consumer information to FDC direct care staff, who may not be familiar with the consumer with whom they work.
- It has come to our attention that some regional center caseworkers do not attend their client's annual IPP meetings, which is the time when the consumer and the team discuss future placement plans for the consumers.
- Staffing, especially throughout the Behavior Adjustment Program, continues to remain in flux, due to several post & bid opportunities for staff to request a change in their work assignment. These changes have mostly affected consumers with the diagnosis of autism, who need to have consistent schedule and staffing provided for them.
- This office continues to have concerns with the lack of transitional services for consumers, when they are near graduation from the public school system to begin being employed on a full-time basis. One VAS consumer will be graduating from school in December and has had little exposure and/or training regarding available and appropriate vocational opportunities for him after graduation.

- Advocacy Services continues to work with FDC management to address and resolve issues/concerns as soon as they arise.
- Advocacy Services schedules and meets with FDC management on a monthly basis to discuss any issues and/or concerns this office may have. We will continue to schedule these monthly meetings with FDC management.

### **Lanterman**

**Inadequate Attendance at Team Meetings:** As noted in the previous report, team meetings (especially Transition Meetings) held for clients are often not fully attended by team members. The physicians are often excused before the end of a meeting as are various other disciplines. This becomes a problem when there are questions of that particular discipline and they are not there to address the concern. It appears that this issue is a consequence of reduced staffing associated with the impending closure of Lanterman.

**Lack of Communication with Advocates:** Recently, there has been an increase in volunteers not being notified of meetings for clients who have moved into the community. Typically, the VAS Coordinator through the Lanterman Regional Project (LRP) is able to ensure the volunteers are aware of and able to attend meetings. There are some meetings that are scheduled by the Regional Center and may not be on the LRP calendar. These are the meetings that advocates are missing as they are not properly notified by the Regional Center. This issue is specific to the San Gabriel Pomona Regional Center. The VAS Coordinator has made several attempts directly to the assigned Service Coordinators as missed meetings are discovered to remind them of the advocates' role and communication expectations. Most recently, the Coordinator elevated this issue and sent an email to the supervisor.

### **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.

Due to the federal government's decision to stop funds, for a time, to SCDD, our advocates did not receive stipends, for the months of December 2013 through April, 2014. Checks were released in May of 2014. Three out of the six advocates chose to reduce services due to financial issues, until stipends were paid up-to-date.

As of June 30, 2014, we are back on track and our program is running smoothly.

## 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.
- Advocacy services: The coordinator currently serves 23 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.

- In the fall of 2013, the Coordinator and advocates noticed less recreational activities and community outings due to lack of staffing. CRA and the Coordinator discussed this situation with Executive Director and were assured that programming will improve. In the last six months there has been an increase of recreational and community activities for both ICF and NF units.
- Most consumers in the VAS project that live on nursing units used to receive repositioning classes from Sonoma County Office of Education. Now the repositioning classes are being provided by SDC. Also SDC provides social and leisure classes in the afternoon on nursing units.
- With SDC's aging population on the ICF/behavioral units the need for units that can provide combined medical and behavioral services has increased.
- Residential teams are increasingly discussing the benefits of community placement for their consumers, although some team members are still opposed to community placement. The Coordinator and the volunteer

advocates are advising teams about the rights of consumers to live in the least restrictive setting.

- Some regional centers are reluctant to place their consumer's in the community due to complex medical and behavioral needs.

# VAS ROSTER

## STATE DEVELOPMENTAL CENTER VOLUNTEER ADVOCACY SERVICE COORDINATORS

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