

# VOLUNTEER ADVOCACY SERVICES ) ANNUAL REPORT )

**July 2019 – June 2020 %**



**State Council on Developmental Disabilities %**

**State Developmental Center Volunteer Advocacy Services  
Annual Report  
July 1, 2019 – June 30, 2020 !**

**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 1, 2019 to June 30, 2020.

The Sonoma Developmental Center Volunteer Advocacy Services (VAS) Program ended on June 30, 2020 after serving individuals residing and moving from Sonoma Developmental Center for over twenty-one years.

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, 2019 – June 30, 2020 !**

	<b>Canyon Springs</b>	<b>Fairview</b>	<b>Porterville</b>	<b>Sonoma</b>	<b>Total</b>
Grievances	0	0	0	0	<b>0</b>
Total Residents as of 06/30/2020	48	0	190	0	<b>238</b>
Number of Residents Referred for Services	43	32	74	31	<b>180</b>
Number of Residents Provided Services	43	32	74	31	<b>180</b>
# of Residents Served by Volunteer Advocates	43	19	59	30	<b>151</b>
Average # of Contacts Per Month by Volunteers with Each Resident Served	6	2-3	4-5	4	<b>4-5</b>
Average # of Individual Related Meetings Attended Per Month	2	6	19	1	<b>7</b>
# of Residents Served by the Coordinator	43	8	15	2	<b>68</b>

	<b>Canyon Springs</b>	<b>Fairview</b>	<b>Porterville</b>	<b>Sonoma</b>	<b>Total</b>
Average # of Contacts Per Month by the Coordinator with Each Resident Served	20	1-3	4-8	2	<b>7-8</b>
Average # of Individual Related Meetings Attended per month by the VASC	8	4	21	1	<b>8-9</b>
# of Self-Advocacy Groups Facilitated by the Coordinators and Volunteers	4	2	10	3	<b>19</b>
# of Volunteer Advocates	13	3	5	5	<b>26</b>
# of Volunteer Advocate Training Sessions	23	3	15	11	<b>52</b>
# of Volunteer Advocates Trained	13	3	5	5	<b>26</b>
# of Volunteers Paid Stipends	13	3	5	5	<b>26</b>

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

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

## II. Residents

### Residents Referred and Provided Services

Developmental Center	Total Residents as of 6/30/2020	Number Referred for Services	Number of Residents Provided Services
<i>Canyon Springs</i>	48	43	43
<i>Fairview</i>	0	32	32
<i>Porterville</i>	190	74	74
<i>Sonoma</i>	0	31	31

### Residents Referred for Services !

Developmental Center	Males	Females	Intellectual/developmental disability	Cerebral Palsy	Autism	Epilepsy	Other	Forensic
<i>Canyon Springs</i>	38	5	43	2	8	4		
<i>Fairview</i>	22	10	32					
<i>Porterville</i>	63	11	26	3	1	10		34
<i>Sonoma</i>	26	5	31					

\*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	Intellectual Disability	Cerebral Palsy	Autism	Epilepsy	Other	Forensic
<i>Canyon Springs</i>	38	5	43	3	8	4		
<i>Fairview</i>	22	10	32					
<i>Porterville</i>	63	11	26	3	1	10		34
<i>Sonoma</i>	26	5	31					

\* If a resident is in the forensic program, he/she are identified under gender and forensic only.

## III. Services

Developmental Center	# of Residents Served by	Average # of Contacts Per Month by Volunteers with Each Resident Served	Average # of Individual Related
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	<b>Volunteer Advocates*</b>		<b>Meetings attended per month</b>
<b><i>Canyon Springs</i></b>	43	6	2
<b><i>Fairview</i></b>	19	2-3	6
<b><i>Porterville</i></b>	59	4-5	19
<b><i>Sonoma</i></b>	30	4	1

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

## **ADVOCACY ASSISTANCE PROVIDED BY VOLUNTEERS**

### **Canyon Springs**

Volunteer Advocates attend IPP meetings, special team meetings, planning meetings and transition meetings with the consumers. They assist consumers with speaking to staff, writing letters, making phone calls and sending e-mails. They attend pre-transition meetings and court preparation meetings. They attend video court with their consumers. Volunteer Advocates meet with their consumers on a weekly and bi-weekly basis. During this reporting period, Volunteer Advocates participate in self-advocacy training on a monthly basis. Due to COVID-19 restrictions, Volunteer Advocates call the consumers several times a week to talk to them more often.

Volunteer Advocates review the Canyon Springs Pro Social Learning System (PLUS) program with their consumers to ensure they have a good understanding of the program and the consumers' individual plus sheets. They explain the different percentages and how the consumers receive rewards for positive behaviors. Volunteer Advocates discuss and explore community living options with consumers and assist consumers with sharing information during their scheduled meetings.

Volunteer Advocates assist consumers with anger management, practice better coping skills and create positive feedback. Volunteer Advocates provide games and participate in strategic opportunities with the consumers thereby, providing the consumer an opportunity to practice good sportsmanship and acceptable behaviors.

Volunteer Advocates spend time helping consumers prepare for annual review meetings and any other special meetings at the facility. They review "My Own Choice," consumer's rights and assist the consumer in writing down choices for presentation at meetings. They assist consumers in meeting preparations by providing encouragement, support and planning. Volunteer Advocates' assists consumers by taking notes during the meetings and reminding consumer of requests and individual wants and needs. VASC (Volunteer Advocacy Services Coordinator) and Volunteer Advocates assist consumers in preparing for hearings and practice with clients their responses to the court.

Volunteer Advocates encourage consumers to speak to staff and ask for attention to needs. This can include health care, money management, and meeting information. VASC and Volunteer Advocates participate in self advocacy training held every third Thursday on the unit. Certificates are given for training participation annually by SCDD Regional office staff. Clients learn in an interactive environment and are encouraged to participate with questions and answers.

The Volunteer Advocates continue to communicate with their consumers after transition into the community. When possible, Volunteer Advocates visit the consumer's homes. There are consistent weekly phone calls, providing direct communication for the consumers to express their feelings and concerns. Volunteer Advocates research and share local advocacy group information for consumers in a new community. In person visits have ceased due to COVID-19, so Volunteer Advocates make more phone calls to their consumers, ensuring consistency of service.

Volunteer Advocates assist consumers with getting renewed or new California identification cards (IDs). This often includes investigating if the consumer's birth certificates need to be ordered. CS social worker stated that the consumers will need to get a new ID with their new address once they are placed in the community and that the residential provider can assist the consumer. However, if a CA ID has expired it requires a birth certificate to have a new ID issued. This is very troublesome for many consumers who no longer have their birth certificates. In addition, not having a CA ID makes securing employment impossible. VASC secured the assurance from the CS executive director that the consumer in transition planning will have their CA IDs updated in time for their exit dates. VASC has received a list of consumers and their ID status. Approximately 50% of the population does not have current CA IDs. Volunteer Advocates participate in transition planning meetings and verify consumer's ID status.

A Volunteer Advocate has been assisting a consumer in the community to develop a work program with his providers. The consumer has no legal status and the Volunteer Advocate speaks his native language. Their communication assists the consumer to work as a volunteer. The providers lost his birth certificate and the Volunteer Advocate is working with the consumer's mother to secure paperwork that will result in gaining legal immigrant status. The mother had to tell the consumer of his father's passing and asked the Volunteer Advocate to be at the house. The mother thought it would be helpful to have the Volunteer Advocate there to assist. The Volunteer Advocate reports the consumer benefited from the extra support.

A Volunteer Advocate reported to the VASC via text on a Saturday night after talking to the consumer; that there were no staff on duty. VASC contacted providers management on the cell phone. The manager addressed the problem by contacting on-call staff. VASC called the consumer to verify staff are at the home. The consumer is living in a supported

living home and continues to need Volunteer Advocate involvement. The consumer reaches out to VASC or Volunteer Advocate more often, due to COVID-19. The consumer expressed thoughts rather than acting out on staff.

A Volunteer Advocate spoke to the consumer when she moved out of state to live with a parent. The Volunteer Advocate remained in phone contact while the consumer assimilated in a new environment. This assisted the consumer to stay on her medication protocol and follow rules set forth in her new home.

A Volunteer Advocate wrote letters and cards to a consumer incarcerated in the county jail.

A Volunteer Advocate sent cards to consumers for all special occasions. Often, this is the only correspondence the consumer receives.

A Volunteer Advocate called individual regional center service coordinators to touch base about consumers they mutually serve. The Volunteer Advocate encouraged the service coordinators to look outside their catchment area to serve the consumer with transitional housing. The reports from the Volunteer Advocate assisted the service coordinators with information regarding the consumer's positive improvement at CS.

A Volunteer Advocates brought to the attention of the psychologists that two consumers are requesting to get married. The information to the medical staff allows for further training and discussion with consumers as to the responsibilities in marrying.

A Volunteer Advocate gave additional support to the consumer who lacked vocational options due to legal status. The consumer reported there are no activities and he is bored. The Volunteer Advocate advocated for additional activities and opportunities for the individual.

A Volunteer Advocate reports to VASC the consumer is distraught over not seeing his mother. The VASC arranged for immediate Zoom meetings for family and consumer.

### **Fairview**

During the first half of FY 2019-20, nine Fairview Developmental Center consumers returned to their home communities; one consumer moved back to Northern California into an adult residential facility for persons with special health care needs (ARFPSHN). Four consumers moved into ARFPSHN with in-home day programs being provided. One consumer moved into a residential care facility for the elderly (RCFE) and attends a day program. Three consumers moved into an enhanced behavioral support home (EBSH) and outside day programs have been identified for all three. These consumers have transitioned successfully to both their living and day programs and continue to be followed by both the VAS Coordinator and their Volunteer Advocates. Also, within the



first half of the fiscal year eight cases were closed as the consumers had completed their first year living in the community. Two consumer cases were transferred; one to the PDC catchment area (as previously mentioned) and the other was transferred to Canyon Springs. Two consumers passed away in this time frame; one had been placed in the community during this period.

There is one additional FDC VAS consumer in transition to the community currently.

During the second half of FY 2019-20, the final VAS consumer was transferred into the community into a CLIF. 22 cases have been closed at the conclusion of this reporting period as the consumers had been living in the community for one year.

When FDC was still open, Volunteer Advocates continued to visit with consumers several times per month here at Fairview and usually were able to attend any meetings scheduled for the consumer. The various types of meetings they attended included annual individual program plan meetings (IPPs), special conferences and several types of placement planning meetings, from the meet and greet, the transition planning meeting, transition meeting updates and the transition review meeting. Volunteer Advocates continued to visit and follow up with consumers once they move into the community at various intervals as required. These visits have included visits at the following intervals: at the fifth day living at the home, the 30-day IPP meeting, the 60-day IPP meeting in some cases, the 90 day meeting, the six month meeting, and the one year IPP meeting with their consumer. The Volunteer Advocates contact VAS consumers or the consumer's residential provider at least twice a month during the one year. Advocates are required to complete documentation of their visits. Although these visits were to be face to face, our advocates had to readjust how they stayed in contact with their consumers during the COVID-19 pandemic. Meetings were conducted via telephone or video conferences.

Summary of advocacy provided by volunteers during the first part of fiscal year 2019-20

- A Volunteer Advocate assisted a mother in applying for her son's Cal-Able account once he moved into the community.
- A Volunteer Advocate learned from FDC staff that the consumer used to love playing the family organ when he had lived at home. The advocate communicated this information to the administrators. At the one year meeting, the advocate successfully advocated for an organ to replace the piano at the home.
- A VAS consumer had worn out clothing. The Volunteer Advocate assisted the consumer in finding donated clothing to replace the consumer's clothing.

- A Volunteer Advocate assisted a consumer in getting clothing donated once they moved into community due to the clothing, they came with did not fit and was very worn out.
- A Volunteer Advocate assisted a home administrator in obtaining the consumer's birth records.
- A Volunteer Advocate recommended ways to assist a VAS consumer to sleep in his bedroom consistently.

#### Summary of advocacy provided by volunteers during the second half of fiscal year 2019-20

- The father of a VAS consumer was the consumer's only family member that visited the consumer at FDC. When the father passed away the Volunteer Advocate was instrumental in reconnecting the consumer with brothers. The brothers are now involved in the consumer's life. The consumer's residential service provider was planning to take the VAS consumer to visit with a brother. The visit was postponed due to stay in place orders due to COVID-19 pandemic. There had also been outings to the city where one of the local brothers lives.
- A Volunteer Advocate assisted staff in ways to help her consumer adjust to the fact that "going to trust daily to get money" did not happen in the community. A plan was developed to help in this transition.
- A Volunteer Advocate assisted staff in developing a plan to help a consumer with good hygiene including using a facial tissue appropriately.
- An Advocate assisted residential provider staff by informing them of the behavioral history of the VAS consumer.
- In order to assist a consumer to go out into the community, the Volunteer Advocate agreed to contact the consumer weekly and encourage the consumer to wear a mask.
- A consumer told the Volunteer Advocate that he wanted to return to work. The Advocate worked with the residential provider on steps to return to work. Also, the Advocate requested the residential provider take the VAS consumer to a park for exercise.
- An Advocate requested a VAS consumer's residential provider schedule a mammogram for the consumer.

## **Porterville**

VAS Coordinator and Advocates attended 280 Annual IPP's, IPP reviews, and/or community transition meetings. These meeting activities included; visits to community care facilities, day/work programs, meet and greets, transition planning meetings, annual Individual Program Plans, special meetings and transition review meetings. In this reporting period, twenty-six VAS consumers were placed in the community. One consumer was directly discharged and continues to receive VAS services in the community. There were five deaths of VAS clients this reporting period. The General Treatment Area (GTA) closed on December 31, 2019 when the final consumer was placed. The increase in average monthly meetings can be directly related to the closure of the General Treatment Area as numerous transition meetings were held to keep the consumer and the team updated on the progress of either a search for a home or the construction and licensing timetables of an already identified home.

Volunteer Advocates are the "eyes and ears" of the project. They often identify issues of concern that may need to be brought to the VASC or CRA's attention. Porterville Developmental Center 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 and/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 "secured treatment area" (STA) and the non-forensic residents are referred to as "general treatment area" (GTA general services).

Advocates spend at least three hours a month per consumer that are assigned to the Advocate. These hours include but are not limited to meetings (IPP's etc.) for the consumer, playing skill building games, assisting with communication building, promoting self-advocacy of their wants and needs, increasing money management skills, and visits with the consumer. Advocates accompany consumers around the PDC campus (both STA and GTA). Due to the restrictions from the COVID-19 pandemic, Advocates relied on phone calls and video calls/zoom for the majority of their interactions. They increased these interactions so that the consumers that they serve do not feel as isolated. The VASC acquired cards and activity booklets that the Advocates have been sending to their consumers. They have also been exchanging more frequent emails with the providers so that they are kept up to date on the day to day activities.

Volunteer Advocates provide weekly support to their assigned consumers. Visits focus on how the individual consumer's week has been and if there have been any issues of frustration. Some Advocates role-play different scenarios to help the consumer practice possible alternative solutions to situations of identified concerns. Due to COVID-19, the Advocates have been learning new strategies to boost the morale of their consumers and interact in a more meaningful way. The Advocates identify staff or other resources that consumers can contact to resolve issues or meet wishes.

Advocates assist with preparation for consumers' Individual Program Planning (IPP) meetings, meet & greet meetings with potential community providers, transition planning meetings (TPM's), transition review meetings (TRM's) and special meetings to cover immediate needs. They attend as many meetings as possible for their assigned consumers but sometimes ask the VAS Coordinator to provide coverage if they have a conflicting schedule. Advocates often address quality of life issues, such as: advocacy for appropriate placement, advocacy for employment, resolving conflicts with peers, ensuring that less capable consumers are appropriately attired, assisting with increasing their money management skills, and concerns with medication side effects, etc. All Advocates document notes regarding their advocacy assistance efforts.

Emotions and anxiety increased at the start and throughout this pandemic. Advocates have been sharing with their consumers the importance of self-care, washing your hands often, getting plenty of rest, exercise, and eating well. Advocates assisted clients in helping them put things into perspective such as sharing that most people who contract COVID-19 recover.

Porterville has two Advocates (as well as the VAS Coordinator) that continue to provide advocacy services after a VAS consumer transitions to the community. These services are provided for at least one year, at various intervals as required. These visits include but are not limited to face to face visits at the following intervals: at the fifth day living at the home, the 30 day IPP meeting, the 60 day IPP meeting, the 90 day meeting, the six month meeting, nine month face to face visit, and the one year IPP meeting with their consumer. The Advocate stays in contact with the consumer or the facility staff by phone during the months when no meetings are held. These community meetings are usually held at the home or at the day services programs. Our Advocates are also required to complete documentation of their visits on several different forms developed for community follow up for all VAS consumers.

Prior to COVID-19, when residents require hospitalization the advocates visit them at the General Acute Care unit on grounds and the community hospital to make sure that they have a familiar person with them and ensure their needs are met. They attend the special IPP meetings to discuss the significant change in the residents' health to be aware of the change in the individual's plan of care. At this time, all contact is made via telephone and updates from the nursing staff. If the consumer is at a community hospital, the VASC will communicate with the social worker for progress and updates.

The Advocates utilize individualized approaches to communicate with each of their consumers depending on the current need of the consumer. When working with consumers who are learning to be self-advocates, the Advocate uses more of a teaching model, encouraging the consumers to speak up for themselves. When working with a consumer who is unable to advocate for themselves or has not had

success advocating for themselves, the Advocate makes requests through various team members and/or will follow up with the VAS Coordinator or CRA for assistance.

*Examples of advocacy provided by volunteers during the 2019-2020 fiscal year.*

- A consumer was residing in an ARFPSHN home that was struggling with consistent staffing. The Advocate continuously raised issues with the provider and the VAS Coordinator. As a result, several meetings were held with the Regional Center and an alternate home was found for the consumer where he is now flourishing.
- A consumer asked her Advocate to help her communicate with the IDT about a job change as she was feeling targeted by other peers in the work site. An IPP review was held and the consumer was able to choose another work site that better met her needs. She was very happy with her new work site.
- A consumer recently became diabetic and began taking medication. She didn't fully understand the disease nor the side effects she was experiencing. The Advocate met with the MD and HSS and was provided with resource materials that she was able to share with the consumer. The consumer took an active role in controlling the disease requesting that the Advocate take her on more walks when they visited and to teach her how to read product labels. She was able to lose weight and reduce her dosage of medication.
- Two deaf consumers residing in the same home made inquiries about getting larger/newer tablets that would support sign language software. The Advocate communicated this to the provider and RC. They were able to purchase the tablets and software. The consumers enjoy communicating with the community via their tablets.
- A consumer tablet that was used for weekly facetimeing his family was broken. This was elevated on multiple occasions to the team; however, the consumer did not have enough funds to purchase a new tablet and hot spot for Wi-Fi. The Advocate tirelessly researched items that could be purchased with the funds available. The tablet was purchased, and the consumer resumed weekly FaceTime sessions with his family.
- While a consumer was on therapeutic leave at his possible placement, he required hospitalization. The Advocate visited with him daily while in the hospital. The Advocate assisted the individual to communicate his needs to the hospital staff. Once he returned to the home the Advocate continues to see him regularly. He is doing well.

- A consumer was growing anxious and nervous as his peers were being placed and he was still awaiting the completion of his home. The Advocate regularly talked with him about the pictures of the home, possible employment, the advantage of patience. At his 5 day meeting the consumer told the VAS Coordinator that his Advocate really helped him, and he was grateful to have his Advocate's services.
- A consumer that had been attending a day program had wanted to have paid employment, however, his behaviors prevented him from attending an alternate work program. With the help of the Advocate the consumer was able to advocate for himself and a work component was added to his current day program.
- During a visit with a non-verbal consumer with life threatening PICA issues, the Advocate noticed that the consumer was acting very evasive and secretive, darting his eyes back and forth. Throughout their visit he noticed that the consumer purposefully chose the same chair and became anxious if he was unable to sit in the specific chair. He alerted the staff who in turn removed the chair for examination. It was noted that there were several items of paper scraps, string, and small pebbles in the side piece of the chair. As a result, the chair was modified before returning to the living room of the home. The provider was very appreciative regarding the Advocate's keen eye and knowledge of the consumer.
- A consumer in an SRF home was missing his family. At his 90 day meeting the Advocate talked with the regional center about retrieving photos of his family so that they could talk about them. During their visits the consumer became really animated and talked about times passed. His overall manner improved, and he now enjoys leisure activities in the community again.
- While residing at PDC a consumer was diagnosed with a life-threatening medical condition that required him to quit smoking. It was very difficult, but he was able to quit. He credited his Advocate for making the process easier. However, once he transitioned to the community he perseverated on starting again despite the medical complications. Several meetings were held and while he did start smoking again, his smoking is drastically less than before. The consumer and Advocate continue to talk about smoking cessation.
- While communicating with his consumer through Duo an advocate was able to identify the warning signs that the consumer was experiencing altered mental status. He immediately contacted the provider who was able to intervene, check his blood sugar, and provide treatment as the consumer was experiencing a hyperglycemic event. Later that afternoon they re-engaged their Duo call and

discussed the warning signs and strategies with the consumer to prevent future crises.

- An Advocate reached out to the BCBA (behavior analyst) to learn additional coping mechanisms and strategies to assist the consumer during the shelter in place orders. They set up a monthly FaceTime with the consumer so that all three could talk and problem solve together.
- An Advocate noticed that their consumer was especially withdrawn and making some self-defacing comments after a new admission to the home. The Advocate assisted the consumer with drafting a letter and setting up a meeting with staff and peers so that she could communicate her concerns.
- While participating in a post transition meeting an Advocate was able to share historical information regarding the consumer that the team was unaware of. This turned out to be very beneficial in diverting a possible behavioral episode with staff. Throughout the year the staff would periodically call the Advocate to gain further knowledge about the idiosyncrasies of the consumer.
- During Skype visits with multiple peers in the same ARFPSH home an Advocate was able to see the progression of depressive type symptoms. With the shelter in place orders these consumers were no longer receiving daily visits from their Senior Companions nor from their Advocate. While the Advocate has been able to Skype at least monthly the Senior Companions could not. In Coordination with the home staff, the VASC and the Director of Senior Companion program phone calls to the consumers were made so that they could communicate with their Senior Companions as well.
- At the above mentioned ARFPSHN home the Advocate set up activities for the consumers to participate via Skype with the assistance of the staff at the home. The home was very cooperative in assisting this Advocate despite multiple staffing issue as a result of COVID-19.
- During an IPP the Advocate was able to provide insight regarding a consumer's behavioral pattern. During the meeting the Advocate was able to assist the consumer with being able to voice his concerns and come to a resolution with staff.
- Over the course of several calls an Advocate was able to identify that a consumer was experiencing some discomfort from their dentures. The consumer began changing his speech pattern and avoiding certain words. This home was especially impacted by staff issues and there had been numerous staff changes. The Advocate reached out to the provider and when nothing seemed to be taking

place to rectify the issue, he then contacted the VASC who in turn contacted the Regional Center RN for follow up. The consumer was able to get into the dentist and get an adjustment made to his dentures within a week. This turned out to be very prudent as the COVID-19 restrictions regarding dental care came into effect the following week.

- During their visits a consumer voiced their increasing concern over their upcoming court date and being able to communicate their wishes. The Advocate helped the consumer draft a letter to read to the judge regarding the consumer's wants and wishes. The VASC attended court and assisted the consumer in being able to voice this letter to the judge and provide further clarification issues. After court the Regional Center set a special meeting with the consumer and team to work towards the goals he outlined in his letter. Since that time the consumer is now successfully placed in his desired area and is working towards achieving his goals.
- Advocate requested to follow his consumer for an additional 6 months as there were several needed medical follow ups that are not available during COVID-19.
- VAS Coordinator met with the team in regard to an SIR for a consumer at his day program. He had started in the day program and was displaying some concerning behaviors. An updated behavior plan was added, and the VAS Coordinator agreed to continue VAS services beyond the 12 month mark to confirm successful transition to his new day program.
- During a phone visit an advocate noticed that his consumer was not as engaging in conversation. After several attempts to get the consumer to open up he finally admitted that another peer in the home had been stealing for cigarettes. The Advocate reached out to the team who in turn questioned both peers and the abuse was stopped. His staffing ratio was increased in the event of retaliation but both peers were able to have an issue resolution meeting and further incidents have occurred.

During the first half of the fiscal year 2019-2020, consistency of services for the remaining consumers in the GTA was impacted by the closure process and staff taking positions in other areas. Advocates played a significant role in assisting their consumers during these transition periods. The VAS project continues providing advocacy services after a VAS consumer transitions to the community for one year.

In the second half of the fiscal year 2019-2020 the focus was to place the Welfare and Institutions Code Section 6500 commitment population in the STA as soon as possible in order to make room for those needing competency training. However, the impact of the COVID-19 shelter in place orders severely impacted those transitions. Cross



training via telephone is encouraged but not ideal. Advocates are assisting their consumers throughout this process and ensuring that the safety factors that many of the individuals need are being put into place prior to placement so that the consumer can be successful.

### **Sonoma**

The VAS project continues providing advocacy services after a VAS consumer transitions to the community for one year. In those cases where VAS consumers need ongoing advocacy, VAS will continue until the issues are resolved. Volunteer Advocates participated in 43 review meetings with VAS consumers. Advocates participated in 29 IPP meetings for VAS consumers. In addition, the Advocates often visit VAS consumers to check on their well-being. Advocates made 26 face to face visits. Starting in the middle of March with the shelter in place (SIP) orders due to COVID-19, advocates did 55 video visits with their consumers. Due to the SIP order the advocates contacted VAS consumers or providers on a weekly basis to receive updates on how the VAS consumers are doing. The Advocates inquired if there were changes in the behaviors of the consumers due to work and day programs being closed. In addition, Advocates asked the providers what activities are provided for the VAS consumers.

Volunteer Advocates consult and problem solve with residential service providers, regional center service coordinators, and day program staff. Advocates are involved in meetings that influence residents' day/work services, and changes in health. Additionally, Advocates participate in meetings regarding care, treatment, palliative care or hospice needs. Advocates participated in 11 health care and special meetings. Advocates are a consistent person in the consumer's life. Often, Advocates provide historical information regarding consumers to unfamiliar residential and day program staff.

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 targeted for Northern STAR VAS consumers. Advocates participated in two transition meetings for a VAS consumer. Advocates assist the VAS consumer's team in making sure that consumer's needs will be met by the residential service provider. Examples include:

- At meetings, Advocates recommend services in the community needed for VAS consumers.
- The Coordinator or Advocates had ten meetings with regional center service coordinators to discuss issues and concerns for consumers in the VAS project.

- When VAS consumers become anxious about moving into the community their Advocates will discuss the move and assist in processing the change. Advocates use pictures and understanding of the upcoming placement to help acclimate the consumer to the change.
- When SIRs are reported for VAS consumers, Advocates contact the residential service provider to ensure plans of correction are followed.
- Coordinator informed an Advocate about an allegation of abuse of a VAS consumer. The Advocate contacted the residential service provider to check on the well-being of the consumer and ensure that steps would be taken to prevent further abuse.
- Advocate spoke with a VAS consumer's regional center service coordinator to aid in finding a specialist for the VAS consumer. The service coordinator made a referral to a specialist.
- A VAS consumer needed supplies, a walker, and a stander that were left at SDC. The Advocate contacted Sonoma Regional Project and informed them of the consumer's needs. The Sonoma Regional Project took the supplies and equipment to the VAS consumer.
- In October 2019, during the power outages the Coordinator and Advocates checked on VAS consumers that were affected by the power outages and evacuations to make sure the VAS consumers were safe.
- Coordinator and Advocate advocated for additional behavioral services for a VAS consumer that regularly tears clothes which results in the consumer having few articles of clothing. The service coordinator increased the behavioral supports.
- When an Advocate learned that a VAS consumer was not receiving their P&I funds since March of 2019, the Advocate contacted the consumer's service coordinator requesting their assistance in resolving this issue. The Coordinator informed the service coordinator that the VAS consumer not having access to his money may be a rights violation. The service coordinator contacted the residential service provider regarding the funds. After several weeks of research, it was found that the funds were not released by the regional center. The regional center sent the consumer three months of P&I funds and will pay the remaining funds due the consumer. The VAS consumer is now receiving monthly P&I funds. The VAS consumer was able to purchase a lounge chair which the consumer can use to elevate his/her feet as recommended by his/her doctor.

- During a visit, Advocate and Coordinator were informed that a VAS consumer had yet to receive their P&I funds in over a year. Due to the lack of P & I funds the consumer couldn't purchase clothes or other items unless the residential provider purchased the items for the consumer. The Advocate and Coordinator contacted the VAS consumer's service coordinator and supervisor to resolve the issue. The residential service provider is purchasing clothes and items for the VAS consumer. The VAS consumer started receiving his P&I funds in January of 2020.

When consumers are hospitalized, Advocates visit them for emotional support and ensure their needs are met. Advocates participate in special meetings concerning the consumer. For example, Advocates or Coordinator 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 participate in team discussions related to bioethical issues such as the decision to provide hospitalization for a consumer receiving end-of-life care.

Often Advocates visit their consumers in the hospital to assure needs are met and to have a familiar person with them. This visitation lessens the need for physical restraint. Advocates communicate baseline behavior and abilities to hospital staff. Advocates and the Coordinator keep in contact regarding the health of VAS consumers.

- Often Advocates will follow up on medical issues regarding VAS consumers.
- An Advocate contacted a VAS consumer's service coordinator to request to follow up with the VAS consumer's residential provider in setting an appointment with an ENT specialist in order to obtain treatment for an ear infection. The service coordinator spoke with the residential provider and advocated with the UC Davis doctor to get a referral for a specialist.
- A VAS consumer's PCP recommended that a g-tube be placed to reduce the frequency of the VAS consumer bouts of pneumonia. The VAS consumer's Advocate recommended training the staff on assisting the VAS consumer during meals to reduce aspiration. The residential staff were given additional training and the PCP decided against the procedure.
- Coordinator and Advocate attended a special meeting with VAS consumer's regional center on how the VAS consumer can receive dental services. The Coordinator requested that the regional center pay for the services. The regional center agreed to speak to the dentist regarding becoming a vendor. In March 2020, the VAS consumer received dental services.
- A VAS consumer was losing weight due to refusing to eat some food items. The Advocate informed the VAS consumer's residential provider what foods the

consumer preferred. Due to being offered preferred food items, the consumer began to eat more and regain weight.

- In order to decrease a VAS consumer’s anxiety, the Advocate requested a daily activity schedule for the consumer. The Advocate shared the schedule with the consumer and explained the pattern of events to expect.
- An Advocate learned that residential provider staff were having difficulty assisting a VAS consumer translocate in the home. The Advocate requested the residential provider staff be trained in sighted guides to help the VAS consumer translocate.
- Advocate requested that a VAS consumer’s regional center purchase services of a dietician to offer the consumer choices of healthy foods and help the consumer lose weight.

<b>State Operated Facility</b>	<b># of Residents Served by the Coordinator *</b>	<b>Average # of Contacts Per Month by the Coordinator with Each Resident Served</b>	<b>Average # of Individual Related Meetings Attended by the Coordinator*</b>	<b># of Self-Advocacy Groups Facilitated by the Coordinators and Volunteers</b>
<b>Canyon Springs</b>	43	20	8	4
<b>Fairview</b>	8	1-3	4	2
<b>Porterville</b>	15	4-8	21	10
<b>Sonoma</b>	2	2	1	3

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

## **SUMMARY OF ADVOCACY PROVIDED BY VAS COORDINATOR**

### **Canyon Springs**

Prior to COVID-19 protocols, VASC discussed with the CS executive director for consumers to have access to their Volunteer Advocates on a regular basis. Although, the executive director changed physical access throughout the facility to the Great Hall, Dining and Back Courtyard, the Volunteer Advocates are currently reporting lengthy waiting periods before staff bring consumers into the Great Hall for visitations. Some Volunteer Advocates have had to wait 20-30 minutes. Staff are now retrieving consumers for Volunteer Advocates in a timely fashion. VASC trained Volunteer Advocates to call the shift supervisors and when Volunteer Advocates are told the consumer is unavailable. Volunteer Advocates call back in 15 minutes and repeat the

request. The protocol had to change due to COVID-19 but VASC anticipates returning to the in-person visits.

VASC develops training for the Volunteer Advocates on community placement and explaining the importance of continued contact with consumers. The transition coordinator and social worker participates in VAS quarterly training providing Volunteer Advocates with additional knowledge into the process their consumers will be or are experiencing while in transition. Social worker and VASC developed a program for the Volunteer Advocates to meet their consumers for an outing in the community. The program takes coordination with staff, vocational staff, and executive director and unit supervisors. It is successful because the social worker is assisting the consumer with financial management, securing the van, driving the consumer to the restaurant and participating in the outing. The program had to cease due to COVID-19 before the new social worker was briefed on how successful the program had become with her predecessor. After COVID-19 restrictions are lifted, the outing program will be reinstated.

VASC and CRA meets quarterly with executive director to discuss individual consumers and ideas for self-advocacy. The VASC provided executive director with phone numbers in the community for University of Riverside Master Gardeners to assist with planting a new garden for consumers. VASC provided CS an opportunity for 12 consumers to work in a community setting up and tearing down 50 tables for the Valley-Wide Job Expo held on September 12, 2019 in Indio, CA. The consumers were introduced to the Riverside County Workforce Development team and the State of CA Employment Development Department. The consumers received positive remarks and certificates of appreciation from the County of Riverside.

VASC is a board member of the Employer Advisory Council and The Valley-Wide Job Expo planning committee. The VASC procured the CS personnel director free access to a table and display at the Expo. CS personnel analyst attends free of charge and assists the community in applying for positions at CS. VASC informs executive director of specific speaking events available for the consumers in the community, i.e., emergency response training for individuals with disabilities.

VASC visits or remains in contact via phone or emails with consumers once they have transitioned into the community. The VASC researched local advocacy group information for clients. VASC assisted clients to locate the local AA Meeting in their area. VASC continues to search for local Volunteer Advocates to visit and provide mentorship and knowledge of the community in which the consumers now live.

VASC provided advocacy for a consumer in a home to have a shredder purchased so that the consumer could perform work that is enjoyable to the consumer.

VASC provided Peer Advocacy Leadership Training once a month for self-advocates who were interested in learning about and becoming community leaders. Due to COVID-19, the meetings were conducted on Zoom and are scheduled every week. This allowed the self-advocates to participate in their training and provide presentations to the peer group. Several of the participants have interviewed for SCDD committees and council positions. People First group will be organized from this group and after the pandemic.

The VASC encouraged and reminded staff at the community homes to provide transportation to local community events. This support provided the consumer with choices in selecting exercise, being with friends and meeting and taking part in community activities.

VASC assisted with self-advocacy education for clients to purchase personal cell phones. The rules at CS regarding cell phones include no cameras or access to internet on the cell phones. VASC researched options for phones that meet this requirement.

VASC assisted clients in asking staff to change roommates when bullying or misconduct is present

VASC provided self-advocacy training in voting and becoming a registered voter.

VAS provided self-advocacy training in the following areas: using cell phones safely, requesting services at their IPP's, speaking to providers and requesting services from their regional centers.

Prior to COVID-19, VASC and Volunteer Advocates were organizing a smoking cessation class, support group or educational training. Several staff at CS agreed that the cessation classes would be very beneficial. The class is in development but delayed due to COVID-19. Steps are being taken to have a consistent group of consumers and Advocates participate on Zoom.

VASC assists Disability Rights California (DRC) and SCDD Regional Office to coordinate training at CS for the consumers. In partnership with DRC, VAS provided advocacy training on community transition.

VASC advocated for a home phone at a community supported living home. The regional center suggested the Volunteer Advocates call the provider staff cell phone to speak to their consumers. After several unsuccessful attempts to reach the consumer, VASC advocated that a home phone was necessary for safety and for a way for the Volunteer Advocates to reach their consumer. A land-line phone was installed in the home.

VASC assisted a consumer to self-advocate for additional employment services. Several consumers were forced to wait three to six months before receiving employment

services, resulting in negative behaviors in the consumers. VASC provided the regional centers service coordinators with information regarding other employment services and Department of Rehabilitation.

Volunteer Advocates cannot travel to see their consumers in the community as the homes are far distances from CS. The VASC provided the community follow up. During COVID-19, VASC was unable to visit many of the homes. Additional outdoor activities and outings were suggested for the consumers.

The supported living homes in the community have limited services for the consumers. VASC researched additional independent living skills options for several consumers. The consumers need additional services to incorporate a more balanced and beneficial living outcome. Some consumers were provided with more resources in the community, however when the providers do not have staff to follow through, consumers had no contact with resources. Volunteer Advocates developed communication with provider staff to encourage their participation with the consumer. This reciprocal attitude served consumers to achieve self-efficiency and self-advocating skills.

VASC and Volunteer Advocates are in communication with the few family members that participate with their loved one's care. Volunteer Advocates assisted family members to receive a financial record of CS spending of stimulus checks. A concerned family member repeatedly requested the accounting. The Volunteer Advocate reached out to regional center service coordinator and the information is given to the family member.

VASC and Volunteer Advocates provided family members CalABLE accounts information.

### **Fairview**

- VAS Coordinator (VASC) requested and reviewed annual whole person assessments (WPA's) for all VAS consumers.
- When conducting the monthly follow up, the home administrator had informed the VASC that one of the consumers had not received any P & I and it had been this way for the past for nine months. The VASC contacted the consumer's regional center service coordinator inquiring about the status of the P&I funds as the case was going to be transferred to another regional center. The VASC was informed this would be rectified prior to case transfer and the consumer began receiving their P & I in September before the one year meeting.
- When attending a 90-day face to face meeting, the administrator had indicated the consumer's P & I monies were being used to pay for the consumer's g tube equipment. The VASC requested the provider to reimburse the consumer's P & I as this should be an expense funded by the regional center. The facility owner

sent an email the next day indicating the funds were reimbursed to the consumer's account.

- Self- Advocacy group training was held to discuss consumer expectations of community living and how to express wishes and desires once transitioned to the community.
- VASC continues to advocate for better communication between FDC staff, residential service providers, Regional Center, case manager and advocates regarding changes in medical, medication, procedures and general health condition.
- VAS Coordinator continues to send reminders to all regional center liaisons with a list of their respective consumers who receive VAS services, reminding them of their responsibility to inform Advocacy Services of any incident reports once a consumer is placed in the community.
- VAS Coordinator aided a conservator who was filing a fair hearing against the regional center. After many administrative and collaborative meetings including the VASC, the provider rescinded the 30-day notice. The provider indicated great efforts on all parties had been made to successfully and safely support the consumer in the home.
- VAS Coordinator developed and sent personalized emergency contact cards to all VAS consumers in case the consumer was separated from staff due to pandemic or evacuation emergencies.
- In response to COVID-19, VAS Coordinator and Advocates contacted all VAS consumer providers to ascertain the safety and wellbeing of the consumers. We ascertained if anyone had tested positive, if they had enough PPE, what protocols were being utilized to prevent infection, and what activities were being provided to the consumers while sheltering in place.
- VAS Coordinator kept the advocates informed of DDS directives regarding COVID-19. The directives impacted all residents as they pertain to residents of ARFPSHNs, non-discrimination in medical services for people with disabilities and the CDPH directive allowing a hospital patient with disabilities to have a support person.

### **Porterville**

Advocacy services provided to consumers by the VAS Coordinator, during this reporting period, includes (but is not limited to): participation in Individual Program Plan meetings (IPP's), transition planning/transition review meetings, IPP review's, emergent risk



notification evaluation meetings, behavior intervention review meetings, consultations with the Executive Director, Clinical Directors, Program Directors, coverage for the Consumers Rights Advocate (review of medications and attendance at HRC – human rights committee and BMC – behavior management committee, handcuff debriefings, escort review, and incident action review team), secured treatment information meetings, bio-ethics reviews, quarterly human rights meetings with the consumers, assignment of referrals, hiring and training of Advocates, self-advocacy training, attendance at quarterly RRDP RC liaison meetings, and attends court hearings. The Coordinator also attends community meetings such as primary advisory committee meetings, regional advisory Committee meetings, self determination advisory committee meetings, quarterly Executive Director meetings, PDC quality management advisory group, monthly SCDD all staff meeting/conference meetings, monthly CRA/VAS teleconference meetings and foster grandparent/senior companion advisory committee meetings.

The VAS Coordinator was the facilitator for monthly meetings of People First in the General Treatment Area, including preparation and processing of invoicing and reports as well as providing advocacy training at each meeting. The VAS Coordinator is an active participant in the monthly Secured Treatment Area People First as well as assisting the Creative Center of Visalia with the organization of their People First group. The VAS Coordinator provides advocacy at both groups. The VAS Coordinator has provided advocacy training for various community care homes to better assist the residents and staff with ways to promote self-advocacy. VAS Coordinator provides advocacy training at the quarterly human rights committee meetings on various topics that include but are not limited to understanding rights, the Lanterman Act, IPP's and self-advocacy, person centered process, conversations to actions using the IPP process, self-advocacy in the community, etc.

VAS Coordinator provides one on one advocacy for fifteen individuals and meets informally with consumers to discuss various advocacy issues as well as their program plans, community inclusion, workplace issues, rights, community placement, court, and other concerns. The VAS Coordinator has attended training to better build her advocacy toolbox that includes diversity training, supporting purpose and meaning in the lives of individuals with MH/IDD, social security rule changes, alternatives to conservatorship, joint training on transition services, surrogate parent, IEP process, fair hearings and appeals rights training, Title 22 training, independent facilitator training, and autism and law enforcement Q&A. VAS Coordinator attends self-advocacy conferences, Leading the Charge Conference, and monthly self determination advisory committee meetings as well as SCDD regional advisory committee meetings.

Additional examples of Volunteer Advocacy Coordinator activities include:

- VAS Coordinator met with the regional center on multiple occasions in regard to what housing options were available for a consumer. Throughout the first reporting

period many meetings were held where the team actively discussed the specific needs of the consumer and how to ensure those services and supports were available in the community. As this consumer was one of the very last to be placed from the general treatment area, the VAS Coordinator requested that Liberty IITS be involved. They were contracted for this individual and have been crucial in assisting with her transition.

- At a consumer's 30 day it was noted that the psychiatrist discontinued all the consumers psychotropic medications and started him on a different regimen. The VAS Coordinator cautioned the team about the importance of medication titration and the PDC psychiatrist's recommendations. As the consumer was clearly displaying side effects from the change in medications the VAS Coordinator advocated for 1:1 staffing and a return to the psychiatrist to add a medication to assist with the medication changes.
- The district attorney was not satisfied with CVRC placement report for a VAS consumer who was on therapeutic leave. The court ordered that the consumer be returned to PDC. VAS Coordinator met with DA, PD, PRP, and CVRC. The DA agreed he could remain on therapeutic leave until updated report submitted. VAS Coordinator met with DDS representatives, PRP, and DDS lawyers. Several IPP reviews were held and subsequent court hearings. The DA continued to add additional stipulations. While the general treatment area closed as of 12/31/19 the consumer remained on therapeutic leave. His court case had been extended until February 2020 when his 6500 expired. He has now successfully transitioned to the community and is doing well, despite the restrictions placed due to COVID-19. The VAS Coordinator continues to visit and/or telephone with the consumer regularly.
- The VAS Coordinator works in combination with the Public Defender, Porterville Regional Project, Porterville DC legal department, Regional Centers, and the District Attorney of Tulare County regarding contested placements made by the District Attorney. The DA continues to site problems with notifications and stipulations regarding services and supports. As a result, this has held up placements. Some cases have been referred to DRC for assistance and have had successful outcomes for some consumers. The VAS Coordinator continues to attend courts and provide advocacy assistance to consumers when needed.
- VAS Coordinator received a phone call from a consumer's family regarding lack of placement options for their child. VAS Coordinator called the Clinical Director to elevate the concerns as the September 30<sup>th</sup> date was fast approaching. VAS met with Porterville Regional Project and the Clinical Director the following week to discuss the number of consumers whose homes would not be ready by the September 30<sup>th</sup> date. After that meeting it was elevated to DDS and the closure date was extended to December 31, 2019.

- VAS Coordinator met with Regional Center for a consumer whose services and supports were clearly outlined in the IPP but were not identified for the home the RC was recommending. RC indicated that there were no living options available at that time with those specifications in time for the December 31<sup>st</sup> closure date. The original home identified for this consumer was delayed egress but did not meet the additional requirements. VAS Coordinator advised the family regarding the fair hearing process. Family filled a fair hearing. The identified provider made several additions to the home and cross training began in December. Consumer was placed at the home and the VAS Coordinator continues to monitor and speaks with the consumer weekly.
- VAS Coordinator coordinated with PDC volunteer services to host a GTA People First Farewell Party. The consumers greatly appreciated the party.
- At a consumer's 5 day the RC/RN and VAS Coordinator noted discrepancies in the medical treatment plan. The RN provided additional training and noted that the staff did not appear to be understanding the parameters of the consumer's care. The RC/RN kept in daily contact with the VAS Coordinator. The consumer was subsequently hospitalized. Upon his return the VAS Coordinator and RC/RN visited the consumer and noted that the staff still appeared to be struggling with consumer care. This was elevated to the Medical Director of the regional center. The RN ordered that all staff be recertified. While the training was beginning the consumer died. There was one remaining consumer in the home. A meeting was held, and another home was identified. Said consumer was then transferred and is doing well and continuing to receive VAS services.
- VAS consumer's family contacted the VAS Coordinator for assistance with the conservatorship process. VAS educated the family on alternatives. VAS Coordinator attended court with consumer and family.
- VAS consumer needed surgery to place a VNS device prior to his placement date. However, the earliest surgery date was one day before his placement date scheduled by PRP. A special meeting was held with PRP not willing to extend the placement date. VAS consumer's family called VAS Coordinator with her concerns. An additional meeting was held and PRP would not extend the placement date but did agree to place the consumer a week early. At the conclusion, the interdisciplinary team agreed to have consumer go on therapeutic leave to the home a week earlier so that he will leave from the home and return after the surgery. This individual passed away later that week due to complications from seizure activity.

- A consumer called the VAS Coordinator concerned that he hadn't been able to speak with his mother in several weeks. VAS Coordinator contacted the social worker, and this was verified. The VAS Coordinator was eventually able to contact the consumers mother and contact was reestablished.
- VAS consumer from Canyon Springs was placed in the PDC VAS catchment area. The consumer was experiencing difficulty during transition, requiring a lot of staff attention. Within the first 30 days the consumer attempted to AWOL several times, engaged in SIB and attempts to assault on staff. VAS Coordinator is providing advocacy services on a weekly basis.
- A community home identified for a VAS consumer rejected the consumer after first accepting. At the special meeting the regional center indicated no other options available. The VAS Coordinator vehemently advocated on the consumers behalf. At the conclusion of the meeting PRP agreed to review other options with DDS. A provider was located, and modifications made to the home for the person's safety. He was successfully transitioned to the community.
- VAS consumer was directly discharged to a specialty hospital. The VAS Coordinator continued to supply VAS services for the consumer as the specialty hospital appeared ill prepared for his care. The consumer was moved to several different rooms, so there was a lack of continuity of care. VAS Coordinator met with the LCSW to discuss alternate options. A plan was designed for a more stable continuity of care.
- VAS Coordinator from Porterville attended the 30-day meeting for a VAS consumer transferred to Canyon Springs catchment area. At that meeting the Porterville VAS Coordinator was able to provide a detailed history regarding the consumer's complicated history.
- VAS Coordinator, in conjunction with Sonoma DC VAS, Fairview DC VAS and Canyon Springs State Facility VAS created and distributed emergency identification cards. They were designed if the consumer is in the community and becomes separated from their staff. The identification card will inform people of their name, residential service provider/home telephone number, Regional Center director's name and number, and the Volunteer Advocacy Coordinator's number. Also, the card describes what is the best way to speak with the consumer. Besides the identification card they were provided with a directive from California Governor Newsom instructing hospitals to provide appropriate medical treatment to people regardless of their disability as well as a copy of the Health Passport that provides important information about the consumer in case, they need medical attention.
- VAS Coordinator assisted a conservator fill out the family/guardian survey.

- VAS Coordinator was the liaison between the Regional Center, Social Security, and the DC in investigating and eventually establishing payee ship for a consumer. VASC continues to pursue retro reimbursement for consumer.
- The VAS Coordinator worked in conjunction with the Sonoma VAS, PDC executive team, and Conservator to acquire the needed dental services for a consumer that had not received services since placement 8 months prior.
- VAS Coordinator was asked to provide a training to new staff in an ARFPSHN home, where several VAS consumers reside, on advocacy as well as background information on consumers in the home. It was an interactive and rewarding training.
- VAS Coordinator assisted a consumer in self-advocating their expectations for a token economy in the home as COVID-19 shelter in place protocols have prevented the consumers from attending day programs. A more structured program was created that benefited both the consumer and the provider. The consumer is happier and enjoys being able to talk with the VAS Coordinator about her activities throughout the day.
- VAS Coordinator assisted a consumer in being able to voice their anxieties regarding lack of leisure activities and shopping trips in the community due to the COVID-19 shelter in place protocols. As a result, the provider has created a store in the home and the consumers can earn credits to cash in at the end of the day for items in the store. The consumers all have input as the items in the store.
- In Coordination with SCDD Sequoia Regional Office, VASC delivered PPE for consumers for eight community homes providing services to VAS consumers. VASC continues to schedule future delivery dates. VASC will also be assisting the Sequoia Regional Office with delivering PPEs to IDD community members.
- VAS Coordinator provided extensive advocacy services for a consumer that has been struggling since moving into the community. This consumer has had many SIR's and 5150 observations as a direct result of the COVID-19 shelter in place orders.
- VAS Coordinator identified a lack of consistent delivery of services at a consumer's residence. The VAS Coordinator assisted the home in establishing 1:1 supervision protocol to keep the consumer safe and reduce the amount of out of homes stays at the local acute care hospital.

- A consumer has been unable to visit with family since transition to the community and the home did not have access to video conferencing. The VAS Coordinator contacted the family who agreed to provide the home with a tablet so that the consumer could contact her family, Advocate, and various members of her team. VAS Coordinator met with the team and helped to create internet protocols to provide safety to the consumer while using the tablet. The consumer had been more successful in the home as she now has the ability to see her family, team members and critical counseling staff.
- VAS Coordinator received a call from a consumer who stated that she wanted to move from her home. VAS Coordinator called a team meeting and assisted the consumer with advocating for a change of residence. The Regional Center did several statewide searches but with the COVID-19 shelter in place restrictions no alternate placements were identified as the consumer required specific supports. Weekly check ins with the consumer and members of the team were set up. The VAS Coordinator continued to have regular contacts with the consumer and helped her to problem solve the reason for the request. A subsequent team was called, and the issues were addressed. The consumer is now happy in the home and rescinded her request to move.
- VAS Coordinator received a video chat request from a consumer, when VAS Coordinator called the home to talk with staff regarding request it was discovered that there was an attempted AWOL by a client in the crises side of the house and during that time, the non-crises side was left with one staff for 3 consumers. The consumer had broken into the office and gained access to the home's tablet. We discussed this at the consumer's transition meetings at the DC prior to placement. A team was held and staffing changes were made to the home.
- Delays in mail delivery by USPS are affecting several consumers in the community as their funds are being delayed. VAS Coordinator has contacted several Regional Centers to discuss different delivery system due to the delays. All but one consumer is now satisfied, and no delays noted. One consumer continues to have delivery issues and other options are currently being discussed
- Two consumers in the same home contacted the VAS Coordinator and asked if she could find pictures from events that they participated in while residing at Porterville Developmental Center. The VAS Coordinator went through many channels and was eventually able to find multiple pictures for the consumers. They have now framed and hung them up in their homes.
- The VAS Coordinator provided coverage for the Sonoma VAS Coordinator and Fairview VAS Coordinator for meetings in Northern STAR and Southern STAR.

- The VAS Coordinator was asked to be the surrogate parent for educational rights for an adolescent admission to Central STAR. The VAS Coordinator attended surrogate parent and IEP training to be able to serve the consumer adequately. The VAS Coordinator also provides advocacy services and assists the consumer in learning how to be a self-advocate.
- The VAS Coordinator worked in conjunction with the Sonoma VAS Coordinator and a VAS consumer to obtain the consumers possessions left in storage at Porterville Development Center. The VAS Coordinator then delivered them the Sonoma VAS Coordinator who in turn was able to return them to the consumer in his new home.
- VAS Coordinator attended an IPP review for a consumer whose level of care was quickly declining. The regional center made recommendations for a care facility out of the consumers catchment area. VAS Coordinator shared her concerns and history with this facility and their ability to care for the consumer. The regional center did more extensive research and at a subsequent team meeting agreed to continue the search for a more appropriate placement.

During this reporting period the VAS Coordinator participated in excess of 150 transition meetings both at the facility and in the community as PDC announced that the General Treatment Area (GTA) would be closing December 2019 as opposed to 2021. Initially the closure date was moved up to September 2019 and then extended to December 2019 as providers were not ready to receive consumers. Most of the homes were still in various stages of remodel or pending licensure. Tentative dates for placement were being set for consumers regardless of the home's completion dates. This caused increased anxiety with the consumers and their families. Advocates focused on transition activities and coping strategies with their consumers to ease this stress. After the closure of the General Treatment Area on December 30, 2019 some consumers are still experiencing issues transitioning to their new homes/routines. There are delays in medical services, delays in receiving Social Security, and delays in gaining employment. The VAS Coordinator is focused on ensuring that these consumers are receiving the supports and services identified for them at their transition meetings held at PDC before they moved. Employment is a focus topic that the VAS Coordinator and CRA stress at all transition planning meetings. Constant contact with the Regional Centers, Providers, and Porterville Regional Project continues by the VASC.

Due to COVID-19 protocols set by the California Emergency Declaration, all admissions, direct discharges, and placements have been postponed in the Secured Treatment Area starting in March 2020. Some consumers continue with cross training via Skype or phone calls. In June 2020, PDC resumed admissions utilizing one unit for all admissions for a 14-day quarantine. Each group of cohorts were admitted together and after the 14 day stay the unit will be sterilized before the next cohort admissions.

Any returnees can be admitted at that time as well. All will be tested prior to admission and then receive three follow up tests before moving off the unit. Provisional placements and direct discharges slowly resumed in June as well. COVID-19 testing protocols are in place to protect the consumers transitioning. The VAS Coordinator is pressing for extra supports to be in place as no additional visits are being scheduled to the homes. Advocates are assisting their consumers throughout this process and ensuring that the safety factors that many of the individuals need are being put into place prior to placement so that the consumer can be successful. Again, Advocates are focusing on transition activities and coping strategies with their consumers to ease this stress. The CRA/VAS team has been attending all client transition planning meetings (TPM) and transition review meetings (TRM) to ensure that supports and services are addressed and when necessary consumers are referred for VAS. Many families/conservators are requesting VAS at these meetings, specifically when families live far distances away and are not able to visit often or at all. Program Managers are reminded to invite the CRA/VAS to all transition meetings in the STA. This was also elevated to the Executive Director.

### **Sonoma**

Coordinator participated in six Individual Program Plan meeting for VAS consumers. The Coordinator confers with regional center service coordinators, regional center office of clients' right advocate and Sonoma regional project staff about specific issues for VAS clients. Also, Coordinator participates in meetings when a volunteer Advocate cannot participate in the meeting.

Coordinator participated in eight review meetings for VAS consumers living in the community. The Coordinator made six face to face visits with VAS consumers. After the shelter in place order due to COVID-19 the Coordinator made eight visits by telephone or video. Occasionally the coordinator accompanies the Advocate to meetings in the community.

On March 9<sup>th</sup>, 2020, the Coordinator told the Advocates to not visit VAS consumers if they are sick. On March 16<sup>th</sup>, the Governor of California ordered the closure day/work programs and restrictions on visitations to licensed residential facilities. SCDD closed the regional offices due COVID-19 pandemic. SCDD staff began tele-working from home. Considering the Governor's action, the Coordinator requested the Advocates contact their VAS consumers or residential providers once a week to assess how the consumers were handling the change in activities. The Coordinator asked the Advocates that when possible, to do face time with the VAS consumers so the consumer can see a person other than staff. The Coordinator kept the Advocates informed of DDS directives regarding COVID-19 as they effected VAS consumers including directives regarding residents of ARFPSHN, non-discrimination in medical services for people with disabilities and the CDPH directive allowing a hospital patient with disabilities to have a support person. In March and April 2020, the Advocates asked VAS consumers'



residential service providers what the COVID-19 protocols for staff were in order to ensure the safety of the VAS consumers. With day/work programs closed the Advocates inquired what activities were provided for VAS consumers at their homes.

Some VAS consumers were hospitalized, and the staff were not allowed to be with them. In response to this issue, SCDD CRA/VAS Program created emergency contact cards for VAS consumers to use if they are separated from staff at a hospital. The Coordinator mailed the emergency contact cards, as well as the CDPH directive on allowing support staff when a person is hospitalized, and the health care passport form. When the Coordinator is informed that residential providers needed PPE, the Coordinator informed the regional center and the local SCDD regional office. Also, the Coordinator referred the residential provider to their local regional center or to California Office of Emergency Services to obtain PPE. In May 2020, SCDD received a shipment of PPE to distribute to individuals and providers. The Coordinator and advocates asked VAS consumers and their providers if they needed PPE. The Coordinator informed SCDD regional offices of the requests from the VAS consumers residential providers. The regional offices distributed the PPE. The Coordinator requested the Advocates to find out if VAS consumers received COVID-19 stimulus check and if the VAS consumer had access to their funds. Some VAS consumers received their stimulus checks and did have access to their funds. VAS communicated to the regional center when stimulus checks were expected but not received.

Coordinator and Advocates are contacted when there are bioethical issues related to treatment, or when there is a reportable incident involving a VAS consumer. Examples include:

- When participating in IPP meetings the Coordinator and advocates consistently advocate for the consumer to participate in his/her meeting.
- Coordinator contacted two VAS consumer's service coordinators for updates on the process of obtaining a day program for the two consumers.
- Coordinator informs Advocates of incident reports, hospitalizations, and special meetings regarding their consumers.
- Coordinator meets with regional center service coordinators and Sonoma Regional Project staff regarding VAS consumers living in the community.
- Coordinator or Advocates participate in special meetings regarding service changes for VAS consumers.
- A family member of a regional center client not associated with the VAS Program contacted the Coordinator to receive more services from the regional

center. The Coordinator referred the family member to the Bay Area SCDD regional office and to the East Bay Office of Clients Rights Advocacy to receive advocacy services.

- The Coordinator relayed information on People First groups in the East Bay to a VAS consumer.
- The Coordinator recommended that the residential service provider discuss with the physical therapist increasing the amount of time the VAS consumer uses their walker.
- The Coordinator requested a bus pass be provided by the regional center for a VAS consumer.
- A VAS consumer informed the Coordinator that he had chest pains and shortness of breath. The Coordinator advised that the consumer and his staff call 911. The Coordinator contacted the consumer's service coordinator and SLS provider requesting they assist the consumer. The consumer went to the hospital and was found to have an asthma attack.
- A VAS consumer requested that the Coordinator contact the consumer's service coordinator and inform the service coordinator of his concerns. The Coordinator contacted the service coordinator regarding the consumer's concerns.
- Coordinator was contacted by a former Sonoma Developmental Center's resident's conservator about poor communication with the regional center and service provider. Coordinator provided referrals for the individual.
- Coordinator informed a VAS consumer's service coordinator that the consumer is out of medication and that he needs assistance in applying for SSI. The consumer's SLS provider says that staff can help the consumer in obtaining the consumer's medications. VAS provided follow up to confirm that needs are met.

Two VAS consumers from Porterville Developmental Center that moved to Northern California continue to receive advocacy services from the VAS Project.

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

### **Canyon Springs**

More services were given to consumers because VASC had daily contact with consumers discussing their plans, goals, concerns, and desires. The VASC and Advocates interacted with staff, and often listened to their opinions on how the consumer

is progressing in their program. More consumers are aware of the transitioning process into the community and are very interested in learning when their transition process will begin. The VASC and Advocates encouraged consumers to ask questions about their status and to continue exhibiting positive behaviors. VASC provided information on a continual basis to each consumer as to when transition meetings are scheduled. The contacts increased between Advocates and VASC and the consumers they serve. Due to the impact of COVID-19, our services are more important. The consumers needed more support. When consumers experienced anxiety; behaviors increased. When VASC contacted the consumers by phone or see the consumers on the units, the consumers were anxious to discuss COVID-19, transitioning and requested to see their Volunteer Advocates again.

In addition to the Advocate calls to the consumers in their new homes, VASC received more direct calls from consumers living in the community just for a friendly visit and to share their feelings about COVID-19.

### **Fairview**

Fairview Developmental Center closed February 2020. VAS services continued and increased in the final closure days to assure that all consumers were provided service and support needs that were assured to them in their transition planning meetings. The SCDD VAS Coordinator retired on April 1, 2020 and supervision and VAS service was seamlessly provided by another SCDD CPS II staff person.

### **Porterville**

During the second half of FY 2018-19, there was an increase in the number of meetings attended by the VAS Coordinator. PDC announced that the General Treatment Area (GTA) would be closing in September 2019 as opposed to 2021. Most of the homes are in various stages of remodel or pending licensure. Tentative dates for placement are being set for clients regardless of the home's completion dates. This has caused increased anxiety with the clients and their families. Advocates are focusing on transition activities and coping strategies with their clients to ease this stress. The VAS Coordinator is focusing on ensuring that these clients, despite the time constraints, will have all the supports and services identified for them at their Transition meetings. The CRA/VAS team has been attending all client Transition Planning Meetings (TPM) and Transition Review Meetings (TRM) to ensure that supports and services are addressed and when necessary, that clients are referred for VAS. Many families/conservators are requesting VAS at these meetings, specifically when families live far distances away and are not able to visit often or at all. With the closure of the GTA this has put the priority for placements for GTA clients over STA clients. This has caused increased stress in the STA as well. Again, Advocates are focusing on transition activities and coping strategies with their clients to ease this stress.

## **Sonoma**

VAS services remained constant from November 2019 to June 2020 with agreement from DDS. Individuals were provided continuous VAS services at that time.

### **IV. Service Outcomes**

#### **Canyon Springs**

VASC organized and distributed monthly calendars of all IPP, special and/or transition meetings scheduled so Volunteer Advocates could attend. Scheduled meetings sometimes changed and VASC notified Volunteer Advocates of new times and dates.

VASC reviewed and submitted monthly VAS stipend invoices and contact logs for the Volunteer Advocates

VASC developed a bi-monthly summary of services provided by Canyon Springs VAS Program and submits to manager of the CRA/VAS program.

Nine consumers transitioned to the community in this reporting period and are being seen on a regular basis by the VASC. VASC participates in 5 day, 30 day, 90 day, 6 month and annual meetings with consumers who have transitioned to the community via Zoom or conference call. VASC has three clients that have transitioned to southern California from Porterville Developmental Center. In addition, five Volunteer Advocates are in monthly contact with their consumers in the community and provided support, and encouragement for their adjustment and well-being in their new homes.

One consumer passed away in the community group home. One consumer is incarcerated and left CS for the county jail. One Volunteer Advocate wrote letters to the client incarcerated. VASC communicated with the regional center service coordinator about the client's case and status in jail. Due to COVID-19, the regional center and the courts cannot get a psychiatrist in a timely manner to assist his case. VASC sought additional advocacy assistance through the local public defender.

Due to COVID-19, clients did not attend work programs for several months after placement. Department of Rehabilitation procedures for consumers are given to providers and family members by the VASC. VASC worked with employment services offering information regarding local job opportunities for consumers in the community, before COVID-19.

Prior to COVID-19, consumers who transitioned into the community requested a visit to CS to see staff and consumers. VASC discussed with executive director and she agreed to the visit. VASC contacted the community providers. This process has been successful and both consumers in the community and at CS communicates the benefits of remaining in contact.

Due to COVID-19, in-person trainings were cancelled. Each Volunteer Advocate completed state mandated harassment training, mandated reporting abuse training on the CDSS website and CS mandated training. Individual training is provided to the Advocates by the VASC; trainings included Zoom meeting procedures, contacting consumers in the community, goals to contact consumers in the facility via telephone and self-advocacy strategies for consumers.

During IPPs, several consumers requested to learn to swim. CS does not provide swimming lessons although they have a pool. In the summer, it was a great relief from the heat. The swimming pool needs cleaning, the water was murky and green. VASC reported the pool's poor condition to the CS business manager. Due to VASC's efforts, the pool is cleaned; closing it for a several days for draining, scrubbing, cleaning and provision of new chemicals.

More leisure time was requested by consumers. Their time is very structured. Staff stated to Volunteer Advocates that their consumer is in programming but often, the consumers are in the gym standing around. Volunteer Advocates mentioned that consumers would like to play ping pong ball and have bicycles to ride. At time of reporting, no additional recreation items have been added. When asking for bikes, the clients are told to ride the stationary bike in the gym. VASC advocated for consumers to participate in exercise activities with staff in the gym.

A Volunteer Advocate purchased an additional phone number for his consumers to call him from the community. The consumer benefited greatly from the contact. The Volunteer Advocate contacted the provider and discusses ways for the consumer to stay in touch with the consumer's foster parent, assisting the consumer by decreasing anxiety and depression.

VASC was notified by providers if consumers evacuated due to fire proximity. The Volunteer Advocate and VASC spoke to the consumers directly and quelled fears regarding their safety plans.

A Volunteer Advocate discussed AWOL attempts with the consumers and the providers. The Volunteer Advocate and client discussed future ideas the consumer may have about leaving the group home and reports directly to VASC. Providers were appreciative of VAS contact with consumer.

A Volunteer Advocate encouraged coping skills with the consumer when the consumer was having difficulty making friends at the new group home. The added support assisted the consumer acclimate to his new surroundings and reach out to the house mates.

VASC assisted the consumer with a memorial for his mother. Several Volunteer Advocates participated on Zoom and play songs for the consumer. VASC assisted consumer to self-advocate to staff at CS to participate.

VASC assisted consumers in acquiring needed PPE items that were provided by SCDD Regional office. Consumers like to change masks and having hand sanitizer for personal use. Regional centers have asked the consumers that are moving to community homes to have personal masks and hand sanitizers. SCDD VAS provided that service to the consumers.

### **Fairview**

Service Outcomes during first half of FY 2019-20

- Completes and distributes monthly calendars of all IPP, special and/or transition meetings scheduled so Volunteer Advocates can attend.
- VASC and Volunteer Advocates continue to attend meetings for VAS consumers living in the community. VAS staff attended 44 various meetings in the community during this period.
- VASC continues to process monthly VAS invoices for the Fairview VAS volunteer advocates.
- Compile bi-monthly summary of services provided by Fairview VAS Program and submitted to manager of the CRA/VAS program.
- VAS program continues to provide support in all phases of transition activities for the one consumer still residing at FDC currently.
- VAS Coordinator continues to monitor consumers' regional center staffs' ability to participate in all of consumers meetings.
- VAS Coordinator requests and reviews of all regional center and day program's IPPs, reports and incident reports for VAS consumers who are now living in the community.
- Two Transition Planning Meetings (TPM) held with VAS consumers
- Two Transition Update Meetings (TM) held with VAS consumers
- One Transition Review Meetings (TRM) held with VAS consumers

- 44 face to face meetings were completed for VAS consumers living in the community. These visits include face to face visits at 5 days, 30 day, 60 and or 90 days, and one-year time periods from leaving FDC.
- Both FDC Volunteer Advocates and VASC are visiting and telephoning consumers in the community and assessing that all their needs are being met.

#### Service Outcomes during second half of FY 2019-20

- VAS Coordinator continued to complete and distribute monthly calendars of all meetings scheduled so Volunteer Advocates can attend.
- VAS Coordinator and Volunteer Advocates continue to attend all community meeting for VAS consumers who moved back to their home communities. VAS staff attended 22 review and IPP meetings in the community during this period.
- VAS Coordinator continues to process monthly VAS invoices for the Fairview VAS Volunteer Advocates.
- VAS Coordinator continues to compile bi-monthly summary of services provided by Fairview VAS Program and submits to manager of the CRA/VAS program.
- VAS Coordinator continues to monitor consumers' regional center staffs' ability to participate in all of consumers meetings.
- One Transition Planning/Review Meetings (TPM/TRM) held with last VAS consumer.
- 40 face to face and teleconference meetings were completed for VAS consumers living in the community. These visits include face to face visits at 5 days, 30 day, 60 and or 90 days, and one-year time periods from leaving FDC.
- Both FDC Volunteer Advocates continue to visit and telephone consumers in the community to assess and ensure all their needs are being met.
- An Advocate concerned about a VAS consumer's increase in behaviors requested that the residential provider schedule a visit to the VAS consumer's physician to rule out medical reasons for the behaviors. The residential provider made an appointment for the VAS consumer.
- A VAS consumer's residential provider limited the amount of money that the consumer could carry. The Advocate reminded the provider that the consumer has

a right to his funds unless he agrees to the restriction or there is a compelling need for a denial of rights.

- In May 2020, SCDD received a shipment of personal protective equipment (PPE) to distribute to individuals and providers. The Coordinator and Advocates asked VAS consumers and their providers if they needed PPE. The Coordinator informed SCDD regional offices of the requests from the VAS consumers residential providers. The regional offices distributed the PPE.
- The Coordinator requested the Advocates to find out if VAS consumers received COVID-19 stimulus check and if the VAS consumer had access to their funds. Some VAS consumers received their stimulus checks and did have access to their funds. Follow up continues for those who were eligible to receive funds but did not.

### **Porterville**

Volunteer Advocates work specifically with residents on an individual basis (following Individual Program Plans (IPP's). They provide training, support and encouragement while focusing on self-advocacy goals. Many of our Advocates have worked with their consumers for many years and have made significant progress in the areas of communications (consumer to staff, consumer to consumer, etc.), issues concerning money handling and budgeting, work commitments, definition of goals, IPP attendance, behavioral issues, pre-placement transition and diet/health and exercise. Additional outcomes:

- Completed and distributed monthly calendars of all IPP, special and/or transition meetings scheduled so Volunteer Advocates are able to attend.
- Monthly calendar of all PDC activities/special events were forwarded to Volunteer Advocates so they could assist VAS consumers in attending as many facility and community events as possible.
- Coordinator continues to process monthly VAS invoices for the Porterville Volunteer Advocates.
- Compile bi-monthly summary of services provided by Porterville VAS Program and submitted to manager of the CRA/VAS project.
- Each advocate completes state mandated sexual harassment training, mandated reporting/ abuse training on the CDSS website and Porterville mandated training. The VASC was able to coordinate with Porterville staff development to have training presented at the VAS office. Monthly training was provided to the advocates by the VASC in person. When the COVID-19 shelter in place protocols were put into place the VASC provided training via zoom on a bi-weekly basis.



- VAS Coordinator, in conjunction with Sonoma DC VAS, Fairview DC VAS and Canyon Springs State Facility VAS created and distributed emergency identification cards for all VAS consumers in the community. They were designed to be used if the consumer is in the community and becomes separated from their staff. The identification card states their name, residential service provider/home telephone number, Regional Center director's name and number, and the Volunteer Advocacy Coordinator's number. Also, the card describes what is the best way to speak with the consumer. Besides the identification card they were provided with a directive from California Governor Newsom instructing hospitals to provide appropriate medical treatment to people regardless of their disability as well as a copy of the Health Passport that provides important information about the consumer in case, they need medical attention.
- VAS Coordinator contacted all providers in the community with VAS consumers to ensure that they had adequate COVID-19 policies and protocols in place for their residents and staff. VAS Coordinator called monthly to get updates on any consumers and staff that may have tested positive and what protocols were in place to protect the residents.
- During fire season the VAS Coordinator kept abreast of all the consumers in the community's fire evacuation plans. VAS Coordinator was in constant contact with several providers as the fires were within a 30 mile radius of their homes. One home was evacuated, and the residents were sheltered in another home of the same provider to ensure no loss of service. The VAS Coordinator visited with the consumers on the phone daily and in person once they safely returned to their home. The VAS Coordinator helped to construct a "Go Bag" for one of the consumers who was in fear of another evacuation without her favorite items. VAS Coordinator met with the LCSW to help develop a plan to assist the consumer with alleviating her fears of another evacuation.
- VAS Coordinator contacted the Advocates and providers to ensure all individuals living in the community had adequate PPEs. When deficiencies were found the VAS Coordinator coordinated with SCDD Sequoia Regional Offices to obtain the needed PPE. The VAS Coordinator delivered them to the various providers.
- In Coordination with SCDD Sequoia Regional Office, VASC delivered PPE for consumers for eight community homes providing services to VAS consumers. VASC continues to schedule future delivery dates. VASC will also be assisting the Sequoia Regional Office with delivering PPEs to IDD community members.
- VAS project continues to provide support in all phases of transition activities. As more and more residents are identified for community placement (least restrictive

environment) all advocates have a resident or multiple resident that are increasingly apprehensive and anxious. Many of the GTA residents have spent their entire lives at Porterville and the thought of change is very difficult to process for them. The Advocates are helping individuals by focusing on the positive aspects of these changes. They are using our “choices” materials as reinforcement. Our Advocates meet with the resident prior to placement for cross training at the community placement.

- A consumer in the STA received notification that a provider had been identified for community placement. She was able to go on a day visit and was scheduled for a week visit. However, COVID-19 shelter in place restrictions were initiated and she was not able to go on the week visit. No further visits were scheduled, and her placement was put on hold. Throughout the next 5 months her Advocate assisted her with anxiety related issues regarding the placement timeline. Her Advocate was in constant contact with the VASC and Interdisciplinary Team to help put systems in place to alleviate her stress and keep her in contact with the providers in order to keep her spirits up so that she would have a successful transition and placement. Her Advocate will continue to keep in contact with her once she is placed into the community.
- The VAS Coordinator works in combination with the Public Defender, Porterville Regional Project, Porterville DC legal department, Regional Centers, and the District Attorney of Tulare County regarding contested placements made by the District Attorney. The DA continues to site problems with notifications and stipulations regarding services and supports. As a result, this has held up placements. Some cases have been referred to DRC for assistance and have had successful outcomes for some consumers. The VAS Coordinator continues to attend courts and provide advocacy assistance to consumers when needed.
- Advocates noted a trend in several residents refusing to attend day program. They all attended the same day program. This was brought to the attention of the VAS Coordinator, who contacted the regional center liaisons as well as the individual providers for a meeting at the day program. Several system failures were outlined, and a corrective action plan initiated. Unfortunately, COVID-19 shelter in place protocols occurred and the consumers have not returned to the day program. Once these protocols are lifted the VAS Coordinator will reconvene the team members to assure the corrective action plan has been met.
- Due to COVID-19 and restrictions placed upon contacts as a result of the shelter in place orders, Advocates are now relying primarily on phone contacts with their consumers and video chat. Additional contacts are made to both the consumer and the provider to ensure that the consumers are thriving during these difficult times.

- The Coordinator contacted the Advocates and providers to ascertain if VAS consumers received COVID-19 stimulus checks and how they were distributed. The majority of the VAS consumers received their stimulus checks and had complete access to their funds to spend as they see fit. The VASC continues to follow up with the regional center for the VAS consumers who have limited access to their funds to develop a way for ease of access. The VASC continues to follow up for those consumers who reside at Porterville who were deemed not eligible to receive funds.
- The VAS Coordinator worked in conjunction with the Sonoma VAS Coordinator for a VAS consumer to obtain the consumer's possessions left in storage at Porterville Development Center. The VAS Coordinator worked with the Porterville trust department to identify the items, make an itemized inventory, and assure all of his possessions were accounted for. The VAS Coordinator then delivered them to the Sonoma VAS Coordinator who in turn was able to return them to the consumer in his new home.
- VAS Coordinator met with the regional center on multiple occasions in regard to available housing options for a consumer. Throughout the first reporting period many meetings were held where the team actively discussed the specific needs of the consumer and how to ensure those services and supports were available in the community. As this consumer was the last person to be placed from the general treatment area, the VAS Coordinator requested that Liberty IITS be involved. They were contracted for this individual and have been crucial in assisting with her transition.

### **Sonoma**

- A VAS consumer requested that the Coordinator contact Porterville Developmental Center to obtain his television and other items that remained at PDC. The Coordinator contacted the PDC VAS Coordinator to assist in finding the items at Porterville. PDC found the items and will release them to the PDC VAS Coordinator. Sonoma VAS Coordinator delivered the items to the VAS consumer.
- Coordinator and Advocate meet with regional center service coordinators regarding specific needs for VAS consumers.
- Advocates meet with potential community providers when those providers visit their clients or when the advocates tour the providers' home. The Advocates give information about their consumers to help the providers understand the consumers' needs.

- A VAS consumer stopped attending his community integrated day program. The Advocate requested that the VAS consumer be referred to an onsite day program; this way he would be around peers and have more choices of activities. The residential provider will contact the consumer's service coordinator to obtain a referral to another day program. Due to the closure of day services programs the referral has been put on hold.
- Advocate requested from a VAS consumer's service coordinator to instruct the residential provider staff to not dress the consumer in a jump suit as it was stigmatizing and appeared to be uncomfortable.
- Advocate concerned of the care being provided to a VAS consumer by the residential provider staff, spoke with the consumer's service coordinator. The service coordinator informed the advocate that a new home administrator was being hired.
- An Advocate informed the Coordinator that a VAS consumer went to the ER. The hospital did not allow the residential provider staff to be with the consumer for three days. During the three days the consumer developed pneumonia was put into ICU in an induced coma. The residential provider and the Coordinator requested the hospital allow provider staff to be there when consumer awakened to assist the consumer and reduce anxiety. The hospital agreed to contact the residential service provider when the consumer woke up so that familiar staff could assist the consumer.
- A hospital would not allow residential provider staff to stay with the consumer. The advocate informed the residential provider of the California Department of Public Health (CDPH) directive on having support staff with the consumer while at a hospital. The hospital allowed residential provider staff with the VAS consumer.
- A VAS consumer's residential service provider was constantly purchasing clothing using the providers own funds. The provider asked the regional center to purchase non-rip clothing for the consumer, but the regional center denied the request for the purchase. After the denial the Coordinator reminded the regional center service coordinator that the need for non-rip clothing was related to the VAS consumer's disability and therefore the regional center had an obligation to purchase the needed items. The regional center agreed to purchase the non-rip clothing. In addition, the regional center purchased services of a behavioral consultant to provide recommendations for the consumer's behavior plan.

## V. Volunteers

### Volunteer Advocates

Developmental Center	Males	Females	Persons with Disabilities	Relatives	Providers	Students	Professionals	Foster Grandparent Senior Companion	Other
<b>Canyon Springs</b>	3	10	1	0	0	0	6	0	6
<b>Fairview</b>		3					3		
<b>Porterville</b>	3	2					1		4
<b>Sonoma</b>	0	5		1					4

\* Relatives include anyone with a family member with disabilities; providers refer 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 !**

#### **Canyon Springs**

Two new Volunteer Advocates were trained and matched with clients for VAS during this reporting period. Thirteen advocates remain active from last reporting. One Advocate was relieved of her participation in the VAS due to not following policy. Two Advocates were trained before COVID-19 protocols were put into place.

VASC had limited presentations in the community to recruit new Advocates due to COVID-19. One new Advocate has experience working with individuals with disabilities at the Department of Rehabilitation. The Advocate is matched with a consumer who wishes to pursue work outside in the community. The consumer has been following his work program at CS, and his Advocate is beneficial in preparing the consumer for work once placed in the community. The consumer's IPC offered encouragement to the Advocate and the two have been working together with motivating the consumer to remain positive. The consumer was able to reunite with his mother since the last reporting period and has made great strides in self-advocating for placement.

Barriers to volunteer recruitment:

VAS has few barriers in keeping Advocates. Three Advocates have participated in the VAS program for five years. Three Advocates participate in VAS for four years. Five Advocates participate in VAS for two years. Barriers to increasing the number of advocates include availability to reach out to the community and finding qualified, involved and available candidates. Flyers, business cards and informational presentations are utilized by the VASC with success. A more complete training including

the State Council on Developmental Disabilities and the important work we accomplish is added to increase interest. VASC develops a digital form application to be filled out online. An increase in training stipends assists in retaining Advocates. VASC is satisfied with retaining the current Advocates who remain diligent in contacting their consumers, even when faced with the new barriers COVID-19 created.

### **Fairview**

At the end of this reporting period there are three Volunteer Advocates participating in Fairview VAS Program. The VASC retired in April 2020 and became a Volunteer Advocate. She is following the consumers she had been following while still doing the VASC duties. There has not been any recruitment activity given the continued decreasing census due to closure and VAS program services ending after the 365<sup>th</sup> day of the clients' placement in the community.

### **Porterville**

There are now four Volunteer Advocates participating in the Porterville VAS Program. When the General Treatment Area Closed in December 2019 one Advocate chose not to continue in the program. The Volunteer Advocacy position has been posted at Central Valley Regional Center as well as ARC day program in Fresno, Bliss day program in Visalia, the Valley Achievement Center in Bakersfield, and Central Valley Training Center. The Coordinator has met with Porterville Self Worth to promote Volunteer Advocate position as well as Porterville Chamber of Commerce and the Veteran's Stand Up events. The Coordinator attends local Primary Advisory Committee meetings as well as Regional Advisory Committee meetings actively recruiting. The Coordinator is also a member of the Foster Grandparent/Senior Companion Advisory Committee and provides recruitment opportunities.

- In the Secured Treatment Area (STA) there are two programs (7 & 8). Each Program has multiple units at this time. To access these units, the volunteers must check out an alarm, have their photo identification, whistle, and keys on their person at all times prior to entering through a sally port. Then, they must either walk a long distance (sometimes in in climate weather) or wait for the tram. It can be a long arduous process.
- Residents have often been moved to other units and sometimes-other programs with very little notice to the VASC creating extra work for a volunteer to locate a resident.
- Often staff in the (STA) do not understand the services that Advocates provide can and will be beneficial for forensic residents.
- Barriers to increasing the number of Volunteer Advocates include availability to reach out to the community and finding qualified, involved and available

candidates. Porterville is in a rural area with many stigmatizations regarding the residents in the Secured Treatment Area.

- The volunteer advocate duties require that they have an extremely flexible schedule as they need to be available for scheduled and at times, unscheduled special meetings with the consumer.

**Sonoma**

Volunteers were recruited with referrals from previous and current volunteers. Due to cessation of the SCDD VAS Program at Sonoma DC, SDC Volunteer Advocate recruitment is no longer needed.

**Volunteer Advocates Training**

<b>Developmental Center</b>	<b># Training Sessions</b>	<b># Volunteer Advocates Trained</b>
<b><i>Canyon Springs</i></b>	23	13
<b><i>Fairview</i></b>	3	3
<b><i>Porterville</i></b>	15	5
<b><i>Sonoma</i></b>	11	5

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

**Canyon Springs**

Each Advocate receives a tour of the facility with VASC before starting the training process. This allows potential Advocates to meet consumers and experience the CS culture. All Advocates attend training with CS training development. CS training includes: EAP discrimination free workplaces, boundaries/code of conduct, health and safety, “your legal duty reporting abuse”, clients rights, active treatment crisis management and CPR/FA certification. Advocates read “communication and interaction for people with developmental disabilities”, etiquette at the facility, sign-in and out log training, community transition process, and “Your IPP It’s Not Just A Piece of Paper!” All Advocates must obtain certificates for sexual harassment training and mandated abuse training. VASC provides DDS mandated abuse reporting to all Advocates and provides CS with a completed signed form. All SCDD policies are read, discussed and signed by Advocates and VASC. After the Advocate has participated in DDS and SCDD training development, VASC matches an Advocate with a consumer and continues to train the Advocate for as many visits it takes for both consumer and Advocate to become comfortable and agree to the match. VASC has the consumer sign an authorization for their Advocate to have access to their files in the CS record office or the DMS Records software. Continual training is provided to Advocates emphasizing the education of self-advocacy skills for consumers. Additional training is

available regarding transition and community placement, and any specific information regarding consumers disabilities. Training in using Zoom app is implemented for Advocates so they can participate in seeing their consumers on a virtual platform.

### **Fairview**

One training was provided to VAS volunteer advocates during the first part of the fiscal year. This meeting was to discuss post FDC closure and how placed consumers will continue to be served. In addition, the two advocates completed their required mandated abuse reporting and sexual harassment training.

### **Porterville**

New advocates are provided training by SCDD and PDC staff. They are provided a copy of the SCDD VAS Program training manual with program and PDC policies and procedures. Existing advocates receive updated material for their training manuals at monthly VAS trainings. The following is a list of provided training:

- Mandated reporter training, sexual harassment training, abuse prevention training, competitive Integrated Employment (CIE), “What is influencing changes to the Developmental Disabilities System in California”, “I Have Rights”, incident reporting of suspected abuse and neglect, keys, keycards, and personal alarms
- Property items allowed in secure treatment area, advocacy and consumer representation, advocacy and the IPP, changes to the annual physicals, closure update, what to do when your consumers are receiving intensive therapy and enhanced supervision on the IBTR, emergency procedures, documentation
- Advocacy tools (“Making Choices”, “All About Me”, etc.), transition support, CPR, public charge rule, “What’s ahead for the CRA/VAS program”, seniors and people with disabilities, understanding grief
- COVID-19 Information, changes in client contacts/ expectations, PDC policy during the COVID-19 outbreak, handwashing protocols, change in CRA/VAS office coverage.
- COVID-19 Information (PDC and Community), surge bed units, changes in client contacts/ expectations, activities provided at homes during Shelter in Place, rattlesnake precautions, hot weather precautions, COVID-19 scams, stimulus checks, need for real California ID, furloughs, budget and impacts on services, positive mental health

During VAS meetings, Advocates will often have robust roundtable discussions regarding services and supports for their consumers.

### **Sonoma**

The training for new volunteers consists of an orientation to the Volunteer Advocacy program and an introduction to the intellectual/developmental disabilities system of service. Topics include advocacy, rights, the State Council on Developmental



Disabilities activities, regional centers, and the Lanterman Act. 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, advocacy services agreement, community visit policy, mandated reporting, conflict of interest, anti-nepotism, 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 be fingerprinted and clear background checks. The new advocates are mentored by existing Advocates.

Prior to COVID-19 protocols, the Coordinator met 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 review meetings.

*Training Provided to Advocates:*

In August 2019, the Coordinator updated the Advocates on the future of the VAS Program and reviewed SCDD VAS policies. In October 2019, SCDD staff and Advocates took an online Mandated Reporter training. Also, in October the Coordinator presented advocacy options for the Advocates and updates on the VAS program. In December 2019, Coordinator provided training on advocacy and updates on the VAS program. In January 2020, the CRA/VAS Program Manager and Coordinator updated on the continuation of VAS through June and what was expected from them. In April 2020, Coordinator met with Advocates using Zoom. The Coordinator gave updates on VAS. Also requested Advocates do face to face time with VAS consumers. Coordinator gave Advocates questions to ask VAS consumers and their providers. Also, in April 2020, Coordinator had another Advocate meeting using Zoom to discuss the upcoming sexual harassment training and updates on COVID-19 related issues with VAS consumers. In May 2020, Coordinator and advocates took the online sexual harassment training. Also, in May 2020, Coordinator had a meeting with Advocates using Zoom. The Coordinator gave an update on VAS program continuation. In June 2020, there were two Advocate meetings using Zoom. At those meetings, VAS Advocates were informed of the cessation of the VAS SDC program as of July 1, 2020. The Coordinator and CRA/VAS Manager thanked the Advocates for their service to VAS consumers and the time they dedicated to bettering their lives through their advocacy efforts.

**Volunteer Advocates Stipends**

<b>Developmental Center</b>	<b>Number of Volunteers Paid Stipends</b>
<b><i>Canyon Springs</i></b>	13
<b><i>Fairview</i></b>	3
<b><i>Porterville</i></b>	5

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

All volunteers statewide receive a flat rate amount of \$90.00 per individual per month. The volunteers dedicate at least 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 program, meetings.

Volunteer Advocates visit, attend all meetings, and keep in phone/email contact with individuals who transition to the community for one year after community placement. Advocates attend the following meetings: five day, thirty day, ninety day, six month, and one year. During months with no set meeting, advocates visit and/or connect via telephone or email with the client or residential vendor staff.

## **THE RELATIONSHIP OF STIPENDS TO RECRUITMENT AND RETENTION OF VOLUNTEERS**

### **Canyon Springs**

Stipends are an incentive to retain qualified individuals for Advocates; however, the best Advocates already have an interest in assisting in the community, and the stipends are a bonus. Once an Advocate has been matched with one consumer, they usually ask for an additional consumer to visit. Often, the consumers request VASC to match them with a certain Advocate; and VASC attempts to accommodate their request.

COVID-19 limits the mileage costs for the Advocate when travelling from home to the facility. The time requirements have increased for the Advocates. It takes many attempts to reach the clients; therefore, the Advocates are making more phone contacts with the consumers and they are spending more time to trying to connect. Advocates report every call on a contact log and submit to the VASC. VASC reviews the contact log daily and follows-up with any needs or concerns of the Advocates and their consumers. VASC addresses any concerns with providers, facility administration, South Coast Regional Projects, and regional center staff.

### **Fairview**

Stipends are a motivator to retain qualified persons to provide advocacy for Fairview VAS consumers both at the FDC and in the community.

### **Porterville**

The ability to provide a stipend has a direct relationship on recruitment and retention of the volunteer advocates. Many advocates do not reside in Porterville and travel several

miles to provide advocacy services. Also, the majority of the individuals under VAS who reside in the community live in excess of 100 miles from their Advocates who travel to see them. If the stipend reimbursement were no longer provided, it would negatively influence 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 were referred to the coordinator are retirees interested in meaningful volunteer opportunities. It would have been difficult to recruit and retain Volunteer Advocates without a stipend.

## **VI. Barriers, Observations and Recommendations**

### **Canyon Springs**

Barriers to the VAS advocacy service provision include a rapid turn-over of staff at CS. New staff are not trained by DDS regarding SCDD personnel so VASC continues to explain what VAS does and why we are talking to the consumers. VASC makes it a point to learn all new staff names and speak to them directly. Staff approaches VASC seeking assistance with the needs of a consumer and asks for help in getting the consumers' needs met, often suggesting it would be beneficial for the consumer to have an Advocate.

Some staff ask Advocates to sign Plus Sheets or other documents that show service provision. VASC, CRA and executive director have agreed that Advocates do not sign out consumers and it is the staff's duty to know where consumers are and with whom. Most staff are trained not to offer Plus Sheets to Advocates and are responsible for knowing the whereabouts and welfare of their consumers. The Advocates are typically in line of sight for staff when meeting their consumers at CS. Advocates are trained to state to the staff that staff person oversees the consumer's whereabouts. Often the VASC is available to assist in returning consumers to the units, so the consumer does not have to wait for staff.

Unforeseen barriers were created due COVID-19 shelter in place protocols. All outside visitors including family members and Advocates were prohibited from on-site visits. The protocol remains in place at the end of this reporting period. Advocates have been more involved, and some family members have contacted Advocates for updates on their family members. It is difficult for family members and consumers with the current COVID-19 limitations; therefore, Advocates serve both consumers and their families with updates.

It is extremely important that the consumers have support from their Advocates especially, when no one is visiting the facility. Advocates send communication monthly to their consumer in the form of a letter or card in addition to phone calls and video

conferencing. Some are for special occasions, but many are for the consumer to know they are being remembered and recognized consistently.

Advocates phone the units to reach their consumers through staff. This procedure has proven difficult, but the Advocates are persistent and continue to speak to their consumers several times a month. Zoom meetings have been implemented with a few Advocates and their consumers. Zoom meetings are held by providers, South Coast Regional Projects and consumers to assist in the transition process. Advocates participate in Zoom meetings with the team or they call in on the conference line. Advocates remain committed to their consumers and send cards and letters to the facility for the consumers. VASC has assisted consumers and Advocates to have Facetime call in visits. Facetime visits are brief due to the limited time available to see the consumers VASC has facilitated many face to face calls through Facetime and Zoom for consumers and their Advocates.

Advocates and VASC are told by staff, that they are short staffed, especially in the evening and weekends when many Advocates visit consumers. The CS administration assures that staffing is adequate. VASC puts VAS events on the facility calendar so staff are aware of the events and plan accordingly with the consumers. VASC and CRA continue to remind clients and staff the day of the event, to ensure access and participation in the self-advocacy trainings.

VASC trained more Advocates to participate via Zoom for their consumers' meetings in the community. Since VASC has limited travelling due to COVID-19, the Advocates participate more with their consumers in the community. There is more teamwork between consumers, providers, Advocates and the VASC. Consumers' unmet needs are being addressed directly to providers from Advocates and VASC.

Advocates are notified by VASC when their consumer is nominated for the monthly Zero Tolerance to Violence lists. The list is provided by the psychologists to the VASC. Consumers receive a special dinner served by staff and a certificate of participation. Advocates attend the events to cheer on their consumers. Due to COVID-19, the cheers are not in person, but on the phone or video conferencing.

Some consumers have received additional funds to their trust accounts from Social Security or stimulus checks. CS administration suggests spending down their money, resulting in large unnecessary purchases. Family members are typically not acknowledged as potential stewards to their family members money. CalABLE accounts have been discussed by the VASC with unit supervisors, executive directors and regional centers representatives and consumers. CalABLE accounts need a family member involved to support the management of the account, as consumers are not

trained in banking. VASC is working on a self-advocacy training for consumers and families to further educate them on CalABLE savings.

Some residential providers experienced difficulty obtaining PPE. The VAS Program coordinated with the local SCDD regional office to obtain needed PPE and provide consumers transitioning to the community with their own package of PPE items.

### **Fairview**

Some current VAS Advocates are not able to travel outside of Orange County for follow-up of VAS consumers moving into other counties. Therefore, the VAS Coordinator has been attending the meetings for the VAS consumers no longer residing in Orange County where the advocate will not be following them. Some of the quarterly meetings do not correspond with the program's required timeframes, when this occurs Advocates participate in the meeting by tele-conference. All VAS Advocates continue to be encouraged to accompany the South Coast Regional Project staff during all follow-up meetings for VAS consumers. The VAS Coordinator will remain in contact with regional center DC liaisons and the new regional center service coordinators assigned to each VAS consumer.

Due to COVID-19, all facilities have been sheltering in place and in some homes, consumers have had to stay in their rooms. All meetings since March 16, 2020, have been conducted either via Zoom or teleconferencing. Volunteer Advocates have been in contact with the homes to ensure consumer safety and wellbeing. The shelter in place order due to COVID-19 pandemic has closed work/day programs. Residential providers have offered activities for VAS consumers.

Due to closures of work and day programs in response to COVID 19, some consumers are having difficulty staying home and not being able to work or socialize with their peers in the community.

Some residential providers experienced difficulty obtaining PPE. The VAS Program coordinated with the local SCDD regional office to obtain needed PPE.

Volunteer Advocates continue to check in more frequently during the COVID-19 shelter in place order. Coordinator will keep Advocates advised on DDS directives related to COVID-19. Coordinator will continue to encourage Advocates to do face to face video visits with VAS consumers.

### **Porterville**

Some current VAS advocates are not able to travel to visit residents in the community. Porterville has two Advocates who see the residents who have transitioned. However, they cannot see those residents who have been placed outside of a 100-mile radius.

Therefore, the VAS Coordinator attends the meetings/contacts for the VAS residents outside of that radius.

Despite sending out letters to the regional centers to remind them of our membership on the interdisciplinary team, we are not being notified of special incident reports (SIRs) on a regular basis. While attending a required meeting or during the phone contacts, the Volunteer Advocate is told of the SIR. VAS Coordinator continues to have conversations with regional center liaisons and Porterville Regional Project to remind them of the need for Advocacy Services being provided with SIRs.

Despite multiple requests for notification of any meetings for consumers residing in the community there continues to be a lack of communication. VAS Coordinator is emailing the providers on a regular basis, outside of consumer interaction.

Some residential providers experienced difficulty obtaining PPE. The VAS Program coordinated with the local SCDD regional office to obtain needed PPE.

Update: The VAS Coordinator will remain in contact with Regional Center DC liaisons and Regional Center caseworkers assigned to each VAS consumer.

Coordinator will continue to coordinate with Porterville Regional Project to be kept abreast of all meetings and transition activities. Coordinator will continue to contact Program Directors in the STA regarding notification of all transition meetings.

Coordinator reviews VAS events on the Facility Calendar monthly so that Advocates are aware of the events and can plan accordingly with their residents. VASC continues to have Advocates remind residents and staff the day of the event, to ensure access and participation in the Self Advocacy Trainings and and/or other events planned.

Coordinator will continue to be an active participant in People First both at the facility and in the community providing self-advocacy trainings on a regular basis and as needed on the units.

Coordinator facilitates collaboration between team members such as Regional Project, Regional Center, medical professionals etc. when barriers to service and supports arise. Regional center workers visit only four times per year.

Coordinator is in weekly contact with the PDC Executive Team in regard to IDD surge bed admissions so that the Coordinator and/or CRA can visit every individual who is admitted assuring that individuals needs are met.

Coordinator continues to monitor trends and increases in restrictive interventions, GERs, SIRs, medication increases/changes, and precursor medication use.

## **Sonoma**

Facilitating communication: Coordinator advocates for better communication between residential service providers, regional center case managers, Sonoma Regional Project staff, and Advocates regarding changes in medical, medication, procedures, and general health condition.

Often day program services are not available for VAS consumers when they are placed in the community. In some cases, months pass before VAS consumers receive day program services. The residential service provider's staff provide activities and community integration activities for VAS consumers waiting for day programs to begin. These services provide less than optimal socialization and community access activities.

Lack of dental services in the community is an ongoing problem. In some areas there is a two year wait for consumers that need IVGA for dental work. Regional centers are aware of lack of community dental services for VAS consumers. Some Regional Centers are providing mobile dental services.

For various reasons some VAS consumers are not receiving personal and incidental (P&I) funds since being placed. This causes the residential service provider to loan the VAS consumer money to purchase clothes and other items. Also, since regional center consumers have a right to access their money; this may constitute a rights violation. These incidents were investigated and advocated with success during this reporting period.

Due to closures of work and day programs in response to COVID 19, some consumers are having difficulty staying home and not being able to work or socialize with their peers in the community.

Some residential providers experienced difficulty obtaining PPE. The VAS Program coordinated with the local SCDD regional office to obtain needed PPE.

After 22 years of serving over 400 VAS consumers residing in or transitioning from the Sonoma Developmental Center, the State Council on Developmental Disabilities Volunteer Advocacy Program ended on June 30, 2020.

# SCDD VAS SERVICES ROSTER \$

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