# RSA-7-OB for FY-2021

**Form Name** RSA-7 OB

## Award FY 2021

**Report Through:** 09/30/2021

Program:Independent Living Services for Older Individuals Who Are Blind

Submitting Organization- California Department of Rehabilitation

## Part I: Funding Sources and Expenditures in Support of the OIB Program

### Funding Sources and Amounts in Support of the OIB Program for the Reported Federal Fiscal Year (FFY)

1. Title VII-Chapter 2 Federal grant award for reported FFY- $3,317,252
2. Title VII-Chapter 2 carryover from previous FFY- $1,668,924
3. Total Title VII-Chapter 2 Funds (A1 + A2)- $4,986,176
4. Title VII-Chapter 1, Part B Funds- $0
5. Other Federal funds available for expenditure in the reported FFY- $0
6. Total Federal funds (A3 + A4 + A5)- $4,986,176
7. State funds (excluding in-kind contributions)- $0
8. In-kind contributions- $798,397
9. Other non-Federal funds- $0
10. Total non-Federal funds (A7 + A9)- $0
11. Total of all funds available for expenditure in the reported FFY (A6+ A7 + A9)- $4,986,176

### OIB Program Expenditures in Reported FFY

1. Funds expended for administrative costs in the reported FFY

1. Administrative expenditures from (1) Title VII-Chapter 2 Federal grant award funds and (2) non-Federal sources used in meeting the match requirement- $800,154
2. Administrative expenditures from all other allowable sources as identified in Part I - A above- $0
3. Total administrative expenditures (1a + 1b)- $800,154

2. Funds expended for direct services during the reported FFY

1. Direct service expenditures from (1) Title VII-Chapter 2 Federal grant award and (2) funds from non-Federal sources used in meeting the match requirement- $3,280,617
2. Direct service expenditures from all other allowable sources as identified in Part I - A above- $0
3. Total direct service expenditures (2a + 2b)- $3,280,617
4. Total funds expended for the program during the reported FFY (B1c + B2c)- $4,080,771

## Part II: Program Staffing

### Full-time Equivalent (FTE) Program Staff

FTE (full time equivalent) is the number of hours per week considered full time for the positions reported below.

FTE for State Agency staff- 40

FTE for Contract/Subgrant staff- 40

1. FTE State Agency
   1. Administrative/Support- 1.0
   2. Direct Service- 0
   3. Total- 1.00
2. FTE through contract/subgrant
   1. Administrative/ Support- 10.16
   2. Direct Service- 38.20
   3. Total- 48.36
3. Total FTE (A1+ A2)
   1. Administrative/ Support- 11.16
   2. Direct Service- 38.20
   3. Total- 49.36

### Employees with Disabilities

Employees with Disabilities (agency and contract/subgrant staff)

1. Employees with disabilities other than blindness or severe visual impairments- 18
2. Employees with blindness or severe visual impairments who are older than age 55- 32
3. Employees with blindness or severe visual impairments who are under age 55- 37
4. Total employees with disabilities (B1 + B2 + B3)- 87

## Part III: Data on Individuals Served

### Individuals Served

1. Number of individuals who began receiving services in the previous FFY and continued to receive services in the reported FFY- 2,057
2. Number of individuals who began receiving services in the reported FFY- 2,435
3. Total individuals served during the reported FFY (A1+ A2)- 4,492

### B. Age at Application

1. 55-64- 979
2. 65-74- 1,199
3. 75-84- 1,187
4. 85 and over- 1,127
5. Total (B1 + B2 + B3 + B4)- 4,492

### C. Gender

1. Individual self-identifies as female- 2,939
2. Individual self-identifies as male- 1,550
3. Individuals who did not self-identify gender- 3
4. Total (C1 + C2 + C3)- 4,492

### D. Race

1. American Indian or Alaska Native- 34
2. Asian- 252
3. Black or African American- 437
4. Native Hawaiian or Other Pacific Islander- 18
5. White- 2,856
6. Individual did not self-identify race- 662
7. Two or more races- 233
8. Total (D1 + D2 + D3 + D4 + D5 + D6 + D7) Do not include the sum of E1.- 4,492

### E. Ethnicity

1. Hispanic or Latino- 925

### F. Degree of Visual Impairment

1. Totally blind (light perception only or no light perception)- 399
2. Legally Blind (excluding totally blind)- 1,642
3. Severe Visual Impairment- 2,451
4. Total (F1 + F2 + F3)- 4,492

### G. Major Cause of Visual Impairment

1. Macular Degeneration- 1,436
2. Diabetic Retinopathy- 329
3. Glaucoma- 754
4. Cataracts- 276
5. Other cause of visual impairment- 1,697
6. Total (G1 + G2 + G3 + G4 + G5)- 4,492

### H. Other Age-Related Impairments

1. Hearing impairment- 804
2. Mobility impairment- 968
3. Communication impairment- 78
4. Cognitive or intellectual impairment- 143
5. Mental health impairment- 238
6. Other impairment- 1,222

### I. Type of Residence

1. Private residence (house or apartment)- 3,660
2. Senior independent living facility- 664
3. Assisted Living Facility- 123
4. Nursing Home/Long-term Care facility- 21
5. Homeless- 24
6. Total (I1 + I2 + I3 + I4 + I5)- 4,492

### J. Source of Referral

1. Eye care provider (ophthalmologist, optometrist)- 896
2. Physician/medical provider- 208
3. State VR agency- 198
4. Government/public or private social service agency not listed elsewhere- 265
5. Veterans Administration- 16
6. Senior program- 377
7. Assisted Living Facility- 35
8. Nursing Home/Long-term Care facility- 3
9. Independent Living center- 69
10. Family member or friend- 832
11. Self-referral- 727
12. Other- 866
13. Total (J1 through J12)- 4,492

## Part IV: Types of Services Provided and Funds Expended

### A. Clinical/Functional Vision Assessments and Services

1. Total expenditures from all sources of program funding- $111,147
2. Total unduplicated count of persons served – Vision screening/vision examination/low vision evaluation- 604
3. Total unduplicated count of persons served – Surgical or therapeutic treatments to prevent, correct, or modify disabling eye conditions- 35

### B. Assistive Technology Devices and Services

1. Total expenditures from all sources of program funding- $739,059
2. Total unduplicated count of persons served – Provision of assistive technology devices and/or services- 3,095

### C. Independent Living and Adjustment Training Services

1. Total expenditures from all sources of program funding- $2,030,058
2. Total unduplicated count of persons receiving independent living and adjustment training services- 3996
3. Number of persons receiving the following services:
   1. Orientation and mobility training- 613
   2. Communication skills training- 1,929
   3. Daily living skills training- 2,065
   4. Advocacy training- 1,225
   5. Adjustment counseling and/or peer support services (individual or group)- 1,503
   6. Information and referral services- 3,093
   7. Other independent living services- 1,182

### D. Supportive Services

1. Total expenditures from all sources of program funding- $225,253
2. Total unduplicated count of persons served – Supportive services (reader services, transportation, personal attendant services, support service providers, interpreters, etc.)- 1,566

### E. Community Awareness Activities and Information and Referral

1. Total expenditure from all sources of program funding- $175,100

### F. Total Direct Expenditures

Sum of A1 + B1 + C1 + D1 + E1, total must agree with the direct service expenditures reported in Part 1, B2c- $3,280,617

## Part V: Program Performance Measures and Outcome Data

Provide the following data for each of the performance measures below.

## Program Performance Data

### Assistive Technology Devices and Services

A1. Enter the unduplicated number of individuals receiving assistive technology devices and services for whom change in functional capabilities was assessed during the reported FFY (Denominator).- 2,609

A2. Enter the unduplicated number of individuals receiving assistive technology devices and services who demonstrated improvement in one or more functional capabilities during the reported FFY (Numerator). Note: An individual who maintained but did not improve their capabilities may be reported here if the individual’s goal was to prevent further decline in their capabilities.- 2604

A3. The percentage of individuals receiving assistive technology devices and services who demonstrated improvement in one or more functional capabilities during the reported FFY consistent with the objectives for receiving such devices and services (A2 divided by A1). The percentage is calculated by RSA MIS.- 99.81%

### Independent Living and Adjustment Training Services

B1. Enter the unduplicated number of individuals receiving independent living and adjustment training services for whom change in functional capabilities was assessed during the reported FFY (Denominator).- 3,153

B2. Enter the unduplicated number of individuals receiving independent living and adjustment training services who demonstrated improvement in one or more functional capabilities (Numerator). Note: An individual who maintained but did not improve their capabilities may be reported here if the individual’s goal was to prevent further decline in their capabilities.- 3,143

B3. The percentage of individuals receiving one or more independent living and adjustment training services who demonstrated improvement in functional capabilities during the reported FFY (B2 divided by B1). The percentage is calculated by RSA MIS.- 99.68%

### Independence in the Home and Community

C1. Enter the total number of individuals completing a plan of services during the reported FFY (Denominator).- 3,416

C2. Enter the number of individuals completing a plan of services during the reported FFY that reported an increased ability to engage in their customary daily life activities in the home and community (Numerator). Note: An individual who maintained but did not improve their ability to engage in customary daily life activities may be reported here if the individual’s goal was to prevent further decline in their capabilities.- 3,392

C3. The percentage of individuals completing a plan of services who reported an increased ability to engage in their customary daily life activities in the home and community (C2 divided by C1). The percentage is calculated by RSA MIS.- 99.30%

C4. Enter the number of individuals completing a plan of services who reported feeling that they are more confident in their ability to maintain their current living situation as a result of services they received (Numerator).-3,404

C5. The percentage of individuals completing a plan of services who reported feeling that they are more confident in their ability to maintain their current living situation (C4 divided by C1). The percentage is calculated by RSA MIS- 99.65%

### Efficiency Measure

D1. Total funds expended for direct program services during the reported FFY (as reported in PART I B2) (Denominator).- $3,280,617

D2. Number of individuals receiving services during the reported FFY (as reported in PART III A3) (Numerator).- 4,492

D3. The average annual cost per individual served through the program during the reported FFY.- $730.32

## Part VI: Training and Technical Assistance Needs

**Enter a brief description of your training and technical assistance needs, based on challenges you have experienced in implementing the program, and how such training and technical assistance might assist in the implementation and improvement of the performance of the OIB program in your State.**

The program is implemented through sub-grant agreements with private, nonprofit community-based organizations (service providers) that have expertise providing effective services to individuals who are blind or visually impaired. The Department of Rehabilitation (DOR) is the State agency that distributes grant monies to local service providers so the training and/or technical assistance focus is on ensuring consistency and accuracy in delivery and reporting of consumer services. This focus supports DOR’s primary role as the grant management oversight entity. DOR strives to provide program specific training and technical assistance to the service providers through quarterly virtual meetings and continual, multi-modal communication. In-person program reviews, and technical assistance visits occur regularly or as requested. Technical assistance was provided to all service providers in 2021. Much of the technical assistance was consultation on strategies to meet grant performance goals and the needs of consumers as COVID-19 continues to impact traditional methods of service delivery. DOR wishes to continue receiving direction and feedback on best practices in tracking and reporting consumer services and attaining quality outcomes. This is especially relevant given the data collection requirements that began on October 1, 2020, for the new 7-OB report template.

DOR continues to participate in technical assistance activities offered by the OIB Technical Assistance Center at Mississippi State (OIB-TAC). DOR staff attended the monthly OIB-TAC Program Manager meetings and the OIB-TAC virtual conference held in September 2021.

## Part VII: Narrative

### **A. Briefly describe the agency’s method of implementation for the OIB program (i.e., service delivery provided in-house, through sub-grantees/contractors, or a combination) incorporating outreach efforts to reach underserved and/or unserved populations. Include any updates from the prior year’s report. List all sub-grantees/contractors.**

Implementation: Through a statewide competitive grant process, DOR provides core comprehensive independent living services (ILS) to individuals aged 55 years and older who are blind and visually impaired. Currently, services are provided by 17 service providers across California. Services are provided to consumers in various locations; in their home, virtually, at a service provider’s office, or in a consumer’s local community. DOR desires to fund services in each of the 58 counties within California, in order to have a robust Title VII, Chapter 2 program throughout the state. Awards for each county are determined by a formula based on the population of persons aged 55 and older who are blind or visually impaired residing in the county, along with the geographic size of the county. However, one county did not receive any service provider applications; and, for another county, the service provider was unable to serve the county and relinquished the award. Both counties are remote and have a very small population; so, finding a service provider for those counties was not possible. Each OIB service provider is awarded base funding of $10,000, to ensure they have reasonable funds to operate, regardless of the number of counties they serve. The October 1, 2020, to September 30, 2021, federal fiscal year is the fourth year of a 5-year grant cycle and amendments to continue funding were made to all 17 service providers.

Outreach Efforts to Unserved and Underserved Populations: The OIB service providers are encouraged to meet the State Plan for Independent Living (SPIL) outreach challenges by utilizing methodologies that help to ensure eligible consumers are aware of services and to focus on unserved and underserved population groups. The outreach strategies of the 17 service providers to identify local needs of sub-population groups within their geographic area have been met with innovative and effective efforts that include:

* providing translation services for non-English speaking populations;
* incorporating gender and ethnic appropriate ILS promotional information via various media; specialty publications, ethnic-specific print, television, radio and public service announcements;
* conducting in-person and virtual ILS informational training to eye care medical specialists and physicians serving targeted population groups in underserved and unserved communities to increase referrals for services;
* conducting in-person and virtual presentations at adult day health centers, health/social service organizations and homes for seniors located in unserved and underserved ethnic, linguistic, or economic communities;
* providing ILS information, including brochures, virtual meetings, and telephone calls, to organizations, agencies and businesses serving target populations;
* utilizing ‘senior mentors’ to orient and demonstrate non-visual skills to members of targeted population sub-groups living in residential facilities;
* attending health and disability fairs and participating in culturally based social activities and support groups by virtual and in-person methods;
* hiring staff and recruiting volunteers who are representative of various cultures and languages of diverse populations, to identify and respond to service barriers (i.e., transportation, geography, cultural sensitivity, and translation services); and
* distributing ILS information to faith-based organizations and establishments located in underserved and unserved diverse communities.

Notably, two of California’s 17 service providers served over 70% of their consumers among ethnic minority groups. Five additional service providers are serving over 43% minorities. Particularly, Blindness Support Services, Incorporated (BSSI) and Access to Independence (A2I), are making concerted efforts to reach the Hispanic population of the diverse Inland Empire and San Diego/Imperial Valley areas respectively. Both A2I and BSSI employ a racially and ethnically diverse staff, which continues to help ensure success in serving the diverse population in their service area. The data reflects that 36.4% of consumers served by the 17 service providers during the 2020-21 grant year were from underserved minority populations. This is a decrease from 41.9% in the previous grant year. Limited outreach to the community, the reduction of in-person services and training and transportation difficulties contributed to the decrease in services to some of the underserved minority communities. Below is a list of the OIB service providers as well as a breakdown of the diversity of the consumers served by each provider including their office location and counties served.

|  |  |  |  |
| --- | --- | --- | --- |
| **OIB Service Providers** | **Diversity %** | **Office Location** | **Counties Served** |
| Access to Independence | 97.90% | San Diego | Imperial |
| Blindness Support Services, Inc. | 71.60% | Riverside | Riverside, San Bernardino |
| Lions Center for the Blind and Visually Impaired | 50.40% | Pittsburg | Alameda, Contra Costa, Solano |
| Valley Center for the Blind | 49.60% | Fresno | Fresno, Kings, Madera, Tulare |
| Dayle McIntosh Center for the Disabled | 48.10% | Anaheim | Los Angeles, Orange |
| Independent Living Center of Kern County | 47.80% | Bakersfield | Kern |
| Lighthouse for the Blind | 43.80% | San Francisco | Alameda, Contra Costa, Del Norte, Humboldt, Marin, San Francisco, San Mateo, Trinity |
| Center of Vision Enhancement | 34.20% | Merced | Mariposa, Merced |
| San Diego Center for the Blind | 33.70% | San Diego | San Diego |
| Community Center for the Blind and Visually Impaired | 29.00% | Stockton | San Joaquin |
| Society for the Blind | 27.30% | Sacramento | Amador, Butte, Calaveras, El Dorado, Glenn, Mendocino, Mono, Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba |
| Independent Living Resource Center | 22.20% | Santa Barbara | San Luis Obispo, Santa Barbara, Ventura |
| Blind and Visually Impaired Center of Monterey County | 17.80% | Monterey | Monterey |
| Vista Center for the Blind and Visually Impaired | 17.40% | Palo Alto | San Benito, San Mateo, Santa Clara, Santa Cruz |
| Visually Impaired Persons Support | 11.90% | Modesto | Stanislaus, Tuolumne |
| Disability Action Center | 11.00% | Chico | Colusa, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama |
| Earle Baum Center | 2.30% | Santa Rosa | Lake, Napa, Sonoma |

### **Briefly summarize results from your recent evaluations or satisfaction surveys conducted for your program.**

Service providers report a 95% or higher level of positive consumer outcomes which indicate a very high level of consumer satisfaction. The evaluation of the reporting requirements for OIB is an in-house program evaluation activity. Careful documentation of service provision and consumer outcomes helps measure performance and effectiveness and identify technical assistance needs. Furthermore, the evaluations augment accountability, strengthen quality assurance, and identify where program policy revisions are needed. The evaluation process includes all components of the data collection requirements established by the Rehabilitation Services Administration (RSA). When monitoring programs, DOR focuses significant time on reviewing services, methods of service delivery, successful outcomes, and consumer satisfaction. Overall, the OIB service providers report a high percentage of consumers who are very satisfied and feel more independent because of the services they received. Ongoing virtual and on-site (when possible) monitoring will continue to promote accurate documentation of outcomes and follow-up with consumers to ensure they are completing services and meeting goals. This review process also allows DOR to consult with the service providers on many of their program aspects, helping ensure that the objectives established in grant agreements are being tracked and adjustments are made with a focus on providing comprehensive OIB ILS services.

### **C. Briefly describe the impact of the OIB program, citing examples from individual cases (without identifying information) in which services contributed significantly to increasing independence and quality of life for the individual(s).**

Below are a few examples of OIB service providers’ narrative reports, edited for brevity and clarity, about their consumers.

Access to Independence: Mrs. C called seeking information on the food pantry program, how to obtain a personal protective equipment (PPE) supply kit and requesting assistance in obtaining a talking high blood pressure monitor. Mrs. C has vision loss, cancer, and high blood pressure (BP). The doctor recommended taking her BP 2-3 times daily. Mrs. C did not have access to a BP monitor and requested financial assistance, since she is on a limited income and her insurance was unable to cover the talking BP monitor. With our assistance, Mrs. C received the talking BP monitor and our OIB Coordinator contacted her via telephone and conducted a training on how to use the monitor. At the completion of her plan, she was very satisfied with the BP monitor and services she received, which greatly increase her independence.

The Earle Baum Center: A senior client who was unable to leave his living situation during the pandemic worked with the assistive technology staff to get his new PC up and running with accessibility features tailored to his needs. He also got help with the new phone system in the Retirement facility where he lives. He is happy he can maintain his independence, and stay connected with his friends, family and community.

San Diego Center for the Blind (SDCB): A consumer’s ophthalmologist referred them to SDCB for services due to vision loss. The consumer stated they were devastated as they thought it was the end of their independence. The consumer was amazed at the services provided: assistive technology, local and distance traveling with confidence through O&M, braille instruction, and hands-on lessons in cooking safely. While all these services were being provided the consumer was also learning how to face the losses their new disability presented. The consumer reported that the counseling and therapy staff are full of empathy and helped them understand the emotional and psychological roller coaster they were experiencing and taught them coping skills that are specific to their situation.

Vista Center for the Blind: A 77-year-old consumer has Retinitis Pigmentosa. She has been taking and completing courses on how to use her iPhone for texting, using the calendar and other apps. She recently fell and broke her arm so she called to receive Orientation and Mobility to work on cane skills for safe traveling. She joined a Peer Support Group since she moved from back east where she was part of a community of low vision people and has been missing that connection.

### **D. Briefly describe the community awareness/outreach efforts and information and referral activities conducted with Title VII-Chapter 2 funds and other funds and the outcome of those activities.**

All 17 service providers have collaborative relationships with other organizations in their respective communities. The following are two examples submitted by California’s OIB service providers to highlight some of the ways in which they provide community awareness and Information and Referral to better connect in their communities. These narratives, edited for brevity and clarity, give a good representation of the community awareness and information and referral efforts that service providers use to better connect in their service areas. These efforts have been employed in many communities across the State by the below and other OIB service providers.

Blindness Support Services, Inc. (BSSI): BSSI has continued our partnership with Latino Net, The Group, IEDC (Inland Empire Disabilities Collaborative), and Ventanilla de Salud at the Mexican Consulate to better serve and connect with minority populations. BSSI also partners with RUHS-Behavioral Health to identify additional culturally sensitive approaches to assist those in need. BSSI participates in monthly virtual meetings to share the free services offered to visually impaired individuals, age 55 and over. These partnerships and collaborative efforts have resulted in a “Win-Win” for all involved because it has helped us reach out to unserved populations. Partnerships have also allowed BSSI to obtain Title VII referrals to continue to help seniors who reside in Riverside and San Bernardino County.

Independent Living Resources Center, Inc. (ILRC):

ILRC provides extensive community awareness and information and referral with service providers targeted at underserved individuals and communities by reaching out to:

* unincorporated communities,
* faith-based organizations,
* case managers,
* discharge planners,
* community service providers,
* schools, and
* government entities.

ILRC utilizes the following methods to connect with underserved individuals throughout the community:

* community events,
* virtual meetings,
* phone calls,
* emails,
* social media,
* flyer dissemination,
* newsletter marketing, and
* in-person gatherings when available to us (though the COVID-19 pandemic has made this form of community awareness less accessible).

The examples above give a good idea of how our service providers make a remarkable effort to provide extensive community awareness and information and referral to as many programs and individuals in their service areas as possible. Service providers throughout California promote and model practices that allow OIB consumers to live more independently and fully integrated in their communities.

### **Briefly describe capacity-building activities, including collaboration with other agencies and organizations (other than with sub-grantees) and the outcome of these activities on expanding or improving the program.**

Given the significant challenges of COVID-19 service providers reported revising curricula, streamlining virtual service delivery strategies, and utilizing virtual methods of doing business to increase service provision capacity. Service providers are adapting and modifying services to ensure consumers are served in the safest and most effective manner. An additional benefit from these capacity building efforts are that the methodologies can continue to be utilized and will be available after the pandemic, enhancing the ability of service providers to serve consumers who reside in hard-to-reach areas of California.

DOR continues providing technical assistance and consultation to service providers on delivering comprehensive ILS services that meet the needs of OIB consumers. Service providers deliver a wide variety of services, work to stay connected with other OIB service providers, and collaborate with service organizations in their community. To further collaborative relationships, DOR connects service providers with one another when a provider needs guidance. DOR chooses a provider with expertise in the area of question and connects the service providers to each other. Service providers collaborated to cross train staff and refine service delivery, strengthening their respective programs.

All 17 service providers seek to expand services in their respective communities, despite challenges of service provision during the pandemic. The following service provider narratives, edited for brevity and clarity, describe some of the diverse ways they expanded services and brought awareness to their community about the services available for the unique needs of seniors who are blind or visually impaired.

Valley Center for the Blind (VCB): VCB is reaching out to religious centers and other service providers that serve disadvantaged communities. VCB continues taking proactive steps to reach more diverse groups so that our services are provided to the community in an equitable manner. VCB has expanded our partnerships with other local nonprofits and with the county. VCB is more frequently checking with consumers and providing them with additional support to keep them safe, healthy, and engaged during the pandemic. VCB has also started hosting more social and mental health groups both online and in person, thereby increasing capacity to serve the OIB population.

LightHouse for the Blind: Throughout Covid-19, the LightHouse’s capacity building efforts included developing 17 different virtual training classes which have all been available to OIB eligible adults. While working in person is preferable by many, the virtual classes have allowed more students to participate who would likely not participate due to transportation gaps and geography. Several classes provide the building blocks to skill development: Low Vision, Putting Together the Pieces, is a three week, six class virtual experience that provides a strong introduction to low vision techniques and tools; Get Moving is a four week class developing the foundational skills and understanding of O&M; the Language of Listening is a three week class which teaches students about listening learning strategies; Hands On is a basic ILS class each week--most recently the theme was six weeks dedicated to pre-Braille skill development; and Tech Together is a weekly drop-in which many OIB students participate to just listen and learn, it is a terrific, non-threatening way for the new user to start hearing all about Access Technology.

## Part VIII: Signature

Please sign and print the name, title, and telephone number of the IL-OIB Program Director below.

I certify that the data herein reported are statistically accurate to the best of my knowledge.

Signed by: Joe Xavier

Title: Director, California Department of Rehabilitation

Telephone: 916-558-5800

Date Signed: 12/30/2021