

RISK MANAGEMENT REPORT:

INDIVIDUALS WHO HAVE TRANSITIONED FROM DEVELOPMENTAL CENTERS INTO THE COMMUNITY (MOVERS)

DATA THROUGH DECEMBER 2014



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This report summarizes indicators tracked by the risk management contractor regarding consumers who transitioned from California Developmental Centers into the community since January 2010.

As one element of risk management and quality assurance, the California Department of Developmental Services (DDS) and California's network of regional centers monitor risks and track the occurrences of adverse events for DDS consumers residing in the community. Serving under a risk management contract with DDS, Mission Analytics Group (Mission) provides analytical support and regular reports on adverse events for DDS consumers residing in the community. As an extension of this work, Mission is following three sets of indicators for consumers who have transitioned from developmental centers into the community ("movers").

This report summarizes findings on these indicators using data from January 2010 forward, with a focus on the period from January to December 2014. The three sets of indicators include:

1. Changes in residential settings: Instability in residence may indicate potential care issues. Changes in the type of residential setting may also indicate changes in service needs. Therefore, this report uses information on residential settings from the Client Master File (CMF) and Purchase of Service (POS) data to identify changes of residence type.
2. Changes in skills of daily living, challenging behaviors and personal

outcomes: The report also monitors elements tracked on the Client Development Evaluation Report (CDER) for potential deterioration or improvement in these measures. The CDER is completed at the time of transition and at least annually for movers.

3. Number and rate of reportable incidents among movers: As required by Title 17, Section 54327 of the California Code of Regulations, vendors and long-term health care facilities report occurrences of suspected abuse, suspected neglect, injury requiring medical attention, unplanned hospitalization, and missing persons, if they occur when a consumer is receiving services funded by a regional center (under vendored care). In addition, *any occurrence* of consumer mortality or a consumer being the victim of a crime must be reported, whether or not it occurred while the consumer was under vendored care. These data are available through Special Incident Reports (SIR).

In most cases, the small number of movers results in differences in these indicators that are not statistically significant.

Count of Movers as of December 2014

Table 1: Number of Consumers Moving from Developmental Centers to Community Settings, by Developmental Center and Period January 2010 – December 2014

Date Moved from Developmental Center	Canyon Springs	Fairview	Lanterman	Porterville ¹	Sonoma	TOTAL
Jan - Jun 2010	6	20	18	16	12	72
Jul - Dec 2010	7	21	24	15	14	81
Jan - Jun 2011	3	16	31	13	17	80
Jul - Dec 2011	6	10	19	18	12	65
Jan - Jun 2012	3	12	34	21	16	86
Jul - Dec 2012	3	13	34	12	9	71
Jan - Jun 2013	4	17	46	13	18	98
Jul - Dec 2013	5	13	58	15	9	100
Jan - Jun 2014	4	10	56	11	18	99
Jul - Dec 2014	7	15	44	9	15	90
Total Movers Tracked	48	147	364	143	140	842

¹These counts exclude individuals placed out of the secure-treatment units at Porterville

For the purpose of this report, the list of individuals defined as movers was supplied to Mission by DDS. Of the list received by Mission, 26 consumers were excluded from this report because they did not transition into a community setting (went from status 8 living in developmental center to status 4 inactive, or status 6 closed or they died shortly after transitioning to a subacute facility from a developmental center in order to receive needed specialized care).

More About These Data

The list of movers was cross-referenced with the CMF and the list of individuals tracked in the Update on the Plan for the Closure of Lanterman Developmental Center to ensure consistency.

The CMF records the consumers actively served by DDS. Status 8 is used to indicate an individual diagnosed as having a developmental disability served in a developmental center. Status 2 indicates an individual having a developmental disability and served in the community. When an individual transitions from a developmental center, regional center staff updates his or her status in the CMF. Movers typically transition from status 8 to status 2. Individuals who transitioned from status 8 to status 4 or 6 (Inactive or Closed, respectively) were excluded from this report. Also excluded were individuals who transitioned into a sub-acute facility due to special healthcare needs that could not be met in the developmental center. Residents residing in a sub-acute facility for more than a year are included in this analysis.

Characteristics of Movers

Table 2: Distribution of Movers, by Demographic Characteristics

Characteristics	Canyon Springs	Fairview	Lanterman	Porterville ¹	Sonoma	Total
Age Category						
Between 15 and 21	10%	8%	0%	8%	0%	4%
Between 22 and 31	35%	12%	6%	27%	9%	13%
Between 32 and 41	40%	8%	10%	10%	14%	12%
Between 42 and 51	10%	33%	28%	22%	30%	27%
Between 52 and 61	4%	25%	33%	22%	33%	28%
62 and Over	0%	14%	22%	9%	15%	16%
Sex						
Female	40%	28%	41%	23%	45%	36%
Male	60%	72%	59%	77%	55%	64%
Total	48	147	364	143	140	842

¹These counts exclude individuals transitioned from the secure-treatment units at Porterville

Table 3: Distribution of Movers, by Disability and Mental Health Characteristics

Characteristics	Canyon Springs	Fairview	Lanterman	Porterville ¹	Sonoma	Total
Intellectual Disability						
Mild	88%	17%	3%	43%	11%	19%
Moderate	10%	12%	7%	9%	10%	9%
Severe	0%	18%	16%	10%	22%	15%
Profound	0%	48%	74%	34%	55%	55%
Unspecified	2%	4%	1%	4%	2%	1%
Cerebral Palsy						
Mild	0%	7%	8%	6%	4%	6%
Moderate	2%	7%	8%	7%	10%	8%
Severe	0%	17%	26%	9%	20%	19%
Other Disability						
Autism	4%	21%	20%	5%	27%	18%
Seizures	10%	46%	52%	41%	32%	43%
Mental Health Diagnosis						
Schizophrenia	60%	16%	6%	12%	2%	11%
Anxiety Disorder	4%	10%	10%	3%	21%	10%
Bipolar Disorder	15%	7%	9%	3%	9%	8%
Depressive Disorder	8%	3%	4%	2%	7%	4%
Axis II/Personality Disorder	25%	3%	1%	6%	4%	4%
Adjustment Disorder	0%	2%	0%	1%	9%	4%
ADHD	6%	5%	1%	7%	0%	2%
Dementia	0%	2%	1%	1%	1%	3%
Any Mental Health Diagnosis	83%	37%	27%	35%	37%	1%
Total	48	147	364	143	140	842

More About These Data


Canyon Springs was designed to serve those with developmental disabilities and challenging behaviors. The demographic characteristics and qualifying developmental disabilities are more consistent across the other developmental centers. Due to this demographic difference, analysis of Canyon Springs SIR data is presented separately on subsequent pages.

Status of Movers as of December 2014

Table 4: Number of Consumers Moving from Developmental Centers to Community Settings, by Status as of December 2014

Developmental Center	Total Movers Tracked	As of December 2014, Movers:			
		In Community Setting	Deceased	Other	Returned to Developmental Center
Canyon Springs	48	41	1	2	4
Fairview	147	128	16	1	2
Lanterman	364	341	20	3	0
Porterville	143	117	11	11	4
Sonoma	140	130	6	1	3
Total	842	757	54	18	13

Key Findings:

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- Of the 842 consumers identified as movers, 757 were active on the caseload and living in community settings at the end of December 2014.
 - Among movers who transitioned into the community between January 2010 and December 2014, there were a total of 54 mortalities, including 11 between July and December 2014 (See pages 17 and 18 for more information).
 - A small number of movers (13) returned to the developmental center after having transitioned out.

More About These Data

These data include individuals who have transitioned into the community beginning January 1, 2010.

Consumers included under *Other* are individuals who moved out of the state or are classified as Inactive in the CMF.

Of the 13 individuals who returned to developmental centers, 11 of them returned to the same developmental center and 2 moved into a different one.

Count of Movers by Regional Center

Table 5: Regional Centers Serving Consumers who Moved from Developmental Centers to Community Settings between January 2010 and December 2014

Current Regional Center	Movers	New Movers July - December 2014
Alta	25	1
Central Valley	53	3
East Bay	36	5
Eastern Los Angeles	60	3
Far Northern	11	0
Golden Gate	51	5
Harbor	40	2
Inland	62	5
Kern	28	3
Lanterman	56	7
North Bay	29	3
North Los Angeles	64	12
Orange	44	6
Redwood Coast	2	0
San Andreas	23	3
San Diego	64	7
San Gabriel/Pomona	78	13
South Central LA	36	7
Tri Counties	29	1
Valley Mountain	10	0
Westside	41	4
Developmental Center Movers Currently in Community	842	90

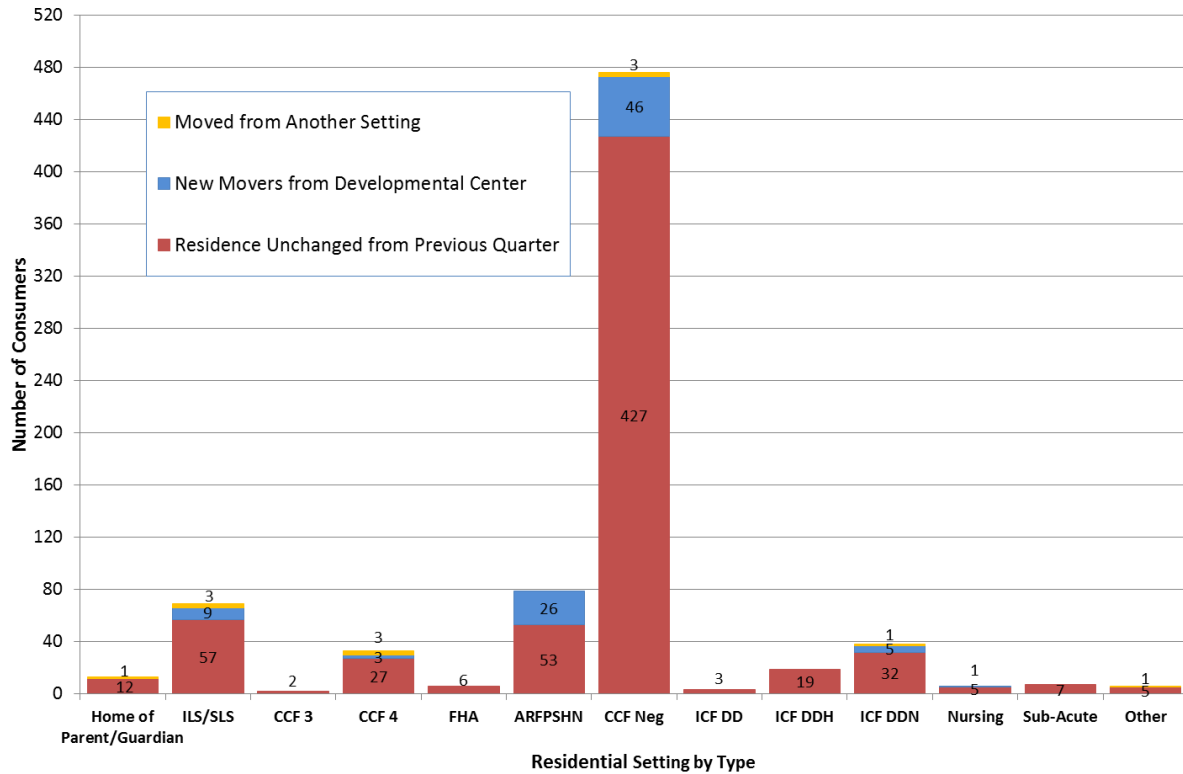
Key Findings:



- Due to their proximity to the now closed Lanterman Developmental Center, regional centers in the Los Angeles County serve the greatest number of movers.
- Far Northern, Valley Mountain, and Redwood Coast regional centers serve the fewest movers.

Residential Settings of Movers as of December 2014

Figure 1: Residential Settings of Movers, December 2014 with Comparison to Residence in July 2014



Key Findings:



- Community Care Facilities (CCF) with negotiated rates are the most common residence types among all movers. Over 50% of the consumers who transitioned from a developmental center during this semi-annual period were placed in a CCF with a negotiated rate.
- Among the new movers, Adult Residential Facility for Persons with Specialized Healthcare Needs (ARFPSHN) is also becoming a common option. Over 25% of the new movers transitioned into this type of setting.

More About These Data

CCF: Community Care Facility, by level or negotiated rate where level is not defined. ARFPSHN: Adult Residential Facility for Persons with Specialized Healthcare Needs. FHA: Family Home Agency. ILS/SLS: Independent Living Skills or Supported Living Services. ICF: Intermediate Care Facility, including ICF/Developmentally Disabled (ICF/DD), ICF/Developmentally Disabled-Habilitation (ICF/DD-H), and ICF/ Developmentally Disabled-Nursing (ICF/DD-N). Nursing: Skilled Nursing Facility (excluding psychiatric). Long Term Sub-Acute: Sub-Acute Facility. Other: Psychiatric Treatment Centers, Transient/Homeless, or other placements, not described in any of the above.

Initial Residential Settings of Movers

Table 6: Number of Developmental Center Movers Changing Residential Type after Transition, By Initial Setting, Movers in Community as of December 2014

Initial Residential Setting	Number of Movers by Initial Setting	Distribution of Movers by Initial Setting	Changed Residential Type
Home of Parent/Guardian	14	2%	6
ILS/SLS	64	8%	7
CCF Level 3	2	0%	0
CCF Level 4	31	4%	4
FHA	6	1%	0
ARFPSHN	79	10%	0
CCF Negotiated Rate	485	64%	20
ICF DD	2	0%	0
ICF DDH	21	3%	2
ICF DDN	34	4%	1
Nursing	5	1%	0
Sub-Acute	7	1%	0
Other	7	1%	5

Key Findings:



- Out of 757 movers residing in the community in December 2014, 45 have changed residential setting after their initial transition. Of these 45, 20 had been initially placed in CCF with negotiated rates.
- The initial placements that tend to be the least permanent are those with a placement in the home of parent/guardian or in “Other” residential settings, as defined under “More About These Data” on page 8.

More About These Data

Initial residence for movers is reported by DDS. Subsequent residence type is based on information recorded in the CMF, combined with rate information from the POS to identify the type of CCF. The dates of changes in the CMF and POS data files may not match the actual move dates. In addition, if a residential vendor changes type (for example, changes CCF level), a residence type change would be recorded even if the consumers did not change physical residences.


Changes in Residential Settings

Table 7: Number of Developmental Center Movers Changing Residential Type after Transition, By Initial and Current Setting, Movers in Community as of December 2014

Initial Residential Setting	Changed Residential Type	Current Residential Setting
Home of Parent/Guardian	6	ILS/SLS (6)
ILS/SLS	7	ILS/SLS (2)*, ICF DDN (1), Other (2) CCF Neg. Rate (2)
CCF Level 3	0	
CCF Level 4	4	Home (1), CCF Neg. Rate (3)
FHA	0	
ARFPSHN	0	
CCF Negotiated Rate	20	Home (3), ILS/SLS (2), ICF DDN (2), Other (1), Nursing (1), CCF Neg. Rate (5)*
ICF DD	0	
ICF DDH	2	ICF DDN (2)
ICF DDN	1	ICF DD (1)
Nursing	0	
Sub-Acute	0	
Other	5	Home (1), ILS/SLS (2), Other (1)*, CCF Neg. Rate (1)

*8 movers returned to their initial residential setting after living in a different setting for 1-20 months. These involved moves to these settings: Home (2), FHA (1), CCF Level 3 (1), CCF Level 4 (2), and ILS/SLS (1).

Key Findings:

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- All 6 DC Movers who changed residential settings after being initially placed in the home of a parent or guardian transitioned to ILS/SLS.
 - Five consumers had more than one residential change. Two of these consumers were initially placed in CCFs with Negotiated Rates; one moved to an FHA and later to the home of parent or guardian, and the second moved to the home of a parent or guardian and later to a CCF Level 4. Two consumers were initially placed in ILS/SLS; one of them moved to a Psychiatric Treatment Center (CMF code 81) and later moved to a CCF Negotiated Rate, and the second moved to a CCF Negotiated Rate and later to a Community (Psychiatric) Treatment Facility (CMF code 84). Another consumer was initially placed in the home of a parent or guardian, but moved to a CCF Negotiated Rate and later to an ILS/SLS living arrangement.

Count of Movers with CDER Evaluations

Table 8: Number of Developmental Center Movers with CDER Evaluations Using the 2008 CDER Form, as of December 2014

CDER Evaluations	Number of Consumers	Avg. Days from Previous CDER
Any CDER prior to move	842	-
CDER using 2008 form prior to move	793	-
Any CDER since move	683	345
2 CDERs since move	550	283

One way to measure the well-being of movers is to monitor improvements or deterioration of skills in daily living, challenging behaviors, physical and social environment, health and safety, and other personal outcomes, as measured in the CDER. The current evaluation element of the CDER was finalized in 2008. Positive changes in the CDER reflect movement toward higher functioning; for example, a decline in a challenging behavior is reflected in movement from a lower to higher score (see Tables 9 and 11).

By December 2014, 683 developmental center movers (81%) had CDER evaluations using the 2008 CDER form both before and after their transition. Of these, 550 individuals (65% of all developmental center movers) have resided in the community long enough to trigger a second CDER post transition.

There is some judgment involved in the scoring of the CDER, so the same service coordinator evaluating the same individual at a different time might score somewhat differently on some of the measures. As a result, there is some natural variation in scoring.

Changes in CDERs for Movers with Any CDER since Developmental Center Move

Table 9: Average CDER Values by Evaluation Element and Change from Previous Evaluation, 683 Developmental Center Movers with Evaluations Before and After Transition, as of December 2014

CDER Element	Average Scores		Change
	Last Evaluation at Developmental Center	First Evaluation After	
Positive Changes reflect movement toward higher functioning.			
Evaluation Elements (low=1, high=5)			
Skills in Daily Living			
Walking	3.7	3.6	-
Eating	3.7	3.8	+
Using hands	3.9	4.0	+
Toileting	3.2	3.2	-
Bladder and bowel control	3.0	3.1	+
Focusing on tasks activities	2.4	2.6	+
Safety awareness	2.1	2.0	-
Social interaction	2.6	2.7	+
Taking prescription medication	1.5	1.4	-
Personal care	2.4	2.5	+
Dressing	2.9	2.9	+
Verbal communication	2.4	2.5	+
Non-verbal communication	2.5	2.7	+
Challenging Behaviors			
Disruptive social behavior	2.7	2.9	+
Emotional outbursts	3.0	3.1	+
Aggressive social behavior	3.4	3.7	+
Self-injurious behavior	4.0	4.1	+
Running or wandering around	4.1	4.2	+
Destruction of property	4.0	4.1	+

Bold indicates statistically significant changes. Changes may be reported, including with statistical significance, for values that appear identical due to rounding.

Key Findings:

- For 15 out of the 19 elements on skills in daily living and challenging behaviors, average CDER scores showed increases between the last CDER completed at the developmental center and the first CDER after the transition. Twelve of these increases were statistically significant.
- Of the four elements that showed decreases between the last CDER completed at the developmental center and the first CDER after the transition, walking and safety awareness represented the only two that were statistically significant.

Changes in CDERs for Movers with Any CDER since Developmental Center Move

Table 10: Average CDER Values by Evaluation Element and Change from Previous Evaluation, 683 Developmental Center Movers with Evaluations Before and After Transition, as of December 2014

CDER Element Positive Changes reflect movement toward higher functioning.	Average Scores		Change
	Last Evaluation at Developmental Center	First Evaluation After	
Personal Outcomes Element			
Physical & Social Environment (low =1, high=4)			
Work or day program	1.3	1.1	-
Community outings	1.9	2.8	+
Number of friends	2.1	2.4	+
Number of people with disabilities in home	1.3	2.1	+
Number of moves in the last 2 years	3.3	2.9	-
Health & Safety (low=1, high=4)			
Medical care in the past 12 months	4.0	3.9	-
Dental care in the past 12 months	4.0	3.9	-
Medical and/or dental not provided	4.0	3.9	-
Consumer Survey (0=Neg, 2=Pos)			
Likes living in a residence	1.5	1.8	+
Likes people who help him/her	1.7	1.9	+
Want to keep living at residence	1.3	1.8	+
Person to talk with	1.2	1.5	+
Safe or afraid	1.7	1.8	+
Happy or sad	1.6	1.7	+
Tell people what you want	1.7	1.9	+

Bold indicates statistically significant changes. Statistical significance may vary for values that appear identical due to rounding.

Key Findings:

- Average CDER values showed increases for 10 out of the 15 personal outcomes. Nine of these increases were statistically significant. The largest increase was seen on community outings, which rose from 1.9 to 2.8.
- Five average CDER values showed statistically significant decreases. These include all three health and safety indicators. These indicators were all at the top possible score in the developmental center, but they decreased for about 6% of movers following their placement out of the development center. In particular, the scores decreased for 21 movers in the case of medical care in the past 12 months, 45 movers in the case of dental care in the past 12 months. Of those, 40 individuals were determined to not have received medical or dental care in the previous 12 months. In most of these changes, the drop was from a score of 4 (Yes, and needs were fully met) to a score of 3 (Yes, but needs were only partially met).

Changes in CDERs for Movers with Two Assessments since Developmental Center Move

Table 11: Average CDER Values by Evaluation Element and Change from Previous Evaluation, 550 Developmental Center Movers with Two or More Evaluations After Transition, as of December 2014

CDER Element	Average Scores		Change
	First Evaluation After	Second Evaluation After	
Positive Changes reflect movement toward higher functioning.			
Evaluation Elements (low=1, high=5)			
Skills in Daily Living			
Walking	3.6	3.6	+
Eating	3.8	3.8	-
Using hands	4.0	4.1	+
Toileting	3.2	3.2	-
Bladder and bowel control	3.1	3.1	-
Focusing on tasks activities	2.6	2.6	-
Safety awareness	2.0	1.9	-
Social interaction	2.7	2.8	+
Taking prescription medication	1.4	1.4	-
Personal care	2.5	2.5	-
Dressing	2.9	2.9	+
Verbal communication	2.4	2.4	-
Non-verbal communication	2.8	2.8	-
Challenging Behaviors			
Disruptive social behavior	2.8	2.9	+
Emotional outbursts	3.1	3.2	+
Aggressive social behavior	3.6	3.7	+
Self-injurious behavior	4.1	4.1	+
Running or wandering around	4.2	4.3	+
Destruction of property	4.1	4.1	+

Bold indicates statistically significant changes. Changes may be reported, including with statistical significance, for values that appear identical due to rounding.

Key Findings:

- Average CDER scores on challenging behaviors continued to improve between the first and second CDER evaluations completed after the transition, although the subsequent increases were not statistically significant.
- Average CDER values for taking prescription medications fell between the first and second CDER evaluations after transition, with a small but statistically significant decline. This also reflects a small but statistically significant decline relative to the last CDER before transition.
- Other CDER elements show minor improvements or declines between evaluations but these changes are not statistically significant.

Changes in CDERs for Movers with Two Assessments since Developmental Center Move

Table 12: Average CDER Values by Evaluation Element and Change from Previous Evaluation, 550 Developmental Center Movers with Two or More Evaluations After Transition, as of December 2014

CDER Element Positive Changes reflect movement toward higher functioning.	Average Scores		Change
	First Evaluation After	Second Evaluation After	
Personal Outcomes Element			
Physical & Social Environment (low =1, high=4)			
Work or day program	1.2	1.1	-
Community outings	2.8	2.9	+
Number of friends	2.4	2.4	+
Number of people with disabilities in home	2.1	2.1	-
Number of moves in the last 2 years	2.9	2.9	+
Health & Safety (low=1, high=4)			
Medical care in the past 12 months	4.0	4.0	-
Dental care in the past 12 months	3.9	3.9	+
Medical and/or dental not provided	3.9	3.9	+
Consumer Survey (0=Neg, 2=Pos)			
Likes living in a residence	1.8	1.8	-
Likes people who help him/her	1.9	1.9	-
Want to keep living at residence	1.8	1.7	-
Person to talk with	1.5	1.5	+
Safe or afraid	1.8	1.8	-
Happy or sad	1.7	1.7	+
Tell people what you want	1.8	1.8	-

Bold indicates statistically significant changes. Statistical significance may vary for values that appear identical due to rounding.

Key Findings:

- Average CDER values for community outings and number of friends continued to improve between the first and second CDER evaluations, with small but statistically significant improvements. As individuals remain in the community, the number with a move in the last 2 years improves (more stability).
- Average CDER values on the consumer survey do not show statistically significant differences (higher or lower) compared to the first CDER evaluation after the transition.
- There were small but not statistically significant improvements in the average response on receipt of dental care between the first and second CDER evaluation after the move.

SIR Rates among Movers, July-December 2014

Table 13: Share of Consumers with SIRs between July and December 2014, Consumers Living in the Community in July 2014

Special Incident Type	All Movers		Canyon Springs		All Other Developmental Centers	
	Previous Period	Current Period	Previous Period	Current Period	Previous Period	Current Period
Number of consumers	677	768	34	41	643	727
Any non-mortality special incident	26.7%	24.1%	32.4%	29.3%	26.4%	23.8%
Unplanned medical hosp.	8.4%	9.2%	0.0%	2.4%	8.9%	9.6%
Unplanned psychiatric hosp.	2.4%	1.2%	14.7%	14.6%	1.7%	0.4%
Medication error	8.9%	6.1%	8.8%	2.4%	8.9%	6.3%
Injury	5.8%	7.0%	5.9%	7.3%	5.8%	7.0%
Suspected abuse	3.1%	2.9%	2.9%	2.4%	3.1%	2.9%
Suspected neglect	1.9%	0.4%	0.0%	0.0%	2.0%	0.4%
Missing person	1.5%	1.6%	2.9%	9.8%	1.4%	1.1%
Victim of crime	0.6%	0.9%	0.0%	2.4%	0.6%	0.8%
Mortality	1.5%	1.4%	0.0%	0.0%	1.6%	1.5%

Key Findings:

- Canyon Springs movers were more likely to have a non-mortality special incident than other movers. This is partly due to a noticeably higher rate of unplanned psychiatric hospitalizations among Canyon Springs movers.
- Among movers from all other developmental centers, unplanned medical hospitalizations and injuries were the most common non-mortality special incidents.

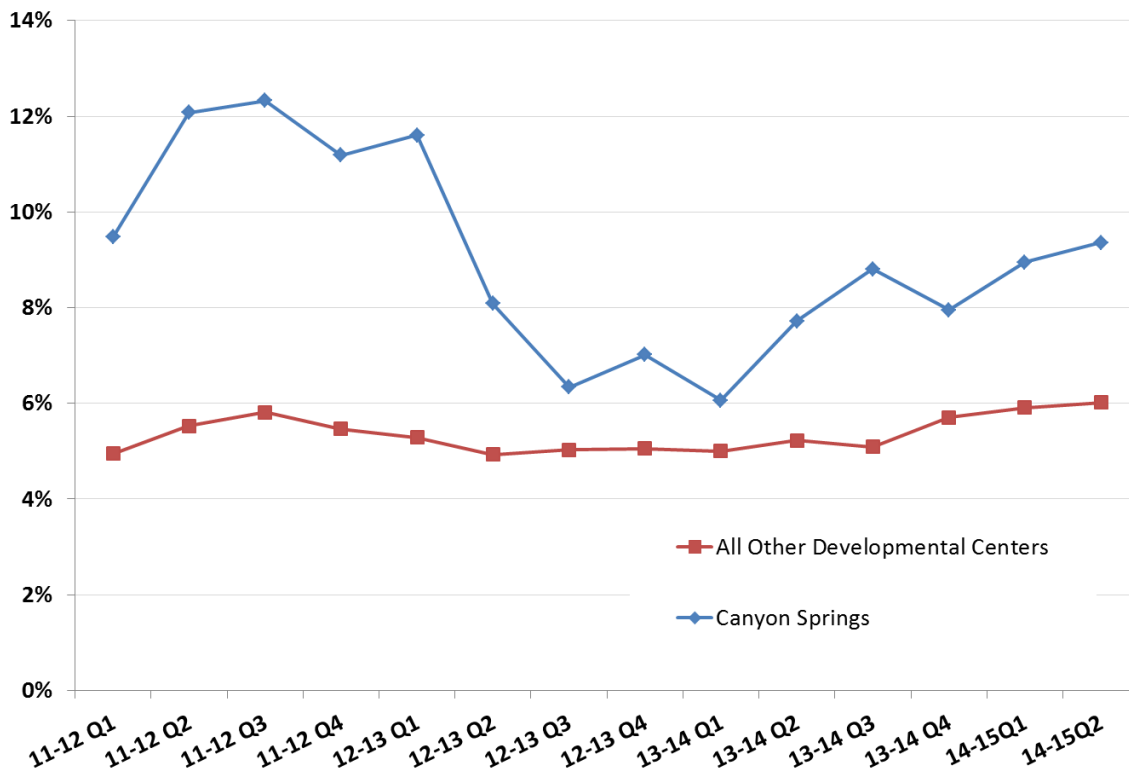
More About These Data

The numbers of consumers in the “all” column includes all movers residing in the community at the beginning of the period.

Table 12 includes all incidents of suspected abuse and suspected neglect. These encompass substantiated and unsubstantiated incidents.

Trend of Non-Mortality Special Incidents among Movers

Figure 2: All Non-Mortality Special Incidents, 4-Quarter Moving Average Monthly Incident Rates, Canyon Springs vs. Other Movers Comparison, July 2011 – December 2014



Key Findings:

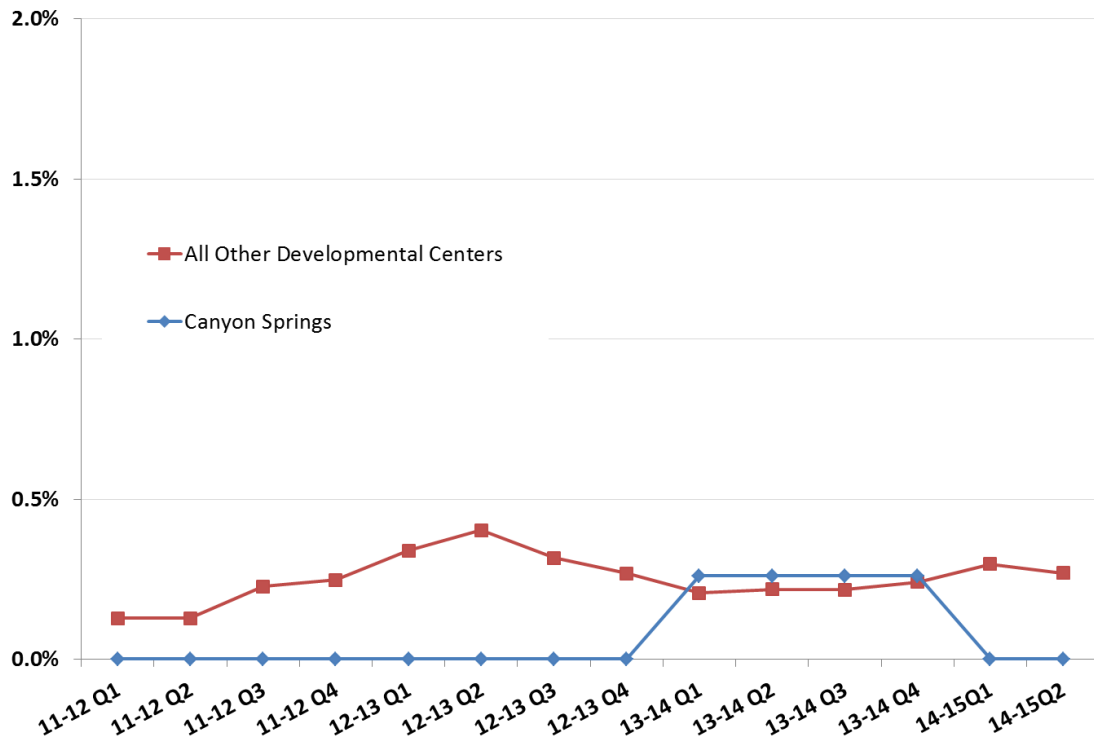
- Figure 2 shows the 4-quarter moving average monthly non-mortality incident rates among all Canyon Springs movers and all other movers. This graph shows the longer trends for rates that are very volatile due to the small number of individuals included in the rates.
- Though non-mortality incident rates for Canyon Springs movers have consistently been higher than that of all other movers, their averages decreased noticeably over the course of the past three years.

More About These Data

4-quarter moving averages are calculated in two steps. We first find the average monthly incident rate for each quarter. The moving average takes the average of this rate for the current quarter and that of the previous three quarters. Moving averages provide a better illustration of long-term trends by smoothing out short-term fluctuations.

Trend of Mortality Special Incidents among Movers

Figure 3: Mortality Incidents, 4-Quarter Moving Average Monthly Incident Rates, Canyon Springs and Other Movers Comparison, July 2011 – December 2014



Key Findings:


- The 4-quarter moving average monthly mortality incident rate among Canyon Springs movers was zero in most quarters with a brief spike caused by one mortality incident in the first quarter of fiscal year (FY) 2013-14.
- With the exception of a brief spike in the second quarter of FY 2012-13, the 4-quarter moving average monthly mortality incident rate among all other movers has remained fairly constant over time.

Mortality Incidents among Movers, July-December 2014

Table 14: Mortality Incidents for Developmental Center Movers, July – December 2014


Incident Type and Sub-Type	Number
Mortality	
Disease related	11
Non disease-related	0
Total	11

Key Findings:

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- Of the 768 movers tracked during July and December 2014, 186 had non-mortality incidents.
 - There were a total of 302 non-mortality incidents among the 186 movers with incidents. Unplanned medical hospitalizations comprised 33% of all the non-mortality incidents.
 - In the July to December 2014 period, there were 11 mortality incidents among the movers (Table 14). The cause of death was disease related for all eleven of these incidents.

Summary of Key Findings

Key Findings:

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- Ninety individuals moved out of California developmental centers between July 2014 and December 2014, including 44 Lanterman movers. Over the five years ending December 2014, a total of 842 individuals residing in developmental centers have been placed in community settings, with those moving due to the Lanterman Developmental Center closure representing 364 of the total. The rest of the movers had resided at Fairview, Porterville, and Sonoma developmental centers or the Canyon Springs Community Facility.
 - Individuals who moved out of Canyon Springs Community Facility are, on average, younger than those leaving the developmental centers. Canyon Springs movers are also much more likely to have mild or moderate intellectual disabilities. Canyon Springs was designed to serve those with developmental disabilities and challenging behavior issues. It also provides transitional services as a step-down from the Porterville secure treatment program. The demographic characteristics and qualifying developmental disabilities are more consistent across the other developmental centers.
 - More than 60% of the movers residing in the community in December 2014 were living in CCFs with negotiated rates, including about half of those moving into the community between July and December 2014. ARFPSHNs are the second most common residential setting for movers, including more than one quarter of those moving in the most recent six months.
 - Out of 757 movers living in the community in December 2014, 45 (6%) have changed settings after their initial placement. Although CCFs (including ARFPSHNs and negotiated rate homes) were the most common setting to have moved from (20 out of 45), the settings with the highest rates of moves after initial placement were “Other” residential settings (for more information see “More About These Data” on page 8) or Home of Parent or Guardian.
 - For the 683 movers with CDER evaluations before and after their placement from the developmental center, CDER scores generally improved after placement. Among skills of daily living, walking and safety awareness were the only areas with statistically significant decreases in CDER scores, although the changes were small. Among personal outcomes, the areas with statistically significant declines were access to medical or dental care. After placement, 40 individuals were determined to not have received medical or dental care in the previous 12 months. In addition, 45 were reported as receiving dental care that did not fully meet their needs, as well as 20 whose medical care did not fully meet their needs.
 - Approximately one in four movers experienced at least one non-mortality special incident between July and December 2014. This rate was down from the previous six-month period. Unplanned medical hospitalization was the most common incident type, followed by medication errors. The medication error SIR rate was lower in this period than in the previous period.