

RISK MANAGEMENT REPORT:

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

DATA THROUGH JUNE 2015



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This report summarizes indicators tracked by the risk management contractor regarding consumers who transitioned from California developmental centers (DC) to the community since July 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 occurrence of adverse events for DDS consumers residing in the community. 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. DDS monitors regional center and vendor compliance with reporting such occurrences via the completion of a Special Incident Report (SIR). DDS reviews each individual SIR to identify potential issues or concerns.

Risk Management Contractor

In addition to monitoring each SIR, DDS also uses aggregate data to detect trends in special incidents and works with regional centers and providers to respond to such trends. Under a risk management contract with DDS, Mission Analytics Group (Mission) provides analytical support and regular reports of trends in special incidents

for DDS consumers residing in the community. Mission uses aggregate data to detect and monitor special incident rates that are higher than in the past or higher than the average rate across regional centers or groups of consumers.

Along with statistical analysis and monitoring, Mission provides technical assistance to regional centers regarding SIR trends; maintains the DDSSafety.net website and quarterly newsletter; performs ongoing review of current research and literature; and conducts ad hoc analyses to support risk mitigation for DDS consumers.

Purpose of this Report

As an extension of its risk management work, Mission analyzes aggregate data on individuals transitioning from California DCs to identify potential areas of concern for systemic risk mitigation. This analysis is intended to complement, but not replace, the National Core Indicators surveys and data collected for quality management and monitoring activities among this population.

This analysis relies on existing data sources to track the following three sets of indicators:

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.

2. Changes in skills of daily living, challenging behaviors and personal outcomes for potential deterioration or improvement in these measures.
3. Number and rate of reportable special incidents among movers.

Individual Program Plan. In addition to information on the nature and severity of developmental disabilities and other health care needs, the CDER evaluation elements record the client's skills of daily living, challenging behaviors and personal outcomes.

Data Sources

The findings presented in this report draw on aggregate data that is generated as part of the ongoing work of DDS and the regional centers. There are five major sources for the data:

- Placement data: DDS provides a list of all consumers transitioned from a developmental center to a community placement. In addition to identifying movers and their placement dates, these data also track placement type.
- Client Master File (CMF): The CMF is the main index of consumers active on the DDS caseload. In addition to status as a DDS client (active, developmental center, Early Start, etc.), the CMF captures basic demographic information, regional center, and the type of residence.
- Purchase of Services (POS): The POS records provide the vendor and service category for purchased services. In this report, the POS is used primarily to identify levels of care within the Community Care Facility (CCF) residence type.
- Client Development Evaluation Report (CDER): The CDER instrument collects diagnostic and evaluation information for DDS consumers. It is completed by regional centers and developmental centers at least annually for individuals with institutional level of care needs and is updated whenever there is a new Community Placement Plan or

- SIR data: The SIR data capture information on all reported special incidents. Each SIR includes information on the type of incident, date and place of occurrence, descriptions of what occurred, follow up and mitigation activities. Since this report focuses on aggregate data, it relies on the quantitative and categorical information in the SIRs. Other aspects of the risk management process review the more detailed textual information recorded in the SIRs.

This report uses data from these sources from July 2010 through June 2015, as recorded in data received by December 2015.

DDS and regional centers use this report to monitor quality of services and identify areas for improved risk mitigation. The DDS Quality Management Executive Committee considers systemic changes based on the data reported. In addition to this mover report DC specific reports are created and reviewed by the Quality Management Advisory Group for each DC under a closure plan.

Summary of Key Findings

Overall, the data show individuals moving from DCs to the community are stable. The majority of individuals remained in the same type of residential settings (94%) since the initial move, most CDER scores remained the same or have improved post transition, and 1 of 4 individuals experienced at least one special incident in the six month period. Areas of improved outcomes include daily living skills and challenging behaviors. Potential areas for additional monitoring, analysis, and risk mitigation include medication errors and access to dental and medical care. All mortality SIRs are reviewed by the risk management contractor to assess the need for additional actions.

Key Findings:

- Between January and June 2015, 77 individuals moved out of California DCs, including 21 Sonoma movers. All individuals from the Lanterman Developmental Center (LDC) had transitioned by the end of 2014. Over the five years ending June 2015, a total of 847 individuals residing in DCs have been placed in community settings. Those moving due to the LDC closure represent 346 of this total. The rest of the movers resided at Fairview, Porterville, and Sonoma Developmental Centers or the Canyon Springs Community Facility.
- About 65% of the movers residing in the community in June 2015 were living in Community Care Facilities (CCF) with negotiated rates, including a comparable share of those moving to the community between January and June 2015. Adult Residential Facilities for Persons with Specialized Healthcare Needs (ARFPSHN) are the second most common residential setting for movers, but represent a smaller share of the most recent movers, a group that no longer includes any movers resulting from the LDC closure.
- Of 755 movers living in the community in June 2015, 49 (6%) have changed residential settings after their initial placement. Although CCFs were the most common setting to have moved from (20 out of 49), the settings with the highest rates of moves after initial placement were Other Residential Settings (typically meant to be short-term) and Home of Parent or Guardian.
- For the 686 movers with CDER evaluations before and after their placement from DCs, CDER scores generally improved after placement. Only skills of daily living, walking and safety awareness exhibited statistically significant decreases in CDER scores. Among personal outcomes, the areas with statistically significant declines were access to medical or dental care.
 - Approximately one in four movers experienced at least one non-mortality special incident between January and June 2015. This rate increased from the previous six-month period, largely due to an increase in medication errors and reports of suspected abuse for individuals who moved from Canyon Springs. For all movers, unplanned medical hospitalization was the most common incident type. There were 19 deaths among the 774 movers observed during this six-month period.

Count of Movers as of June 2015

Table 1: Number of Consumers Moving from Developmental Centers to Community Settings, by Developmental Center and Period July 2010 – June 2015

Date Moved from Developmental Center	Canyon Springs	Fairview	Lanterman	Porterville ¹	Sonoma	TOTAL
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
Jan - Jun 2015	7	23	0	26	21	77
Total Movers Tracked	49	150	346	153	149	847

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, 21 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, which indicates an individual diagnosed as having a developmental disability and served in the community. 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.

Status of Movers as of June 2015

Table 4: Number of Consumers Moving from Developmental Centers to Community Settings, by Status as of June 2015

Developmental Center	Total Movers Tracked	As of June 2015, Movers:			
		In Community Setting	Deceased	Other	Returned to Developmental Center
Canyon Springs	49	43	1	1	4
Fairview	150	131	17	1	1
Lanterman	346	320	23	3	0
Porterville	153	127	12	10	4
Sonoma	149	134	11	1	3
Total	847	755	64	16	12

Key Findings:



- Of the 847 consumers identified as movers, 755 were active on the caseload and living in community settings at the end of June 2015.
- Among movers who transitioned to the community between July 2010 and June 2015, there were a total of 64 mortalities, including 19 between January and June 2015 (See pages 13 and 14 for more information).
- A small number of movers (12) returned to a developmental center after having transitioned out.

More About These Data

These data include individuals who have transitioned to the community beginning July 1, 2010.

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

Of the 12 individuals who returned to developmental centers, 10 of them returned to the same developmental center and 2 moved to a different one.

Count of Movers by Regional Center

Table 5: Regional Centers Serving Consumers who Moved from Developmental Centers to Community Settings between July 2010 and June 2015

Current Regional Center	Movers	New Movers January - June 2015
Alta California	30	9
Central Valley	53	7
East Bay	40	6
Eastern Los Angeles	62	5
Far Northern	12	1
Golden Gate	56	7
Harbor	46	8
Inland	57	1
Kern	28	4
Lanterman	55	1
North Bay	35	7
North Los Angeles	65	3
Orange County	37	2
Redwood Coast	3	1
San Andreas	19	1
San Diego	62	7
San Gabriel/Pomona	78	2
South Central LA	35	1
Tri-Counties	27	2
Valley Mountain	10	0
Westside	37	2
All Developmental Center Movers	847	77

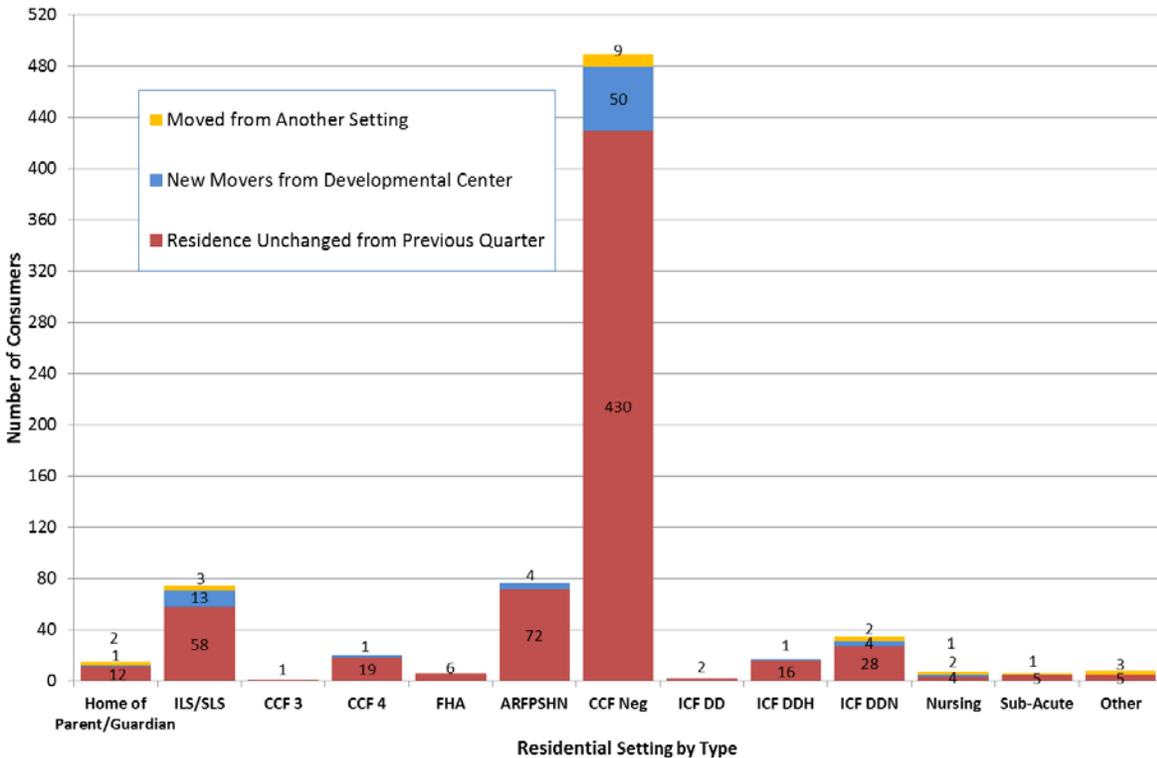
Key Findings:



- Due to their proximity to the now closed LDC, regional centers in Los Angeles County serve the greatest number of movers. However, these regional centers are serving a smaller share of the most recent movers.
- Far Northern, Valley Mountain, and Redwood Coast Regional Centers serve the fewest movers.

Residential Settings of Movers as of June 2015

Figure 1: Residential Settings of Movers, June 2015 with Comparison to Residence in January 2015



Key Findings:

- CCFs with negotiated rates are the most common residence types among all movers. Almost 65% of the consumers who transitioned from a developmental center during this semi-annual period were placed in a CCF with a negotiated rate.
- ARFPSHN was a less common placement for individuals transitioning this period, compared to the previous six months, when the last individuals transitioned from Lanterman.

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/DDH), 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.

Initial Residential Settings of Movers

Table 6: Number of Movers Changing Residential Type after Transition, By Initial Setting, Movers in Community as of June 2015

Initial Residential Setting	Number of Movers by Initial Setting	Distribution of Movers by Initial Setting	Changed Residential Type
Home of Parent/Guardian	13	2%	4
ILS/SLS	70	9%	5
CCF Level 3	1	0%	0
CCF Level 4	28	4%	9
FHA	7	1%	1
ARFPSHN	76	10%	0
CCF Negotiated Rate	490	65%	20
ICF DD	2	0%	1
ICF DDH	19	3%	2
ICF DDN	32	4%	2
Nursing	4	1%	0
Sub-Acute	5	1%	0
Other	8	1%	5

Key Findings:



- Out of 755 movers residing in the community in June 2015, 49 have changed residential setting after their initial transition. Of these 49, 20 had been initially placed in CCF Negotiated Rate.
- The initial placements that tend to be the least permanent are those with a placement in the Home of Parent/Guardian, an ICF DD facility or in Other residential settings.

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.

Count of Movers with CDER Evaluations

Table 7: Number of Movers with CDER Evaluations Using the 2008 CDER Form, as of June 2015

CDER Evaluations	Number of Consumers	Avg. Days from Previous CDER
Any CDER prior to move	774	-
CDER using 2008 form prior to move	764	-
Any CDER since move	686	355
2 CDERs since move	564	286

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.

Key Findings:



- By June 2015, 686 movers (81%) had CDER evaluations using the 2008 CDER form both before and after their transition. Of these, 564 individuals (67% of all movers) have resided in the community long enough to trigger a second CDER post transition.

More About These Data

There is some judgment involved in the scoring of the CDER. For example, 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 8: Average CDER Values by Evaluation Element and Change from Previous Evaluation, 686 Movers with Evaluations Before and After Transition, as of June 2015

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	3.7	+
Using hands	3.9	4.0	+
Toileting	3.2	3.1	-
Bladder and bowel control	2.9	3.0	+
Focusing on tasks activities	2.3	2.6	+
Safety awareness	2.1	1.9	-
Social interaction	2.5	2.7	+
Taking prescription medication	1.4	1.4	-
Personal care	2.3	2.5	+
Dressing	2.8	2.9	+
Verbal communication	2.3	2.4	+
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	4.0	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 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. Thirteen 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 were the only two with statistically significant changes.

More About These Data

Positive changes in the CDER reflect movement toward higher functioning, including for challenging behaviors.

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, 686 Movers with Evaluations Before and After Transition, as of June 2015

CDER Element	Average Scores		Change
	Last Evaluation at Developmental Center	First Evaluation After	
Positive Changes reflect movement toward higher functioning.			
Personal Outcomes Element			
Physical & Social Environment (low =1, high=4)			
Work or day program	1.3	1.1	-
Community outings	1.9	2.9	+
Number of friends	2.1	2.4	+
Number of people with disabilities in home	1.2	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	4.0	-
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	1.9	+
Likes people who help him/her	1.7	1.9	+
Want to keep living at residence	1.4	1.8	+
Person to talk with	1.2	1.5	+
Safe or afraid	1.7	1.8	+
Happy or sad	1.6	1.8	+
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 of the 15 personal outcomes. All of these increases were statistically significant. The largest increase was seen on community outings, which rose from 1.9 to 2.9.
- 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 DC. In particular, the scores decreased for 20 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, and 38 movers in the case of medical and/or dental not provided. 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).

SIR Rates among Movers, January-June 2015

Table 10: Share of Consumers with SIRs between January and June 2015, Consumers Living in the Community during the Period

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	603	774	29	43	574	731
Any non-mortality special incident	23.5%	24.4%	31.0%	37.2%	23.2%	23.7%
Unplanned medical hosp.	8.6%	10.6%	3.4%	2.3%	8.9%	11.1%
Unplanned psychiatric hosp.	1.2%	1.8%	17.2%	16.3%	0.3%	1.0%
Medication error	5.6%	6.7%	3.4%	11.6%	5.7%	6.4%
Injury	7.3%	4.4%	3.4%	2.3%	7.5%	4.5%
Suspected abuse	3.3%	2.5%	3.4%	9.3%	3.3%	2.1%
Suspected neglect	0.5%	1.3%	0%	0%	0.5%	1.4%
Missing person	1.8%	1.7%	10.3%	7.0%	1.4%	1.4%
Victim of crime	1.2%	0.4%	3.4%	2.3%	1.0%	0.3%
Mortality	1.7%	2.5%	0%	0%	1.7%	2.6%

Key Findings:

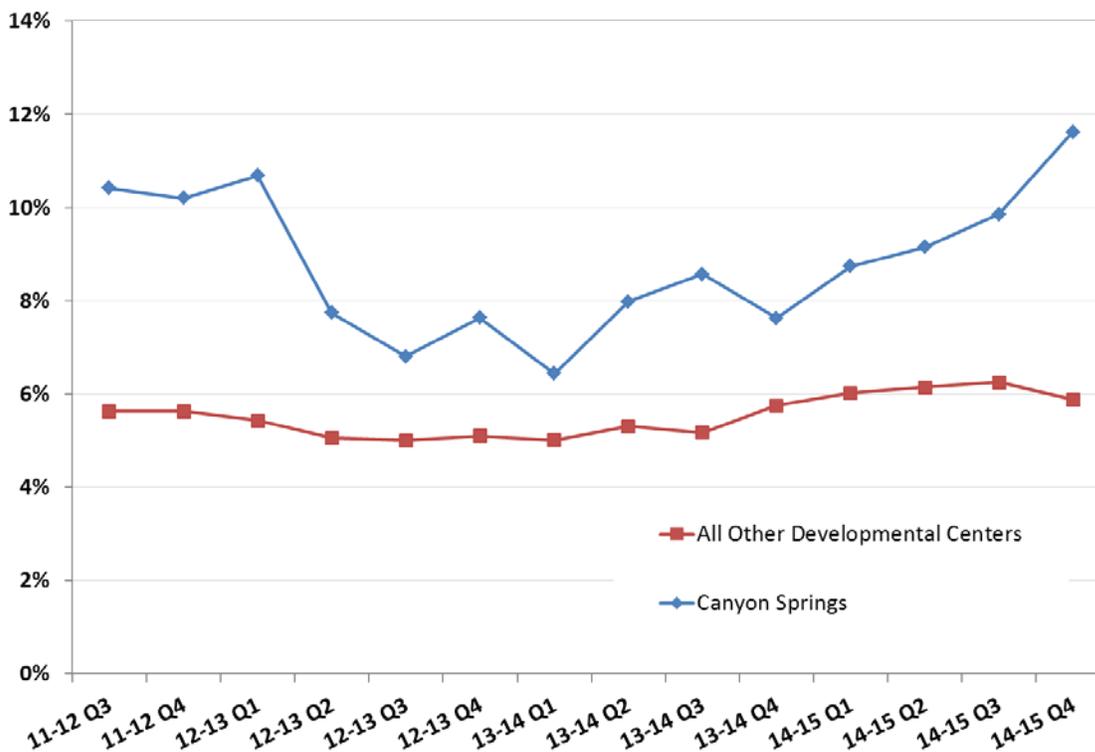
- Canyon Springs data is reported separately since this facility was designed to serve those with developmental disabilities and mental health issues and/or challenging behaviors. Medication errors were higher for Canyon Springs' movers this period compared to last period, as were reports of suspected abuse.
- Among movers from all other developmental centers, unplanned medical hospitalizations and mortality incidents were higher in January-June 2015 compared to July-December 2014.

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 and those that exited during the period. Table 10 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, January 2012 – June 2015



Key Findings:



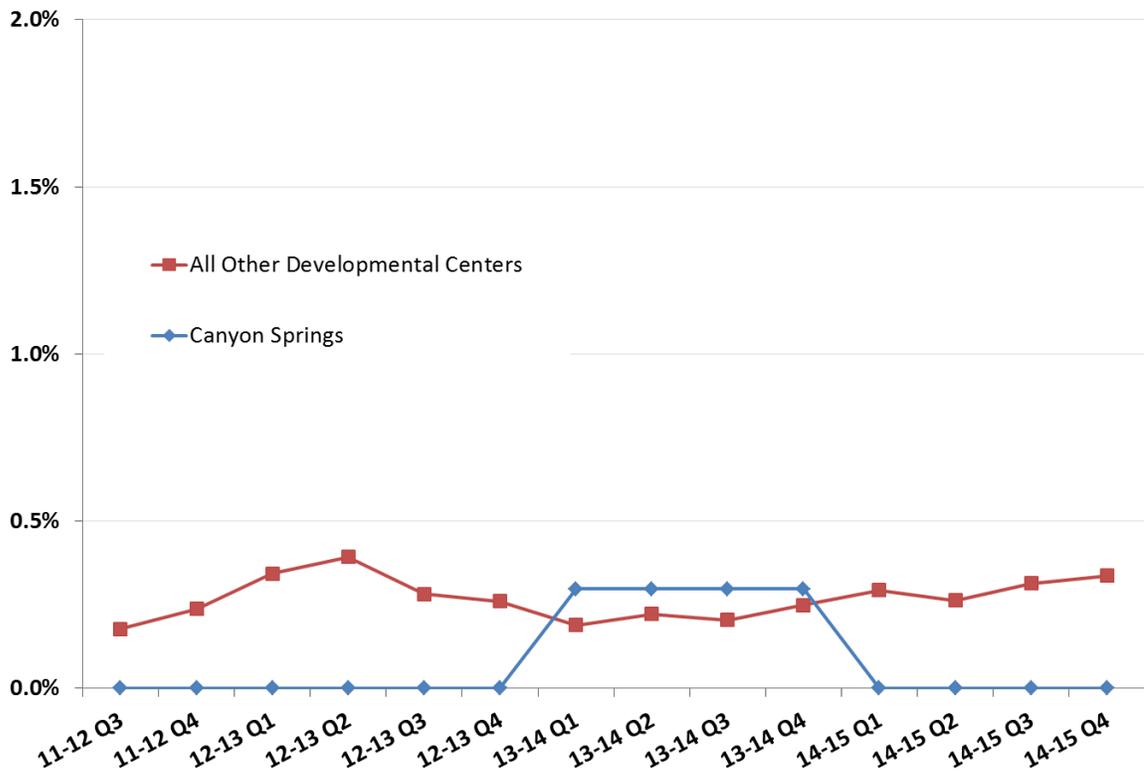
- Figure 2 shows the 4-quarter moving average monthly non-mortality incident rates among all Canyon Springs' movers and all other movers. This graph shows the long-term trend for rates that are very volatile due to the small number of individuals included in the rates.
- Non-mortality incident rates for Canyon Springs' movers have been increasing over recent periods, after being relatively low in calendar year 2013.

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. Despite the smoothing effect, the volatility of long-term trends is affected by the size of the population, i.e., the smaller the population the greater the volatility.

Trend of Mortality Special Incidents among Movers

Figure 3: Mortality Incidents, 4-Quarter Moving Average Monthly Incident Rates, Canyon Springs and Other Movers Comparison, January 2012 – June 2015



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 FY 2013-14.
- The 4-quarter moving average monthly mortality incident rate among all other movers has increased slightly over recent quarters.

Mortality Incidents among Movers, January-June 2015

Table 11: Mortality Incidents for Movers, January – June 2015

Incident Type and Sub-Type	Number
Mortality	
Disease-related	17
Non-disease-related	0
Unknown	2
Total	19

Key Findings:



- Of the 774 movers tracked during the January to June 2015 period, 189 had non-mortality incidents.
- There were a total of 303 non-mortality incidents among the 190 movers with incidents. Unplanned medical hospitalizations comprised 33% of all the non-mortality incidents.
- In the July to December 2014 period, there were 19 mortality incidents among the movers (Table 11). The cause of death was disease related for 17 cases. Two cases were still pending the completion of a mortality review by the regional center. Disease-related is a category reported in the incident report to indicate a death due to illness or congenital condition. The category of non-disease-related indicates a death due to an event such as accident, suicide, homicide, abuse, overdose or natural disaster.