

RISK MANAGEMENT REPORT: INDIVIDUALS WHO HAVE TRANSITIONED FROM DEVELOPMENTAL CENTERS TO THE COMMUNITY (MOVERS)

DATA THROUGH JUNE 2016



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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 2011.

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 individuals 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 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 clients 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 individuals.

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 clients.

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.

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 individuals 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 individuals 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 individuals. 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 Community Placement Plan or

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.

- Special Incident Report (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, and 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 2011 through June 2016, as recorded in data received by December 2016.

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 (93%) since the initial move, and most CDER scores remained the same or have improved post transition. Areas of improved outcomes include daily living skills and challenging behaviors. At the same time, one out of four individuals experienced at least one special incident in the six-month period. 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 2016, 74 individuals moved out of California DCs, including 19 Sonoma movers. Over the five years ending June 2016, a total of 808 individuals residing in DCs have been placed in community settings. Those moving due to the Sonoma Developmental Center (SDC) closure represent 40 of this total.
- About 65% of the movers residing in the community in June 2016 were living in CCFs with negotiated rates. Adult Residential Facilities for Persons with Specialized Healthcare Needs (ARFPSHNs) are the second most common residential setting for movers but none of the most recent movers were placed in this setting.
- Out of 708 movers living in the community in June 2016, 97 (14%) have changed address since July 2014. Twenty-two individuals have changed addresses two or more times in the 24 months observed.
- Only about one third of those changing addresses changed residence type. Overall, 48 (7%) of individuals who transitioned from DCs, and were active in the community by the end of June 2016, have changed residence type after their initial placement. Although CCFs were the most common setting to have moved from (22 out of 48), the settings with the highest rates of moves after initial placement were Home of Parent or Guardian and CCF Level 4.
- For the 673 movers with CDER evaluations before and after their placement from DCs, CDER scores generally improved after placement. Among skills of daily living, only walking and safety awareness exhibited statistically significant decreases in CDER scores. Among personal outcomes, the areas with statistically significant declines were number of moves in the last 2 years and access to medical or dental care.
- Approximately one in four movers experienced at least one non-mortality special incident between January and June 2016. This rate remained essentially unchanged from the previous six-month period. There were 14 deaths among the 722 movers observed during this six-month period.

Count of Movers as of June 2016

Table 1: Number of Individuals Moving from Developmental Centers to Community Settings, by Developmental Center and Period July 2011 – June 2016

Date Moved from Developmental Center	Canyon Springs	Fairview	Lanterman	Porterville ¹	Sonoma	TOTAL
Jul - Dec 2011	6	10	19	17	12	64
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
Jul - Dec 2015	5	15	0	15	14	49
Jan - Jun 2016	7	28	0	20	19	74
Total Movers Tracked	51	156	291	159	151	808

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, 19 individuals were excluded from this report because they did not transition to a community setting (went from status 8 living in developmental center to status 4 inactive or status 6 closed, or they died shortly after entering a subacute facility from a developmental center to receive specialized healthcare).

More About These Data

The list of movers was cross-referenced with the CMF to ensure consistency.

The CMF records the individuals 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.

Status of Movers as of June 2016

Table 2: Number of Individuals Moving from Developmental Centers to Community Settings, by Status as of June 2016

Developmental Center	Total Movers Tracked	As of June 2016, Movers:			
		In Community Setting	Deceased	Inactive or Moved Out of State	Returned to Developmental Center
Canyon Springs	51	45	1	1	4
Fairview	156	138	14	1	3
Lanterman	291	254	35	2	0
Porterville	159	132	13	12	2
Sonoma	151	139	9	1	1
Total	808	708	72	17	10

Key Findings:



- Of the 808 individuals identified as movers, 708 were active on the caseload and living in community settings at the end of June 2016.
- Among those who transitioned to the community between July 2011 and June 2016, there have been a total of 72 deaths, including 14 between January and June 2016. (See pages 19 and 20 for more information.)
- The 291 individuals who transitioned from Lanterman Developmental Center during this period were all part of the closure cohort. Of those who transitioned from Sonoma Developmental Center, only 40 transitioned under the closure plan.
- Over the five-year period, ten individuals returned to a developmental center after having transitioned out. Of these, nine returned to the same developmental center and one moved to a different one. None of the Lanterman Developmental Center movers returned to a developmental center. The individual who returned to Sonoma Development Center left in February 2014 and returned in April 2015.

More About These Data

These data include individuals who have transitioned to the community beginning July 1, 2011.

Count of Movers by Regional Center

Table 3: Regional Centers Serving Individuals who Moved from Developmental Centers to Community Settings between July 2011 and June 2016

Current Regional Center	Movers	New Movers January – June 2016
Alta California	28	1
Central Valley	56	11
East Bay	49	8
Eastern Los Angeles	57	3
Far Northern	10	1
Golden Gate	55	7
Harbor	47	7
Inland	48	4
Kern	33	5
Lanterman	43	1
North Bay	30	2
North Los Angeles	65	3
Orange County	33	3
Redwood Coast	4	1
San Andreas	17	0
San Diego	57	8
San Gabriel/Pomona	75	2
South Central LA	35	2
Tri Counties	20	1
Valley Mountain	11	2
Westside	35	2
All Developmental Center Movers	808	74

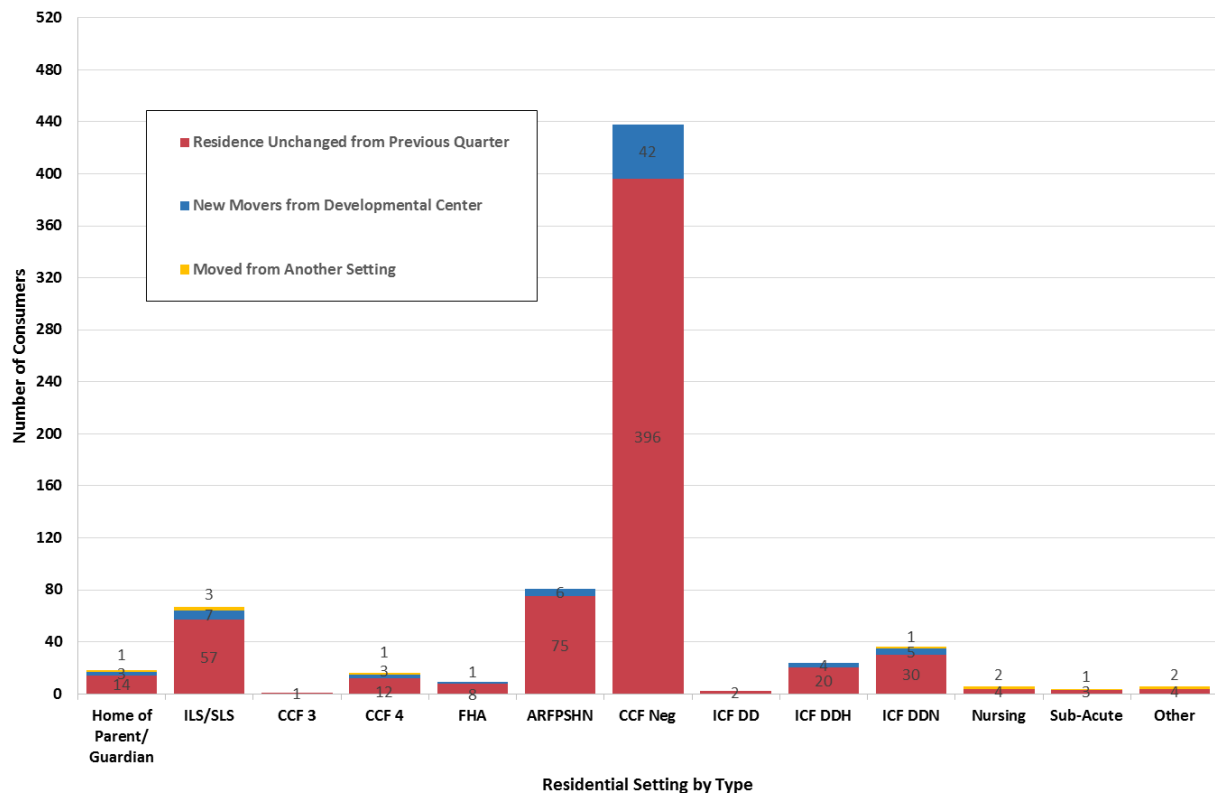
Key Findings:



- Although this period includes individuals transitioning under the SDC closure plan, these movers have not yet had much effect on the distribution of movers among regional centers.
- Far Northern, Valley Mountain, and Redwood Coast Regional Centers serve the fewest movers.

Residential Settings of Movers as of June 2016

Figure 1: Residential Settings of Movers, June 2016 with Comparison to Residence in December 2015



Key Findings:

- CCF with negotiated rates is the most common residence type among all movers. Almost 60% of the individuals who transitioned from a developmental center during this semi-annual period were placed in a CCF with a negotiated rate.
- Other common residential settings for individuals transitioning from developmental centers this period included ILS/SLS (7 people), ARFPSHN (6 people), ICF DDN (5 people), and ICF DDH (4 people).

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 placements, not described in any of the above.

Initial Residential Settings of Movers

Table 4: Number of Movers Changing Residential Type after Transition, By Initial Setting, Movers in Community as of June 2016

Initial Residential Setting	Number of Movers by Initial Setting	Distribution of Movers by Initial Setting	Changed Residential Type
Home of Parent/Guardian	15	2%	4
ILS/SLS	62	9%	6
CCF Level 3	1	0%	1
CCF Level 4	17	2%	6
FHA	10	1%	1
ARFPSHN	81	11%	0
CCF Negotiated Rate	451	64%	22
ICF DD	2	0%	1
ICF DDH	25	4%	2
ICF DDN	36	5%	2
Nursing	2	0%	1
Sub-Acute	3	0%	0
Other	3	0%	2

Key Findings:

- Out of 708 movers residing in the community in June 2016, 48 have changed residential setting after their initial transition. Of these 48, 22 had been initially placed in CCF Negotiated Rate.
- Almost 39% of individuals who originally transitioned to CCF Level 3 or 4 later changed residence type, along with 26% of those whose initial placement was the home of a parent/guardian.

More About These Data

Initial residence at transition from a DC 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 individuals did not change physical residences.

Changes in Residential Settings

Table 5: Number of Developmental Center Movers Changing Residential Type after Transition, By Initial and Current Setting, Movers in Community as of June 2016

Initial Residential Setting	Changed Residential Type	Current Residential Setting
Home of Parent/Guardian	4	ILS/SLS (2), Home (1)*, Other (1)
ILS/SLS	6	CCF Neg. Rate (3), Other (2), ILS/SLS (1)*
CCF Level 3	1	ICF DDH (1)
CCF Level 4	6	CCF Neg. Rate (2), ILS/SLS (2), Nursing (1), CCF Level 4 (1)*
FHA	1	Other (1)
ARFPSHN	0	
CCF Negotiated Rate	22	Home of Parent/Guardian (6), CCF Level 4 (4), ILS/SLS (4), CCF Neg. Rate (3)*, Nursing (3), CCF Level 3 (1), Other (1)
ICF DD	1	CCF Neg. Rate (1)
ICF DDH	2	ICF DDN (2)
ICF DDN	2	ICF DD (1), Nursing (1)
Nursing	1	Sub-Acute (1)
Sub-Acute	0	
Other	2	ILS/SLS (2)

*6 movers returned to their initial residential setting after living in a different setting for 1-27 months. These involved moves to these settings: Home (1), ILS/SLS (1), CCF Negotiated Rate (3), CCF Level 4 (1).

Key Findings:

- There is no consistent pattern of movers that would indicate changes to more or less intensive settings.
- This period, 11 individuals changed residential type including 1 to the Home of Parent/Guardian, 3 to ILS/SLS, 1 to CCF Level 4, 1 to ICF DDN, 2 to Nursing, 1 to Sub-Acute, and 2 to Other (psychiatric treatment center and hospice).



Residence Changes for DC Movers

Table 6: Number of DC Movers Changing Residential Type or Address after Transition, DC Movers in Community as of June 2016

	All Changes Since July 2014	Changes this Period
Movers in the Community June 30, 2016	708	
Changed Residence Type		
Changed Address	32	9
Did Not Change Address	16	2
Changed Address, Same Residence Type	65	26
Among Individuals Who Have Changed Addresses, Those With		
1 Change Since July 2014	75	
2 Changes Since July 2014	11	
>2 Changes Since July 2014	11	

Key Findings:

- Address changes are more common than changes in residence type.
- Since July 2014, 97 DC movers have changed address, including 35 this period.
- Most of the DC movers who changed addresses only changed address once.
- Twenty-two individuals have had multiple address changes since leaving a developmental center, including 11 individuals with more than two address changes since July 2014. Five of these 11 individuals were also among those with multiple changes of residence type.

More About These Data

Mission began receiving CMF address data starting July 2014. As a result, the table above only tracks address changes that took place on or after July 1, 2014.

Count of Movers with CDER Evaluations

**Table 7: Number of Movers with CDER Evaluations
Using the 2008 CDER Form, as of June 2016**

CDER Evaluations	Number of Individuals	Avg. Days from Previous CDER
Any CDER prior to move	722	-
CDER using 2008 form prior to move	722	-
Any CDER since move	673	352
2 CDERs since move	562	289

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

By June 2016, 673 movers (83%) had CDER evaluations using the 2008 CDER form both before and after their transition. Of these, 562 individuals (70% of all movers) have resided in the community long enough to have a second CDER post transition.

To capture some of the variation in needs among individuals residing in DCs, we use the Preferred Program indicator to distinguish those whose primary needs are health supports from those whose primary needs are behavioral support. Of the 673 movers who had CDER evaluations using the 2008 CDER form both before and after their transition, 363 movers are individuals with primary health support needs and 310 are individuals with primary behavioral support needs. Because of the differences in need between these two populations, the following tables report on the elements and outcomes changes for the two groups separately.

More About These Data

Individuals are counted as having primary health support needs if their Preferred Program indicator shows Continuing Medical Care, Physical Development, or Physical and Social Development. Individuals are counted as having primary behavioral support needs if this indicator shows Autism, Sensory Development, Dual Diagnosed, Behavior Support, Habilitation, or Social Development.

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 DC Movers with Primary Health Support Needs

Table 8: Average CDER Values by Evaluation Element and Change from Previous Evaluation, 363 DC Movers with Primary Health Support Needs and CDERS Before and After Transition, Changes through June 2016

CDER Element	Average Scores, Last Evaluation at Developmental Center	Percent with Changed Values on Element	Among those, Average Change
Positive Changes reflect movement toward higher functioning.			
Evaluation Elements (low=1, high=5)			
Skills in Daily Living			
Walking	2.7	15%	+0.0
Eating	3.0	15%	+0.5
Using Hands	3.2	25%	+0.5
Toileting	2.4	18%	+0.1
Bladder and Bowel Control	2.2	18%	0.0
Focusing on Tasks Activities	2.0	39%	+0.7
Safety Awareness	1.9	31%	-0.7
Social Interaction	2.3	37%	+0.3
Taking Prescription Medication	1.3	11%	-0.5
Personal Care	1.9	25%	+0.6
Dressing	2.2	21%	+0.3
Verbal Communication	1.9	13%	+0.5
Non-Verbal Communication	2.3	21%	+0.5
Challenging Behaviors			
Disruptive Social Behavior	3.3	34%	+0.2
Emotional Outbursts	3.5	29%	+0.4
Aggressive Social Behavior	4.0	26%	+0.8
Self-Injurious Behavior	4.3	24%	-0.0
Running or Wandering Around	4.5	18%	-0.0
Destruction of Property	4.4	20%	+0.7
Individuals with CDER after Transition	363	71%	-

Bold indicates statistically significant changes.

Key Findings:

- Out of 363 individuals with primary health support needs, 71 percent had a change in at least one CDER evaluation element.
- For 14 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. Eight 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, safety awareness was the only one with a statistically significant change.



Changes in CDERs for DC Movers with Primary Behavioral Support Needs

Table 9: Average CDER Values by Evaluation Element and Change from Previous Evaluation, 310 DC Movers with Primary Behavioral Support Needs and CDERS Before and After Transition, Changes through June 2016

CDER Element	Average Scores, Last Evaluation at Developmental Center	Percent with Changed Values on Element	Among those, Average Change
Positive Changes reflect movement toward higher functioning.			
Evaluation Elements (low=1, high=5)			
Skills in Daily Living			
Walking	4.7	19%	-1.0
Eating	4.3	21%	-0.1
Using Hands	4.7	20%	+0.1
Toileting	4.0	26%	-0.1
Bladder and Bowel Control	3.8	31%	+0.3
Focusing on Tasks Activities	2.7	42%	+0.7
Safety Awareness	2.3	41%	-0.3
Social Interaction	2.9	40%	+0.5
Taking Prescription Medication	1.6	27%	-0.2
Personal Care	2.9	37%	+0.5
Dressing	3.6	35%	+0.1
Verbal Communication	2.8	22%	+0.7
Non-Verbal Communication	2.9	21%	+1.0
Challenging Behaviors			
Disruptive Social Behavior	2.3	46%	+0.7
Emotional Outbursts	2.5	42%	+0.6
Aggressive Social Behavior	2.9	44%	+1.0
Self-Injurious Behavior	3.8	34%	+0.5
Running or Wandering Around	3.5	44%	+0.9
Destruction of Property	3.5	38%	+0.8
Individuals with CDER after Transition	310	80%	-

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

Key Findings:

- Out of 310 individuals with primary behavioral support needs, 80 percent had a change on one or more CDER evaluation elements.
- For 14 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. Eleven 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 was the only one with a statistically significant change.

Changes in CDERs for CD Movers with Primary Health Support Needs

Table 10: Average CDER Values by Evaluation Element and Change from Previous Evaluation, 363 DC Movers with Primary Health Support Needs and CDERS Before and After Transition, Changes through June 2016

CDER Element	Average Scores, Last Evaluation at Developmental Center	Percent with Changed Values on Element	Among those, Average Change
Positive changes reflect movement toward higher functioning.			
Personal Outcomes Element			
Physical & Social Environment (low=1, high=4)			
Work or Day Program	1.3	12%	-0.7
Community Outings	1.8	56%	+1.4
Number of Friends	2.0	38%	+0.8
Number of People with Disabilities in Household	1.2	56%	+1.4
Number of Moves in the last 2 Years	3.4	56%	-0.7
Health & Safety (low=1, high=4)			
Medical Care in the past 12 months	4.0	2%	-0.5
Dental Care in the past 12 months	4.0	5%	-1.1
Appropriate Medical and/or Dental Provided	4.0	6%	0.0
Consumer Survey (0=Neg, 2=Pos)			
Likes Living in a Residence	1.5	7%	+1.2
Likes People who Help Him/Her	1.7	6%	+1.0
Want to Keep Living at Residence	1.4	9%	+1.2
Person to Talk with	0.9	8%	+1.1
Safe or Afraid	1.7	4%	+0.7
Happy or Sad	1.5	7%	+0.8
Tell People What You Want	1.6	7%	+0.7
Individuals with CDER after Transition	363	79%	-

Bold indicates statistically significant changes.

Key Findings:

- Average CDER values showed increases for 10 out of the 15 personal outcomes elements. All of these increases were statistically significant. More than half of the DC movers had changes on community outings and the number of individuals with disabilities in the household. Of those with changes, the average increases in these elements were both 1.4.
- Of the five outcomes that showed decreases between the last CDER completed at the developmental center and the first CDER after the transition, dental care was the one that decreased the most, down by 1.1 on average for 5 percent of people with changes. This change was statistically significant.



Changes in CDERs for DC Movers with Primary Behavioral Support Needs

Table 11: Average CDER Values by Evaluation Element and Change from Previous Evaluation, 310 DC Movers with Primary Behavioral Support Needs and CDERS Before and After Transition, Changes through June 2016

CDER Element	Average Scores, Last Evaluation at Developmental Center	Percent with Changed Values on Element	Among those, Average Change
Positive changes reflect movement toward higher functioning.			
Personal Outcomes Element			
Physical & Social Environment (low=1, high=4)			
Work or Day Program	1.4	22%	-0.7
Community Outings	2.1	55%	+1.5
Number of Friends	2.2	40%	+0.5
Number of People with Disabilities in Household	1.3	55%	+1.3
Number of Moves in the last 2 Years	3.3	50%	-0.6
Health & Safety (low=1, high=4)			
Medical Care in the past 12 months	4.0	5%	-0.6
Dental Care in the past 12 months	3.9	8%	-0.8
Appropriate Medical and/or Dental Provided	4.0	9%	-0.7
Consumer Survey (0=Neg, 2=Pos)			
Likes Living in a Residence	1.5	15%	+0.9
Likes People who Help Him/Her	1.7	9%	+0.7
Want to Keep Living at Residence	1.3	15%	+1.1
Person to Talk with	1.3	11%	+0.5
Safe or Afraid	1.7	9%	+0.4
Happy or Sad	1.6	13%	+0.3
Tell People What You Want	1.7	8%	+0.6
Individuals with CDER after Transition	310	77%	-

Bold indicates statistically significant changes.

Key Findings:

- Results were similar for DC movers with primary behavioral support needs. Their average CDER values showed increases for 10 out of the 15 personal outcomes. Seven of these increases were statistically significant. The largest increase was seen on community outings, which rose by 1.5.
- Four average CDER values showed statistically significant decreases. These include two of the health and safety indicators. These indicators were at the top possible score in the developmental center, but they decreased for about 8% of movers following their placement out of the DC. In particular, the scores decreased for 26 movers in the case of dental care in the past 12 months and 27 movers in the case of medical and/or dental not provided.



SIR Rates among Movers, January-June 2016

Table 12: Share of Individuals with SIRs between January and June 2016, Individuals Living in the Community during the Period

Special Incident Type	All Movers		Movers with Primary Health Support Needs		Movers with Primary Behavioral Support Needs	
	Previous Period	Current Period	Previous Period	Current Period	Previous Period	Current Period
Number of individuals	647	722	348	391	299	331
Any non-mortality special incident	25.0%	25.9%	27.6%	31.2%	22.1%	19.6%
Unplanned medical hosp.	9.3%	10.9%	14.1%	17.1%	3.7%	3.6%
Unplanned psychiatric hosp.	1.7%	1.9%	2.0%	2.6%	1.3%	1.2%
Medication error	8.2%	6.1%	10.1%	7.2%	6.0%	4.8%
Injury	3.9%	5.7%	2.3%	5.4%	5.7%	6.0%
Suspected abuse	3.1%	3.7%	1.4%	3.1%	5.0%	4.5%
Suspected neglect	1.5%	0.8%	1.4%	1.3%	1.7%	0.3%
Missing person	1.5%	1.1%	1.4%	0.8%	1.7%	1.5%
Victim of crime	0.3%	1.2%	0.3%	0.8%	0.3%	1.8%
Mortality	1.5%	1.9%	2.9%	3.1%	0%	0.6%

Key Findings:

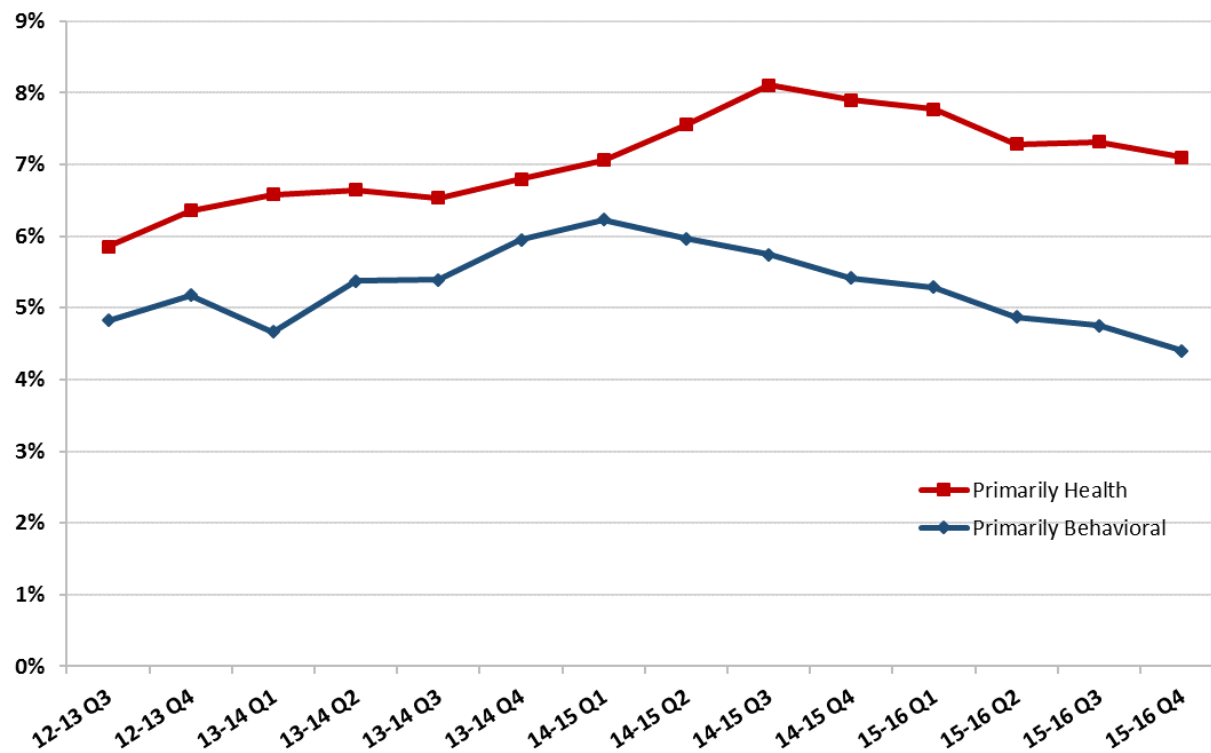
- Movers with primary health support needs had a higher rate of non-mortality incidents than movers with primary behavioral support in both the current and the previous period. This was largely driven by a higher rate of unplanned medical hospitalizations.
- Among all movers, unplanned medical hospitalizations and mortality incidents were higher in January-June 2016 compared to July-December 2015. However, these differences were not statistically significant.

More About These Data

The numbers of individuals in the “all” column includes all movers residing in the community at the beginning of the period and those that exited a DC during the period. The table includes all incidents of suspected abuse or 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, Movers with Primary Health Support Needs vs. Movers with Primary Behavioral Support Needs, January 2013 – June 2016



Key Findings:

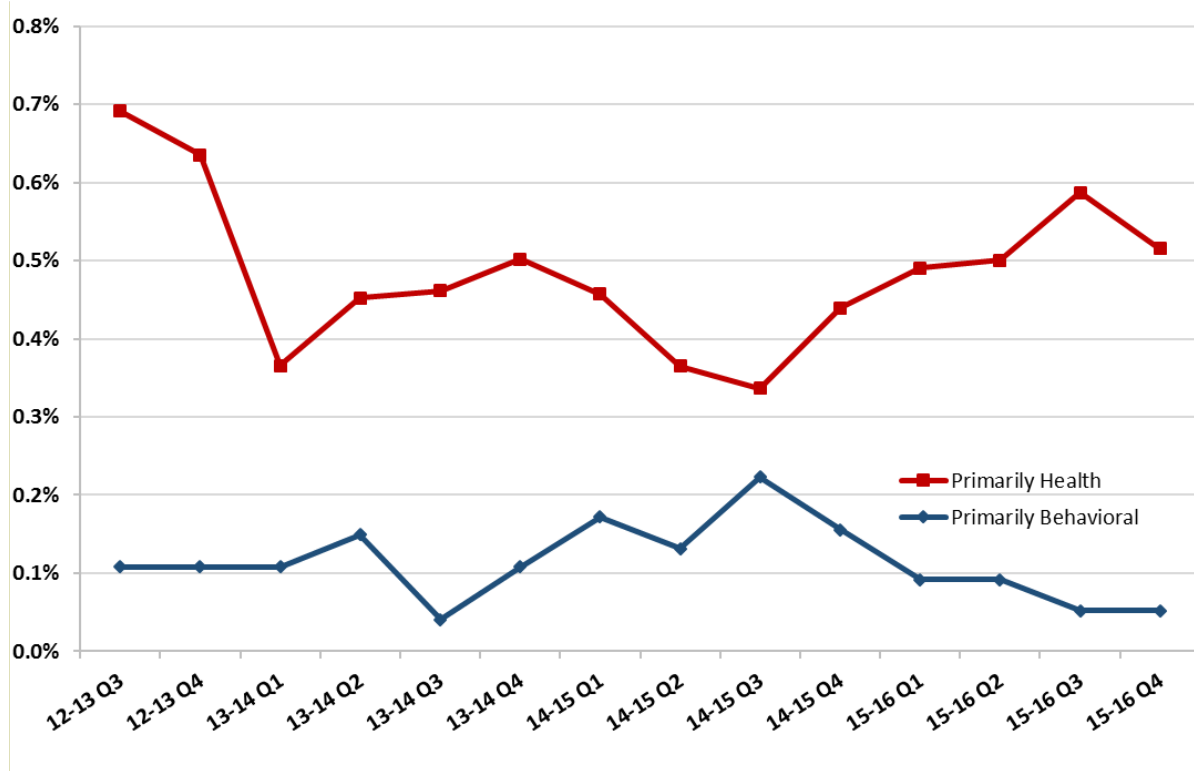
- Figure 2 shows the 4-quarter moving average monthly non-mortality incident rates among movers distinguished by those with primary health or primary behavioral support needs. This graph shows the long term trends for rates that are very volatile due to the small number of individuals included in the rates.
- Non-mortality incident rates for movers with primary health support needs have gradually decreased over the past four quarters.

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, Movers with Primary Health Support Needs vs. Movers with Primary Behavioral Support Needs, January 2013 – July 2016



Key Findings:




- The 4-quarter moving average monthly mortality incident rate among movers with primary behavioral support needs was close to zero prior to the last two quarters.
- The 4-quarter moving average monthly mortality incident rate among movers with primary health support needs has been approximately 0.5% to 0.6% for the last four quarters, up from the preceding four quarters.

Mortality Incidents among Movers, January-June 2016

Table 13: Mortality Incidents for Movers, January – June 2016

Incident Type and Sub-Type	Number
Mortality	
Disease related	7
Non disease-related	0
Unknown	7
Total	14

Key Findings:

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- Of the 722 movers tracked during the January to June 2016 period, there were a total of 273 non-mortality incidents among 188 movers with incidents. Unplanned medical hospitalizations comprised 45% of all the non-mortality incidents
 - In the January to June 2016 period, there were 14 mortality incidents among the movers (Table 13). The cause of death was recorded as disease related for 7 cases and unknown for the other 7 cases. Unknown is generally used for cases still subject to further review at the regional centers, including cases where the regional center is waiting for a death certificate. Disease related is a category in the incident report that indicates 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.