

RISK MANAGEMENT REPORT:

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

DATA THROUGH DECEMBER 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 January 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 January 2011 through December 2015, as recorded in data received by April 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 (94%) 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 July and December 2015, 48 individuals moved out of California DCs, including 14 Sonoma movers. Over the five years ending December 2015, a total of 814 individuals residing in DCs have been placed in community settings. Those moving due to the Lanterman Developmental Center (LDC) closure represent 322 of this total. The rest of the movers resided at Fairview, Porterville, and Sonoma Developmental Centers or the Canyon Springs Community Facility.
- About 62% of the movers residing in the community in December 2015 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 serve a smaller share of the most recent movers.
- Out of 721 movers living in the community in December 2015, 86 (12%) have changed address since July 2014. Fifteen individuals have changed addresses two or more times in the 18 months observed.
- Only about one third of those changing addresses changed residence type. Overall, 47 (7%) of individuals who transitioned from DCs, and were active in the community by the end of December 2015, have changed residence type after their initial placement. Although CCFs were the most common setting to have moved from (21 out of 47), the settings with the highest rates of moves after initial placement were Home of Parent or Guardian and CCF Level 4.
- For the 667 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 access to medical or dental care.
- Approximately one in four movers experienced at least one non-mortality special incident between July and December 2015. This rate remained unchanged from the previous six month period. There were 11 deaths among the 732 movers observed during this six month period.

Count of Movers as of December 2015

Table 1: Number of Individuals Moving from Developmental Centers to Community Settings, by Developmental Center and Period January 2011 – December 2015

Date Moved from Developmental Center	Canyon Springs	Fairview	Lanterman	Porterville ¹	Sonoma	TOTAL
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
Jul - Dec 2015	5	15	0	14	14	48
Total Movers Tracked	47	144	322	152	149	814

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 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 needed 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 December 2015

Table 2: Number of Individuals Moving from Developmental Centers to Community Settings, by Status as of December 2015

Developmental Center	Total Movers Tracked	As of December 2015, Movers:			
		In Community Setting	Deceased	Inactive or Moved Out of State	Returned to Developmental Center
Canyon Springs	47	41	1	0	5
Fairview	144	129	13	0	2
Lanterman	322	289	31	2	0
Porterville	152	126	13	9	3
Sonoma	149	136	11	1	1
Total	814	721	69	12	11

Key Findings:



- Of the 814 individuals identified as movers, 721 were active on the caseload and living in community settings at the end of December 2015.
- Among those who transitioned to the community between January 2011 and December 2015, there have been a total of 69 deaths, including 11 between July and December 2015. (See pages 18 and 19 for more information.)
- Eleven individuals returned to a developmental center after having transitioned out. Of these, ten returned to the same developmental center and two moved to a different one. None of the LDC movers returned to a developmental center.

More About These Data

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

Count of Movers by Regional Center

Table 3: Regional Centers Serving Individuals who Moved from Developmental Centers to Community Settings between January 2011 and December 2015

Current Regional Center	Movers	New Movers July - December 2015
Alta California	31	4
Central Valley	51	4
East Bay	43	5
Eastern Los Angeles	59	1
Far Northern	11	0
Golden Gate	54	6
Harbor	45	3
Inland	49	2
Kern	28	4
Lanterman	52	2
North Bay	32	0
North Los Angeles	69	6
Orange County	35	2
Redwood Coast	3	0
San Andreas	18	1
San Diego	52	1
San Gabriel/Pomona	77	2
South Central LA	35	2
Tri Counties	24	1
Valley Mountain	9	0
Westside	36	2
All Developmental Center Movers	814	48

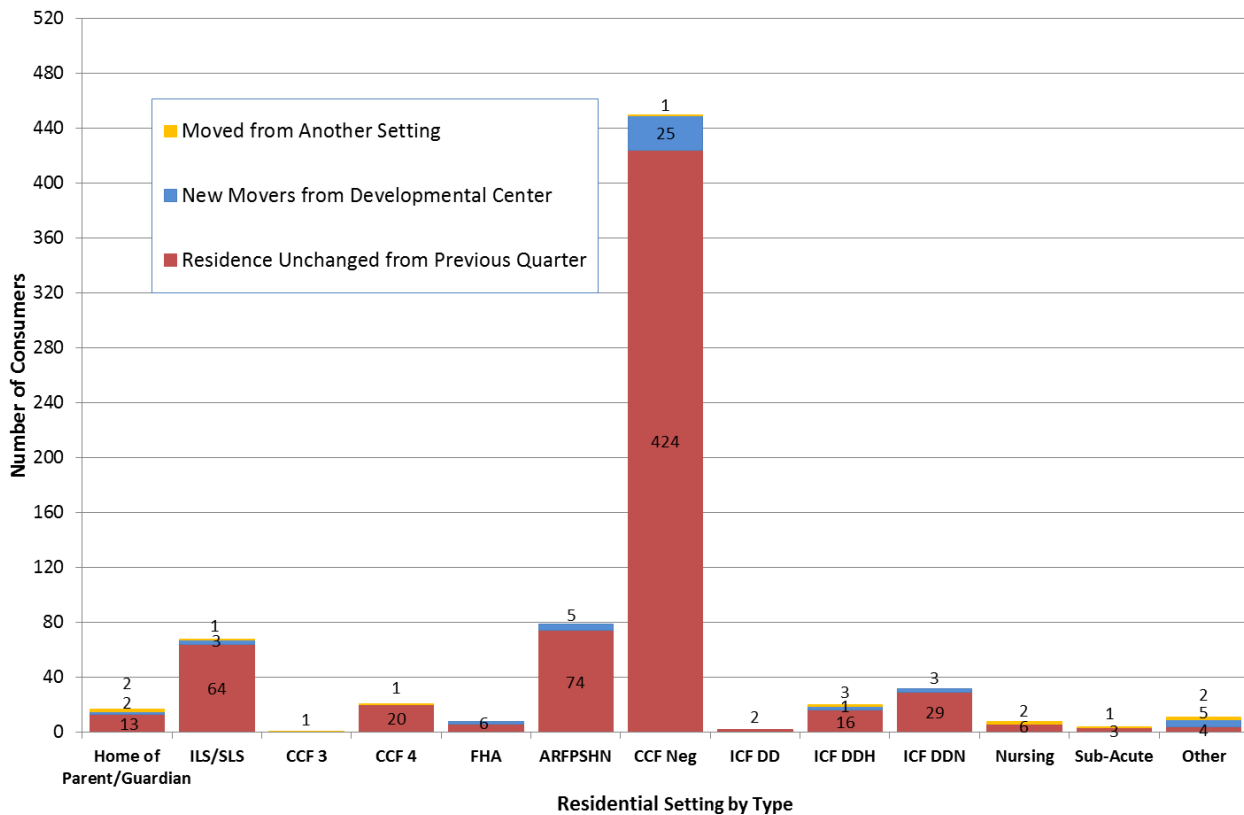
Key Findings:



- 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 those placed in the most recent period.
- Far Northern, Valley Mountain, and Redwood Coast Regional Centers serve the fewest movers.

Residential Settings of Movers as of December 2015

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



Key Findings:

- CCF with negotiated rates are the most common residence types among all movers. Almost 52% of the individuals who transitioned from a developmental center during this semi-annual period were placed in a CCF with a negotiated rate.
- ARFPSHN and Other residential settings were also common placements for individuals transitioning this period, with five individuals transitioning to each of these settings.

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 December 2015

Initial Residential Setting	Number of Movers by Initial Setting	Distribution of Movers by Initial Setting	Changed Residential Type
Home of Parent/Guardian	15	2%	5
ILS/SLS	65	9%	6
CCF Level 3	1	0%	1
CCF Level 4	24	3%	8
FHA	9	1%	1
ARFPSHN	79	11%	0
CCF Negotiated Rate	460	64%	21
ICF DD	2	0%	1
ICF DDH	20	3%	1
ICF DDN	32	4%	2
Nursing	3	0%	0
Sub-Acute	3	0%	0
Other	8	1%	1

Key Findings:



- Out of 721 movers residing in the community in December 2015, 47 have changed residential setting after their initial transition. Of these 47, 21 had been initially placed in CCF Negotiated Rate.
- The initial placements that are most likely to change are placements in the home of parent/guardian, an ICF DD facility or in CCF Level 4.

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 December 2015

Initial Residential Setting	Changed Residential Type	Current Residential Setting
Home of Parent/Guardian	5	ILS/SLS (3), Home (1)*, Other (1)
ILS/SLS	6	ILS/SLS (1)*, Other (2), CCF Neg. Rate (3)
CCF Level 3	1	ICF DDH (1)
CCF Level 4	8	CCF Neg. Rate (3), ILS/SLS (2), Home of parent or guardian (1) , ICF DDN (1), Nursing (1)
FHA	1	Other (1)
ARFPSHN	0	
CCF Negotiated Rate	21	Home of Parent or Guardian (5), CCF Level 4 (5), ILS/SLS (2), CCF Neg. Rate (4)*, Nursing (3), CCF Level 3 (1), Sub-Acute (1)
ICF DD	1	CCF Neg. Rate (1)
ICF DDH	1	ICF DDN (1)
ICF DDN	2	ICF DD (1), Nursing (1)
Nursing	0	
Sub-Acute	0	
Other	1	ILS/SLS (1)

*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 (2), FHA (1), CCF Negotiated Rate (1), CCF Level 4 (1), Other (1).

Key Findings:

- Five individuals had more than one residential change after the initial placement from a DC. Two of these were initially placed in CCFs with Negotiated Rates: one moved to an FHA and later to an ILS/SLS setting, and the second moved to a CCF Level 3 and later to an ILS/SLS. One individual was initially placed in an FHA, but moved to an ILS/SLS setting and later to an Other setting. Another mover was initially placed in the Home of Parent or Guardian, but moved to an ILS/SLS facility and later to an Other setting. The last mover with more than one change had been initially placed in an ILS/SLS setting before subsequently moving to an Other setting and lastly to a CCF Negotiated Rate.



Residence Changes for DC Movers

Table 6: Number of DC Movers Changing Residential Type or Address after Transition, DC Movers in Community as of December 2015

	All Changes Since July 2014	Changes this Period
Movers in the Community December 31, 2015	721	
Changed Residence Type		
Changed Address	29	16
Did Not Change Address	4	0
Changed Address, Same Residence Type	57	26
Among Individuals Who Have Changed Addresses, Those With		
1 Change Since July 2014	71	
2 Changes Since July 2014	10	
>2 Changes Since July 2014	5	

Key Findings:

- Address changes are more common than changes in residence type.
- Eighty-seven DC Movers have changed address since July 2014. For 29 of these DC Movers, the change in address was accompanied by a change in residential setting.
- Most of the DC movers who changed addresses only changed address once.
- A small subset of individuals have had multiple address changes since leaving a developmental center, including five individuals with more than two address changes since July 2014. Only one of these five individuals was 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 December 2015**

CDER Evaluations	Number of Individuals	Avg. Days from Previous CDER
Any CDER prior to move	732	-
CDER using 2008 form prior to move	730	-
Any CDER since move	667	350
2 CDERs since move	547	282

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 2015, 667 movers (82%) had CDER evaluations using the 2008 CDER form both before and after their transition. Of these, 547 individuals (67% 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 667 movers who had CDER evaluations using the 2008 CDER form both before and after their transition, 334 movers are individuals with primary health support needs and 333 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, 334 DC Movers with Primary Health Support Needs and CDERS Before and After Transition, Changes through December 2015

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	2.6	17%	-0.1
Eating	3.0	15%	+0.5
Using Hands	3.2	27%	+0.6
Toileting	2.3	20%	0.0
Bladder and Bowel Control	2.2	19%	+0.1
Focusing on Tasks Activities	2.0	40%	+0.7
Safety Awareness	1.9	31%	-0.7
Social Interaction	2.2	37%	+0.3
Taking Prescription Medication	1.3	12%	-0.6
Personal Care	1.8	25%	+0.6
Dressing	2.1	22%	+0.2
Verbal Communication	1.9	13%	+0.6
Non-Verbal Communication	2.2	22%	+0.5
Challenging Behaviors			
Disruptive Social Behavior	3.2	35%	+0.2
Emotional Outbursts	3.4	31%	+0.5
Aggressive Social Behavior	3.9	28%	+1.0
Self-Injurious Behavior	4.3	25%	+0.1
Running or Wandering Around	4.5	18%	+0.0
Destruction of Property	4.4	21%	+0.7
Individuals with CDER after Transition	334	73%	-

Bold indicates statistically significant changes.

Key Findings:

- Out of 334 individuals with primary health support needs, 73 percent had a change in at least one CDER evaluation element.
- 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. 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, 333 DC Movers with Primary Behavioral Support Needs and CDERS Before and After Transition, Changes through December 2015

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	20%	-0.9
Eating	4.3	21%	-0.0
Using Hands	4.6	22%	+0.2
Toileting	3.9	27%	0.0
Bladder and Bowel Control	3.6	30%	+0.5
Focusing on Tasks Activities	2.7	43%	+0.7
Safety Awareness	2.3	41%	-0.4
Social Interaction	2.8	41%	+0.5
Taking Prescription Medication	1.6	27%	-0.2
Personal Care	2.8	36%	+0.4
Dressing	3.5	35%	+0.1
Verbal Communication	2.6	19%	+0.8
Non-Verbal Communication	2.8	23%	+0.9
Challenging Behaviors			
Disruptive Social Behavior	2.3	44%	+0.7
Emotional Outbursts	2.5	43%	+0.5
Aggressive Social Behavior	2.9	45%	+0.9
Self-Injurious Behavior	3.8	36%	+0.4
Running or Wandering Around	3.6	41%	+0.8
Destruction of Property	3.6	38%	+0.6
Individuals with CDER after Transition	333	78%	-

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

Key Findings:

- Out of 333 individuals with primary behavioral support needs, 78 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. Twelve of these increases were statistically significant.
- Of the five 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.

Changes in CDERs for CD Movers with Primary Health Support Needs

Table 10: Average CDER Values by Evaluation Element and Change from Previous Evaluation, 334 DC Movers with Primary Health Support Needs and CDERS Before and After Transition, Changes through December 2015

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	11%	-0.8
Community Outings	1.8	58%	+1.4
Number of Friends	1.9	37%	+0.9
Number of People with Disabilities in Household	1.2	58%	+1.3
Number of Moves in the last 2 Years	3.4	55%	-0.7
Health & Safety (low=1, high=4)			
Medical Care in the past 12 months	4.0	8%	-0.4
Dental Care in the past 12 months	4.0	5%	-1.1
Medical and/or Dental Not Provided	4.0	6%	+0.1
Consumer Survey (0=Neg, 2=Pos)			
Likes Living in a Residence	1.6	6%	+1.4
Likes People who Help Him/Her	1.7	5%	+0.9
Want to Keep Living at Residence	1.4	7%	+1.4
Person to Talk with	0.9	8%	+1.0
Safe or Afraid	1.7	4%	+0.4
Happy or Sad	1.6	7%	+0.8
Tell People What you Want	1.6	5%	+0.8
Individuals with CDER after Transition	334	79%	-

Bold indicates statistically significant changes.

Key Findings:

- Average CDER values showed increases for 11 out of the 15 personal outcomes elements. Nine 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 1.4 and 1.3.
- Of the four 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, 333 DC Movers with Primary Behavioral Support Needs and CDERS Before and After Transition, Changes through December 2015

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	20%	-0.7
Community Outings	2.1	51%	+1.5
Number of Friends	2.2	40%	+0.6
Number of People with Disabilities in Household	1.3	52%	+1.4
Number of Moves in the last 2 Years	3.3	50%	-0.7
Health & Safety (low=1, high=4)			
Medical Care in the past 12 months	4.0	4%	-0.9
Dental Care in the past 12 months	3.9	8%	-1.1
Medical and/or Dental Not Provided	4.0	9%	-0.7
Consumer Survey (0=Neg, 2=Pos)			
Likes Living in a Residence	1.5	14%	+1.0
Likes People who Help Him/Her	1.8	8%	+0.7
Want to Keep Living at Residence	1.3	15%	+1.1
Person to Talk with	1.3	9%	+0.5
Safe or Afraid	1.7	8%	+0.5
Happy or Sad	1.6	11%	+0.3
Tell People What you Want	1.7	7%	+0.5
Individuals with CDER after Transition	333	76%	-

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. Eight of these increases were statistically significant. The largest increase was seen on community outings, which rose by 1.5.
- Five average CDER values showed statistically significant decreases. These include the three health and safety indicators. These indicators were all at the top possible score in the developmental center, but they decreased for about 7% of movers following their placement out of the DC. In particular, the scores decreased for 12 movers in the case of medical care in the past 12 months, 23 movers in the case of dental care in the past 12 months, and 24 movers in the case of medical and/or dental not provided.



SIR Rates among Movers, July-December 2015

Table 12: Share of Individuals with SIRs between July and December 2015, 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	534	732	247	372	287	360
Any non-mortality special incident	25.3%	25.3%	29.6%	29.0%	21.6%	21.4%
Unplanned medical hosp.	11.8%	10.1%	17.8%	15.9%	6.6%	4.2%
Unplanned psychiatric hosp.	1.1%	1.5%	1.2%	1.9%	1.0%	1.1%
Medication error	6.2%	7.9%	6.1%	9.7%	6.3%	6.1%
Injury	4.7%	4.0%	2.8%	2.7%	6.3%	5.3%
Suspected abuse	2.4%	3.1%	2.8%	1.9%	2.1%	4.4%
Suspected neglect	1.5%	1.5%	2.0%	1.3%	1.0%	1.7%
Missing person	1.7%	1.4%	1.2%	1.3%	2.1%	1.4%
Victim of crime	0.4%	0.4%	0.4%	0.3%	0.3%	0.6%
Mortality	3.2%	1.5%	5.3%	0.3%	1.4%	0.0%

Key Findings:

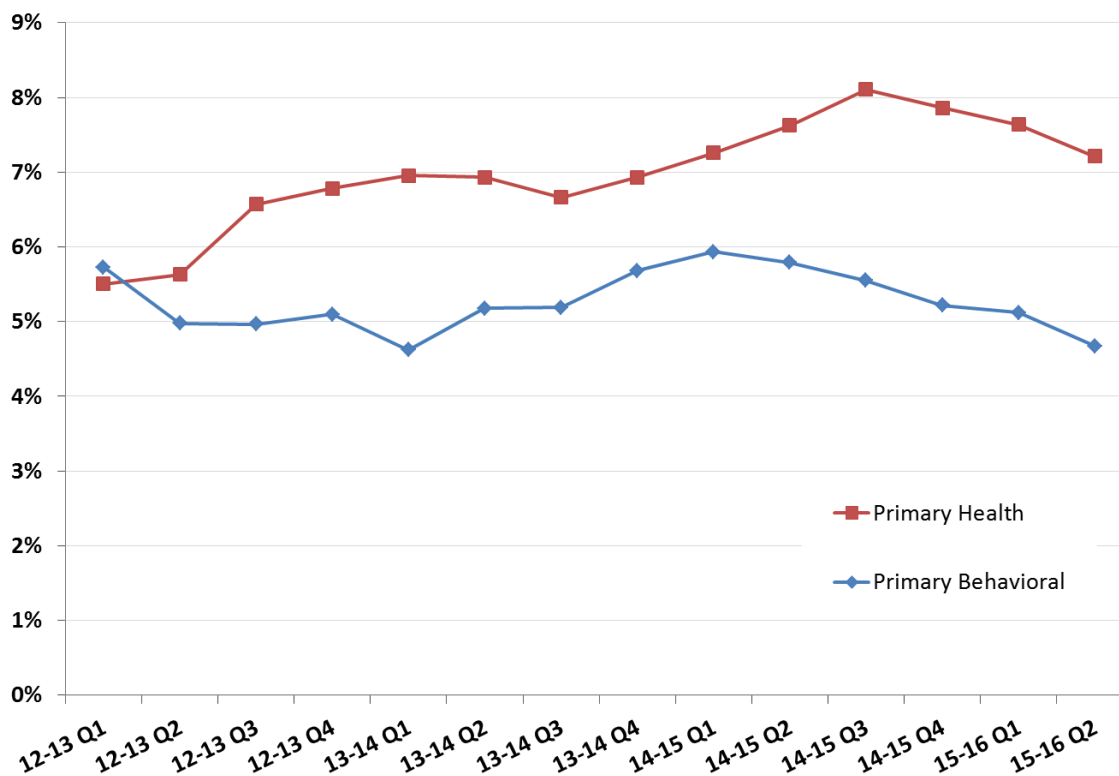
- Movers with primary health support needs had a higher rate of non-mortality incidents than movers with primary behavioral support in both the current and the previous period. This was largely driven by a higher rate of unplanned medical hospitalizations.
- Among all movers, unplanned medical hospitalizations and mortality incidents were lower in July-December 2015 compared to January-June 2015.

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, July 2012 – December 2015



Key Findings:

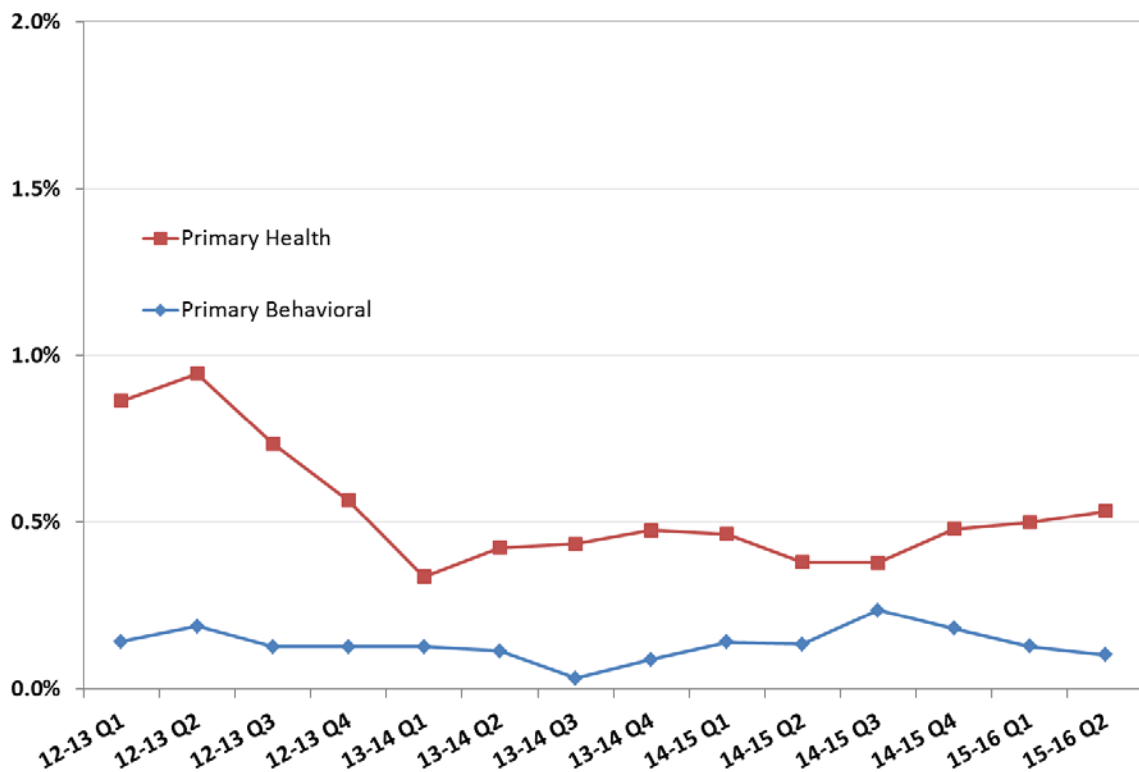
- Figure 2 shows the 4-quarter moving average monthly non-mortality incident rates among movers distinguished by those with primary health or primary behavioral support needs. This graph shows the long term trends for rates that are very volatile due to the small number of individuals included in the 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, July 2012 –December 2015



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 third quarter of FY 2013-14. It then increased slightly, but remained under 0.2%.
- Staying around 0.45%, the 4-quarter moving average monthly mortality incident rate among movers with primary health support needs has remained fairly stable over the past 2 years.

Mortality Incidents among Movers, July-December 2015

Table 13: Mortality Incidents for Movers, July – December 2015

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

Key Findings:

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- Of the 732 movers tracked during the July to December 2015 period, 187 had non-mortality incidents.
 - There were a total of 272 non-mortality incidents among the 187 movers with incidents. Unplanned medical hospitalizations comprised 35% of all the non-mortality incidents.
 - In the July to December 2015 period, there were 11 mortality incidents among the movers (Table 13). The cause of death was disease related for all 11 cases. 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.