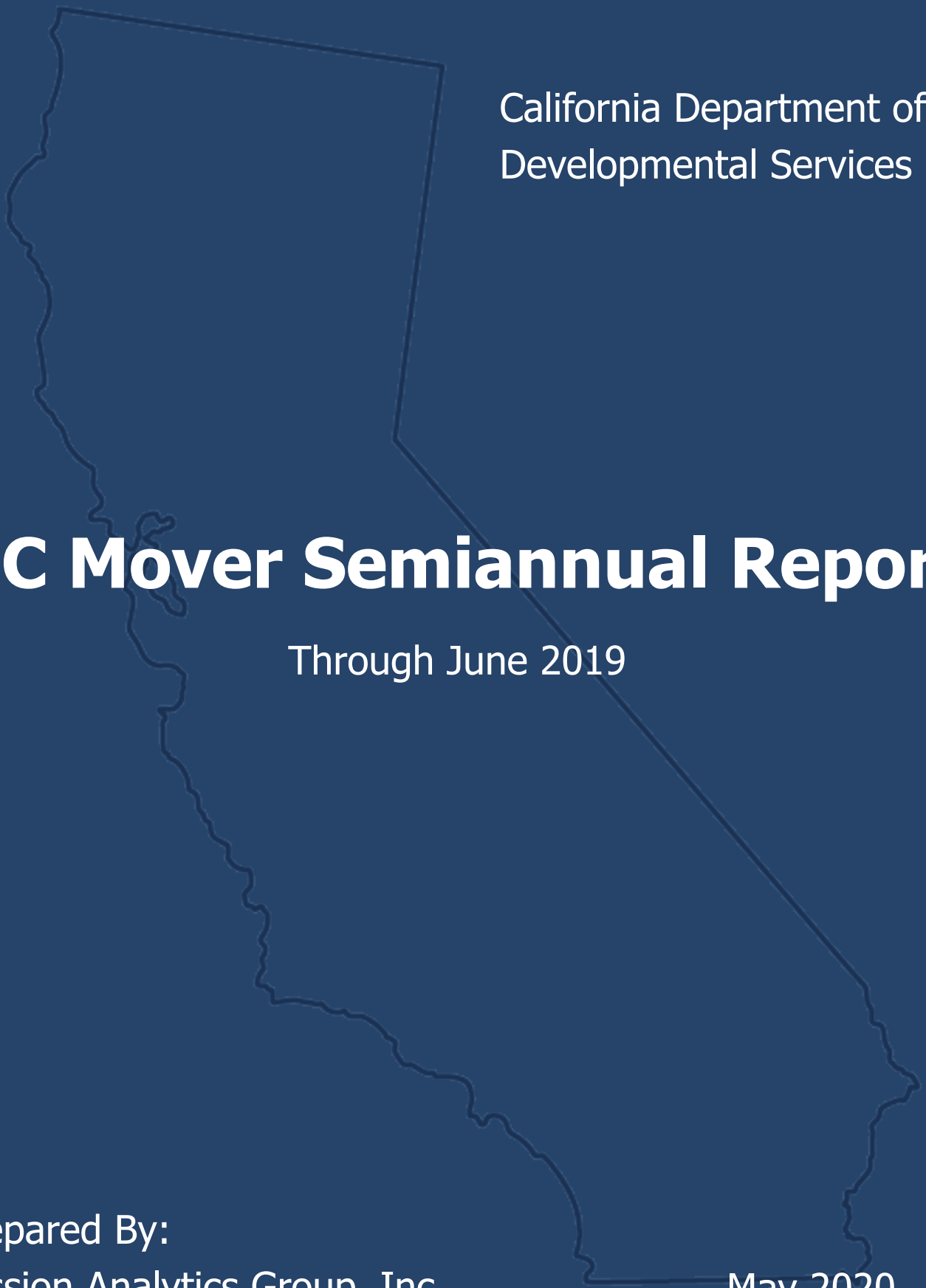


California Department of Developmental Services

DC Mover Semiannual Report

Through June 2019

Prepared By:
Mission Analytics Group, Inc.

May 2020

Summary of Trends

DC Closure Cohort Trends Through June 2019

625 out of 886 individuals from the DC closure cohort resided in the community on June 30, 2019.

51 placements occurred between January and June 2019, including 40 individuals from Fairview Developmental Center (FDC) and 11 from Porterville (PDC).

27% of individuals had incidents this period, up from 26% the same period a year ago.

28 ARFPSHN placements were the most common placement type this period. Specialized residential facilities are the most common placement type overall. An ARFPSHN is an Adult Residential Facility for Persons with Special Health Needs.

15% of individuals had unplanned hospitalizations up from 12.5% the same period a year ago. Individuals with primarily health support needs were twice as likely to have an unplanned hospitalization.

18 deaths occurred this period. At 2.5%, the mortality rate is about average for the cohort, counting deaths at the DC and in the community.

10 items evaluating challenging behaviors and daily living had significantly more individuals with improvements than with declines, including both skills of daily living and challenging behaviors.

Table of Contents

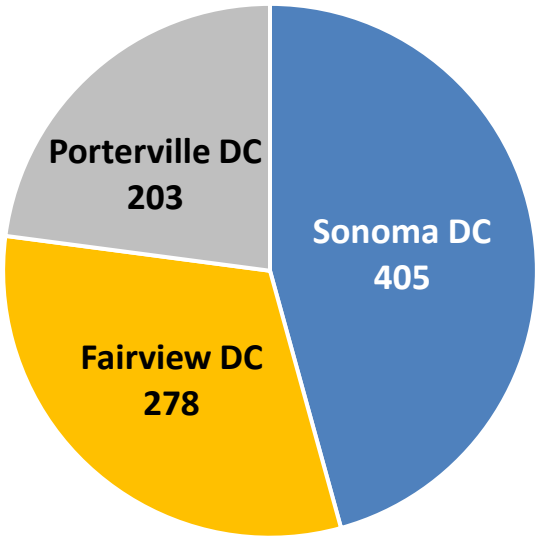
About This Report

This report tracks individuals who resided at developmental centers (DC) targeted for closure in the May 2015 Revision to the Governor's Budget. The "closure cohort" includes individuals residing at Sonoma Developmental Center (SDC), Fairview Developmental Center (FDC), or the general treatment area of Porterville Developmental Center (PDC) on May 1, 2015. Closure plans submitted to the Legislature in October 2015 (for SDC) and April 2016 (for PDC and FDC) committed to monitoring the placements and outcomes for these individuals throughout the closure process and for one year after the last person moved into the community.

The risk management contractor for the Department of Developmental Services (DDS) tracks the entire cohort, including those placed through December 2019, and develops this report based on data from existing administrative databases. Data from the Client Master File and Purchase of Service systems are used to monitor placement changes. Changes in skills of daily living and challenging behaviors are drawn from the Client Development Evaluation Report (CDER). Finally the report uses data on the number and rate of reportable incidents submitted to DDS by regional centers as required by Title 17, Section 54327 of the California Code of Regulations. See the glossary for more information.

886 individuals are tracked as the DC closure cohort

About Half Were From Sonoma DC

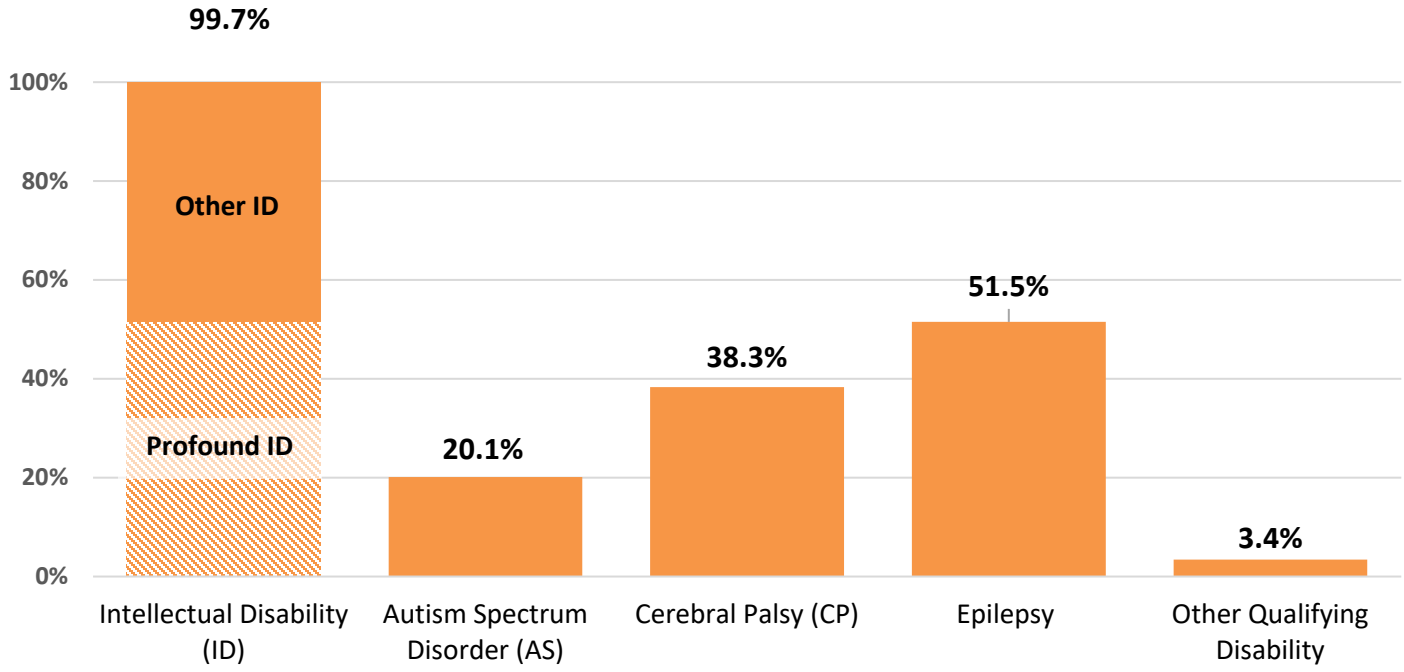


Five-Eighths Were Male

About Half Were Over 60 Years-Old as of May 2015

Less than 40 years-old	**12%**
40-49 years-old	**12%**
50-59 years-old	**26%**
60-69 years-old	**34%**
70 years-old and above	**15%**

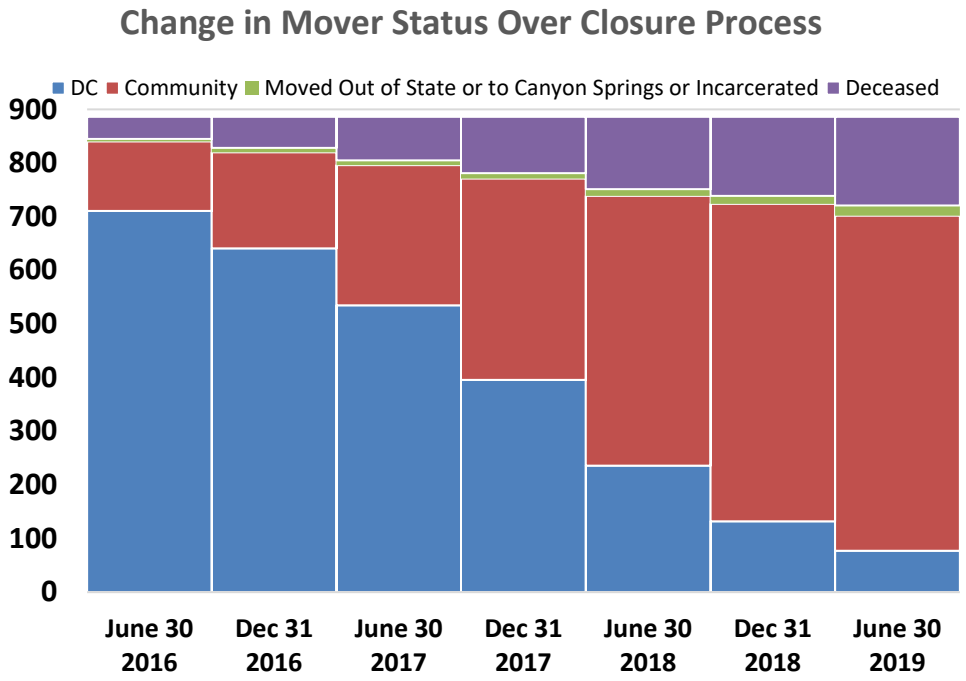
Almost all have intellectual disabilities, often profound, often in combination with other qualifying conditions

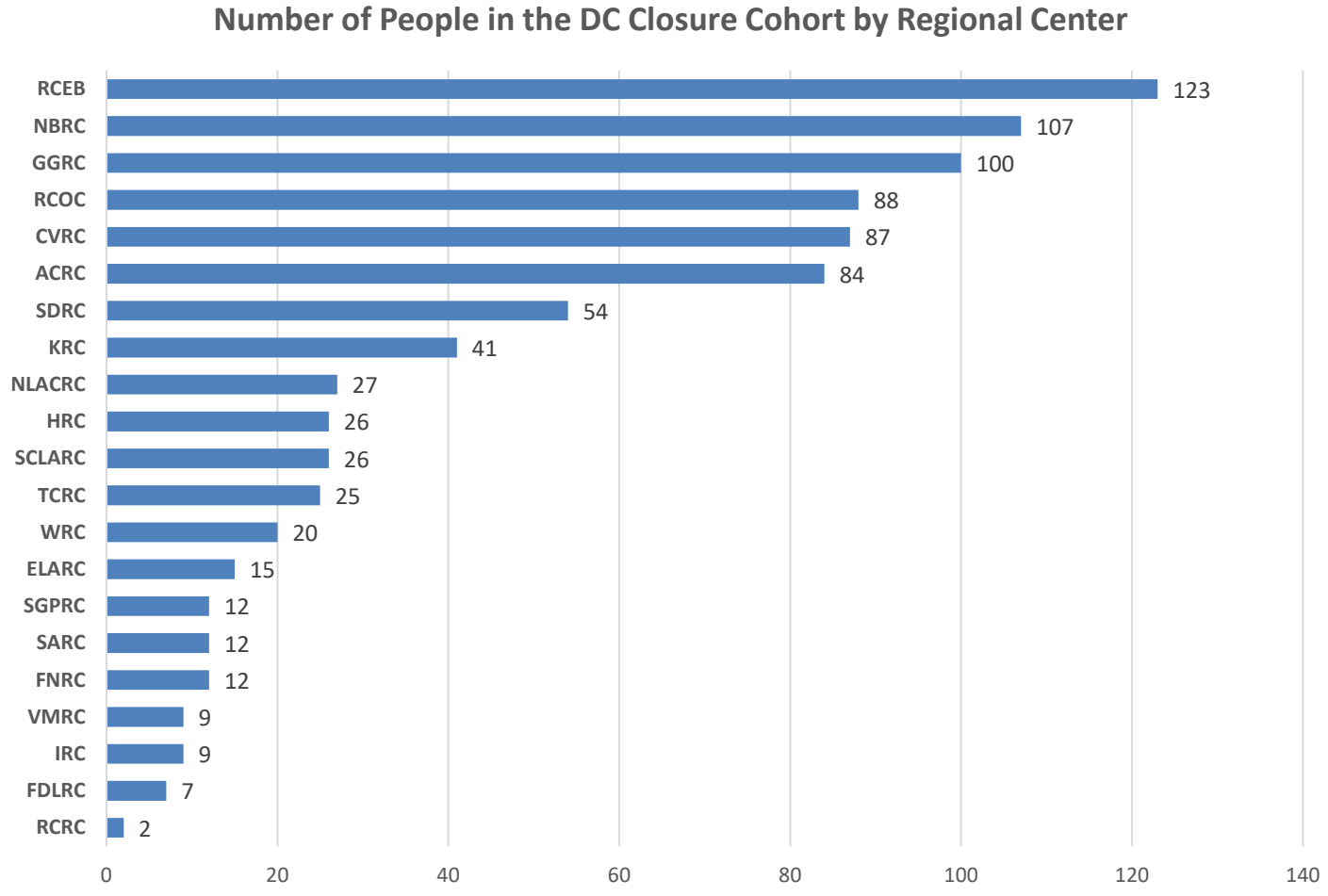


Characteristics of DC Movers

By the end of FY2018-19, 77 individuals still resided at FDC or PDC.

By June 30, 2019, 625 out of the 886 individuals resided in the community. The last individuals were placed from SDC in December 2018. In June 2019, 34 individuals still resided at PDC, and 43 resided at FDC. Nineteen individuals are no longer tracked because they moved out of state, moved to Canyon Springs Community Facility (CS) or are currently incarcerated. The remainder of the individuals were reported deceased over the period from May 2015 to June 2019.





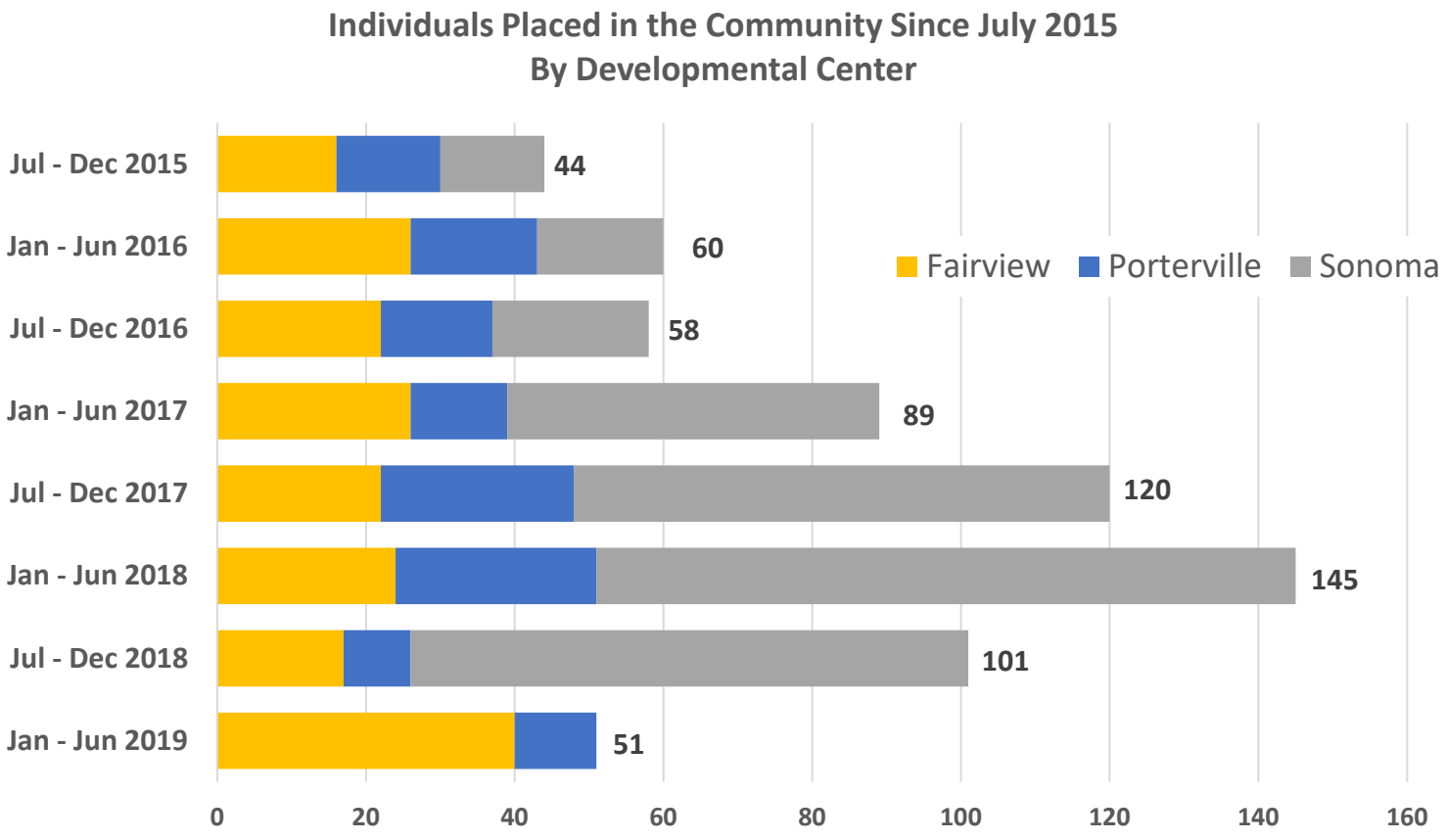
Community Placements

Community Placements

51 individuals were placed in the community this period.

The 625 individuals living in the community include 591 individuals from Sonoma DC, Fairview DC, and Porterville DC who were placed before December 31, 2018. Between January 1, 2019 and June 30, 2019, an additional 51 people were placed from FDC and PDC. During this period, there were 17 deaths in the community. (See page 10 for more information on the deaths.)

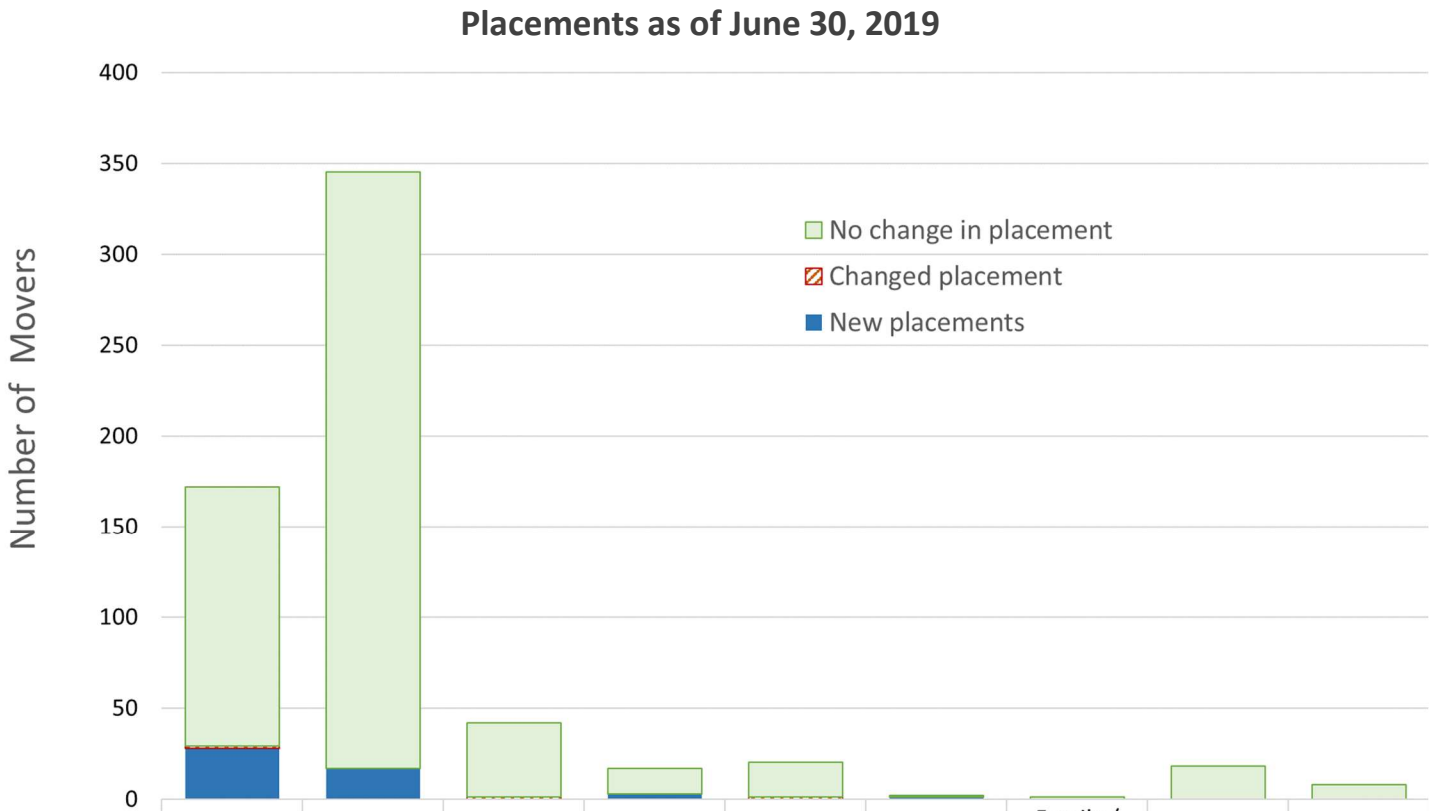
Changes in Community Living January 1, 2019 – June 30, 2019	
Living in Community at Start of Period	**591**
New Placement	**51**
Moved Back to DC	**0**
Moved Out of State	**0**
Moved to CS	**0**
Deaths	**-17**
Living in Community at End of Period	**625**



Community Placements

Most of the new placements were into ARFPSHNs or other specialized residential facilities

Out of the 51 placements this period, about half were in Adult Residential Facilities for People with Specialized Health Needs (ARFPSHNs). Individuals placed this period were more likely to have special health needs. Overall, other specialized residential facilities (see appendix for residential facilities for definitions) have been the most common type of placement, serving 55% of those residing in the community in June 2019. Three individuals who were in other settings in December 2018 (e.g. subacute, hospital, or incarcerated) moved to more permanent placements by June 30, 2019. Of those ever placed, only 31 have changed addresses since their original placement, and only 6 have changed addresses twice. Two of the 51 individuals placed this period passed away in the community before the end of the period. They are not shown in this chart.



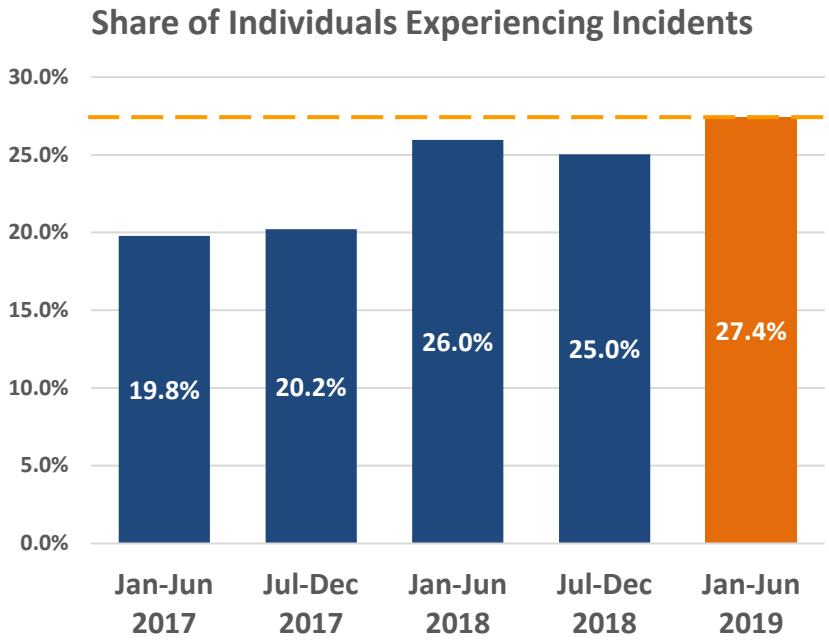
	ARFPSHN	SRF	EBSH	ARM / ARF / RCFE	ICF	FHA	Family / Parent Home	ILS / SLS	Other
No change in placement	143	328	41	14	19	1	1	18	8
Changed placement	1	0	1	0	1	0	0	0	0
New placements	28	17	0	3	0	1	0	0	0

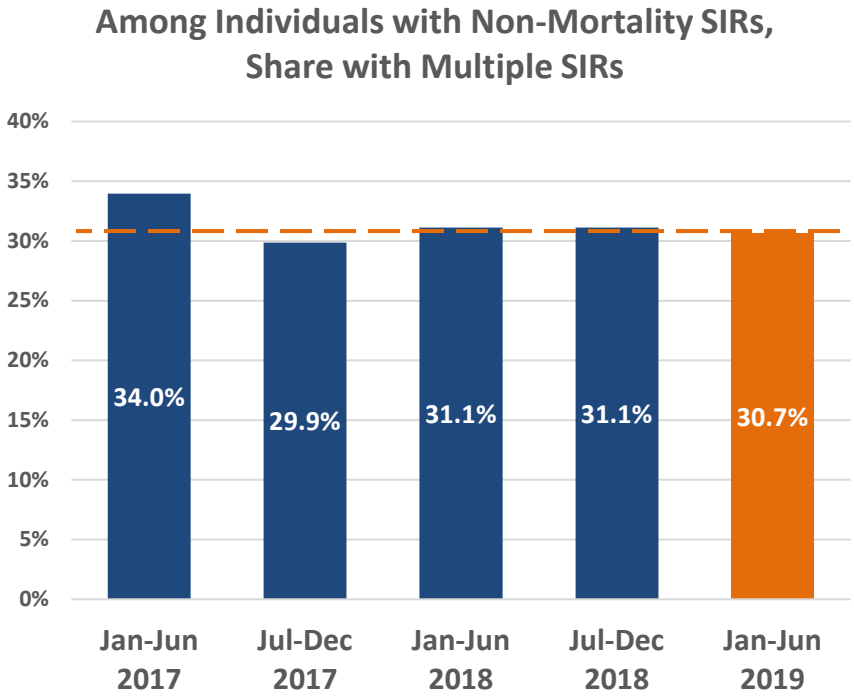
Reported Special Incidents

Reported Special Incidents: Overview

27% of individuals experienced a non-mortality incident.

Out of the 643 individuals living in the community at any time between January and June 2019, 176 individuals (27%) experienced a special incident. This share was slightly higher than in the same period for 2018, when 520 individuals were living in the community and 135 individuals (26%) experienced a special incident.

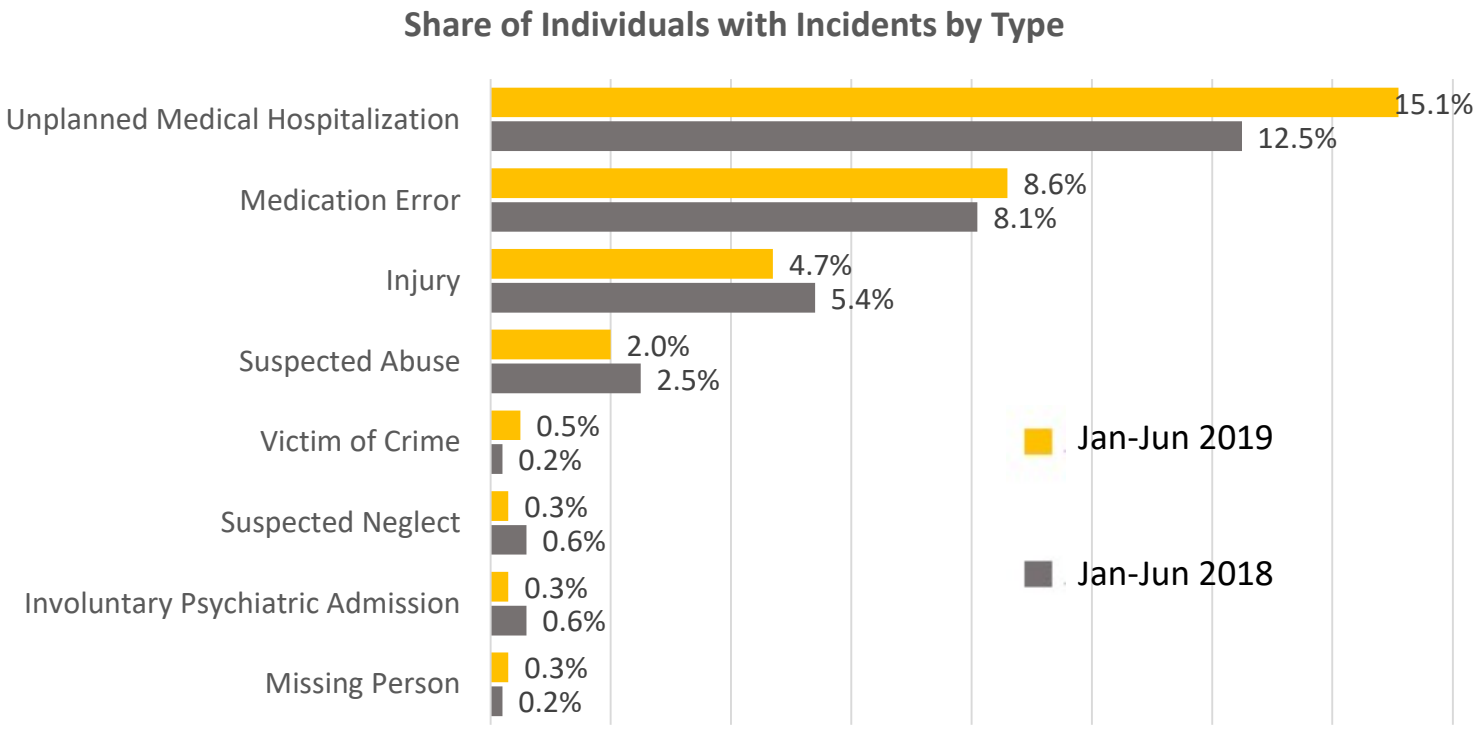




Almost a third of individuals with incidents have multiple incidents.

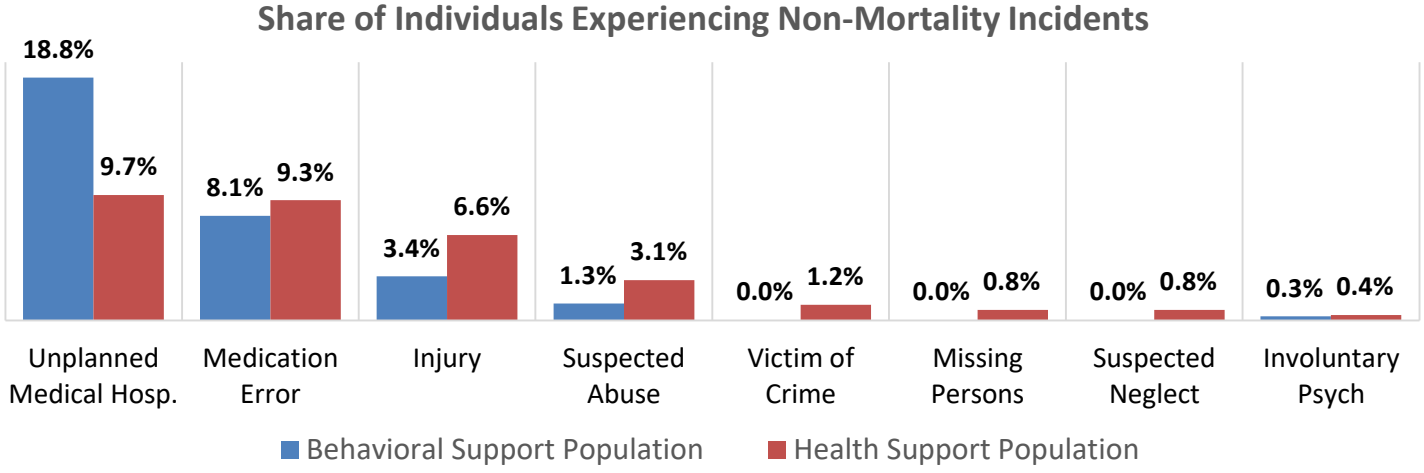
Among individuals with at least one incident, 31% (54 out of 176) experienced multiple incidents during the period. Most of these individuals had multiple medical hospitalizations or multiple medication errors. Two individuals were involved in four psychiatric admissions. A total of 23 people had more than one type of incident. The Quality Management Advisory Groups reviewed the cases for individuals with the highest numbers of incidents.

Trend in the Rate of Non-Mortality Incidents



Unplanned medical hospitalizations explain most of the increase in incident rates.

This period, there were 130 medical hospitalizations among 97 individuals, representing 15.1% of individuals living in the community this period. In contrast, 12.5% of individuals (65) had medical hospitalizations the same period in 2018. The rate of incidents differs for those with primarily health support needs compared to those with primarily behavioral support needs. Individuals with greater health support needs were twice as likely to experience an unplanned medical hospitalization. For all other incident types, those with behavioral support needs were more likely to have incidents. As the closure process nears completion, the later placements have involved individuals with greater support needs, for health and behavioral reasons. The difference between primarily health support and behavioral (these two groups) is based on where the individuals received level of care services in the DC.



Non-Mortality Incidents: Breakdown by Type

Incidents by Type and Subtype, January-June 2019

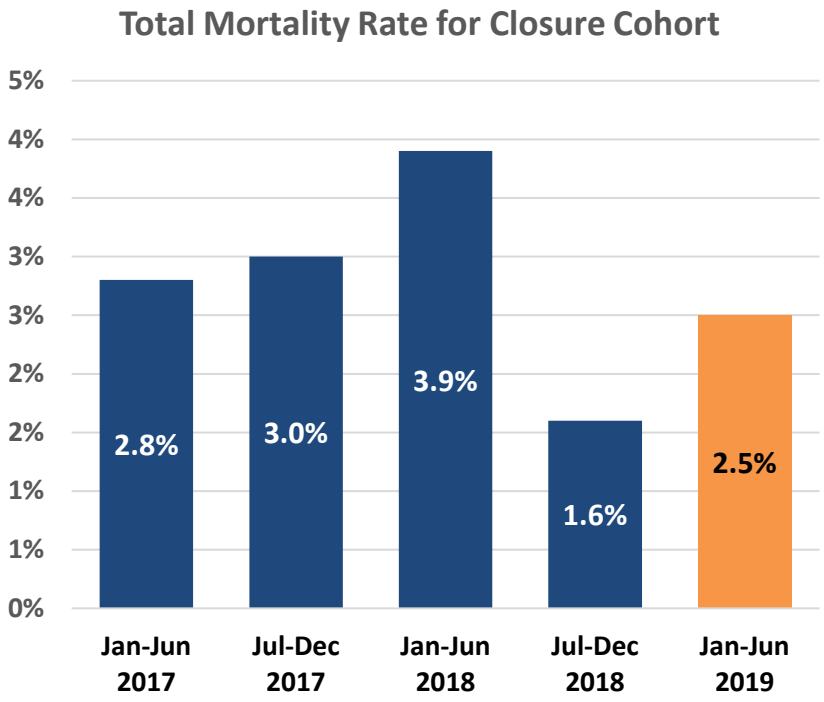
Incident Type [1]	Incidents	Number of Individuals with Incidents
Unplanned Medical Hospitalization	**130**	**97**
Cardiac	6	6
Diabetes	1	1
Internal Infection	44	39
Nutrition Deficiency	5	5
Respiratory Illness	66	51
Seizure	13	10
Wound/Skin	6	6
Involuntary Psychiatric Admission	**4**	**2**
Suspected Abuse	**14**	**13**
Alleged emotional/mental abuse	2	2
Alleged financial abuse	2	2
Alleged physical/chemical restraint	9	8
Alleged physical abuse	2	2
Alleged sexual abuse	0	0
Suspected Neglect	**2**	**2**
Fail to assist with personal hygiene	0	0
Fail to prevent dehydration	0	0
Fail to prevent malnutrition	0	0
Fail to provide care-elder/adult	1	1
Fail to provide food/clothing/shelter	0	0
Fail to provide medical care	1	1
Fail to protect from health/safety hazards	0	0
Injury	**7**	**6**
Bite	0	0
Burns	0	0
Fracture	11	11
Dislocation	0	0
Internal bleeding	8	8
Lacerations/sutures/staples	9	9
Medication reactions	1	1
Puncture wounds	0	0
Medication Error	**77**	**55**
Victim of Crime	**3**	**3**
Aggravated assault	1	1
Burglary	1	1
Forcible rape or attempted rape	1	1
Personal robbery	0	0
Larceny	0	0
Missing Person	**3**	**2**
TOTAL ALL NON-MORTALITY	**263**	**176**

1 Incidents with one or more type are listed under each type and subtype, so totals may differ from the sum across types.

Trend in Mortality Incidents

With 18 deaths this period, the mortality rate was at its five-year average.

The mortality rate for the closure cohort over time includes deaths both at the DC and in the community. (In contrast, it is not feasible to create a combined rate for non-mortality incidents, which are tracked differently in the two settings.) Over the period since May 2015, the semi-annual mortality rate has averaged 2.5%, with 165 deaths over four years. After an unusually high rate a year ago, followed by an unusually low rate, this period's mortality rate is back at the long-run average.



Changes in Skills of Daily Living and Challenging Behaviors (CDER)

CDER Items with Significant Shares of People Improving or Declining Since Leaving the DCs

Individuals with Primarily Health Needs

Skills of Daily Living

changes on a scale from 1 – lowest functioning to 5 – highest functioning

- **26%** of people improved in Focusing on Tasks and Activities
- **11%** of people declined in Walking
- **24%** of people improved in Social Interaction
- **16%** of people declined in Safety Awareness
- **17%** of people improved in Personal Care
- **17%** of people improved in Non-Verbal Communication
- **10%** of people improved in Verbal Communication

Challenging Behaviors

changes on a scale from 1 – major behavioral challenges to 5 – no behavioral challenges

- **14%** of people improved on reducing their Destruction of Property

Individuals with Primarily Behavioral Needs

Skills of Daily Living

changes on a scale from 1 – lowest functioning to 5 – highest functioning

- **27%** of people improved in Focusing on Tasks and Activities
- **15%** of people declined in Walking
- **23%** of people improved in Personal Care
- **13%** of people improved in Non-Verbal Communication
- **10%** of people improved in Using Hands

Challenging Behaviors

changes on a scale from 1 – major behavioral challenges to 5 – no behavioral challenges

- **25%** of people improved on reducing their Disruptive Social Behavior
- **22%** of people improved on reducing their Running or Wandering Around
- **21%** of people improved on reducing their Destruction of Property
- **14%** of people improved on reducing their Self-Injurious Behavior

Closure Oversight Activities

Quality Management Advisory Groups

For each DC, a Quality Management Advisory Group (QMAG) meets every six months to review data findings on the quality of services for former DC residents. QMAG participants include representatives for individuals and family members of current and former DC residents; regional center staff; the State Council on Developmental Disabilities and Disability Rights California. The QMAGs review the findings from this report for each DC.

Quality of Life Data

Regional center staff collect quality of life (QOL) data through a set of four client-level and two facility-level data collections tools. Service coordinators complete an onsite review tool quarterly; other tools are completed by quality assurance staff, registered nurses, and behavioral specialists every six months or year, depending on the tool. Any deficiencies identified in the tools require follow up by the regional center. Findings from the QOL tools are presented to the QMAGs for review and recommendations.

Mover Longitudinal Study

The National Core Indicators (NCI) Mover Longitudinal Survey (MLS) gathers information on safety, health and well-being of individuals three months, six months, one year and two years after they have moved to the community. The linked longitudinal survey also captures family perceptions of quality of services and satisfaction. The MLS is adapted from the NCI Adult Consumer Survey and the NCI Family Guardian Survey, modified to include questions specific to the transition from the DC to the community. Findings from the MLS are presented to the QMAGs for review and recommendations.

SIR Data Analysis

Mission conducts ongoing data analysis on rates of SIRs for the closure cohort, including comparisons with all individuals receiving residential services in the community. These analyses show that mortality SIR rates for the DC closure cohort match those for individuals in the community with comparable severity of disability, age profiles, and special health care requirements. Medication error rates for the closure cohort exceed those for others in the community, even after controlling for observable differences. However, the differences likely reflect more complex drug regimens for the closure cohort. These data were not available for analysis at the time of reporting.

Glossary

Regional Centers

Alta California Regional Center (ACRC)
Central Valley Regional Center (CVRC)
Eastern Los Angeles Regional Center (ELARC)
Far Northern Regional Center (FNRC)
Frank D Lanterman Regional Center (FDLRC)
Golden Gate Regional Center (GGRC)
Harbor Regional Center (HRC)
Inland Regional Center (IRC)
Kern Regional Center (KRC)
North Bay Regional Center (NBRC)
North Los Angeles County Regional Center (NLACRC)
Redwood Coast Regional Center (RCRC)
Regional Center of Orange County (RCOC)
Regional Center of the East Bay (RCEB)
San Andreas Regional Center (SARC)
San Diego Regional Center (SDRC)
San Gabriel/Pomona Regional Center (SGPRC)
South Central Los Angeles Regional Center (SCLARC)
Tri-Counties Regional Center (TCRC)
Valley Mountain Regional Center (VMRC)
Westside Regional Center (WRC)

Reportable Special Incident Definitions

Injury – Serious injury/accident, including lacerations requiring sutures or staples; puncture wounds requiring medical treatment beyond first aid; fractures; dislocations; bites that break the skin and require medical treatment beyond first aid; internal bleeding requiring medical treatment beyond first aid; any medication errors; medication reactions that require medical treatment beyond first aid; or burns that require medical treatment beyond first aid.

Medication error – When an individual under vendored care experiences one or more of the following situations: 1) wrong medication, 2) wrong dose, 3) wrong time, 4) wrong route, or 5) wrong client.

Missing person – These conditions must apply: the vendor has communicated with any law enforcement agency in any way and described the individual as missing to that agency or has filed a formal missing person's report with a law enforcement agency.

Mortality – Any individual death, regardless of cause.

Suspected abuse – Reasonably suspected abuse/exploitation, including physical, sexual, fiduciary, emotional/mental, or physical and/or chemical restraint.

Suspected neglect – Reasonably suspected neglect, including failure to provide medical care for physical and mental health needs; prevent malnutrition or dehydration; protect from health and safety hazards; or assist in personal hygiene or the provision of food, clothing, or shelter, or exercise the degree of care that a reasonable person would exercise in the position of having the care and custody of an elder or a dependent adult.

Glossary

Unplanned medical hospitalization – Unplanned hospitalization due to the following conditions: respiratory illness, seizure-related; cardiac-related, internal infections, diabetes, wound/skin care, and nutritional deficiencies.

Unplanned psychiatric hospitalization – Unplanned or unscheduled hospitalization due to a psychiatric condition when all of the following conditions are met: The discharge diagnosis indicates that the individual was admitted to hospital for a psychiatric condition, the individual is not conserved and does not consent to the admission, or the individual is conserved and the individual's parent, legal guardian or conservator does not consent to the admission, and the legal mechanism used to accomplish the admission is in Welfare and Institutions Code Section 6500.

Victim of crime – Victim of reportable crimes include the following: robbery, aggravated assault, larceny, burglary, and rape.

Residence Types Other than Home of Parent/Guardian

ARFPSHN: Adult Residential Facility for Persons with Special Health Needs

ARM/ARF/RCFE: Adult Residential Model, Adult Residential Facility or Residential Care Facility for the Elderly

EBSH: Enhanced Behavioral Support Home

FHA or Foster: Family Home (Adults) and Foster Home (Children) Licensed

ICF/DD: Intermediate Care Facility, including

- ICF/Developmentally Disabled (ICF/DD)
- ICF/Developmentally Disabled-Habilitation(ICF/DD-H)
- ICF/ Developmentally Disabled-Nursing (ICF/DD-N)

ILS/SLS: Independent Living Skills or Supported Living Services

SNF/NF: Skilled Nursing Facility/Nursing Facility

SRF: Specialized Residential Facility

Correctional Facility or Transient: Transient/homeless, State Hospital, Correctional Institution (Prison), California Youth Authority

Other: Certified Foster Home (Children) FFA, Psychiatric Treatment Center, Rehabilitation Center, Acute general hospital, Sub-acute, Sub-acute Pediatric, Community Treatment Facility, Hospice, Unknown

Mission Analytics Group, Inc.
235 Montgomery St Suite 1049
San Francisco, CA 94104