California Department of
Developmental Services

DC Mover Semiannual Report

Through December 2018

Prepared By:
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July 2020

Summary of Trends

DC Closure Cohort Trends for Period Ending in December 2018

0 out of 405 individuals from the closure cohort resided at Sonoma Developmental Center (DC) on December 31, 2018. 132 still resided at either Fairview DC or Porterville DC.

101 placements occurred between July and December 2018, including 75 individuals from Sonoma DC, 17 individuals from Fairview DC, and 9 individuals from Porterville DC.

28 EBSH placements this period represented a growth in the use of Enhanced Behavioral Support Homes, with only 11 prior placements in this type of home.

25% of individuals had incidents this period, up from 20% of individuals the same period a year ago.

12.6% of individuals had unplanned hospitalizations up from 9.2% the same period a year ago. The share of individuals experiencing medication errors also increased.

13 deaths occurred this period. At 1.8%, the mortality rate this period was lower than in recent periods, when counting deaths for the cohort at the DC and in the community.

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

Table of Contents

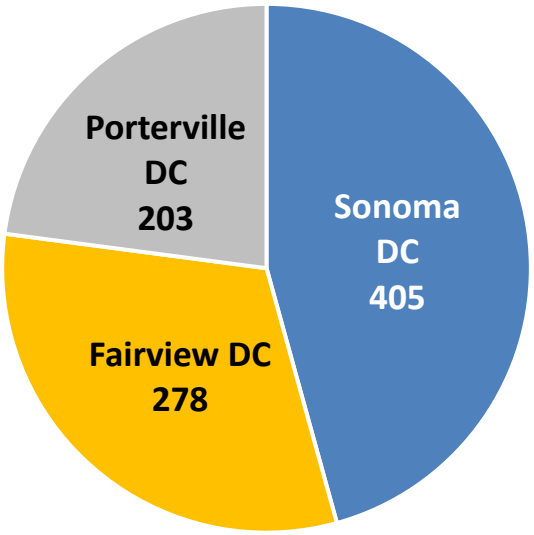
About This Report

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 2018, 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



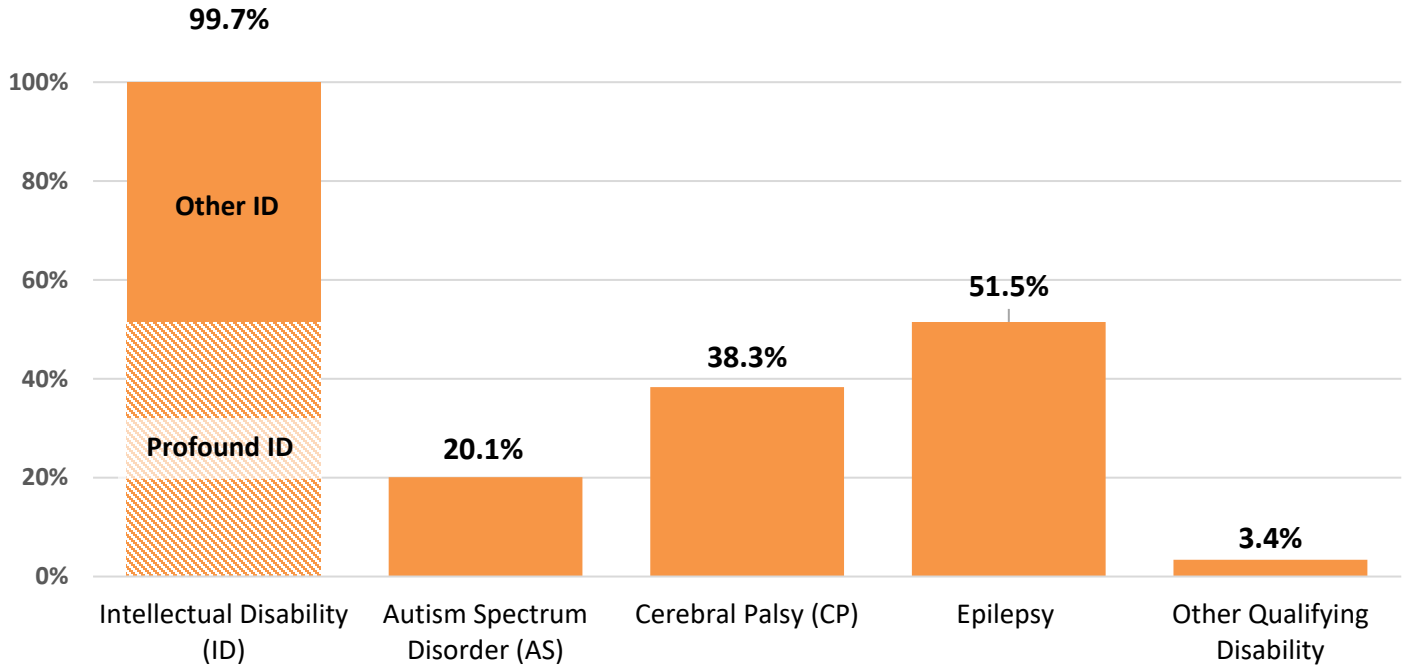
More Movers with Primarily Health Support Needs

Movers with Primarily Health Support Needs 544	Movers with Primarily Behavioral Support Needs 342

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%**

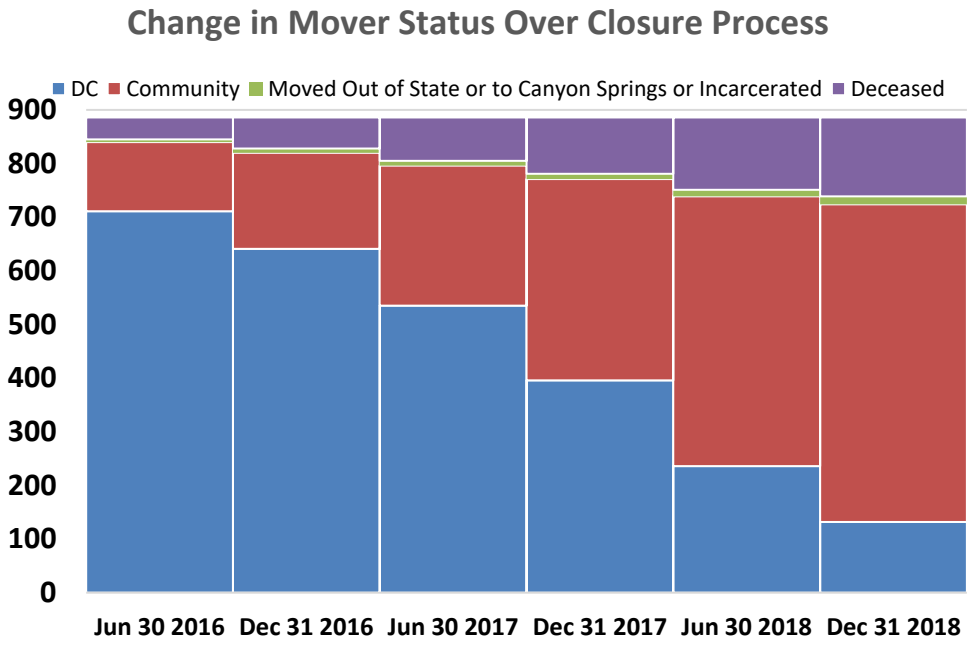
Almost all have intellectual disabilities, often profound, often in combination with other qualifying conditions

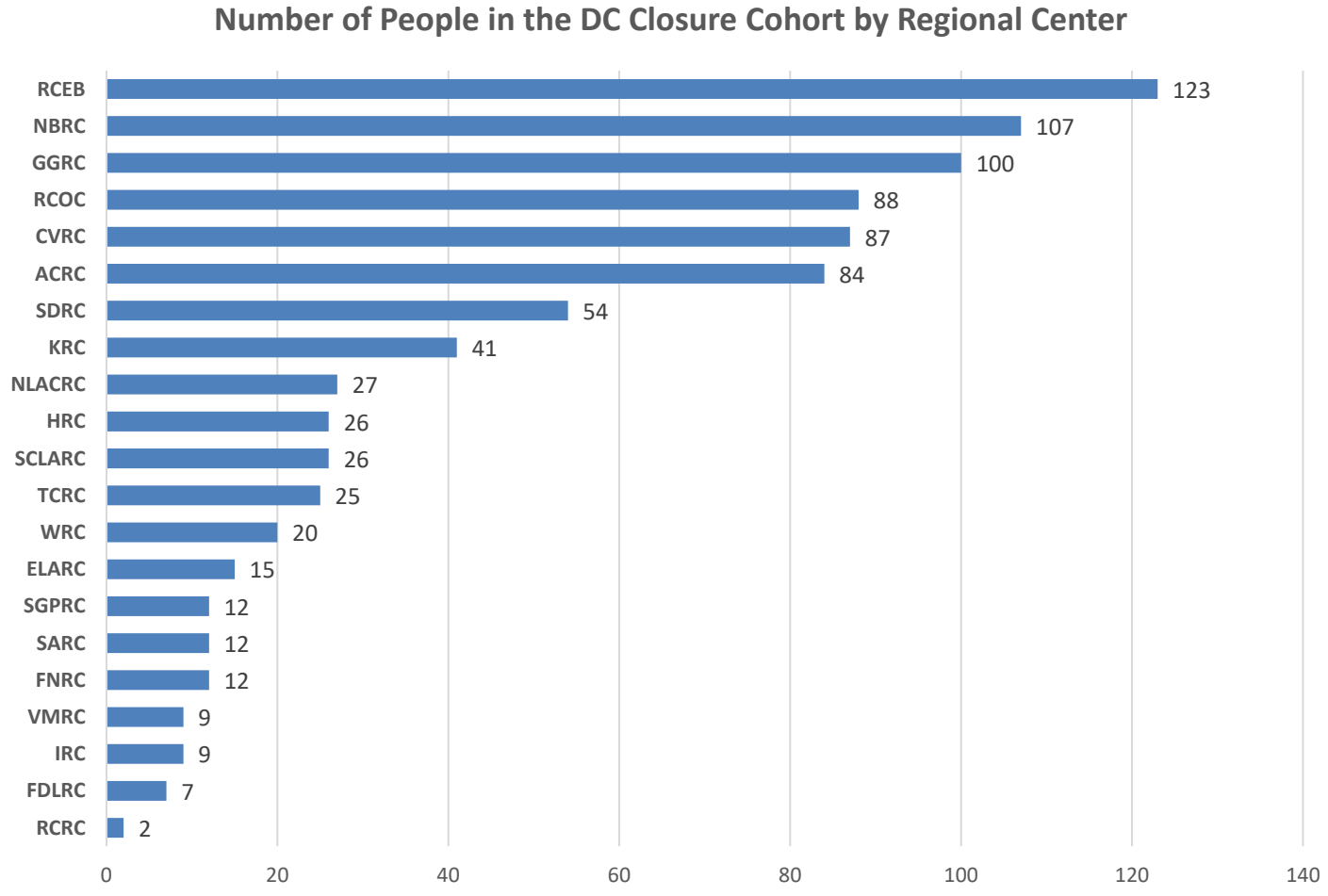


Characteristics of DC Movers

The last individuals residing at SDC moved into the community by the end of 2018.

The transition of individuals from SDC into the community was completed by December 31, 2018. As of this date, 132 individuals remained at DCs, including 85 at FDC and 47 at PDC. At this time, 591 out of the 886 individuals in the closure cohort were living in the community. Fifteen individuals were 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 December 2018.





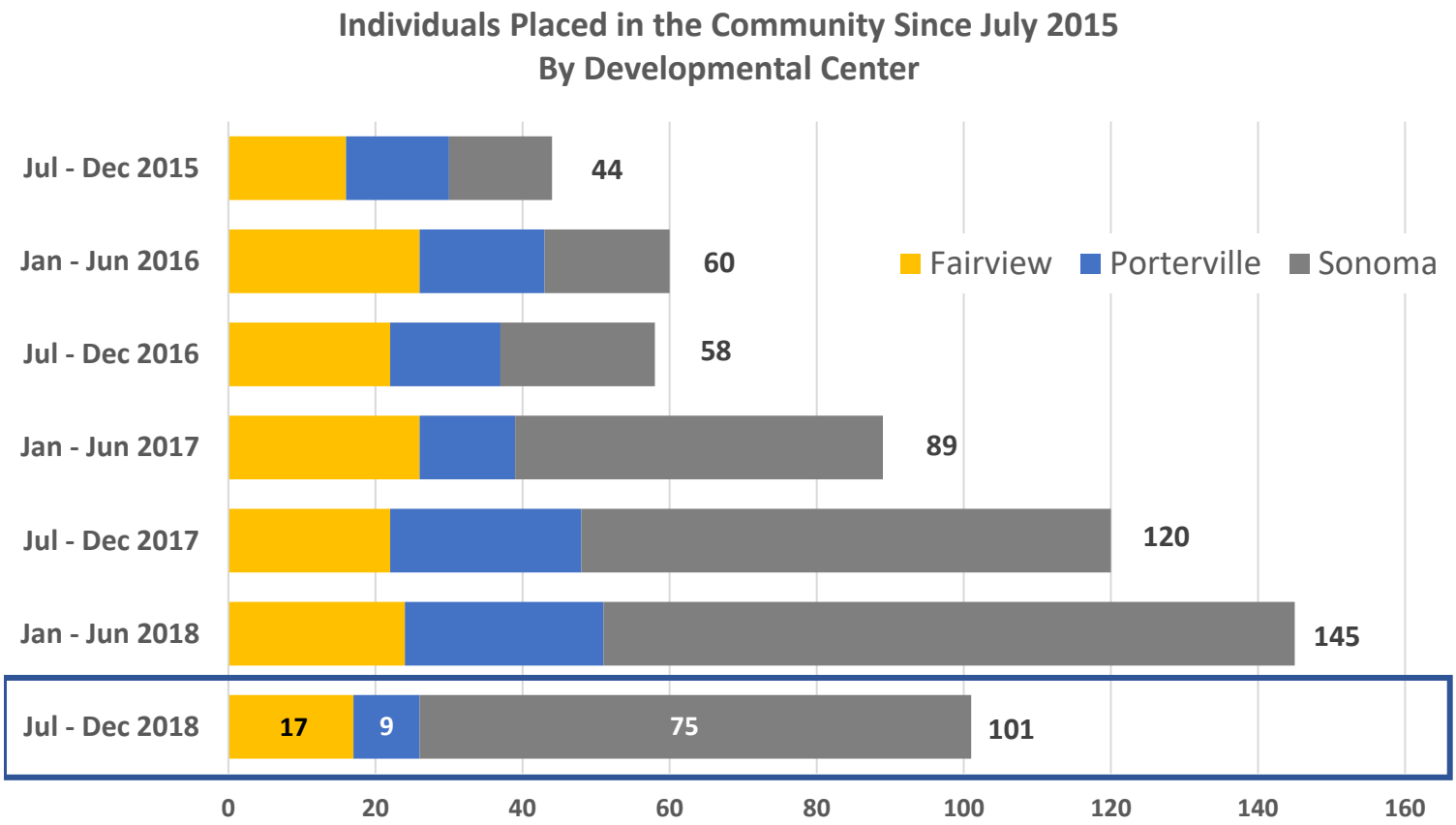
Community Placements

Community Placements

101 individuals were placed in the community this period.

There were 604 individuals living in the community, including 503 individuals from Sonoma DC, Fairview DC, and Porterville DC who were placed before July 1, 2018. Between July 1, 2018 and December 31, 2018, an additional 101 people were placed from the three DCs, including 75 from Sonoma DC, 17 from Fairview DC, and 9 from Porterville DC. During this period, one person from the community was moved to Canyon Springs. There were 12 deaths in the community. (See page 10 for more information on the deaths.)

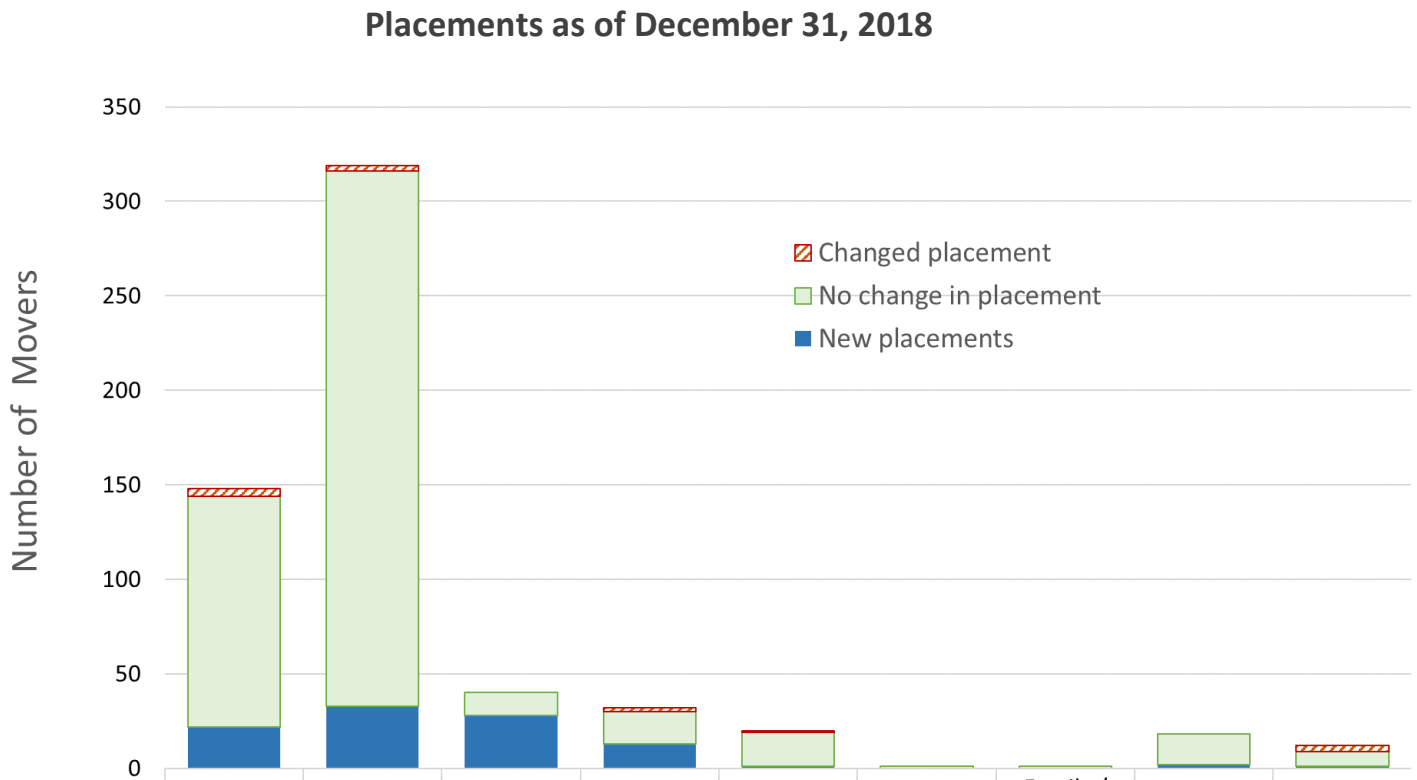
Changes in Community Living July 1, 2018 – December 31, 2018	
Living in Community at Start of Period	**503**
New Placement	**101**
Moved Back to DC	**0**
Moved Out of State	**0**
Moved to CS	**-1**
Deaths	**-12**
Living in Community at End of Period	**591**



Community Placements

Most of the new placements were in Specialized Residential Facilities, including settings designed for individuals with specialized health or behavioral needs.

Out of the 101 placements this period, one third of new placements (33) were in Specialized Residential Facilities (SRFs), the most common residence type for the DC closure cohort. This period, 28 placements were in Enhanced Behavioral Support Homes (EBSHs), which were more than twice as many EBSH placements as reported previously. Twenty-two individuals moved to Adult Residential Facilities for Persons with Specialized Health Needs (ARFPSHNs), the second most common residence type for the cohort. As of the end of the period, 25% of the movers resided in ARFPSHNs. One of the people placed this period died before the end of the period and so is not shown in this chart; therefore, the "New Placements" add up to 100 in the chart below. Thirteen movers had a change of placement by residence type this period.



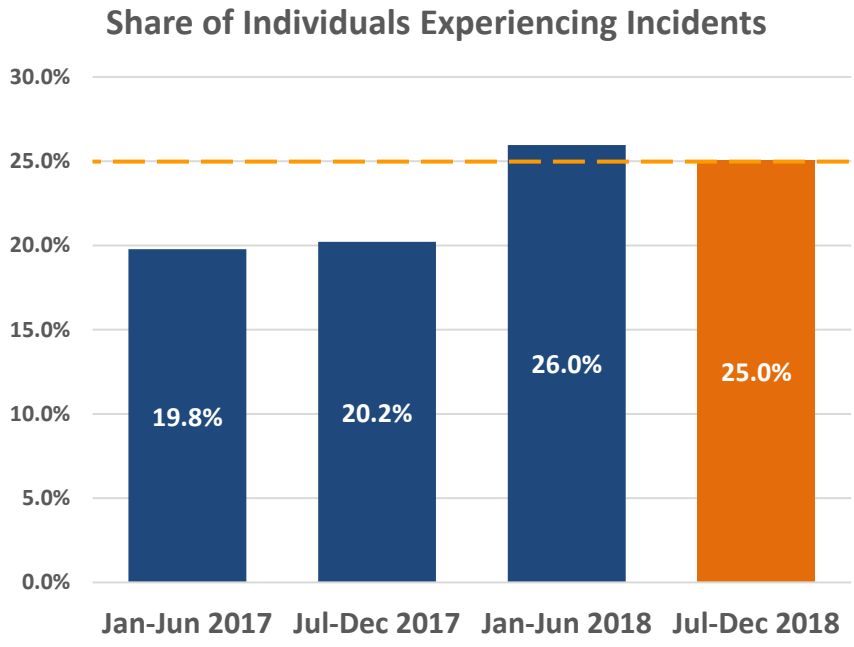
	ARFPSHN	SRF	EBSH	ARM / ARF / RCFE	ICF	FHA	Family / Parent Home	ILS / SLS	Other
Changed placement	4	3	0	2	1	0	0	0	3
No change in placement	122	283	12	17	18	1	1	16	8
New placements	22	33	28	13	1	0	0	2	1

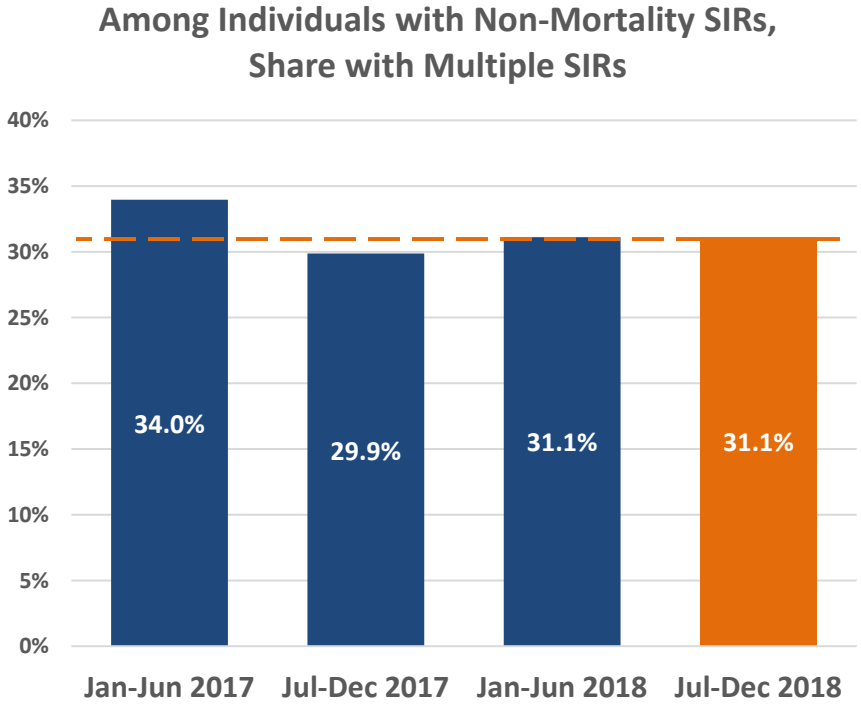
Reported Special Incidents

Reported Non-Mortality Incidents: Overview

One quarter of individuals experienced a non-mortality incident.

Out of the 604 individuals living in the community at any time between July and December 2018, 151 individuals (25%) experienced a non-mortality special incident. This share was higher than in the same period for 2017, when 381 individuals were living in the community and 77 individuals (20%) experienced a special incident.

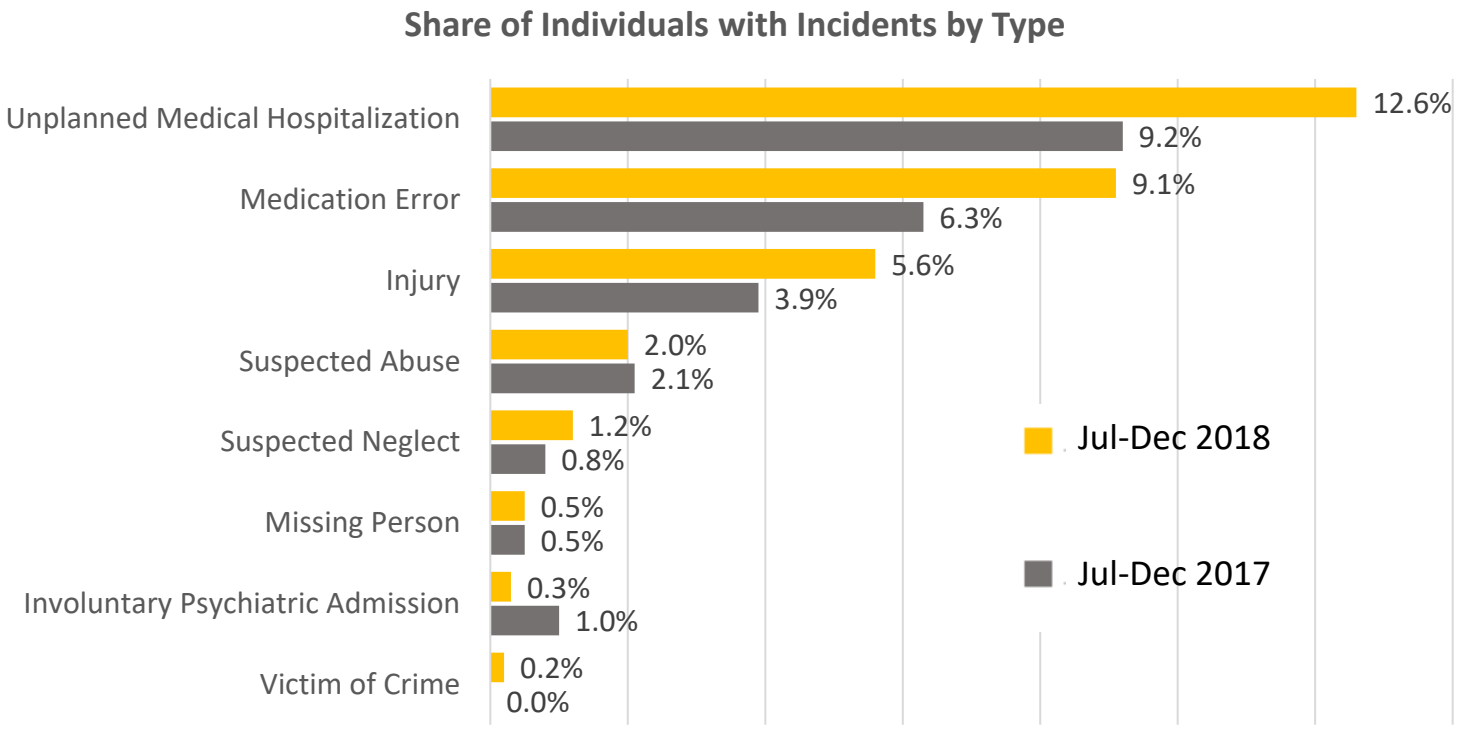




Almost a third of individuals with incidents had multiple incidents.

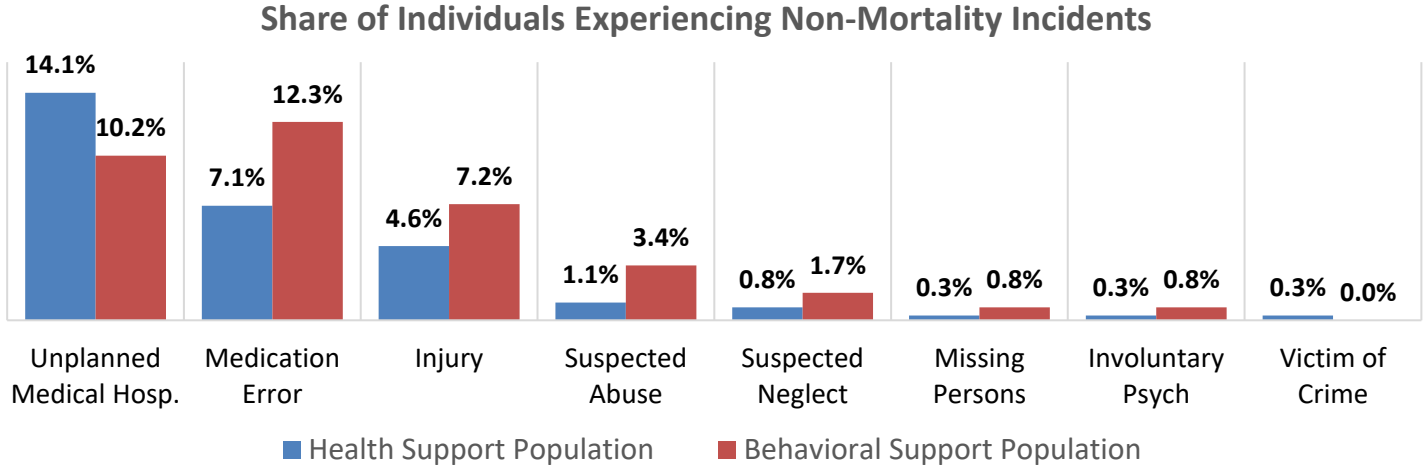
Among individuals with at least one incident, 31% (47 out of 151) experienced multiple incidents during this period. Fifteen of the 47 individuals had three or more incidents, including one person with 7 incidents and another with 10 incidents. The Quality Management Advisory Groups reviewed the cases for individuals with the highest numbers of incidents.

Trend in the Rate of Non-Mortality Incidents



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

This period, there were 96 medical hospitalizations among 76 individuals, representing 12.6% of individuals living in the community. In contrast, 9.2% of individuals (35) had medical hospitalizations the same period in 2017. 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 more likely to experience an unplanned medical hospitalization. Medication errors also increased, but few of these errors have adverse consequences. For all other incident types, except victim of crime, those with behavioral support needs were more likely to have incidents. 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, July – December 2018

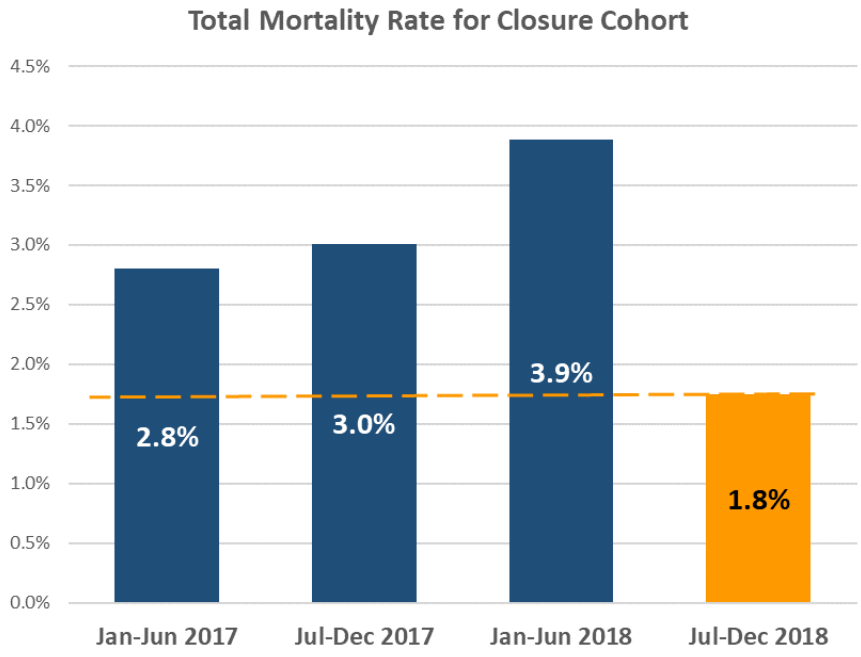
Incident Type [1]	Incidents	Number of Individuals with Incidents
Unplanned Medical Hospitalization	**96**	**76**
Cardiac	3	3
Diabetes	1	1
Internal Infection	41	37
Nutritional Deficiency	2	2
Respiratory Illness	43	35
Seizure	7	7
Wound/Skin	3	3
Involuntary Psychiatric Admission	**4**	**2**
Suspected Abuse	**13**	**12**
Alleged emotional/mental abuse	2	2
Alleged financial abuse	0	0
Alleged physical/chemical restraint	1	1
Alleged physical abuse	10	9
Alleged sexual abuse	1	1
Suspected Neglect	**9**	**7**
Fail to assist with personal hygiene	3	3
Fail to prevent dehydration	0	0
Fail to prevent malnutrition	0	0
Fail to provide care-elder/adult	6	4
Fail to provide food/clothing/shelter	0	0
Fail to provide medical care	1	1
Fail to protect from health/safety hazards	1	1
Injury	**111**	**82**
Bite	3	2
Burns	1	1
Fracture	7	7
Dislocation	1	1
Internal bleeding	8	8
Lacerations/sutures/staples	21	19
Medication reactions	0	0
Puncture wounds	1	1
Medication Error	**71**	**55**
Victim of Crime	**1**	**1**
Aggravated assault	1	1
Burglary	0	0
Forcible rape or attempted rape	0	0
Personal robbery	0	0
Larceny	0	0
Missing Person	**3**	**3**
TOTAL ALL NON-MORTALITY	**230**	**151**

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 13 deaths this period, the mortality rate was at its lowest point.

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.) There were 12 community deaths this period and one death at FDC. The rate of reported deaths this period was a little more than half than the same period in 2017.



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
- **12%** of people declined in Walking
- **24%** of people improved in Social Interaction
- **17%** of people declined in Safety Awareness
- **17%** of people improved in Personal Care
- **17%** of people improved in Non-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

- **29%** of people improved in Focusing on Tasks and Activities
- **17%** of people declined in Walking
- **25%** of people improved in Personal Care
- **14%** 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

- **26%** of people improved on reducing their Disruptive Social Behavior
- **24%** of people improved on reducing their Running or Wandering Around
- **22%** of people improved on reducing their Destruction of Property
- **23%** 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 individual.

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

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