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California Department of
Developmental Services

DC Mover Semiannual Report

Through December 2019

Prepared By:
Mission Analytics Group, Inc.

July 2020

Summary of Trends

DC Closure Cohort Trends Through December 2019



663 out of 886 individuals

from the DC closure cohort resided in the community on December 31, 2019.



72 placements

occurred between July and December 2019, with 4 individuals still awaiting placement at the end of the period.



26% of individuals had incidents

up from 25% the same period a year ago. Most of the increase was due to more unplanned hospitalizations. Among individuals with incidents, 36% had multiple incidents.



22 ARFPSHN placements

were the most common placement type this period. Followed closely by Enhanced Behavioral Support Homes and other specialized Community Care Facilities. An ARFPSHN is an Adult Residential Facility for Persons with Special Health Needs.



51% of individuals

who were placed after June 2019 had a history of significant behavioral issues, compared to 33% of the DC closure cohort overall.



32 deaths

occurred this period. At 4.5%, the mortality rate is higher than observed in recent years. Respiratory illness was the most common cause of death.



11 items evaluating challenging behaviors and daily living skills

had significantly more individuals with improvements than declines. Areas of improvement included focusing on tasks, personal care and reduced disruptive social behavior.

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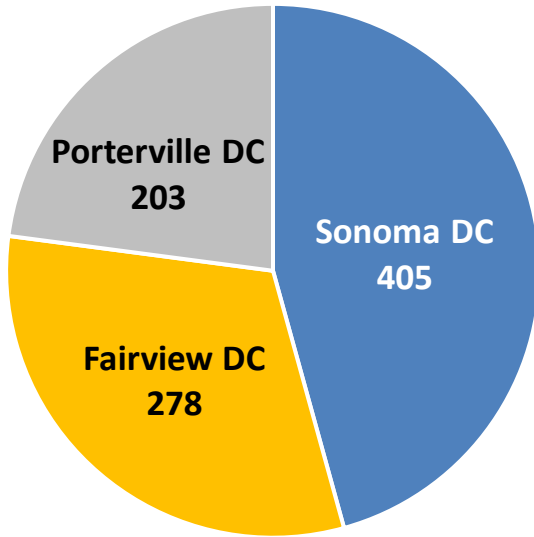
About This Report

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



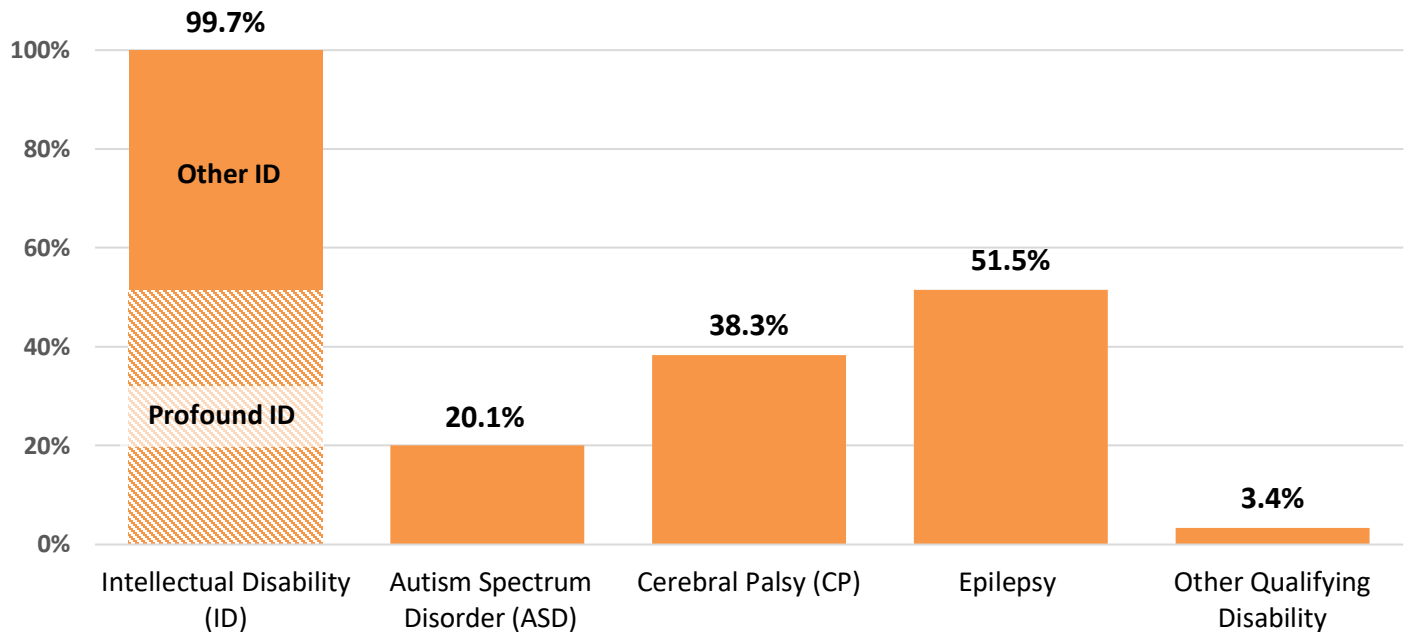
Five-Eighths Were Male



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

Age Group	Percentage
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

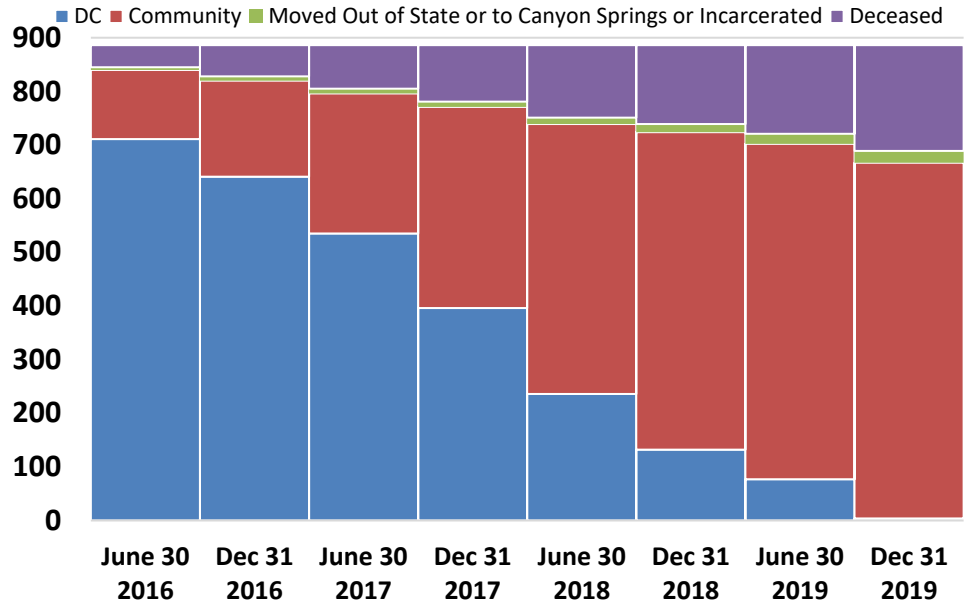


Characteristics of DC Movers

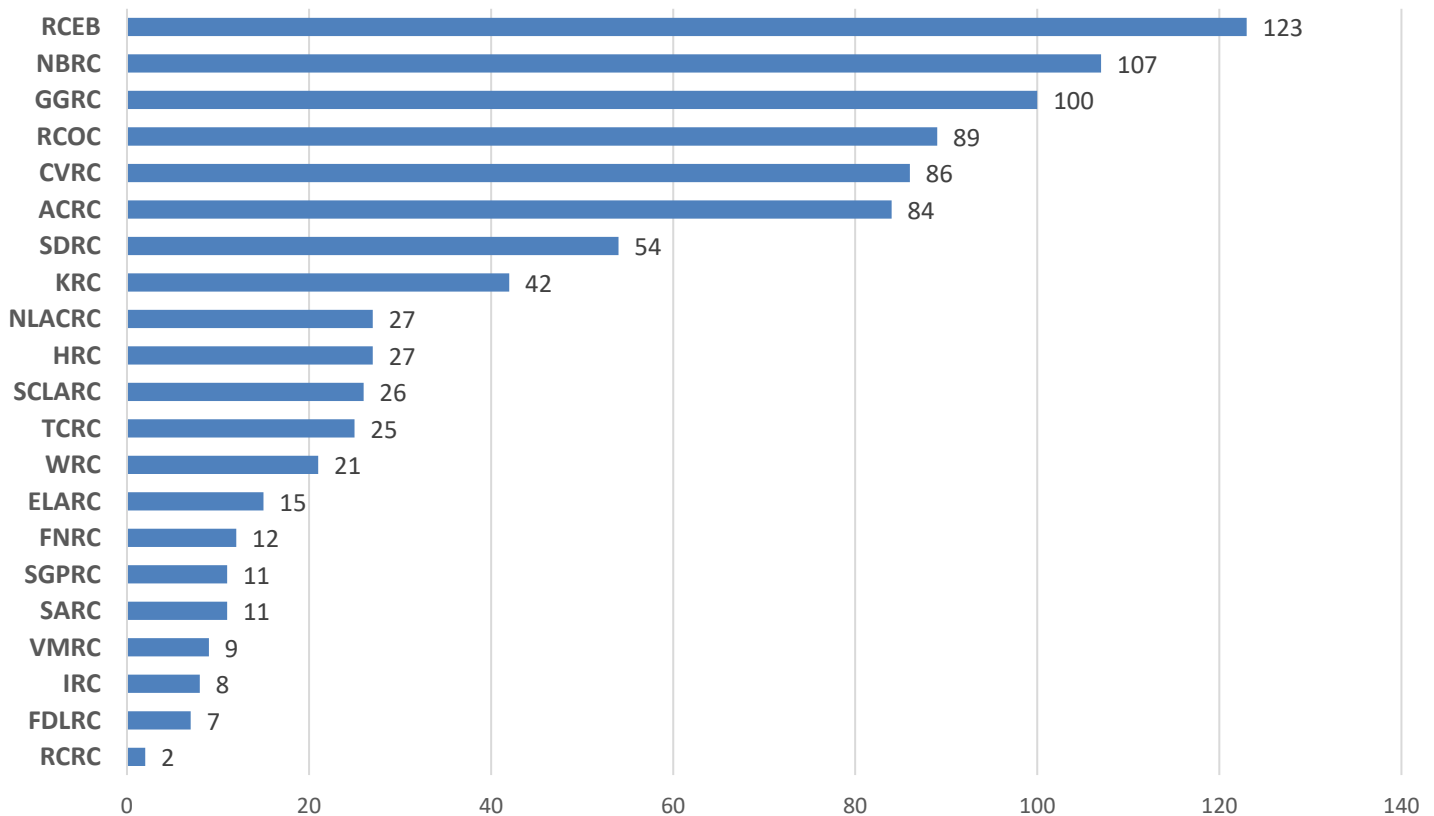
By the end of 2019, only four individuals still resided at a developmental center.

Out of 886 individuals tracked as the DC closure cohort, 663 individuals resided in the community at the end of December 2019. One individual still resided at Porterville DC, and three individuals resided at Fairview DC. Twenty-two individuals are no longer tracked because they moved out of state, moved to Canyon Springs Community Facility or the secure treatment area of Porterville DC, or are currently incarcerated. The remaining individuals have died since May 2015.

Change in Mover Status Over Closure Process



Number of People in the DC Closure Cohort by Regional Center





Community Placements

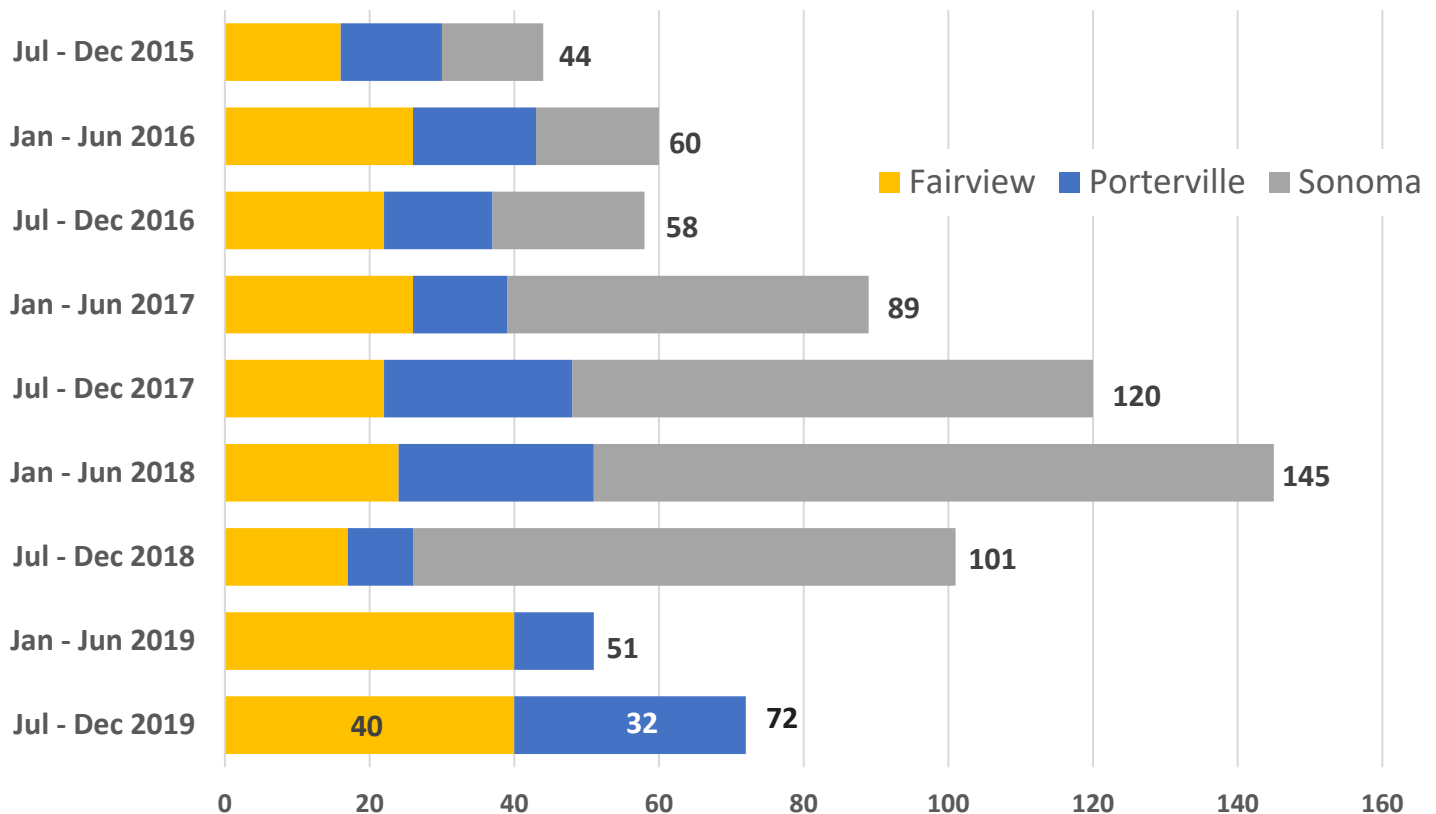
Community Placements

72 individuals were placed in the community this period.

The 663 individuals living in the community include 625 individuals who were placed by June 2019. Between July 1, 2019 and December 31, 2019, an additional 72 individuals were placed, including 40 from Fairview DC and 32 from Porterville DC. During this period, two individuals moved from the community to Canyon Springs Community Facility, and one was incarcerated in the PDC secure treatment area. There were also 31 deaths among individuals in the community. (See page 11 for more information on the deaths.)

Changes in Community Living July 1, 2019 – Dec 31, 2019	
Living in Community at Start of Period	625
New Placement	72
Moved Back to DC	0
Moved Out of State	0
Moved to Canyon Springs Community Facility	-2
Incarcerated at PDC Secure Area	-1
Deaths	-31
Living in Community at End of Period	663

Individuals Placed in the Community Since July 2015 By Developmental Center



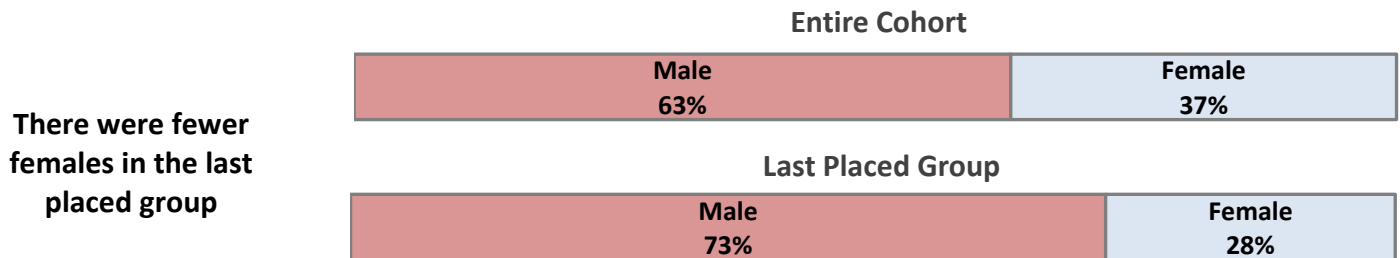
Community Placements

The individuals who were recently placed were younger and had more behavioral issues among the DC closure cohort.

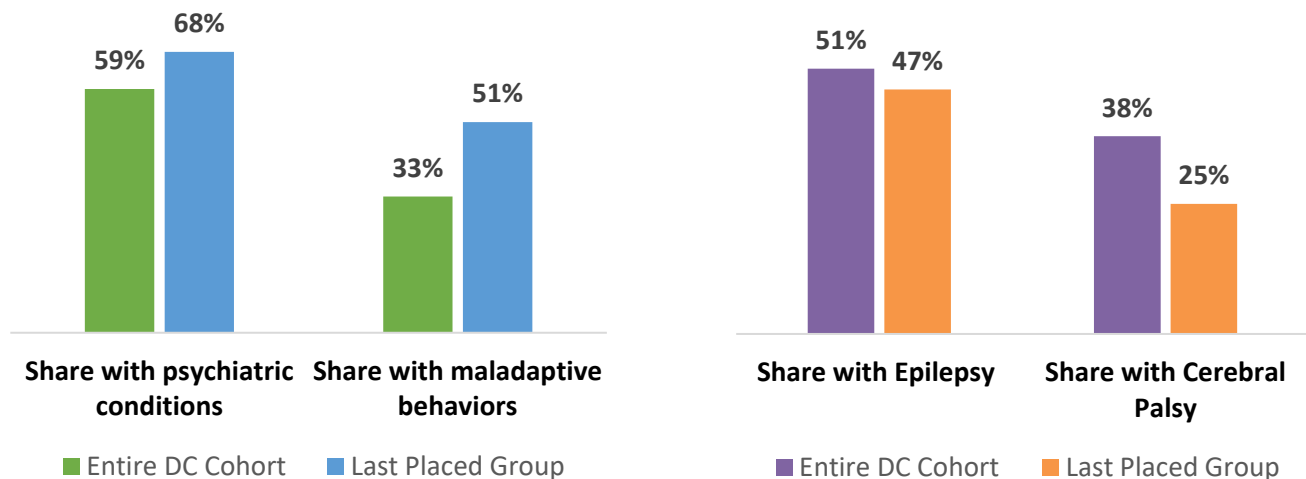
The 72 individuals placed between July and December 2019, and the 4 individuals awaiting placement at the end of December are the last group to be placed from the closure cohort. This group is younger, on average, than the cohort overall. One quarter are younger than 40 years old, compared to 11% of the DC closure cohort overall. The shares of individuals with intellectual disabilities (ID) and autism are similar to the cohort overall, but the last placed group is less likely to have epilepsy or cerebral palsy. Among those last to be placed, 51% have maladaptive sexual behaviors and/or a history of assaultive behaviors or property destruction, and 68% have psychiatric disorders. Placements were specifically designed to meet these needs.

Age Ranges for the Last Placed Group and DC Closure Cohort Overall

	Entire DC Cohort	Last Placed Group
Less than 40 years old	11%	26%
40-49 years old	12%	21%
50-59 years old	25%	25%
60-69 years old	35%	24%
70 years old and above	16%	4%



Differences between the Last Placed Group and DC Closure Cohort Overall



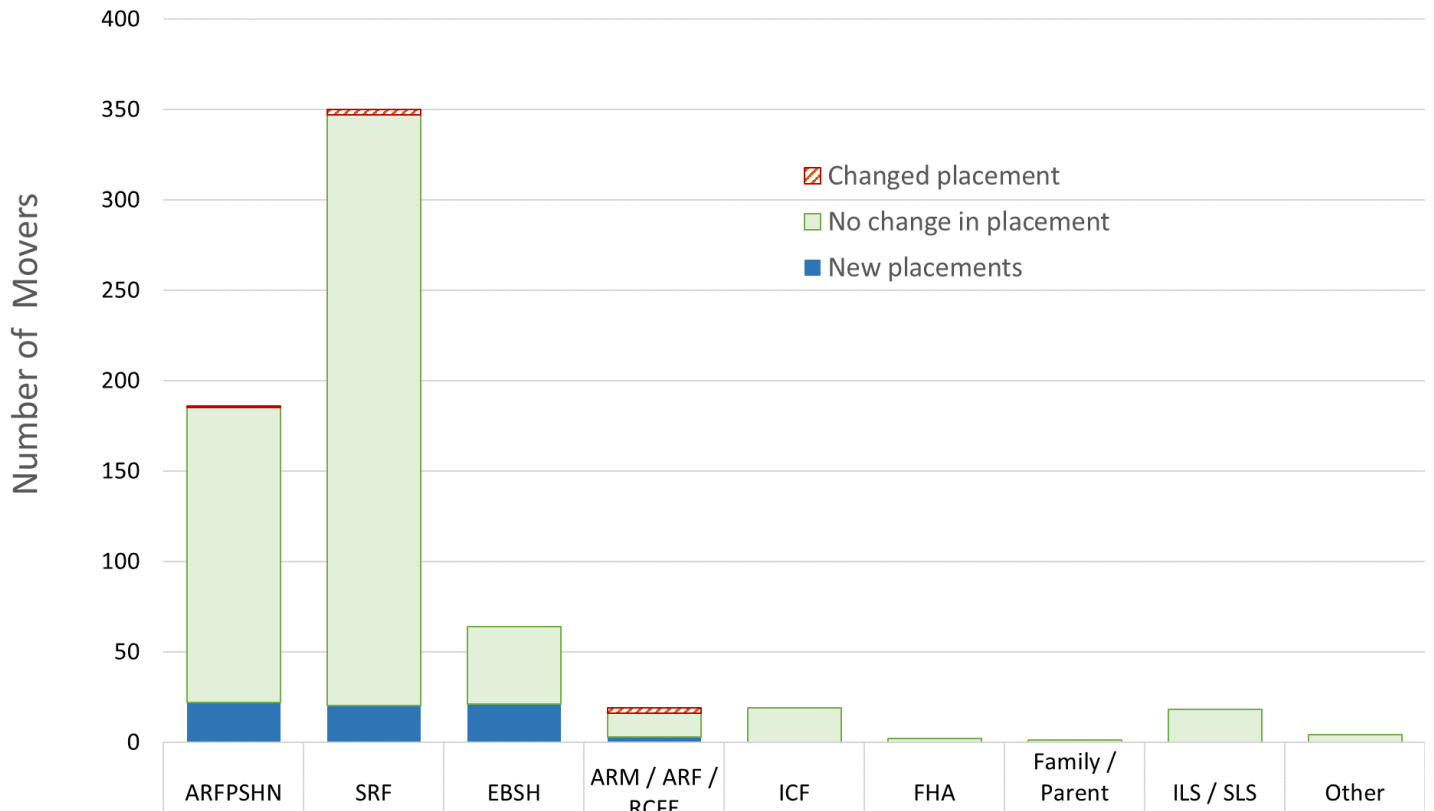
Community Placements

Most of the new placements were into facilities tailored to the specialized needs of the closure cohort.

Placements this period were almost evenly split between Adult Residential Facilities for Persons with Special Health Needs (ARFPSHN), Enhanced Behavioral Support Homes (EBSH), and other Specialized Residential Facilities (SRF). EBSH homes are designed for individuals who require enhanced behavioral supports, staffing, and supervision. In December 2019, individuals newly placed this period represented one third of all EBSH residents.

Seven people moved to a different type of setting between July 1 and December 31, 2019. Among the 72 new placements this period, two people moved to Canyon Springs Community Facility and four people died before the end of the period – 66 individuals are shown in the “New placements” in the chart below.

Placements as of December 31, 2019



	ARFPSHN	SRF	EBSH	ARM / ARF / RCFE	ICF	FHA	Family / Parent Home	ILS / SLS	Other
Changed placement	1	3	0	3	0	0	0	0	0
No change in placement	163	327	43	13	19	2	1	18	4
New placements	22	20	21	3	0	0	0	0	0



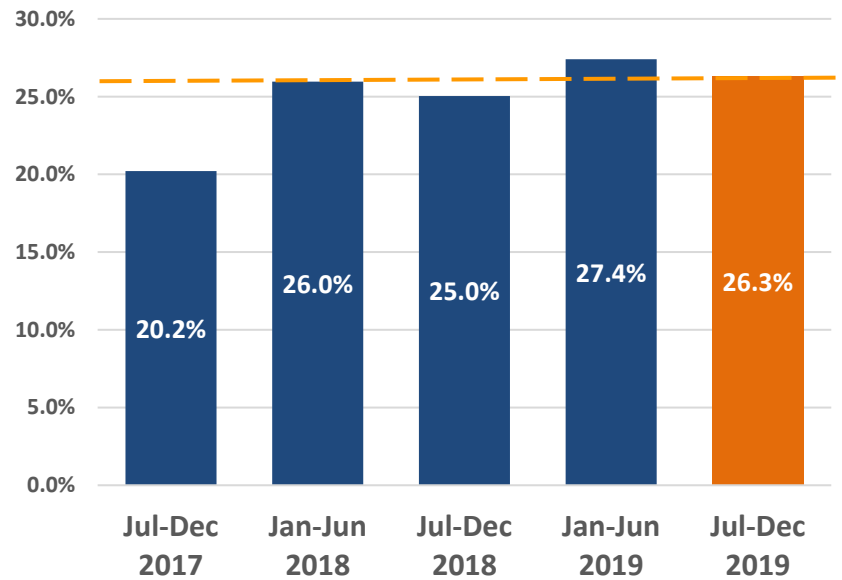
Reported Special Incidents

Reported Non-Mortality Special Incidents: Overview

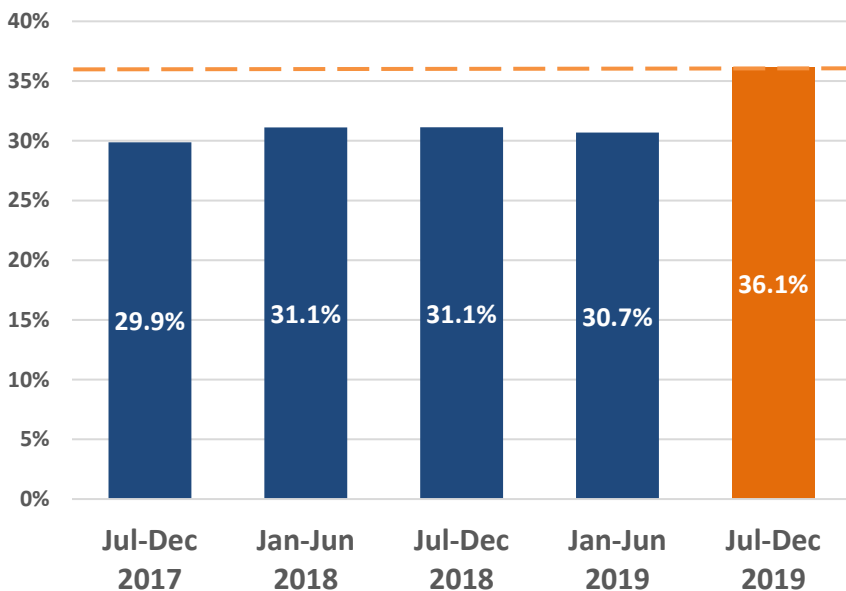
26.3% of individuals experienced a non-mortality incident.

Out of the 697 individuals living in the community at any time between July and December 2019, 183 individuals (26%) experienced a non-mortality special incident. This share was slightly higher than in the same period in 2018, when 604 individuals were living in the community. July to December periods generally have lower numbers of incidents than January to June periods, when there are more hospitalizations.

Share of Individuals Experiencing Incidents



Among Individuals with Non-Mortality SIRs, Share with Multiple SIRs

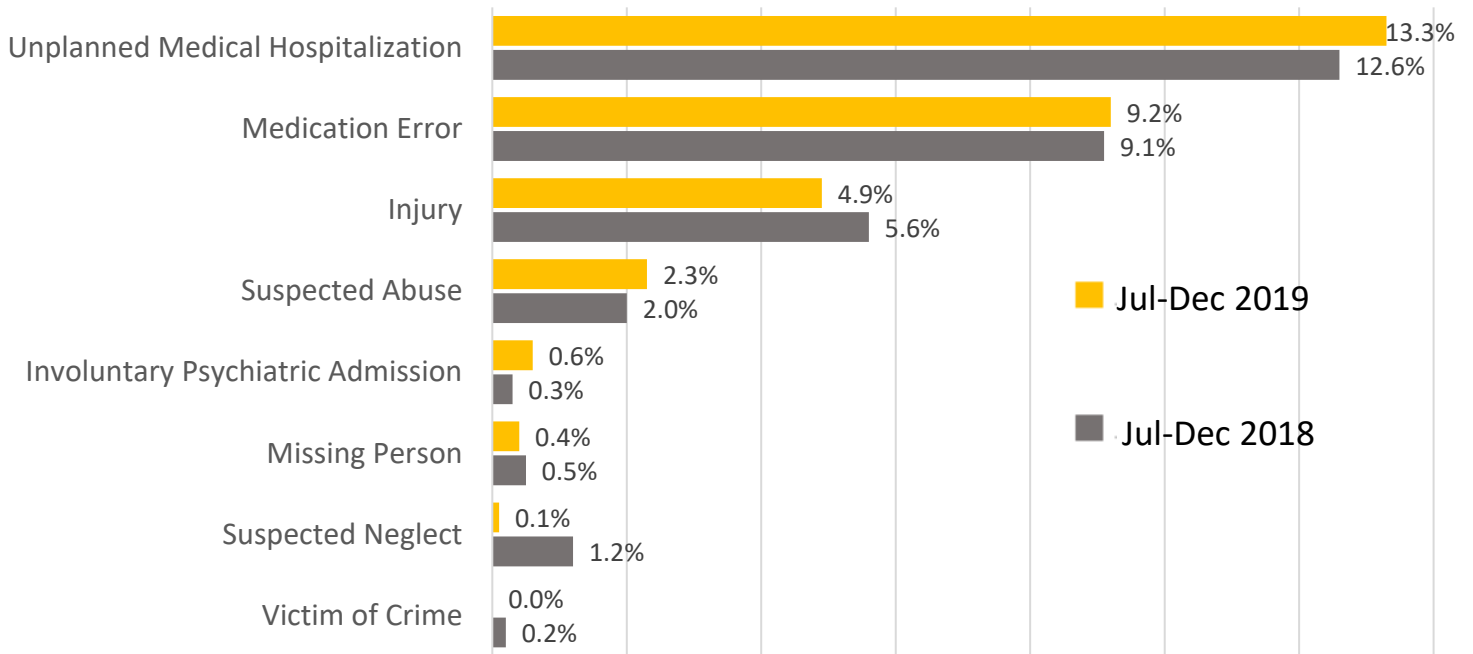


More than a third of individuals with incidents had multiple incidents.

This period, there were 295 incidents among the 183 individuals with at least one incident. Most individuals (117) experienced just one incident, but 66 individuals (36%) experienced multiple incidents. For example, there were 107 medication errors among 64 people. Individuals may also have different types of incidents – 30 people had more than one type of incident this period. Nine individuals had four or more incidents of all types. The Quality Management Advisory Groups reviewed the cases for individuals with four or more incidents.

Trend in the Rate of Non-Mortality Incidents

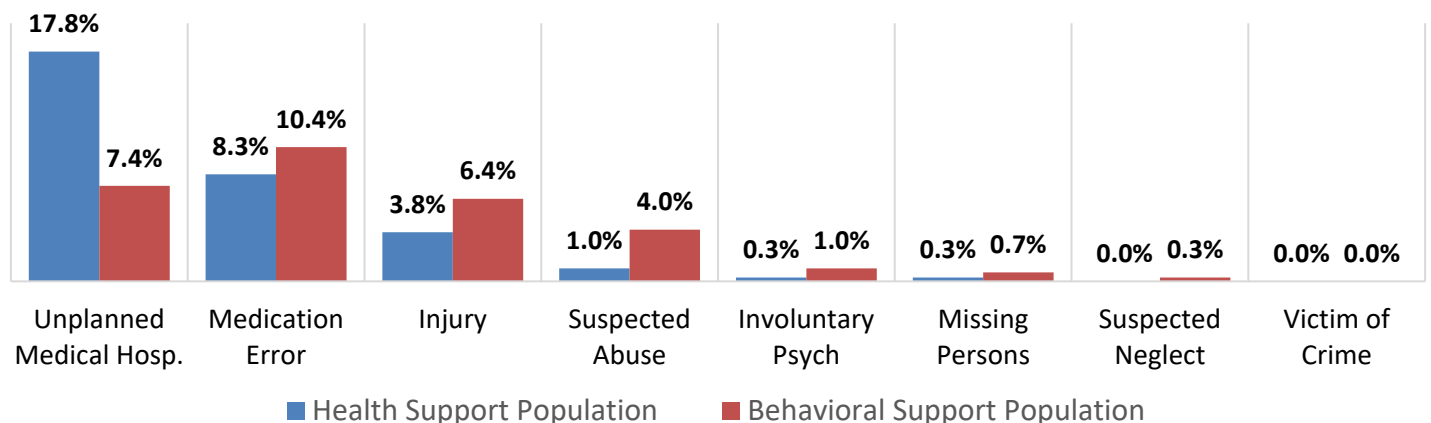
Share of Individuals with Incidents by Type



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

Unplanned medical hospitalizations accounted for most of the increase in incident rates, affecting 93 individuals this period (13.3%) compared to 71 individuals (12.6%) the year before. By the end of December 2019, the Centers for Disease Control and Prevention (CDC) identified 2019-20 as an unusually severe flu season. More than one out of six individuals who needed significant health supports experienced a medical hospitalization this period, compared to only one in 13 individuals who need significant behavioral support. Individuals who need behavioral support are more likely to experience other types of incidents.

Share of Individuals Experiencing Non-Mortality Incidents



Non-Mortality Incidents: Breakdown by Type

Incidents by Type and Subtype, July-December 2019

Incident Type ¹	Incidents	Number of Individuals with Incidents
Unplanned Medical Hospitalization	120	93
Cardiac	10	10
Diabetes	1	1
Internal Infection	44	38
Nutritional Deficiency	5	4
Respiratory Illness	63	50
Seizure	4	4
Wound/Skin	2	2
Involuntary Psychiatric Admission	6	4
Suspected Abuse	18	16
Alleged emotional/mental abuse	6	6
Alleged financial abuse	0	0
Alleged physical/chemical restraint	2	2
Alleged physical abuse	8	7
Alleged sexual abuse	2	2
Suspected Neglect	1	1
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	0	0
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	40	34
Bite	2	2
Burns	1	1
Fracture	16	12
Dislocation	0	0
Internal bleeding	7	7
Lacerations/sutures/staples	15	14
Medication reactions	0	0
Puncture wounds	0	0
Medication Error	107	64
Victim of Crime	0	0
Aggravated assault	0	0
Burglary	0	0
Forcible rape or attempted rape	0	0
Personal robbery	0	0
Larceny	0	0
Missing Person	7	3
TOTAL ALL NON-MORTALITY	295	183

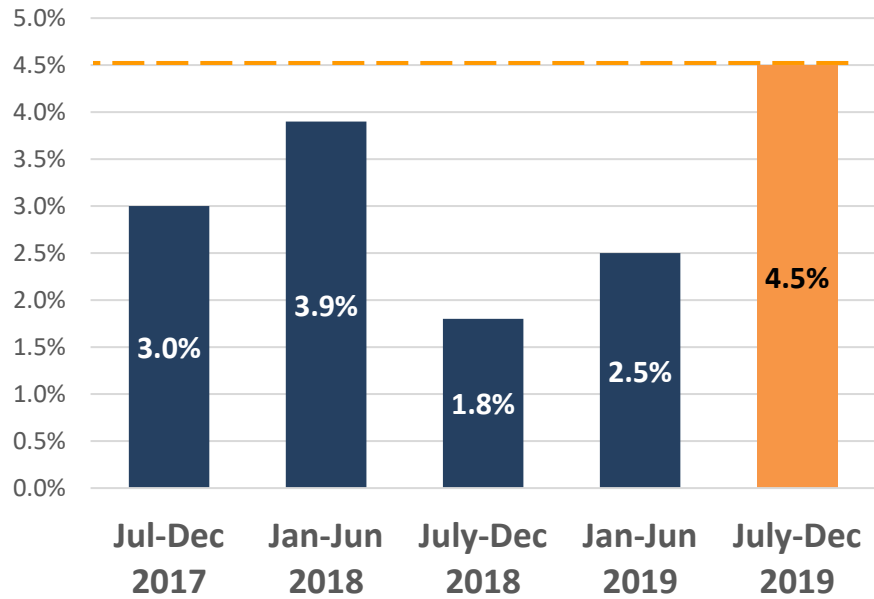
¹ Incidents with more than one type are listed under each type and sub type, so totals may differ from the sum across the types.

Trend in Mortality Incidents

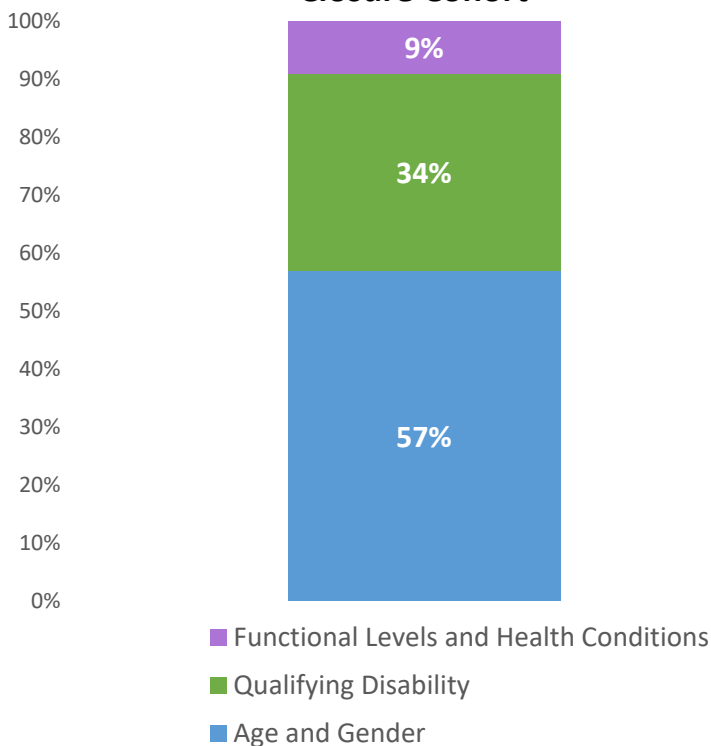
The mortality rate for the closure cohort was higher in this period than in previous periods.

Thirty-two individuals in the closure cohort died during the July to December period, including 31 individuals residing in the community. The rate was higher than in previous periods for both Porterville and Sonoma DC movers; the same pattern did not hold for Fairview DC movers. DDS has monitored this increase since it first emerged in November 2019. In addition to mortality review by the regional centers, the Statewide Quality Assurance and Risk Management team, along with a team of nurses, has reviewed the special incident reports for the deaths. The increase is not associated with a specific type of setting.

Total Mortality Rate for Closure Cohort

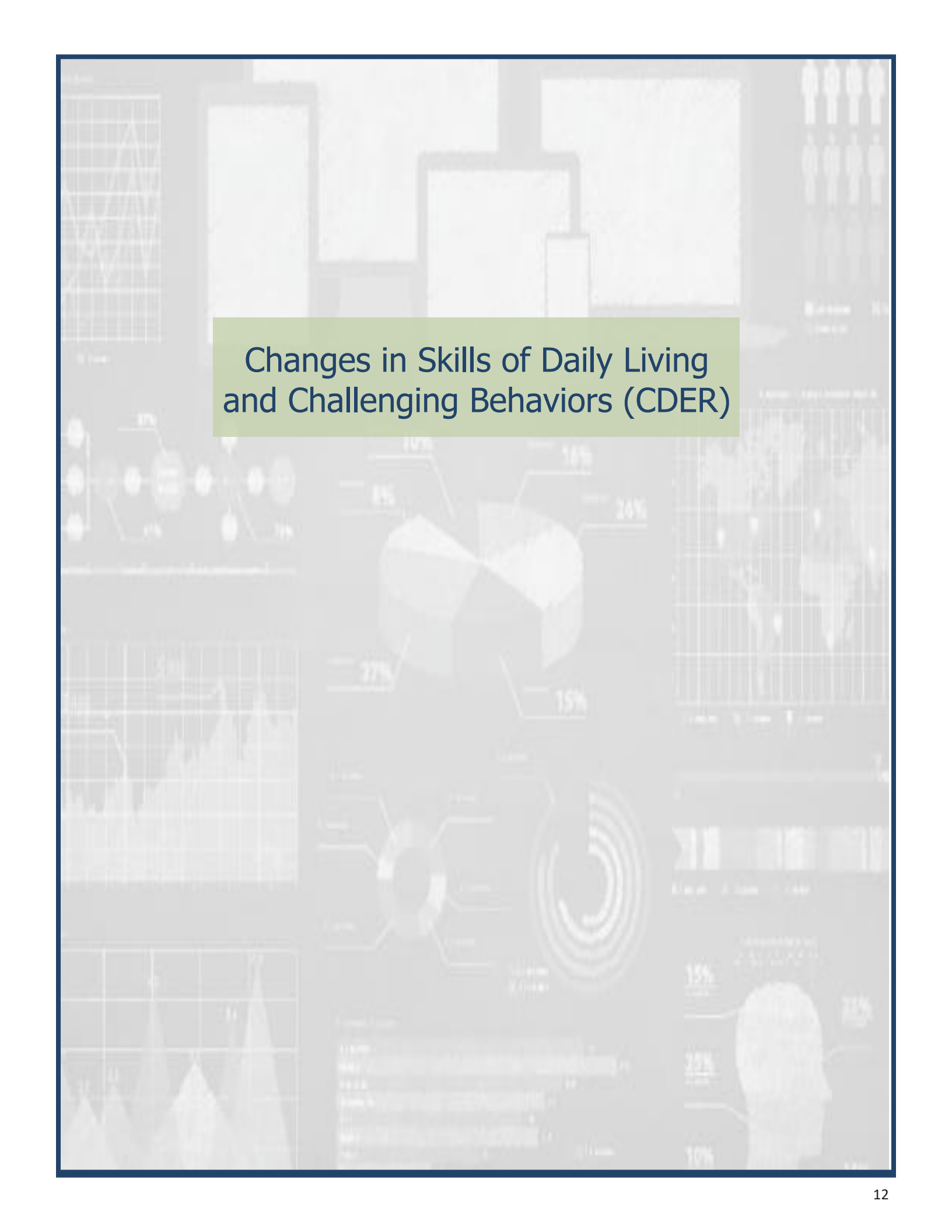


Factors Explaining Higher Mortality for Closure Cohort



Age and disability severity largely explain high mortality rates among the closure cohort.

The mortality rate through 2019, among the closure cohort, was 2.6 times higher than the rate for other individuals who were living in the community, excluding those who resided with a parent or guardian. However, additional analysis found that the higher rate was explained by the different risk factors for the two groups. The older age of the closure cohort, along with the larger share of men in this group accounts for 57% of the difference. Another 34% of the difference is attributable to the types and severity of their developmental disabilities, including a large share with severe or profound intellectual disabilities, moderate or severe cerebral palsy, and seizures. The rest of the difference is related to factors such as limits on skills of daily living and chronic health conditions.



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

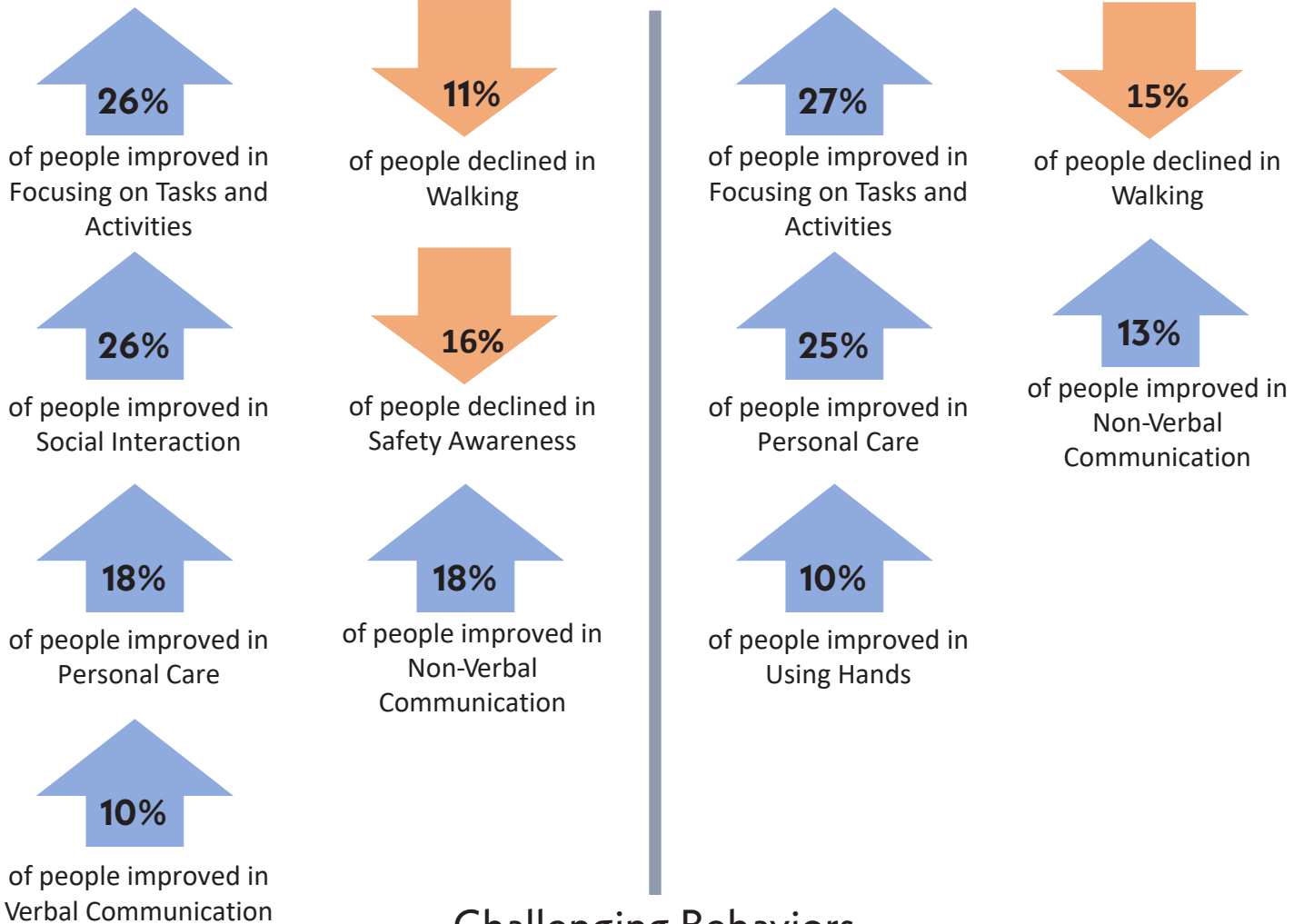
CDER Items with Significant Shares of People Improving or Declining Since Leaving the DCs

Individuals with Primarily Health Needs

Individuals with Primarily Behavioral Needs

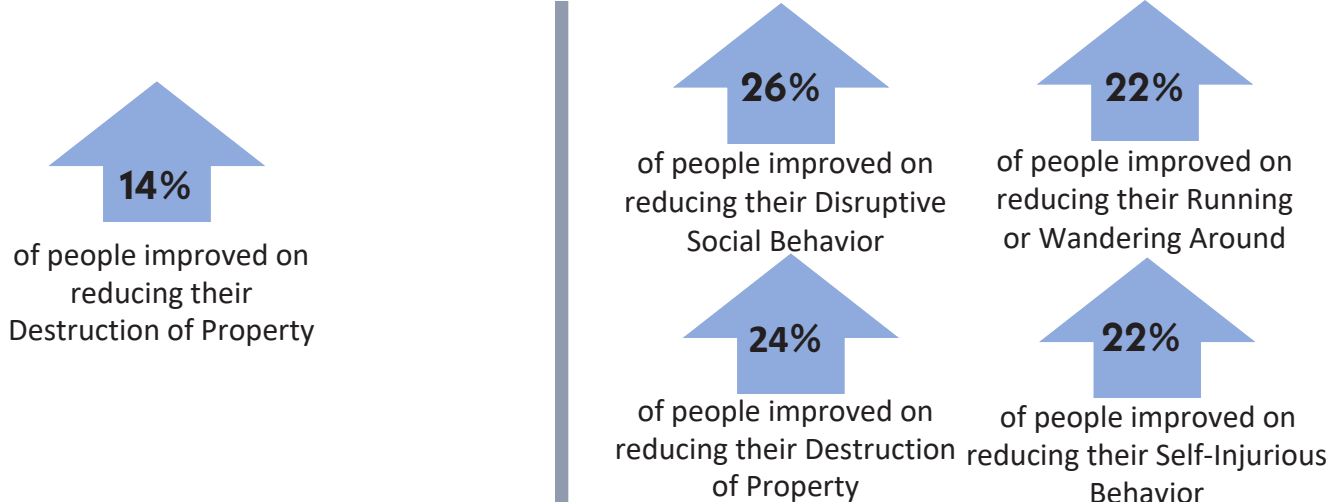
Skills of Daily Living

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



Challenging Behaviors

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



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; and 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 of 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 Analytics Group, Inc. 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.

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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