

**RISK MANAGEMENT REPORT:**

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

**DATA THROUGH JUNE 2017**



# Developmental Center Mover Report

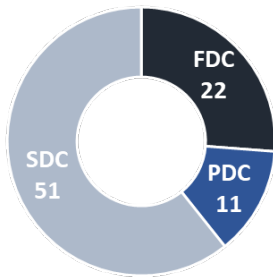
## Summary of Key Findings

January – June 2017

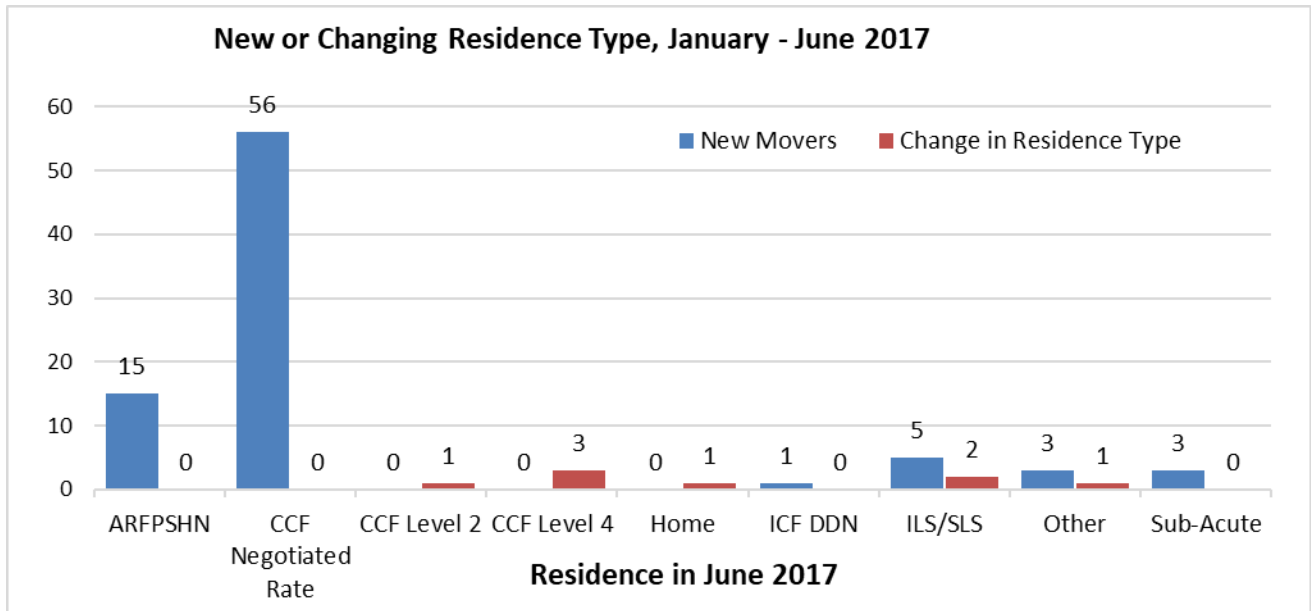
This report summarizes indicators tracked by the risk management contractor regarding individuals who transitioned from a California Developmental Center (DC) to the community (Movers). This report summarizes findings on the period of January to June 2017. For more detail, please see the Technical Appendix.

### Transitions and Residential Settings

This report tracks 762 individuals who moved from DCs between July 2012 and June 2017. By June 2017, 671 Movers remained in the community; 73 were deceased; 11 were inactive or moved out of state; and 7 returned to a DC. Of the 671 Movers in the community, most (434) lived in Negotiated Rate Community Care Facilities (CCFs).



Between January and June 2017, 84 individuals moved from DCs into the community. This includes 51 Movers from Sonoma (SDC), 11 from Porterville (PDC), and 22 from Fairview (FDC). One of the 84 new Movers has moved out of state and is not shown in the graph.



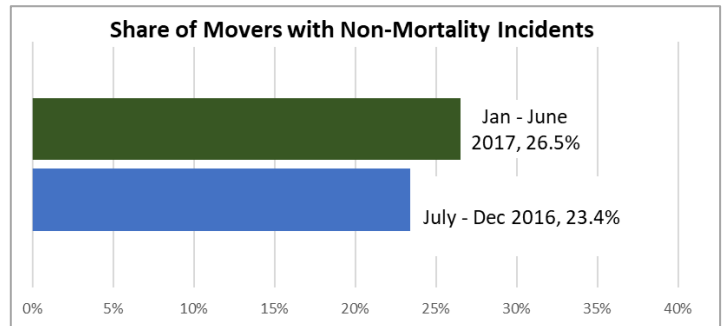
## Residence Type and Address Changes



Between January and June 2017, 23 individuals changed addresses, with 13 also changing residence type. For 7 of the 23 individuals, the change was at least the second change of address in the community. Out of 671 Movers in the community in June 2017, 28 have changed addresses at least twice in three years.

## Reported Special Incidents

In the January – June 2017 period, there were 263 non-mortality special incident reports (SIRs) among 181 individuals and 12 deaths. The highest incident rate occurred for unplanned medical hospitalizations and injuries. The overall rate of non-mortality incidents was higher compared to the previous period, due primarily to a higher rate of injury incidents among individuals needing significant health support.



## Client Development Evaluation Report (CDER) Changes

Of the 683 Movers in the community during the January to June 2017 period, 612 had a CDER evaluation before moving and an additional evaluation by June 2017. Among the 340 individuals who needed significant health support, there were statistically significant changes in 14 evaluation elements, including:

- Behaviors: Disruptive Social Behavior\* **Improved (66 improved, 41 declined)**
- Behaviors: Aggressive Social Behavior\* **Improved (49 improved, 30 declined)**
- Personal Outcomes: Community Outings **Improved (167 improved, 12 declined)**
- Skills: Safety Awareness **Declined (29 improved, 56 declined)**

For the 272 individuals needing significant behavioral support, there were statistically significant changes in 18 elements, including:

- Personal Outcomes: Community Outings **Improved (143 improved, 11 declined)**
- Skills: Focusing on Tasks **Improved (81 improved, 28 declined)**
- Personal Outcomes: Work/Day Programs **Declined (10 improved, 55 declined)**
- Skills: Walking **Declined (8 improved, 42 declined)**

\*Change newly significant this period

# Technical Appendix

This section provides details supporting the Summary of Key Findings and more information related to the DC Movers.

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## **Background**

As one element of risk management and quality assurance, the California Department of Developmental Services (DDS) and California's network of regional centers monitors risks and tracks the occurrence of adverse events for individuals served by regional centers residing in the community. Working under a risk management contract with DDS, Mission Analytics Group (Mission) provides analytical support and regular reports on adverse events to DDS and the regional centers.

This report summarizes findings from July 2012 to June 2017. The analysis includes the following findings:

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 an individual's needs or level of care. Therefore, this report uses information on residential settings from the Client Master File (CMF) and Purchase of Service (POS) data to identify changes of residence type.
2. **Changes in skills of daily living, challenging behaviors, and personal outcomes.** The report also monitors elements tracked on the Client Development Evaluation Report (CDER) for potential deterioration or improvement of these measures. The CDER is completed at the time of transition to the community from a DC and at least annually for all individuals who receive residential services in the community.
3. **Number and rate of reportable incidents among the individuals who have transitioned to 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 an individual is receiving services funded by a regional center (under vendor care). In addition, any occurrence of mortality or an individual being the victim of a crime must be reported, whether or not it occurred while the individual was under vendor care. These data are available through Special Incident Reports (SIRs).

## Section 1: Residence Type Placement and Movements

Table 1: Number of Movers by DC and Date as of June 2017

Date Moved from Developmental Center	Fairview	Lanterman	Porterville <sup>1</sup>	Sonoma	TOTAL
Jul - Dec 2012	13	34	12	9	68
Jan - Jun 2013	17	46	13	18	94
Jul - Dec 2013	13	58	15	9	95
Jan - Jun 2014	10	56	11	18	95
Jul - Dec 2014	15	44	9	15	83
Jan - Jun 2015	23	0	26	21	70
Jul - Dec 2015	15	0	15	14	44
Jan - Jun 2016	28	0	20	19	67
Jul - Dec 2016	22	0	15	25	62
Jan - Jun 2017	22	0	11	51	84
<b>Total Movers Tracked</b>	178	238	147	199	762

<sup>1</sup>These counts include individuals placed in the general treatment area (GTA) at Porterville.

### Findings and Data Notes:

- There were 51 Movers out of Sonoma this period, the largest number during the last five years.
- The number of Fairview and Porterville GTA Movers this period remained relatively consistent with earlier periods.
- For the purpose of this report, the list of individuals defined as Movers was supplied to Mission by DDS.

**Table 2: Number of Movers by Status, as of June 2017**

Developmental Center	Total Movers Tracked	As of June 2017, Movers:			
		In Community Setting	Deceased	Inactive or Moved Out of State	Returned to Developmental Center
Fairview	178	151	20	3	4
Lanterman	238	203	34	1	0
Porterville (GTA)	147	129	9	7	2
Sonoma	199	188	10	0	1
<b>Total</b>	<b>762</b>	<b>671</b>	<b>73</b>	<b>11</b>	<b>7</b>

**Findings and Data Notes:**

- Of the 73 Movers deceased by the end of June 2017, 12 passed away this period.
- 671 Movers were active in the community in June 2017. Including the 12 Movers who passed away this period, 683 were active in the community at some point between January and June 2017.

**Table 3: Number of Movers by Regional Center as of June 2017**

<b>Current Regional Center</b>	<b>All Movers Jul 2012 – June 2017</b>	<b>New Movers Jan – Jun 2017</b>
Alta California	38	15
Central Valley	58	6
East Bay	58	8
Eastern Los Angeles	46	1
Far Northern	10	3
Golden Gate	60	9
Harbor	44	1
Inland	30	1
Kern	32	3
Lanterman	33	1
North Bay	38	13
North Los Angeles	61	2
Orange County	29	1
Redwood Coast	6	2
San Andreas	16	3
San Diego	51	7
San Gabriel/Pomona	66	1
South Central LA	32	4
Tri-Counties	15	2
Valley Mountain	8	0
Westside	31	1
<b>All Developmental Center Movers</b>	<b>762</b>	<b>84</b>

**Findings and Data Notes:**

- This table shows regional centers currently serving individuals after transition to the community. The “All Movers” column includes every Mover since July 2012 still served in the community, while “New Movers” shows only individuals who were placed during the current reporting period.
- Most individuals who moved to the community between January to June 2017 are receiving services from Alta California Regional Center (15) and North Bay Regional Center (13).
- Overall, San Gabriel/Pomona (66) and North Los Angeles (61) regional centers serve the most Movers.
- Redwood Coast (6) and Valley Mountain (8) regional centers serve the fewest Movers.

**Table 4: Number of Movers that Changed Initial Setting after Transition, as of June 2017**

Initial Residential Setting	Number of Movers by Initial Setting	Distribution of Movers by Initial Setting	Changed Residence Type	Current Residential Setting
Home of Parent/Guardian	11	2%	3	ILS/SLS (3)
ILS/SLS	43	6%	4	Negotiated Rate CCF (2), Other (2)
CCF Level 4	11	2%	4	CCF Level 2 (1), Neg. Rate CCF (2), ILS/SLS (1)
FHA	6	1%	1	Other (1)
ARFPSHN	102	15%	1	Nursing (1)
Negotiated Rate CCF	434	65%	24	ILS/SLS (8), Home of Parent/Guardian (5), CCF Level 4 (6), Neg. Rate CCF (3)*, ICF DDN (1), Nursing (1)
ICF DD	2	0%	1	Neg. Rate CCF (1)
ICF DDH	18	3%	4	ICF DDN (3), Other (1)
ICF DDN	31	5%	3	Negotiated Rate CCF (1), CCF Level 4 (1), Nursing (1)
Nursing	2	0%	1	Sub-Acute (1)
Sub-Acute	5	1%	0	
Other	6	1%	1	ILS/SLS (1)
<b>TOTAL</b>	<b>671</b>		<b>47</b>	

\*3 Movers returned to their initial residential setting after living in a different setting for 1-7 months. These involved moves to the following settings: Nursing (2) and Home of Parent/Guardian (1).



## Findings and Data Notes:

- Residence types abbreviations are:
  - ILS/SLS: Independent Living Skills or Supported Living Services;
  - CCF: Community Care Facility. Negotiated Rate CCFs are specialized residential facilities where rate is negotiated based on the needs of the individuals;
  - FHA: Family Home Agency;
  - ARFPSHN: Adult Residential Facility for Persons with Special Healthcare Needs;
  - ICF: Intermediate Care Facility,
    - ICF DD: Developmentally Disabled
    - ICF DDH: Developmentally Disabled-Habilitation
    - ICF DDN: Developmentally Disabled-Nursing
- Negotiated rate CCFs are the most common residential placement.
- Initial residence for Movers is reported by DDS. Subsequent residence information is recorded in the CMF, combined with vendor payment information from the POS data.
- 47 Movers changed residence type after their initial placement. (See the next page for address changes.) Individuals who changed from CCFs with negotiated rates went to a variety of different residence types, although several later returned to their initial setting.
- The three individuals who moved from the home of a parent or guardian moved into ILS/SLS settings.

**Table 5: Number of Movers Changing Residence Type or Address after Transition, as of June 2017**

	All Changes Since July 2014	Changes this Period
<b>Movers in the Community as of June 30, 2017</b>	<b>671</b>	
<b>Changed Residence Type or Address</b>		
Changed Residence Type but Not Address	3	0
Changed Address and Residence Type	33	13
Changed Address, Same Residence Type	57	10
<b>Among Individuals Who Changed Addresses, Those With</b>	<b>90</b>	<b>23</b>
1 Change Since July 2014	62	10
2 Changes Since July 2014	19	7
>2 Changes Since July 2014	9	5

**Findings and Data Notes:**

- During this period, 23 individuals changed addresses, including 13 who changed both address and residence type. For seven of these individuals, this move represented the second move in the period for which we have data (July 2014 on). Five individuals who moved this period had moved at least twice before.
- 90 individuals living in the community have changed addresses at least once as of June 2017. Of those, 19 changed addresses twice and 9 changed more than twice.
- This table displays changes in address and residence type both historically and during the current period. A change in residence type may indicate that an individual's placement did not meet his or her care needs or that care needs changed. Other changes in address may reflect placement problems, such as issues with particular staff or other residents. Changes in residence are associated with an elevated risk of special incidents for 6 to 12 months after the change.
- Address and residence type changes in the CMF and POS data may not match the actual move dates; therefore, Table 5 may not capture a move in this time period if the change was not recorded in the CMF or POS data until later. In addition, if a residential vendor changes type (for example, changes CCF level), a residence type change would be recorded even if the individual did not change physical residences.
- 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.

## Section 2: Changes in Average CDER Evaluations

**Table 6: Number of Movers with CDER Evaluations Before and After Transition, as of June 2017**

CDER Evaluations	Number of Individuals	Avg. Days from Previous CDER
Any CDER prior to move	683	-
Any CDER since move	612	341
2 CDERs since move	507	297

### Findings and Data Notes:

- The CDER instrument collects diagnostic and evaluation information for individuals served by DDS. It is completed by regional centers and DCs at least annually 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.
- We monitor CDER evaluation elements because declines may be evidence of systematic issues arising from problems with care. Improvements in CDER evaluations may reflect improvements in functioning after placement and improved access to activities, such as community outings.
- There is professional judgment involved in the scoring of the CDER, so there is some natural variation in scoring over time and across service coordinators.
- Table 6 displays the data available for analysis of CDER changes. Approximately 90% of DC Movers had CDER evaluations both before and after transitioning to the community, and 74% had a second CDER evaluation after the transition. These CDER results are displayed in Tables 7 – 9.
- We have separated CDER scores based on the Preferred Program indicator, which is available on CDERs completed at the DCs. The two subgroups are:
  - **Significant Health Support:** continuing medical care, physical development, or physical and social development.
  - **Significant Behavioral Support:** Autism, sensory development, dual diagnosed, behavior support, habilitation, or social development.
- Out of the 612 individuals who had CDER evaluations before and after transition to the community, we categorized 340 as needing significant health support and 272 as needing significant behavioral support. Of these, 276 in the Significant Health Support subgroup and 231 in the Significant Behavioral Support subgroup have had two CDER evaluations since the transition.

**Table 7: Average CDER Values by Evaluation Element and Before and After Transition, as of June 2017**

CDER Element	Significant Health Support			Significant Behavioral Support		
	Average Scores, Last Evaluation at Developmental Center	Percent of Individuals with Improvements	Percent of Individuals with Declines	Average Scores, Last Evaluation at Developmental Center	Percent of Individuals with Improvements	Percent of Individuals with Declines
<b>Evaluation Elements (low = 1, high = 5)</b>		<b>Out of 340 Total</b>	<b>Out of 340 Total</b>		<b>Out of 272 Total</b>	<b>Out of 272 Total</b>
<b>Skills in Daily Living</b>						
Walking	2.4	7%	10%	4.7	3%	<b>15%</b>
Eating	2.8	8%	6%	4.3	10%	10%
Using Hands	3.1	17%	11%	4.7	10%	7%
Toileting	2.0	9%	9%	4.0	11%	16%
Bladder and Bowel Control	1.9	9%	8%	3.7	17%	13%
Focusing on Tasks/Activities	1.7	<b>29%</b>	6%	2.7	<b>30%</b>	10%
Safety Awareness	1.6	9%	<b>16%</b>	2.2	18%	23%
Social Interaction	2.1	<b>22%</b>	13%	2.9	21%	15%
Taking Prescription Medication	1.1	3%	4%	1.5	12%	13%
Personal Care	1.6	<b>17%</b>	4%	2.9	<b>25%</b>	11%
Dressing	1.9	11%	10%	3.5	15%	15%
Verbal Communication	1.7	8%	6%	2.8	<b>17%</b>	7%
Non-Verbal Communication	2.0	<b>16%</b>	7%	2.9	<b>15%</b>	4%
<b>Challenging Behaviors</b>						
Disruptive Social Behavior	3.3	<b>19%</b>	12%	2.2	<b>29%</b>	14%
Emotional Outbursts	3.5	14%	13%	2.3	<b>26%</b>	15%
Aggressive Social Behavior	4.1	<b>14%</b>	9%	2.8	<b>29%</b>	12%
Self-Injurious Behavior	4.3	12%	12%	3.8	<b>23%</b>	10%
Running or Wandering Around	4.5	8%	6%	3.5	<b>31%</b>	11%
Destruction of Property	4.4	<b>13%</b>	4%	3.5	<b>25%</b>	10%

**Bold** indicates statistically significant changes.

**Table 7 (cont'd): Average CDER Values by Evaluation Element and Before and After Transition, as of June 2017**

CDER Element	Significant Health Support			Significant Behavioral Support		
	Average Scores, Last Evaluation at Developmental Center	Percent of Individuals with Improvements	Percent of Individuals with Declines	Average Scores, Last Evaluation at Developmental Center	Percent of Individuals with Improvements	Percent of Individuals with Declines
<b>Personal Outcomes Element</b>		<b>Out of 340 Total</b>	<b>Out of 340 Total</b>		<b>Out of 272 Total</b>	<b>Out of 272 Total</b>
<b>Physical &amp; Social Environment (low = 1, high = 4)</b>						
Work or Day Program	1.2	1%	<b>9%</b>	1.4	4%	<b>20%</b>
Community Outings	1.7	<b>49%</b>	4%	2.1	<b>53%</b>	4%
Number of Friends	1.9	<b>26%</b>	11%	2.3	<b>25%</b>	14%
Number of People with Disabilities in Household	1.2	<b>57%</b>	1%	1.3	<b>55%</b>	3%
Number of Moves in the last 2 Years	3.4	9%	<b>48%</b>	3.2	13%	<b>39%</b>
<b>Health &amp; Safety (low = 1, high = 4)</b>						
Medical Care in the past 12 months	4.0	1%	2%	4.0	1%	3%
Dental Care in the past 12 months	4.0	1%	<b>4%</b>	3.9	2%	7%
Appropriate Medical and/or Dental Care Provided	4.0	3%	3%	4.0	2%	7%

**Bold** indicates statistically significant changes.

**Findings and Data Notes:**

- Table 7 compares the last CDER evaluation at the DC to the first evaluation after placement.
- Some changes in CDER scores simply reflect the fact of community placement, such as improvements in the score for the number of people with disabilities in the household or declines in the score for number of moves in the last month.
- Among individuals needing significant health support, there were improvements in 10 out of 27 areas and declines in four areas.
- For individuals needing significant behavioral support, there were improvements in 13 areas and declines in 5 areas.
- Changes in other elements were not statistically significant, partly due to small sample size.

**Table 8: Consumer Survey Responses in First CDER Evaluation After Transition**

CDER Element	Significant Health Support			Significant Behavioral Support		
	Positive Response	Ambivalent or Mixed Response	Negative Response	Positive Response	Ambivalent or Mixed Response	Negative Response
	Out of 340 Total			Out of 272 Total		
Likes Living at Current Residence	98%	2%	0%	89%	10%	1%
Likes People Who Help Him/Her	95%	5%	0%	93%	6%	1%
Wants to Keep Living at Current Residence	95%	5%	0%	88%	9%	3%
Has Person to Talk With	50%	20%	30%	66%	19%	15%
Feels Safe or Afraid	87%	13%	0%	84%	15%	1%
Feels Happy or Sad	84%	16%	0%	83%	16%	2%
Has People to Tell What He/She Wants	78%	22%	0%	89%	9%	2%

**Findings and Data Notes:**

- Most individuals in both groups who responded to the survey questions indicated positive responses to all questions except “Has Person to Talk With.”
- Percentages are of the individuals who responded to the question.
- Responses may produce a sum of more than 100% due to rounding.

**Table 9: Average CDER Values by Evaluation Element Before Transition and Second Evaluation as of June 2017**

CDER Element  Positive changes reflect movement toward higher functioning.	Significant Health Support			Significant Behavioral Support		
	Average Scores, Last Evaluation at Developmental Center	Percent of Individuals with Improvements	Percent of Individuals with Declines	Average Scores, Last Evaluation at Developmental Center	Percent of Individuals with Improvements	Percent of Individuals with Declines
<b>Evaluation Elements (low = 1, high = 5)</b>	Out of 276 Total			Out of 231 Total		
<b>Skills in Daily Living</b>						
Walking	2.4	8%	11%	4.7	2%	<b>16%</b>
Eating	2.8	9%	7%	4.3	12%	10%
Using Hands	3.0	<b>18%</b>	11%	4.7	11%	7%
Toileting	2.0	11%	10%	4.0	12%	16%
Bladder and Bowel Control	1.9	11%	8%	3.7	20%	13%
Focusing on Tasks/Activities	1.7	<b>30%</b>	6%	2.6	<b>30%</b>	13%
Safety Awareness	1.6	7%	<b>19%</b>	2.1	17%	25%
Social Interaction	2.1	<b>22%</b>	12%	2.9	22%	15%
Taking Prescription Medication	1.1	1%	4%	1.5	12%	15%
Personal Care	1.6	<b>20%</b>	4%	2.9	<b>25%</b>	13%
Dressing	1.8	<b>14%</b>	8%	3.5	17%	18%
Verbal Communication	1.6	9%	5%	2.8	<b>17%</b>	8%
Non-Verbal Communication	2.0	<b>16%</b>	7%	2.8	<b>15%</b>	5%
<b>Challenging Behaviors</b>						
Disruptive Social Behavior	3.3	<b>22%</b>	13%	2.2	<b>31%</b>	16%
Emotional Outbursts	3.5	<b>20%</b>	12%	2.3	<b>27%</b>	16%
Aggressive Social Behavior	4.1	15%	9%	2.8	<b>30%</b>	14%
Self-Injurious Behavior	4.3	13%	12%	3.8	<b>23%</b>	11%
Running or Wandering Around	4.5	8%	8%	3.4	<b>34%</b>	12%
Destruction of Property	4.4	<b>14%</b>	4%	3.5	<b>26%</b>	10%
<b>Personal Outcomes Element</b>						
<b>Physical &amp; Social Environment (low = 1, high = 4)</b>						
Work or Day Program	1.2	1%	<b>8%</b>	1.4	3%	<b>20%</b>
Community Outings	1.7	<b>54%</b>	4%	2.1	<b>57%</b>	5%
Number of Friends	1.9	<b>30%</b>	11%	2.2	<b>29%</b>	17%
Number of People with Disabilities in Household	1.2	<b>58%</b>	2%	1.3	<b>58%</b>	4%
Number of Moves in the last 2 Years	3.4	10%	<b>48%</b>	3.2	16%	<b>39%</b>
<b>Health &amp; Safety (low = 1, high = 4)</b>						
Medical Care in the past 12 months	4.0	1%	1%	4.0	1%	3%
Dental Care in the past 12 months	4.0	1%	4%	4.0	2%	<b>7%</b>
Appropriate Medical and/or Dental Care Provided	3.9	4%	3%	4.0	3%	6%

**Bold** indicates statistically significant changes.

## Findings and Data Notes:

- Changes from the second evaluation are mostly consistent with the first evaluation after leaving developmental centers (Table 7). Therefore, Table 9 compares the last CDER evaluation at the developmental center to the second evaluation after placement. This provides a longer period for observation of changes in the CDER.
- Bold numbers in percent columns indicate that the change was statistically significant.
- Positive changes in the CDER reflect movement toward higher functioning and positive outcomes; for example, a decline in a challenging behavior is reflected in movement from a lower to higher score.
- There is some judgment involved in the scoring of the CDER. So, there is some natural variation in scoring over time from evaluator to evaluator.



## Section 3: Special Incident Reports

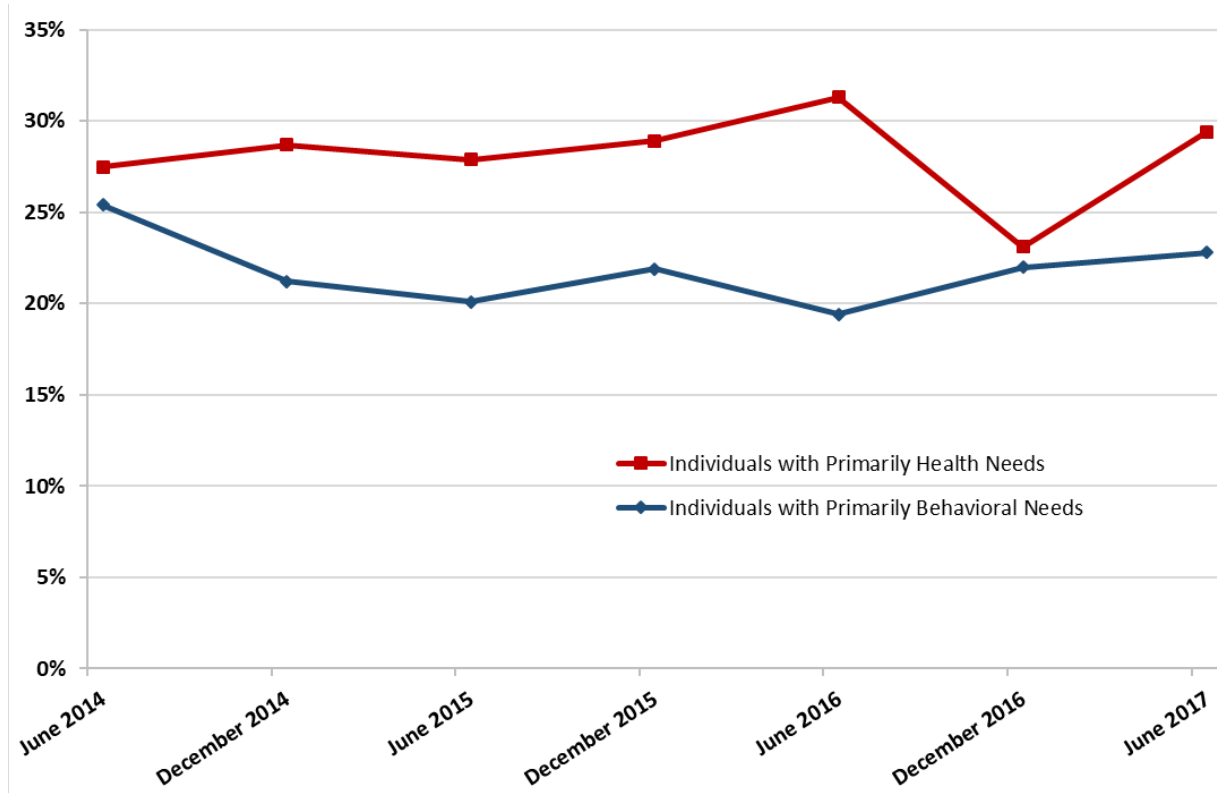
Table 10: Share of Movers with SIRs, January through June 2017

	All Movers	All Movers	Movers with Primarily Health Support Needs	Movers with Primarily Health Support Needs	Movers with Primarily Behavioral Support Needs	Movers with Primarily Behavioral Support Needs
Special Incident Type	Previous Period	Current Period	Previous Period	Current Period	Previous Period	Current Period
<b>Number of individuals</b>	599	683	323	385	276	298
<b>Any non-mortality incident</b>	23.4%	26.5%	23.2%	29.4%	23.6%	22.8%
<b>Unplanned medical hosp.</b>	9.0%	11.6%	14.2%	15.3%	2.9%	6.7%
<b>Unplanned psychiatric hosp.</b>	1.2%	0.9%	0.3%	1.0%	2.2%	0.7%
<b>Medication error</b>	6.5%	5.7%	5.9%	5.5%	7.2%	6.0%
<b>Injury</b>	5.5%	7.3%	2.8%	8.3%	8.7%	6.0%
<b>Suspected abuse</b>	4.0%	4.1%	2.2%	3.6%	6.2%	4.7%
<b>Suspected neglect</b>	0.7%	0.7%	0.3%	0.8%	1.1%	0.7%
<b>Missing person</b>	1.7%	1.2%	0.9%	0.5%	2.5%	2.0%
<b>Victim of crime</b>	0.3%	0.4%	0.3%	0.0%	0.4%	1.0%
<b>Mortality</b>	1.8%	1.8%	3.1%	2.9%	0.4%	0.3%

### Findings and Data Notes:

- The percentage of Movers with primarily health support needs who experienced a special incident increased from 23.2% last period to 29.4% this period. This was mostly due to an increase in injuries from 2.8% to 8.3%.
- For individuals with primarily behavioral support needs, the rate of unplanned medical hospitalizations increased this period, but this increase was offset by declines in other incident types. The combined effect was an increase for Movers overall, with an increase in the rates of hospitalizations and injuries.
- Rates are calculated as the number of individuals with incidents in the period, divided by the number of individuals in the period. This rate can be interpreted as the likelihood that an individual will have at least one incident (of a given type).
- Individuals with multiple types of incidents in the period are counted in each type, but only once under “any non-mortality incidents.” Therefore, the non-mortality incident rate will typically be lower than the sum of the rates by type.
- The rates reported include all incidents of suspected abuse and suspected neglect. These encompass substantiated and unsubstantiated incidents.

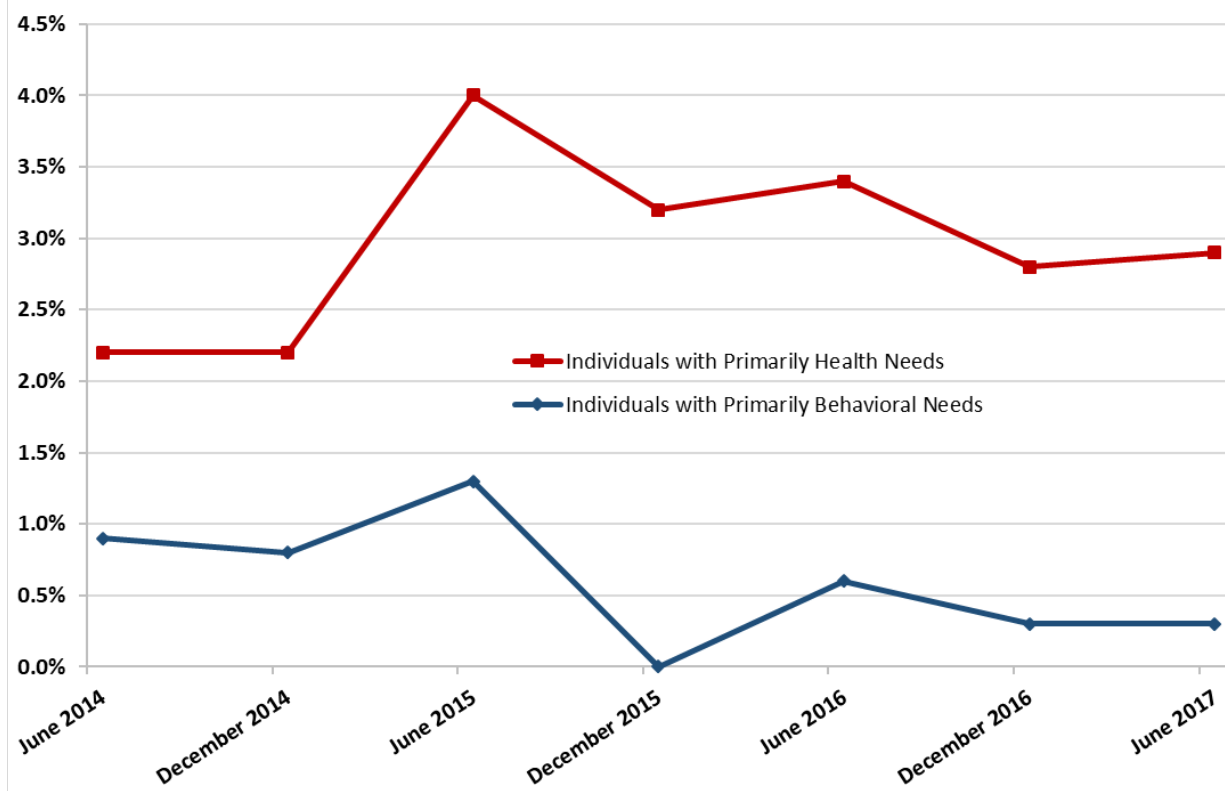
**Figure 1: Non-Mortality Incident Rates, as of June 2017**



**Findings and Data Notes:**

- Each point on the graph shows the non-mortality incident rate for the six-month period ending in the month indicated. This corresponds to the non-mortality incident rates reported in Table 10 this current period, ending June 2017, and in past reports.
- The non-mortality incident rate has remained fairly constant over the last three years for both populations. There has been some fluctuation over the past year in the non-mortality rate for Individuals with Primarily Health Needs.

Figure 2: Mortality Incident Rates, as of June 2017



**Findings and Data Notes:**

- Each point on the graph shows the mortality incident rate for the six-month period ending in the month indicated. This corresponds to the mortality incident rates reported in Table 10 this current period, ending June 2017, and in past reports.
- The mortality incident rate has been consistently higher for individuals with primarily health needs than for individuals with primarily behavioral needs. There has been a decline in the mortality rate for individuals with primarily behavioral needs and an increase in the same rate for individuals with primarily health needs since June 2014.

**Table 11: Non-Mortality Incidents for Movers, January – June 2017**

Incident Type and Sub-Type	Incidents	Individuals	Incident Type and Sub-Type	Incidents	Individuals
Unplanned Hospitalization <sup>1</sup>			Injury		
Cardiac-related	6	6	Bite	2	2
Diabetes	1	1	Burns	0	0
Internal infection	32	29	Fracture	21	18
Nutrition deficiency	2	2	Dislocation	4	3
Respiratory illness	53	41	Internal bleeding	11	11
Involuntary psychiatric admission	6	6	Lacerations/sutures/staples	23	17
Seizure	14	11	Medication error	44	39
Wound/skin care	1	1	Medication reactions	0	0
<b>Total</b>	<b>114</b>	<b>84</b>	Puncture wounds	2	2
			<b>Total</b>	<b>104</b>	<b>86</b>
Suspected Abuse <sup>2</sup>			Suspected Neglect <sup>2</sup>		
Alleged emotional/mental abuse	1	1	Fail to assist with personal hygiene	0	0
Alleged financial abuse	15	15	Fail to prevent dehydration	0	0
Alleged physical/chemical restraint	1	1	Fail to prevent malnutrition	0	0
Alleged physical abuse	11	11	Fail to provide care-elder/adult	1	1
Alleged sexual abuse	0	0	Fail to provide food/clothing/shelter	2	2
<b>Total</b>	<b>28</b>	<b>28</b>	Fail to provide medical care	0	0
			Fail to protect from health/safety hazards	2	2
Victim of Crime			<b>Total</b>	<b>5</b>	<b>5</b>
Aggravated assault	3	3	Missing person	13	8
Burglary	0	0	<b>Total</b>	<b>13</b>	<b>8</b>
Forcible rape or attempted rape	0	0			
Personal robbery	0	0	<b>TOTAL ALL NON-MORTALITY</b>	<b>263</b>	<b>181</b>
Theft	0	0			
<b>Total</b>	<b>3</b>	<b>3</b>			

<sup>1</sup>Incident reports had multiple incident types and individuals had multiple incidents, therefore totals cannot be calculated by adding the incident and individual subtypes.

<sup>2</sup>Reported suspected abuse and neglect incidents include both substantiated and unsubstantiated reports.

## Section 4: Mortality

**Table 12: Mortality Incidents for Movers, January – June 2017**

Incident Type and Sub-Type	Number
Mortality	
Disease-related	7
Non-disease related	1
Unknown	4
<b>Total</b>	<b>12</b>

### Findings and Data Notes:

- In the current SIR system, causes of death are not categorized other than by sub-types of disease-related, non-disease related (including accidents, overdoses, and violent deaths), and unknown. Cause of death is commonly updated from unknown after the completion of the mortality review and the receipt of the death certificate.
- DDS is planning system updates that will allow regional centers to provide additional, more structured information on causes and circumstances of deaths that will enhance the breadth of mortality analysis.
- Most deaths are health-related. There was one homicide this period, the only one over the five-year period.
- The circumstances of death that were still recorded as unknown were:
  - Found unresponsive
  - Cardiac arrest, bronchial inflammation/congestion, and abnormal electrolytes
  - Trach removed at parent's decision
  - Pneumonia and CRE bacterial infection.
- Deaths among developmental center residents are reported in a separate data system and are not included in this table.