

RISK MANAGEMENT REPORT:

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

DATA THROUGH DECEMBER 2017



Developmental Center Mover Report

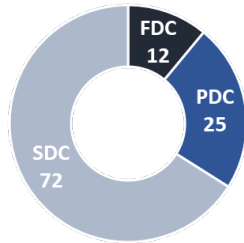
Summary of Key Findings

July - December 2017

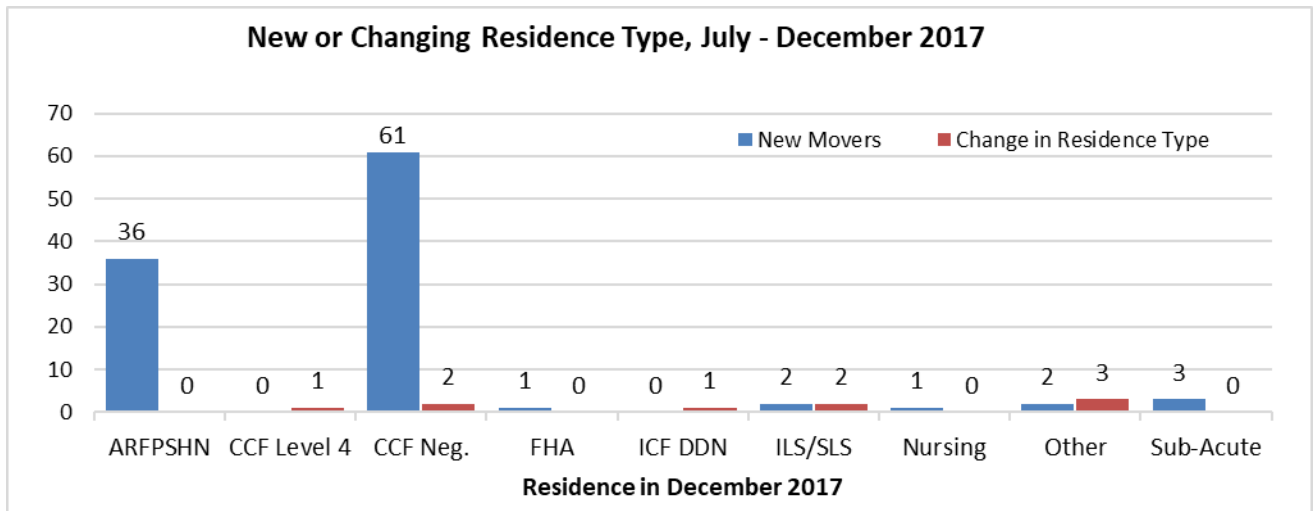
This report summarizes indicators tracked by the risk management contractor regarding individuals who transitioned from a California Developmental Center (DC) to the community (Movers). This report summarizes findings for the period of July to December 2017. For more details, please see the Technical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

Transitions and Residential Settings

This report tracks the 803 individuals who moved from a California DC between January 2013 and December 2017. By December 2017, 713 Movers remained in the community, 74 were deceased, 11 were inactive or moved out of state, and 5 returned to a DC. Of the 713 Movers in the community, most (468) lived in Negotiated Rate Community Care Facilities (CCFs).



Between July and December 2017, 109 individuals moved from DCs into the community. This includes 72 Movers from Sonoma (SDC), 25 from Porterville (PDC), and 12 from Fairview (FDC). Of the 109 new Movers, three died during the period and are not shown in the graph.



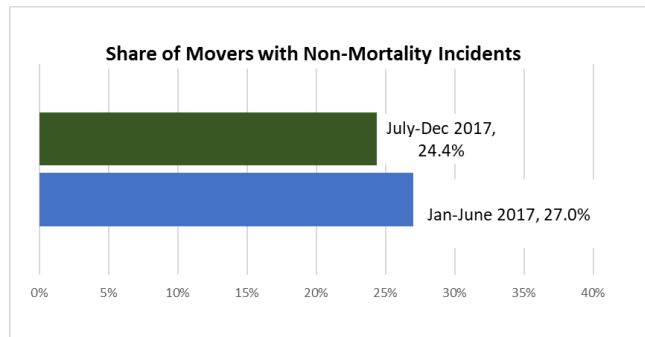
Residence Type and Address Changes



Between July and December 2017, 11 individuals changed addresses, with all but two also changing residence type. For 9 of the 11 individuals, the change was at least the second change of address in the community. Out of 726 Movers in the community in December 2017, 35 have changed addresses at least twice in three years.

Reported Special Incidents

In the July-December 2017 period, there were 255 non-mortality special incident reports (SIRs) among 177 individuals and 13 deaths. The highest incident rate occurred for unplanned medical hospitalizations and medication errors. The overall rate of non-mortality incidents was lower compared to the previous period, although there was a small increase in this rate among individuals needing primary behavioral support.



Client Development Evaluation Report (CDER) Changes

There were 726 DC Movers in the community during the July to December 2017 period. 642 of them had a CDER evaluation before moving and an additional evaluation by December 2017. Among the 371 individuals needing significant health support, there were statistically significant changes in 18 evaluation elements, including:

- Personal Outcomes: Community Outings **Improved (186 improved, 14 declined)**
- Skills: Focusing on Tasks/Activities **Improved (112 improved, 20 declined)**
- Skills: Safety Awareness **Declined (34 improved, 69 declined)**
- Personal Outcomes: Medical Care* **Declined (2 improved, 10 declined)**

For the 271 individuals needing significant behavioral support, there were statistically significant changes in 19 elements, including:

- Personal Outcomes: Community Outings **Improved (142 improved, 11 declined)**
- Behaviors: Running or Wandering Around **Improved (76 improved, 33 declined)**
- Personal Outcomes: Work/Day Programs **Declined (12 improved, 51 declined)**
- Skills: Walking **Declined (6 improved, 40 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.

Background

As one element of risk management and quality assurance, the California Department of Developmental Services (DDS) and California's network of regional centers monitor risks and track the occurrence of adverse events for 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 January 2013 to December 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).

In most cases, due to the small number of individuals analyzed, the differences in these indicators are not statistically significant.

Section 1: Residence Type Placement and Movements

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

Date Moved from Developmental Center	FDC	LDC	PDC ¹	SDC	TOTAL
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
Jul - Dec 2017	12	0	25	72	109
Total Movers Tracked	177	204	160	262	803

¹These counts include individuals placed out of the general treatment area (GTA) at PDC. These numbers may change over time as data on the secure-treatment unit is updated.

Findings and Data Notes:

- There were 72 Movers out of SDC this period, the largest number during the last five years. Transitions were accelerated due to the evacuation of SDC during the Sonoma County fires.
- There were fewer FDC Movers this period, but more PDC GTA Movers, compared with last period.
- 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 December 2017

Developmental Center	Total Movers Tracked	As of December 2017, Movers:			
		In Community Setting	Deceased	Inactive or Moved Out of State	Returned to Developmental Center
FDC	177	154	16	4	3
LDC	204	171	32	1	0
PDC GTA	160	143	11	5	1
SDC	262	245	15	1	1
Total	803	713	74	11	5

Findings and Data Notes:

- SDC Movers (245) now represent the largest share of those active in the community, having surpassed LDC Movers (171) this period.
- Of the 74 Movers deceased by the end of December 2017, 13 passed away this period.
- 713 Movers were active in the community in December 2017. Including the 13 Movers who passed away this period, 726 were active in the community at some point between July and December 2017.

Table 3: Number of Movers by Regional Center, as of December 2017

Current Regional Center	All Movers Jul 2012 – Dec 2017	New Movers Jul – Dec 2017
Alta California	57	
Central Valley	70	17
East Bay	74	18
Eastern Los Angeles	44	0
Far Northern	11	1
Golden Gate	77	21
Harbor	38	0
Inland	19	0
Kern	33	3
Lanterman	32	1
North Bay	44	7
North Los Angeles	56	2
Orange County	29	2
Redwood Coast	6	0
San Andreas	19	3
San Diego	52	3
San Gabriel/Pomona	57	2
South Central LA	32	3
Tri-Counties	15	2
Valley Mountain	9	2
Westside	29	1
All Developmental Center Movers	803	109

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 January 2013 still served in the community, while “New Movers” shows only individuals who were placed during the current reporting period.
- Overall, Golden Gate Regional Center (77) and Regional Center of the East Bay (74) serve the most Movers.
- Redwood Coast (6), Valley Mountain (9), and Far Northern (11) regional centers serve the fewest Movers.

Table 4: Number of Movers that Changed Initial Setting after Transition, as of December 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%	5	Negotiated Rate CCF (1), ILS/SLS (2), Other (2)
ILS/SLS	45	8%	5	Negotiated Rate CCF (3), Other (2)
CCF Level 4	9	1%	3	Negotiated Rate CCF (1), ILS/SLS (2)
FHA	4	1%	0	
ARFPSHN	112	16%	0	
Negotiated Rate CCF	468	66%	24	ILS/SLS (8), Home of Parent/Guardian (3), CCF Level 4 (5), Negotiated Rate CCF (3), ICF DDN (2), Other (1), Nursing (2)
ICF DD	2	0%	1	Negotiated Rate CCF (1)
ICF DDH	17	2%	4	Negotiated Rate CCF (1), ICF DDN (3)
ICF DDN	27	4%	2	CCF Level 4 (1), Nursing (1)
Nursing	2	0%	1	Sub-Acute (1)
Sub-Acute	8	1%	0	
Other	8	1%	1	ILS/SLS (1)
TOTAL	713		46	

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 rate information from the POS data.
- Individuals who changed from CCFs with negotiated rates went to a variety of different residence types, although several later returned to their initial setting.

Table 5: Number of Movers in the Community Changing Residence Type or Address after Transition, as of December 2017

	All Changes Since July 2014*	Changes this Period
Movers in the Community as of December 31, 2017	726	
Changed Residence Type or Address		
Changed Residence Type but Not Address	3	0
Changed Address and Residence Type	34	9
Changed Address, Same Residence Type	50	2
Among Individuals Who Changed Addresses, Those With	84	11
1 Change Since July 2014	49	2
2 Changes Since July 2014	25	6
>2 Changes Since July 2014	10	3

*Changes prior to July 2014 are not included in this table.

Findings and Data Notes:

- 84 individuals living in the community have changed addresses at least once as of December 2017. Of those, 25 changed addresses twice and 10 changed more than twice.
- During this period, 11 individuals changed addresses, including 9 who changed both address and residence type. For 6 of these individuals, this move represented the second move in the period for which we have data (July 2014 on). Three individuals who moved this period had moved at least twice before.
- 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 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 December 2017

CDER Evaluations	Number of Individuals	Avg. Days from Previous CDER
Any CDER prior to move	726	-
Any CDER since move	642	338
2 CDERs since move	567	300

Findings and Data Notes:

- The CDER instrument collects diagnostic and evaluation information for individuals served by DDS. It is completed by regional centers and developmental centers at least annually for individuals with an institutional level of care needs and is updated whenever there is a Community Placement Plan or Individual Program Plan. In addition to information on the nature and severity of developmental disabilities and other health care needs, the CDER evaluation elements record the client's skills of daily living, challenging behaviors, and personal outcomes.
- 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 88% of DC Movers had CDER evaluations both before and after transitioning to the community, and 79% 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 642 individuals who had CDER evaluations before and after transition to the community, we categorized 371 as needing significant health support and 271 as needing significant behavioral support. Of these, 314 in the Significant Health Support subgroup and 253 in the Significant Behavioral Support subgroup have had two CDER evaluations since the transition.

Table 7: Average CDER Values by Evaluation Element Before and After Transition, as of December 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
Evaluation Elements (low = 1, high = 5)		Out of 371 Total	Out of 371 Total		Out of 271 Total	Out of 271 Total
Skills in Daily Living						
Walking	2.4	8%	12%	4.7	2%	15%
Eating	2.9	8%	8%	4.3	10%	10%
Using Hands	3.2	16%	12%	4.7	10%	6%
Toileting	2.0	11%	9%	4.0	10%	15%
Bladder and Bowel Control	1.9	10%	8%	3.7	17%	13%
Focusing on Tasks/Activities	1.7	30%	5%	2.7	27%	10%
Safety Awareness	1.6	9%	19%	2.1	18%	24%
Social Interaction	2.1	22%	14%	2.9	20%	15%
Taking Prescription Medication	1.1	3%	3%	1.5	11%	14%
Personal Care	1.6	18%	5%	2.9	26%	11%
Dressing	1.9	12%	10%	3.5	14%	14%
Verbal Communication	1.7	8%	6%	2.8	15%	6%
Non-Verbal Communication	2.0	17%	7%	2.9	14%	5%
Challenging Behaviors						
Disruptive Social Behavior	3.3	19%	11%	2.2	26%	15%
Emotional Outbursts	3.5	14%	12%	2.3	24%	15%
Aggressive Social Behavior	4.1	15%	8%	2.9	26%	13%
Self-Injurious Behavior	4.3	13%	12%	3.8	23%	11%
Running or Wandering Around	4.5	9%	6%	3.5	28%	12%
Destruction of Property	4.3	15%	4%	3.5	24%	10%

Table 7 (cont'd): Average CDER Values by Evaluation Element Before and After Transition, as of December 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
Personal Outcomes Element (low = 1, high = 4)		Out of 371 Total	Out of 371 Total		Out of 271 Total	Out of 271 Total
Physical & Social Environment						
Work or Day Program	1.2	1%	9%	1.4	4%	19%
Community Outings	1.7	50%	4%	2.1	52%	4%
Number of Friends	2.0	23%	11%	2.2	24%	13%
Number of People with Disabilities in Household	1.2	58%	1%	1.3	54%	3%
Number of Moves in the last 2 Years	3.4	8%	48%	3.2	10%	38%
Health & Safety						
Medical Care in the past 12 months	4.0	1%	3%	4.0	1%	3%
Dental Care in the past 12 months	4.0	1%	4%	3.9	2%	7%
Appropriate Medical and/or Dental Care Provided	4.0	3%	4%	4.0	1%	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. The table does not report the share whose CDER scores were unchanged on each element. It can be calculated as the difference between 100% and the reported changes.

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 371 Total			Out of 271 Total		
Likes Living at Current Residence	97%	3%	0%	87%	11%	1%
Likes People Who Help Him/Her	96%	4%	0%	92%	7%	1%
Wants to Keep Living at Current Residence	94%	6%	0%	87%	11%	2%
Has Person to Talk With	54%	22%	24%	64%	20%	16%
Feels Safe or Afraid	87%	13%	0%	85%	14%	1%
Feels Happy or Sad	85%	15%	0%	85%	14%	1%
Has People to Tell What He/She Wants	81%	19%	0%	90%	10%	1%

Findings and Data Notes:

- Most individuals in both groups who responded to the survey questions indicated positive responses to all questions.
- Percentages are of the individuals who responded to the question.
- Responses may sum to more than 100% due to rounding.

Table 9: Average CDER Values by Evaluation Element Before Transition and Second Evaluation, as of December 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
Evaluation Elements (low = 1, high = 5)	Out of 314 Total			Out of 253 Total		
Skills in Daily Living						
Walking	2.4	8%	12%	4.7	2%	15%
Eating	2.9	8%	8%	4.3	11%	11%
Using Hands	3.2	15%	12%	4.7	9%	7%
Toileting	2.0	10%	11%	3.9	12%	15%
Bladder and Bowel Control	1.9	9%	8%	3.7	20%	13%
Focusing on Tasks/Activities	1.7	29%	7%	2.6	29%	11%
Safety Awareness	1.6	7%	18%	2.1	18%	26%
Social Interaction	2.1	23%	14%	2.8	23%	16%
Taking Prescription Medication	1.1	2%	4%	1.5	13%	15%
Personal Care	1.6	18%	5%	2.9	26%	13%
Dressing	1.9	12%	11%	3.5	15%	17%
Verbal Communication	1.7	9%	6%	2.8	17%	7%
Non-Verbal Communication	2.0	17%	7%	2.9	14%	6%
Challenging Behaviors						
Disruptive Social Behavior	3.3	20%	13%	2.2	28%	17%
Emotional Outbursts	3.5	18%	13%	2.3	26%	17%
Aggressive Social Behavior	4.1	15%	9%	2.9	29%	16%
Self-Injurious Behavior	4.3	14%	12%	3.7	23%	11%
Running or Wandering Around	4.5	8%	7%	3.5	33%	13%
Destruction of Property	4.4	15%	4%	3.5	26%	11%
Personal Outcomes Element						
Physical & Social Environment (low = 1, high = 4)						
Work or Day Program	1.2	1%	9%	1.4	2%	20%
Community Outings	1.7	54%	5%	2.1	56%	4%
Number of Friends	1.9	27%	12%	2.2	27%	15%
Number of People with Disabilities in Household	1.2	57%	2%	1.3	56%	4%
Number of Moves in the last 2 Years	3.4	9%	49%	3.2	12%	38%
Health & Safety (low = 1, high = 4)						
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%	5%	3.9	2%	7%
Appropriate Medical and/or Dental Care Provided	3.9	3%	4%	4.0	1%	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

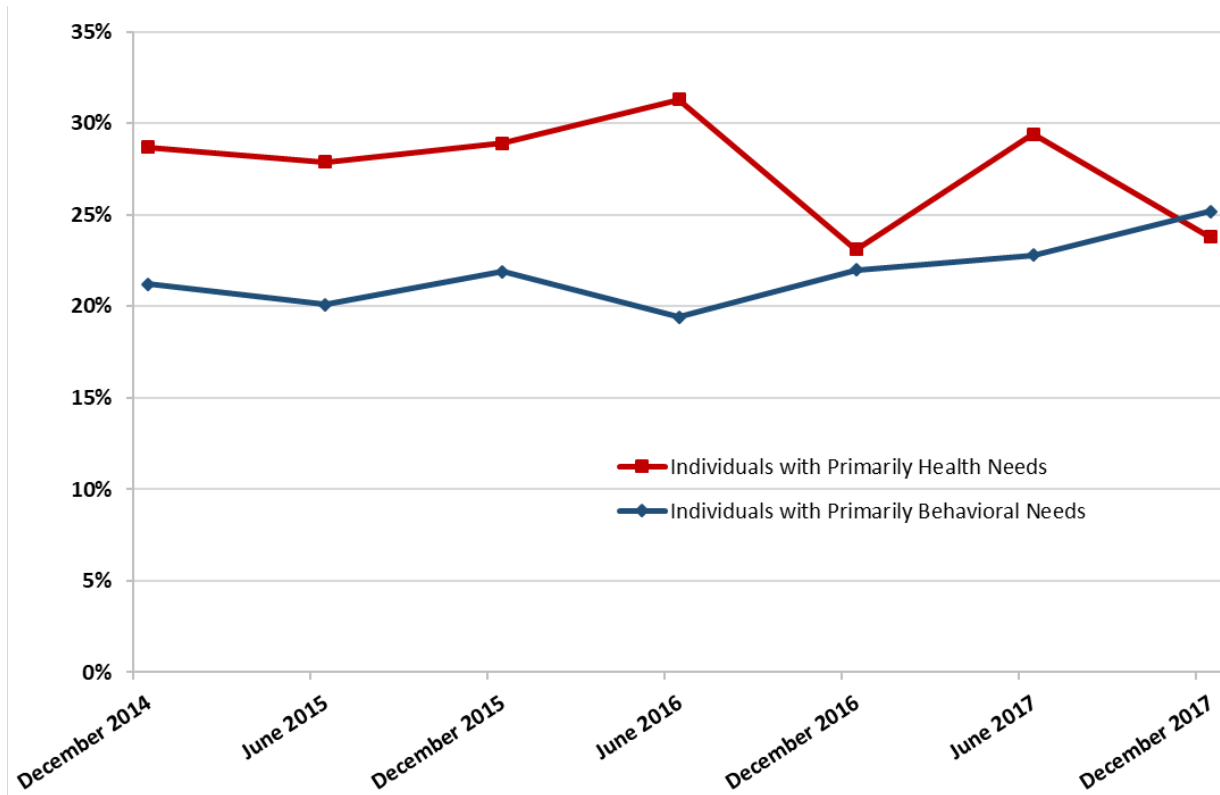
Table 10: Share of Movers with SIRs, July through December 2017

	All Movers	All Movers	Movers with Primary Health Support Needs	Movers with Primary Health Support Needs	Movers with Primary Behavioral Support Needs	Movers with Primary Behavioral Support Needs
Special Incident Type	Previous Period	Current Period	Previous Period	Current Period	Previous Period	Current Period
Number of individuals	618	726	349	432	269	294
Any non-mortality incident	27.0%	24.4%	29.5%	23.8%	23.8%	25.2%
Unplanned medical hosp.	11.2%	10.3%	14.6%	13.9%	6.7%	5.1%
Unplanned psychiatric hosp.	1.0%	2.1%	1.1%	0.7%	0.7%	4.1%
Medication error	6.1%	5.9%	6.0%	5.8%	6.3%	6.1%
Injury	7.1%	6.1%	8.0%	4.6%	5.9%	8.2%
Suspected abuse	4.4%	2.3%	4.0%	1.9%	4.8%	3.1%
Suspected neglect	0.8%	2.2%	0.9%	1.6%	0.7%	3.1%
Missing person	1.3%	1.0%	0.6%	0.2%	2.2%	2.0%
Victim of crime	0.5%	0.1%	0.0%	0.0%	1.1%	0.3%
Mortality	1.8%	1.8%	2.9%	2.5%	0.4%	0.7%

Findings and Data Notes:

- There was an overall decrease in the rate of Movers with non-mortality special incidents this period compared to last period, though there was an increase from 23.8% to 25.2% among Movers with primary behavioral support needs.
- There was an increase in the rate of suspected neglect incidents from 0.8% last period to 2.2% this period.
- 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) during the period.
- Individuals with multiple types of incidents in the period are counted in each type of incident, 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.
- The overall mortality rate was the same this period compared to last period.

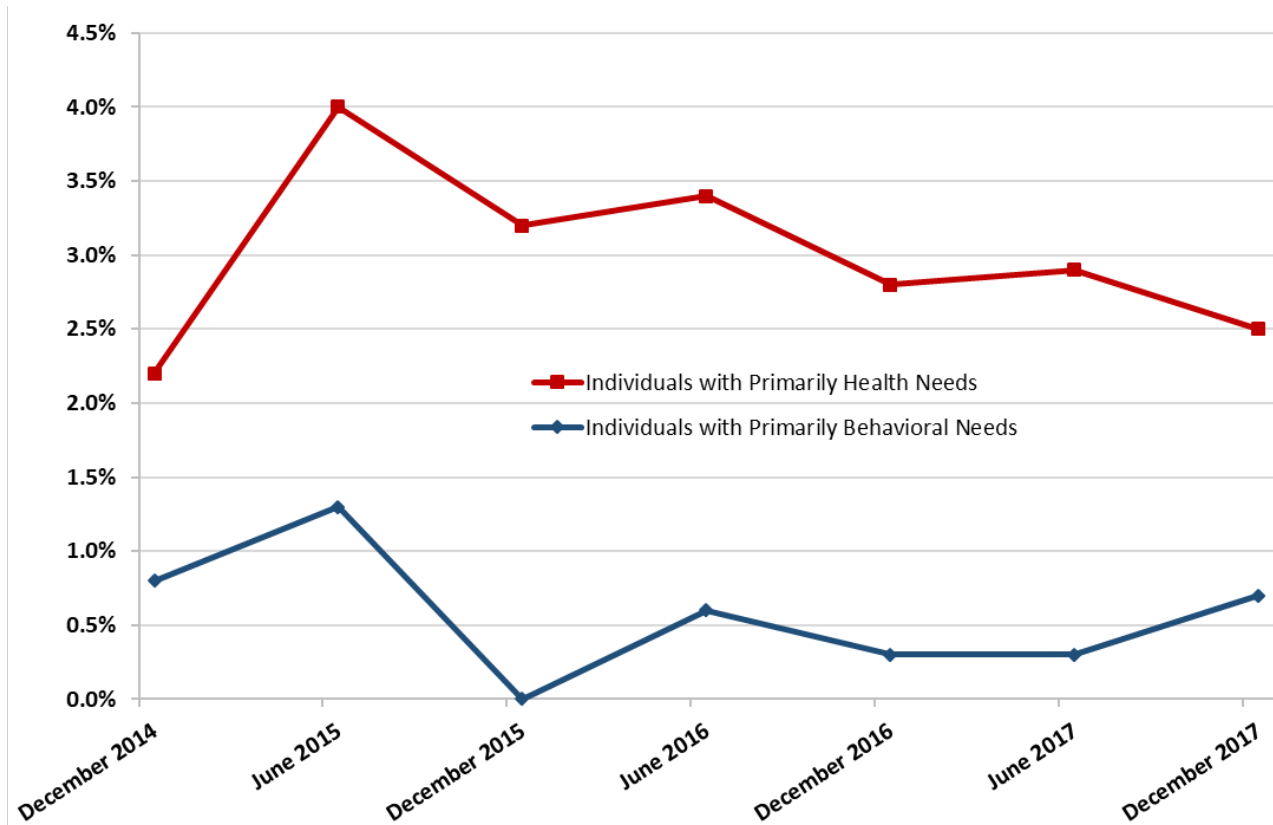
Figure 1: Non-Mortality Incident Rates, as of December 2017



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 December 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 since June 2016 in the non-mortality rate for Individuals with Primarily Health Needs.**

Figure 2: Mortality Incident Rates, as of December 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, December 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 small decline in the mortality rate for individuals with primarily behavioral needs and a small increase in the same rate for individuals with primarily health needs since December 2014.

Table 11: Non-Mortality Incidents for Movers, July – December 2017

Incident Type and Sub-Type	Incidents	Individuals	Incident Type and Sub-Type	Incidents	Individuals
Unplanned Hospitalization ¹			Injury		
Cardiac-related	2	2	Bite	3	3
Diabetes	0	0	Burns	0	0
Internal infection	28	26	Fracture	17	16
Nutrition deficiency	3	3	Dislocation	3	3
Respiratory illness	53	46	Internal bleeding	6	5
Involuntary psychiatric admission	18	15	Lacerations/sutures/staples	20	17
Seizure	4	4	Medication error	53	43
Wound/skin care	4	4	Medication reactions	3	2
Total	108	88	Puncture wounds	1	1
			Total	105	83
Suspected Abuse ²			Suspected Neglect ²		
Alleged emotional/mental abuse	5	5	Fail to assist with personal hygiene	3	3
Alleged financial abuse	1	1	Fail to prevent dehydration	0	0
Alleged physical/chemical restraint	2	2	Fail to prevent malnutrition	0	0
Alleged physical abuse	13	10	Fail to provide care-elder/adult	8	7
Alleged sexual abuse	2	2	Fail to provide food/clothing/shelter	2	2
Total	21	17	Fail to provide medical care	0	0
			Fail to protect from health/safety hazards	6	6
Victim of Crime			Total	17	16
Aggravated assault	0	0	Missing person	10	7
Burglary	0	0	Total	10	7
Forcible rape or attempted rape	1	1			
Personal robbery	0	0	TOTAL ALL NON-MORTALITY	255	177
Theft	0	0			
Total	1	1			

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

²Reported suspected abuse and neglect incidents include both substantiated and unsubstantiated reports.

Section 4: Mortality

Table 12: Mortality Incidents for Movers, July – December 2017

Incident Type and Sub-Type	Number
Mortality	
Disease-related	4
Non-disease related	1
Unknown	8
Total	13

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.
- There were four disease-related deaths during the period: two for pneumonia, one for low oxygen, and one not specified.
- There was one death listed as non-disease related, which occurred outside during a day program activity. The coroner's cause of death was accidental death due to seizure disorder, referring to childhood head trauma 40 years prior.
- There were eight deaths for which the cause (disease or non-disease) was still not specified. Several of these appear to be disease related (referencing pneumonia, chronic lung disease, and breathing problems). The cause of death is unclear for other cases, as of the last SIR updates. We expect these SIRs to be updated once death certificates become available.
- Deaths among developmental center residents are reported in a separate data system and are not included in this table.