



**UCDAVIS**

Continuing and  
Professional Education | Human Services

NATIONAL CORE INDICATORS CALIFORNIA

# MOVER LONGITUDINAL STUDY

**YEAR FOUR REPORT**

Data collected from January 2016 through December 2019

## Acknowledgments

This report is possible thanks to the 594 individuals who agreed to share about their experiences after moving from a California developmental center to the community. Special acknowledgment goes to their families, friends, and staff members who provided support and participated in the survey process.

## Message from the California Department of Developmental Services

**Mission: The Department of Developmental Services (DDS) works to ensure Californians with intellectual or developmental disabilities (I/DD) have the opportunity to make choices and lead independent, productive lives as members of their communities in the least restrictive setting possible.**

DDS is several years into a dedicated quality improvement effort to ensure the appropriate transition of individuals with I/DD who resided in a developmental center (DC) to community living and to improve services and supports to all individuals with I/DD across California. The goal of this quality improvement effort is to ensure we are supporting our mission.

To achieve that goal, DDS participates in the National Core Indicators (NCI), a nationally validated, benchmarked, and reliable quality assurance instrument that assesses individual and family satisfaction and the provision of services to support personal outcomes in accordance with Welfare and Institutions Code, Section 4571. DDS also conducts the Mover Longitudinal Study (MLS). Using the NCI surveys with individuals who moved from DCs to the community after January 1, 2016, the MLS provides information about the quality of life, satisfaction with services, the degree to which individuals achieve their goals pursuant to Welfare and Institutions Code Section 4474.12.

This report contains preliminary findings from the first four years of the MLS. Subsequent reports will include expanded data and increased participation. This is an important effort because California can use the MLS reports to monitor changes in the system and to guide strategic planning and quality improvement activities as a result of DC closures.





# Contents

- Acknowledgments . . . . . 2**
- Message from the California Department of Developmental Services . . . . . 3**
- Regional & Developmental Centers Map. . . . . 6**
- Executive Summary . . . . . 7**
  - Acronyms . . . . . 7
  - Mover Demographics. . . . . 8
- Introduction . . . . . 10**
  - Background . . . . . 10

**ADULT  
CONSUMER  
SURVEY**

- Mover Outcomes Over Time . . . . . 11**
  - Choices – Life Decisions . . . . . 11
  - Choices – Everyday Choices . . . . . 11
  - Employment and Other Daily Activities . . . . . 11
  - Mover Time Point Check-in Trends . . . . . 12
  - Community Inclusion . . . . . 14
  - Services and Supports. . . . . 15
  - Health . . . . . 16
  - Differences Between Move Year Cohorts . . . . . 17
  - Wellness . . . . . 18
  - Movers Who Independently Completed the Survey . . . . . 19
  - Respect and Rights. . . . . 20

**FAMILY  
GUARDIAN  
SURVEY**

- Experience of Family Members of Movers . . . . . 21**
  - Relationship to the Participant (i.e., Mover) . . . . . 21
  - Mover Services and Supports . . . . . 21
  - Family Respondent Characteristics. . . . . 22
  - Community Transition Planning and Services. . . . . 23
  - Services and Supports. . . . . 23

- References . . . . . 27**

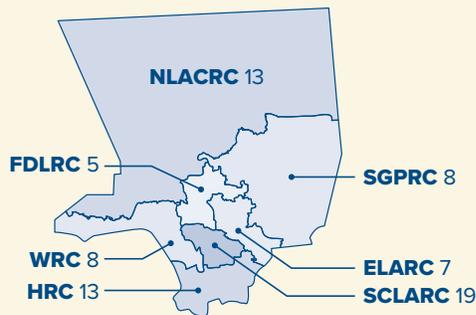




## Movers By Regional Centers

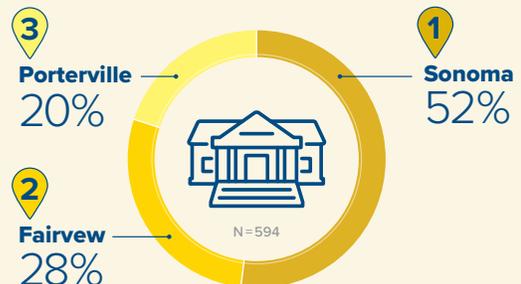


### LA Detail



|                            |            |
|----------------------------|------------|
| ACRC – Alta California     | 63         |
| CVRC – Central Valley      | 57         |
| FNRC – Far Northern        | 10         |
| GGRC – Golden Gate         | 71         |
| IRC – Inland               | 4          |
| KRC – Kern                 | 23         |
| LA County                  | 73         |
| ELARC – Eastern LA         | 7          |
| FDLRC – Frank D. Lanterman | 5          |
| HRC – Harbor               | 13         |
| NLACRC – North LA County   | 13         |
| SGPRC – San Gabriel/Pomona | 8          |
| SCLARC – South Central LA  | 19         |
| WRC – Westside             | 8          |
| NBRC – North Bay           | 83         |
| RCEB – East Bay            | 94         |
| RCOC – Orange County       | 60         |
| RCRC – Redwood Coast       | 4          |
| SARC – San Andreas         | 7          |
| SDRC – San Diego           | 28         |
| TCRC – Tri-Counties        | 13         |
| VMRC – Valley Mountain     | 4          |
| <b>Total Movers</b>        | <b>594</b> |

## Movers By Developmental Centers



# Executive Summary

The MLS is a continuous quality assessment and improvement initiative being carried out by DDS. This is an important effort to collect accurate, reliable, and valid satisfaction and outcome data among individuals with I/DD across the state who moved from a California DC to a community setting since January 2016. The MLS is part of DDS' continuous effort to improve services and supports to all individuals with I/DD across California. Over time, results can be used to identify areas of strength and areas in need of additional evaluation, planning,

and monitoring. This report summarizes data collected between January 2016 and December 2019 and highlights experiences of 594 individuals with I/DD who moved from a DC (referred to as movers), as well as 209 conservators or family members (referred to as family respondents).

## Acronyms

**ACS:** Adult Consumer Survey  
**DC:** Developmental Center  
**DDS:** California Department of Developmental Services  
**FGS:** Family Guardian Survey  
**I/DD:** Intellectual or Developmental Disabilities  
**IPP:** Individual Program Plan  
**MLS:** Mover Longitudinal Study  
**NCI:** National Core Indicators  
**RC:** Regional Centers  
**SRF:** Specialized Residential Facility

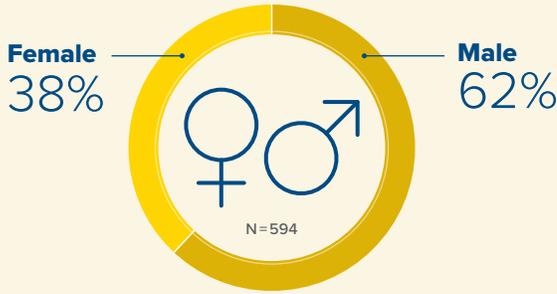
Overall, findings based on four years of data collection within the MLS suggest that most movers have experienced a successful transition to the community. The majority of mover experiences were positive and stable over time. Once the initial adjustment was made to living in a community home rather than an institution, many movers resumed their normal activities and health patterns. Healthcare and service needs for the majority of movers were met.

Most family members were satisfied with services the movers received in the community. In some instances, stability in mover experiences demonstrates that support and care within community settings was comparable to what movers received at the DCs. Nevertheless, findings also reveal areas of opportunity to ensure that movers' needs are fully met within the community. This includes health care and related screenings by providers specifically prepared to serve this population, enhanced opportunities to better inform and engage movers' families or guardians in service planning, and participation in community outings based on the wishes of movers.

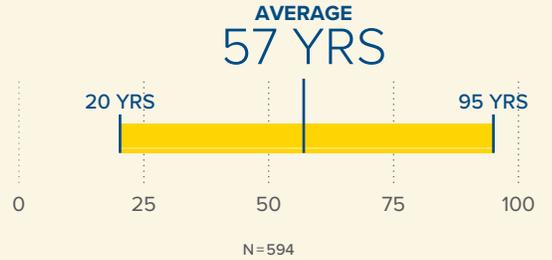


# Mover Demographics

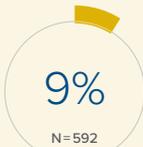
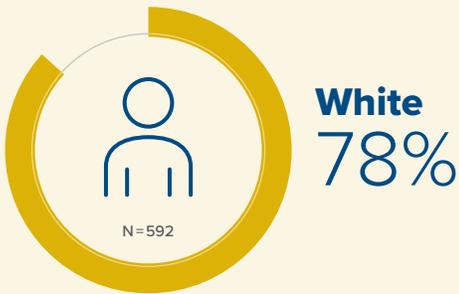
## Gender



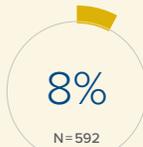
## Age Range / Average



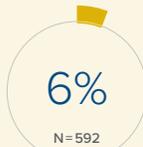
## Race & Ethnicity



Hispanic



Other

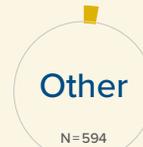


Black

## Communication



Spoken  
29%



Other  
3%



Sign Language or  
Finger Spelling  
2%

## Language



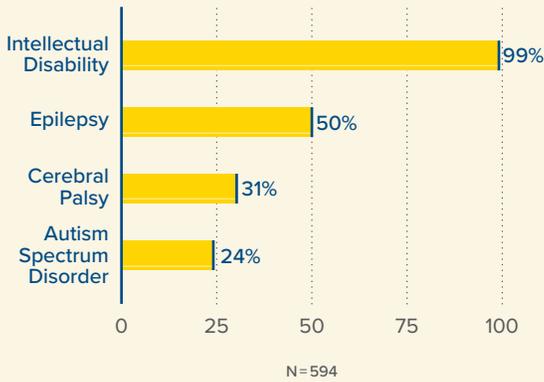
## Vision



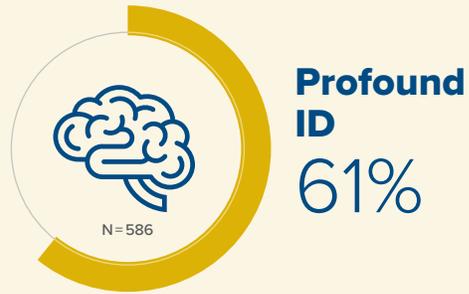
# Mover Demographics



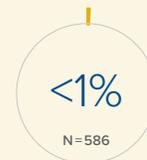
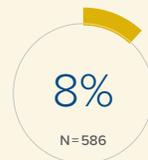
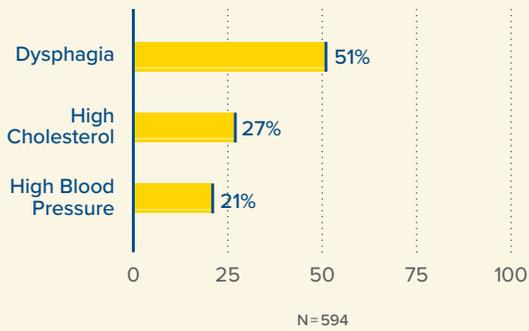
## Qualifying Conditions



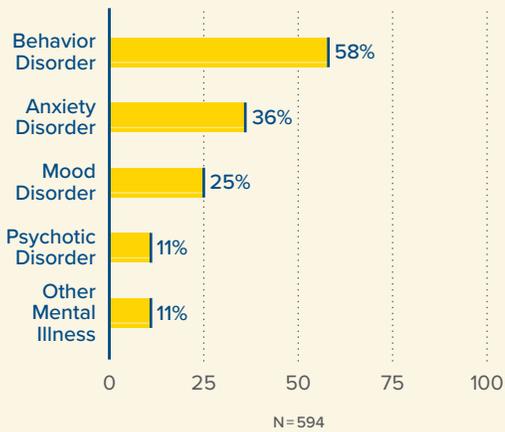
## Level of Intellectual Disability



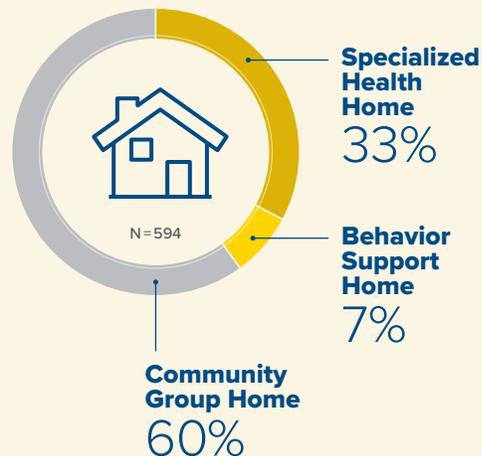
## Health Conditions



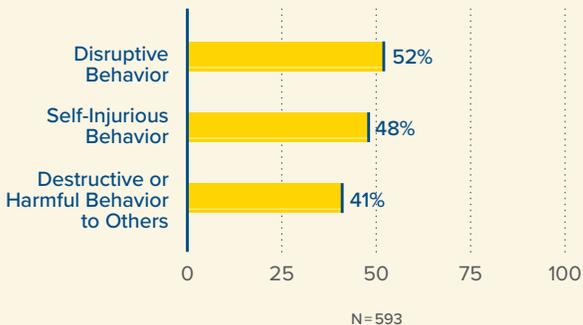
## Mental Health Conditions



## Residence Type



## Needed Support to Manage...





# Introduction

This report summarizes the first four years of data collected from individuals with I/DD and their family members or guardians who took part in the MLS. The MLS follows individuals with I/DD who previously lived in a California DC and moved into homes within community settings.<sup>[1]</sup>

## Background

DDS is responsible for overseeing the coordination and delivery of services and supports to more than 330,000 Californians with I/DD. DDS' service system is designed to meet the needs and choices of individuals at each stage of their lives and effectively serve them in their home communities, providing choices that are reflective of lifestyle, cultural, and linguistic backgrounds. This is accomplished by operating DCs and community facilities that provide residential care to individuals with I/DD, and funding private nonprofit regional centers (RCs) that provide or coordinate services and supports. Assembly Bill (AB) 1405 (2015) required DDS to close DCs and move residents into homes within the community where they can continue to receive services and supports provided by RCs. Senate Bill (SB) 982 (2016) required DDS to evaluate services and supports provided to individuals who have moved from DCs to the community. The MLS and this report are intended to help achieve this legislative mandate and provide DDS and its stakeholders with information about this group of movers, including their experiences following the move to the community.

This report is a starting point in evaluating the experience of individuals who moved to the community from a California DC on or after January 1, 2016. Findings related to mover and family member perceptions about service coordination and access, as well as mover life in the community, were selected to be highlighted in this report when they suggest that things are going well, or when they highlight areas where there may be room for improvement or a need for further exploration. Results highlighted herein should be used to guide further identification of successes that could be continued or replicated, and opportunities for improvement within the care and coordination experienced by the individuals who moved from DCs and their families.

# Mover Outcomes Over Time

The MLS uses the Adult Consumer Survey (ACS 2015-16 version) for data collection at all survey time points. Movers had the opportunity to respond to survey questions at each of the five time points, allowing for mover outcomes to be analyzed over time.<sup>[2]</sup> This section summarizes important longitudinal findings.

## Choices – Life Decisions

Many movers affirmed their ability to make choices about their own life decisions; this remained stable over time. A majority of movers indicated that the staff who worked with them were assigned, but they could request to change

staff. A majority also indicated that they were able to change their service coordinator if they wanted. Lower rates for choice were found for choosing roommates and day programs or activities. Given that homes were often specifically designed for individual movers, choice of roommates and staff may have been limited.

## Choices – Everyday Choices

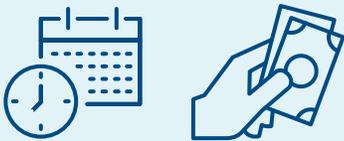
The majority of movers affirmed that they made, or had input in making, choices about things they did each day. Most movers indicated that they decided, or had input in deciding, their personal daily schedules, how they spent their free time, and how they spent their own money. The rate of making these everyday choices remained high and stable over time. These findings demonstrate compliance with the Home and Community Based Services regulations set forth in the 2014 Social Security Act that state “Individuals have the freedom and support to control their own schedules and activities...”<sup>[3]</sup>

## Employment and Other Daily Activities

Overall, most movers were engaged in some type of daily activity at all survey time points. The percentage of those who were engaged in a daily activity

“

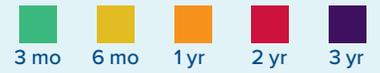
Most movers indicated that **they decided, or had input in deciding, their personal daily schedules, how they spent their free time, and how they spent their own money.**”



CONTINUED ON P14

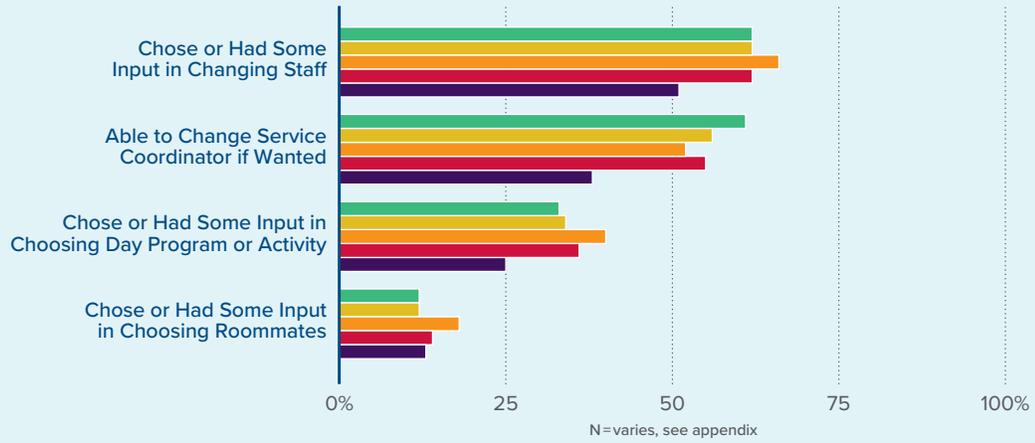


# Mover Time Point Check-in Trends



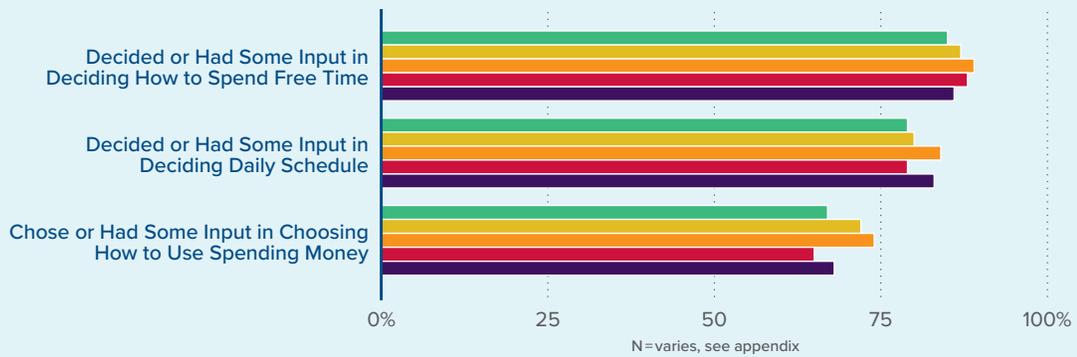
## Choices – Life Decisions

Longer bars mean more movers made life decisions for themselves



## Choices – Everyday Choices

Longer bars mean more movers made everyday choices for themselves



## Community Inclusion

Larger slices mean more movers went out into the community with friends or family



Went Out Shopping With Friends or Family



3-months



6-months



1-year



2-year



3-year



Went Out To Eat With Friends or Family



3-months



6-months



1-year



2-year



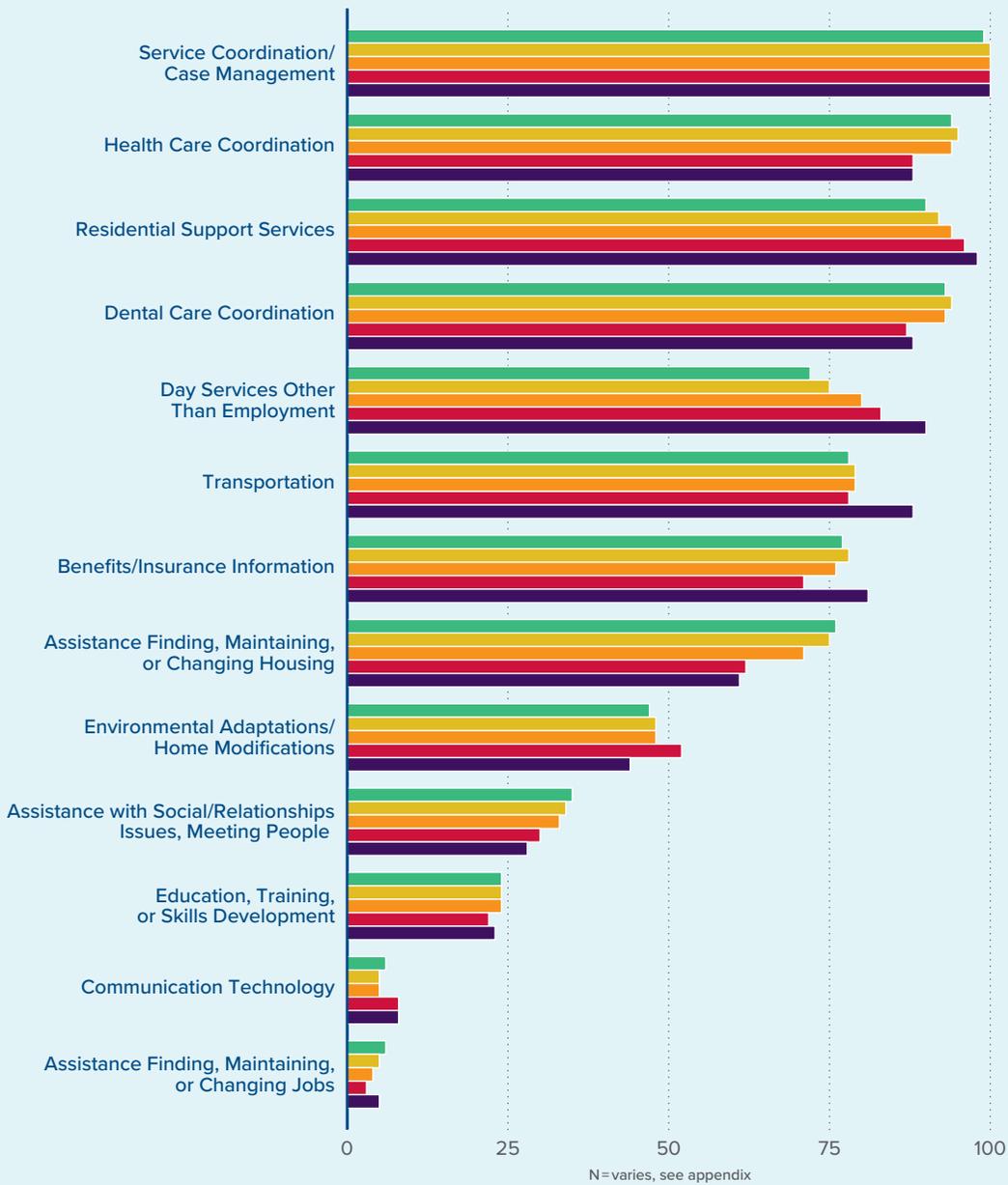
3-year

# Mover Time Point Check-in Trends



## Services and Supports Received

Longer bars mean more movers received the services/supports



ADULT CONSUMER SURVEY

## Employment and Other Day Activities

Larger slices mean more movers participated in unpaid activity



Participated in Unpaid Activity in the Past Two Weeks in a Facility-Based Setting





## CONTINUED FROM P11

outside of their homes increased over time. More than two thirds of movers were engaged in unpaid activities in a facility-based setting, such as day habilitation or seniors programs, at the three-month, six-month, one-year, and two-year time points. The rate of movers engaged in unpaid facility-based<sup>[4]</sup> activities increased to over 80 percent by the three-year time point. On average, movers were engaged in unpaid facility-based activities over 50 hours in a two-week period. Participation in unpaid activities in a community-based<sup>[5]</sup> setting (averaging over 40 hours in a two-week period) was lower than participation in unpaid activities in a facility-based setting. Approximately one in ten movers were engaged in activities such as skills training or volunteering in the community.

Few movers had community employment as a goal in their Individual Program Plan (IPP) or were engaged in paid work. Movers tended to be older in age and had more complex health conditions, factors which may have contributed to the lower rates of paid employment. Of the movers with paid employment, most received RC services or supports to participate in these activities.

### Community Inclusion

Dinora, Bogenschutz, and Broda (2020) found that individuals with I/DD who required moderate to extensive support had significantly lower odds of social participation than those with fewer support needs.<sup>[6]</sup> However, movers in the MLS, many with moderate to extensive support needs, deviated from this pattern and went on outings in the community at all survey time points. There may be opportunities to improve in the frequency of outings if movers have a desire to get out more often. Movers most frequently went out for either shopping, errands, entertainment, or eating out one to two times in a month. They went out most often with staff, housemates, or coworkers. Approximately one in ten movers went out with friends or family. The rates for those who went out shopping and out to eat with friends or family increased from the three-month to the three-year time point, suggesting that friends or family may be becoming more involved in movers' outings the longer they live in the community.



Most movers indicated they felt that **staff who worked with them had the right training to meet their needs.**



**Felt Staff Have  
The Right Training**

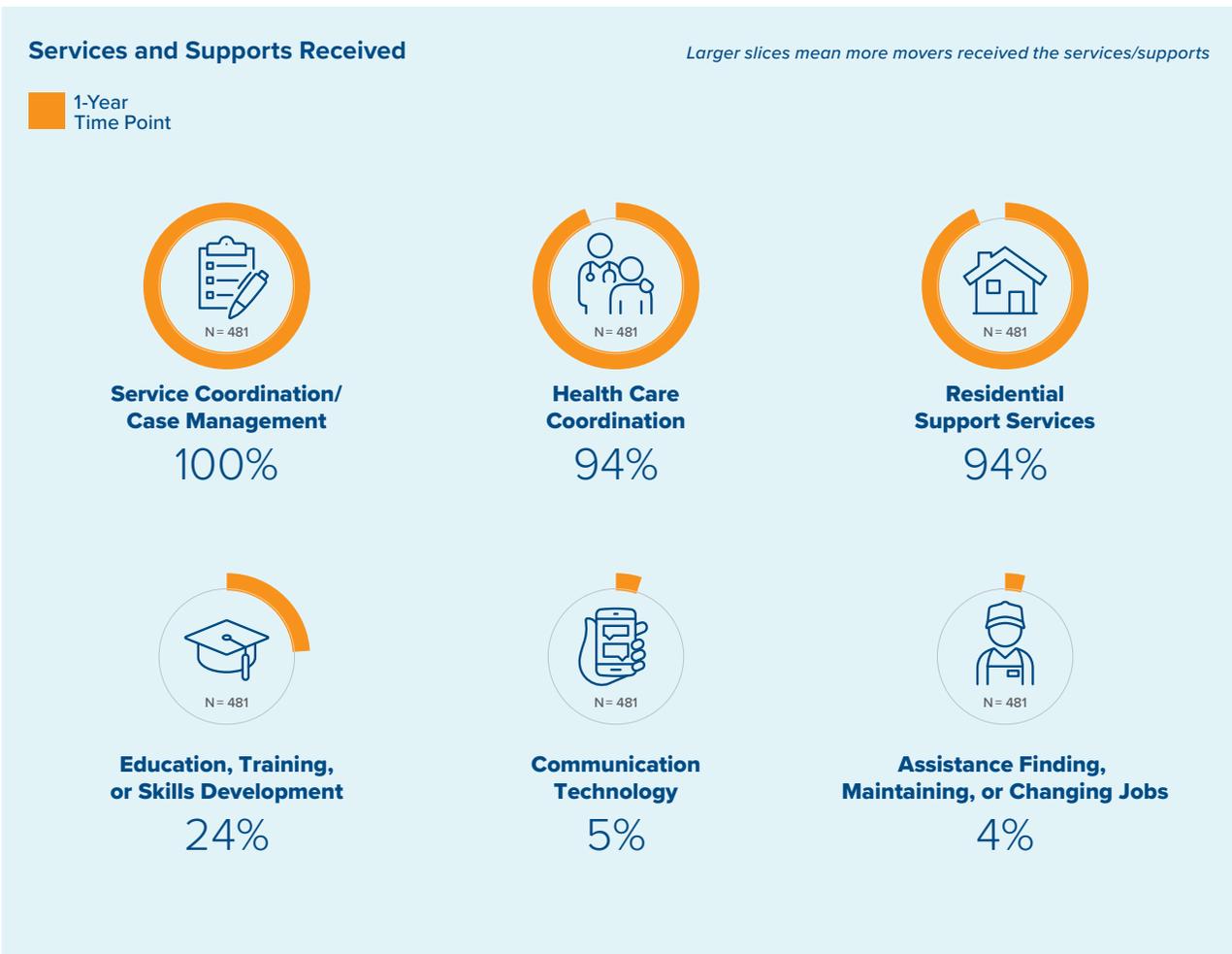
**92%**

1-Year  
Time Point

Most movers did not go to religious services or spiritual practices. Those who did most often attended one to two times in a month, and did so with staff, housemates, or coworkers. The majority of movers did not participate in community groups or activities or go on vacations. The few who did mostly went with staff, housemates, or coworkers.

### Services and Supports

Most movers indicated that staff who worked with them had the right training to meet their needs. Most movers received service coordination and case management, health and dental care coordination, and residential support services.<sup>[7]</sup> Most also received transportation; information about benefits and insurance; assistance finding, maintaining, or changing housing; and day services other than employment. Less than half received education, training, or skills development; environmental adaptations or home modifications; or





help with social or relationship issues and meeting people. Less than a quarter of movers received assistance finding, maintaining, or changing jobs; or communication technology.

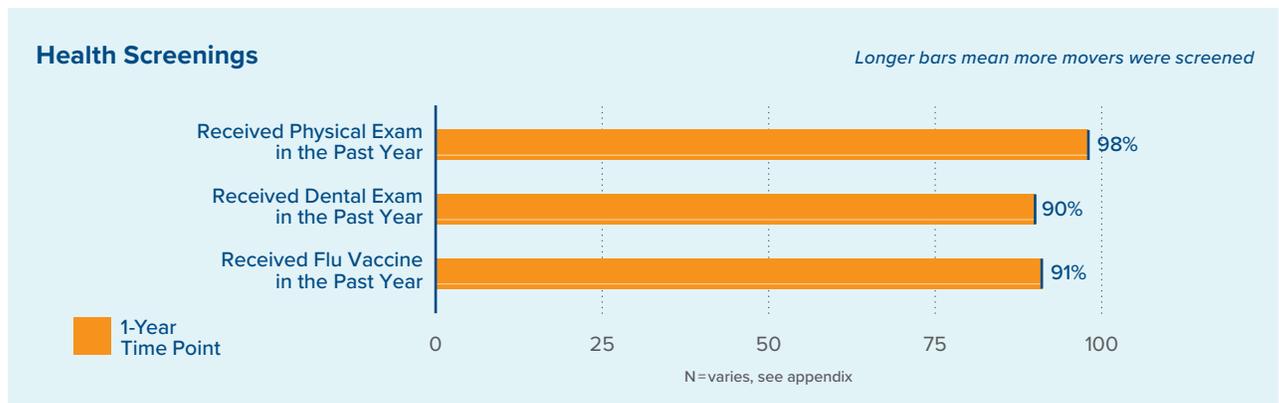
Less than seven percent of movers requested additional services or supports that were not being provided to them. This percentage remained consistent at all the survey points.

There was a decrease over time in the percentage of movers who indicated that they needed additional services in one service category. At the three-month time point, ten percent of movers reported that they needed additional services related to day services other than employment. By the three-year time point, this decreased to three percent.

## Health

### Screenings

All movers had a primary care doctor, and nearly all had an annual physical exam in the last year. This remained true at the one-, two-, and three-year survey time points, which suggests consistent access to primary care in the community. In general, the majority of movers received their health care and screenings within recommended intervals. This included annual dental exams, vision screenings, and flu vaccines, as well as hearing tests.



There was no appreciable decrease in percentage with most types of health screenings at the one-, two-, or three-year survey time points, indicating that care was maintained once movers were living in the community. Half of female movers had a pap test within the past three years, and slightly over half of women over age 40 received a mammogram in the past two years.

CONTINUED ON P18

**2016**  
COHORT  
  
Jan – Dec, 2016  
N = 106

**2017**  
COHORT  
  
Jan – Dec, 2017  
N = 190

**2018**  
COHORT  
  
Jan – Dec, 2018  
N = 226

**2019**<sup>[A]</sup>  
COHORT  
  
Jan – Dec, 2019  
N = 72

## Differences Between Move Year Cohorts

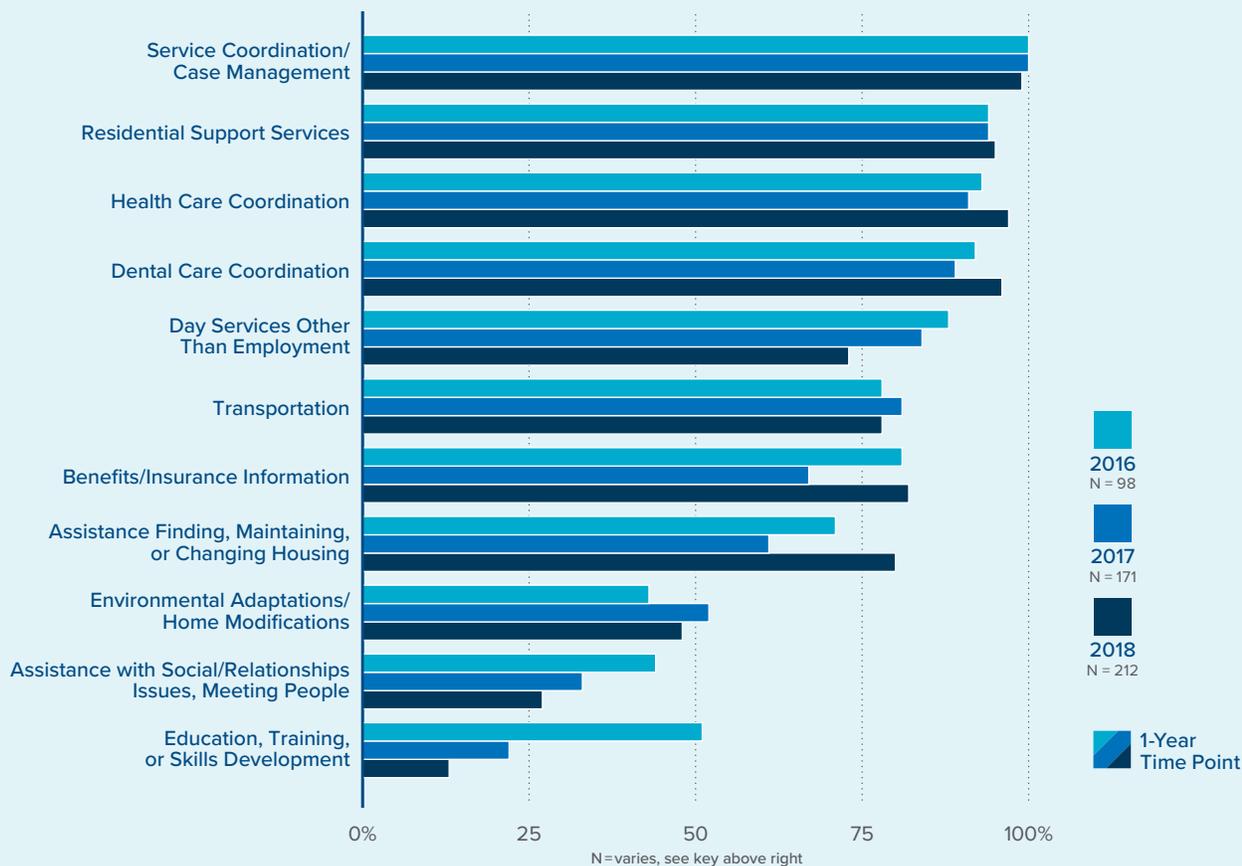
Movers transitioned from DCs and into the community over the course of a four year period. Analysis of movers based on the timing of their moves allows for identification of potential variation in services and supports that were available and/or provided over this time. To assess potential differences, movers were divided into four cohorts based on their move date.

All available data for each cohort was analyzed to look for potential differences based on the timing of the move.

No clear trends or patterns in services and supports provided to movers were identified based on their move dates. Movers in all cohorts generally did not describe the need for additional or different services and supports, which was consistent across survey time points. The lack of clear patterns in receipt of services and supports across the cohorts coupled with the lack of reported needs for additional services suggests that the service delivery system was responsive to the unique needs of the movers in each cohort.

### Services and Supports Received<sup>[A]</sup>

*Longer bars mean more movers received the services/supports*



A. Many movers in the 2019 cohort have not yet reached their one-year survey time point, therefore the 2019 cohort is not discussed in this summary.



CONTINUED FROM P16

Twenty percent of movers over age 50 had never had a colorectal cancer screening, and whether a colorectal cancer screening had ever been done was unknown for over one third of movers. In comparison, the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute have reported higher rates for these health screenings in the general population in the United States. According to the CDC, 69 percent of women had a pap test in the past three years, 65 percent of women over age 40 had a mammogram in the past two years,<sup>[8]</sup> and the National Cancer Institute reported 61 percent of adults over age 50 had a colonoscopy in the past five years.<sup>[9]</sup> Individuals who moved from DCs were generally medically fragile or had a behavioral challenge that may have limited their ability to participate in invasive health screenings or procedures. Some physicians may have recommended against invasive health screenings, or conducted less invasive screenings, as the risk of doing some screenings can outweigh potential benefits based on individual circumstances. There also may have been a limited availability of healthcare providers with the experience and equipment necessary to support this unique population.

### Medications

Rates of medication use were largely stable for the three-month, six-month, one-year, and two-year time points. Nearly half of movers took medications to treat mood, anxiety, or psychotic disorders at the first four survey time points. These rates increased slightly to over half by the fifth survey time point, three-years post move. A little over one third of movers took medications for behavioral challenges at the three-month, six-month, one-year, and two-year time points. The rate of taking medications for behavioral challenges increased to over 40 percent at the three-year time point. Most movers with epilepsy successfully had their seizures under control with medication.

### Wellness

Mover perceptions of their health were positive and stable over time. When movers were asked how they would describe their health, most responded either excellent or very good, followed by fairly good. Very few movers indicated they were in poor health. About half of movers reported they did not exercise or do physical activity at all survey time points. In comparison, 21 percent of all



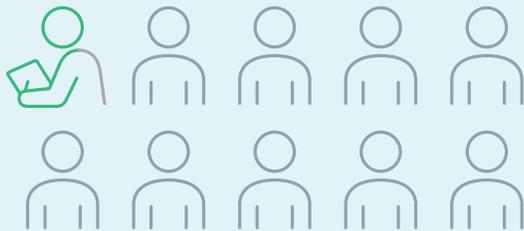
Individuals who moved from DCs were **generally medically fragile or had a behavioral challenge that may have limited their ability to participate in invasive health screenings or procedures.**

CONTINUED ON P20

## Movers Who Independently Completed the Survey

The majority of individuals who participated in the MLS had very limited ability to communicate and were unable to complete the survey independently. However, there was a small subset of individuals who were able to complete the survey independently or with limited assistance. Although this was a small group (less than 10 percent) of the total study population, we were able to gain important

insights into their thoughts, feelings, and experiences about life in the community. The ability to capture this valuable information would not have been possible without the opportunity to hear directly from individuals themselves.



**<1 in 10** 53 out of 594 people answered part or all of the survey independently



**Had Mild or Moderate ID**  
93%

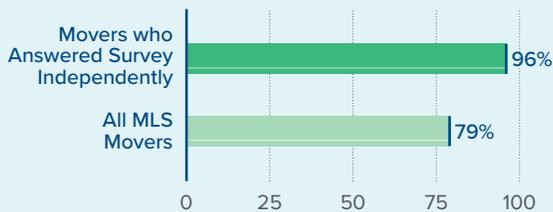


**Used Spoken Communication**  
96%

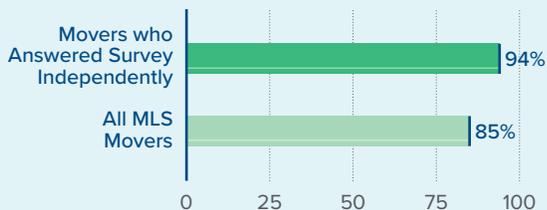
The individuals who were able to actively participate in the survey process tended to have mild or moderate ID. They were also more likely to use spoken language as their primary means of communication (96 percent) and most were able to move independently. The majority lived in a specialized residential facility (SRF), with fewer living in other types of settings. The vast majority of individuals in this sub-group liked their new homes, felt respected by staff, and felt their services helped them have a good life.

Overall, responses from this group indicate that movers settled well into their new settings. These individuals (who were able to complete some or all of the survey independently) responded similarly to individuals with I/DD who participated in the [2017-18 statewide In-Person NCI Survey](#). All eight individuals in the MLS who had paid employment were in this group. Individuals who were able to actively participate in the survey process were more likely than others in the MLS to go out more than five times per month on various outings in the community. They were also more likely to indicate that they made their own life choices and decisions than the larger study population. Additionally, individuals in this group were more likely to have a key to their homes and the ability to lock their bedrooms.

### Mover “Decided” or “Had Help Deciding” Daily Schedule



### Mover “Decided” or “Had Help Deciding” Free Time



3-Month Time Point



CONTINUED FROM P18

adults in California did not exercise or do physical activity in the past month according to a 2019 annual report by the United Health Foundation.<sup>[10]</sup> At each survey time point, half of movers were considered overweight or obese (BMI>25), which was comparable to rates in adult Californians.<sup>[11]</sup>



## Respect and Rights

Based on select rights asked about in the survey, the percentages of movers able to assert their rights were stable over time but low (i.e., always 16 percent or lower). Few movers participated or had the opportunity to participate in self-advocacy groups or events. Similarly, few movers voted or had the opportunity to register but chose not to.

Despite the 2014 Social Security Act requirement that all individuals who live in community-based residential settings “must be able to lock the door to their unit or dwelling, that the individual has a key to the door, and that only appropriate staff have keys”,<sup>[3]</sup> the large majority of movers did not have a key to their homes; nor were they able to lock their bedrooms. The discrepancy is likely attributed to California Fire Marshal regulations which prohibit any locking device (i.e. night latch, dead bolt, security chain, or any similar device) on the interior bedroom door for individuals unable to independently walk to exit from their bedroom.<sup>[12]</sup> Until this discrepancy is addressed, rates for this measure are expected to remain low.

# Experience of Family Members of Movers

The MLS uses the Family Guardian Survey (FGS 2015-16 version) for data collection at all survey time points. This report includes data from all family respondents who completed the FGS *for any of the first four survey time points (i.e., three-months, six-months, one-year, and two-years post-move).*<sup>[A]</sup> *Family respondents were sent a survey at every time point but not all returned it.*



## SATISFACTION

I was apprehensive of John's<sup>[B]</sup> move into a community residence. He was well served and happy at Sonoma DC. However, the experience at the community residence has proven to be exceptional and he is quite happy and continues to be well served.

—Family Respondent

For many survey questions, the answer choice “don’t know” was selected at a rate of 20 percent or higher. The summaries below discuss the “don’t know” responses when a high rate may be meaningful.

### Relationship to the Participant (i.e., Mover)

Broadly speaking, respondents saw movers less frequently over time. Family respondents who reported seeing movers more than 12 times per year decreased from 32 percent to 23 percent. By contrast, family respondents who reported seeing movers less than one time each year increased from nine percent to 15 percent.

### Mover Services and Supports

Approximately one quarter of family respondents indicated that they spent some of their own money for movers’ services in the past year. The rate of out-of-pocket spending varied between 25 percent and 29 percent over the first three time points, and decreased to 16 percent at the two-year time point.

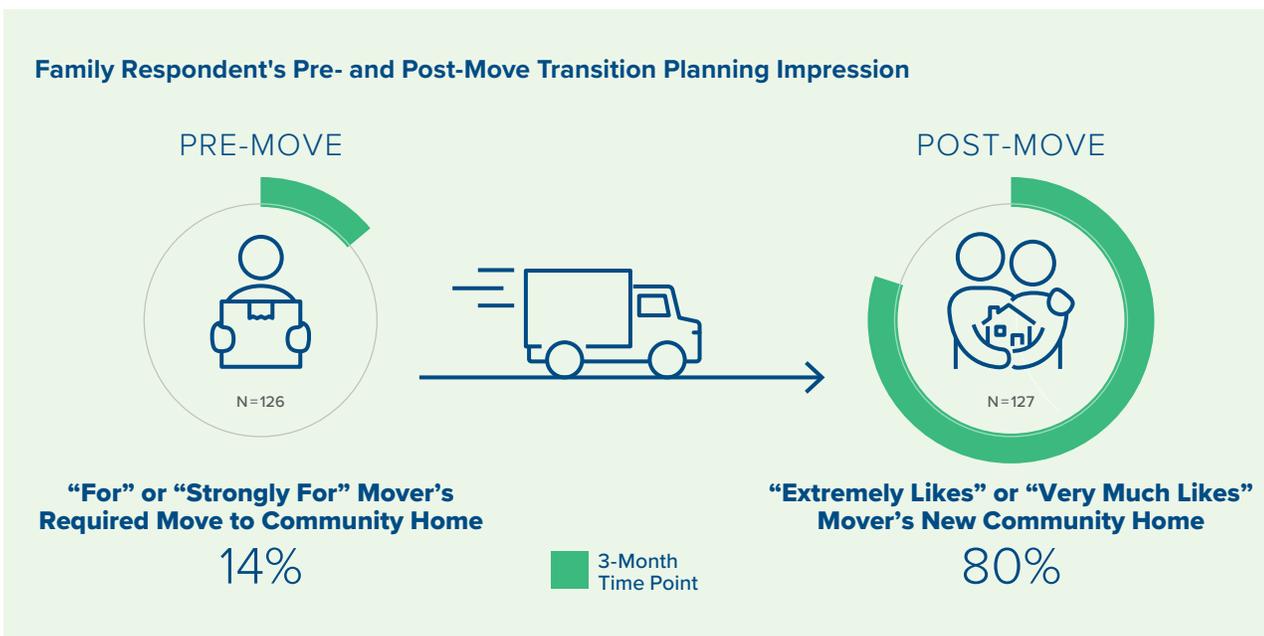
Approximately 80 percent of family respondents indicated that movers received Social Security payments. This rate decreased at the two-year time point (62 percent). Rates of answering “don’t know” remained stable at less than 20 percent from three-months through one-year and then increased to 29 percent at the two-year time point.

A. This report does not discuss or include data from the three-year survey time point due to the limited sample size.  
B. Family respondent quotations use pseudonyms to protect individual identities.



## Community Transition Planning and Services

Notably, family respondents reported feeling positive about movers' living situations even if they initially did not support the move to the community. When asked to think back to when they first heard about the relocation, at the three-month time point only 14 percent of family respondents reported that they were for or strongly for the move. By contrast, at three-months 80 percent of family respondents said that they very much or extremely liked the new homes, and at two-years this rate increased to 92 percent.



## Services and Supports

### Satisfaction

The majority of family respondents were always or usually satisfied with the services and supports the movers received. This satisfaction rate has gradually increased from 90 percent at the three-month survey time point to 95 percent at two-years.

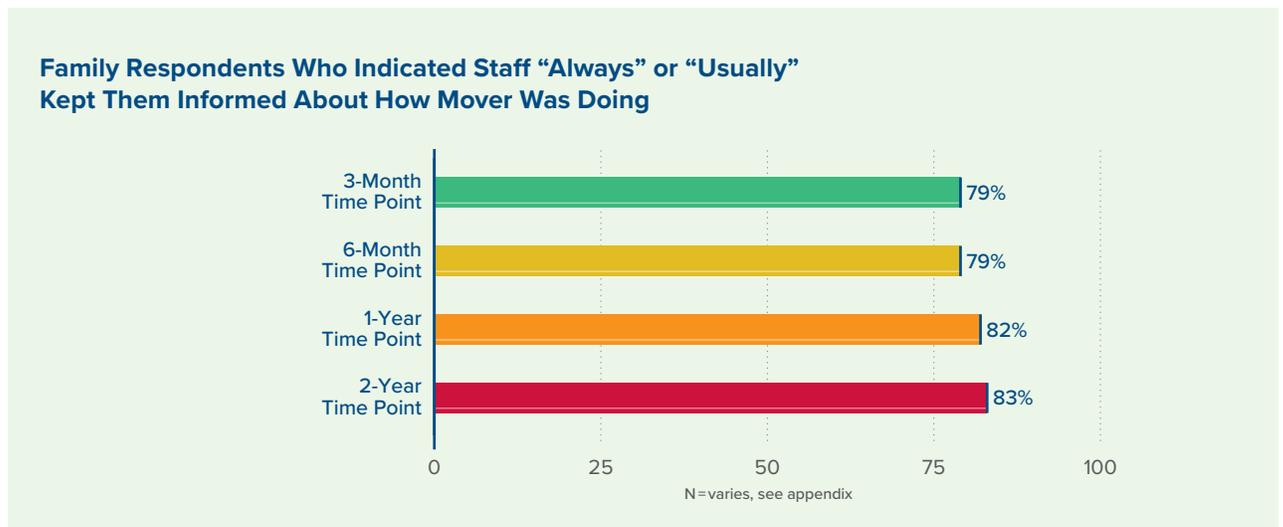
Family respondent knowledge about how to report suspected abuse and neglect or file a grievance increased over time. Half of family respondents indicated that they knew how to file a grievance about provider agencies or staff three months after movers moved to the community. That proportion increased to 60 percent at the two-year time point. Moreover, 61 percent of family respondents indicated that



they knew how to report abuse or neglect three-months after the move, and this rate increased to 79 percent by the two-year time point.

### Information and Planning

The majority of family respondents felt positively about the information and support that they received to help plan for services and to remain engaged in that process. Specifically, four out of five family respondents consistently indicated that they always or usually got enough information to take part in planning services for movers. Family respondents indicated that information they received was always easy to understand, and this increased over time. At the three-month survey time point, about half of family respondents felt the information received was always easy to understand; by two-year, 61 percent felt it was always easy to understand. Research has shown that family respondents can be an important part of creating person-centered plans as they can advocate for the person with I/DD by identifying services and supports that will benefit the individual.<sup>[13]</sup> Findings from the study suggest that family members received the information they need to play this role in the lives of movers.



Over three quarters of family respondents reported that staff at the residential facilities where movers lived always or usually kept them informed about how movers were doing. The percentage of family respondents who indicated they were always kept informed was higher at the two-year time point than at three-months.

**ACCESS AND DELIVERY OF SUPPORTS**

Calm, pleasant environment, all new, nice and safe neighborhood; people seem well trained and caring, communicate any issues to family members promptly and thoroughly.

—Family Respondent

When asked, family respondents felt that service coordinators respected family opinions and choices. Those who indicated always feeling respected by service coordinators increased from 65 percent at three-months to 75 percent at the two-year time point.

About 80 percent of family respondents knew that movers had an IPP and approximately 90 percent said that the IPP included all of the services and supports movers needed. Over time, family respondents indicated greater knowledge or awareness about whether movers received all of the services listed in the mover's IPP. Approximately 20 percent of family respondents did not know about services received at three-month through one-year time points. This dropped to 11 percent at the two-year time point.

At the last IPP meeting, a little more than half of the family respondents who attended discussed how to handle emergencies. Two in five family respondents reported that they felt prepared to handle the needs of movers in an emergency.

**Access and Delivery of Supports**

About nine in ten family respondents indicated that they were always or usually able to contact movers' support workers. Furthermore, most family respondents indicated they were always or usually able to contact movers' service coordinators.

Nearly all family respondents indicated that support workers always or usually spoke to them in a way they understood and in a language they preferred. Additionally, almost all family respondents indicated that services were delivered to movers in a way that was respectful to family respondent culture.

For the movers who took medication, most family respondents knew what the medication was for; although nearly half did not know what was needed to safely take the medication.



### Outcomes of Services and Supports

Family respondents believed that services and supports have made a difference in movers' lives, increasing from 80 percent at three-months to 90 percent at two-years. Additionally, four out of five family respondents believed services and supports have helped movers live a good life.

### Choice, Decision Making, and Control

Approximately half of family respondents indicated that the mover's residential services provider always or usually involved the mover in important decisions. Approximately one third of family respondents did not know if the mover was involved in making important decisions.

Over two thirds of family respondents indicated that they did not know whether they could change the service coordinator. Family respondent awareness that they could choose or change the agency or the staff that provided services to the mover increased slightly over time. Two thirds of respondents reported they did not know they could do this at three-months through one-year and this rate decreased at the two-year time point.



Four out of five family respondents believed **services and supports have helped movers live a good life.**



**Services & Supports  
Have Helped Movers  
Live a Good Life**

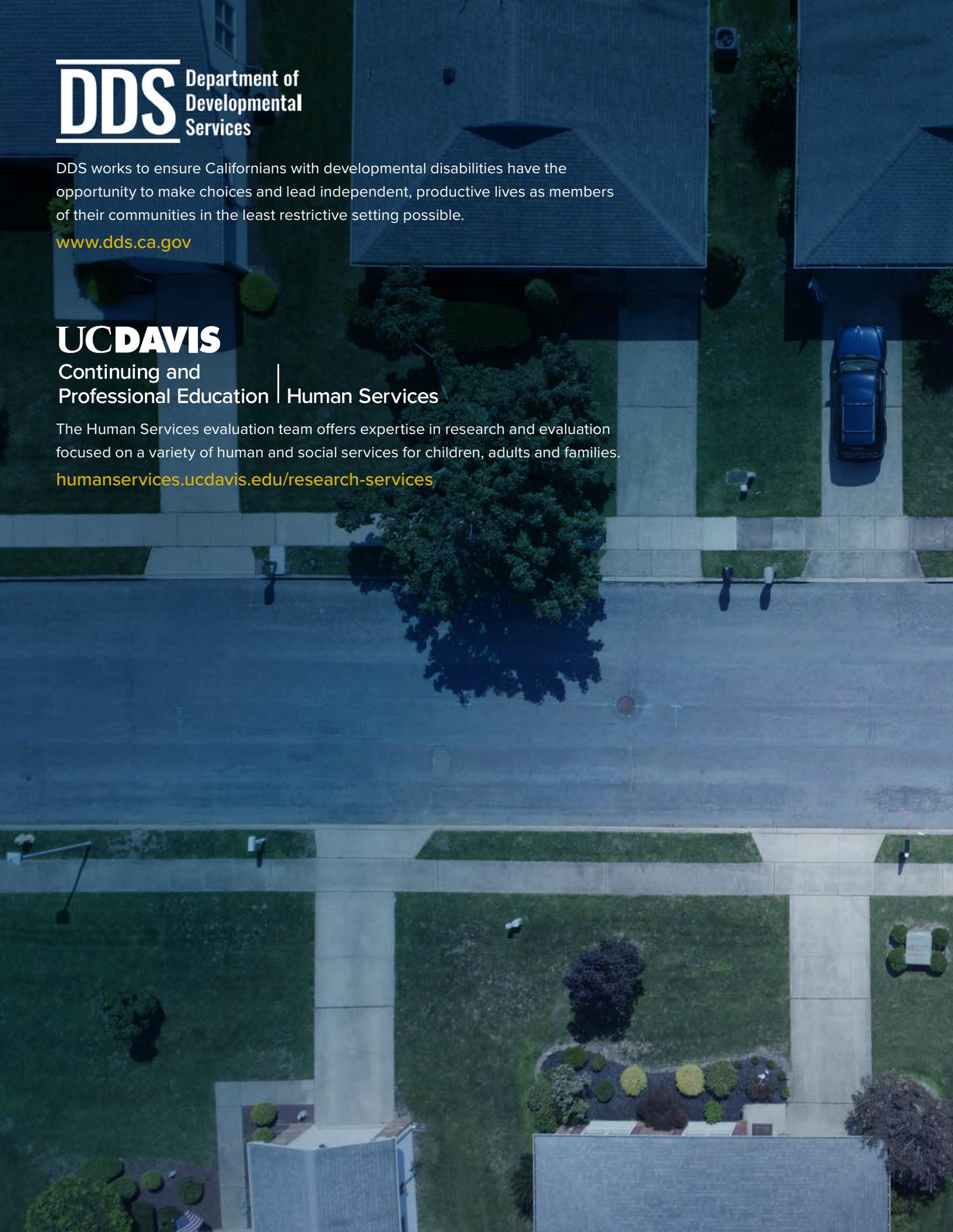
**81%**

3-Month  
Time Point



# References

- 1 The current Year 4 Report includes findings from data collected from movers who moved into the community between 1/1/16 and 12/31/19, whereas the Year 3 Report included findings from data collected from movers who moved between 1/1/16 and 12/31/18, and the Year 2 Report included findings from movers who moved between 1/1/16 and 12/31/17.
- 2 The majority of surveys were completed by proxy respondents on the movers' behalf (>90%).
- 3 Social Security Act of 1935, 42 C.F.R. § 441.530(a) (1)(vi)(B) (2014). Retrieved from <https://www.govinfo.gov/app/details/FR-2014-01-16/2014-00487/summary>
- 4 Facility-based setting is a place where most people do have disabilities.
- 5 Community-based setting is a place where most people do not have disabilities.
- 6 Dinora, P., Bogenschutz, M., & Broda, M. (2020). Identifying predictors for enhanced outcomes for people with intellectual and developmental disabilities. *Intellectual and Developmental Disabilities, 58*(2), 139-157. doi: 10.1352/1934-9556-58.2.139
- 7 All participants receive service coordination/case management, health and dental care coordination, and residential support services, even though a small percent of participants did not report this within the surveys.
- 8 Centers for Disease Control and Prevention. (2017). *Mammography* [Data file]. Retrieved from <https://www.cdc.gov/nchs/fastats/mammography.htm>
- 9 National Cancer Institute. (2020). *Colorectal Cancer Screening*. Retrieved from [https://progressreport.cancer.gov/detection/colorectal\\_cancer](https://progressreport.cancer.gov/detection/colorectal_cancer)
- 10 America's Health Rankings Annual Report, United Health Foundation. (2020). *Physical Inactivity*. Retrieved from <https://www.americashealthrankings.org/explore/annual/measure/Sedentary/state/CA>
- 11 Wolstein, J., Babey, S. H., & Diamant, A. L. (2015). Obesity in California. *UCLA Center for Health Policy Research*.
- 12 California Fire Code. §§ 435.8.3.3 (2019). Retrieved from <https://up.codes/viewer/california/ca-fire-code-2019>
- 13 Reynolds, M., Palmer, S., & Gotto, G. (2018). Reconceptualizing natural supports for people with disabilities and their families. *International Review of Research in Developmental Disabilities, 54*, 177-209.



**DDS** Department of  
Developmental  
Services

DDS works to ensure Californians with developmental disabilities have the opportunity to make choices and lead independent, productive lives as members of their communities in the least restrictive setting possible.

[www.dds.ca.gov](http://www.dds.ca.gov)

**UCDAVIS**  
Continuing and  
Professional Education | Human Services

The Human Services evaluation team offers expertise in research and evaluation focused on a variety of human and social services for children, adults and families.

[humanservices.ucdavis.edu/research-services](http://humanservices.ucdavis.edu/research-services)