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Professional Education | Human Services

NATIONAL CORE INDICATORS CALIFORNIA

MOVER LONGITUDINAL STUDY

FINAL REPORT

Data collected from January 2016 through February 2022

Acknowledgments

This report is possible thanks to the 621 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.



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Introduction

This final report summarizes findings of the Mover Longitudinal Study (MLS), which took place over the course of six years. The MLS followed individuals with Intellectual or Developmental Disabilities (I/DD) who previously lived in a California Developmental Center (DC) and moved into homes in a community setting.

Background

Beginning in January 2016, the Department of Developmental Services (DDS) was required^[1] to close California's DCs and move all residents into homes within the community where they would continue to receive services and supports provided by regional centers (RCs). To evaluate and improve their transition and to identify and remediate gaps in the community services system, DDS was required^[2] to study these individuals, known as movers, in the first two years following their move into the community.

This study, the MLS, was designed by the University of California, Davis (UCD) to provide needed information to stakeholders about the transition of these movers and to help DDS answer questions about how and why changes in services occur over time for people who move from a DC to the community.

During the course of the study, the developmental services system created and opened innovative service models to meet the unique needs of many of the movers. The illustration on page 6 provides a summary of the development of these new service models along with the timeline for the MLS and DC closures.

Study Design

Data was collected between January 2016 and February 2022, two years after the last individual moved out of the Fairview Developmental Center, the final California DC to close. The MLS used the National Core Indicator Adult Consumer Survey^[3], a nationally validated and reliable quality assurance tool. The survey instrument was modified slightly to ask questions specific to individuals who have moved from a California DC to the community. Movers had the opportunity to respond to survey questions at each of four time points, allowing for responses to be analyzed over time.^[4]

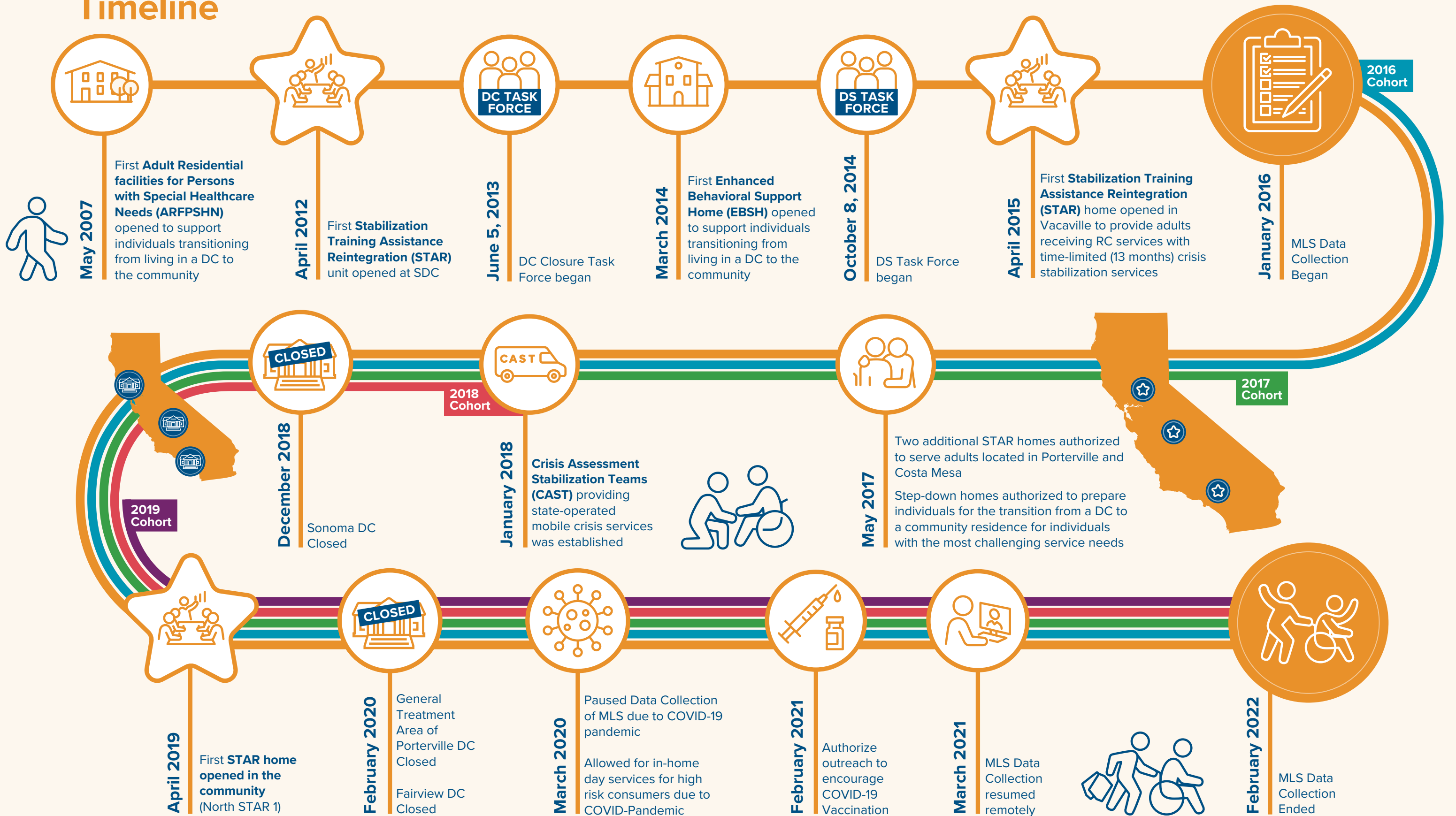
The MLS was collected by in-person interview of participants at three months, six months, one year, and two years after they moved into a community setting.^[5] The survey asked questions on a range of topics related to the movers' perceptions about service coordination and access, as well as their life in the community. More information on the study design and methodology is available in the MLS Final Report Appendix.

Summary of Findings

Overall, findings 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, many movers resumed their normal activities and health prevention and wellness routines. Healthcare and service needs for the vast majority of movers were met.

The results highlighted here should be used to guide further inquiry of community living successes to be continued for the individuals who participated in the MLS. The results can also be used to replicate the coordination of services and support for individuals who have intense medical or behavior support needs, similar to those found among MLS participants.

MLS Timeline



Mover Outcome Highlights

Some key areas of movers' health, wellness, and community participation showed improvement. These improvements were seen across all four cohorts.

Health and Wellness

Over time, more movers reported their health was excellent or very good and more movers reported exercising or doing physical activity at least one time per week. Additionally, the rate of tobacco use decreased over time.



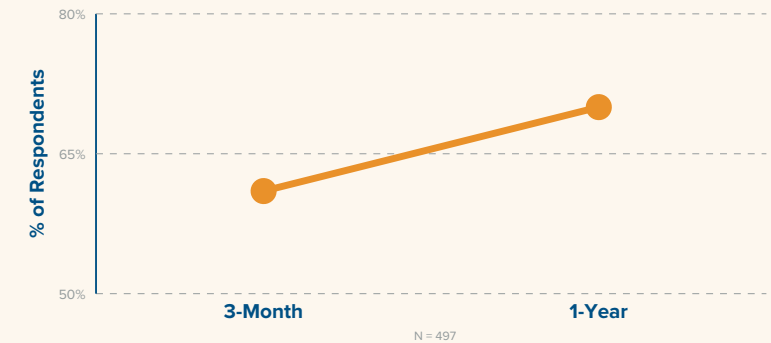
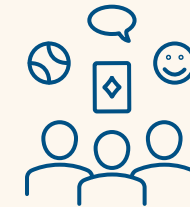
Over time, more movers reported their health was excellent or very good and more movers reported exercising or doing physical activity at least one time per week.

Movers had consistent access to primary and preventative healthcare in their communities. Across time, movers received basic health care and screenings within the recommended intervals, including annual physical exams, dental exams, and flu vaccines. Movers received cancer screenings at rates similar to the general population in the United States.^{[7][8][9]} The rates for receiving all types of screenings remained stable over time.

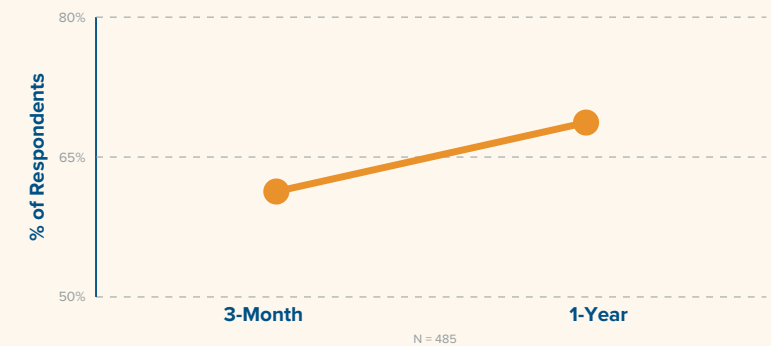
Participation in Day Program Increased

Three months after moving into the community, sixty percent of movers engaged in unpaid activities at a facility, such as a day habilitation center or senior program. At the end of one year, seventy percent of movers did.

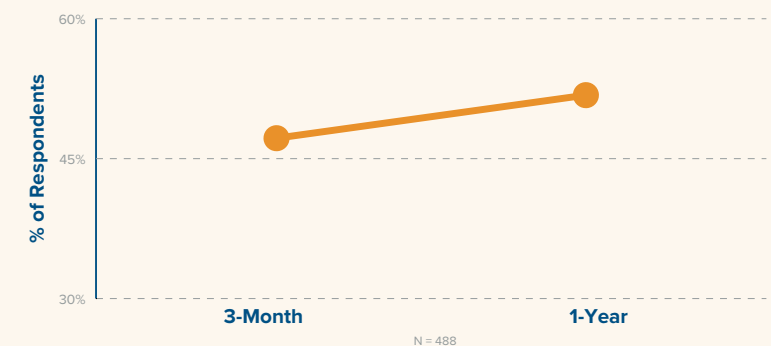
Participated in Unpaid Facility-Based Activity in the Past Two Weeks



Excellent or Very Good Health Status



Exercises or Does a Physical Activity at Least 1 Time Per Week



Mover Responses Over Time by Move Cohort

To look for potential differences in the services and supports that were provided over the course of the MLS, movers were divided into four cohorts based on their move date. Survey responses were analyzed in two ways: (1) to look for differences in responses for the movers over the two-years after they moved into a community setting (longitudinal analyses); and (2) to look for differences in responses between the four cohorts (cohort analyses).

Longitudinal Analyses

The longitudinal analyses show that overall, movers' transitions to the community were positive and stable over time. The most significant change was seen between the time movers first moved to the community and one year after moving. After one year, those responses became stable. This indicates that after an initial adjustment to living in a community home, many movers established a new normal of activities and health maintenance visits.

Cohort Analyses

The cohort analyses show that movers in different cohorts had different demographic characteristics. These likely contributed to differences in survey responses. For example, the cohorts reported going out in the community at different rates and accessing different services and supports. It is likely these variations are related to the cohorts having distinct demographics, and therefore different needs, and not to differences in the availability of services and supports. This report summarizes important findings between cohorts, focusing on the variation between the cohorts in demographics, services and supports, and community inclusion.



Demographics

There are demographic differences between the cohorts. For example, the movers in the 2016 cohort were younger, more likely to be independently mobile, and less likely to have severe to profound levels of intellectual disability than the other cohorts. Movers in the 2017 cohort were more likely to be non-ambulatory, more likely to have profound levels of intellectual disability, and less likely to use spoken communication than the other cohorts. Movers in the 2018 cohort were older and more likely than the other cohorts to have severe levels of intellectual disability. These demographic differences likely contribute to the differences in responses described in [Mover Demographics on pages 12-13](#).

2019 Cohort

It is important to note that a majority of the findings discussed in this report are from data that was collected before the COVID-19 pandemic began. The pandemic and related shelter-in-place orders caused a sudden halt in data collection for an extended period of time until other reliable data collection methods could be implemented. The majority of movers in the study had been living out in the community for at least one-year before the pandemic started. Movers in the 2019 cohort reached their one-year mark of living in the community while data collection was paused due to the pandemic. Therefore, they did not get the opportunity to participate in the one-year survey and findings about the one-year time point do not include movers from the 2019 cohort.

Movers from the 2019 cohort were able to participate in their two-year survey remotely via Zoom. Their two-year survey occurred amid the pandemic and findings indicate services and supports were not negatively impacted; the 2019 cohort continued to receive services and supports at the rate in which they received them before the pandemic. The only notable difference in two-year survey responses for the 2019 cohort was the number of times movers participated in various outings in the community. As expected, and similar to the general public in California, the movers in the 2019 cohort went on outings in the community less often than movers in other cohorts whose two-year surveys occurred before the pandemic.



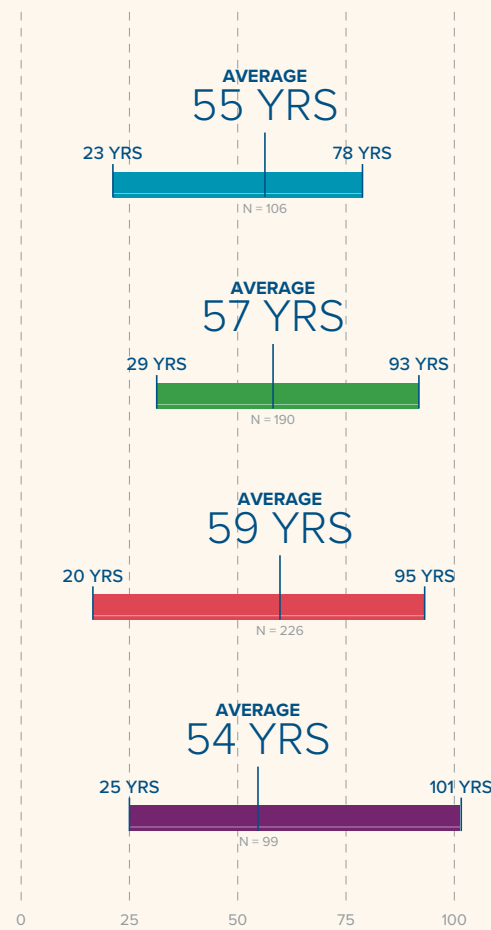


Mover Demographics

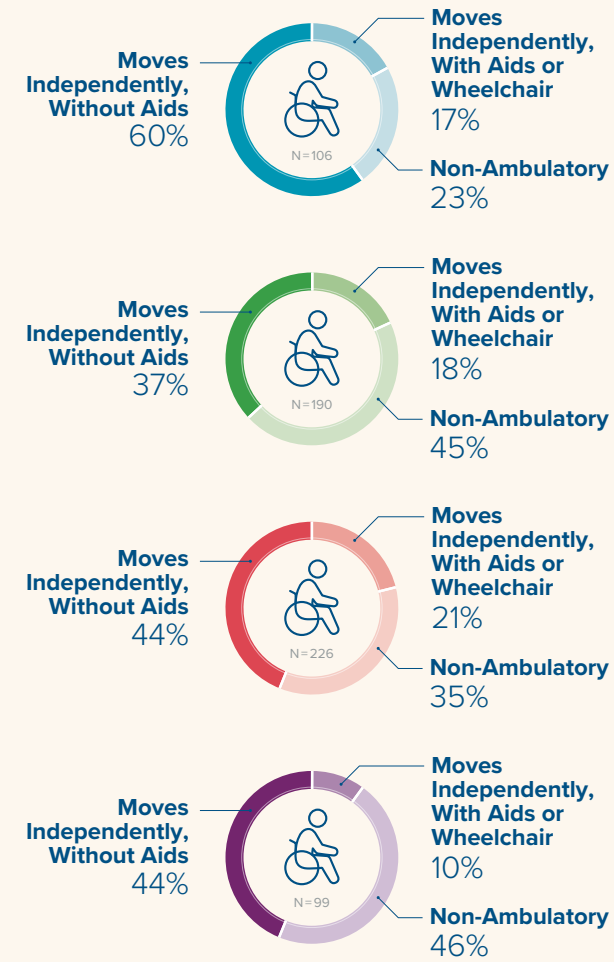
Some totals do not add up to 100% due to rounding



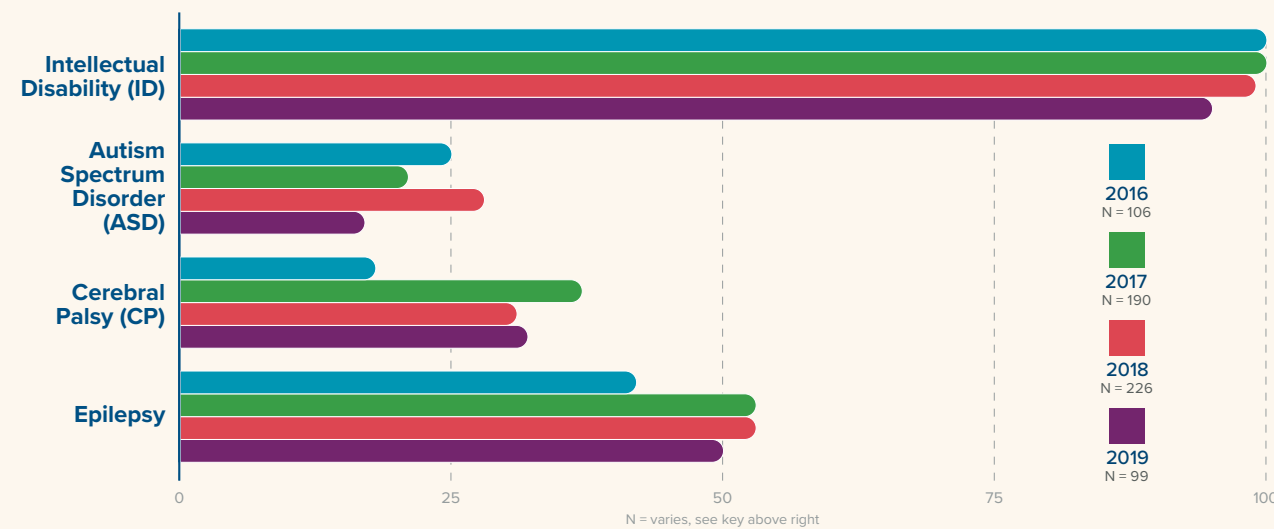
Age Range / Average



Mobility



Qualifying Conditions

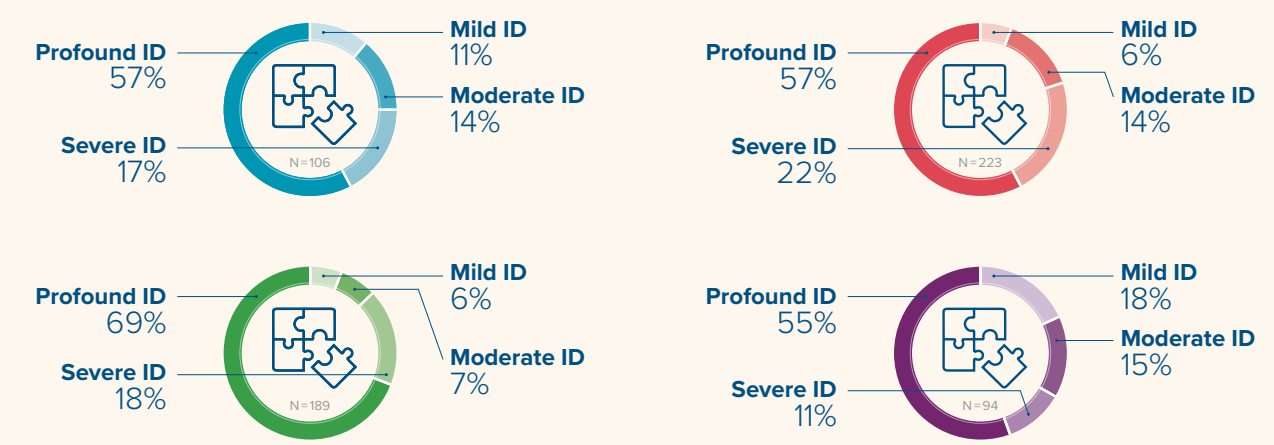


Mover Demographics

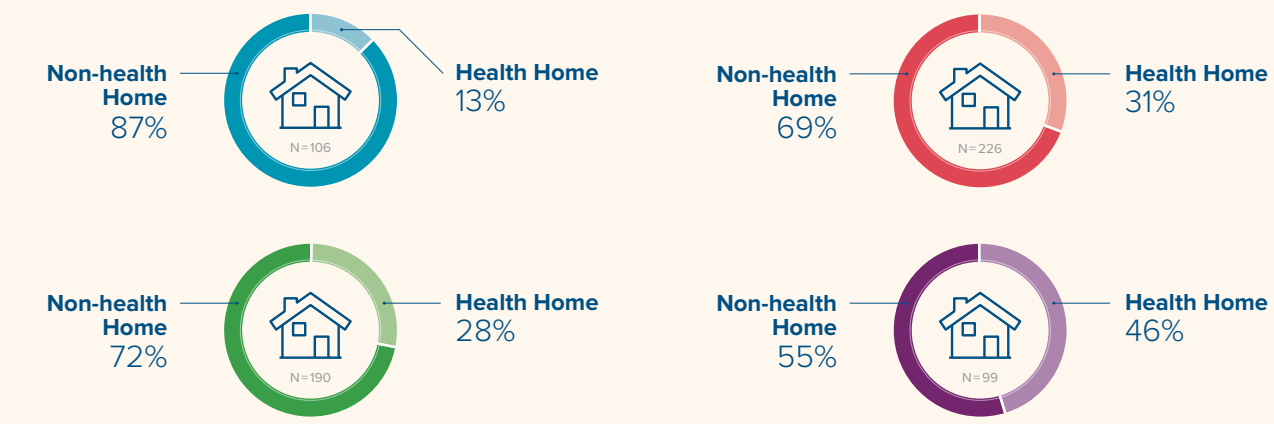
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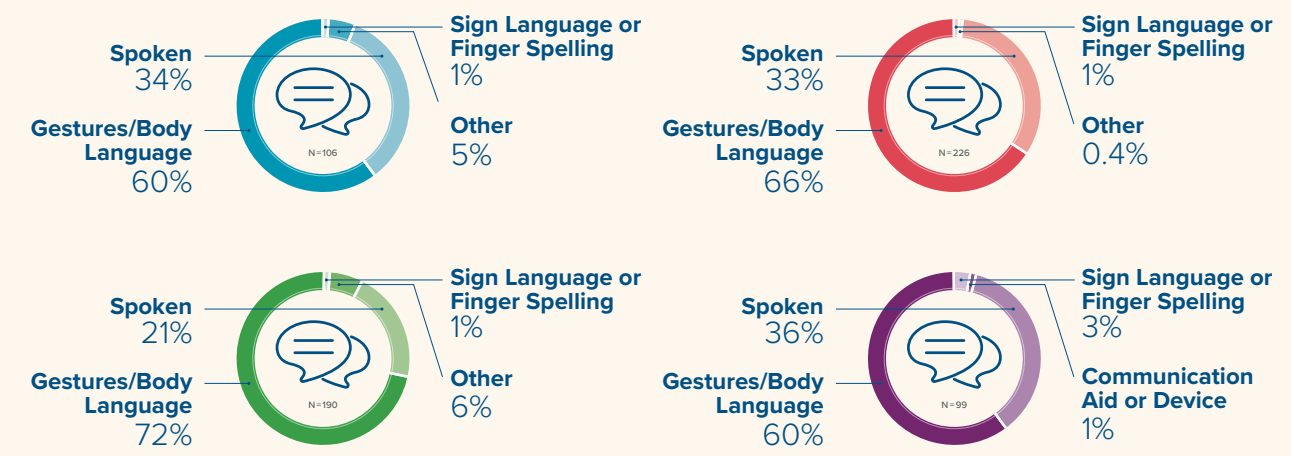
Level of ID



Residence Type



Preferred Means of Communication





Services and Supports

Movers in all cohorts received a variety of services ranging from specialized residential services to transportation to skill development. While movers in all cohorts received many services and supports, there were differences between cohorts in the types of services and supports each received. For example, movers in the 2016 cohort received assistance finding, maintaining, or changing jobs; assistance with social/relationships issues; day services other than employment; and education, training or skills development at higher rates than movers in the other cohorts. Movers in the 2017 cohort received environmental/home modifications and transportation services at a higher rate than movers in the other cohorts. Movers in the 2018 cohort received services similar to the 2016 and 2017 cohorts. The services provided remained stable over time across all cohorts.

These differences between cohorts may be explained by the demographic differences between cohorts. As described above, the movers in the 2016 cohort were younger, more mobile, and had a lower proportion of individuals with severe to profound levels of intellectual disability than the other cohorts. These factors combined may make it easier for the 2016 cohort to participate in day programs and employment, and therefore this cohort received services related to employment, day programs, and education and training at higher rates than the other cohorts. The movers in the 2017 cohort had a higher proportion of individuals who were non-ambulatory and this may explain why their homes had more modifications and why they received more transportation supports. Refer to [pages 12-13 to view the demographic differences between cohorts](#).



While movers in all cohorts received many services and supports, there were differences between cohorts in the types of services and supports each received.



Requests for day services other than employment and education, training, or skill development decreased considerably from the three-month time point to the one-year time point.

About 90% of movers in all cohorts reported that they did not need additional services or supports beyond those provided, indicating that movers received the services and supports they needed. Furthermore, requests for additional services decreased over time for all cohorts. In particular, requests for day services other than employment and education, training, or skill development decreased considerably from the three-month time point to the one-year time point. This indicates that movers' service needs were consistently being met and that when additional needs arose, they were addressed. The service delivery system was responsive to the unique needs of the movers in each cohort.

As with services and supports the movers received, there were differences between cohorts in the additional services and supports that movers needed over time. At the three-month time point, the movers in the 2018 cohort, which on average was older than the other cohorts and more likely to have a severe level of ID, indicated they needed more services and supports than movers in the other cohorts. However, the need for additional services decreased for movers in the 2018 cohort by the one-year time point. At one year, all three cohorts had similar needs for additional services. This finding indicates the needs individual movers in the 2018 cohort expressed early on in their community placement were addressed by the time they had been in their new residence for one year.

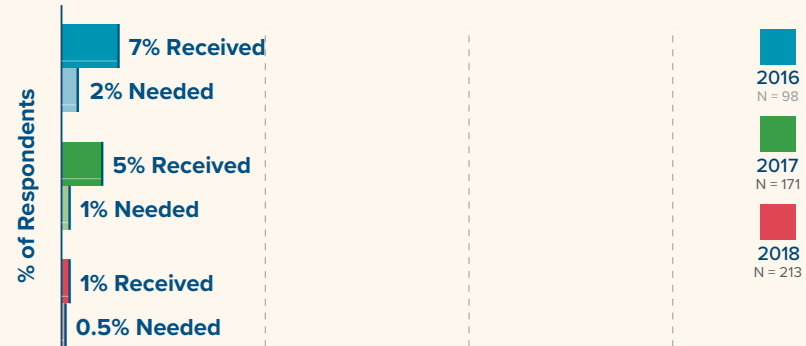


Services & Supports Received and Needed

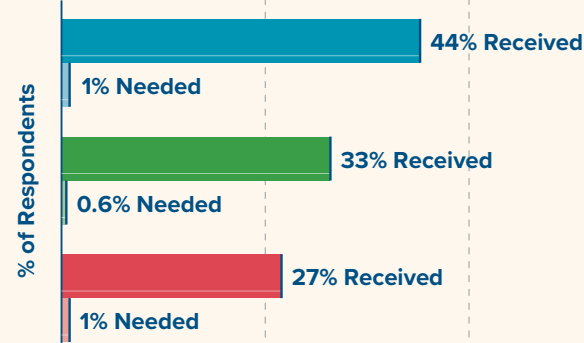
"Received" indicates the percentage of Movers from the cohort who reported receiving the service. "Needed" indicates the percentage of Movers from the cohort who expressed needing or needing more of the service. Overall, a small percentage of movers from any cohort expressed a need for additional services.



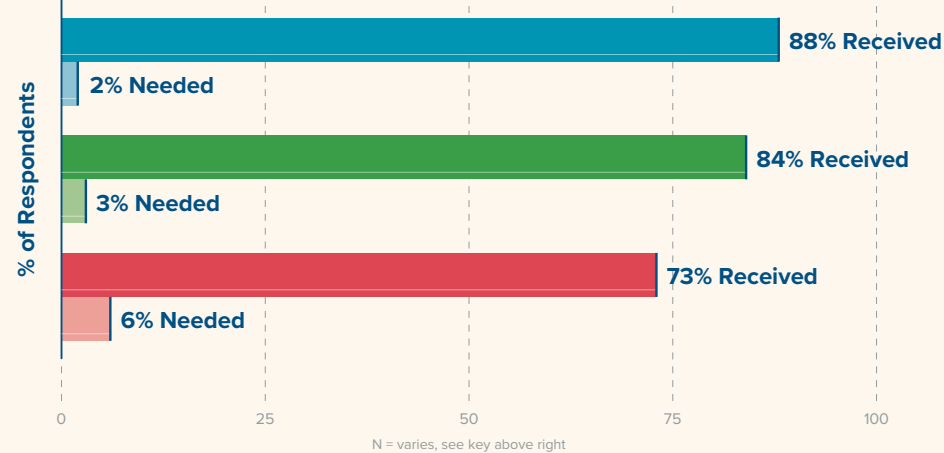
Assistance Finding, Maintaining or Changing Jobs



Assistance With Social/Relationships Issues, Meeting People



Day Services Other Than Employment



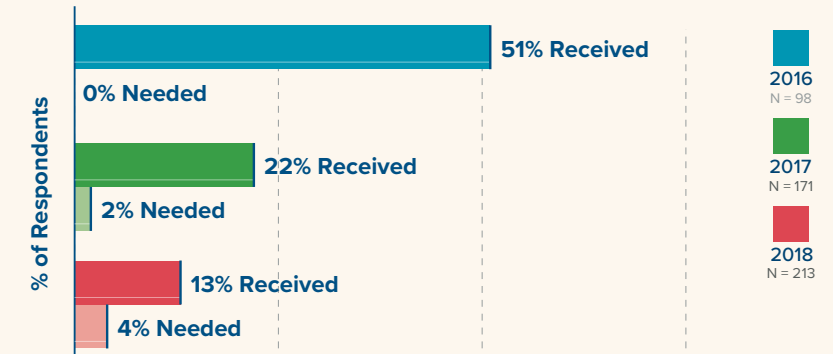
N = varies, see key above right

Services & Supports Received and Needed

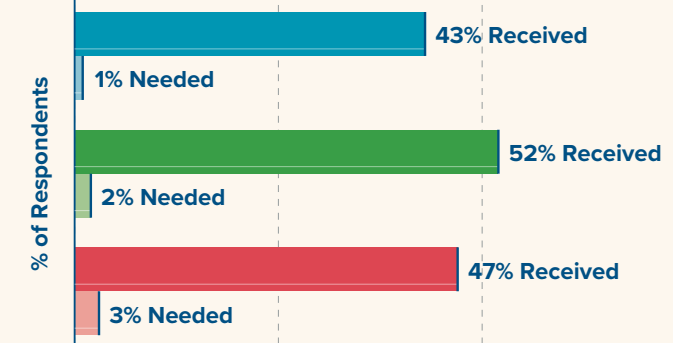
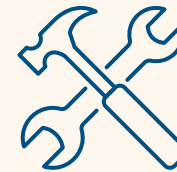
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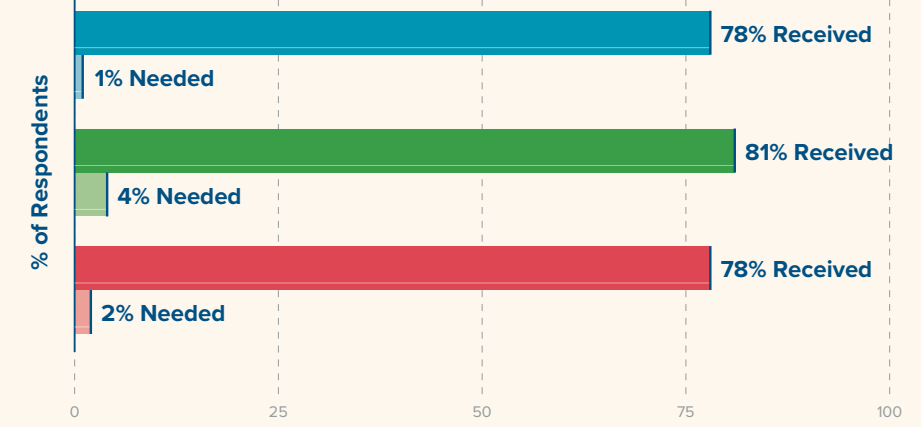
Education, Training, or Skills Development



Environmental Adaptations/Home Modifications



Transportation



N = varies, see key above right





Community Inclusion

Movers in all cohorts frequently participated in social outings. These outings included going out for shopping, entertainment, errands, and going out to eat. Although movers frequently went on outings in the community, there were differences between cohorts in the number of times movers went on outings each month. The movers in the 2017 cohort consistently went on outings less frequently than movers in the 2016 and 2018 cohorts. For example, at the three-month time point 46% of the movers in the 2017 cohort went out to eat at least once a month, while about 60% of the movers in the 2016 and 2018 cohorts went out to eat at least once a month.

The differences in outings between cohorts may be related to the demographics of the cohorts. Movers in the 2017 cohort were more likely to have profound levels of intellectual disability and more likely to be non-ambulatory than the other cohorts. Individuals who are non-ambulatory experience more difficulty going out into the community and participating in community activities.^[6] Refer to [pages 12-13](#) to view the demographic differences between cohorts.

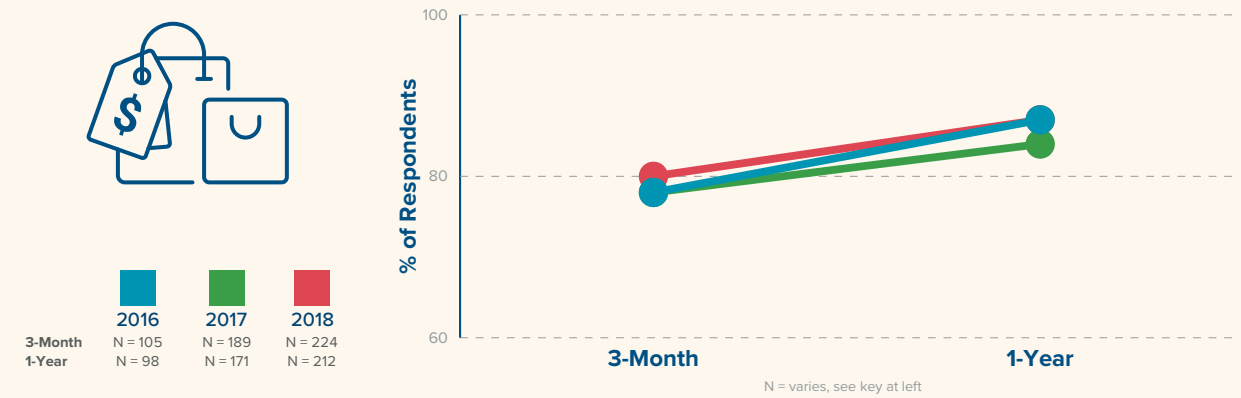
Despite these differences between cohorts, the longer movers in all cohorts lived in the community, the more they participated in activities outside of their homes. At the one-year time point, more movers in all cohorts reported they went on outings than they did at the three-month time point. While more movers in all cohorts went out more frequently over time, the movers in the 2017 cohort continued to go out less often than movers in the other cohorts.

Despite an overall increase in outings in the two years following the move into the community, certain types of outings remained uncommon among movers in all cohorts. Few movers in any cohort participated in community groups or activities, went on vacation, or went out for religious services. These findings remained stable over time.

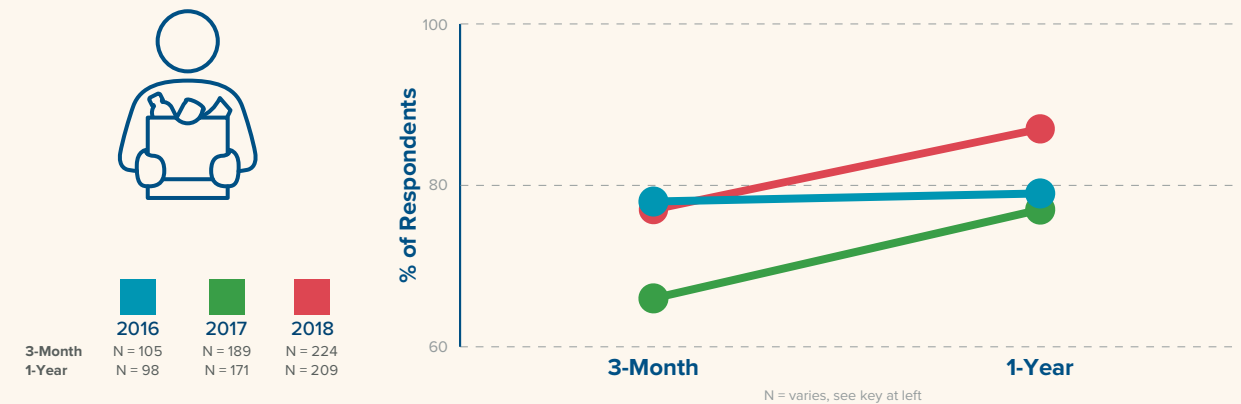
Community Inclusion



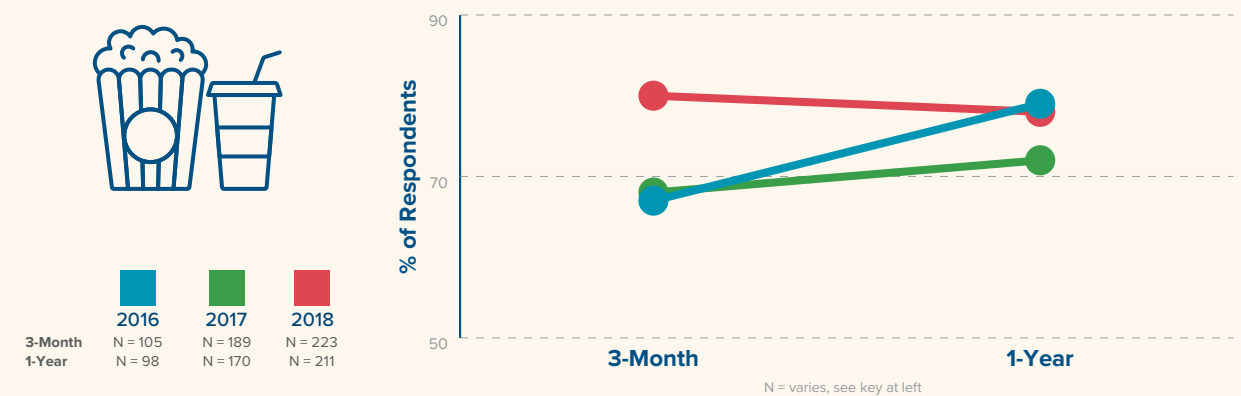
Went Out Shopping One or More Times in the Past Month



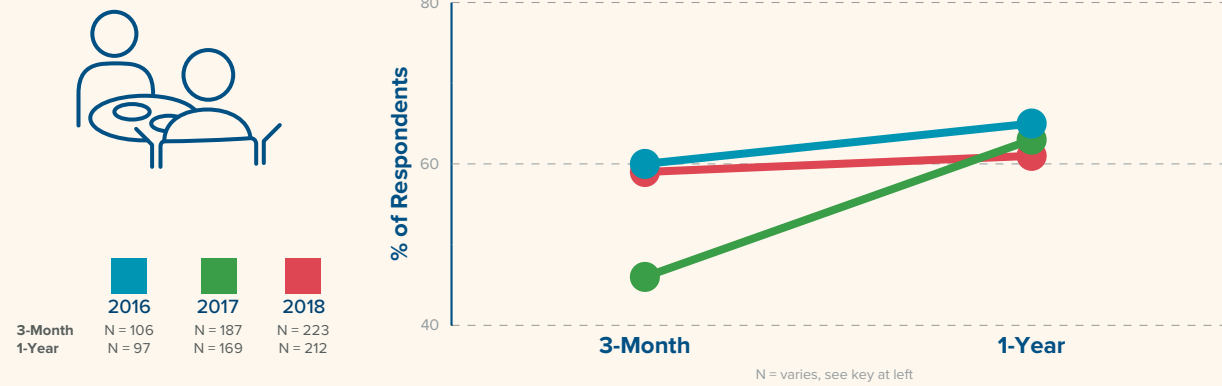
Went on Errands One or More Times in the Past Month



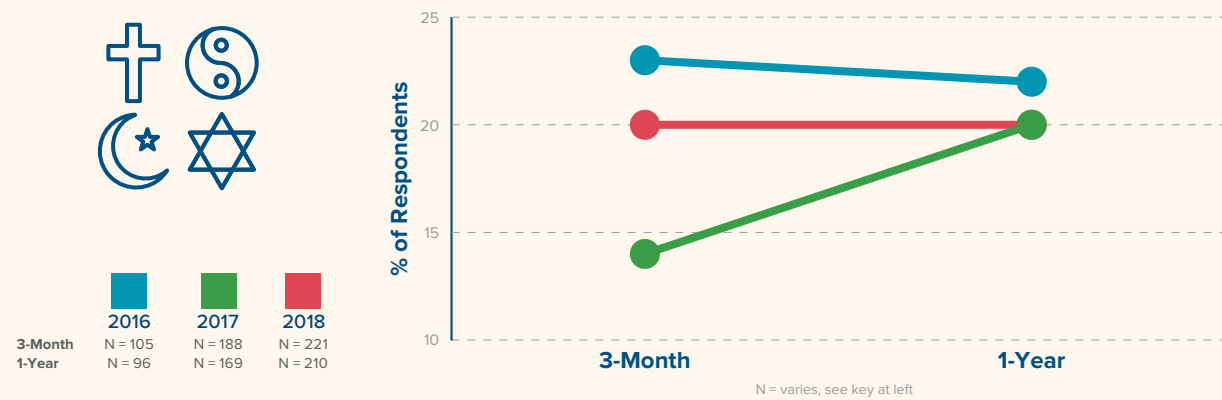
Went Out for Entertainment One or More Times in the Past Month



Went Out to Eat One or More Times in the Past Month



Went Out to Religious Service or Spiritual Practice One or More Times in the Past Month



Summary

Overall, findings based on six 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.



References

- 1 See Welfare and Institution Code Section 4474.11.
- 2 See Welfare and Institution Code Section 4474.12.
- 3 The Family Guardian Survey was used to survey family members of individuals moving from a DC to the community. Those data are not included in this report because of low response rates.
- 4 The majority of surveys were completed by proxy respondents on the movers' behalf (>90%). Responses by proxy were only permitted for questions that collect factual information. Proxy responses were found to be reliable collecting such information. Proxy responses were not permitted for questions that were subjective.
- 5 Data collection was paused between March 16, 2020 and February 2021 due to the social distancing measures put in place to minimize the spread of COVID-19. In March 2021 data collection resumed remotely using Zoom Video Conferencing.
- 6 Eisenberg, Y., Heider, A., Gould, R., & Jones, R. (2020). Are communities in the United States planning for pedestrians with disabilities? Findings from a systematic evaluation of local government barrier removal plans. *Cities*, 102, 102720.
- 7 National Cancer Institute. (2020). Colorectal Cancer Screening. Retrieved from https://progressreport.cancer.gov/detection/colorectal_cancer
- 8 Centers for Disease Control and Prevention. (2018). Pap Tests [Data file]. Retrieved from <https://www.cdc.gov/nchs/fastats/pap-tests.htm>
- 9 Centers for Disease Control and Prevention. (2018). Mammography [Data file]. Retrieved from <https://www.cdc.gov/nchs/fastats/mammography.htm>



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.

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