

An Analysis of Movement from Illinois State Operated Developmental Centers: FY2010 through FY2012 Update

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Executive Summary

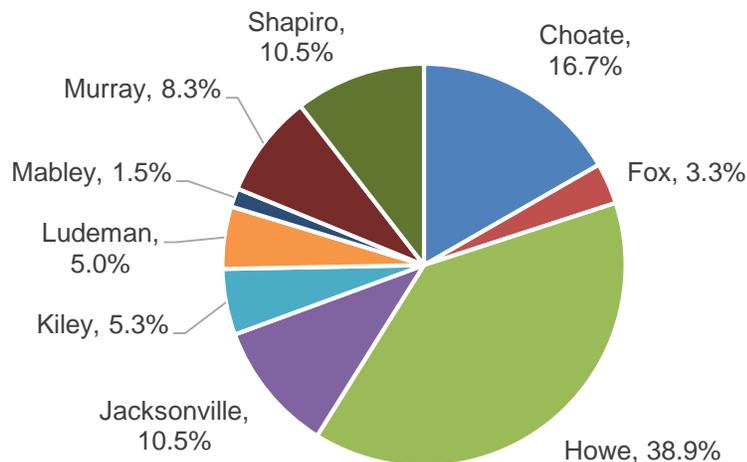
The Illinois Department of Public Health contracted with the Institute on Disability and Human Development (IDHD) at the University of Illinois at Chicago to conduct an analysis of State-Operated Developmental Centers (SODCs) census reduction data for Fiscal Year (FY) 2010 through FY2012 (July 1, 2009 – June 30, 2012). Data were collected and analyzed to determine characteristics of and outcomes for persons transitioning out of SODCs in Illinois. Prior to this project, studies investigating transitions across all Illinois SODCs from October 1, 2001 through June 30, 2008 (Lulinski Norris, A., Rizzolo, M.C. & Heller, T., 2011) and from July 1, 2008 through June 30, 2009 (Lulinski Norris, A., Rizzolo, M.C. & Heller, T., 2012) were conducted. This project is intended to be a continuation of those longitudinal studies for the purpose of identifying trends related to depopulation of SODCs in Illinois. All data reported is as of December 31, 2012.

Findings

Question 1: How many individuals transitioned out of Illinois SODCs during FY2010 through FY2012?

- Between July 1, 2009 and June 30, 2012, 664 individuals transitioned from Illinois SODCs to other settings.

Transitions by SODC: FY2010 – FY2012 (n = 664)



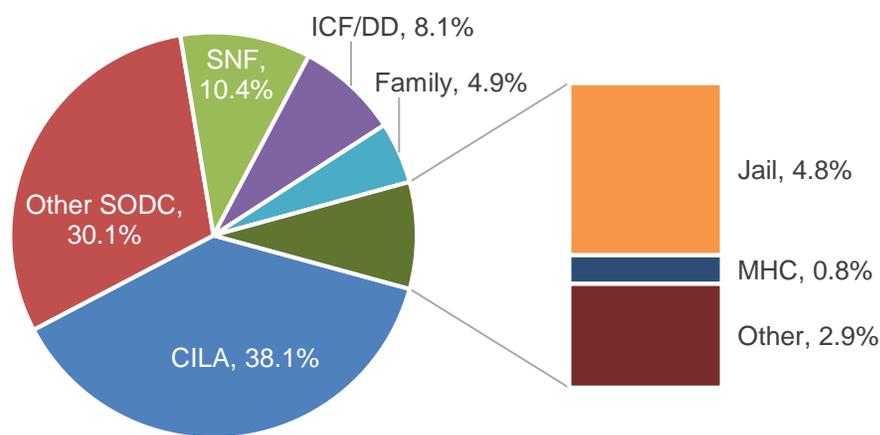
Question 2: *What are the characteristics of the 664 individuals who transitioned out of an SODC in Illinois from FY2010 through FY2012?*

- The average age of individuals transitioned out of an SODC was 48.5 years old; the youngest was 18 and the oldest was 89.
- The majority (71.4%) were men.
- Over one-third (44.7%) had a psychiatric diagnosis when they moved.
- Nearly half (45.0%) had a diagnosis of profound intellectual disability.
- Roughly 11% had a diagnosis on the autism spectrum.
- Eighty-six percent had a court-appointed guardian (including private and public guardians).
- The average ICAP Adaptive Behavior score was 51.9 months (approximately 4 years) with a range of 3 months to 19 years.
- The average ICAP Service Level Score was 45.9 (ranging from a score of 1 to 93).
- The average Health Risk Screening Tool (HRST) care level was 2.9 (ranging from a score of 1 to 6).
- The average length of SODC stay was 15.7 years (ranging from less than one year to 59 years).

Question 3: *To what type of residential settings did individuals transition to during the FY2010 through FY2012 period?*

- The majority (56%) of individuals moved from an SODC into a community setting [i.e., Community Integrated Living Arrangement (CILA), or Family Home], while 43.4% moved from an SODC into another congregate setting [i.e., another SODC, Skilled Nursing Facility (SNF), Intermediate Care Facility for Individuals with Developmental Disabilities (ICF/DD) or State-Operated Mental Health Center (MHC)].

Transitions by Placement Settings: FY2010-FY2012 (n = 664)



Question 4: *To what extent did individuals remain in their post-transition setting?*

- Of all individuals who transitioned during FY2010-FY2012 (n = 664), the majority (58.9%) remained in their post-transition setting, 9.0% died, 8.1% returned to an SODC, 2.3% moved into a different residence with the same provider and 3.8% changed residential providers. There were 117 (17.5%) individuals for whom information on their current status was not documented ^a.
- Of individuals who transitioned to a CILA (n = 253), the majority (67.6%) remained in their post-transition setting; 4.3% moved to a different residence with the same provider, 1.6% changed residential providers, 6.3% returned to an SODC, 3.2% died, and information on the current status was “unknown” for 17%.
- Individuals who remained in the community had a mean ...
 - Age of 49.46 years.
 - HRST score of 2.51.
 - ICAP Adaptive Behavior of 292 months (approximately 24 years).
 - ICAP Service Level of 44.6.
 - IQ of 30.1.

Question 5: What are the characteristics of the persons who returned to an SODC after transitioning as compared to those who remained in their post-transition placement?

- From FY2010 through FY2012, of the 463 who transitioned to a non-SODC setting, 56 individuals returned to an SODC; 10 for medical reasons, 21 for behavioral reasons, 23 for “other” reasons, and 2 for unknown reasons. The two “unknowns” were not included in subsequent analyses.
 - Nine of the 10 individuals who returned for medical reasons did not receive any Technical Assistance (TA) ^b; one did receive medical TA.
 - Of the 21 individuals returning to an SODC because of behavioral reasons, 61.9% received behavioral TA while 9.5% received both medical and behavioral TA, 28.6% did not receive any TA.
- The reasons individuals returned to a SODC from a ...
 - CILA (n = 259) returned because of behavioral reasons (6.6%), followed by “unknown” reasons (0.8%), medical reasons (0.4%), and 92.2% did not return to a SODC.
 - ICF/DD (n = 54) returned because of “other” reasons (3.7%) followed by behavioral reasons (1.9%), and 94.4% did not return to a SODC.
 - MHC (n = 5) returned because of either a behavioral reason (20.0%) or “other” reason (20.0%) and 60% did not return to a SODC.
 - Family home (n = 26) returned because of “other” reasons (3.8%) and 96.2% did not return to a SODC.
 - SNF (n = 68) returned because of “other” reasons (25.0%), followed by medical reasons (10.3%), behavioral reasons (1.5%) and 63.2% did not return to a SODC.
- Individuals returning because of ...
 - Medical reasons had a mean age of 54.8 years, a mean HRST score of 4.20, mean ICAP adaptive behavior score of 20.4 months, and a mean ICAP service level of 32.3.
 - Behavioral reasons had a mean age of 36.2 years, a mean HRST score of 2.52, mean ICAP adaptive behavior score of 219.4 months, and a mean ICAP service level of 60.3.
 - “Other” reasons had a mean age of 51.9 years, a mean HRST score of 4.65, mean ICAP adaptive behavior score of 41.3 months, and a mean ICAP service level of 41.9.

^a The unknown current living situation of these individuals may be due to regulations which only require DHS to follow individuals for one year after transition. If individuals moved into a new setting other than their initial transition placement more than one year after leaving an SODC that information may not have been captured by the SODC from which they moved.

^b For the purposes of this report, TA is defined as supports offered to individuals transitioning out of an SODC that fall outside of the parameters of routine follow-up. Technical Assistance is support provided in addition to Direct Linkage and Aftercare, and is offered for individuals experiencing behavioral and/or medical concerns for which the service provider requires input from a specific discipline.

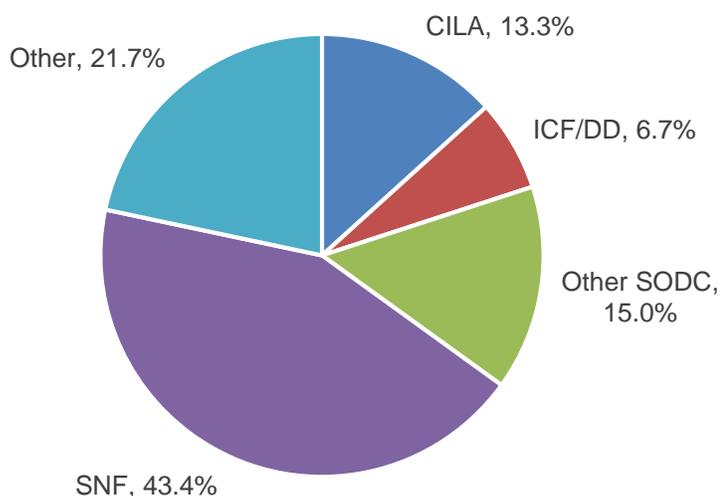
Question 6: How do characteristics of persons who transitioned during FY2010 through FY2012 compare across residential settings?

- Generally, individuals transitioning to a SNF were older (60.8 years), in worse health (HRST score of 4.5), had less independence (ICAP score 20.2), required more supports (ICAP score 31.1), and had a lower IQ (14.8).
- Generally, individuals transitioning to a family setting were younger (32.0 years old), in better health (HRST score 2.2), were more independent (ICAP score 117.4), required less supports (ICAP score 75.0), and had a higher IQ (55.3).
- Individuals transitioning to a family setting had lived at their previous SODC an average of 4.2 years compared to individuals transitioning to another SODC (37.2 years).

Question 7: What are the characteristics of persons who died during FY2010 through FY2012?

- The majority of the 119 deaths occurred at an SODC (57.1%), followed by SNF (21.8%), “Other” setting (10.9%), CILA (6.7%), and ICF/DD (3.5%).
- Of the 60 individuals who died post-transition (during FY2010 through FY2012), 43.4% had moved to a SNF, 15% to another SODC, 13.3% to a CILA, 6.7% to an ICF/DD, and 21.7% to “other” settings.
-

**All Post-Transition Deaths by Type of Post-Transition Residential Setting:
FY2010 through FY2012 (n = 60)**



Themes

In addition to answering the seven initial research questions, the authors identified four themes. Themes one and three are similar to previous studies (Lulinski Norris, Rizzolo & Heller, 2011; Lulinski Norris, Rizzolo & Heller, 2012) whereas themes two and four are unique to this study.

Theme 1: The percentage of individuals transitioning to settings for 15 or fewer rose from 18.0% in FY2002 to 48.2% in FY2012. Furthermore, during FY2010 through FY2012, individuals who transitioned from an SODC, but who were not part of an official closure (n = 406), almost exclusively transitioned to smaller settings. Only 4.4% of this group transitioned to another SODC.

Theme 2: During the closure of Jacksonville, the majority of individuals transitioned to a CILA (63.9%). This was markedly different from previous SODC closures. When Lincoln (n = 237) closed in 2003, 76.4% of individuals transitioned to another SODC. When Howe (n = 258) closed in 2010, 70.5% transitioned to another SODC. The percentage decreased during the Jacksonville closure process (July 1, 2009 through December 31, 2012), when just 23.7% of individuals transitioned to another SODC and 63.9% transitioned to a CILA.

Theme 3: The majority of individuals who transition to community settings continue to remain in their post-transition setting, even when they have high medical needs. Of the individuals who transitioned to a CILA during FY2010-FY2012 (n = 253), the majority (67.6%) remained in their initial placement, (4.3% remaining with the same provider but in a new residence), and 1.6% moved to another CILA with a new provider. A similar finding to previous studies was that the most prevalent reason for return to a SODC from a non-SODC setting was for behavioral reasons (n = 21). Nearly a third (28.5%) of the 21 individuals, did not receive any behavioral TA. Only 10 individuals returned to an SODC from a non-SODC setting due to medical needs, despite the rising HRST scores. The mean HRST scores have increased since FY2009. This demonstrates an *improved capacity of the Illinois system to support individuals with increased healthcare and behavioral needs.*

Theme 4: During FY2010 through FY2012, the majority of deaths occurred at an SODC (68 out of the total 119 deaths). Nine of the 68 died at a different SODC from the original one they transitioned from. Twenty-six individuals died post-transition at a SNF. Individuals who died post-transition had a mean age of 63.4 years and a mean HRST score of 4.1.

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Introduction

The United States has a well-documented history of providing services to people with intellectual and/or developmental disabilities (IDD) in large publicly-funded congregate settings. Since peaking in 1967 (U.S. Department of Health, Education, and Welfare, 1972), the census of state-operated congregate settings has declined an average of 5% per year nation-wide. It is anticipated that 173 public institutions in 42 states and the District of Columbia will have ceased operations by 2020 (Braddock, Hemp, Rizzolo, Tanis, Haffer, & Wu, 2015). Although Illinois has closed four State-Operated Developmental Centers (SODCs) since 1982, it remains among the states with the highest rates of institutionalization of persons with IDD in the country. During the FY2010-FY2012 reporting period, Illinois had nine active SODCs providing residential services to 2,034 individuals. Only two states, New Jersey and Texas supported more people in state institutions than Illinois during this time (Braddock et al., 2015).

A number of studies have summarized research on post-transition outcomes for individuals moving from institutions to community-based settings (Heller, Schindler & Rizzolo, 2008; Kozma, Mansell, & Beadle-Brown, 2009; Lakin, Larson, & Kim, 2011). Illinois-specific studies have been conducted to explore outcomes for individuals leaving SODCs (Braddock, Heller & Zashin, 1984; Fujiura, Fitzsimons-Cova & Bruhn, 2002; Heller, Factor & Braddock, 1986; Lulinski Norris, Rizzolo & Heller, 2010; Lulinski Norris, Rizzolo & Heller, 2012).

In November of 2012, the Jacksonville Developmental Center closed after transitioning all of its residents to other settings. It was the first SODC in Illinois to cease operations since the closure of the William A. Howe Developmental Center in 2010. As Illinois moves toward less reliance on publicly funded state-operated congregate settings for individuals with IDD, monitoring of outcomes of individuals who have made the transition to other settings is imperative. The Illinois Department of Public Health contracted the Institute on Disability and Human Development at the University of Illinois at Chicago to examine outcomes for individuals who transitioned out of SODCs

from Fiscal Year (FY) 2010 through FY2012 (between July 1, 2009 and June 30, 2012). The researchers focused on the following seven questions:

1. How many individuals transitioned out of Illinois SODCs from October 1st of 2001 through FY2012?
2. What are the characteristics of those who transitioned out of SODCs in Illinois during FY2010 through FY2012, compared to FY2002-FY2009?
3. To what type of residential setting did individuals transition?
4. To what extent did individuals remain in their post-transition setting?
5. What are the characteristics of the persons who returned to an SODC after transition?
6. How do characteristics of persons who transitioned compare across residential settings?
7. What are the characteristics of persons who died since transitioning from an SODC during FY2010 through FY2012?

In light of the recent closure of the Jacksonville Developmental Center and pending the potential closure of other SODCs, it is anticipated that the information gathered as a result of this project will provide insight into the factors that can contribute to successful transitions from SODCs to alternative placements. This information may assist in future transition planning not only at the individual and center level, but at the state policy level as well.

Methods

The current project investigated outcomes of individuals who moved out of Illinois' SODCs between July 1, 2009 and June 30, 2012, using the same methods as used in previous studies that covered the time period from October 1, 2001 through June 30, 2008 (Lulinski Norris, A., Rizzolo, M.C. & Heller, T., 2011) and the period of July 1, 2008 through June 30, 2009 (Lulinski Norris, A., Rizzolo, M.C. & Heller, T., 2012).

Information was collected from the following domains:

- 1) demographic information including diagnoses;
- 2) type of setting the individual transitioned to;
- 3) status of individual's residential placement as of June 30, 2012;
- 4) reason(s) for changes in individual's residential placement;
- 5) type of technical assistance (TA) provided (if any).

Data was gathered by the Illinois Department of Human Services (DHS) from each of the SODCs. In order to maintain confidentiality, data was de-identified, and submitted to IDHD (see Appendix A for form used in data collection). Data gathered included the following information as of June 30, 2012:

- 1) Gender
- 2) Month and year of birth
- 3) Most recent date of admission to SODC
- 4) SODC individual transitioned from
- 5) Date individual transitioned from SODC
- 6) Health Risk Screening Tool (HRST) level
- 7) ICAP Adaptive Behavior Score
- 8) ICAP Service Level Score
- 9) ICAP Maladaptive Behavior Score
- 10) IQ at time of transition

- 11) Presence and level of intellectual disability
- 12) Presence of autism spectrum disorder and diagnosis
- 13) Presence and type of psychiatric diagnosis
- 14) Name of residential provider to which the individual transitioned
- 15) Type of post-transition residential setting
- 16) Number of residents residing in post-transition setting
- 17) Guardianship status
- 18) Current type of residence
- 19) Whether or not individual returned to an SODC and reason
- 20) Provision and type of technical assistance post-transition

Data was coded and then analyzed using SPSS 22.0. This report presents results of that analysis including descriptive information and basic comparisons between transition groups.

Results

Question 1: How many individuals transitioned out of Illinois SODCs from October 1st of 2001 through June 30, 2012?

During the most recent data period, (July 1, 2009 - June 30, 2012), there was a total census reduction of 723 individuals in the Illinois State-Operated Developmental Center (SODC) system. Of the 723 individuals, 59 (8.2%) died while still living in an SODC, resulting in 664 individuals who transitioned to other placements. Questions one through six will only examine the 664 live discharges, and question seven will examine the all deaths that occurred during FY2010 through FY2012 including the 59 deaths that occurred at SODCs and deaths that occurred post-transition.

As shown in Table 1 (next page), FY2010 saw the highest number of individuals transitioning out of SODCs over the entire 11-year data collection period. Much of the decline during FY2010 through FY2012 was due to the closure of Howe Developmental Center (Howe) when 258 individuals transitioned to other placements. The second largest reduction was from Choate Developmental Center (Choate) with 111 (4.9%) individuals transitioning out of Choate. Governor Samuel H. Shapiro Developmental Center (Shapiro) transitioned 70 (3.1%) individuals; Jacksonville Developmental Center transitioned 70 (3.1%) individuals, while Murray Developmental Center transitioned 55 (2.4%) individuals.

Table 1: SODC Transitions by Fiscal Year

SODC	FY2002-FY2009	FY2010	FY2011	FY2012	Total	% of Total by SODC
Choate	248	35	41	35	359	16.0%
Fox	42	5	9	8	64	2.8%
Howe	186	258	0	0	444	19.8%
Jacksonville	144	15	22	33	214	9.5%
Kiley	103	11	9	15	138	6.1%
Lincoln	354	0	0	0	354	15.8%
Ludeman	126	12	7	14	159	7.1%
Mabley	56	2	3	5	66	2.9%
Murray	114	18	23	14	169	7.5%
Shapiro	210	19	22	29	280	12.5%
Total	1583	375	136	153	2247	
% of Total for FY	70.4%	16.7%	6.1%	6.8%		

Question 2: What are the characteristics of those who transitioned out of SODCs in Illinois during FY2002-2009, FY2010, FY2011 and FY2012?

Table 2 (next page) provides an overview of age, gender, and guardianship status for individuals who transitioned out of SODCs during FY2002-2009, FY2010, FY2011, and FY2012, and from October of 2001 to June 30, 2012 (the entire 11-year period).

Age

Of the 2,247 individuals who transitioned out of the 10 Illinois SODCs during the FY2002-2012 study period, the youngest was 16 years and the oldest was 95 (mean = 47.46, *sd* = 14.34). During FY2010 to FY2012, the average age was 48.5 (*sd* = 15.0), with ages ranging from 18 to 89 years.

Gender

Almost 68% (n=1,523) of the individuals who transitioned out of SODCs during the 11-year period were male. This percentage ranged from a low of 67.2% in FY2010 to a high of 78.4% in FY2012.

Guardianship Status

Approximately half of the individuals who transitioned out of SODCs (49.5%) from FY2002 to FY2012 had family members as their guardians. In FY2010, 71.5% of the individuals transitioning from SODCs had a family member as their guardian, and 18.4% had public guardians. In FY2011, 39.7% of individuals transitioning from SODCs had a family member as guardian while 36.8% had a public guardian. In FY2012 approximately half (52.9%) the individuals transitioning from an SODC had a family member as their guardian while a quarter (25.5%) had a public guardian.

Length of Stay (LOS)

During the course of the FY2002-2012 data collection period, the average LOS for individuals transitioning out of an SODC in Illinois was 15.0 years, ranging from less than one year to 77 years (SD=13.6). For the most recent study period, FY2010 through FY2012, the average LOS for the 664 individuals at an Illinois SODC was 15.7 years with a range from less than one year to 59 years (SD=13.2).

Table 2: Demographics by Fiscal Year

	FY2002-2009 n=1583		FY2010 n=375		FY2011 n=136		FY2012 n=153		FY2002-2012 n=2247	
	mean	SD	mean	SD	mean	SD	mean	SD	mean	SD
Age (years)	47.0	14.0	51.6	13.6	45.2	16.3	43.7	15.5	47.5	14.3
Length of Stay (years)	14.7	13.8	18.1	12.1	11.9	13.3	13.4	14.5	15.0	13.6
	n	%	n	%	n	%	n	%	n	%
Gender										
Male	1049	66.3	252	67.2	102	75.0	120	78.4	1523	67.8
Female	530	33.5	123	32.8	34	25.0	33	21.6	720	32.0
Unknown	4	0.2	0	0.0	0	0.0	0	0.0	4	0.2
Guardianship Status										
Legally competent	165	10.4	28	7.5	31	22.8	29	19.0	253	11.3
Family guardian	710	44.9	268	71.5	54	39.7	81	52.9	1113	49.5
Non-family guardian	42	2.7	5	1.3	1	0.7	4	2.6	52	2.3
Public guardian	485	30.6	69	18.4	50	36.8	39	25.5	643	28.6
Other/unknown	181	11.5	2	0.5	0	0.0	0	0.0	183	8.1
Missing	0	0.0	3	0.8	0	0.0	0	0.0	3	0.1

Psychiatric Diagnosis

Of the 664 individuals transitioned during FY2010 through FY2012, nearly half (44.7%) had a psychiatric diagnosis. Figure 1 illustrates the percentages of those transitioning since FY2002 with a diagnosed psychiatric disorder.

Figure 1: Percentage of Psychiatric Diagnosis of Individuals Transitioning by Fiscal Year

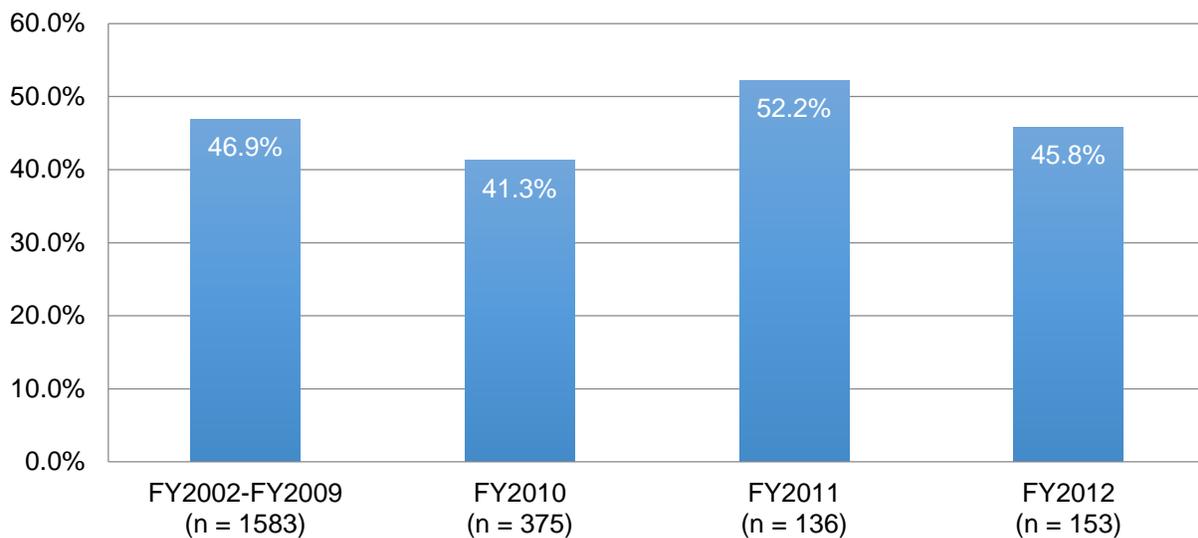


Table 2 (next page) describes the percentage of individuals diagnosed with a psychiatric diagnosis by fiscal year. During FY2010 through FY2012, the majority did not have a psychiatric diagnosis (55.4%), nearly a third had one psychiatric diagnosis (31.6%), and 13% had more than one psychiatric diagnosis. From FY2002 through FY2012 (n = 2,247), the most common psychiatric diagnoses were mood disorder (16.9%), psychotic disorder (13.0%), impulse control disorder (8.9%), childhood disorders (5.4%), anxiety disorders (4.4%), and personality disorders (4.0%).

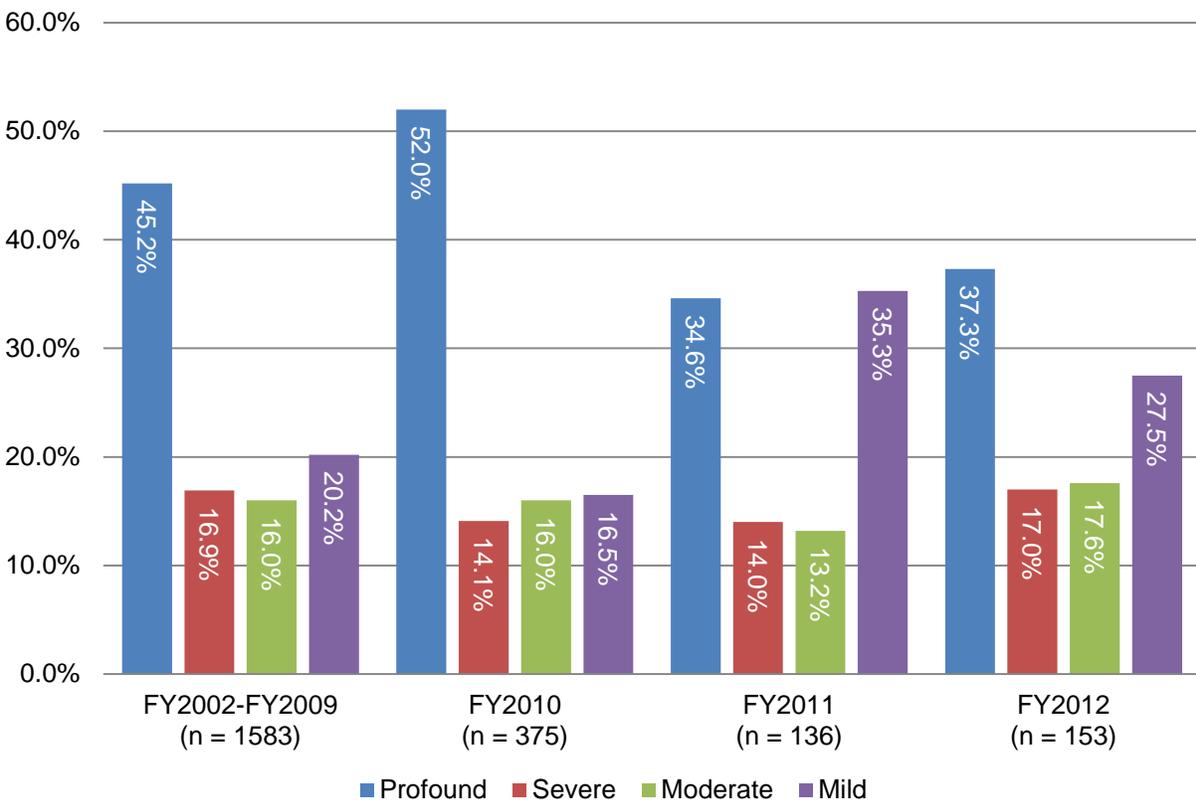
Table 3: Psychiatric Diagnosis by Fiscal Year

	FY2002-FY2009 (n = 1,583)		FY2010 (n = 375)		FY2011 (n = 136)		FY2012 (n = 153)		FY2002-FY2012 (n = 2,247)	
	n	%	n	%	n	%	n	%	n	%
Number of psychiatric diagnoses										
Zero	840	53.1%	220	58.7%	65	47.8%	83	54.2%	1208	53.8%
One	595	37.6%	113	30.1%	47	34.6%	50	32.7%	805	35.8%
Two	148	9.3%	35	9.3%	22	16.2%	16	10.5%	221	9.8%
Three	0	0.0%	7	1.9%	2	1.5%	4	2.6%	13	0.6%
Psychiatric diagnosis										
Mood	256	16.2%	70	18.7%	23	16.9%	30	19.6%	379	16.9%
Psychotic	196	12.4%	48	12.8%	32	23.5%	16	10.5%	292	13.0%
Impulse	142	9.0%	22	5.9%	11	8.1%	25	16.3%	200	8.9%
Childhood	91	5.7%	20	5.3%	6	4.4%	5	3.3%	122	5.4%
Anxiety	58	3.7%	20	5.3%	11	8.1%	10	6.5%	99	4.4%
Personality	61	3.9%	15	4.0%	9	6.6%	4	2.6%	89	4.0%
Adjustment	19	1.2%	2	0.5%	1	0.7%	1	0.7%	23	1.0%
Sexual or Gender Identity Disorder	10	0.6%	5	1.3%	2	1.5%	1	0.7%	18	0.8%
Delirium or Dementia	11	0.7%	0	0.0%	0	0.0%	0	0.0%	11	0.5%
Substance	3	0.2%	0	0.0%	1	0.7%	0	0.0%	4	0.2%
Somatoform	2	0.1%	0	0.0%	1	0.7%	0	0.0%	3	0.1%
Dissociative	1	0.1%	0	0.0%	0	0.0%	1	0.7%	2	0.1%
Eating	0	0.0%	1	0.3%	0	0.0%	0	0.0%	1	0.1%
Facetious	2	0.1%	0	0.0%	0	0.0%	0	0.0%	2	0.1%
Unspecified	39	2.5%	1	0.3%	0	0.0%	1	0.7%	41	1.8%

Level of Intellectual Disability

Figure 2 illustrates the level of IDD by fiscal year. Of the 664 individuals who transitioned out of an SODC during FY2010 through FY2012, nearly all (98.5%) had a diagnosis of intellectual disability (ID). Of those 664 individuals with a diagnosis of intellectual disability, nearly half (45.7%) had a diagnosis of profound ID, 15.0% a diagnosis of severe ID, 16.1% a diagnosis of moderate ID, and nearly a quarter (23.2%) had a mild ID diagnosis.

Figure 2: Level of IDD by Fiscal Year



Autism Spectrum Disorder (ASD) Diagnosis

Table 4 describes the frequency of ASD diagnosis by fiscal year. The frequency of an autism diagnosis ranged from 5.9% of individuals who transitioned in FY2011 to 13.1% in FY2012. The frequency of a Pervasive Developmental Disorder (PPD) diagnosis ranged from 2.2% in FY2011 to 5.2% in FY2012.

Table 4: Frequency of ASD Diagnosis by Fiscal Year

	FY2002-FY2009 (n = 1583)		FY2010 (n = 375)		FY2011 (n = 136)		FY2012 (n = 153)	
	#	%	#	%	#	%	#	%
No ASD Diagnosis	1468	92.7%	329	87.8%	125	91.9%	125	81.7%
Autism	73	4.6%	28	7.5%	8	5.9%	20	13.1%
PPD	42	2.7%	18	4.8%	3	2.2%	8	5.2%

Inventory for Client and Agency Planning (ICAP) Scores

Adaptive Behavior Score

The ICAP Adaptive Behavior Score measures an individual's level of functioning based on their adaptive behavior and indicates the individual's age equivalent score in months. It is the average score of four main domains: Motor skills; Social and Communication skills; Personal Living skills; and Community Living skills. These scores are used to categorize individuals by level of functioning into four levels: mild, moderate, severe, and profound (see Table 5).

Table 5: ICAP Adaptive Behavior Level

Level of Functioning	Mental Age Score Ranges
Mild	> 100 months
Moderate	73 - 100 months
Severe	45 - 72 months
Profound	< 45 months

The average Adaptive Behavior Score for individuals who transitioned during FY2010 through FY2012 was 51.9 months ($sd = 46.1$), which is equivalent to approximately six years of age and in the severe level of functioning. FY2010-FY2012 ICAP Adaptive Behavior Scores ranged from 3 months to 228 months (approximately 10.7 years). Table 6 describes the average, minimum and maximum ICAP Adaptive Behavior Scores since FY2002.

Table 6: ICAP Adaptive Behavior Scores by Fiscal Year

	FY2002-FY2009	FY2010	FY2011	FY2012
minimum (months)	3	3	3	3
mean (months)	51.9	47.4	60.2	55.6
maximum (months)	252	216	228	183

Service Level Scores

The ICAP Service Level Score is a combination of adaptive behavior scores and maladaptive behavior scores. ICAP Service Scores range from 0 to 100, and indicate the need for various levels of support (higher scores indicate a lower level of assistance needed), listed in Table 7.

Table 7: ICAP Service Level Scores

Level	Score	Description
1	1-29	Total personal care and intense supervision
2	30-49	Extensive personal care and/or constant supervision
3	50-69	Regular personal care and/or close supervision
4	70-89	Limited personal care and/or regular supervision
5	90+	Infrequent or no assistance for daily living

The range of ICAP Service Level Scores during FY2010-FY2012 was 1 - 93. The average ICAP Service Level Score for individuals who transitioned during FY2010-FY2012 was 45.9 ($sd = 21.8$), which indicates a need for extensive personal care and constant supervision. Table 8 (next page) describes the average, minimum and maximum ICAP Service Level Scores since October 2001 by fiscal year.

Table 8: ICAP Service Level Scores by Fiscal Year

	FY2002-FY2009	FY2010	FY2011	FY2012
minimum	1	1	3	1
mean	44.9	44.8	49.2	48.1
maximum	98	89	93	90

Health Risk Screening Tool (HRST)

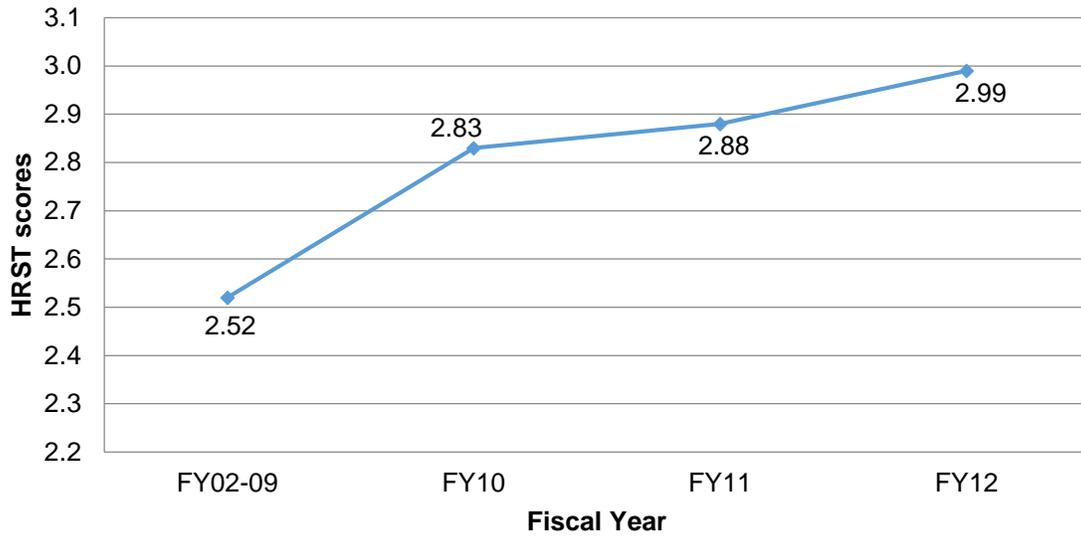
The HRST was designed to screen for health risks associated with disabilities and is determined by rating an individual's risk and care levels across five domains: functional status, behavior, physiological, safety, and frequency of services. The final HRST score indicates health care levels and degrees of health risk for the individual as indicated in Table 9.

Table 9: HRST Health Risk Levels

Level 1	Lowest Risk
Level 2	Low Risk
Level 3	Moderate Risk
Level 4	High Moderate Risk
Level 5	High Risk
Level 6	Highest Risk

The range of HRST scores for individuals who transitioned during FY2010-FY2012 was 1-6 and the average HRST level was 2.88 ($sd = 1.48$), which is in the low to moderate risk level. Figure 3 (next page) illustrates the breakdown of average HRST scores for transitioning individuals by fiscal year. As shown in Figure 3, the average HRST scores rose each year, indicating the individuals moving out in later fiscal years had greater health care needs than previous years.

Figure 3. Average HRST by Fiscal Year



Question 3: To what type of residential setting did individuals transition?

Table 10 (next page) describes the percentage of individuals who transitioned from each SODC to various types of residential settings between July 1, 2009 and June 30, 2012. Individuals who transitioned out of an SODC and into a CILA setting made up 39.0% (n = 257) of all those who transitioned during that period (from all 9 SODCs combined). The second most common post-transition setting was another SODC, which made up 30.1% (n = 200) of transitions during that period. Approximately eight percent (n = 54, 8.1%) of individuals moved into an ICF/DD, and 10.4% (n = 59) moved into a Skilled Nursing Facility (SNF). Four percent (n = 26) of individuals moved in with a family member, and 2.9% (n = 19) moved into a setting categorized as “other,” while 4.8% (n = 32) went to jail. Another 0.8% (n = 8) transitioned into a state-operated mental health center (MHC). Data for each of the SODCs is given in Table 10.

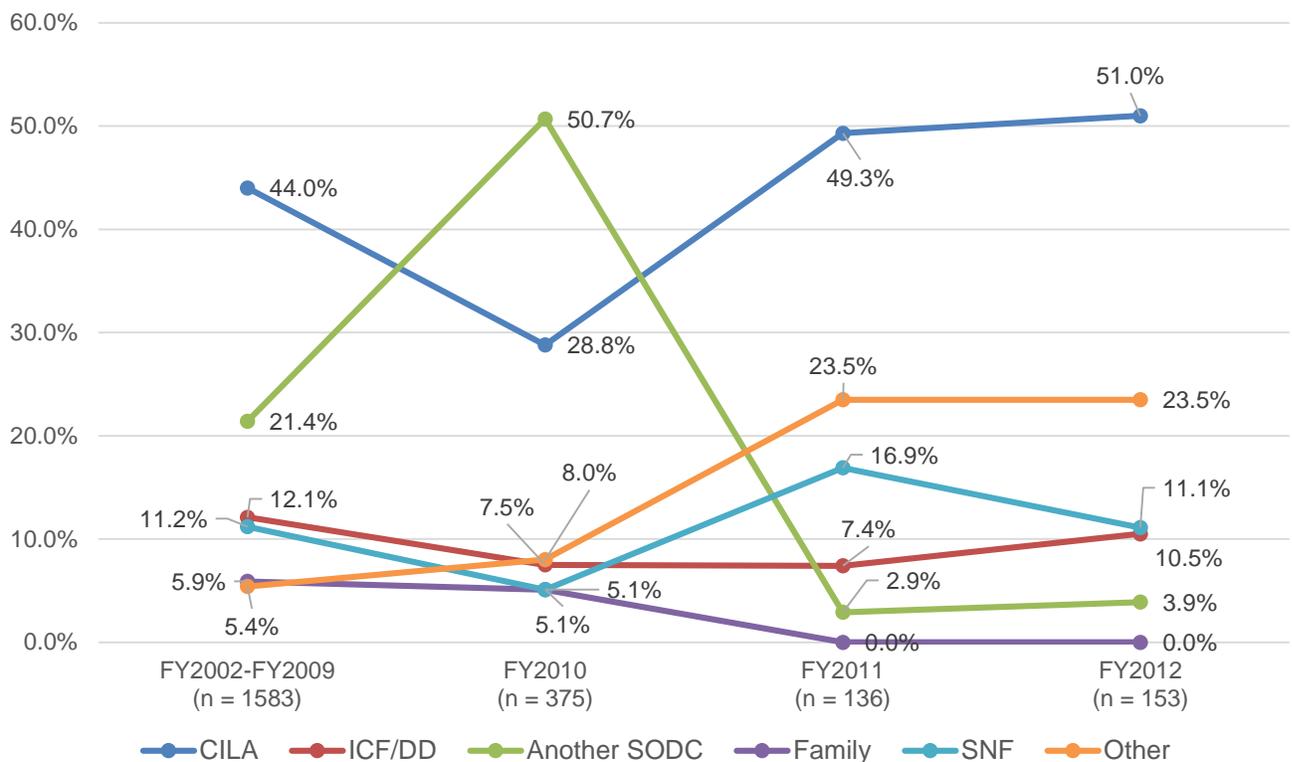
Table 10: Discharge Setting by SODC Discharged From (FY2010 - FY2012*)

	Choate (n = 111)	Fox (n = 22)	Howe* (n = 258)	Jacksonville (n = 70)	Kiley (n = 35)	Ludeman (n = 33)	Mabley (n = 10)	Murray (n = 55)	Shapiro (n = 70)
CILA	37.8%	13.6%	22.5%	77.1%	65.7%	66.7%	60.0%	25.5%	52.9%
ICF/DD	5.4%	13.6%	7.0%	4.3%	2.9%	3.0%	0.0%	30.9%	7.1%
Other SODC	2.7%	4.5%	70.5%	2.9%	2.9%	21.2%	0.0%	5.5%	1.4%
Family	18.9%	4.5%	0.0%	1.4%	0.0%	3.0%	0.0%	0.0%	2.9%
SNF	0.9%	63.6%	0.0%	10.0%	25.7%	6.1%	40.0%	20.0%	30.0%
Jail	28.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
MHC	2.7%	0.0%	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%	1.4%
Other	2.7%	0.0%	0.0%	2.9%	2.9%	0.0%	0.0%	18.2%	4.3%

*Includes closure of Howe Developmental Center during FY2010

Figure 4 illustrates the transition settings by fiscal year. During FY2010, the majority (50.7%) of individuals leaving an SODC in Illinois transitioned to another SODC. The vast majority of these transitions can be attributed to the Howe Developmental Center closure where a significant portion of individuals moved to another SODC. During FY2011, nearly half (49.3%) of the individuals leaving an SODC transitioned to a CILA. Of the individuals who transitioned to a CILA, more than a quarter transitioned from Choate or Jacksonville (28.4% and 25.4% respectively) and nearly a fifth transitioned from Shapiro (19.4%). Almost 17% (n = 23) transitioned to a SNF during FY2011. Of these 23 individuals, 14 transitioned from Fox (n = 7) and Shapiro (n = 7) to a SNF. During FY2012, the majority (51.0%, n = 78) transitioned from a SODC to a CILA. Of the 78 individuals, nearly a third (30.8%) transitioned from Jacksonville and more than ten percent transitioned from Choate, Kiley, Ludeman, and Shapiro (15.4%, 11.5%, 14.1%, and 17.9% respectively).

Figure 4: Transition Settings by Fiscal Year



Question 4: To what extent did individuals remain in their post-transition setting?

As can be seen in Table 11, of the 664 individuals that moved out of an SODC during FY2010 through FY2012, the majority (58.9%) remained in their post-transition residential placement; 2.3% moved residences but maintained the same service provider, 3.8% changed providers; 8.1% returned to an SODC; 9.0% died; and the whereabouts of 117 individuals (17.6%) were undocumented¹.

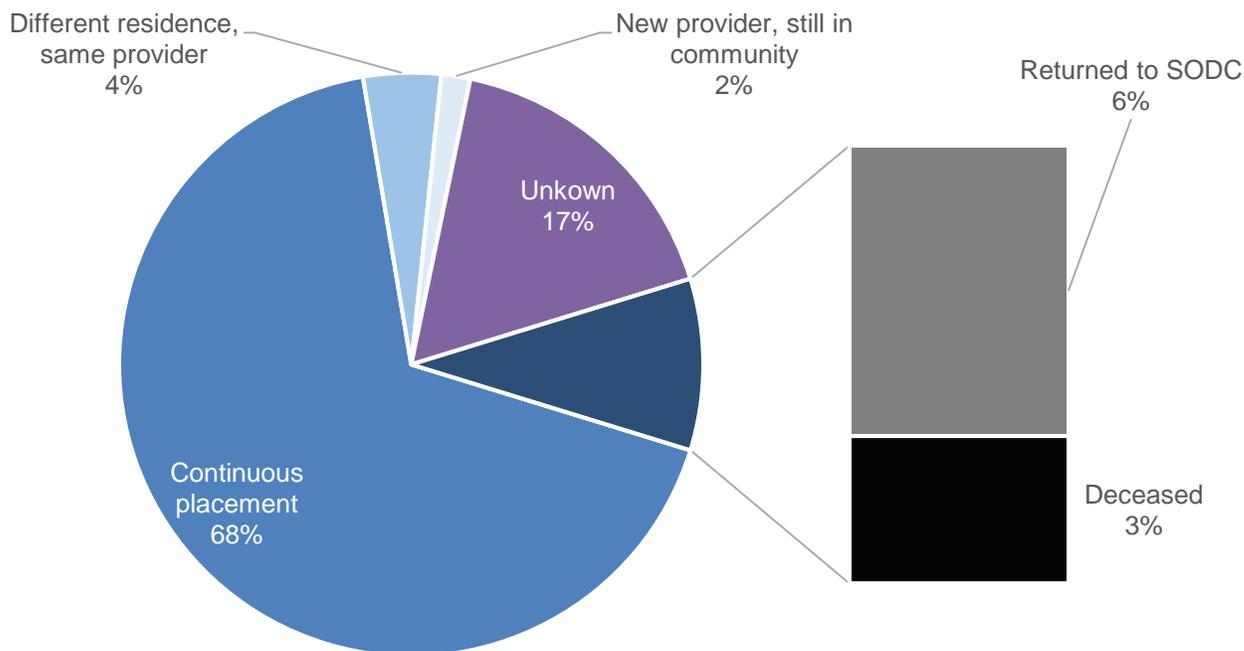
Table 11: Current Status of Transitioned Individuals by Fiscal Year

	FY2002-FY2009 (n = 1583)	FY2010 (n = 375)	FY2011 (n = 136)	FY2012 (n = 153)
Continuous placement	51.5%	71.7%	38.2%	45.8%
Different residence, same provider	1.6%	2.4%	0.7%	3.3%
Changed provider	6.0%	5.1%	0.7%	3.3%
Returned to SODC	10.3%	4.3%	10.3%	15.7%
Deceased	11.6%	8.0%	14.0%	7.2%
Unknown*	18.7%	8.5%	35.3%	24.2%
State Operated MHC	0.1%	0.0%	0.0%	0.7%
Missing	0.2%	0.0%	0.7%	0.0%

¹ The unknown current living situation of these individuals may be due to regulations which only require DHS to follow individuals for one year after transition. If individuals moved into a new setting other than their initial transition placement more than one year after leaving an SODC that information may not have been captured by the SODC from which they moved.

Of the 253 individuals who transitioned from an SODC to a CILA during FY2010 through FY2012 (Figure 5), nearly two-thirds (67.6%) remained at the same home and with the same service provider (as of December 31, 2012), and 4.3% of the individuals remained with the same provider but changed homes. Four remained in the community but changed providers (1.6%); 16 returned to an SODC (6.3%), eight died (3.2%), and the current status of 17% remained “unknown”¹.

Figure 5: Current Status of Individuals who Transitioned from an SODC to a CILA (FY2010-FY2012)



(n = 253)

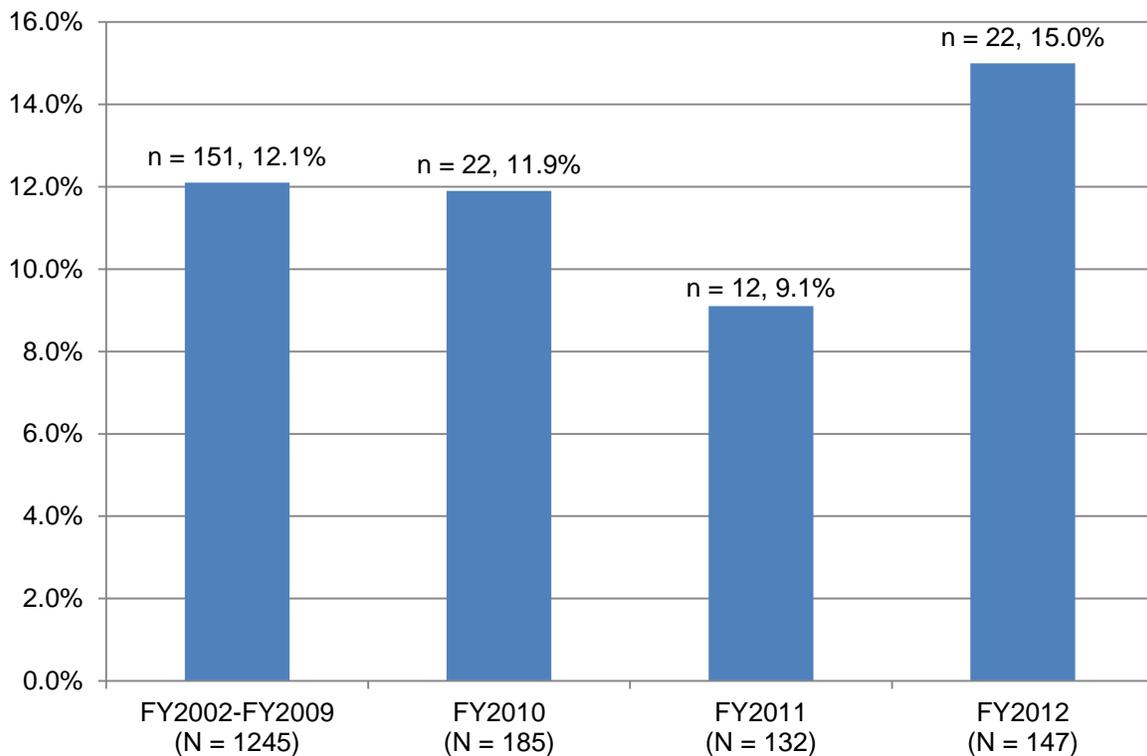
Individuals who remained in the community (either with the same community provider or new community provider) had a mean age of 49.46 years, mean HRST score of 2.51, mean ICAP Adaptive Behavior of 292 months (approximately 24 years), mean ICAP Service Level of 44.6, and mean IQ of 30.1.

¹ The unknown current living situation of these individuals may be due to regulations requiring post-transition follow-up only up to one year after transition, meaning that data for persons having moved into a setting other than their initial transition placement was not captured by the SODC from which they moved.

Question 5: What are the characteristics of the persons who returned to an SODC after transition?

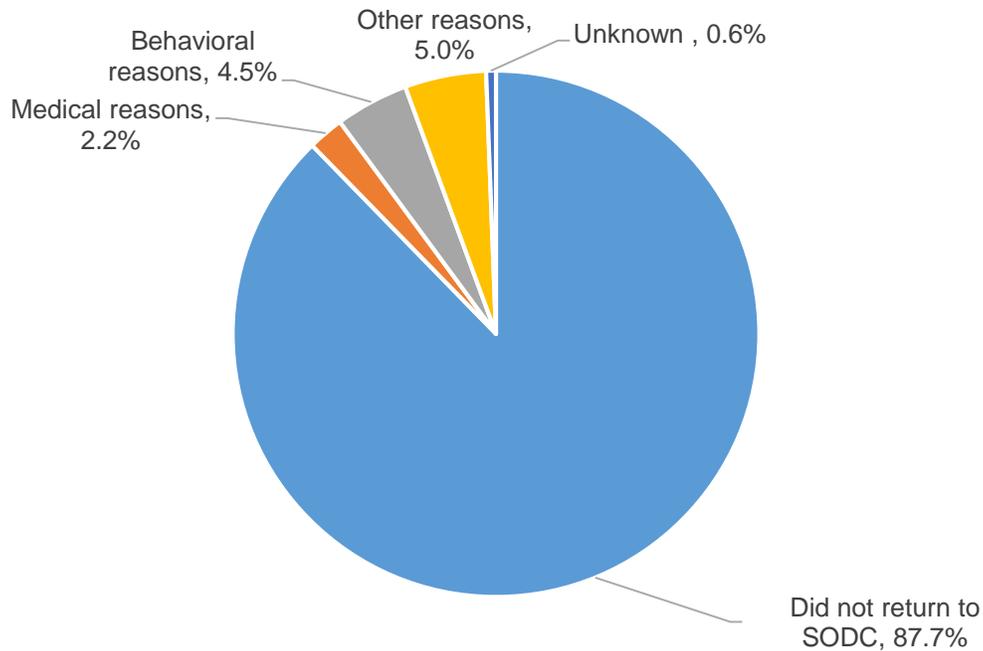
From FY2002-FY2009, of the 1245 individuals who transitioned from an SODC to a non-SODC setting, 151 returned to an SODC (12.1%). In FY2010, nearly 12% returned to an SODC, 9.1% in FY2011, and 15.0% in FY2012 (Figure 6).

Figure 6: Frequency of Individuals Who Returned to an SODC from a Non-SODC Post-Transition Placement



The discharge summary sheet had the following response options for reason for return to a SODC: medical, behavioral, or “other.” Figure 7 (next page) illustrates the reasons individuals returned to an SODC after discharge. Of the 464 individuals who transitioned from an SODC to a non-SODC setting (FY2010 through FY2012): the majority did not return to a SODC (87.7%), 4.5% returned for behavioral reasons, 2.2% for medical reasons, and 5.0 % for “other” reasons. Two individuals (0.4%) returned for “unknown” reasons, and were not included in subsequent analyses.

Figure 7: Reasons for Return to an SODC from a Non-SODC Post-Transition Setting: FY2010-FY2012 (n = 464)



For the purposes of this report, technical assistance (TA) is defined as supports offered to individuals transitioning out of an SODC that fall outside of the parameters of routine follow-up. Such routine follow-up is called Direct Linkage and Aftercare (DLA) and is outlined in Illinois Administrative Code, Title 59, Chapter 1, Part 25 entitled “Recipient Discharge/Linkage/ Aftercare.” Technical Assistance is support provided in addition to DLA, and is offered for individuals experiencing behavioral and/or medical concerns for which the service provider requires input from a specific discipline. Technical Assistance may include: face-to-face visits by a staff member familiar with the individual; observation, evaluation, and provision of recommendations by discipline-specific professionals to address identified issues; a focused review of past records, information gathering, information dissemination, training, consultation, and related activities; or a conference call with an interdisciplinary team from the SODC and community provider, as well as Division of Developmental Disability (DDD/DHS) staff. Available information on TA was limited to whether or not it was provided for medical, behavioral, or dietary issues but did not specify how the support was delivered.

Figure 8 compares the reason (medical, behavioral, other (which includes dietary and DLA [routine follow-up]), for an individual's return to a SODC by whether or not they received medical or behavioral TA. Data is presented for FY2010 through FY2012. Of the 10 individuals who returned to an SODC because of medical reasons, only one received medical TA. More than 70% of the individuals who returned because of behavioral reasons received behavioral TA; 9.5% also received medical TA. More than 15% received behavioral TA when the reason for their return to an SODC was "other," while 8.7% received medical TA.

Figure 8: Reason for return to SODC from a non-SODC setting by TA received: FY2010-FY2012

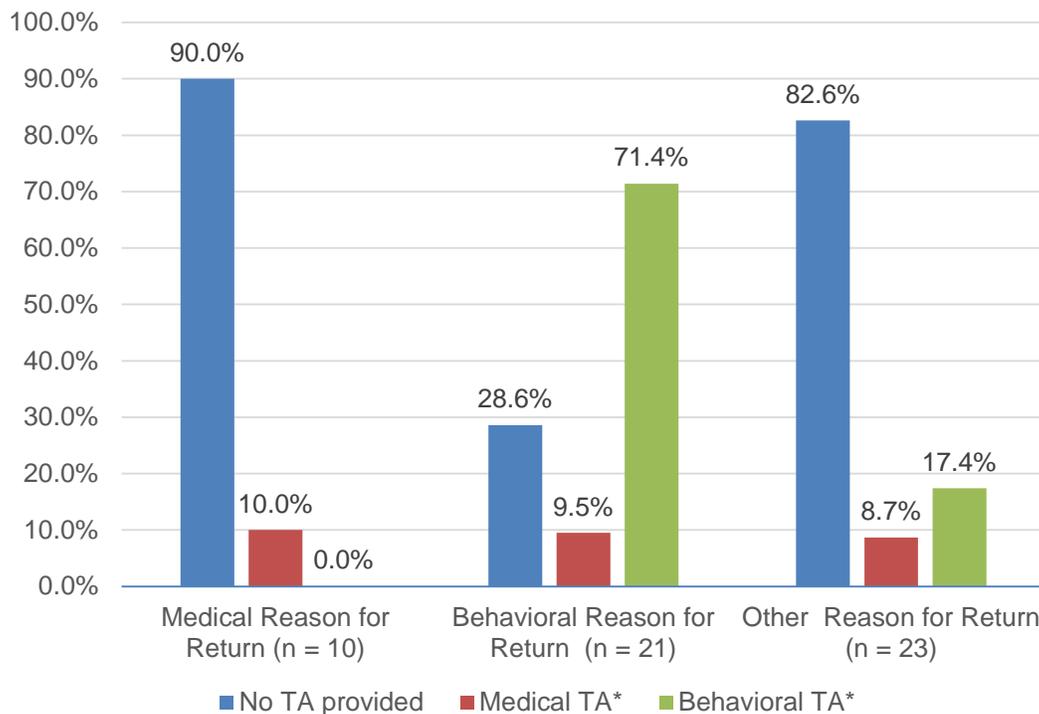
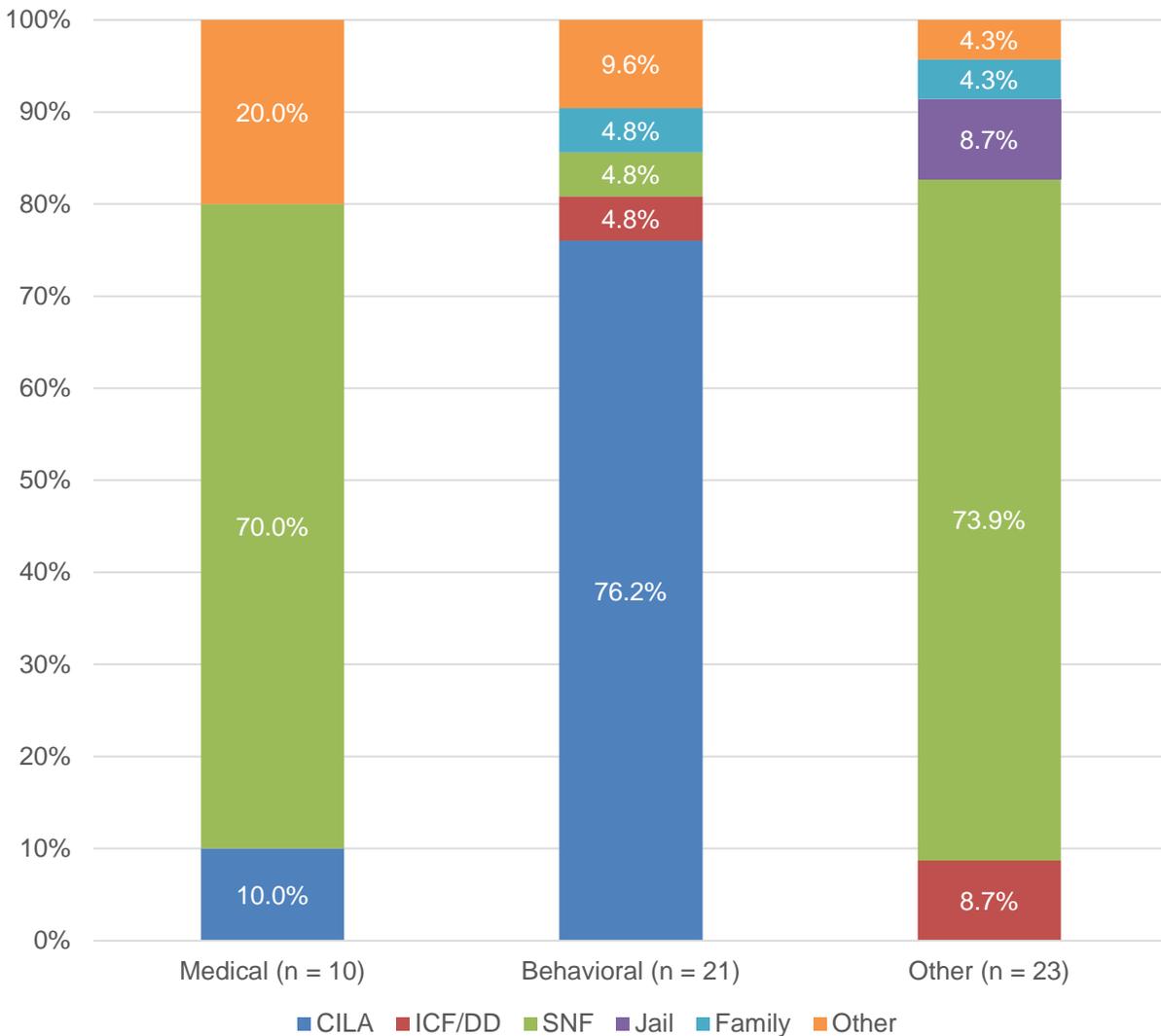


Figure 9 illustrates the reasons why individuals returned to an SODC from the non-SODC post-transition setting where they resided. The majority of individuals (70.0%) returning to an SODC because of medical reasons returned from a SNF. The majority of individuals (76.2%) who returned to an SODC because of behavioral reasons returned from a CILA.

Figure 9: Reason for Return to an SODC from a Non-SODC Post-Transition Placement: FY2010-FY2012



Question 6: How do characteristics of persons who transitioned compare across residential settings?

Table 12 (next page) shows a comparison of demographic data between individuals by their post-transition setting. Between FY2010 and FY2012, nearly two-thirds of the individuals transitioned to either a CILA (n = 253) or another SODC (n = 200). SNFs received the oldest individuals (60.8 years) while jails received the youngest individuals (26.5 years). The previous LOS at an SODC for individuals ranged from 0.4 years for individuals who were discharged from an SODC to a jail or correctional facility to 37.2 years for individuals discharged to other SODC. Individuals who transitioned from an SOCD to an SNF had the highest health risk (HRST) scores (4.5) while jails had the lowest HRST scores (1.6). ICAP Adaptive Behavior scores for individuals who were discharged to jail or to family homes were above 100 months (137.7 and 117.4 months, respectively) but were below 30 months for individuals who transitioned to ICFs/DD and SNFs (27.6 and 20.2 months, respectively). ICAP Service Levels ranged from 31.1 months (SNF) to 82.3 months (Jail). IQ ranged from 14.8 (SNF) to 57.6 (Jail).

Table 12: Comparing Characteristics of Individuals by Post-Transition Residential Setting: FY2010-FY2012

	CILA (n = 253)	ICF/DD (n = 54)	SODC (n = 200)	Family (n = 32)	SNF (n = 69)	Jail (n = 32)	Other (n = 24)
	mean	mean	mean	mean	mean	mean	mean
Age (years)	46.8	50.1	52.0	32.0	60.8	26.5	48.7
LOS @ previous SODC (years)	15.0	20.3	37.2	4.2	19.4	0.4	13.8
HRST	2.4	3.2	2.9	2.2	4.5	1.6	3.8
ICAP Adaptive Behavior (months)	57.0	27.6	38.5	117.4	20.2	137.7	37.3
ICAP Service Level	49.0	33.0	40.4	75.0	31.1	82.3	39.2
IQ	33.6	15.8	23.2	55.3	14.8	57.6	23.3
	%	%	%	%	%	%	%
Frequency of ID	100.0%	100.0%	100.0%	96.9%	100.0%	100.0%	95.8%
Frequency of Psychiatric	52.6%	33.3%	48.5%	34.4%	24.6%	34.4%	41.7%
Frequency of ASD	13.8%	9.3%	12.5%	3.1%	8.7%	0.0%	8.3%

Question 7: What are the characteristics of persons who died during FY2010 through FY2012?

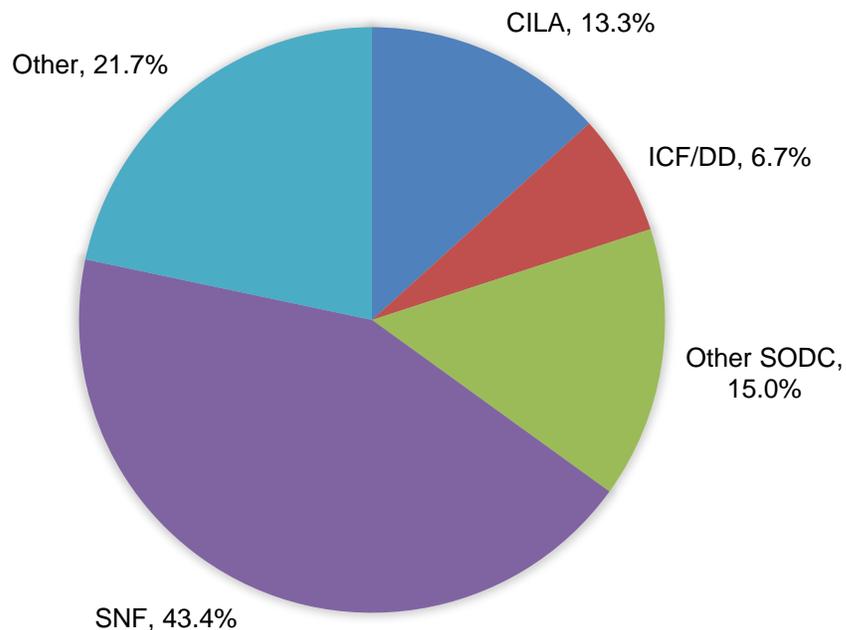
During FY2010 through FY2012, 8.2% of individuals (59 out of 723) died while at an SODC. This rate was similar to our previous study which found that 8.5% (n=209) of the census reduction between October 1, 2001 and June 30, 2012, across the ten SODCs in Illinois was due to death while still living in the SODC. Table 13 describes the characteristics of individuals who died while at an SODC, during FY2010 through FY2012. On average, the mean age for individuals who died post-transition was 56.6 years and had a mean Health Risk rating of 4.0 out of 6 (meaning they had a high moderate health risk). Individuals who died after transition generally had “Mild” ICAP Adaptive Behavior and “Extensive” ICAP Service Level scores (mean scores of 141.9 and 33.1 respectively) and a mean IQ of 13.6. All 59 individuals had some Intellectual Disability; 32.2% had a psychiatric disorder; and 8.5% had a diagnosis of Autism Spectrum Disorder.

Table 13: Characteristics of Individuals who Died at SODC: FY2010 - FY2012 (n = 59)

	mean	SD
Age (years)	56.6	13.2
HRST	4.0	1.5
Length of Stay (years)	22.6	16.2
IQ	13.6	12.7
ICAP Adaptive Behavior (months)	141.9	188.7
ICAP Service Level	33.1	13.1
	n	%
Frequency of ID	59	100.0
Frequency of Psychiatric Disorder	19	32.2
Frequency of ASD	5	8.5

A total of 60 individuals died after transitioning out of an SODC in Illinois between July 1, 2009 and June 30, 2012. This represents 9% of the 664 individuals who transitioned out of an SODC during this time. Figure 10 illustrates where individuals were living at the time of their death over the course of the current study period. Approximately 40% of deaths of individuals who transitioned from an SODC occurred at SNFs (n = 25); 15% of deaths occurred at other SODCs; 13.3% of deaths occurred at CILAs; 6.7% occurred at an ICF/DD; and 21.7% occurred at “other” settings.

Figure 10: Deaths by Type of Post-Transition Residential Setting (FY2010 – FY2012)



(n = 60)

Table 14 describes the demographic characteristics of individuals who died after they transitioned from an SODC during FY2010 through FY2012 regardless of setting. On average, the mean age for individuals who died post-transition was 63.4 years and had a mean Health Risk rating of 4.1 out of 6 (meaning they had a high moderate health risk). Individuals who died after transition generally had “Severe” ICAP Adaptive Behavior and Service Level scores (mean scores of 72.9 and 32.2 respectively) and a mean IQ of 11.5. All 60 individuals had some Intellectual Disability; 21.7% had a psychiatric disorder; and 3.3% had a diagnosis of Autism Spectrum Disorder.

Table 14: Characteristics of Individuals who Died Post-Transition: FY2010-FY2012 (n = 60)

	μ	SD
Age (years)	63.4	13.1
HRST	4.1	1.6
Length of Stay (years)	22.1	13.0
IQ	11.5	10.9
ICAP Adaptive Behavior (months)	72.9	140.8
ICAP Service Level	32.2	14.5
	n	%
Frequency of ID	60	100
Frequency of Psychiatric Disorder	13	21.7
Frequency of ASD	2	3.3

Table 15 compares demographic characteristics of individuals who died (n = 119) across settings. The majority of the 119 deaths occurred at an SODC (57.1%), followed by SNF (21.8%), “Other” setting (10.9%), CILA (6.7%), and ICF/DD (3.5%). Individuals that died at a SNF were the oldest (mean age = 68.7 years) and had the second highest health risk (mean HRST = 4.5). Individuals that died at an SODC had a mean age of 57 years and a mean HRST of 3.9. Individuals that died at a CILA had a mean age of 64.1 years and a mean HRST of 3.0.

Table 15: Comparing Characteristics of Individuals who Died across Settings: FY2010-FY2012 (n = 119)

	SODC (n = 68) mean	SNF (n = 26) mean	CILA (n = 8) mean	ICF/DD (n = 4) mean	Other (n = 13) mean
Age (years)	57.0	68.7	64.1	53.8	57.5
LOS @ previous SODC (years)	23.2	22.6	20.4	23.1	9.9
HRST	3.9	4.5	3.0	5.5	4.3
ICAP Adaptive Behavior (months)	124.7	91.4	238.0	4.0	12.7
ICAP Service Level	32.4	33.6	45.5	20.5	28.5
IQ	13.3	12.6	19.2	4.0	9.9

Discussion

This study sought to answer the following seven questions, discussed in detail throughout the report:

1. How many individuals transitioned out of Illinois SODCs since October 1st of 2001 through FY2012?
2. What are the characteristics of those who transitioned out of SODCs in Illinois from FY2002 through FY2012?
3. To what type of residential setting did individuals transition?
4. To what extent did individuals remain in their post-transition setting?
5. What are the characteristics of the persons who returned to an SODC after transition?
6. How do characteristics of persons who transitioned compare across residential settings?
7. What are the characteristics of persons who died since transitioning from an SODC during FY2010 through FY2012?

Additionally, the data from the current study (FY2010 through FY2012) has been compared throughout this report to data from previous studies (Lulinski-Norris, Rizzolo & Heller, 2012 & Lulinski-Norris, Rizzolo & Heller, 2010) which examined the time period October 1, 2001 through June 30, 2009.

From FY2010 through FY2012, 664 individuals transitioned from an SODC to another setting. During this period, the health risk of individuals who left SODCs has steadily increased, indicating individuals with greater health care needs are increasingly being transitioned into, and remaining in, the community. Despite the increase in health care needs, the rate of return to an SODC remained the same, approximately 10%. The community has shown an increased capacity at supporting people with higher health risks.

In addition to answering the seven initial research questions, the authors identified four themes. Themes one and three are similar to previous studies (Lulinski Norris, Rizzolo & Heller, 2011; Lulinski Norris, Rizzolo & Heller, 2012) and themes two and four are new themes in this longitudinal study.

Theme 1: The percentage of individuals transitioning to settings for 15 or fewer rose from 18.0% in FY2002 to 48.2% in FY2012.

Furthermore, during FY2010 through FY2012, individuals who transitioned from an SODC, but who were not part of an official closure (n = 406), almost exclusively transitioned to smaller settings. Only 4.4% of this group transitioned to another SODC.

Theme 2: During the closure of Jacksonville, the majority of individuals transitioned to a CILA (63.9%). This was markedly different from previous SODC closures. When Lincoln (n = 237) closed in 2003, 76.4% of individuals transitioned to another SODC. When Howe (n = 258) closed in 2010, 70.5% transitioned to another SODC. The percentage decreased during the Jacksonville closure process (July 1, 2009 through December 31, 2012), when just 23.7% of individuals transitioned to another SODC and 63.9% transitioned to a CILA.

Theme 3: The majority of individuals who transition to community settings continue to remain in their post-transition setting, even when they have high medical needs. Of the individuals who transitioned to a CILA during FY2010-FY2012 (n = 253), the majority (67.6%) remained in their initial placement, (4.3% remaining with the same provider but in a new residence), and 1.6% moved to another CILA with a new provider. A similar finding to previous studies was that the most prevalent reason for return to a SODC from a non-SODC setting was for behavioral reasons (n = 21). Nearly a third (28.5%) of the 21 individuals, did not receive any behavioral TA. Only 10 individuals returned to an SODC from a non-SODC setting due to medical needs, despite the rising HRST scores. The mean HRST scores have increased since FY2009. This demonstrates an *improved capacity of the Illinois system to support individuals with increased healthcare and behavioral needs.*

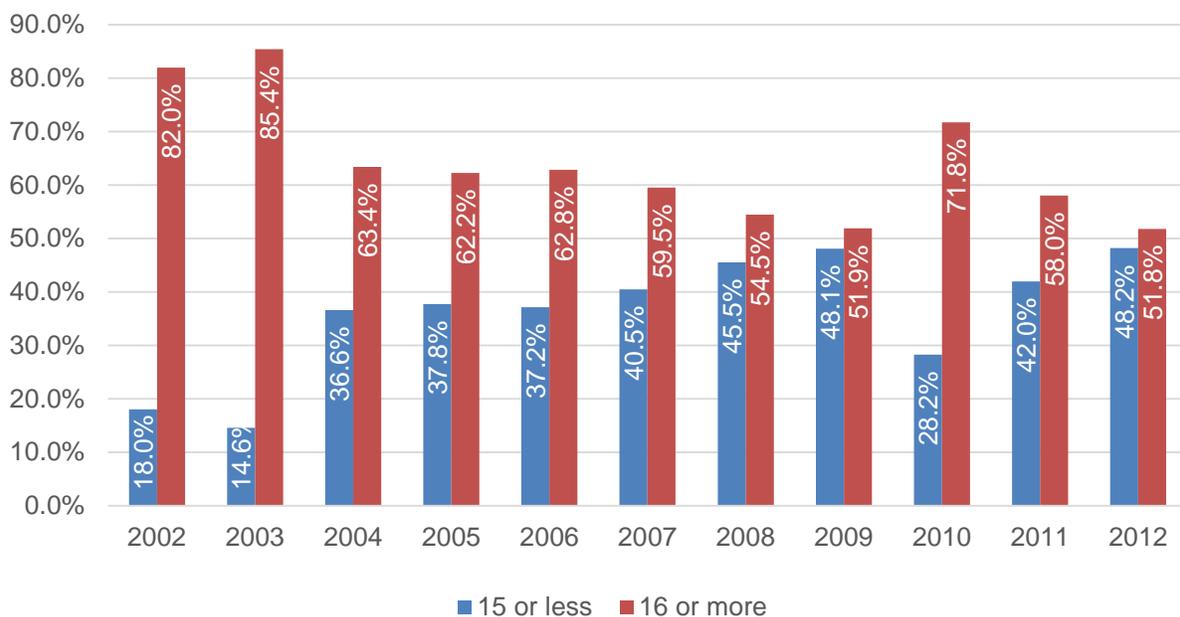
Theme 4: During FY2010 through FY2012, the majority of deaths occurred at an SODC (68 out of the total 119 deaths). Nine of the 68 died at a different SODC from the original one they transitioned from. Twenty-six individuals died post-transition at a SNF. Individuals who died post-transition had a mean age of 63.4 years and a mean HRST score of 4.1.

As more individuals transition from SODCs to the community, it can be expected that the percentage of those individuals with increased health risk will also continue to increase. In a study by Lulinski (2014), the primary community service that was utilized for behavioral issues (such as harm to self, harm to others, and property destruction)

was the police/911/Emergency Medical Services. If individuals are returning to an SODC for medical or behavioral reasons, appropriate TA should be provided. Nine out of the 10 individuals who returned to an SODC from a non-SODC setting because of medical reasons did not receive any kind of TA. Conversely, 71.4% of individuals who returned to an SODC from a non-SODC setting because of behavioral reasons received behavioral TA. The type and quality of the TA that is provided should be further examined.

In Illinois as more individuals transitioned from SODCs during FY2010 through FY2012, (with the exception of FY2010), there has been a steady decline in the percentage of individuals transitioning to settings with 16 or more individuals (Figure 11). The closure of Howe was the outlier for FY2010. During the Howe closure the majority (70.5%) of those individuals transitioned to another SODC (Table 10). This trend is similar to other states, where individuals are transitioning to smaller settings (15 or less) (Braddock et al., 2015). We can expect that this trend will continue, in Illinois, as community supports become more available to support individuals with DD that have complex medical and behavioral needs so they can live in the community.

Figure 11: Percentage of Individuals Transitioning from SODCs to Settings (16 or more vs. 15 or less) by Fiscal Year



Future analysis of movements from SODCs should examine: (1) detailed reasons for why individuals returned to an SODC, (2) what TA was offered and why other kinds were not offered, and (3) actual causes of death for individuals living at SODCs and post-transition settings. As individuals transition to smaller, community settings, it is important to understand why individuals returned to an SODC and what could have been done to support them as they live in the community. Illinois can learn from other states by understanding what community supports they utilize and how it affects their ability to remain in the community.

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Appendices

Appendix A

Instructions

DHS ID - use 9 digit DHS ID to identify each person who left the SODC; include all persons leaving for any reason. If a person had multiple discharges during the period, list each separately.

DOB – list only month and year of birth

Admit Date - date of admission to SODC for the current stay.

Discharged Date - date of discharge to other type of provider.

HRST at time of d/c - include the Health Risk Screening Tool level at the time of the discharge.

ICAP Adaptive Behavior Score at time of d/c - in months

ICAP Service Level at time of d/c - service level score, not service level

IQ - indicate IQ score at time of discharge

Medical/Psychiatric Diagnoses at time of Discharge - list all relevant medical and psychiatric diagnoses (including level of mental retardation) at time of discharge

D/C to (Name) - include name of provider who assumed responsibility upon discharge. If person died while living at the SODC, list “death” in this column. If they moved in to a family home, list “family”.

Type of Residence - In column A, use the following codes to specify type of residence; in column B, list the maximum capacity if known

- 1 = 24 hour CILA
- 2 = intermittent CILA
- 3 = ICF/DD
- 4 = other Illinois SODC
- 5 = Illinois state-operated mental health hospital
- 6 = with family member
- 7 = out of state
- 8 = skilled nursing facility
- 9 = other
- 10 = n/a died in facility
- 11 = jail

Guardian type - use the following codes

- 1 = person is legally competent
- 2 = Office of the State Guardian
- 3 = private guardian (family member)
- 4 = private guardian (non- family member)
- 5 = unknown

Current Status: use the following codes

1 = continuous placement in the residence to which the person was discharged

2 = has moved to a different residence with the same provider

3 = has moved to a different residence with a different provider (non SODC)

4 = returned to an SODC

5 = individual is no longer living

6 = unknown

7 = State Operated Mental Health Center

If the current status is **4**, list reason for return:

1 = medical reason(s)

2 = behavioral reason(s)

3 = n/a the persons did not return to an SODC

4 = other

Technical Assist – whether or not technical assistance has been provided following discharge

1 = Yes

2 = No to indicate.

If “yes,” also indicate reason:

1 = medical

2 = behavioral

3 = n/a technical assistance was not provided

4 = dietary

5 = medical and behavioral

6 = Direct Linkage Aftercare

**List information for all persons leaving an Illinois SODC for another type of residence
(FY2010 through FY2012)**

SODC Name _____ Time Period of this Report _____ to _____
 _____ Page ____ of _____

DHS ID year of birth	Admit Date	Discharge Date	HRST	ICAP Adaptive Behavior Score	ICAP Service Level Score	IQ	Medical/ Psychiatry Diagnoses at time of	D/C to (name of provider)	Type of residence A B	Guardian type	Current Status	Technical Assist