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California Department of
Developmental Services

Special Incident Trends

Semiannual Report July - December 2018

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Mission Analytics Group, Inc.

Summary of Trends

Special Incident Report (SIR) Trends

July-December 2018



10,983
SIRs

were submitted between July and December 2018, down from 11,166 between January and June 2018 despite a rising caseload.



32.9 SIRs
per 1000 people

were reported, a number lower than in any period since July-December 2016.



7,301
individuals

had SIRs of the more than 330,000 individuals served.



13% fewer
deaths

were reported this period than the same period in 2017. July to December typically see fewer deaths than from January to June.



56 out of 948
deaths

were among adults aged 31-40 in residential care, compared to 45 between January and June 2017.



1 in 10
individuals had
incidents

among those living out-of-home. This share includes those with at least one incident other than death. This is consistent with the rate in recent periods.



8% of people
had 3 or more
incidents

and accounted for 22% of incidents in the six-month period. Among people with at least one incident, one in four had multiple incidents in the period.



9% or greater
increases

in medication errors (up 9%), suspected neglect, and missing person incidents (both up 18%), compared to the same period a year ago.

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About This Report

As one element of risk management and quality assurance, the California Department of Developmental Services (DDS) and California’s network of regional centers monitor the occurrence of adverse events, captured through Special Incident Reports (SIRs), to identify trends and develop strategies to prevent and mitigate risks. As required by Title 17, Section 54327 of the California Code of Regulations, vendors and long-term health care facilities report occurrences of suspected abuse, suspected neglect, injury requiring medical attention, unplanned hospitalization, and missing persons, if they occur when an individual is receiving services funded by a regional center (under vendored care). In addition, any occurrence of mortality or an individual being the victim of crime must be reported whether or not it occurred while they were under vendored care. As DDS’ independent risk management contractor, Mission Analytics Group, Inc. (Mission) conducts aggregate analyses of SIR data.

This report provides a semiannual analysis of the number and rate of SIRs for individuals served by DDS in community settings between July and December 2018. It also includes an overview of the activities conducted by DDS and its independent risk management contractor to understand and address any system-level issues identified by SIR reporting. Results reflect data from March 2019.

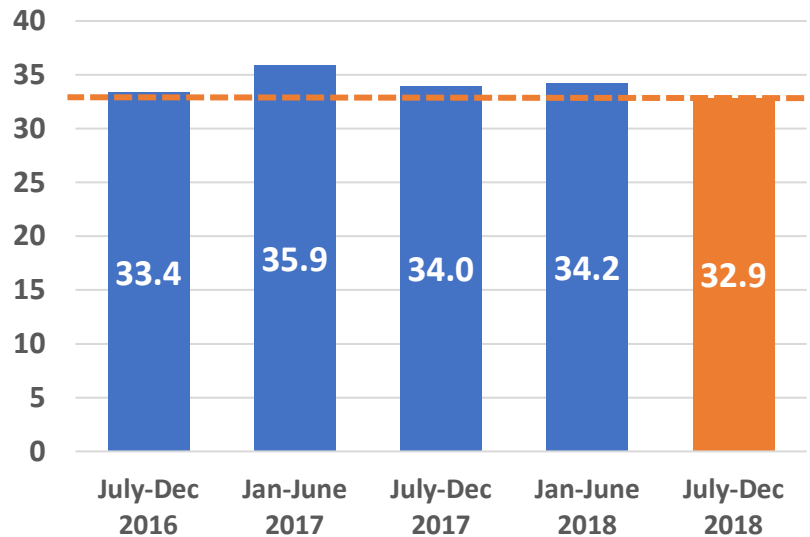
Overall Trend in SIRs

All Individuals

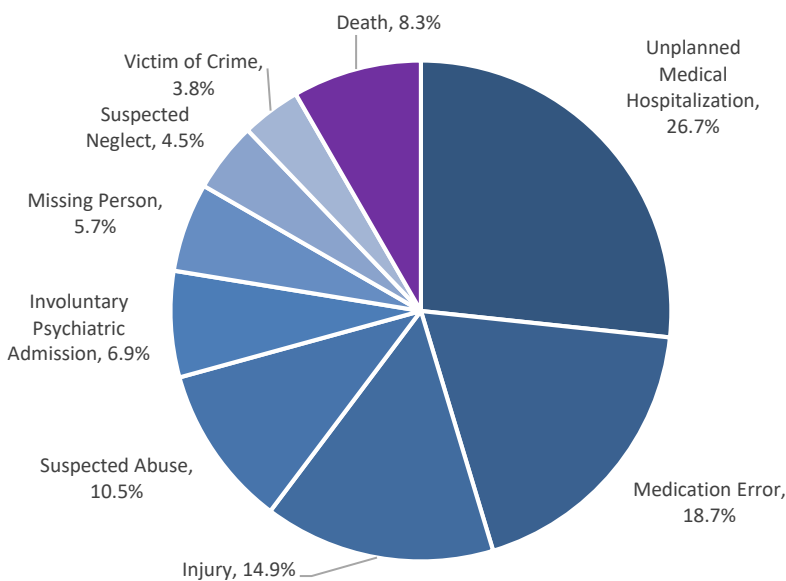
The number of special incident reports (SIRs) per 1,000 individuals was lower between July and December 2018 than it was in recent six month periods.

Between July and December 2018, there were a total of 10,983 SIRs, up from 10,831 in the same period in 2017 and from 10,160 in 2016. However, the number of individuals served by DDS rose faster than the number of SIRs. DDS served 334,282 at the end of 2018, compared to 304,329 in December 2016. Therefore, the number of SIRs per 1,000 individuals served has fallen to 32.9, compared to 33.4 in July-December 2016 and 34.0 in July-December 2017.

Number of SIRs per 1000 Individuals Served by DDS



Breakdown of SIRs by Incident Type



Unplanned medical hospitalizations and medication errors are the most frequently reported incidents, making up almost ½ of all incidents reported.

From July-December 2018, there were 10,035 SIRs not involving an individual's death. Of these, there were 3,011 unplanned hospitalizations and 2,105 medication errors. Victim of crime incidents accounted for the smallest share of incidents with 432 reported this period. There were 948 reported deaths.

Mortality Incidents

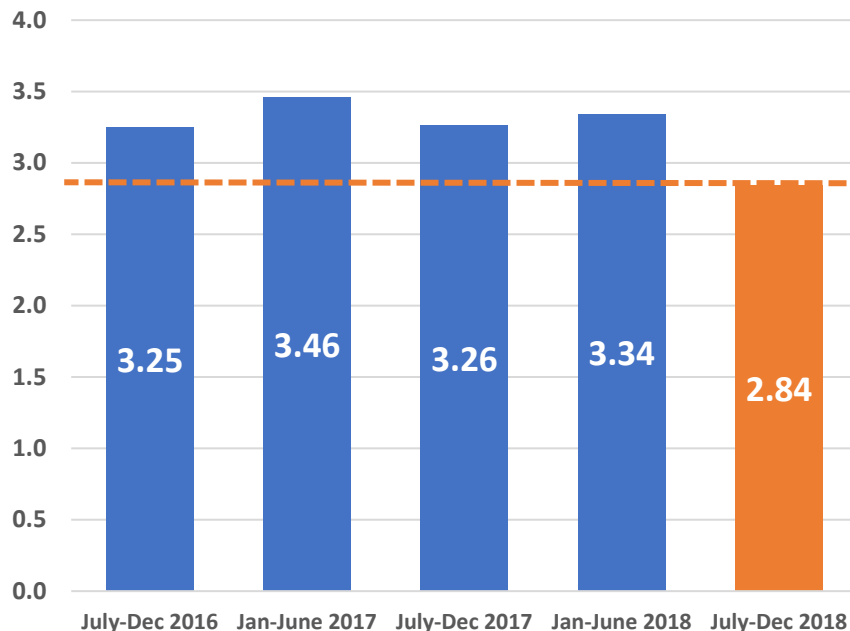
Trend in the Rate of Mortality Incidents

All Individuals

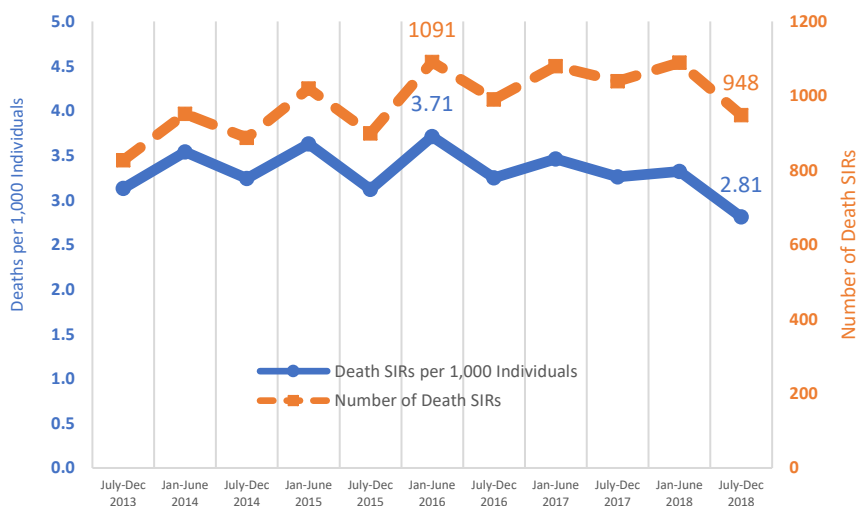
The number of reported deaths this period was lower than in previous periods.

The total of 948 reported deaths between July and December 2018 was 13% lower than the 1,089 deaths reported for January-June 2018. Given the larger caseload, this number represents a 15% decline in the number of death SIRs per 1,000 individuals, from 3.34 to 2.84 per 1,000. The total number of reported deaths and the reported deaths per 1,000 individuals are both lower than the same months in 2016 and 2017. It is likely that there are additional deaths that are not yet included in this total. Death SIRs are often reported late for individuals not in vendored care. For example, the January - June 2018 data now include 46 deaths reported after September 2018.

Death SIRs per 1000 Individuals



Long-Term Trend in Number of Death SIRs



The period from July to December historically has fewer deaths than January to June.

This appears as a “saw-tooth” pattern of higher rates in January-June and lower rates in July-December. The rate and the number of deaths peaked in January-June 2016. Since then, the seasonal pattern has been less evident than in earlier years. The drop in the number of deaths from July-December 2018 may indicate a return to a more pronounced saw-tooth pattern, unless the rate changes with late reported deaths.

Mortality Incidents: Demographic Groups

All Individuals

The decline in deaths occurred across most demographic groups.

Deaths by age group, residence and qualifying disability were examined. Overall, the rate of deaths was flat or down across all groups. However, there were 4.5 deaths per 1,000 individuals aged 31-40 years old residing outside the home of a parent/guardian, compared to 3.2 last period and 3.6 the same period a year ago.

There was also an increase in the number of deaths among individuals with autism compared to the previous four periods. With 16 deaths of individuals with autism this period, compared to an average of 9 deaths in previous periods, the rate rose from an average of 0.12 per 1,000 people to 0.20. Since deaths are rare for this group, a small number of deaths can have a large effect on the rate.

More Information on Deaths of Individuals Aged 31-40 Years Old Residing Outside the Home of a Parent/Guardian

Selected Causes of Death

- Choking: 1 death, 1 other possible
- Bowel obstruction: 2 deaths
- Ruptured appendicitis: 1 death
- Methamphetamine abuse: 2 deaths
 - o Includes one individual with autism
 - o Meth use cited in 4 deaths total this period
- Struck by vehicle: 2 deaths
- Homicide/suicide: 2 deaths

Selected Circumstances at Death

- 2 homeless/transient individuals

Demographic Groups with Elevated Rates

- 31-40 year olds residing outside the home of a parent/guardian

56 deaths compared to an average of 43 in the previous 4 periods

- Individuals with autism

16 deaths compared to an average of 9 in the previous 4 periods

In the subgroups with higher rates, most deaths were health related.

The narratives in the SIRs for the deaths of individuals with autism and individuals 31-40 years old, residing outside the home of a parent or guardian were reviewed. The review included 56 deaths among 31-40 year olds and 7 of the 16 individuals with autism. Many of the SIRs reviewed did not yet have cause of death information. There was no clear pattern or trend explaining the higher number of deaths. Six of the seven individuals who had autism and passed away, died due to health related issues. Highlights from the review for 31-40 year olds are listed at the left. Two of the deaths in this age group were from methamphetamine use; two deaths in other age groups also cited methamphetamine use. There has not been a similar cluster previously noted.

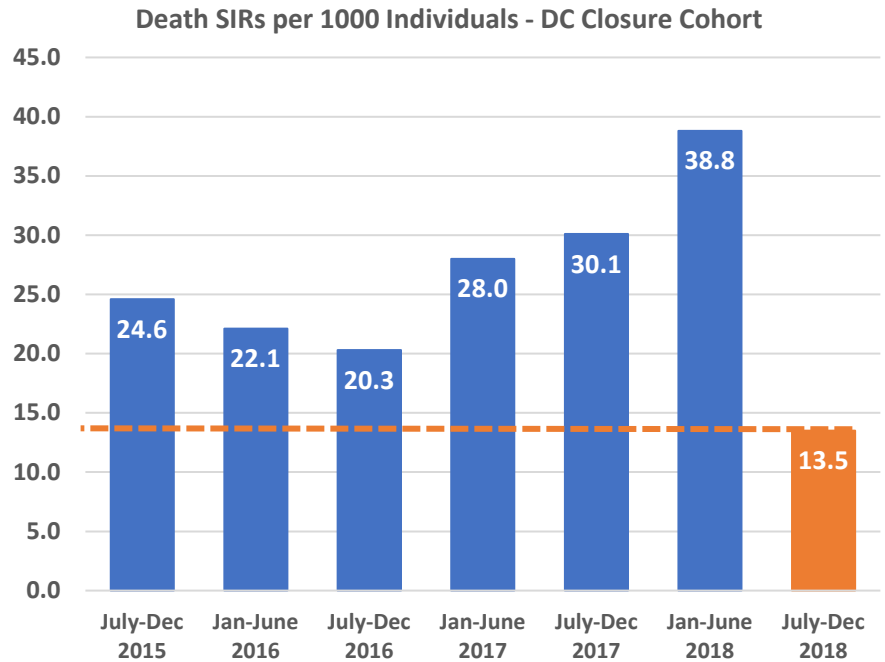
Mortality Incidents: Demographic Groups

All Individuals

Deaths were also low this period among individuals who moved from a developmental center.

The deaths of all individuals who were residing at developmental centers (DCs) when the closures were announced in May 2015 are tracked. The deaths of the cohort of individuals who have moved is compared with the deaths of individuals still residing in a DC. This period, there were 10 deaths among the cohort of 743 individuals, the lowest number since this tracking began and much lower than last period.

At 13.5 deaths per 1,000 individuals, the rate for individuals in this cohort is at or below the rate this period for all individuals over 50 years old residing outside the home of a parent/guardian (17.4 deaths per 1,000 individuals). The average age in the cohort is approximately 56 years old.



Mortality Incidents: Regional Centers

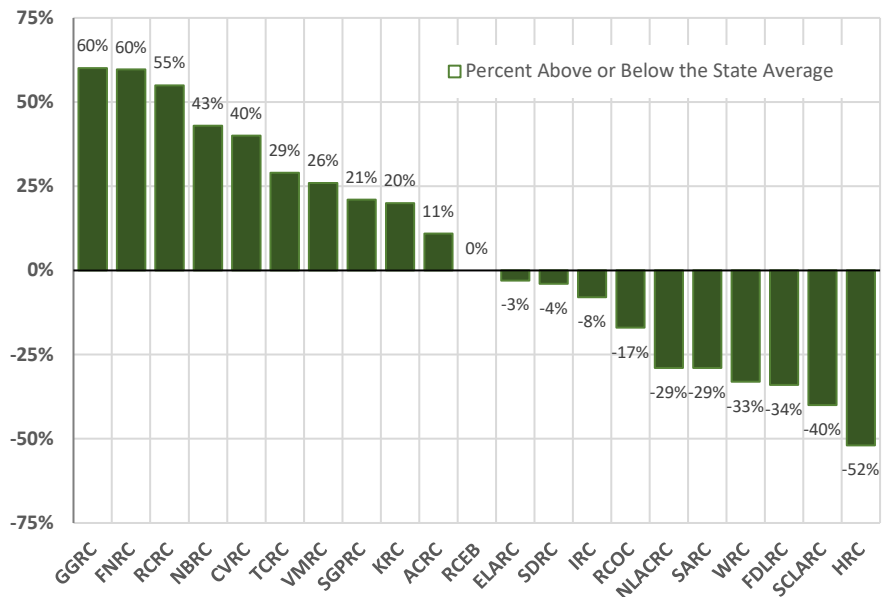
All Individuals

By regional center, death rates ranged from 1.75 to 4.94 per 1,000 individuals.

Three regional centers had rates more than 50% above the state average of 2.81 deaths per 1,000 individuals. These three regional centers had similarly high death rates relative to the state average in July-December 2016 but had lower rates in July-December 2017.

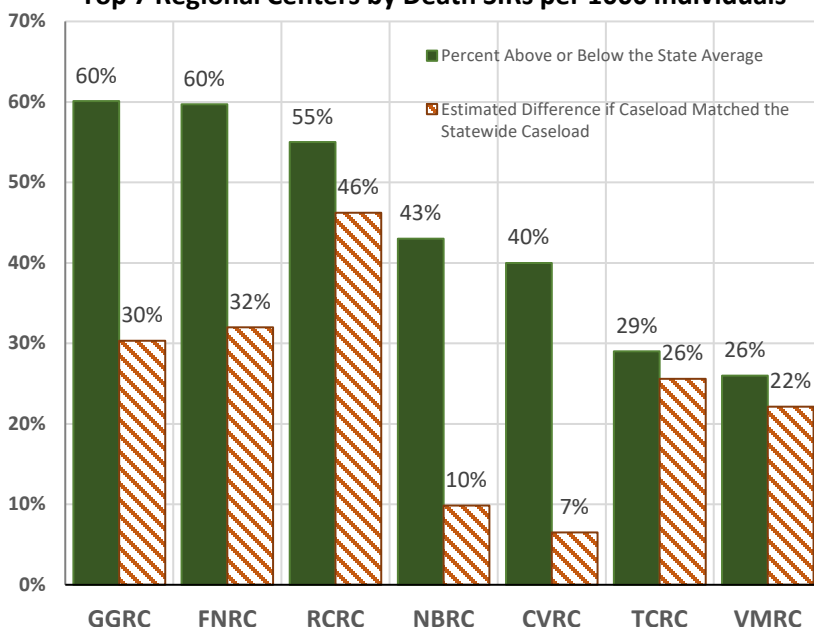
In July-December 2017, one regional center (KRC) was more than 50% above the state average. KRC's rate has dropped substantially since then. At 3.37 per 1,000, it is still above average, but down 20% from last period and down 31% from July-December 2017.

Death SIRs per 1000 Individuals, Relative to State Average



*See page 20 for regional center abbreviations.

Top 7 Regional Centers by Death SIRs per 1000 Individuals



Differences in age and other characteristics of individuals served by regional centers explain much of the difference in rates for some regional centers.

Several of the regional centers with higher rates of death SIRs serve more individuals who are elderly or who have significant health issues than those served by other regional centers. Similarly, lower rates like that for HRC may be partly explained by their serving a younger population. When individual characteristics are accounted for in the data, RCRC has the highest rate of death SIRs, 46% above the statewide average.

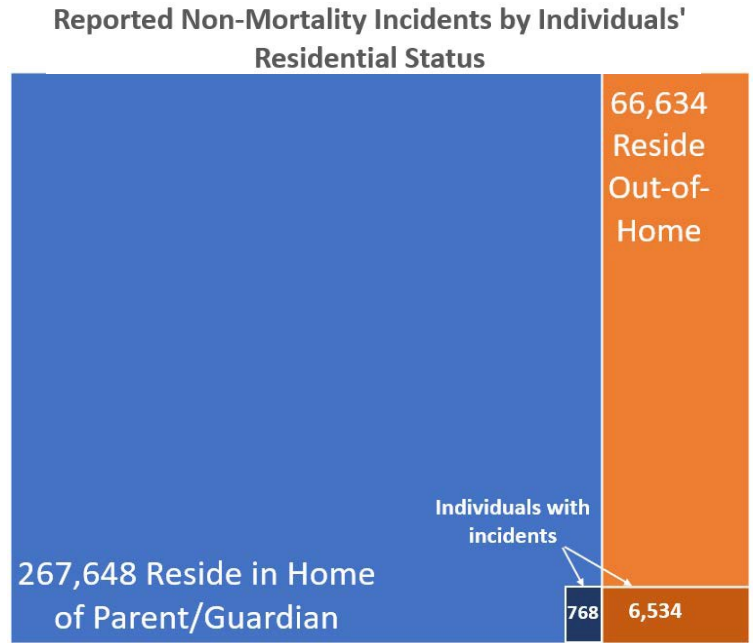
All Other Incident Types

Non-Mortality Incidents: Overview

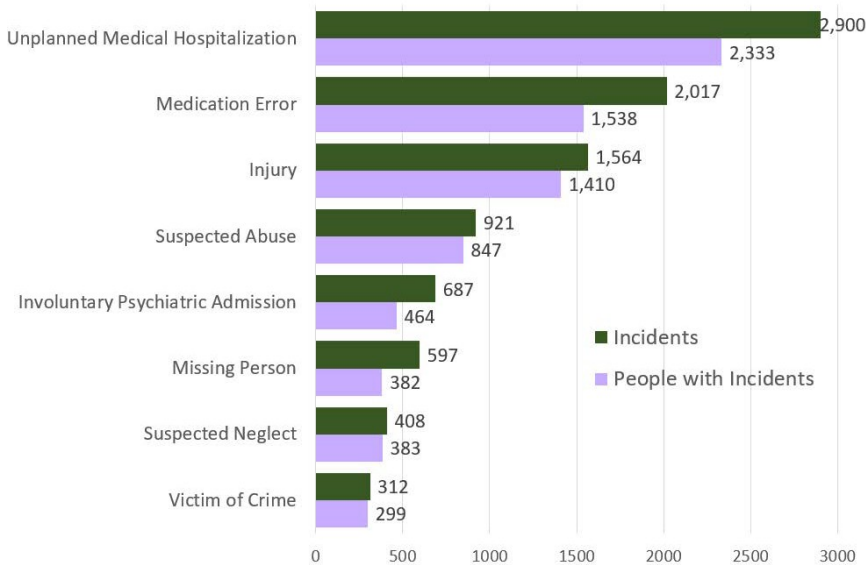
Individuals Residing Outside the Home of a Parent/Guardian

10 out of 11 non-mortality SIRs occurred among the 20% of individuals who reside outside the home of a parent or guardian.

Most non-mortality SIRs are reportable only when individuals are in long-term health facilities or under vendored care. Death and victim of crime incidents are always reportable. Fewer than ¼ of one percent of individuals who reside with a parent or guardian had a reported special incident this period. Reflecting the reporting requirements, 89% of all incidents and 91% of non-mortality incidents were reported for the approximately 67,000 individuals whose residential setting is not the home of a parent or guardian. The rest of the results on non-mortality SIRs address individuals who reside outside the home of a parent or guardian.



Incidents by Type



Unplanned medical hospitalizations and medication errors were the most common types of non-mortality SIRs.

From July to December 2018, there were 9,134 non-mortality SIRs experienced by 6,534 individuals residing other than in the home of a parent/guardian. Almost one-third of these incidents were for unplanned medical hospitalizations, with 2,333 individuals experiencing 2,900 hospitalizations. (See the next page for a breakdown by type of hospitalization.) Medication errors were the next most common type of incident, with 2,017 medication errors for 1,538 individuals.

Non-Mortality Incidents: Breakdown by Type

Individuals Residing Outside the Home of a Parent/Guardian

Incidents by Type and Subtype, July-December 2018

Incident Type and Sub-Type ¹	Incidents	Individuals
Unplanned Hospitalization	2,900	2,333
Internal infection	1,213	1,044
Respiratory Illness	932	789
Seizure	293	266
Cardiac-related	211	197
Wound/skin care	206	198
Nutrition deficiency	147	137
Diabetes	72	68
Medication Error	2,017	1,538
Injury	1,564	1,410
Lacerations/sutures/staples	559	521
Fracture	523	502
Internal bleeding	277	245
Bite	97	84
Medication reactions	49	48
Burns	36	36
Dislocation	35	35
Puncture wounds	27	24
Suspected Abuse (Substantiated or Not)	921	847
Alleged physical abuse	424	397
Alleged emotional/mental abuse	220	212
Alleged sexual abuse	171	165
Alleged financial abuse	141	140
Alleged physical/chemical restraint	49	43
Involuntary psychiatric admission	687	464
Missing person	597	382
Suspected Neglect (Substantiated or Not)	408	383
Fail to protect from health/safety hazards	156	150
Fail to provide care-elder/adult	110	102
Fail to provide medical care	63	61
Fail to assist with personal hygiene	56	56
Fail to provide food/clothing/shelter	42	39
Fail to prevent malnutrition	7	7
Fail to prevent dehydration	4	4
Victim of Crime	312	299
Aggravated assault	109	103
Theft	84	84
Forcible rape or attempted rape	55	54
Burglary	36	34
Personal robbery	31	31
TOTAL ALL NON-MORTALITY	9,134	6,534

¹Incidents with more than one type are listed under each type and subtype, so totals may differ from the sum across types.

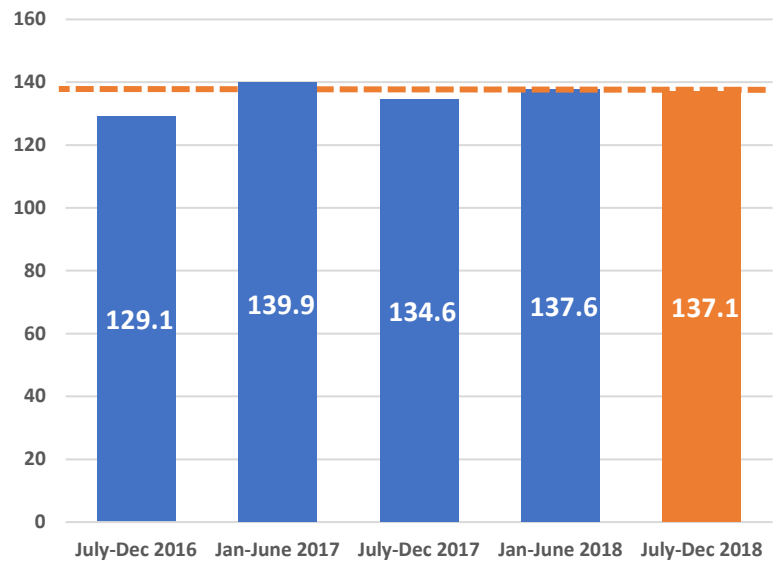
Trend in the Rate of Non-Mortality Incidents

Individuals Residing Outside the Home of a Parent/Guardian

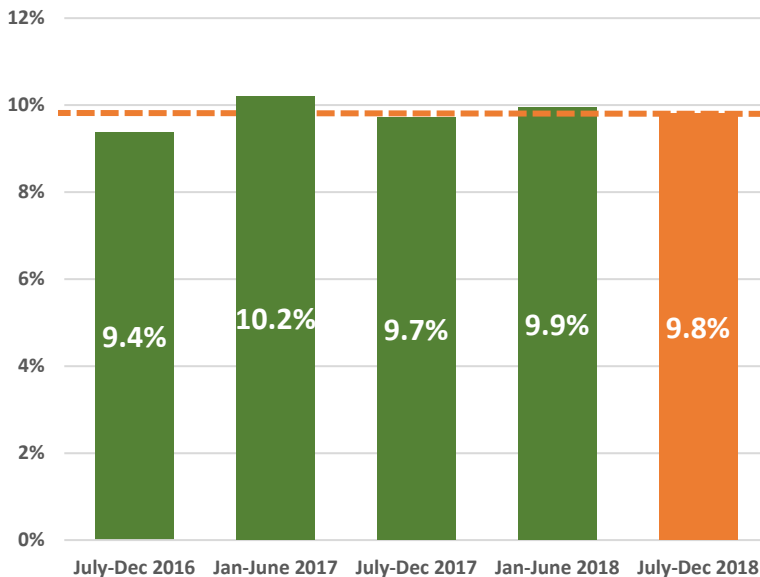
The rate of non-mortality SIRs was about the same as last period but slightly higher than July-December 2017.

From July-December 2018, there were 9,134 non-mortality SIRs among the 66,634 individuals residing other than in the home of a parent/guardian. This was very similar to the 9,119 incidents from January to June 2018, but higher than the 8,865 from July to December 2017. This translates to 137.1 non-mortality incidents per 1,000 individuals, a slightly higher rate of incidents per 1,000 individuals compared to last year.

Non-Mortality SIRs per 1000 Individuals



Share of Individuals Experiencing Incidents



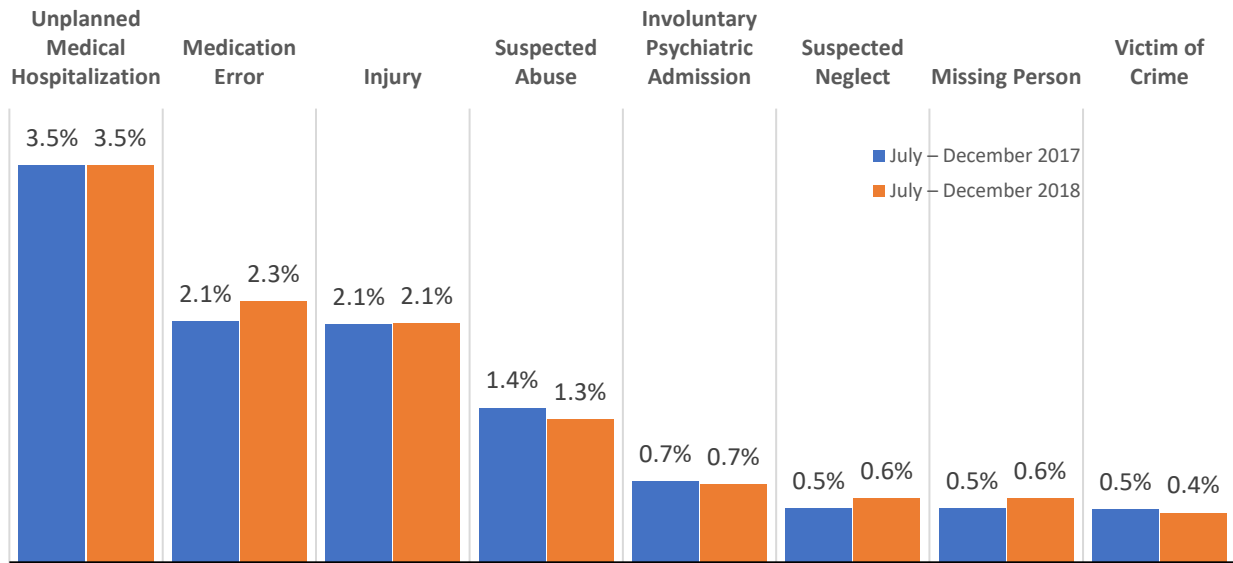
One in 10 individuals residing outside the home of a parent or guardian had a SIR between July and December 2018.

To account for how the characteristics of individuals served affect the likelihood of incidents over time or across regional centers, the share of individuals experiencing incidents is tracked rather than just the number of incidents. In this six-month period, the 9,134 incidents were shared among 6,534 people who each experienced one or more reported incidents. This represents 9.8% of the individuals who reside outside the home of a parent/guardian. The shares of individuals with incidents follows a similar pattern to the pattern of incidents per 1,000 individuals shown above. These two ways of measuring the rate of incidents will show different rates when there are changes in the likelihood of the same person experiencing multiple incidents.

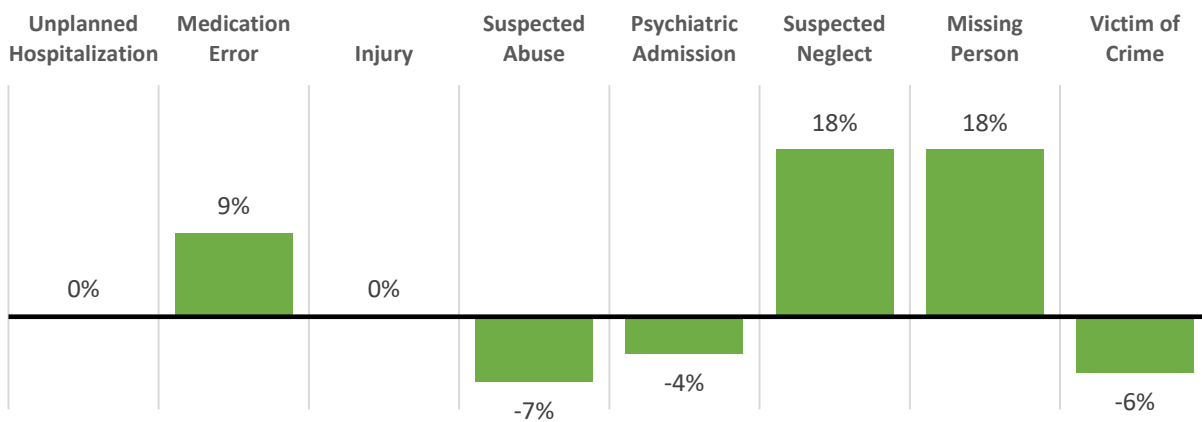
Trend in the Rate of Non-Mortality Incidents

Individuals Residing Outside the Home of a Parent/Guardian

Share of Individuals Experiencing Non-Mortality Incidents



Percentage Increase or Decrease from July-December 2017



Increases in the shares of individuals experiencing medication errors were offset by declines in the shares experiencing several other types of incidents.

The share of individuals experiencing non-mortality incidents rose only slightly compared to July-December 2017. Two of the three most common incident types had no changes in the shares of individuals experiencing incidents. The share of individuals residing outside of the home of a parent/guardian experiencing medication errors, rose from 2.1% to 2.3%. This 9% increase in the rate represents 136 more individuals with medication errors. The percentage increases were higher for suspected neglect incidents and incidents of missing persons reported to law enforcement. However, fewer than one percent of individuals experienced these incident types. The increase in these incident rates were offset by declines in suspected abuse incidents and involuntary psychiatric admissions.

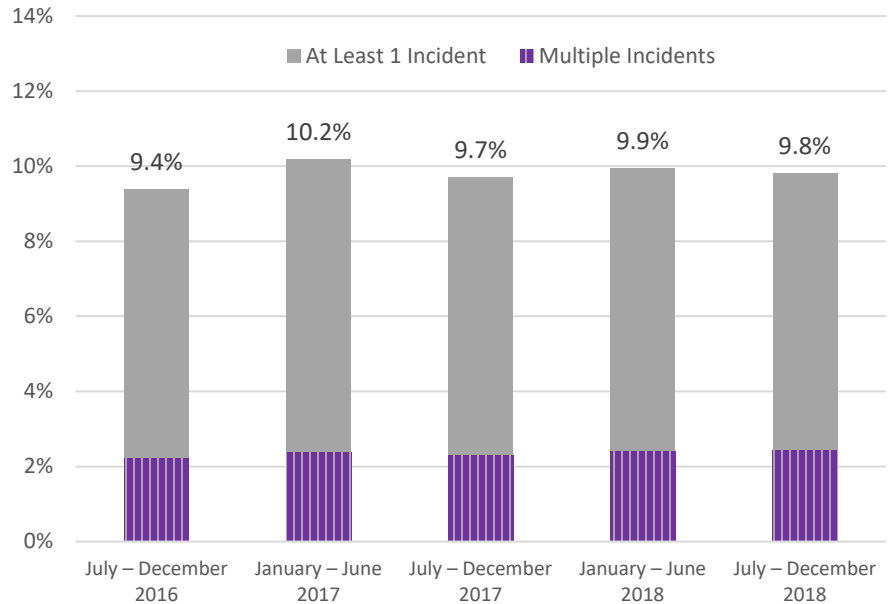
Non-Mortality Incidents: Multiple Incidents

Individuals Residing Outside the Home of a Parent/Guardian

A quarter of the individuals with incidents had multiple incidents.

In this six-month period, 6,534 people had one or more reported incidents. The number of incidents is higher than the number of people with incidents because about one fourth of individuals with incidents – 1,607 – experienced two or more SIRs. Individuals with one incident accounted for 75% of individuals with incidents, but only 54% of all incidents. Because of the frequency of repeated incidents, the trend in the number of incidents per 1,000 individuals may differ from the trend in the share of individuals with incidents.

Share of Individuals Residing Outside of the Home of a Parent or Guardian with 1 or More Non-Mortality SIRs



Individuals with Multiple Non-Mortality Incidents

Incidents Per Person	Number of Individuals	Share of Individuals	Share of Incidents
1	4,927	75.4%	54%
2	1,071	16.4%	23%
3 to 5	493	7.5%	19%
6 to 9	35	0.5%	3%
10 or more	8	0.1%	1%

8% of individuals with incidents experienced three or more in six months.

536 individuals experienced three or more incidents in this six-month period. This group accounted for 2,065 incidents, or 22% of all non-mortality incidents. Eight individuals had more than 10 incidents. These were predominantly missing persons reported to law enforcement, followed by psychiatric admissions.

Additional Findings on Incidents with Higher Rates

Individuals Residing Outside the Home of a Parent/Guardian

There were 157 more medication errors this period, with 137 more people experiencing at least one error.

People aged 61 years and above accounted for more than half of the increase in people with medication errors. By residence type, the greatest percentage in medication errors occurred among the 6,902 residents in Intermediate Care Facilities (ICF/DDs). 73 more ICF/DD residents had medication errors in July-December 2018 than in July-December 2017. In contrast, over 26,000 individuals receive Independent Living Services or Supported Living Services (ILS/SLS). The percentage increase in medication errors was smaller for individuals receiving ILS/SLS, but accounted for 80 additional medication errors compared to the same period in 2017. About 1 in 5 individuals experiencing medication errors had multiple errors, a slightly higher share than a year prior.

Medication errors rose among individuals with epilepsy.

This period, there were 56 medication errors among 30 individuals with epilepsy. Of these, nine experienced multiple errors, averaging 3.6 incidents each. Because only 2% of individuals residing outside the home of their parent or guardian has epilepsy as their only qualifying disability, medication errors in this group have little impact on the overall incident rate. However, medication errors may be more serious for these individuals.

Suspected neglect incidents rose primarily among older individuals.

The 20% increase in suspected neglect incident rates represents 70 more incidents among 61 more people. The rate grew fastest for individuals over age 60, followed by individuals aged 51-60 years old. By number, Community Care Facilities (CCFs) accounted for the most additional SIRs (40 out of the 70), but reported incidents were higher than in other settings, including ICFs and Family Home Agencies.

Characteristics Associated with Increased Shares of Individuals with SIRs

Medication Errors	
Age 61+	78 more individuals over age 60 had medication errors, with 111 more SIRs for this age group.
ICF/DD Residence	73 more ICF residents had medication errors, though fewer ICF residents experienced multiple errors.
Suspected Neglect	
Age 51+	53 more individuals aged 51 or older had SIRs for suspected neglect, with 61 more SIRs for this group.
CCF Residence	32 more CCF residents experienced suspected neglect SIRs, accounting for 40 of the 70 additional SIRs this period.
Missing Person	
SLS or CCF Residence	Out of 61 additional individuals with missing person SIRs, 28 resided in CCFs and 18 received SLS. These groups accounted for 76 of 137 additional SIRs.
Autism	29 people with autism had missing person SIRs this period, a 71% increase over the 17 individuals in the same months of 2017.

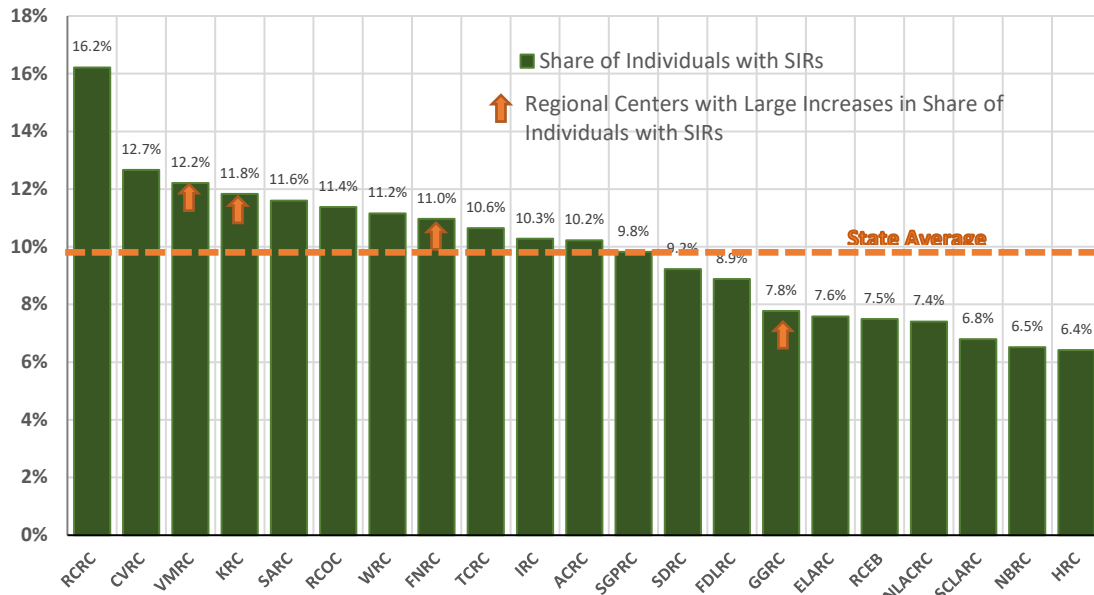
A small number of individuals accounted for much of the increase in missing person SIRs.

Among the eight individuals with more than 10 incidents, there were individuals with 13, 15 and 32 missing person incidents in the period. These individuals have co-occurring mental health issues. DDS is working with regional centers to ensure that these individuals are receiving appropriate support.

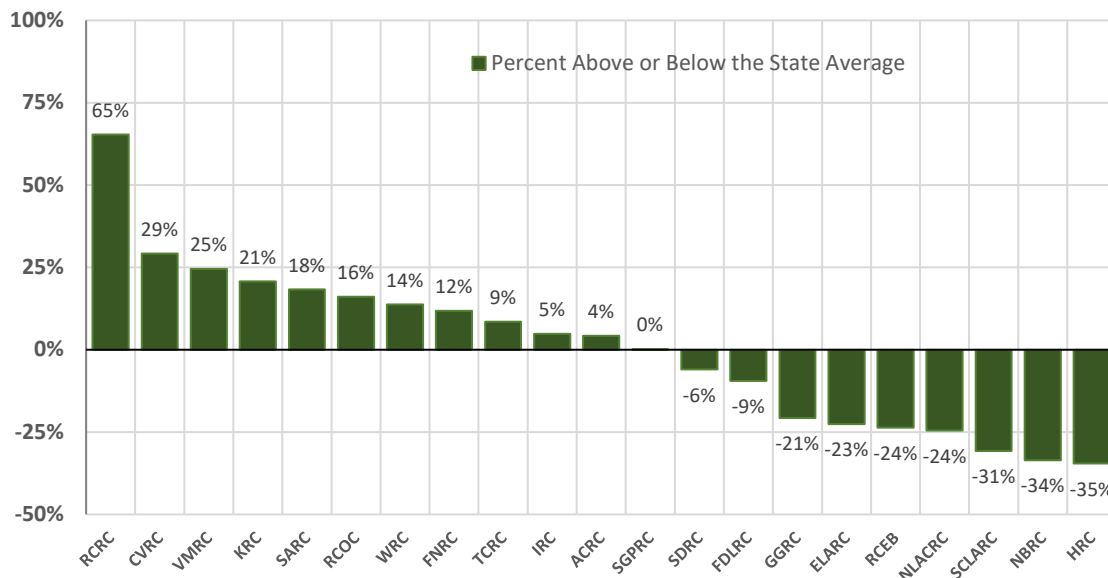
Non-Mortality Incidents: Regional Centers

Individuals Residing Outside the Home of a Parent/Guardian

Share of Individuals with Non-Mortality Incidents



RC Rate of Non-Mortality Incidents Relative to State Average



By regional center, the share of people with incidents ranged from 6.4% to 16.2%.

RCRC reported SIRs for 16.2% of individuals, which is 65% above the state average. At the other end of the range, HRC reported SIRs for 6.4% of individuals, 35% below the state average. Seven regional centers reported non-mortality incidents for a larger share of the individuals they served compared to reports for July-December 2017, including four with significant increases, shown with arrows in the top graph above. For all four, the increases occurred across most incident types. KRC and FNRC have recently made efforts to improve reporting.

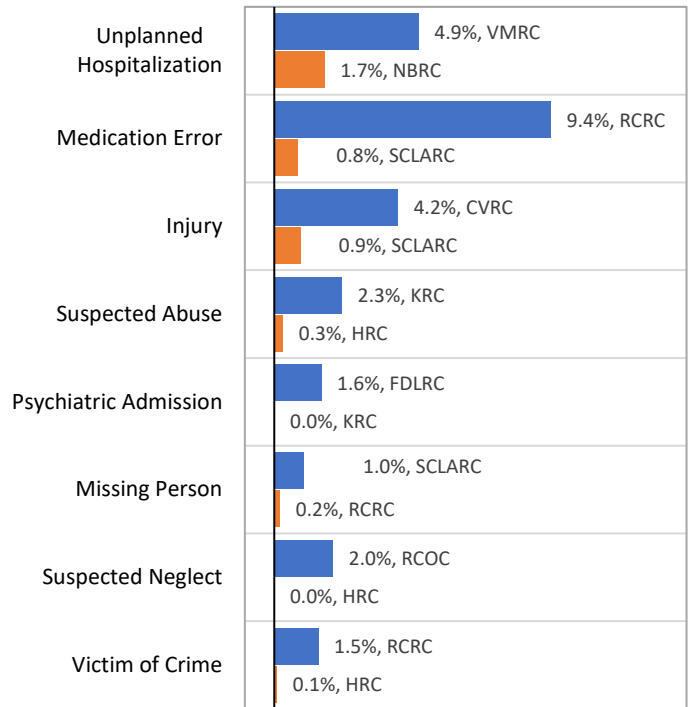
Non-Mortality Incidents: Incident Types and Location

Individuals Residing Outside the Home of a Parent/Guardian

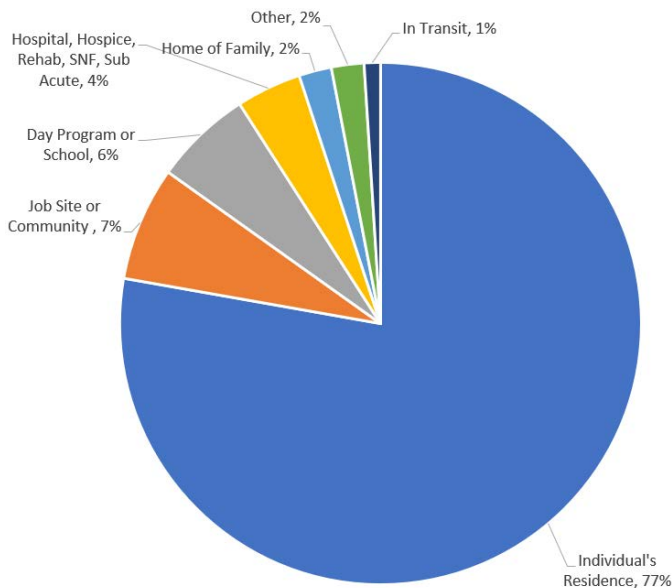
Regional centers with higher overall rates of non-mortality incidents commonly have higher rates of only one or two incident types.

RCRC is 65% above the state average for all non-mortality incidents largely because of its higher rate of reported medication errors. RCRC reports that medication errors occur for 9.4% of the individuals they serve who reside outside the home of a parent or guardian. This rate is four times higher than the state-wide average of 2.3%. Other regional centers with higher overall rates include CVRC, which has the highest rate of reported injuries, and VMRC, which has the highest rate of hospitalizations. At the other end, HRC has the lowest reported rate of several incident types. NBRC has the second lowest rate for all non-mortality SIRs, due to a low rate of reported hospitalization SIRs.

Regional Centers Reporting Highest and Lowest Shares of People with Non-Mortality Incidents by Type



Location of Non-Mortality Incidents



Most incidents occur in individuals' residences.

The location of incidents has been consistent over the last several periods with 76-78% of incidents occurring at the individual's residence. For example, more than 87% of medication errors occur in the home, with only 5% occurring while an individual is away from home on visits to family. In contrast, 51% of crime incidents occurred in residences, with 35% in the community. Incidents occurring while an individual is in transit represent only 1% of incidents. This period, there were 122 incidents in transit, compared to an average of 96 in previous periods. This is a 27% increase from the average.

Risk Management Activities

Risk Management Highlights for July - December 2018



Statewide Tour of Regional Centers on Risk Management

DDS and Mission visited all 21 regional centers between September 2018 and January 2019 to review SIR reporting and risk management practices.



Technical Assistance (TA) to KRC

Mission conducted data analysis and mortality review on KRC's high mortality rate in 2017-18. It reported on groups disproportionately impacted and made recommendations on mortality review strategies.



TA to NLACRC

In joint work with DDS, Mission consulted with NLACRC on its oversight of vendors and strategies to address risk management at the vendor level.

Major Activities for January - June 2019

Improved Mortality Data

In March, the data system used to report SIRs rolled out a new set of data elements to be collected on mortality SIRs. Mission will use these data to better track cause of death and of care preceding the deaths.

New Website for Vendor Practices

Mission is retiring the DDSSafety.net website. A new website is being developed which will focus on providing practical tools for self advocates, vendors, and direct service providers to reduce incidents.

TA to Promote Risk Mitigation

In tandem with the new website, Mission is restructuring technical assistance to better focus on proactive steps regional centers can take to prevent and mitigate risk of incidents.

Additional Tools on High Rate Vendors

Mission is expanding its monitoring role to include regular tracking of vendors with high rates of incidents. Regional centers will be able to also access SIR data for large vendors who serve multiple regional centers.

Ongoing Activities in the Risk Management Contract



Quarterly Reports to Regional Centers on SIR Trends



Semiannual Monitoring of Quality of Life and SIR Trends for Developmental Center Quality Management Advisory Groups



Review of Regional Center Responses to Incident Spikes



Quarterly Summaries for DDS on Incidents among Cohort Monitored by Centers for Medicare and Medicaid Services



Quarterly Notifications on Individuals with Selected Risk Characteristics



Semiannual Summaries to DDS' Quality Management Executive Committee



Quarterly Reports for Regional Centers Collecting Supplementary Data on Medication Errors and/or Falls Risk



Annual Year in Review Report



Quarterly Convenings of Risk Management and Planning Committee Chairs



Annual Mortality SIR Match to Vital Statistics



Quarterly Meetings with the ARCA Chief Counselors Risk Management Committee



Ad Hoc Technical Assistance Reports and Follow Up

Glossary

Regional Centers

Alta California Regional Center (ACRC)
 Central Valley Regional Center (CVRC)
 Eastern Los Angeles Regional Center (ELARC)
 Far Northern Regional Center (FNRC)
 Frank D Lanterman Regional Center (FDLRC)
 Golden Gate Regional Center (GGRC)
 Harbor Regional Center (HRC)
 Inland Regional Center (IRC)
 Kern Regional Center (KRC)
 North Bay Regional Center (NBRC)
 North Los Angeles County Regional Center (NLACRC)
 Redwood Coast Regional Center (RCRC)
 Regional Center of Orange County (RCOC)
 Regional Center of the East Bay (RCEB)
 San Andreas Regional Center (SARC)
 San Diego Regional Center (SDRC)
 San Gabriel/Pomona Regional Center (SGPRC)
 South Central Los Angeles Regional Center (SCLARC)
 Tri-Counties Regional Center (TCRC)
 Valley Mountain Regional Center (VMRC)
 Westside Regional Center (WRC)

Reportable Special Incident Definitions

Injury – Serious injury/accident, including lacerations requiring sutures or staples; puncture wounds requiring medical treatment beyond first aid; fractures; dislocations; bites that break the skin and require medical treatment beyond first aid; internal bleeding requiring medical treatment beyond first aid; any medication errors; medication reactions that require medical treatment beyond first aid; or burns that require medical treatment beyond first aid.

Medication error – When an individual under vendored care experiences one or more of the following situations: 1) wrong medication, 2) wrong dose, 3) wrong time, 4) wrong route, or 5) wrong client.

Missing person – These conditions must apply: the vendor has communicated with any law enforcement agency in any way and described the individual as missing to that agency or has filed a formal missing person’s report with a law enforcement agency.

Mortality – Any individual death, regardless of cause.

Suspected abuse – Reasonably suspected abuse/exploitation, including physical, sexual, fiduciary, emotional/mental, or physical and/or chemical restraint.

Suspected neglect – Reasonably suspected neglect, including failure to provide medical care for physical and mental health needs; prevent malnutrition or dehydration; protect from health and safety hazards; or assist in personal hygiene or the provision of food, clothing, or shelter, or exercise the degree of care that a reasonable person would exercise in the position of having the care and custody of an elder or a dependent adult.

Unplanned medical hospitalization – Unplanned hospitalization due to the following conditions: respiratory illness, seizure-related, cardiac-related, internal infections, diabetes, wound/skin care, and nutritional deficiencies.

Unplanned psychiatric hospitalization – Unplanned or unscheduled hospitalization due to a psychiatric condition when all of the following conditions are met: The discharge diagnosis indicates that the individual was admitted to hospital for a psychiatric condition, the individual is not conserved and does not consent to the admission, or the individual is conserved and the individual's parent, legal guardian or conservator does not consent to the admission, and the legal mechanism used to accomplish the admission is in Welfare and Institutions Code Section 6500.

Victim of crime – Victim of reportable crimes include the following: robbery, aggravated assault, larceny, burglary, and rape.

Residence Types Other than Home of Parent/Guardian

ILS/SLS: Independent Living Skills or Supported Living Services

CCF: Community Care Facility

ICF/DD: Intermediate Care Facility, including

- ICF/Developmentally Disabled (ICF/DD)
- ICF/Developmentally Disabled-Habilitation (ICF/DD-H)
- ICF/ Developmentally Disabled-Nursing (ICF/DD-N)

SNF/NF: Skilled Nursing Facility/Nursing Facility

FHA or Foster: Family Home (Adults) and Foster Home (Children) Licensed

SRF: Specialized Residential Facility

Correctional Facility or Transient: Transient/homeless, State Hospital, Correctional Institution (Prison), California Youth Authority

Other: Certified Foster Home (Children) FFA, Psychiatric Treatment Center, Rehabilitation Center, Acute general hospital, Sub-acute, Sub-acute Pediatric, Community Treatment Facility, Hospice, Unknown

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