

California Department of
Developmental Services

Special Incident Trends

Semiannual Report January – June 2020

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Summary of Trends

Special Incident Report (SIR) Trends

January - June 2020



**353,656
individuals**

were served by DDS between January and June 2020, up from 350,303 individuals served between July and December 2019.



10,153 SIRs

were submitted between January and June 2020, 11% lower than the same period in 2019. 9,260 of the SIRs (91%) were submitted for individuals residing outside the home of a parent or guardian.



**28.7 SIRs per 1,000
people**

were reported, compared to 34.1 from January to June 2019. The rates shown here reflect the most recent data available and may differ from previously published reports.



**753 positive
COVID-19 SIRs**

were reported as of June 30, 2020. DDS is using multiple methods to track COVID-19, including the submission of SIRs when individuals are known to test positive.



**237 more deaths
occurred**

in January-June 2020 compared to the previous period, and 128 more than in the same period in 2019.



**12.6% fewer
medical
hospitalizations**

were reported among all individuals, including 8.2% fewer respiratory illnesses in January-June 2020 compared to the same period in 2019.



**18.1% fewer
non-mortality
incidents**

were reported among all individuals, compared to the same period in 2019.

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About This Report

As one element of risk management, 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. Except for victim of crime and mortality incidents, incidents are only reportable for individuals in vendored care or residing in long-term health care facilities. As a result, the vast majority of non-mortality incidents are reported for individuals who live outside the home of a parent or guardian, who make up about 20% of all individuals served.

In March 2020, DDS required vendors and regional centers to also report when they learned that an individual tested positive for the novel coronavirus disease 2019 (COVID-19) or received medical attention in a hospital, emergency room or urgent care clinic due to COVID-19 symptoms. DDS' independent risk management contractor conducts aggregate analyses of these SIR and COVID-19 data.

This report provides a semiannual analysis of the number and rate of SIRs for individuals served by DDS in community settings between January and June 2020. It also highlights the impact of COVID-19, which can cause symptoms ranging from mild to very severe, potentially leading to death in some instances. Activities conducted by DDS and its independent risk management contractor to understand the impact of COVID-19 on individuals also are described. Results reflect data as of August 2020, for January-June 2020.

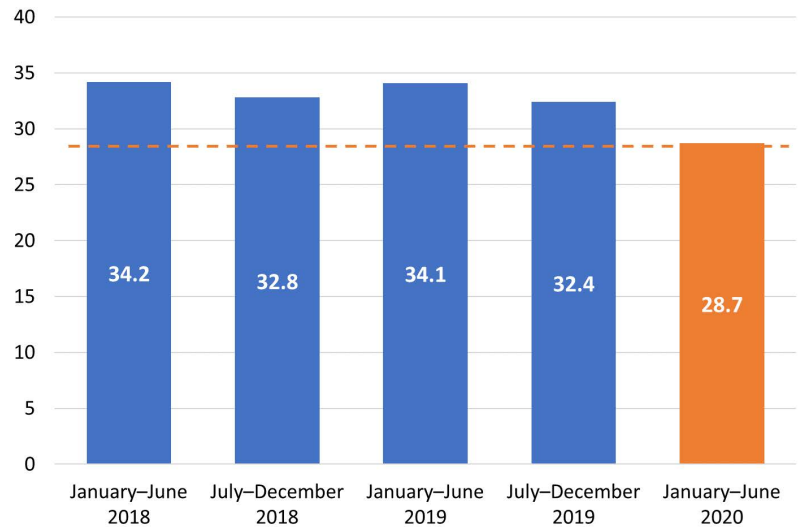
Overall Trend in SIRs

All Individuals

The number of special incident reports (SIRs) per 1,000 individuals was substantially lower this period than the previous four periods.

There were 10,153 SIRs reported between January-June 2020, down from 11,362 SIRs reported between July-December 2019. The rates in the January-June periods are typically higher than in the July-December periods. However, this was the lowest rate in the number of SIRs per 1,000 individuals over the last four periods. As further explained on page 8, the reductions reflect fewer SIRs reported when individuals were under shelter-in-place orders due to the coronavirus pandemic. The rates shown here for previous periods reflect data as of August 2020 and are higher than in previously published reports.

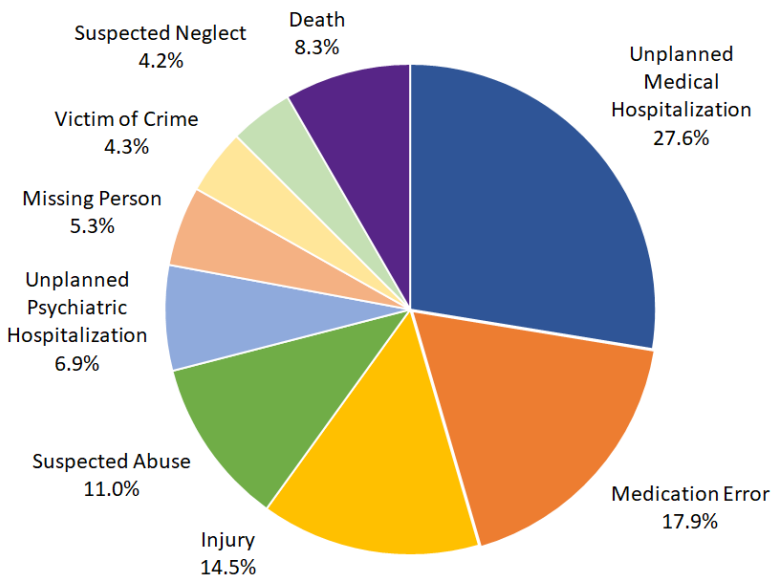
Number of SIRs per 1,000 Individuals Served by DDS



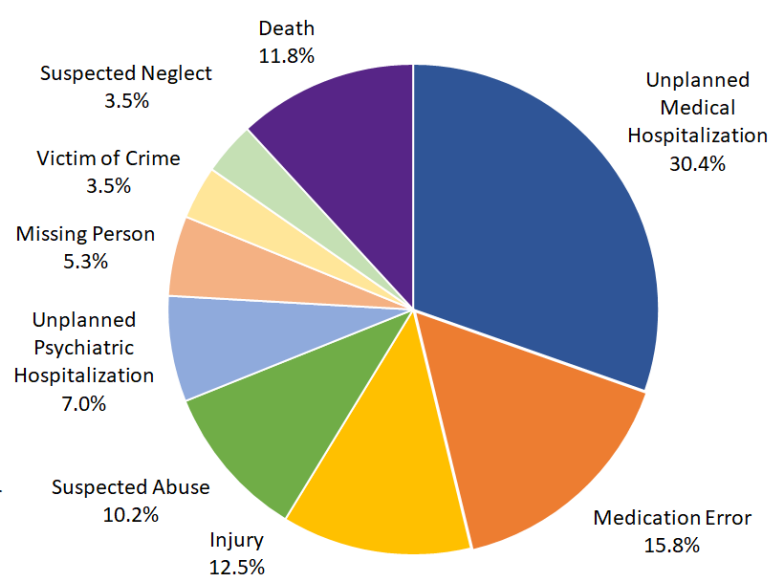
Deaths and unplanned medical hospitalizations as a share of reported SIRs increased compared to previous periods.

In January-June 2020, there were 8,920 non-mortality incidents and 1,233 deaths. SIRs can have one or more incident types. As in the previous period, unplanned medical hospitalizations and medication errors make up more than 45% of the reported non-mortality incidents for the period. However, medication errors as a share of all SIRs decreased from last period while unplanned medical hospitalizations as a share of all SIRs increased. The reported death SIRs were 11.8% this period compared to 8.3% last period. (See page 14 for a breakdown of incident type and subtype.)

Breakdown of SIRs by Incident Type, July-December 2019



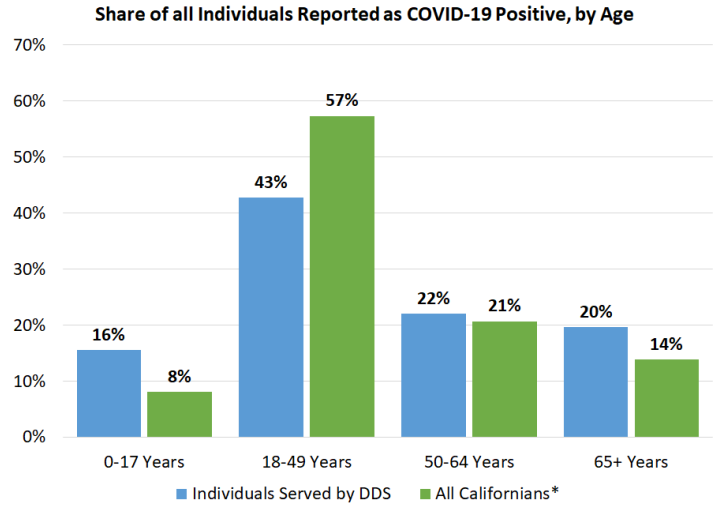
Breakdown of SIRs by Incident Type, January-June 2020



Special Incident Reports for COVID-19

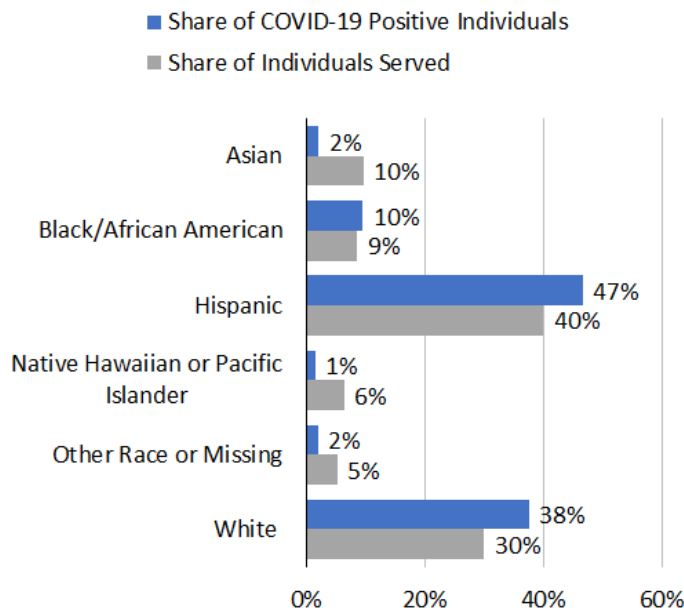
753 individuals had SIRs reporting that they tested positive for COVID-19.

On March 25, 2020, DDS issued a directive requiring providers and regional centers to report incidents related to COVID-19, even if they did not otherwise meet reporting requirements under Title 17. SIR reporting is one of a number of tools DDS has employed to identify trends in the spread of the disease, swiftly direct resources, and implement risk mitigation activities. As with all Californians, individuals aged 18-49 years old represented the largest share of individuals tested positive for COVID-19. However, children, who represented 51% of individuals served by DDS, had only 16% of COVID-19 SIRs. In comparison, adults 65 years or older (3% of individuals served by DDS), represented 20% of reported COVID-19 SIRs.



*Source: California Department of Public Health

Share of Individuals by Ethnicity



Hispanic individuals represented almost half (47%) of the individuals with SIRs reporting positive tests for COVID-19.

Hispanic individuals account for 40% of those served by DDS but represented almost half (47%) of COVID-19 cases reported by SIRs. In comparison, while Hispanic individuals represent 38% of the state population, the California Department of Public Health reported that Hispanics represented 56% of positive cases for all Californians. White individuals (30% of those served by DDS), were also disproportionately represented among those testing positive, accounting for 38% of the COVID-19 SIRs.

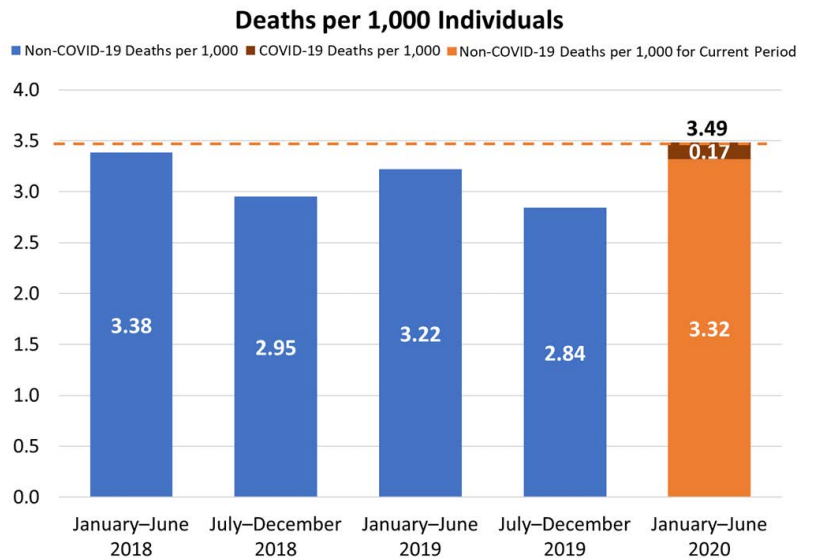
Mortality Incidents

Trend in the Rate of Mortality Incidents

All Individuals

There were 3.49 deaths per 1,000 individuals reported between January-June 2020.

There were 1,233 deaths reported this period. The deaths this period include 53 deaths among individuals who tested positive for COVID-19. Thus, COVID-19 deaths as represented in the data up until June 2020 account for 0.17 deaths per 1,000 individuals. Without these deaths, the mortality rate for this period would have been 3.32 per 1,000 individuals, which is higher than the same period last year, but lower than in 2018. Death SIRs are often reported late for individuals not in vendored care. The rates shown here for previous periods reflect the most recent data available and are higher than in previously published reports for the last two periods.



Month	Count of Reported Deaths in 2019	Count of Reported Deaths in 2020	Difference
January	192	262	70
February	198	190	-8
March	227	196	-31
April	179	215	36
May	188	182	-6
June	167	188	21

Mortality SIRs began to increase after the stay-at-home order was issued in March 2020. Early 2020 respiratory illnesses also contributed.

In January 2020, there were 262 deaths reported to DDS, compared to 192 deaths in January 2019, a 37% increase. These were associated with high rates of respiratory illness hospitalization, prior to the pandemic. There were fewer deaths in February and March 2020 than in these same months in 2019. The first death known to be associated with COVID-19 for an individual served by DDS was reported in late March. Both the number of deaths reported in April and in June were higher than in those months in 2019.

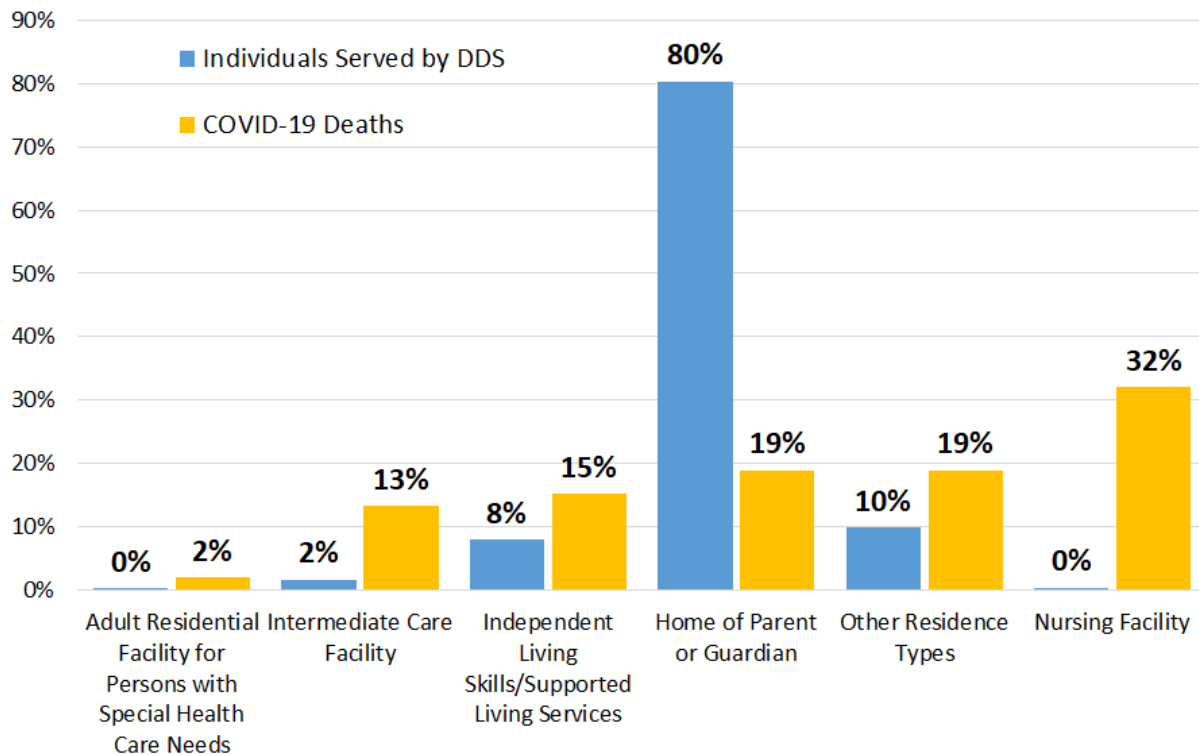
Mortality Incidents: Demographic Groups

All Individuals

The largest share of reported deaths of individuals who previously tested positive for COVID-19 occurred in nursing facilities (NF).

Larger congregate care facilities accounted for almost 50% of the reported number of deaths of individuals who previously tested positive for COVID-19. Less than 1% of individuals reside in nursing facilities, but accounted for 32% of the reported deaths of individuals who previously tested positive for COVID-19. Another 13% of deaths for this population occurred among the 2% of individuals residing in intermediate care facilities. These two facility types serve individuals with the highest need, who are the most medically fragile. (See page 15 for information on residence types.)

COVID-19 Deaths and Individuals Served, by Residence Type

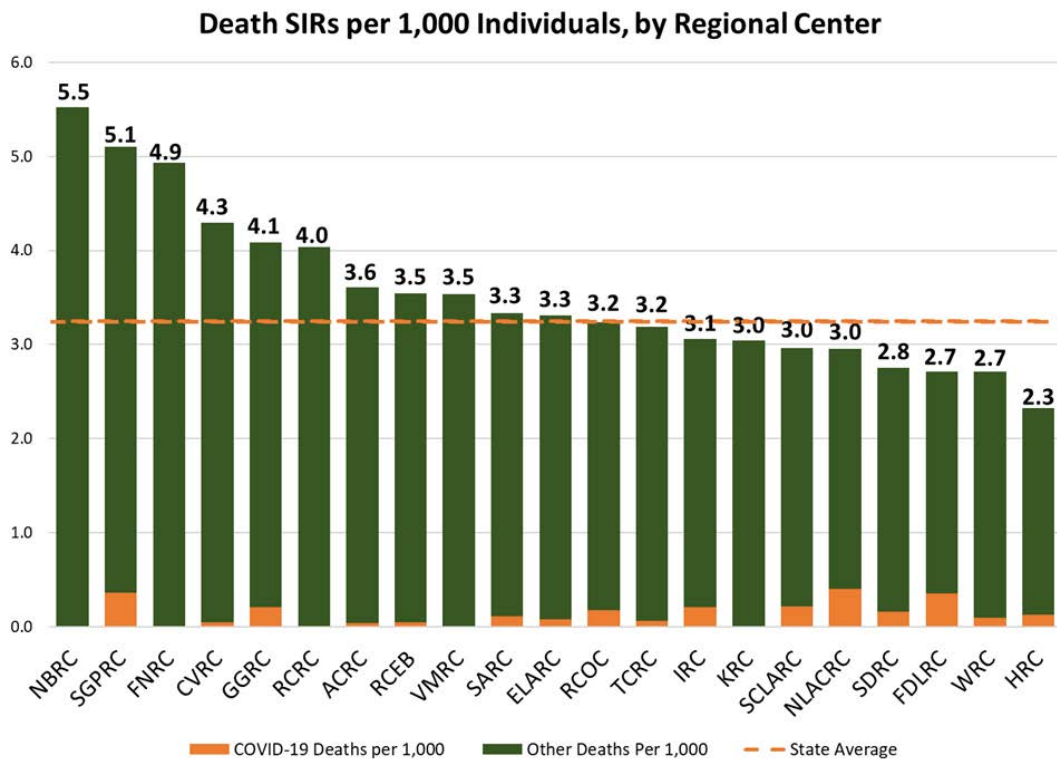


Mortality Incidents: Regional Centers

All Individuals

Mortality rates varied across regional centers from 2.3 deaths to 5.5 deaths per 1,000 individuals.

In the January-June 2020 period, the mortality rate was highest at NBRC at 5.5 deaths per 1,000 individuals. FNRC and SGPRC also had high rates of mortality with 4.9 and 5.1 deaths per 1,000 individuals, respectively. HRC had the lowest rate, 2.3 deaths per 1,000 individuals. Much of the difference in rates for NBRC, FNRC and SGPRC is explained by differences in the ages and other risk characteristics among individuals served by the regional centers. Size of regional centers also matters. For example, a single death in a regional center with a smaller caseload could have an outsized impact on the mortality rate calculation. Regional center caseloads range from 4,000 in RCRC to over 36,000 at IRC. (See page 14 for regional center abbreviations.)



The background of the slide is a light gray dashboard filled with various data visualization elements. On the left, there is a line graph with a grid. In the center, a 3D pie chart is prominent, with several slices labeled with percentages: 8%, 16%, 24%, 15%, and 27%. To the right of the pie chart, there is a world map. Below the map, there are several smaller charts, including a bar chart and a circular gauge. The overall aesthetic is clean and professional, typical of a data analysis report.

Reportable Title 17 Incidents

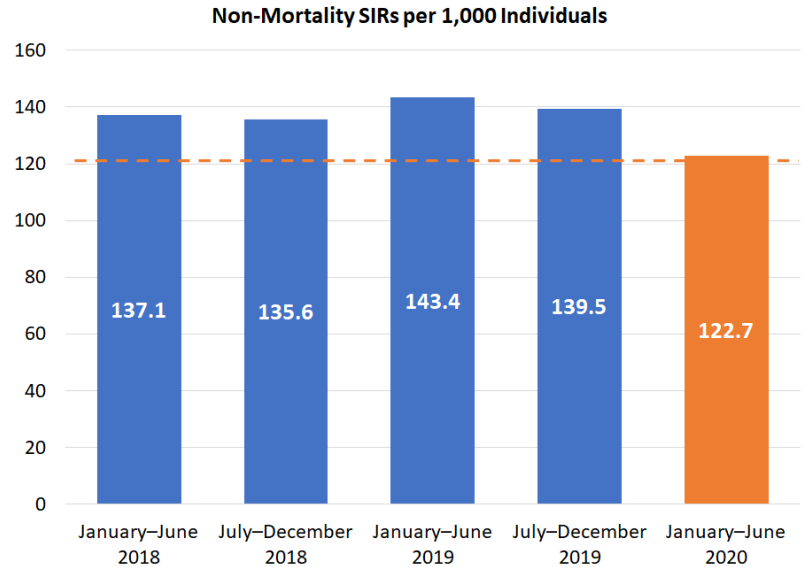
This section explores findings of non-mortality Title 17 incidents among individuals served who reside outside the home of a parent or guardian. Except for victim of crime incidents, non-mortality incidents are only reportable for individuals in vendored care or residing in long-term health care facilities. As a result, the vast majority of non-mortality incidents are reported for individuals who live outside the home of a parent or guardian.

Trend in Non-Mortality Incidents

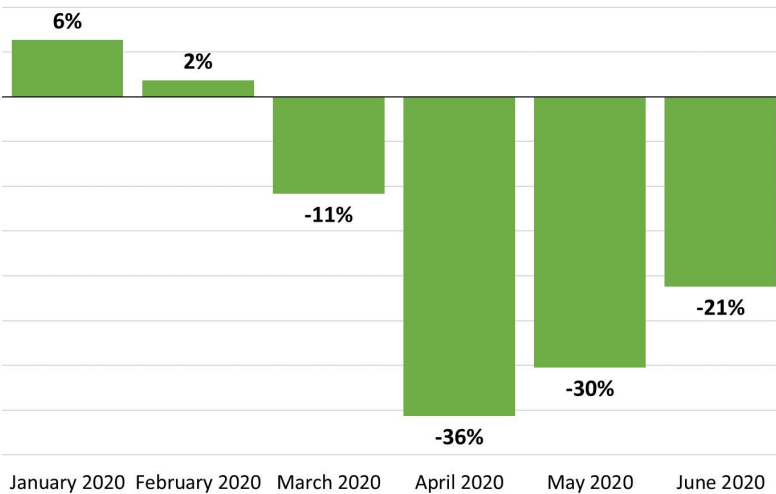
Individuals Residing Outside the Home of a Parent or Guardian

The rate of reported non-mortality incidents decreased compared to prior periods.

For all Title 17 incident types other than death, the incident rate for January-June 2020 decreased compared to recent periods. This period, there were 8,920 non-mortality incidents reported. Of these, 8,445 (95%) were reported for the 68,827 individuals residing outside the home of a parent/guardian. With the start of the COVID-19 pandemic, the number of non-mortality SIRs reported was lower than in previous years. The rate of SIRs for individuals residing outside the home of a parent/guardian was 14% lower in January-June 2020 compared to the same period in 2019.



Non-Mortality Incidents by Month, Percent Difference from the Same Month in 2019



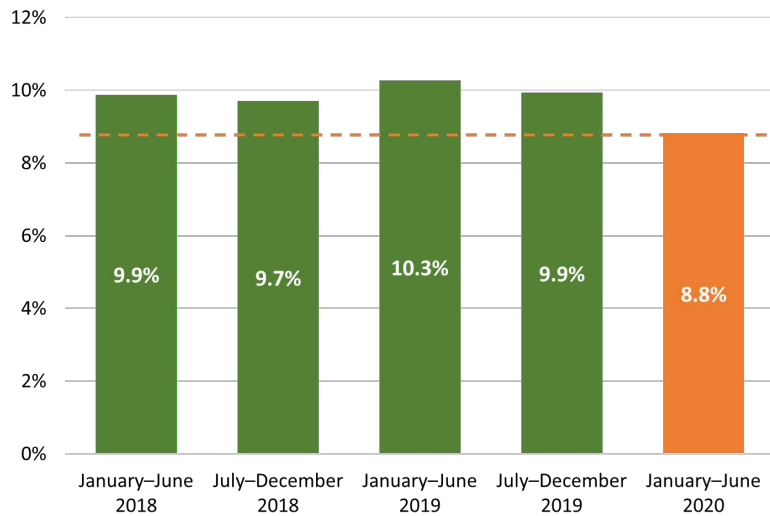
There were fewer SIRs reported for non-mortality incidents during statewide shelter-in-place orders.

On average, there were 1,408 SIRs per month in January-June 2020, compared to an average of 1,587 per month in the previous two years. There were more non-mortality SIRs in January 2020 than in January 2019, attributed primarily to more hospitalizations for respiratory illness. As shelter-in-place orders took effect in March and April, the number of reported incidents dropped dramatically. Of note, as day programs were closed following the shelter-in-place orders, SIRs from these settings were no longer reported.

Trend in the Rate of Non-Mortality Incidents

Individuals Residing Outside the Home of a Parent or Guardian

Share of Individuals Experiencing Incidents



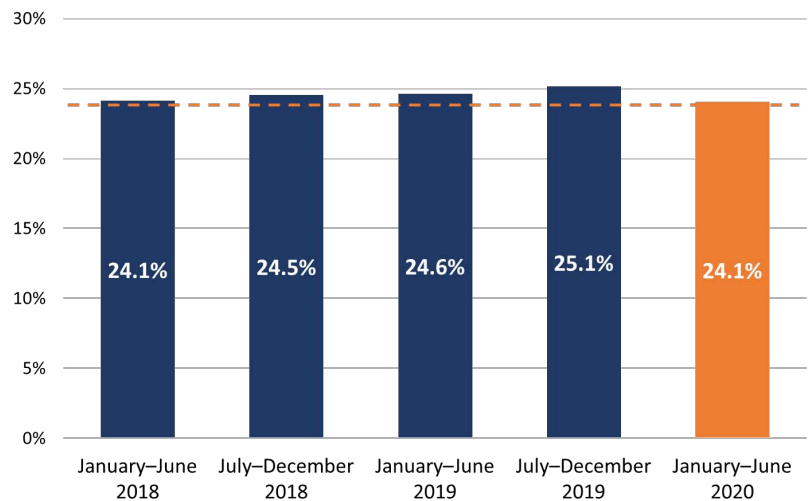
Fewer people were reported to have experienced any incidents, which is reflected in the decline in the rate of incidents.

Between January and June 2020, 6,070 individuals accounted for the 8,445 non-mortality incidents, meaning 8.8% of individuals residing outside the home of a parent or guardian had at least one non-mortality incident. This share is 14% lower this period compared to the same period in 2019, same as the decline in the number of SIRs per 1,000 individuals.

The share of individuals with multiple reported incidents changed little compared to prior periods.

Among individuals with incidents, the share of individuals with multiple incidents declined by 2.3% between January–June 2020 and the same period in 2019. The share of individuals with multiple incidents has stayed relatively constant, despite the substantial decline in the number of incidents.

Among Individuals with Non-Mortality SIRs, Share with Multiple SIRs



Non-Mortality Incidents: Breakdown by Type

Individuals Residing Outside the Home of a Parent or Guardian

Incidents by Type and Subtype, January - June 2020

Incident Type and Subtype*	All Individuals		Individuals Residing Outside the Home of a Parent/Guardian	
	Incidents	Individuals (N = 353,636)	Incidents	Individuals (N = 68,827)
Unplanned Medical Hospitalization	3,166	2,533	3,100	2,471
Cardiac-related	224	194	221	191
Diabetes	94	71	91	68
Internal infection	1,285	1,128	1,266	1,109
Nutrition deficiency	138	131	138	131
Respiratory illness	1,232	1,059	1,203	1,031
Seizure	262	235	249	222
Wound/skin care	149	138	144	133
Unplanned Psychiatric Hospitalization	726	492	703	472
Suspected Abuse	1,063	945	916	808
Alleged emotional/mental abuse	338	317	294	277
Alleged financial abuse	146	138	135	127
Alleged physical/chemical restraint	68	55	58	47
Alleged physical abuse	461	422	396	360
Alleged sexual abuse	135	127	107	99
Suspected Neglect	364	340	307	285
Fail to assist with personal hygiene	54	54	44	44
Fail to prevent dehydration	9	9	8	8
Fail to prevent malnutrition	3	3	1	1
Fail to provide care-elder/adult	137	131	118	112
Fail to provide food/clothing/shelter	40	40	37	37
Fail to provide medical care	44	41	41	38
Fail to protect from health/safety hazards	122	114	96	89
Injury	1,303	1,187	1,241	1,126
Bite	59	55	57	53
Burns	16	16	16	16
Fracture	477	465	452	440
Dislocation	29	27	24	23
Internal bleeding	258	232	250	224
Lacerations/sutures/staples	451	412	428	389
Medication reactions	42	42	40	40
Puncture wounds	19	19	16	16
Medication Error	1,650	1,282	1,622	1,256
Victim of Crime	365	335	286	259
Aggravated assault	152	138	117	104
Burglary	67	67	56	56
Forcible rape or attempted rape	55	49	37	32
Personal robbery	26	25	15	14
Larceny	76	73	67	64
Missing Person	550	372	524	354
Mortality	1,233	1,233	815	815
All Non-Mortality	8,920	6,497	8,445	6,070
All SIRs**	10,153		9,260	
All Incidents***	10,420		9,514	

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

**The total number of reported SIRs.

***The total number of incidents reported. SIRs can have multiple incident types.

Please refer to the glossary on page 13 of this report for definitions of these Title-17 incident types.

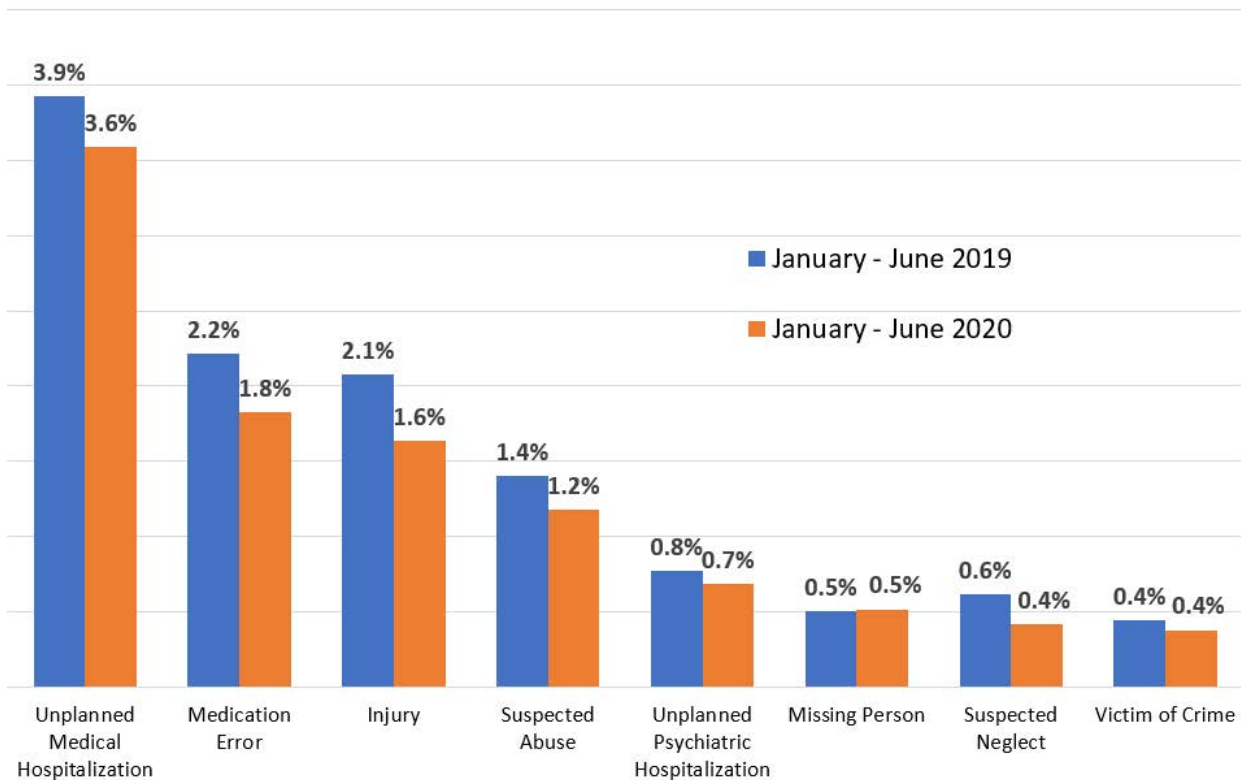
Trend in the Rate of Non-Mortality Incidents

Individuals Residing Outside the Home of a Parent or Guardian

The decline in the share of individuals experiencing incidents occurred across almost all incident types.

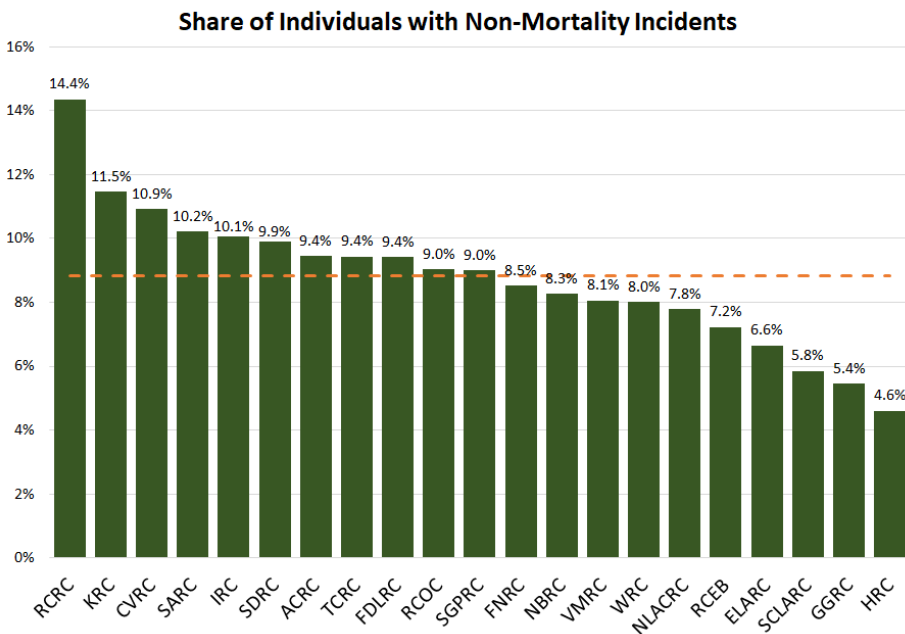
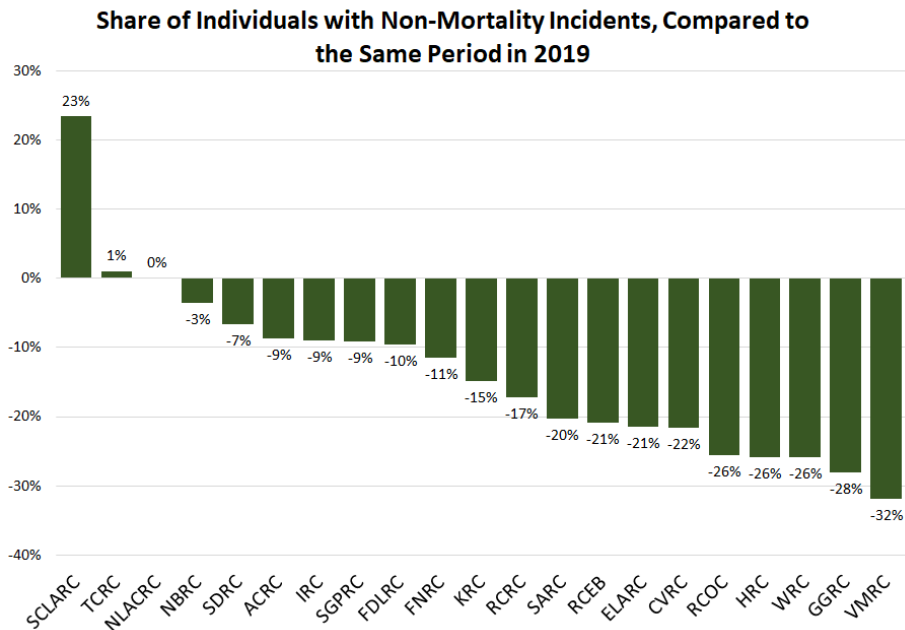
Among individuals residing outside the home of a parent or guardian, the share with SIRs declined for almost all incident types. As the only exception, shares of individuals with missing person reports increased by 2% compared to the same period in 2019. The increase in this incident type took place in January and February. Unplanned medical hospitalizations were also up in January and February, but declined from March onward, offsetting that increase.

Share of Individuals Experiencing Non-Mortality Incidents



Non-Mortality Incidents: Regional Centers

Individuals Residing Outside the Home of a Parent or Guardian



Nineteen out of 21 regional centers experienced declines in the shares of individuals with non-mortality SIRs in January-June 2020 compared to the same period in 2019.

Only one regional center, the South Central Los Angeles Regional Center (SCLARC), experienced a significant increase in the share of individuals with non-mortality incidents relative to the same period last year. Between January and March, SCLARC experienced a spike in unplanned medical hospitalizations, and the regional center continued to have a higher than usual rate of hospitalizations between April and June. This increase was driven entirely by higher rates of respiratory illnesses. SCLARC also had somewhat higher rates of injury reported this period. However, despite its increase, SCLARC continued to have one of the lowest rates of non-mortality incidents among the regional centers.

The background of the page is a collage of various data visualization elements, including line graphs, bar charts, pie charts, and network diagrams, all rendered in a light, semi-transparent style. A central green rectangular box contains the word "Glossary" in a dark blue font.

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 individual.

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 or Guardian

ARFPSHN: Adult Residential Facility for People with Special Health Needs

ILS/SLS: Independent Living Skills or Supported Living Services

CCF/RF: Community Care Facility/Residential Facility

CCH: Community Crisis Homes

EBSH: Enhanced Behavioral Support Homes

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 Agency (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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