

California Department of
Developmental Services

Special Incident Trends

Semiannual Report January-June 2021

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Summary of Trends

Special Incident Report (SIR) Trends

January-June 2021



363,394
Individuals

were served by DDS in the January-June 2021 period, up from 355,999 individuals served in the July-December 2020 period.



6,683 positive
COVID-19 cases

were reported via special incident reports (SIRs) this period. DDS requires regional centers to submit SIRs when individuals test positive for COVID-19 or are treated for symptoms.



73,434 individuals
were vaccinated

with at least one vaccination dose by the end of June 2021, as reported to DDS. Not all vaccinations are reported to DDS.



99 more deaths
occurred

in the January-June 2021 period compared to the same period in 2020. The higher mortality is due to COVID-19 related cases.



10,273
Title 17 SIRs

were submitted this period, up 3% from the previous period but still below the same period in 2020. This count excludes SIRs for COVID-19 that are not reportable under Title 17.



Non-mortality
incidents
declined 4%

in January-June 2021 compared to the same period in 2020. During this period, 8,886 non-mortality incidents were reported, while 9,273 were reported in January-June 2020.

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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 2021. 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 October 2021, for January-June 2021.

Key Trends – January-June 2021

COVID-19 mitigation continued to dominate risk management efforts in the first half of 2021. Slightly more Title 17 SIRs were reported than at the beginning of the stay-at-home orders, indicating a return to baseline incident reporting.

Decline in COVID-19 Incidents, Hospitalizations, and Deaths

The January-June 2021 period began with an unprecedented peak in COVID-19 cases nationally, following a surge in cases in December 2020. Following DDS directives from May 2020, providers and regional centers continued to submit special incident reports (SIRs) for individuals who tested positive for COVID-19, received medical attention at a hospital or urgent care with symptoms, or died within 60 days of a confirmed positive testing or medical diagnosis.

The SIR data shows the arc of the pandemic among the population served by DDS. Rates of COVID-19 SIRs, hospitalizations, and deaths peaked in January 2021, declining to a fraction of the January rates by March 2021.

Vaccinations against COVID-19 became available to some Californians in January 2021 and became widely available to more individuals in later months. By May 2021, vaccination against COVID-19 was available to all Californians age 12 years or older. In February, DDS began recording vaccination data for the individuals served as reported by individuals and their families to regional centers. Throughout this period, the number of individuals reported to having received at least one vaccination dose increased steadily.

DDS continued to issue directives to minimize the risk of exposure of individuals to COVID-19. DDS directives required regional centers to contact each individual and family served to inquire about their health and safety, to ask about and provide information on testing and vaccinations, and to identify outstanding needs to better mitigate the effects of the pandemic.

Some Recovery in Non-Mortality Incident Reporting

DDS also directed regional centers to safely resume face-to-face monitoring visits for individuals living in residential facilities, Family Home Agency (FHA) settings, and Supported Living/Independent Living (SLS/ILS) arrangements.

After low reporting of Title 17 non-mortality incidents in the previous two periods throughout 2020, there appeared to be a slight recovery in reporting, especially compared to April-June 2020, when the stay-at-home orders peaked nationwide. By early 2021, the rates of non-mortality incidents began to increase again. However, the slightly recovered rates of non-mortality incidents remained below the rates for 2019 and in the months preceding stay-at-home orders in 2020.

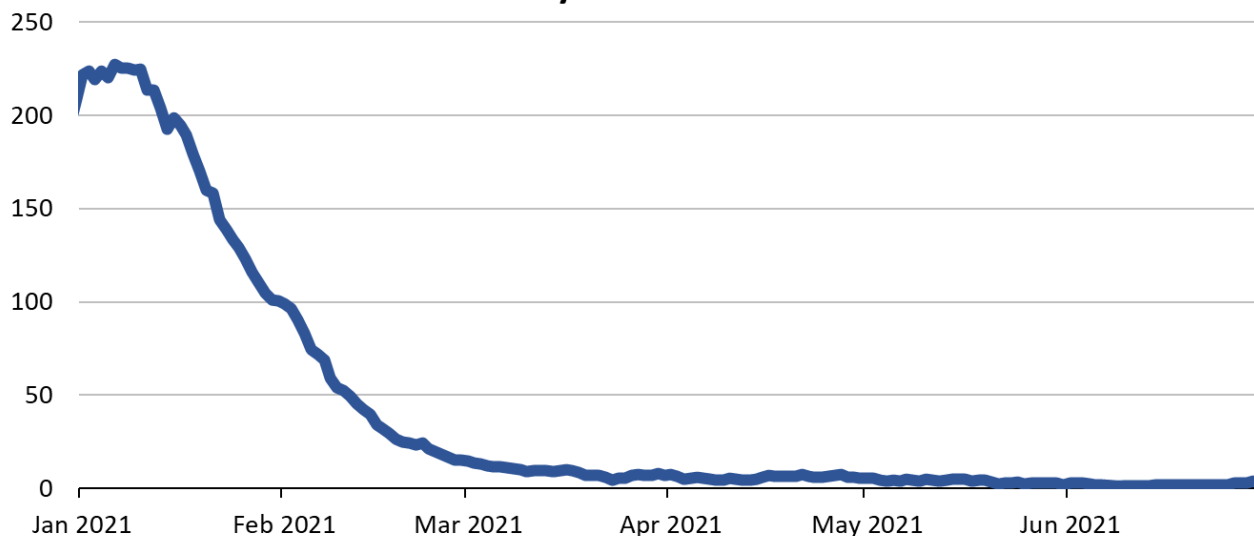
Decline in COVID-19 Over the Period

Special Incident Reports for COVID-19

After peaking in early January 2021, the number of new daily COVID-19 cases declined significantly among individuals served by DDS.

In the January-June 2021 period, 6,683 new COVID-19 cases were confirmed in SIRs. Almost all (91%) of those confirmed cases occurred in January and February.

7-Day Moving Average of New Daily COVID Cases, January 2021-June 2021



Most medical hospitalizations for individuals who tested positive for COVID-19 this period, occurred in January and February 2021.

There were 309 hospitalizations for individuals who tested positive for COVID-19 in the January-June 2021 period. This count includes hospitalization SIRs for other causes that cited a positive test for COVID-19. SIRs are listed by the admission date and do not capture the length of stay.

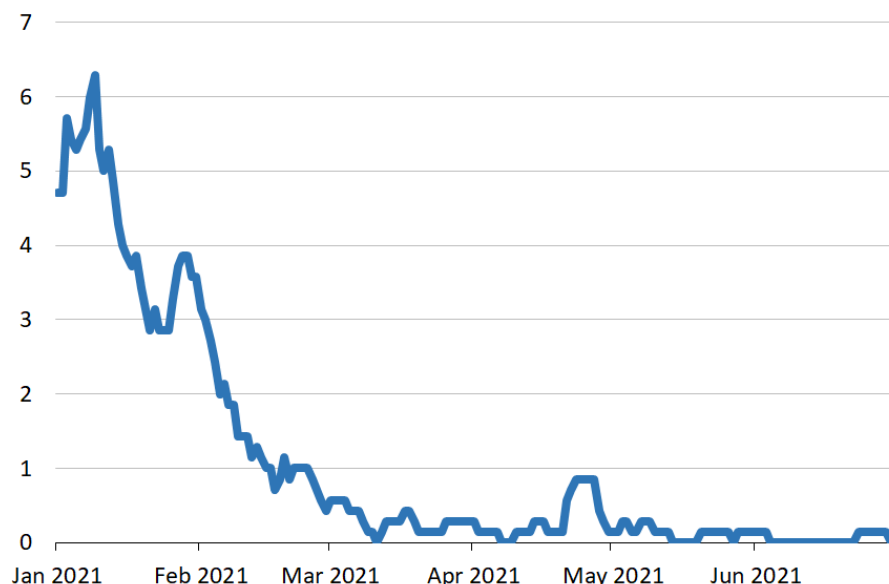
Most of the COVID-19 hospitalizations (88%) occurred in January and February 2021, continuing the winter spike that began in November-December 2020.

7-Day Moving Average of New Daily COVID-19 Hospitalizations, January-June 2021



Special Incident Reports for COVID-19

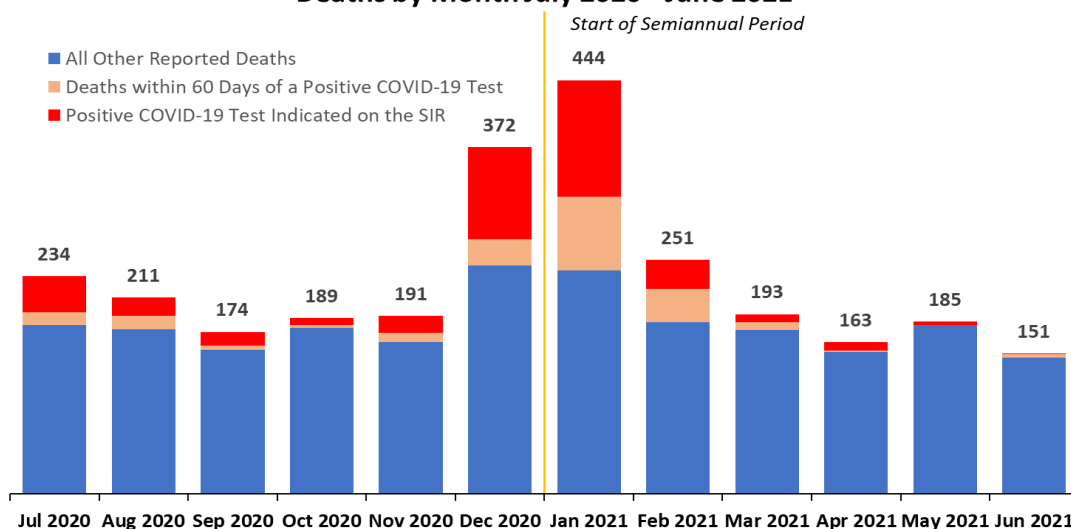
7-Day Moving Average of Daily COVID-19 Deaths, January-June 2021



Most deaths of individuals with a positive COVID-19 result reported on the death SIR occurred in January and February 2021.

On January 3, there was a peak of 11 deaths among individuals with a positive COVID-19 result reported on the death SIR. The highest 7-day moving average was 6.29 in early January. The number of deaths of individuals with positive COVID-19 results reported on the death SIR decreased over time, with a small resurgence in February. By March, the number decreased and remained low throughout the rest of the period.

Deaths by Month July 2020 - June 2021



January 2021 had more total deaths among individuals served by DDS than any other recorded month.

Among the 444 total deaths reported in January 2021, 125 individuals had a positive COVID-19 result reported on the death SIR. Another 79 individuals had a positive COVID-19 result within 60 days of the death. In all, 46% of the mortality incidents in January were for individuals who had recently tested positive for COVID-19.

For the entire January to June period, there were 1,387 deaths reported, including 179 individuals with a positive COVID-19 result reported on the death SIR, and 129 individuals who died within 60 days of a positive COVID-19 result. Overall, about 22% of the deaths this period were for individuals who had recently tested positive for COVID-19.

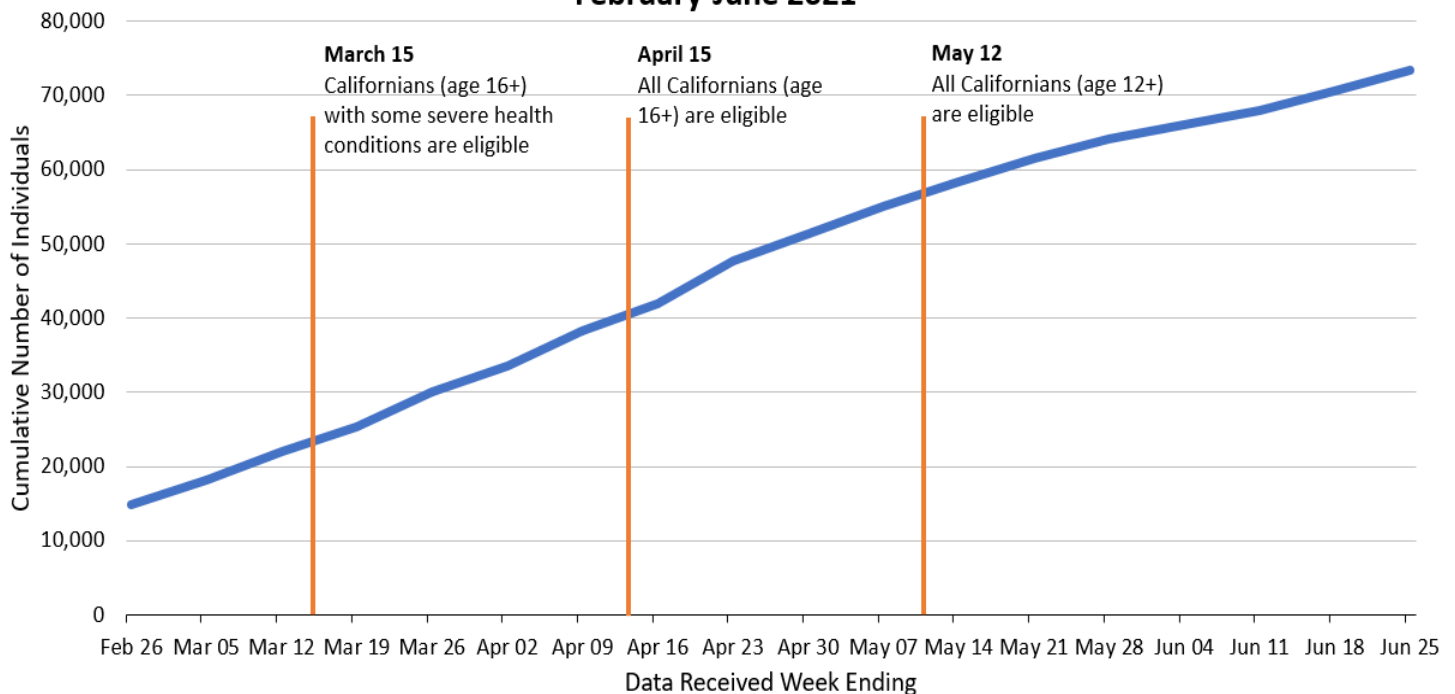
Vaccinations Against COVID-19

73,434 individuals served by DDS were known to have received at least one vaccine dose by the end of June 2021.

As access to vaccinations against the virus increased, there was a reduction in COVID-19 reported cases. In January and February 2021, DDS directed regional centers to conduct outreach to eligible individuals to ensure that they had accurate information on where and how to access vaccines, as vaccine eligibility was rolled out to different groups. The primary focus for vaccine outreach was consumer health and welfare, as well as education on the availability of vaccinations. As part of the same directive, regional centers were asked to make every reasonable effort to track vaccination status from all consenting individuals (or their conservators) in the groups eligible for vaccination. DDS began collecting vaccination data in February.

By the end of June, 73,434 individuals served by DDS were reported to have received at least one vaccine dose, and 62,175 individuals were known to be fully vaccinated. These counts include only individuals whose vaccine information was voluntarily provided to regional centers. See vaccination data displayed on an interactive dashboard here: <https://www.dds.ca.gov/corona-virus-information-and-resources/data/>.

Individuals Served by DDS Reporting At Least One Vaccination Dose, February-June 2021



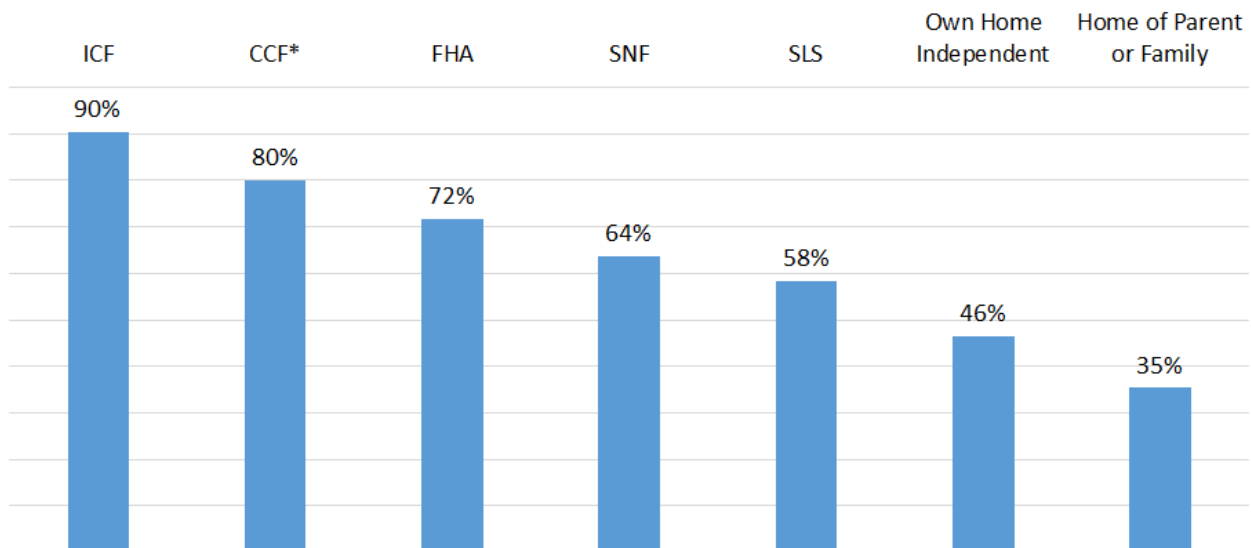
Vaccinations Against COVID-19

More than 80 percent of individuals served by DDS in residential facilities and long-term care facilities were reported to have received vaccination against COVID-19.

DDS receives vaccination data through voluntary reporting by individuals, families, and providers via outreach efforts conducted by regional centers. By the end of June 2021, 90% of individuals in Intermediate Care Facilities (ICFs) had at least one vaccination dose recorded, along with 80% of individuals residing in Community Care Facilities* (CCFs). Data reported to DDS shows that 64% of individuals in Skilled Nursing Facilities (SNFs) reported to have at least one vaccination dose. SNFs are not required to submit data for their residents to DDS or regional centers. More than 70% of residents supported by family home agencies (FHAs) had vaccinations reported to DDS.

Information on vaccination status was not required to be collected from individuals who reside independently or reside in the home of a parent or guardian. Among the 228,989 individuals over age 16 who reside with their families, only 35% had at least one vaccination dose reported to regional centers by the end of this period. Individuals who live independently or with SLS have higher reported vaccination rates, with 46% (own home independent) and 58% (SLS) recorded with at least one dose. Vaccinations for all Californians 16 years and older were not approved until April 15, 2021.

Reported Share of Individuals Aged 16+ With at Least One Vaccination Dose by the End of June 2021, by Residential Type



**The CCF category also includes Enhanced Behavioral Support Homes (EBSHs), Community Crisis Homes (CCH), and Adult Residential Facilities for People with Special Health Needs (ARFPHNs).*

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Trends in Title 17 SIR Reporting

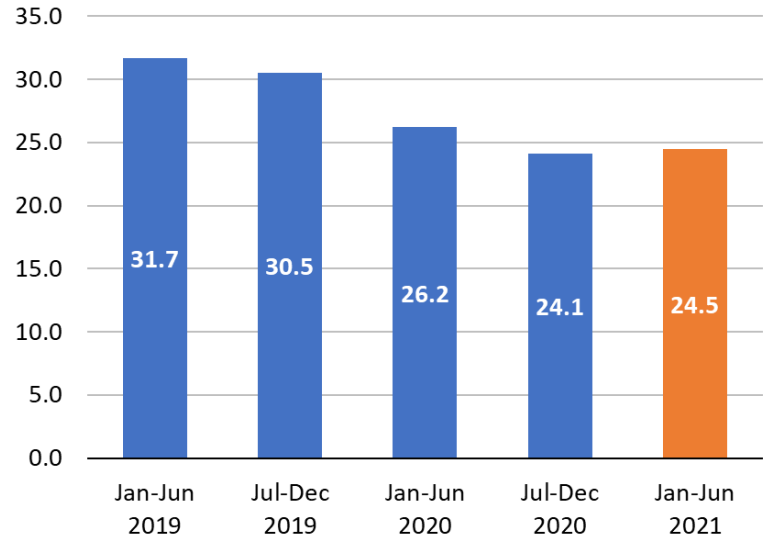
Trend in the Rate of Non-Mortality Title 17 Incidents

8,886 non-mortality SIRs were reported in the January-June 2021 period.

The number of reported SIRs rose by about 4% compared to the 8,579 non-mortality SIRs reported in the July-December 2020 period. These counts reflect only non-mortality incidents that are reportable under Title 17. SIRs for COVID-19 that are not otherwise reportable are not included.

Although this was an increase compared to the previous period, the rate remains lower than those of earlier periods. The rate this period was 23% lower than the same period two years ago. The rates shown for previous periods reflect the most recent data available and are higher than in previously published reports.

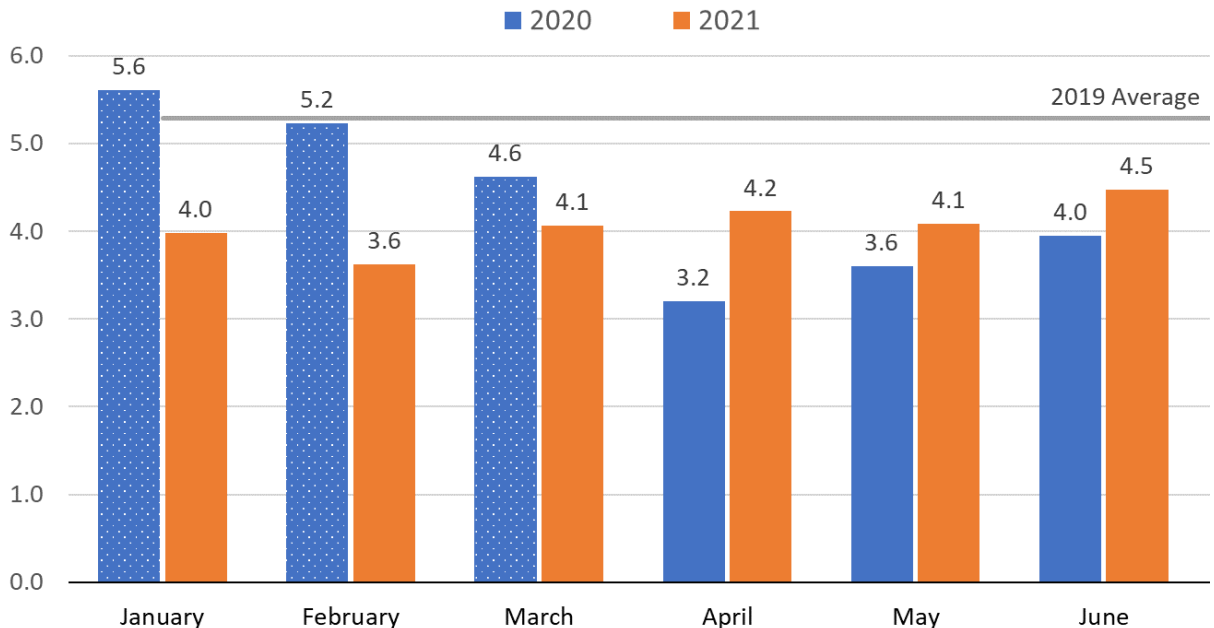
Number of Non-Mortality Title 17 SIRs per 1,000 Individuals Served by DDS



Incident reporting was up in April-June 2021 compared to the same months of 2020.

Incident reporting in 2021 remained below the pre-pandemic levels, but reports rebounded somewhat from the lows during the early months of the stay-at-home orders in late March 2020. The small recovery this period did not restore non-mortality SIR rates to those rates seen before the beginning of the pandemic in 2019.

Number of Non-Mortality Title 17 SIRs per 1,000 Individuals Served by DDS by Month

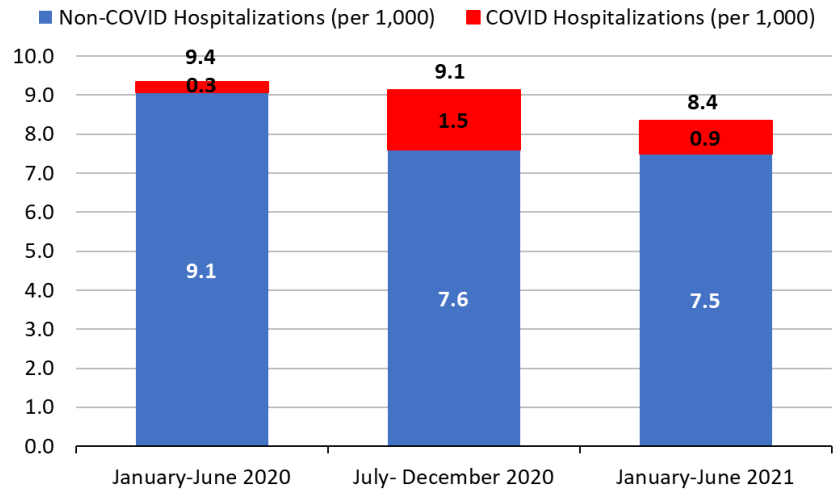


Trend in the Rate of Non-Mortality Title 17 Incidents

The increase from last period does not reflect an increase in medical hospitalizations.

Medical hospitalizations this period were lower than the July-December 2020 period. There was a 40% decline in hospitalizations for individuals who tested positive for COVID-19. Medical hospitalizations also were below the number reported in the January-June 2020 period.

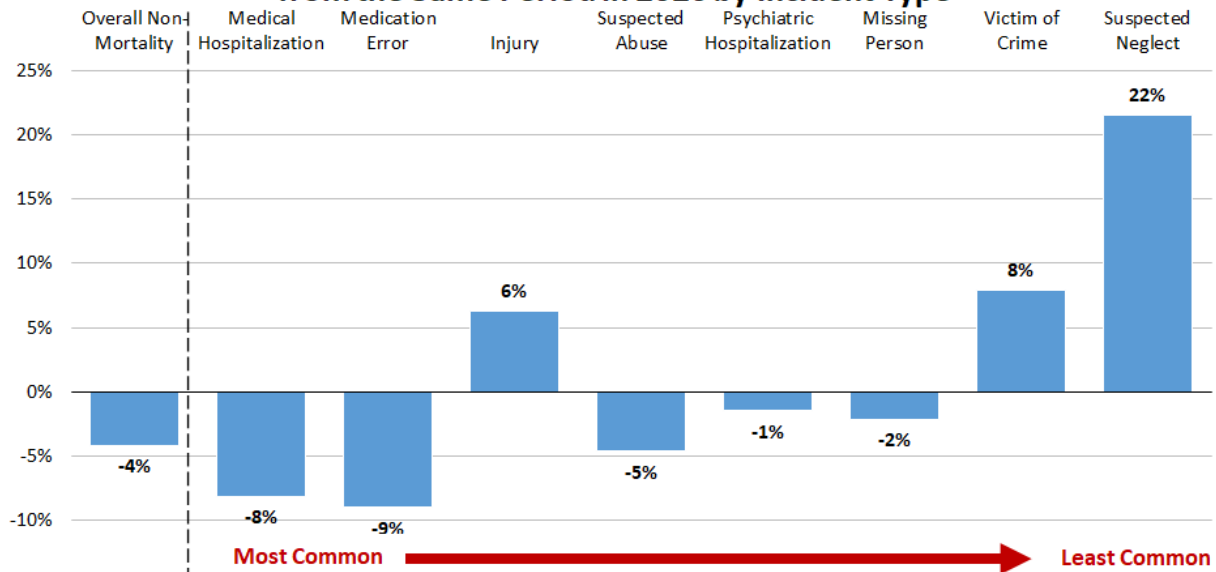
Rate of Hospitalizations per 1,000 Individuals

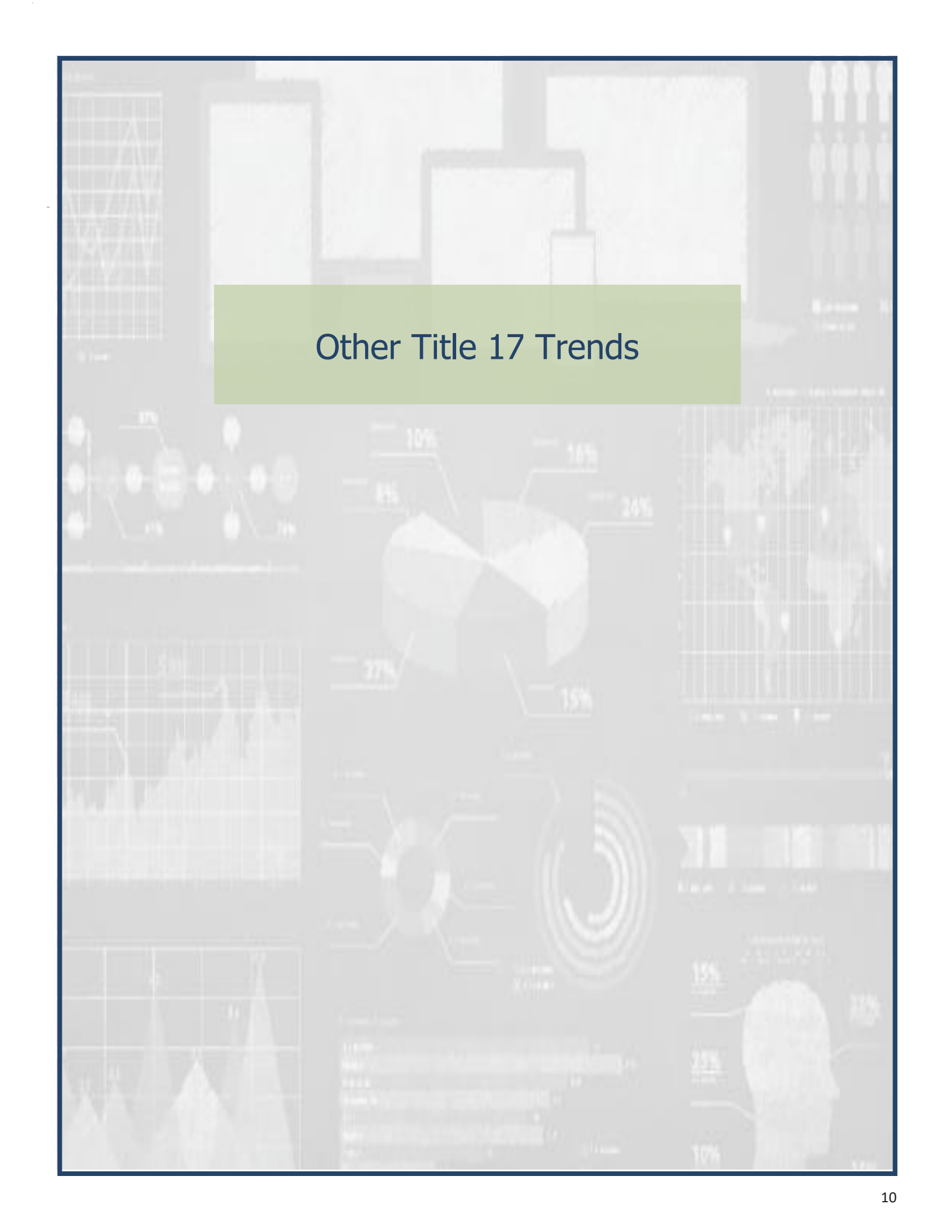


Only three non-mortality incident types (injury, victim of crime, and suspected neglect) increased this period compared to the same period in 2020.

Overall, non-mortality incidents decreased 4% this period compared to the January-June 2020 period. Exceptions included suspected neglect, victim of crime, and injury incident reporting. Suspected neglect and victim of crime are the least common incidents, so a small number of incidents can lead to large percentage increases. Because the incidents are rare, these increases have little impact on the overall reporting changes. All other incident types had fewer incidents reported in January-June 2021 than in January-June 2020. Unplanned medical hospitalization and medical error incidents had the largest decreases in reported incidents.

Change in Number of Non-Mortality SIRs from the Same Period in 2020 by Incident Type



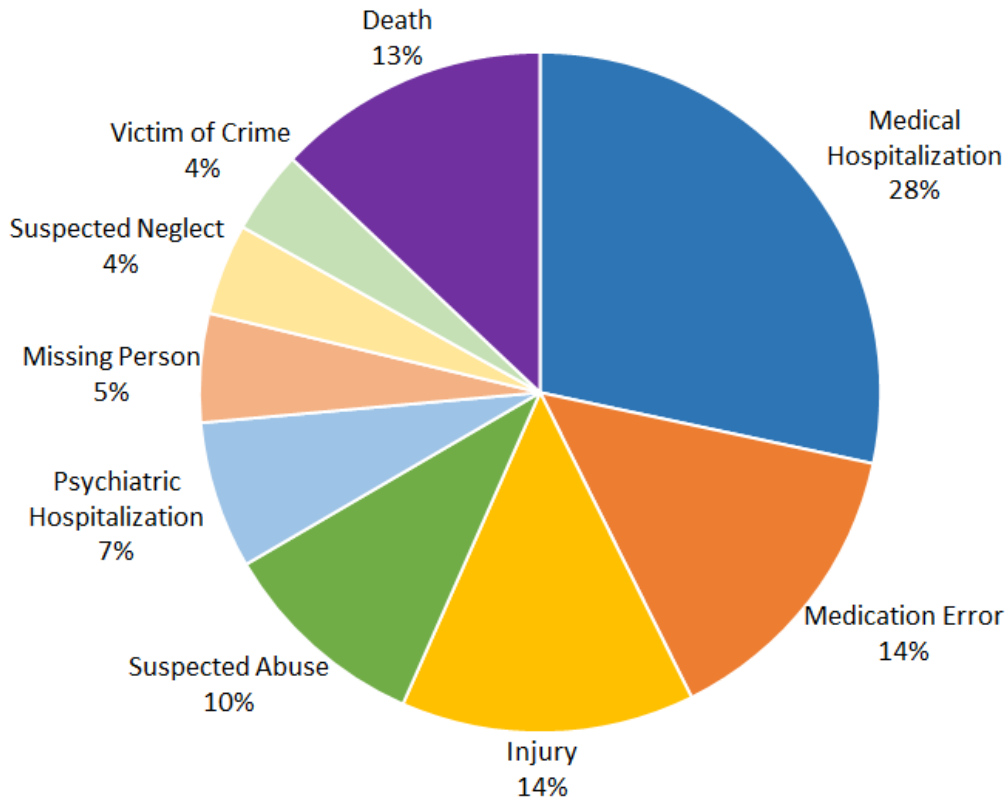
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Other Title 17 Trends

**DDS Population Served and Count of Title 17 SIRs,
January-June 2019 to January-June 2021**

Period	DDS Population	All Title 17 SIRs	All Title 17 SIRs Per 1,000
January-June 2019	343,309	12,003	35.0
July-December 2019	350,303	11,697	33.4
January-June 2020	353,655	10,560	29.9
July-December 2020	355,999	9,949	27.9
January-June 2021	363,394	10,273	28.3

**Breakdown of Title 17 Reportable Incidents by Type
January-June 2021, All Individuals**



Incidents by Type and Subtype, January-June 2021

Incident Type and Sub-Type*	All Individuals		Individuals Residing Outside the Home of a Parent/Guardian	
	Incidents	Individuals (N = 363,394)	Incidents	Individuals (N = 68,369)
Unplanned Medical Hospitalization	3,033	2,390	2,957	2,321
Cardiac-related	254	235	250	231
Diabetes	90	84	83	77
Internal infection	1,223	1,042	1,205	1,025
Nutrition deficiency	201	192	201	192
Respiratory illness	1,093	926	1,061	894
Seizure	295	251	284	243
Wound/skin care	198	185	190	177
Unplanned Psychiatric Hospitalization	749	484	709	455
Suspected Abuse	1,068	943	950	831
Alleged emotional/mental abuse	326	298	289	262
Alleged financial abuse	205	193	191	180
Alleged physical/chemical restraint	49	44	40	37
Alleged physical abuse	440	403	393	356
Alleged sexual abuse	142	135	121	115
Suspected Neglect	463	423	415	376
Fail to assist with personal hygiene	39	36	35	32
Fail to prevent dehydration	3	3	3	3
Fail to prevent malnutrition	6	6	6	6
Fail to provide care-elder/adult	144	130	131	118
Fail to provide food/clothing/shelter	30	28	28	26
Fail to provide medical care	77	74	75	72
Fail to protect from health/safety hazards	209	198	179	168
Injury	1,491	1,373	1,454	1,336
Bite	72	63	70	61
Burns	29	29	27	27
Fracture	517	504	501	488
Dislocation	46	45	45	44
Internal bleeding	323	302	320	299
Lacerations/sutures/staples	459	427	448	416
Medication reactions	83	82	82	81
Puncture wounds	15	15	14	14
Medication Error	1,531	1,153	1,509	1,136
Victim of Crime	423	392	330	304
Aggravated assault	218	203	157	147
Burglary	22	22	20	20
Forcible rape or attempted rape	73	66	55	48
Personal robbery	35	35	27	27
Larceny	88	86	82	80
Missing Person	553	378	531	361
Mortality	1,387	1,387	932	932
All Non-Mortality	8,886	6,363	8,458	5,990
All SIRs**	10,273		9,390	
All Incidents***	10,698		9,787	

*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.



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 Home

EBSH: Enhanced Behavioral Support Home

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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