

California Department of  
Developmental Services

# **Special Incident Trends**

Semiannual Report July-December 2020

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# Summary of Trends

## Special Incident Report (SIR) Trends

### July-December 2020



**355,999  
Individuals**

were served by DDS between July and December 2020, up from 353,655 individuals served between January and June 2020.



**10,170 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.



**304 more  
deaths occurred**

in July-December 2020 compared to the same period in 2019.



**9,765 Title 17 SIRs**

were submitted between July and December 2020, 16% lower than the same period in 2019. This count excludes SIRs for COVID-19 that are not otherwise reportable under Title 17.



**27.4 SIRs per 1,000  
people**

were reported under Title 17, compared to 33.3 from July to December 2019. These rates reflect the most recent data available and may differ from previously published reports.



**Reported  
incidents declined  
across all types**

in July-December 2020 compared to the same period in 2019, depending on the SIR type. Hospitalizations decreased only 4% while suspected abuse and medication error SIRs fell by 35%.



**21% fewer non-  
mortality incidents  
were reported**

in July-December 2020 compared to the same period in 2019. Contributing to this overall decline was a 98% decrease in SIRs at day programs due to the stay-at-home order restrictions.

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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 July-December 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 February 2021, for July-December 2020.

# Key Trends – July-December 2020

Two key trends stand out for special incident reports (SIRs) this period: a rise in reported SIRs due to COVID-19 cases and a fall in Title 17 reportable SIRs. This report details these two patterns of SIRs reported in July-December 2020.

## DDS Response to the Rise in COVID-19 Cases

The July to December 2020 period began with an increase in COVID-19 cases nationally and ended with the most severe spike of the pandemic in the United States. DDS first issued a directive requiring SIR reporting for COVID-19 in March 2020. As testing became more widely available, DDS revised the reporting criteria. Since May 2020, regional centers and vendors have been required to use SIRs to report individuals who tested positive for COVID-19 or visited a hospital or urgent care facility with symptoms.

The SIR reporting was part of a multi-faceted response to the pandemic. Given the nationwide shortage of Personal Protective Equipment (PPE), DDS partnered with the Department of Public Health to acquire over 6.1 million masks for regional centers to make available for providers within their catchment areas statewide. Additionally, DDS acquired gloves, gowns, face shields, and sanitizer from the State stockpile to ensure that individuals who tested positive with COVID-19, and/or those that needed to isolate, had the necessary PPE to minimize the spread. These resources were also made available to Community Based Organizations and Family Resource Centers.

## Decline in Title 17 Reportable Incidents

In the July to December 2020 period, DDS also provided guidance to regional centers to adapt services to meet individuals' needs while minimizing risk. Directives in August 2020 allowed providers to modify nonresidential services to meet a person's current needs, such as providing supports to minimize exposure to or impact of COVID-19 or providing alternative services in-person in the individual's home or in a community setting modified to comply with community safety guidelines. A second directive in August 2020 reiterated prior direction to ensure that high risk consumers, such as residents of Adult Residential Facilities for Persons with Special Health Care Needs, remain home rather than attend day services. Non-mortality Title 17 reportable SIRs declined after the service changes and state and local public health orders.



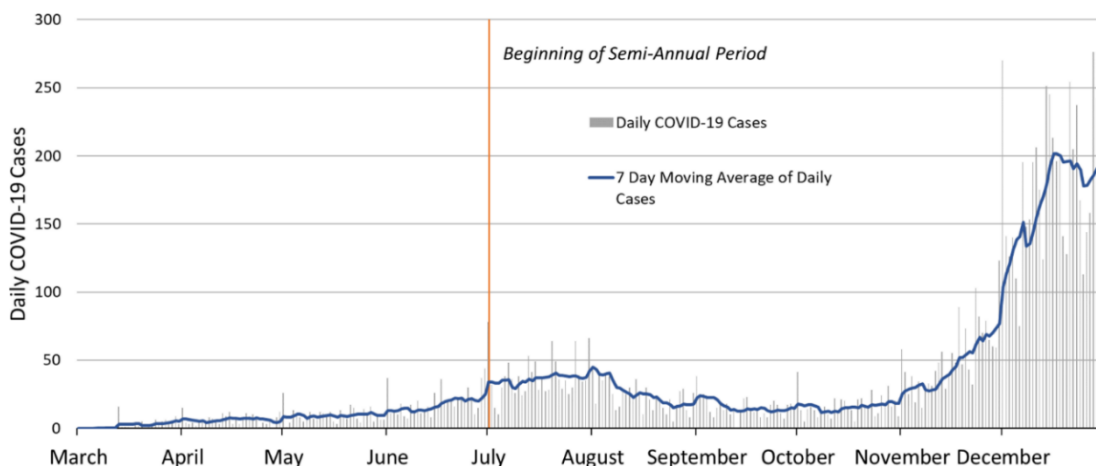
# Rise in COVID-19

# Special Incident Reports for COVID-19

## COVID-19 was the most serious risk for individuals served by DDS in July-December 2020.

Starting in May 2020, providers and regional centers began submitting 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 with confirmed positive testing or medical diagnosis. In 2020, 11,313 cases of COVID-19 were identified in SIRs, including 10,170 in the semi-annual period starting July 1. Sixty-five percent of these confirmed cases occurred in November and December, mirroring the trend in the overall California population.

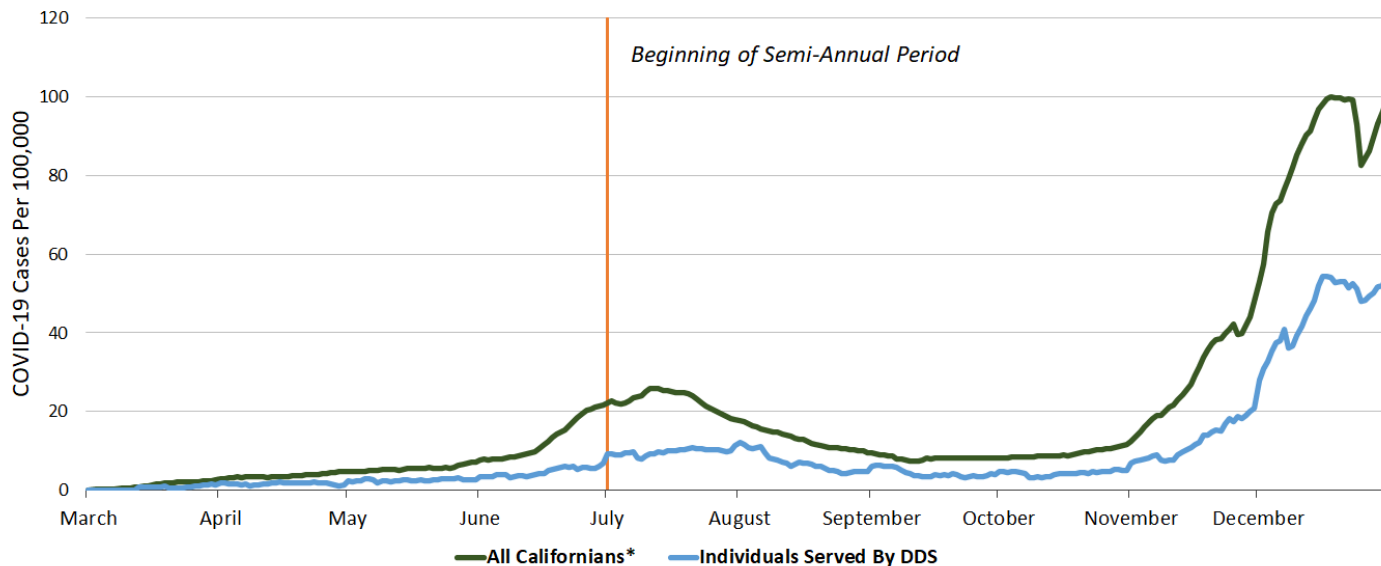
### COVID-19 Cases March - December 2020



## SIRs for COVID-19 tracked the trend for the overall California population.

Based on SIRs indicating a confirmed positive test for COVID-19, the rate of COVID-19 cases per 100,000 individuals was less than the rate across the overall California population. More detail is provided on the following page.

### Rate of Cases of COVID-19 (7-Day Average) March - December 2020



\*Source: California Department of Public Health

# Special Incident Reports for COVID-19

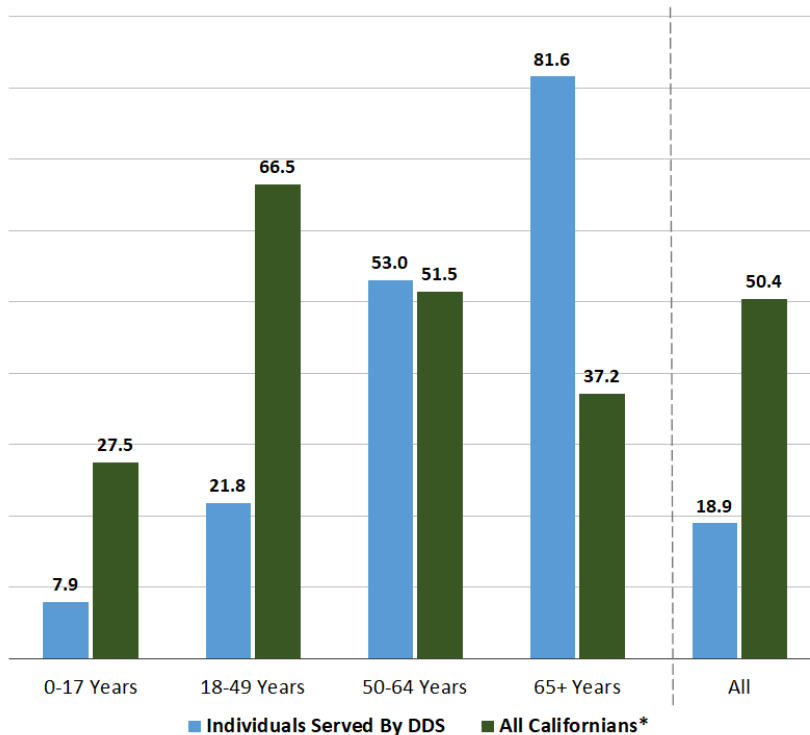
**The lower COVID-19 rate among all individuals served by DDS compared to all Californians is related to the lower rate among individuals under 50 years old, who make up 80% of the DDS population.**

As of December 2020, the rate of COVID-19 cases among individuals under 50 years old was lower for individuals served by DDS than for all Californians. More than 80% of individuals served by DDS are under the age of 50.

Older individuals with developmental disabilities had higher COVID-19 rates, especially individuals who lived in nursing homes and residential facilities.

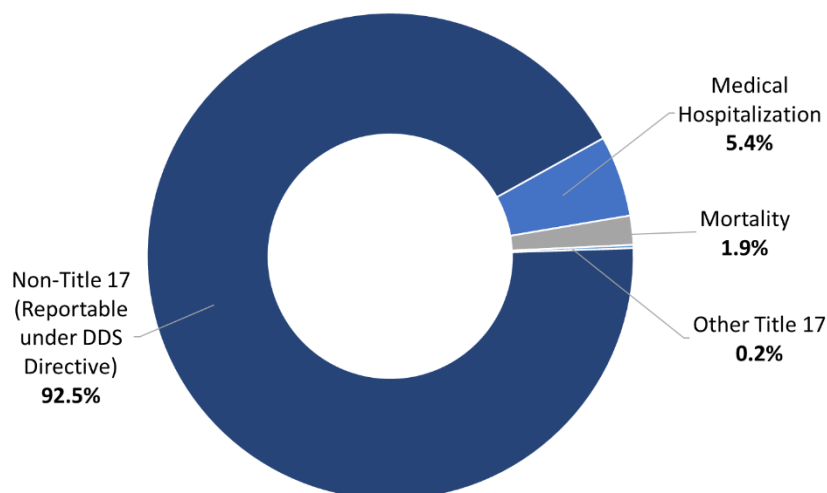
Individuals over the age of 65 who were served by DDS had COVID-19 at twice the rate as all Californians in this age group.

Individuals Reported as COVID-19 Positive per 1,000, by Age Group March - December 2020



\*Source: California Department of Public Health

COVID-19 SIRs by Incident Type, July - December 2020



**Over 92% of COVID-19 SIRs were reported separately from Title 17 SIRs.**

Required reporting of COVID-19 via SIRs included cases where individuals tested positive. Over the July-December 2020 period, most COVID-19 SIRs were reported to DDS outside of Title 17 reporting requirements. Fewer than 8% of COVID-19 SIRs were reported under Title 17, mostly in medical hospitalization and mortality SIRs.

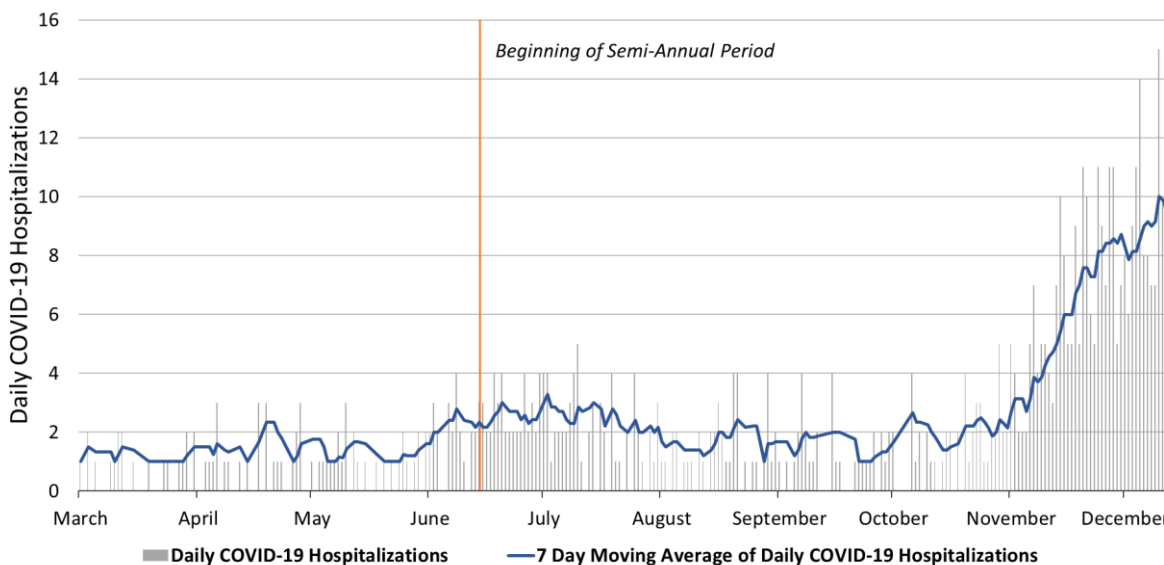
# COVID-19 and Medical Hospitalization SIRs

## Most medical hospitalizations for COVID-19 in 2020 occurred after July 1.

There were 644 COVID-19 hospitalizations in 2020, including 548 in the semi-annual period starting July 2020. This count includes hospitalization SIRs that cited a positive test for COVID-19, including hospitalizations for other causes. SIRs are listed by the date of admission.

Most of the hospitalizations (54%) occurred in November and December, following a similar pattern as COVID-19 cases generally.

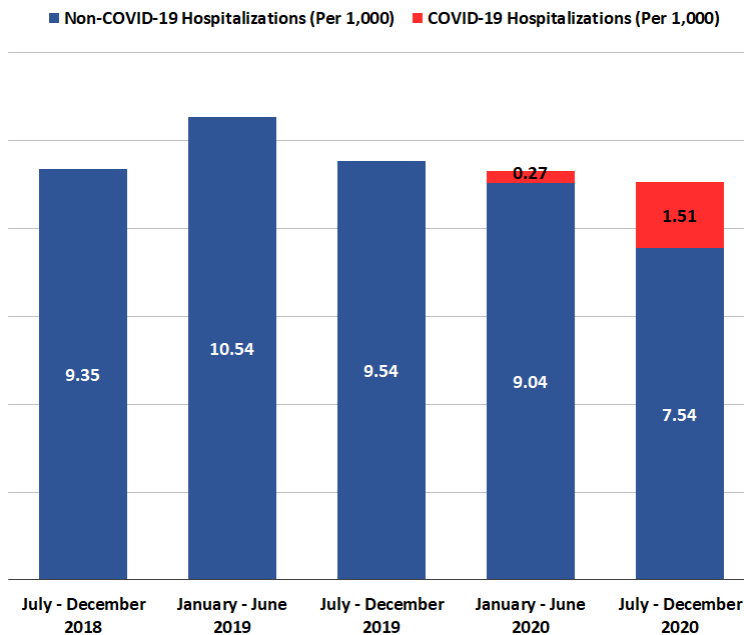
### COVID-19 Hospitalizations March - December 2020



## The rate of medical hospitalizations was slightly lower this period despite the hospitalizations for COVID-19.

One in six medical hospitalizations reported this period indicated a positive test for COVID-19, a larger share than in the previous period. However, there were fewer hospitalizations reported overall this period, compared to recent years. There were 5% fewer reportable hospitalizations in July-December 2020 compared to the same period in 2019. Excluding the COVID-19 hospitalizations, the rate was down 21 percent.

### Hospitalizations (Non-COVID-19 and COVID-19) per 1,000 Individuals

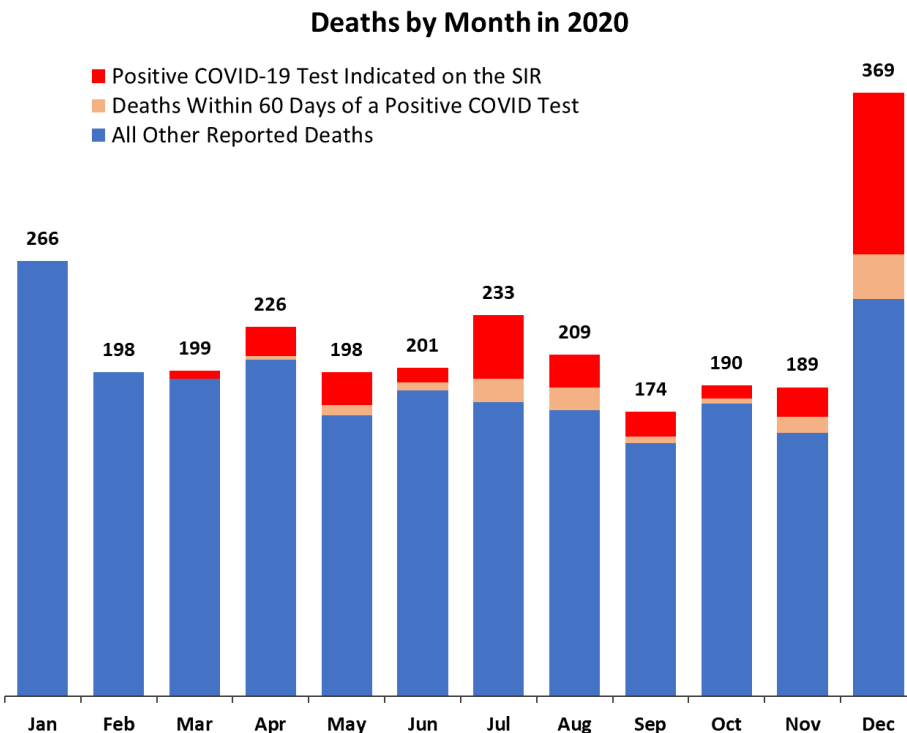




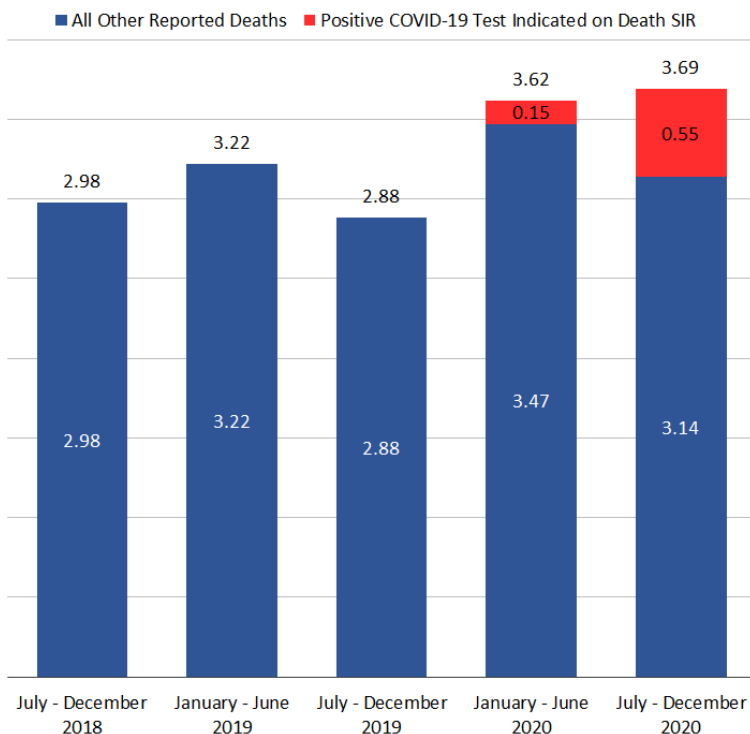
# COVID-19 and Mortality SIRs

## December 2020 had more total deaths among individuals served by DDS than any other recorded month.

Among the 369 deaths reported in December 2020, 99 individuals had a positive COVID-19 result reported on the death SIR. Another 27 individuals had a positive COVID-19 result within 60 days of the death. Between these two groups, 34% of all mortality incidents in December were for individuals who had recently tested positive for COVID-19.



### Deaths per 1,000 Individuals, July - December 2018 to July - December 2020



## There were 3.69 deaths per 1,000 individuals reported for the period of July-December 2020, higher than any period since January-June 2016.

Out of 1,314 deaths reported this period, 196 deaths (about 15%) had positive COVID-19 tests indicated on the mortality SIR. These deaths pushed the mortality rate to its highest point in recent years. Excluding deaths with positive COVID-19 results, the mortality rate for this period would have been a rate of 3.14 per 1,000 individuals, close to the average of the three periods preceding the pandemic.

Note: 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.

# COVID-19 Mortality and Medical Hospitalization Incidents

By Residential Type

**The largest shares of reported hospitalizations and deaths of individuals who previously tested positive for COVID-19 occurred among residents from Intermediate Care Facilities (ICFs) and Nursing Facilities (NFs).**

Most individuals (81%) served by DDS reside in the home of a parent or guardian. About 6% live in residential facilities (RFs), and only 2% of the individuals reside in ICFs or NFs. The chart below shows the rates of deaths and hospitalizations for individuals who tested positive for COVID-19 in March-December 2020 by residence category, starting at the top with categories serving the largest share of individuals.

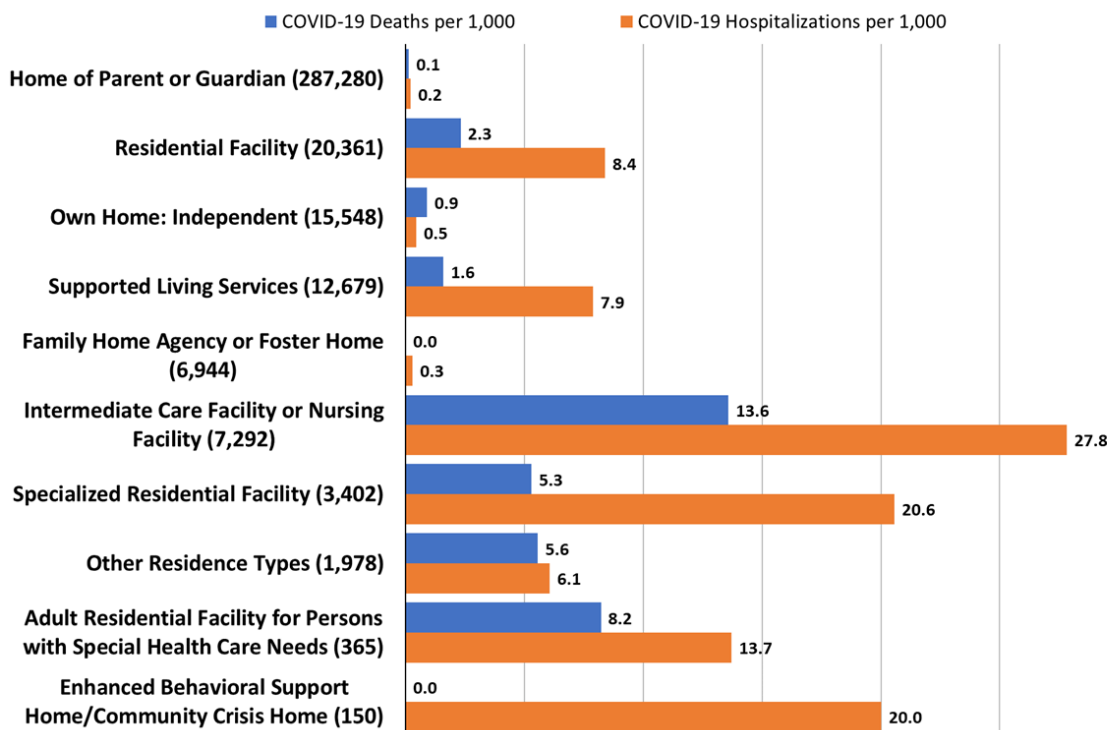
Older individuals with developmental disabilities had higher COVID-19 rates, especially those who lived in NF and RFs. The median age of residents of ICF/NFs is 56, compared to a median age of 17 for all individuals served by DDS. Other settings serving older individuals also had higher rates of COVID-19 hospitalizations and deaths, including Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHNs), Specialized Residential Facilities (SRFs), RFs, and Supported Living Services (SLS).

Enhanced Behavioral Support Homes (EBSHs) and Community Crisis Homes (CCHs) had a high rate of COVID-19 hospitalizations but no deaths. The median age in these two residence categories is 35.

Of the deaths in 2020 of individuals who previously tested positive for COVID-19, 79% occurred in the July-December period. Of the hospitalizations in 2020 for individuals who tested positive for COVID-19, 85% occurred in the July-December period.

The DDS Office of Statewide Clinical Services continues to provide technical assistance and education to regional centers and providers on infection control and risk mitigation. This includes virtual meetings when there were exposures to COVID-19 or confirmed positive cases.

**Deaths and Hospitalizations for Individuals Who Tested Positive for COVID-19 per 1,000 Individuals, by Residence Type, March - December 2020**



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## Decline in Title 17 Incidents

# Trend in the Rate of Title 17 Incidents

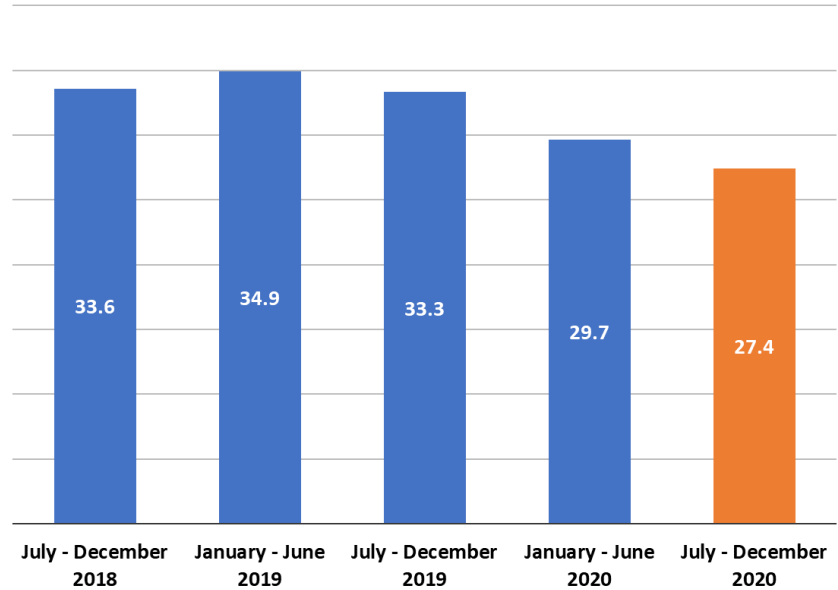
All Individuals

## 9,765 SIRs were reported in the July-December 2020 period.

These counts reflect only incidents that are reportable under Title 17. SIRs for COVID-19 that are not otherwise reportable under Title 17 are not included in this count. This count reflects a decrease from the 10,493 SIRs reported in the January-June 2020 period and marks the lowest rate in the number of SIRs per 1,000 individuals in recent years.

SIR reporting decreased during the stay-at-home order and remained lower throughout 2020. The rates shown here for previous periods reflect the most recent data available and are higher than in previously published reports.

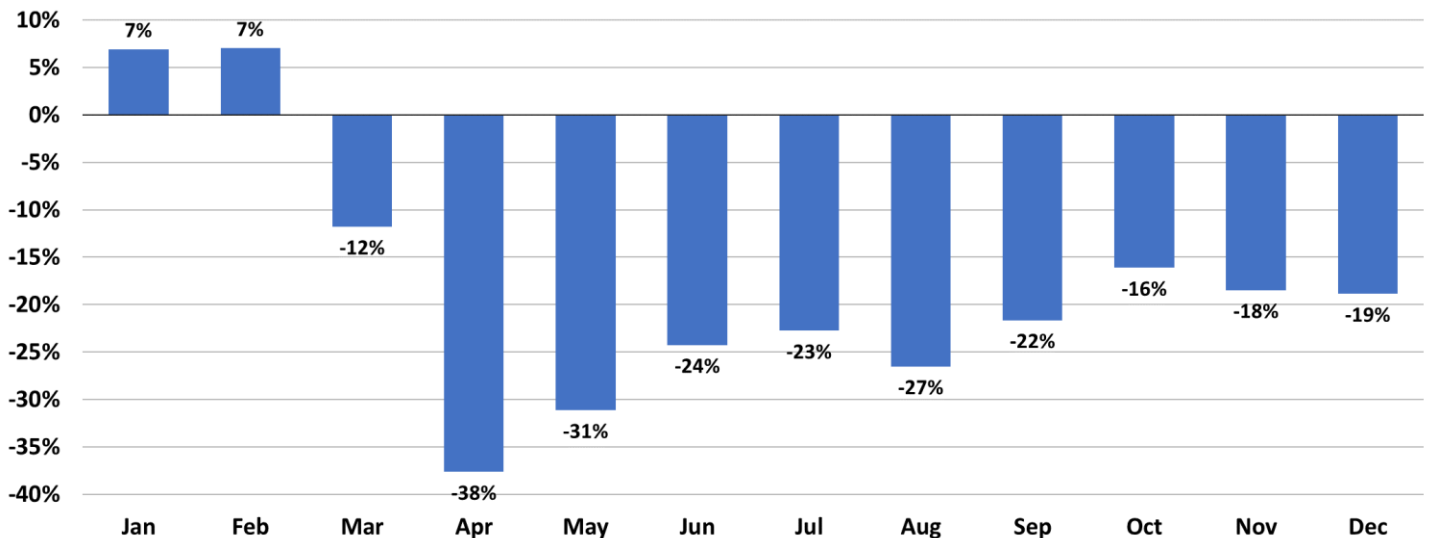
Number of Title 17 SIRs per 1,000 Individuals Served by DDS



## Except for mortality incidents, Title 17 incident reporting was lower during the months after the stay-at-home order began, compared to the same months in 2019.

Each month from March to December 2020 had fewer reported SIRs for non-mortality incidents than the same month the prior year. Although the largest drops occurred during the stay-at-home order in April and May, Title 17 incident reports remained lower even after some restrictions were lifted.

Change in Number of Non-Mortality SIRs by Month from the Same Month in 2019

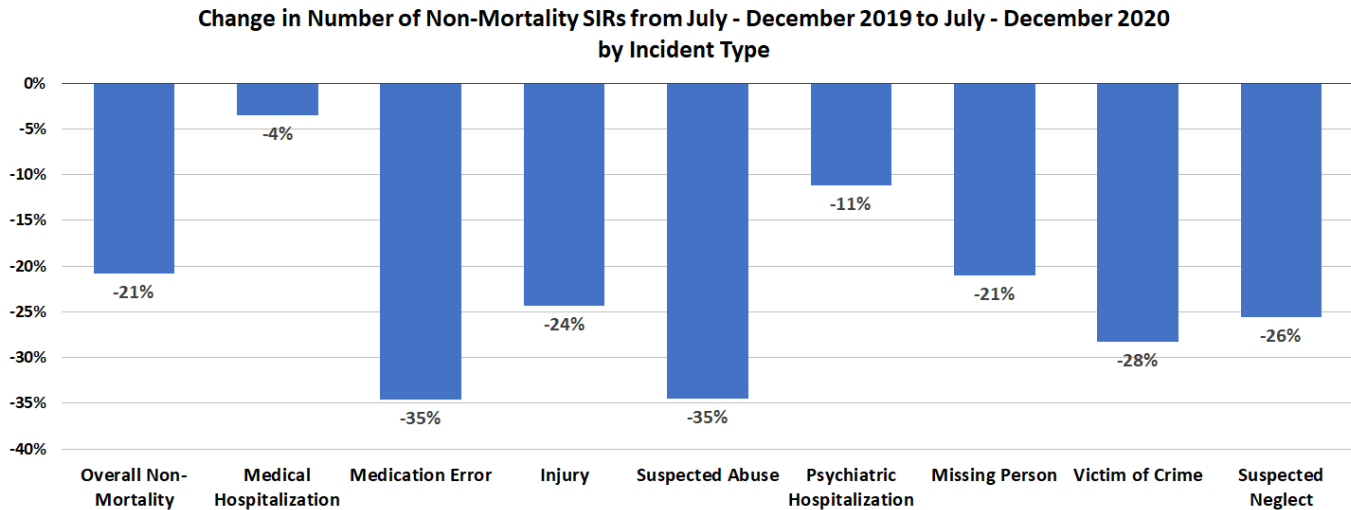


# Trend in the Rate of Non-Mortality Incidents

All Individuals

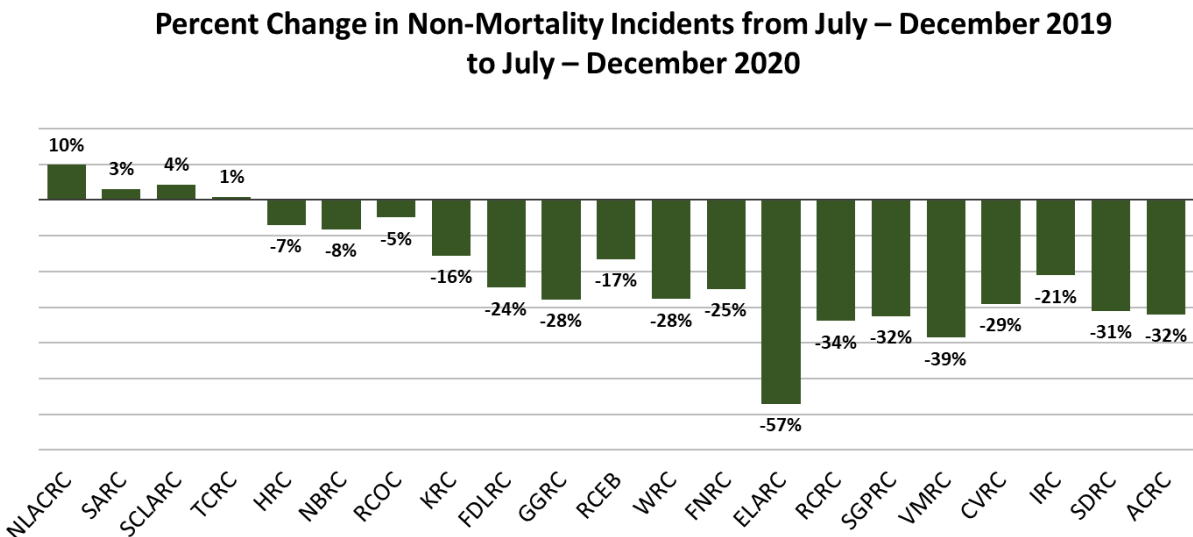
## Reporting was lower for all incident types in July-December 2020 compared to July-December 2019.

Including COVID-19 related hospitalizations, unplanned medical hospitalization reports were down 4 percent, the smallest decrease among non-mortality incident types. Psychiatric hospitalizations had the second smallest decrease; medication error and suspected abuse incident reports declined the most from 2019.



## All but four regional centers experienced declines in non-mortality incidents in July-December 2020.

Compared to the same period in 2019, most regional centers experienced declines in reports of non-mortality incidents. For example, ELARC reported only 94 non-mortality Title 17 incidents this period, a 57% decrease compared to July-December 2019. Only NLACRC, SCLARC, SARC, and TCRC experienced higher incident reporting in 2020 than in 2019. The patterns by incident type differed across these four regional centers, with no specific incident type attributable to the difference.

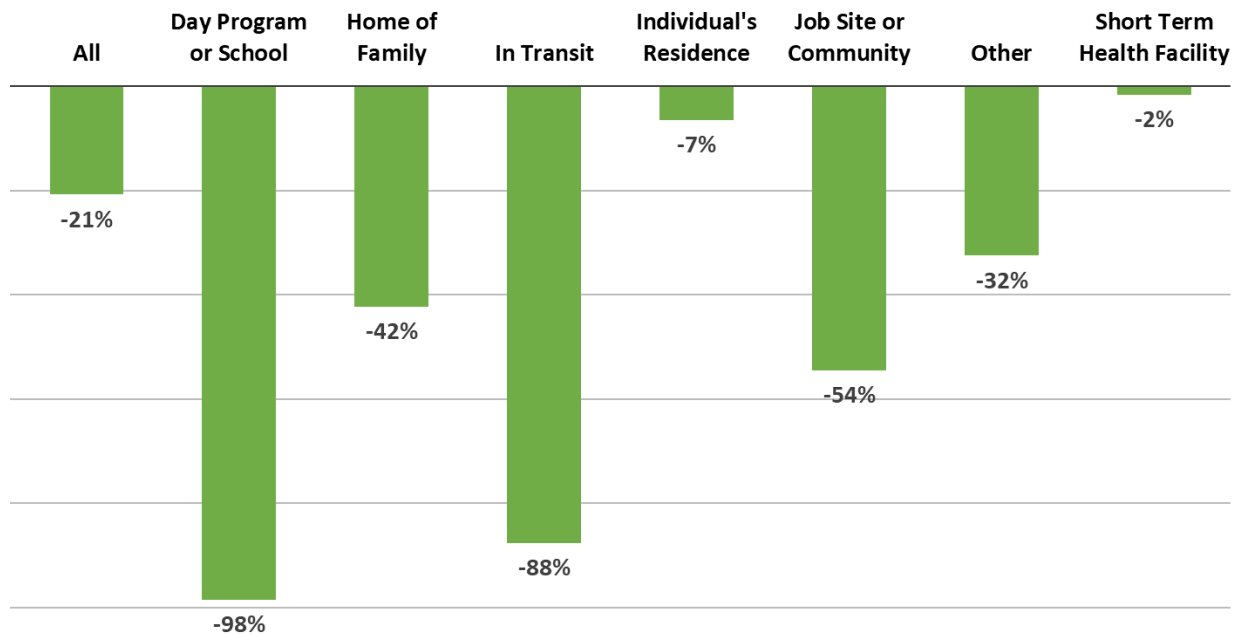


# Trend in the Rate of Non-Mortality Incidents

All Individuals

Incident reports declined across all settings in July-December 2020 compared to the same period in 2019, with the most significant declines in SIR reporting from day programs and transit.

**Non-Mortality Incidents by SIR Location, Percent Change from July - December 2019 to July-December 2020**



From the beginning of the stay-at-home order, DDS issued a number of directives to adapt services funded through the regional centers. In August 2020, DDS issued a directive to regional centers that allows providers to modify the services they provide to meet a person’s current needs, such as providing supports related to minimizing exposure to or impact of COVID-19, or providing alternative services in-person at the individual’s home, in a community setting or another setting modified to comply with current COVID-19 safety guidelines. In the same month, DDS also reiterated prior direction that required regional centers to take immediate action to ensure that high risk individuals remain home rather than attend day services. For this purpose, high risk was defined as individuals who have compromised immune systems or who are more susceptible to respiratory illness, and/or who reside in ARFPHNs or ICFs.

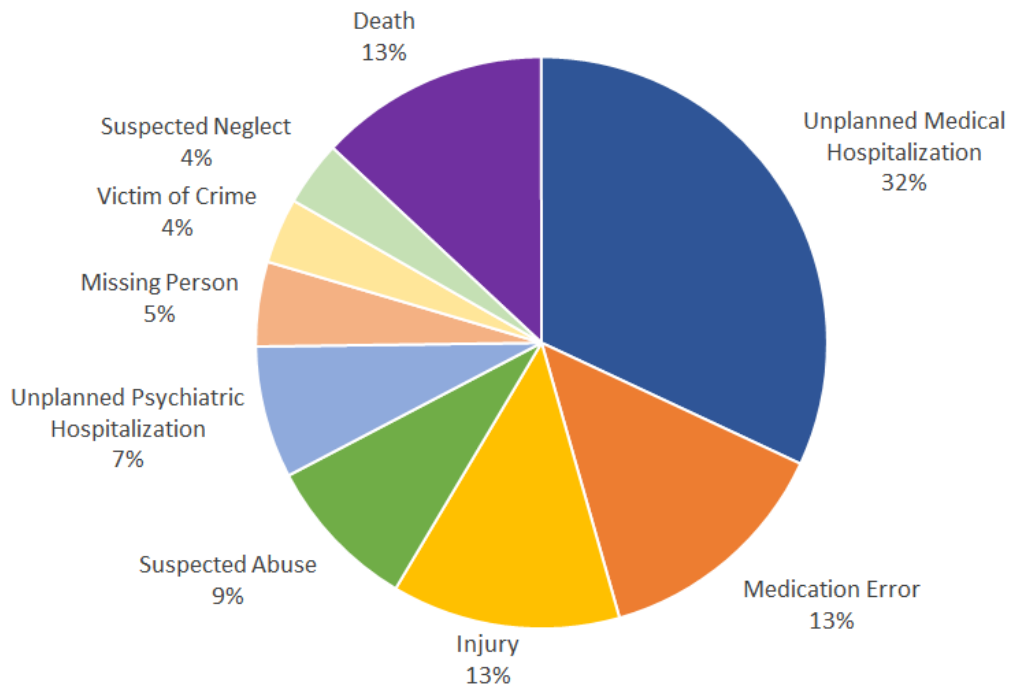
The shift to remote or in-home services resulted in a dramatic reduction in the number of SIRs with incidents occurring at day programs, schools, or in transit. However, the number of reported incidents dropped in other settings as well. Incidents are most commonly reported as occurring in individuals’ residences. Reports from these locations dropped from 2019, but only by 7 percent, so the overall drop in non-mortality incidents reported was 23 percent. There were 42 percent fewer incidents reported as occurring in the home of family.

## Other Title 17 Trends

**DDS Population Served and Count of Title 17 SIRs,  
July-December 2018 to July-December 2020**

Period	DDS Population	All Title 17 SIRs	All SIRs Per 1,000
July - December 2018	334,282	11,230	33.6
January - June 2019	343,309	11,983	34.9
July - December 2019	350,303	11,682	33.3
January - June 2020	353,655	10,493	29.7
<b>July - December 2020</b>	<b>355,999</b>	<b>9,765</b>	<b>27.4</b>

**Breakdown of Title 17 Reportable Incidents by Type  
July - December 2020, All Individuals**





## Incidents by Type and Subtype, July-December 2020

Incident Type and Sub-Type*	All Individuals		Individuals Residing Outside the Home of a Parent/Guardian	
	Incidents	Individuals (N = 355,999)	Incidents	Individuals (N = 68,716)
<b>Unplanned Medical Hospitalization</b>	<b>3,222</b>	<b>2,558</b>	<b>3,131</b>	<b>2,475</b>
Cardiac-related	216	199	212	195
Diabetes	80	69	76	65
Internal infection	1,404	1,201	1,383	1,182
Nutrition deficiency	134	129	132	127
Respiratory illness	1,231	1,074	1,172	1,020
Seizure	264	236	258	230
Wound/skin care	162	156	160	154
<b>Unplanned Psychiatric Hospitalization</b>	<b>753</b>	<b>488</b>	<b>711</b>	<b>456</b>
Suspected Abuse	885	784	765	675
Alleged emotional/mental abuse	282	265	244	228
Alleged financial abuse	152	146	142	136
Alleged physical/chemical restraint	73	64	58	50
Alleged physical abuse	390	362	333	311
Alleged sexual abuse	90	86	79	75
<b>Suspected Neglect</b>	<b>369</b>	<b>346</b>	<b>328</b>	<b>305</b>
Fail to assist with personal hygiene	55	53	44	42
Fail to prevent dehydration	7	7	5	5
Fail to prevent malnutrition	9	7	8	6
Fail to provide care-elder/adult	133	129	123	119
Fail to provide food/clothing/shelter	28	28	24	24
Fail to provide medical care	58	57	55	54
Fail to protect from health/safety hazards	140	133	123	116
<b>Injury</b>	<b>1,303</b>	<b>1,194</b>	<b>1,271</b>	<b>1,163</b>
Bite	57	52	54	49
Burns	18	17	17	16
Fracture	509	494	497	482
Dislocation	25	24	21	20
Internal bleeding	266	230	262	226
Lacerations/sutures/staples	427	403	418	395
Medication reactions	37	37	37	37
Puncture wounds	11	11	11	11
<b>Medication Error</b>	<b>1,376</b>	<b>1,028</b>	<b>1,362</b>	<b>1,016</b>
<b>Victim of Crime</b>	<b>373</b>	<b>350</b>	<b>279</b>	<b>258</b>
Aggravated assault	163	156	115	110
Burglary	51	50	43	42
Forcible rape or attempted rape	66	62	46	42
Personal robbery	40	38	29	27
Larceny	66	65	57	56
<b>Missing Person</b>	<b>483</b>	<b>348</b>	<b>471</b>	<b>338</b>
<b>Mortality</b>	<b>1,314</b>	<b>1,314</b>	<b>932</b>	<b>932</b>
<b>All Non-Mortality</b>	<b>8,451</b>	<b>6,078</b>	<b>8,015</b>	<b>5,697</b>
<b>All SIRs**</b>	<b>9,765</b>		<b>8,947</b>	
<b>All Incidents***</b>	<b>10,078</b>		<b>9,250</b>	

\*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 15 of this report for definitions of these Title-17 incident types.

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# 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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