

California Department of
Developmental Services

Special Incident Trends

Semiannual Report July-December 2021

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Summary of Trends

Special Incident Report (SIR) Trends

July-December 2021



374,264
Individuals

were served by DDS in the July-December 2021 period, up from 363,394 individuals served January-June 2021 period.



5,422 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.



106,287 individuals
were vaccinated

with at least one vaccine dose against COVID-19 by the end of December 2021, as reported to DDS. These counts only include vaccination information voluntarily provided to regional centers.



147 fewer deaths
occurred

in the July-December 2021 period compared to the same period in 2020. There was a decline in the number of reported deaths of individuals who tested positive for COVID-19.



10,280
Title 17 SIRs

were submitted this period, including 1,225 death SIRs and 9,055 non-mortality SIRs. This count excludes SIRs for COVID-19 that are not reportable under Title 17.



Non-mortality
incidents
increased 5%

in July-December 2021 compared to the same period in 2020. During this period, 9,055 non-mortality incidents were reported, while 8,594 were reported in July-December 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 July and December 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 April 2022, for July-December 2021.

Key Trends – July-December 2021

COVID-19 continued to be a major focus of risk management in July-December 2021. After the rollout of vaccinations against COVID-19 earlier in 2021, the July-December 2021 period saw generally lower rates of COVID-19 cases, hospitalizations, and deaths, although new variants triggered case spikes. Reporting of other incidents remained lower than in pre-pandemic periods, but the distribution of incident types and locations was closer to 2019 norms.

COVID-19: Variants and Vaccination Boosters

By the end of June 2021, rates of COVID-19 incidents had declined. During this period, vaccinations against COVID-19 also became widely available. COVID-19 cases and hospitalizations of individuals who tested positive increased again in August 2021, as the Delta variant of COVID-19 became dominant across the U.S. After the surge of the Delta variant, cases and hospitalizations decreased in the fall. In December 2021, the new Omicron variant became dominant across the U.S., causing another rise in COVID-19 cases and hospitalizations.

By the end of December 2021, more than 106,000 individuals served by DDS were reported to have received at least one vaccination dose against COVID-19. Booster shots became available in November 2021 for people who had received their initial vaccination series at least six months prior. DDS issued several directives to help inform regional centers about booster shot recommendations.

Although the variants drove increases in the number of reported cases and hospitalizations of individuals who tested positive, the number of deaths of individuals who tested positive remained low and relatively constant across the period.

Reporting of Non-Mortality Incidents

The number of non-mortality incidents reported per 1,000 individuals served remained similar to counts observed in the last two periods. The July-December 2021 period did see some recovery in incident reporting in the community, including in day programs or schools, in transit, at job sites, or elsewhere in the community. The rate of unplanned medical hospitalization decreased, offset by small increases in other incident types.

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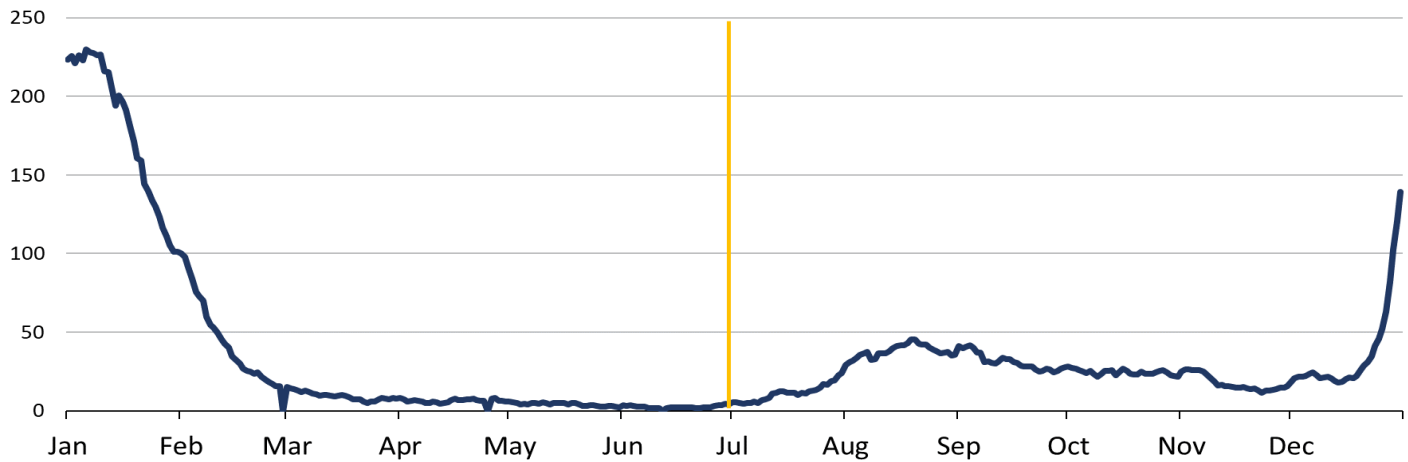
COVID-19 Special Incidents

Special Incident Reports for COVID-19

From a low in July 2021, reported COVID-19 cases increased in August and again in December 2021.

In this period, 5,422 COVID-19 cases were reported among individuals served by DDS, compared to 6,776 in the January-June 2021 period. Almost a third of the cases reported this period (1,644) occurred in December alone, when the Omicron variant became widespread. The December 2021 peak was higher than the August peak associated with the Delta variant.

7 Day Moving Average of New Daily COVID-19 Cases in 2021

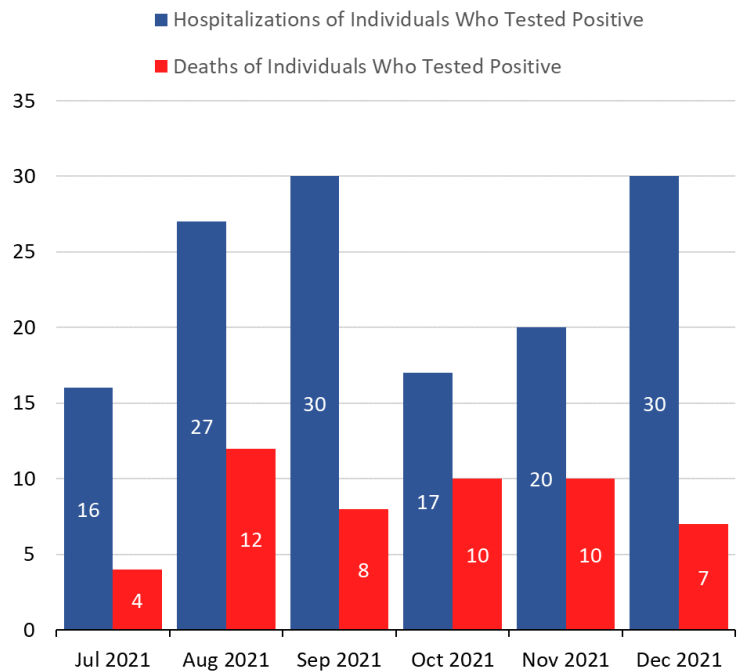


Following the trend in COVID-19 cases, reported hospitalizations for individuals who tested positive were high in August, September, and December 2021.

There were 140 hospitalizations of individuals who tested positive for COVID-19 in the July-December 2021 period. 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.

This period, 51 deaths were reported with positive COVID-19 cited on the death SIR. After a low of four deaths in July, there were between 7 and 12 reported COVID-19 associated deaths per month this period.

COVID-19 Hospitalizations and Deaths July-December 2021

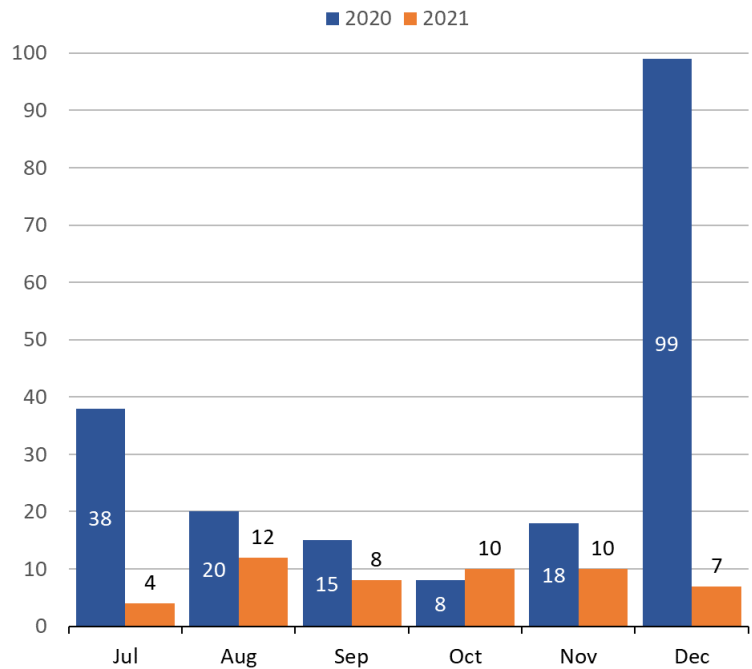


Special Incident Reports for COVID-19

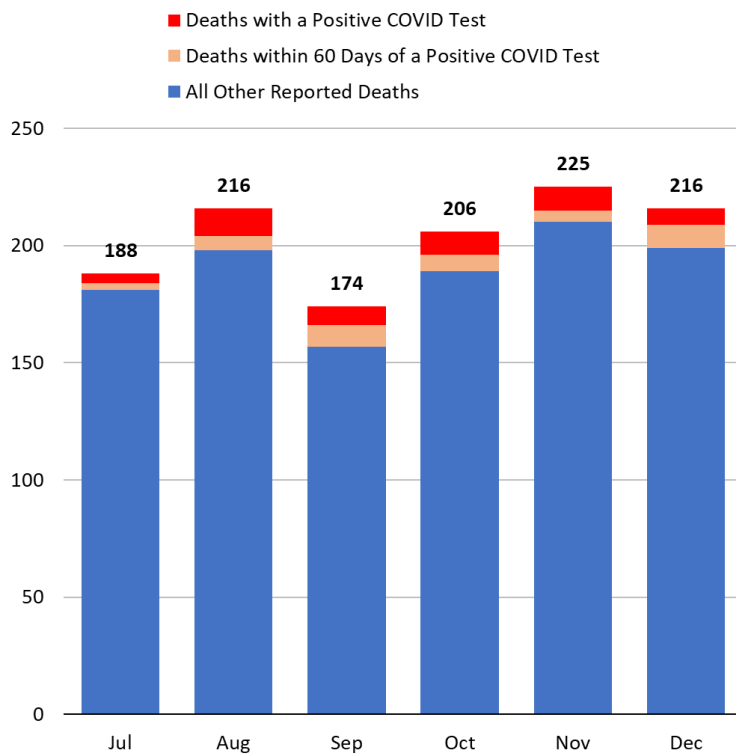
The number of reported deaths of individuals who tested positive for COVID-19 by December 2021 remained well below the 2020 counts.

Even with COVID-19 case spikes in August and December, the number of deaths in 2021 was lower than in the same months in 2020. In December 2020, there were 99 deaths reported as COVID-19 positive, compared to only 7 in December 2021.

Number of Deaths of Individuals Who Tested Positive for COVID-19 in July-December 2020 & July-December 2021



Deaths by Month July-December 2021



Out of 1,225 deaths this period, 7% were for individuals who had recently tested positive for COVID-19.

There were 1,225 deaths reported this period among all individuals served between July and December 2021. Of these, 91 deaths (7%) were for individuals who had recently tested positive for COVID-19. This includes the 51 individuals with a positive COVID-19 test indicated in the death SIR as well as 40 individuals who had tested positive within 60 days prior to their death.

During the same period in 2020, there were 1,372 deaths, including 272 deaths of individuals who had recently tested positive for COVID-19. Death SIRs are often reported late for individuals not in vendored care. The counts shown here for previous periods reflect the most recent data available and are higher than in previously published reports.

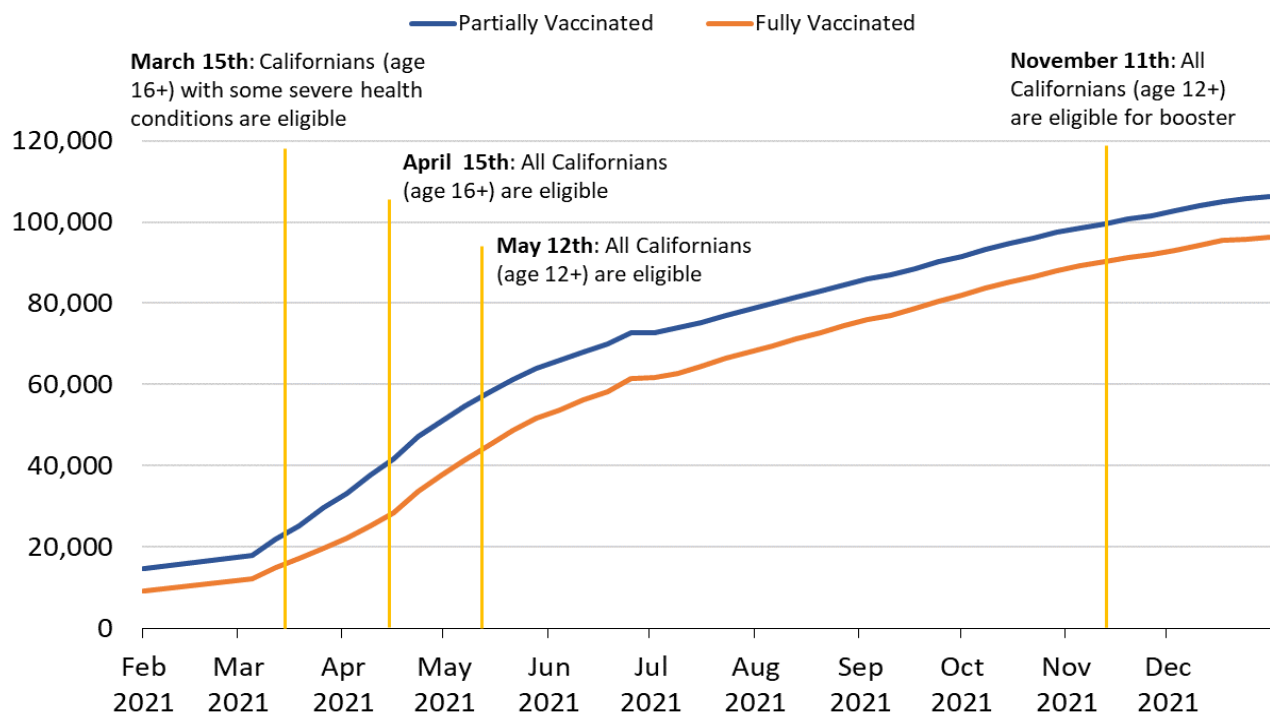
Vaccinations and Boosters Against COVID-19


More than 106,000 individuals served by DDS were reported to have received at least one vaccine dose by the end of December 2021.

By the end of 2021, 106,287 individuals served were reported to have received at least one vaccine dose, and 96,326 were reported to be fully vaccinated. This is likely an underestimate, because the vaccination status of some individuals has not yet been reported to DDS. These counts include only individuals whose vaccine information was voluntarily provided to regional centers.

Vaccination booster shots became available in November 2021 for people who had received their initial vaccination series at least six months previously. By the end of 2021, 4,455 individuals were reported to have received a booster shot. DDS kept regional centers updated by issuing timely directives with the latest guidance on vaccinations, booster shots, and other precautions to help keep individuals served and staff healthy and safe. In these directives, DDS announced when different groups of individuals were eligible for booster shots and promoted safe practices including mask wearing, testing, and staying at home when sick. See vaccination data displayed on an interactive dashboard here: <https://www.dds.ca.gov/corona-virus-information-and-resources/data/>.

Individuals Served by DDS who are Partially Vaccinated vs. Fully Vaccinated



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Changes in Title 17 SIR Trends

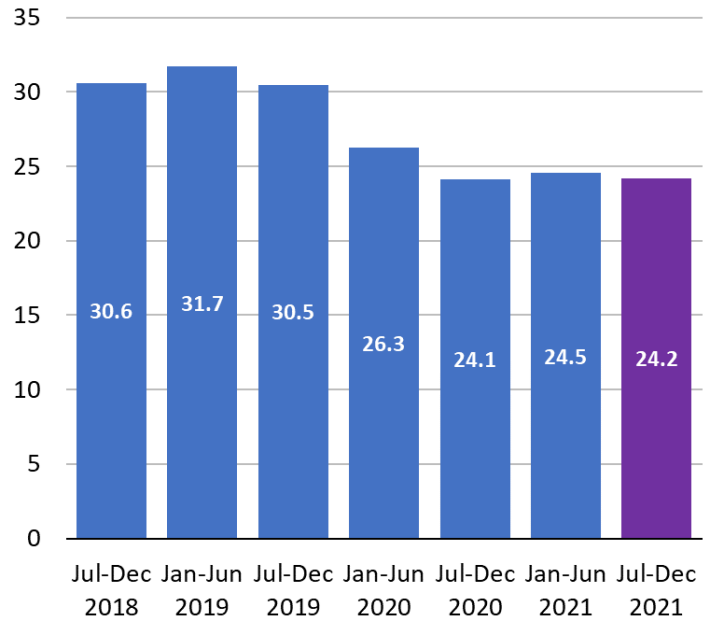
Trend in Non-Mortality Title 17 Incidents

9,055 non-mortality incidents were reported in the July-December 2021 period.

This period, there were 5% more non-mortality incidents reported compared to the same period in 2020, when 8,594 non-mortality incidents were reported. However, this increase parallels the growth in the population served by DDS. The number of non-mortality incidents reported per 1,000 individuals served this period was consistent with the previous two periods and remains lower than the numbers observed in the same period in 2018 and 2019.

These counts reflect only non-mortality incidents that are reportable under Title 17. SIRs for COVID-19 that are not otherwise reportable under Title 17 are not included. The rates shown here for previous periods reflect the most recent data available and are higher than in previously published reports.

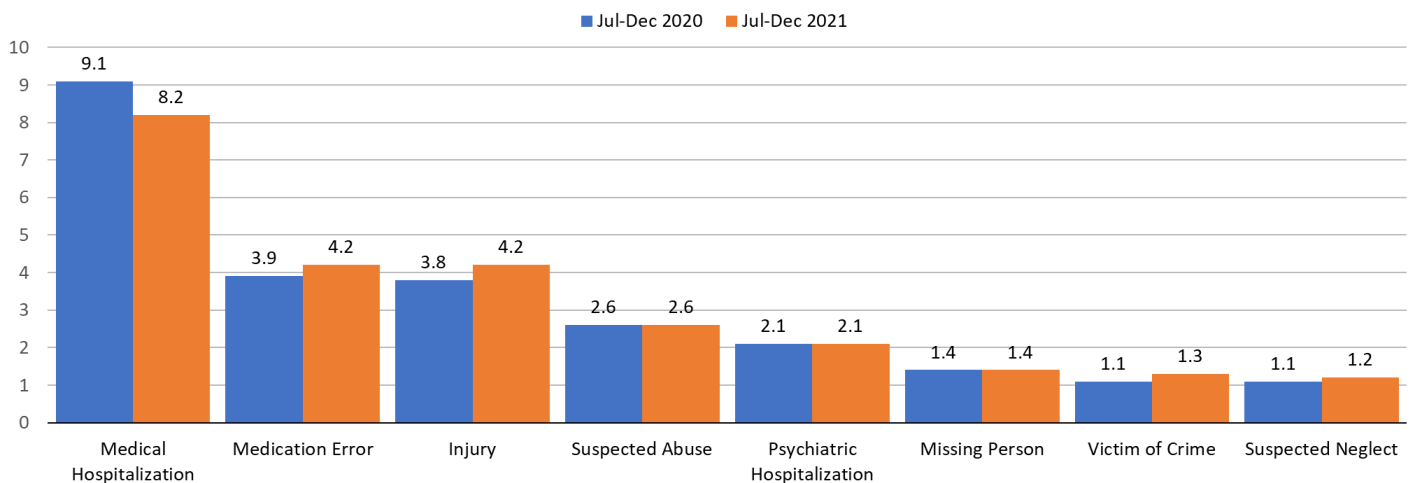
Number of Non-Mortality Title 17 SIRs per 1,000 Individuals Served by DDS



Compared to July-December 2020, many incident types increased slightly.

Although the overall rate of non-mortality incidents reported was virtually the same as in July-December 2020, the mix of incident types changed. The rate of unplanned medical hospitalization reports declined from 9.1 to 8.2 incidents per 1,000 individuals. The number of medication errors, injuries, victim of crime, and suspected neglect reported incidents per 1,000 individuals increased compared to July-December 2020, although all non-mortality types remained below pre-pandemic levels.

Number of Non-Mortality SIRs per 1,000 in July-December 2020 and July-December 2021, by Incident Type

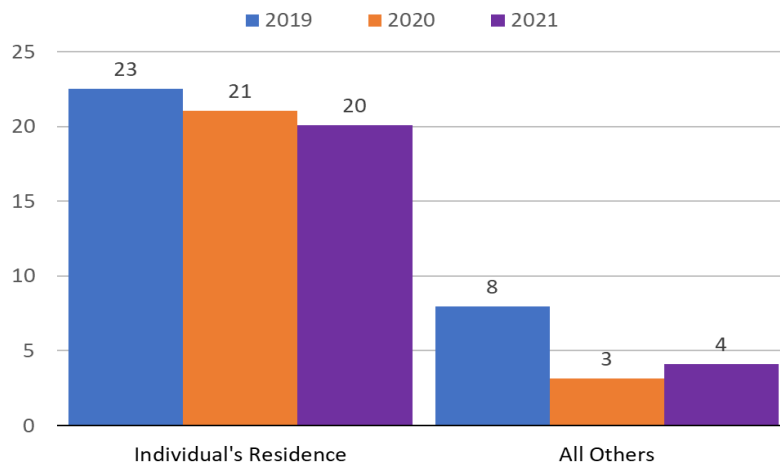


Trend in Non-Mortality Title 17 Incidents

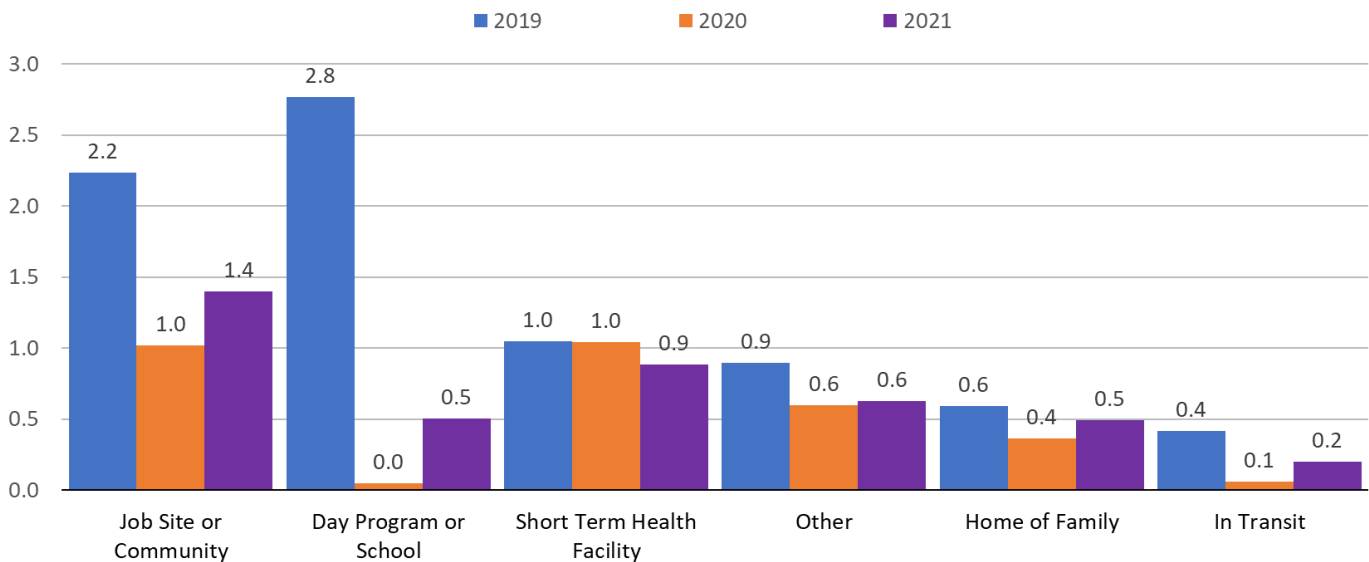
As individuals resumed activities in the community, more incidents were reported as occurring in community settings, and somewhat fewer in individuals' residences.

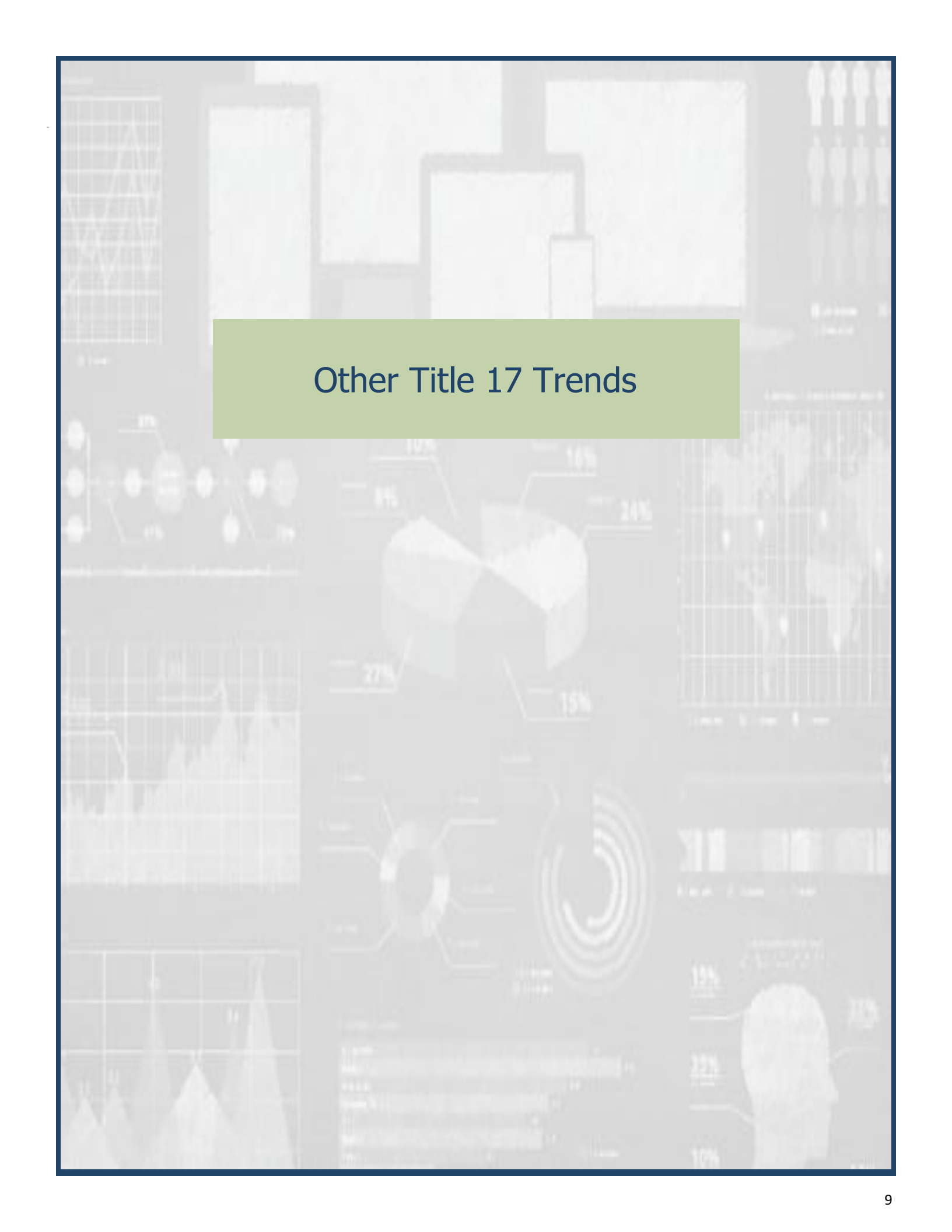
Most incidents are reported to occur in an individual's residence. However, the number of reported incidents occurring in their residence decreased slightly from July-December 2020, as the number in all other settings combined increased. Incidents reported in day programs or schools this period had a tenfold increase from July-December 2020 but remained well below pre-pandemic levels. Compared to the same period in 2020, the rate of incident reporting was up in most community settings except short-term health facilities, but the rates remained below pre-pandemic levels.

Non-Mortality Incidents per 1,000 Individuals, July-December, by SIR Location



Non-Mortality Incidents per 1,000 Individuals, July-December, by SIR Location (Individual's Residence Excluded)



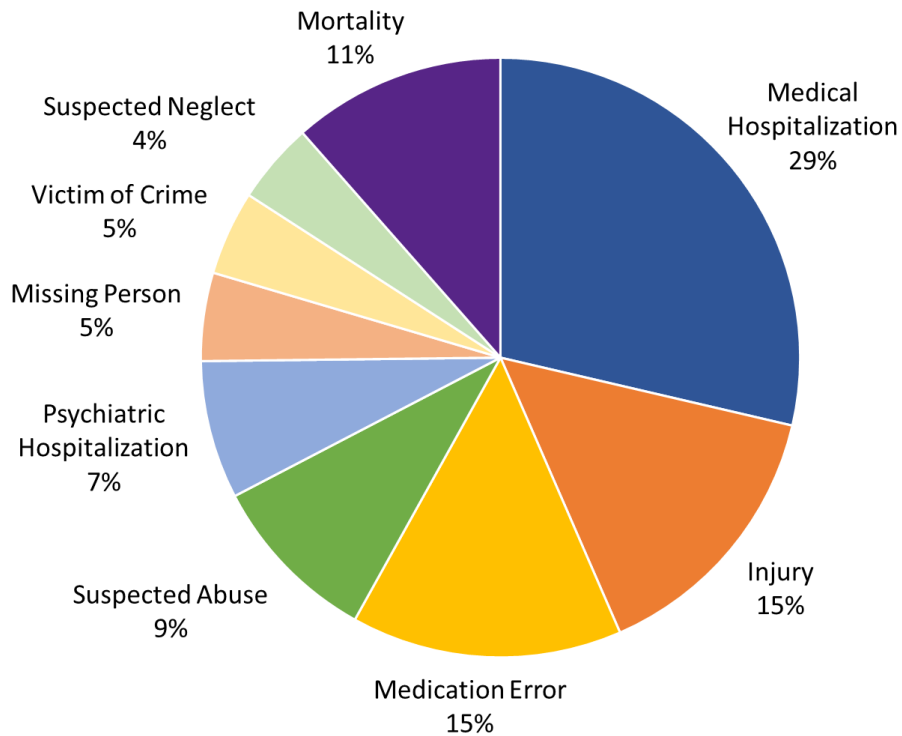
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Other Title 17 Trends

**DDS Population Served and Count of Title 17 SIRs,
July-December 2019 to July-December 2021**

Period	DDS Population	All Title 17 SIRs	All Title 17 SIRs Per 1,000
July–December 2019	350,303	11,699	33.4
January–June 2020	353,655	10,573	29.9
July–December 2020	355,999	9,965	28.0
January–June 2021	363,394	10,343	28.5
July–December 2021	374,264	10,280	27.5

Breakdown of Title 17 Reportable Incidents by Type in July-December 2021 Among All Individuals



Incidents by Type and Subtype, July-December 2021

Incident Type and Sub-Type*	All Individuals		Individuals Residing Outside the Home of a Parent/Guardian	
	Incidents	Individuals (N = 374,264)	Incidents	Individuals (N = 68,612)
Unplanned Medical Hospitalization	3,052	2,385	2,969	2,312
Cardiac-related	249	226	241	218
Diabetes	77	69	76	68
Internal infection	1,342	1,143	1,322	1,126
Nutrition deficiency	160	148	156	145
Respiratory illness	984	829	950	796
Seizure	322	287	304	272
Wound/skin care	186	172	184	170
Unplanned Psychiatric Hospitalization	794	505	767	482
Suspected Abuse	989	888	877	783
Alleged emotional/mental abuse	317	300	279	263
Alleged financial abuse	162	154	151	143
Alleged physical/chemical restraint	61	54	49	44
Alleged physical abuse	420	378	383	344
Alleged sexual abuse	138	128	119	110
Suspected Neglect	467	439	403	378
Fail to assist with personal hygiene	46	44	40	38
Fail to prevent dehydration	6	6	5	5
Fail to prevent malnutrition	3	3	3	3
Fail to provide care-elder/adult	160	150	142	133
Fail to provide food/clothing/shelter	55	55	49	49
Fail to provide medical care	69	68	64	63
Fail to protect from health/safety hazards	180	172	146	139
Injury	1,580	1,430	1,511	1,362
Bite	76	69	74	67
Burns	28	28	27	27
Fracture	559	543	535	519
Dislocation	32	30	28	26
Internal bleeding	347	310	338	301
Lacerations/sutures/staples	511	480	481	451
Medication reactions	66	65	64	63
Puncture wounds	25	23	25	23
Medication Error	1,557	1,225	1,528	1,205
Victim of Crime	485	446	370	334
Aggravated assault	245	227	183	167
Burglary	31	29	26	24
Forcible rape or attempted rape	93	88	62	57
Personal robbery	34	34	23	23
Larceny	96	91	88	83
Missing Person	507	340	486	325
Mortality	1,225	1,225	765	765
All Non-Mortality	9,055	6,497	8,555	6,058
All SIRs**	10,280		9,320	
All Incidents***	10,656		9,676	

*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 12 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 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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