

California Department of  
Developmental Services

# **Special Incident Trends**

Semiannual Report January-June 2022

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# Summary of Trends

## Special Incident Report (SIR) Trends

### January-June 2022



**383,955  
Individuals**

were served by DDS in the January-June 2022 period, up from 374,264 individuals served July-December 2021 period.



**19,987 positive  
COVID-19 cases**

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



**127,565 individuals  
were vaccinated**

with at least one vaccine dose against COVID-19 by the end of June 2022, as reported to DDS. This count only includes vaccination information voluntarily provided to regional centers.



**181 fewer deaths  
occurred**

in the January-June 2022 period compared to the same period in 2021. There was a decline in the number of reported deaths of individuals who tested positive for COVID-19.



**10,617  
Title 17 SIRs**

were submitted this period, including 1,249 death SIRs and 9,368 non-mortality SIRs. This count excludes SIRs for COVID-19 that are not reportable under Title 17.



**Non-mortality  
incidents  
increased 5%**

in January-June 2022 compared to the same period in 2021. During this period, 9,368 non-mortality incidents were reported, whereas 8,933 non-mortality incidents were reported in January-June 2021.

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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 2022. 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 September 2022, for January-June 2022.

# Key Trends – January-June 2022

## COVID-19 Trend

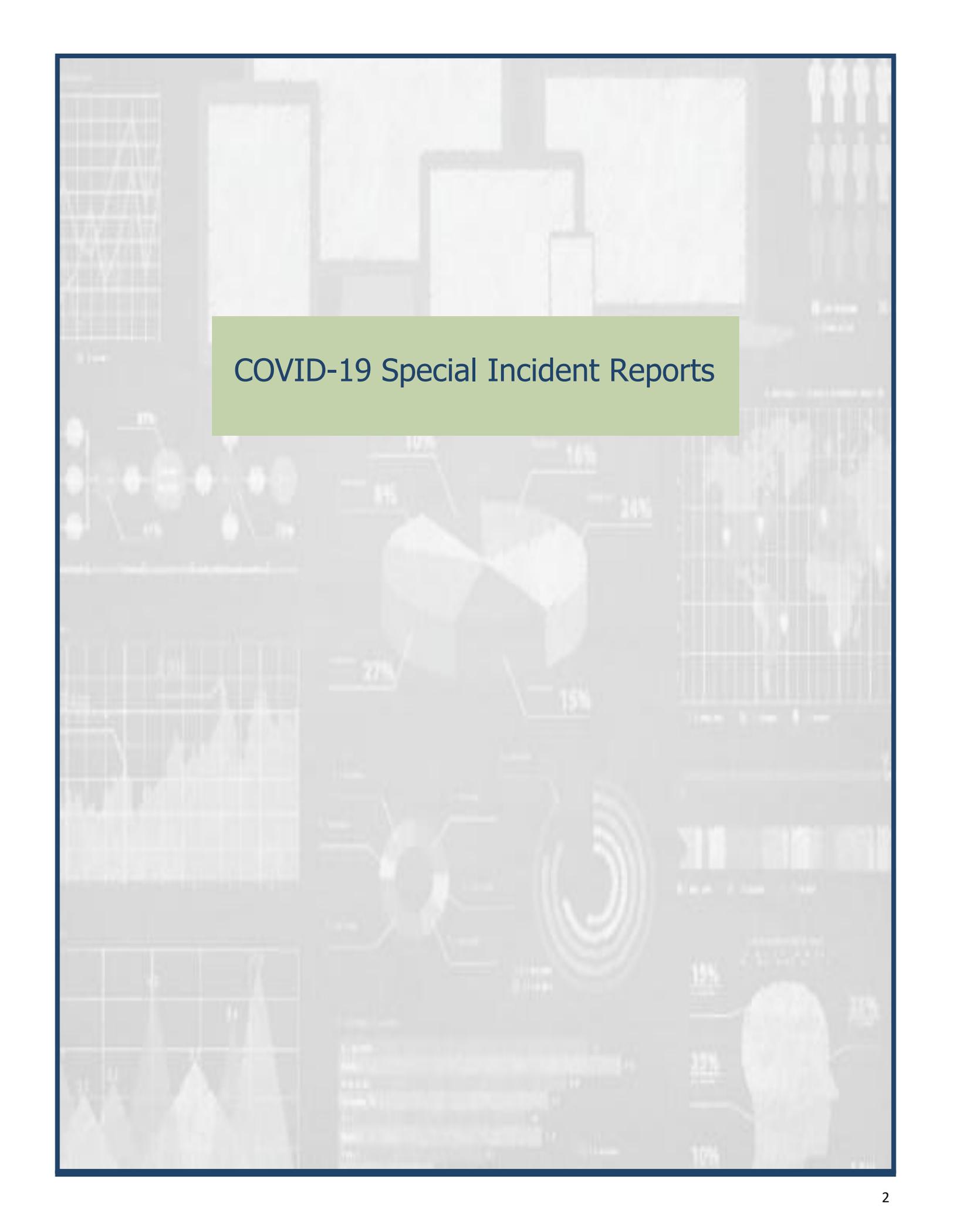
As the impact of COVID-19 continued and the Omicron variant became more widespread starting in December 2021, an increase in COVID-19 cases was reported in January 2022. Compared to January-June 2021, this period saw more than three times as many COVID-19 cases reported. More than half of the COVID-19 cases this period were reported in January 2022 alone. This period's COVID-19 surge resulted in about half as many related hospitalizations and deaths as those seen in the spike in January 2021.

By the end of this period, 127,565 individuals were reported to have received at least one vaccination dose, including more than 70% of individuals residing outside the home of a parent or guardian.

## Rates and Location of Incidents

The rate of incidents per 1,000 individuals was unchanged from the same period a year ago. Rates for all non-COVID-19 incident types were very similar to those seen in January-June 2021.

The locations where incidents occurred shifted from the previous year. With more day programs and schools open than in January-June 2021, the number of non-mortality incidents reported at these settings was more than five times higher than the same period a year ago. The rate of incidents reported at day programs or schools was about a quarter of the rate in January-June 2019 before the pandemic.



# COVID-19 Special Incident Reports

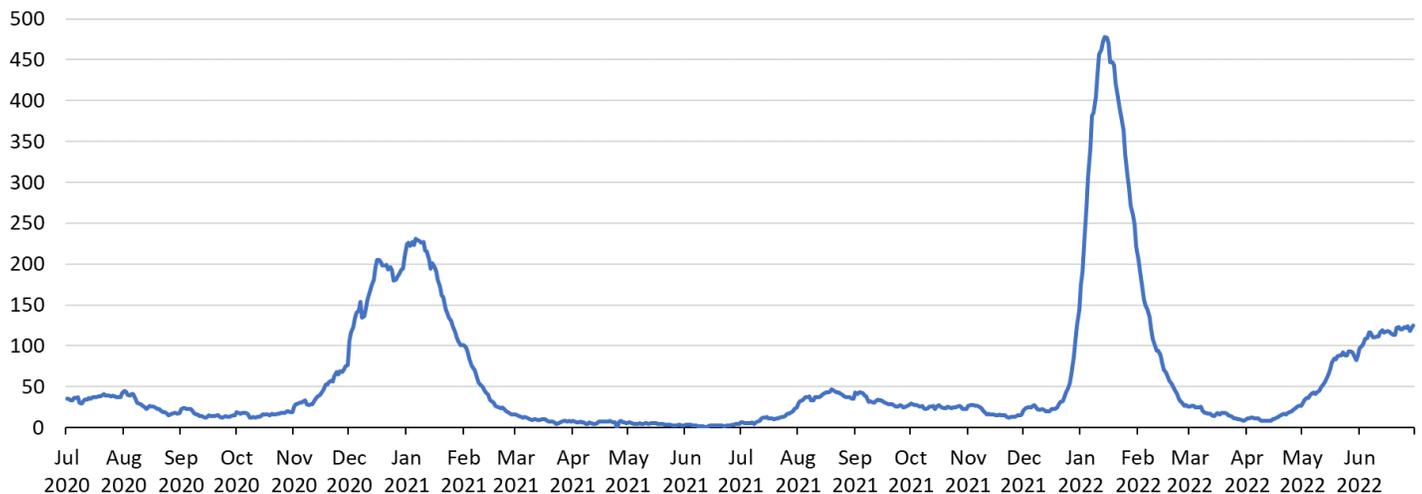
# Special Incident Reports for COVID-19

## COVID-19 cases reported peaked in January 2022 and again in early summer; hospitalizations and deaths were lower.

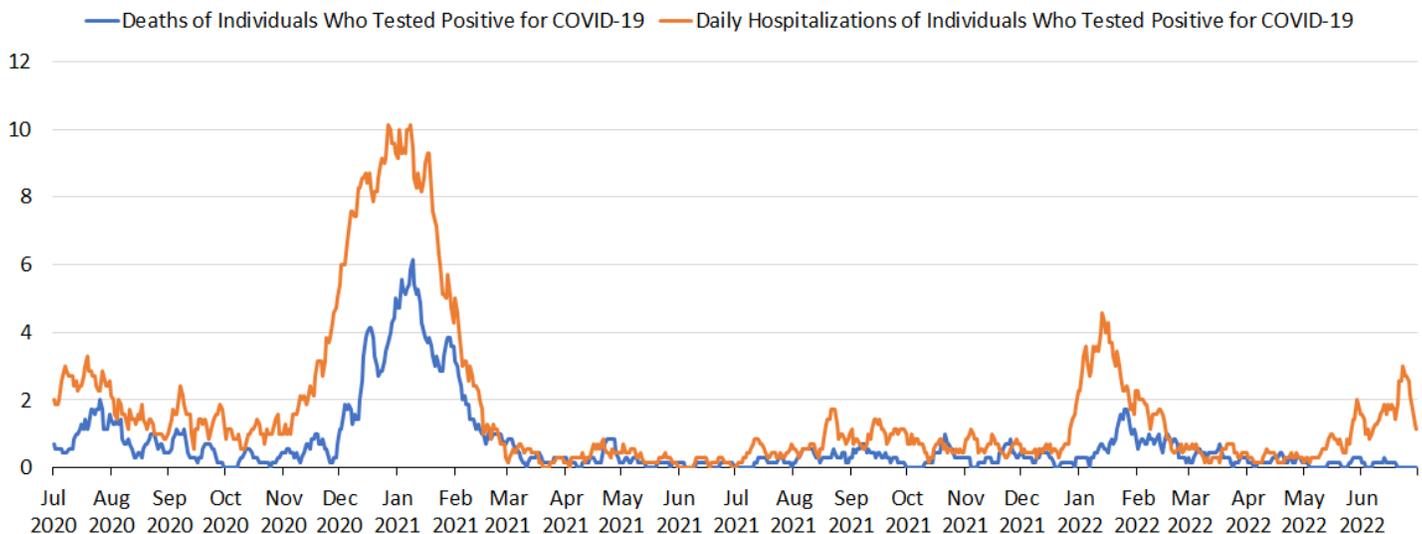
During the period, 19,987 COVID-19 cases were reported among individuals served by DDS, almost triple the 6,809 reported January-June 2021. More than half of the COVID-19 cases reported this period occurred in January (11,170) when the Omicron variant became widespread. The number of cases reported decreased sharply by March 2022 and began to increase again later in the period.

Despite the January 2022 peak in COVID-19 cases, reported deaths and hospitalizations of individuals who tested positive were significantly lower than the previous year. See the next page for more information.

### 7 Day Moving Average of New Daily COVID-19 Cases, July 2020 - June 2022



### 7 Day Moving Average of Deaths and Daily Hospitalizations Reported, July 2020 - June 2022



# SIRs for COVID-19 and Vaccination Status

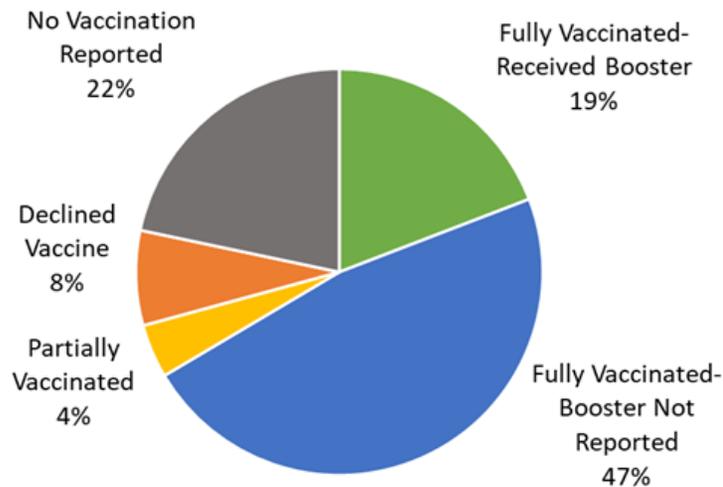
## Reports of hospitalizations and deaths associated with COVID-19 were lower than in the previous winter spike.

During the period of January-June 2022, 221 hospitalizations were reported for individuals who tested positive for COVID-19, including hospitalizations for other causes. This period's count (221) was approximately 30% fewer than the count of such hospitalizations reported January-June 2021 (309).

There were two-thirds fewer reported deaths of individuals who tested positive for COVID-19 (64) in January-June 2022 compared to the same period in 2021 (182).

## By the end of June 2022, regional centers reported 127,565 individuals had received at least one vaccine dose against COVID-19, and 114,910 were reported to be fully vaccinated.

### Individuals Residing Outside the Home of a Parent or Guardian



Vaccination reporting is voluntary. Of the individuals residing outside of the home of a parent or guardian, 70% reported to have received at least one vaccination dose. A third (34%) of individuals living in the home of a parent or guardian reported at least one vaccination dose. By the end of June 2022, 26,343 individuals were reported to have received a booster shot.

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## Changes in Title 17 SIR Trends

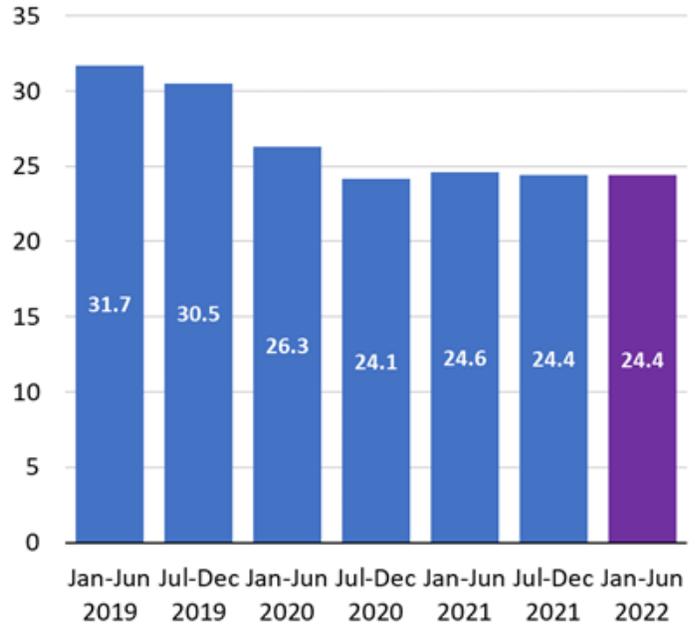
# Trend in Non-Mortality Title 17 Incidents

## 9,368 non-mortality incidents were reported this period.

The rate of non-mortality incidents per 1,000 individuals was the same as last period and slightly lower than the same period in 2021, when 8,933 non-mortality incidents were reported. The rate of non-mortality incidents reported per 1,000 individuals remained below the rates reported in 2019 before the pandemic.

These rates reflect only non-mortality incidents 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 may be higher than in previously published reports.

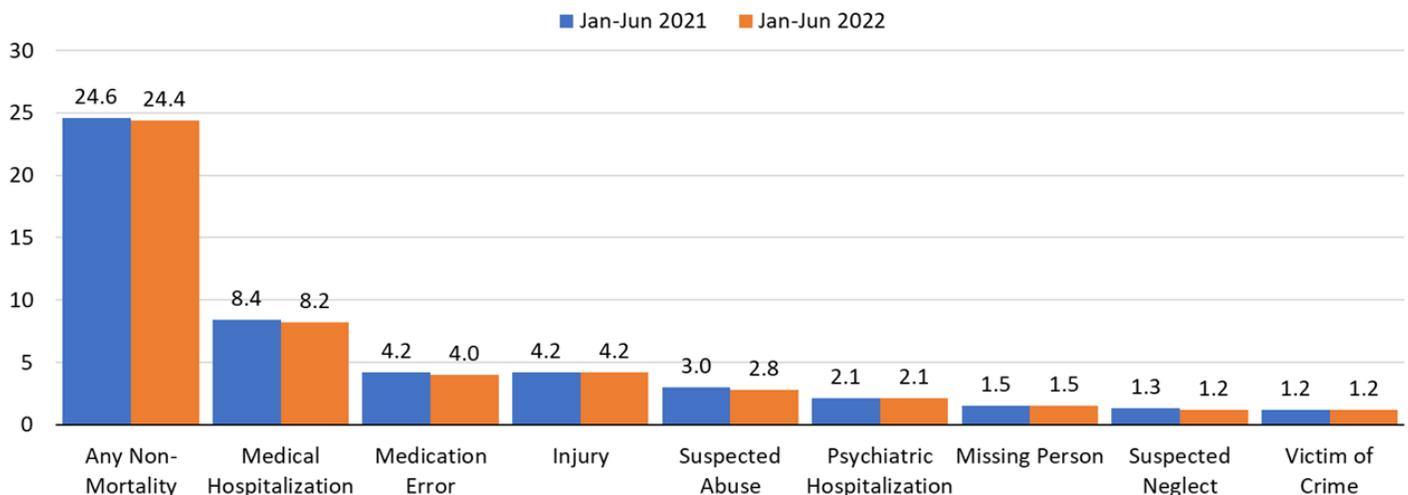
Rate of Non-Mortality Title 17 SIRs per 1,000 Individuals



## Rates of incidents per 1,000 individuals were almost the same as in January-June 2021 across all incident types.

There were no increases in the rate of any incident types, and several showed decreases compared to the same period a year ago.

Rate of Non-Mortality SIRs per 1,000 Individuals in January-June 2021 and January-June 2022, by Incident Type

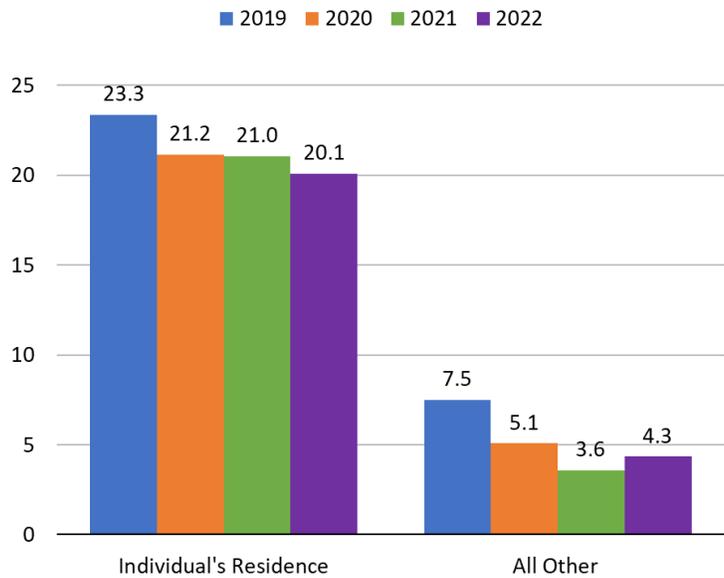


# Non-Mortality Title 17 Incidents by SIR Location

**Fewer incidents were reported as occurring in individuals' residences and more incidents were reported for all other community settings.**

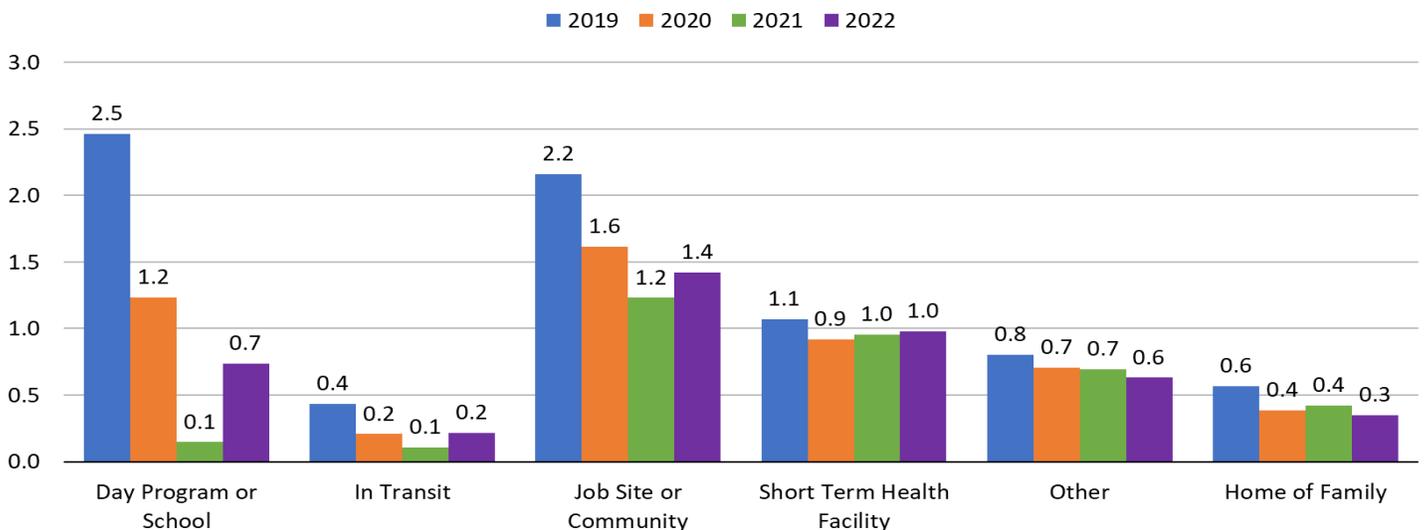
Based on regulatory requirements, most non-mortality incidents are reported for individuals who live outside the home of a parent or guardian, representing 20% of all individuals served. Most reported incidents occur in an individual's residence. The rate of reported incidents that occurred in individuals' residences decreased slightly from 2021. The number of reported incidents in other settings increased in 2022 after a decrease in 2021, but the incident rate remained lower than the 2020 and 2019 rates.

**Non-Mortality Incidents per 1,000 Individuals, January-June, by SIR Location**



Compared to the same period in 2021, the rate of reported incidents increased for most community settings, except for home of family and other. Incident reporting from day programs increased but remained less than a third of the level observed in January-June 2019, before the pandemic. Prior to the pandemic, the day program or school setting was the second most reported location of non-mortality incidents.

**Non-Mortality Incidents per 1,000 Individuals, January-June, by SIR Location (Individual's Residence Excluded)**



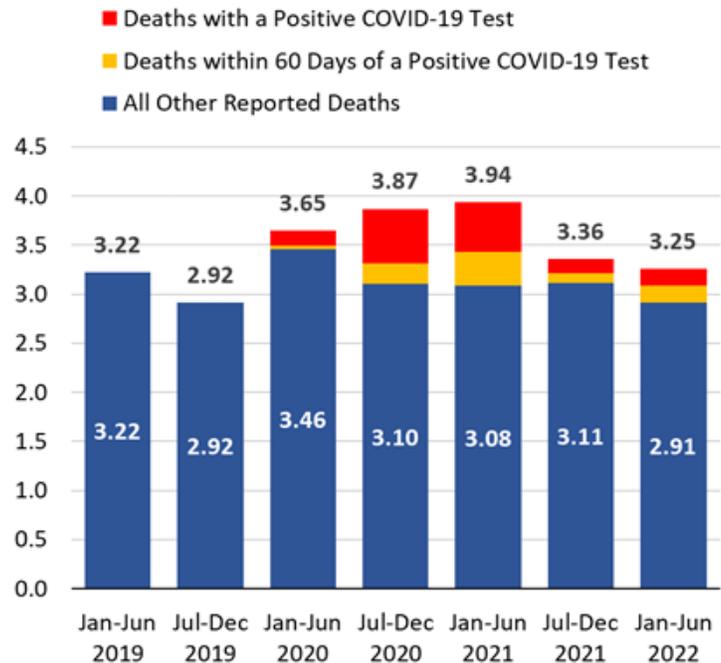
# Trend in Mortality Title 17 Incidents

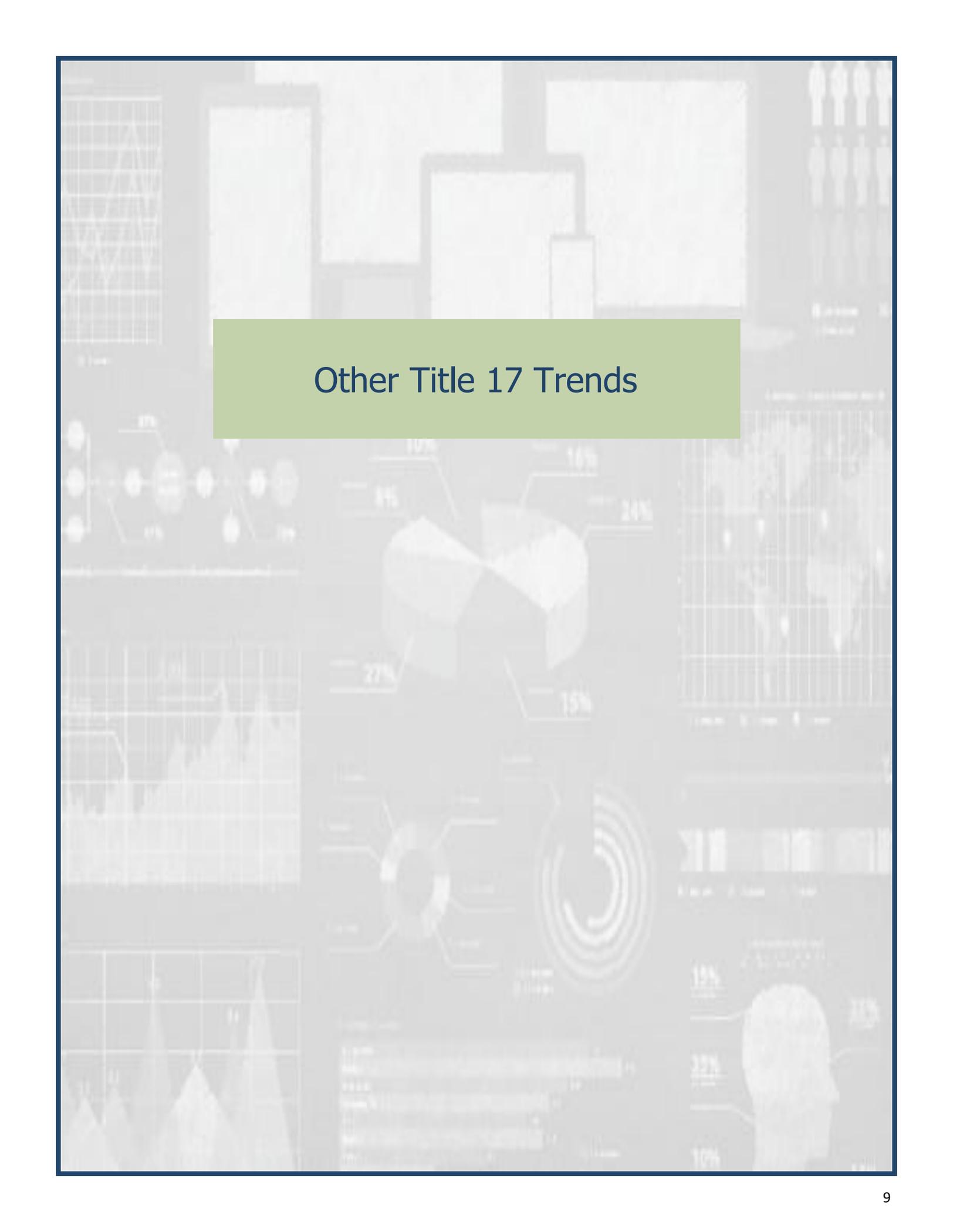
## Out of 1,249 reported deaths this period, 10% were related to COVID-19.

There were 1,249 deaths reported this period among all individuals served. Of these, 130 deaths (10%) were related to COVID-19. This includes 64 individuals with a positive COVID-19 test indicated in the death SIR as well as 66 individuals who tested positive within 60 days prior to their death.

Reported deaths declined from the same period a year ago. There are about as many deaths per 1,000 individuals this period as seen in January-June 2019, prior to the COVID-19 pandemic. The rates shown for previous periods reflect the most recent data available and are higher than in previously published reports.

## Rate of Deaths Reported per 1,000 Individuals Served by DDS



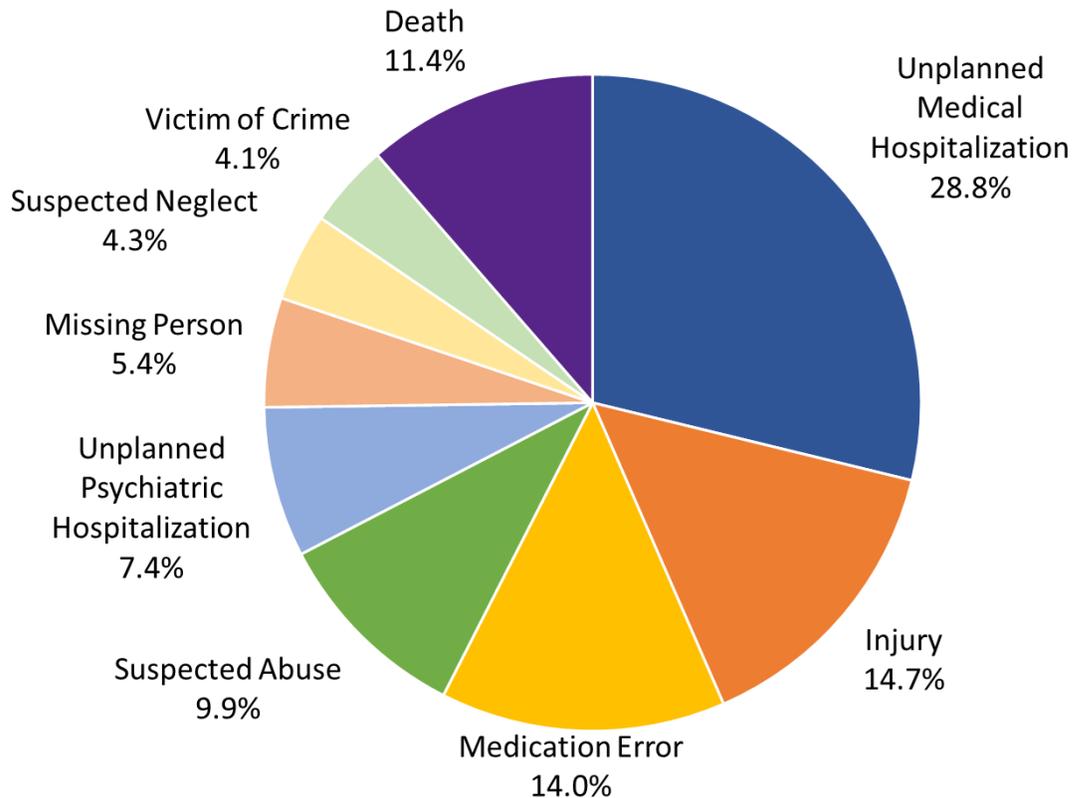
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## Other Title 17 Trends

**DDS Population Served and Count of Title 17 SIRs,  
January-June 2020 to January-June 2022**

Period	DDS Population	All Title 17 SIRs	All Title 17 SIRs Per 1,000
January 2020 – June 2020	353,655	10,586	29.9
July 2020 – December 2020	355,999	9,970	28.0
January 2021 – June 2021	363,394	10,363	28.5
July 2021 – December 2021	374,264	10,403	27.8
January 2022 – June 2022	383,955	10,617	27.7

**Breakdown of Title 17 Reportable Incidents by Type in  
January-June 2022 Among All Individuals**



## Incidents by Type and Subtype, January-June 2022

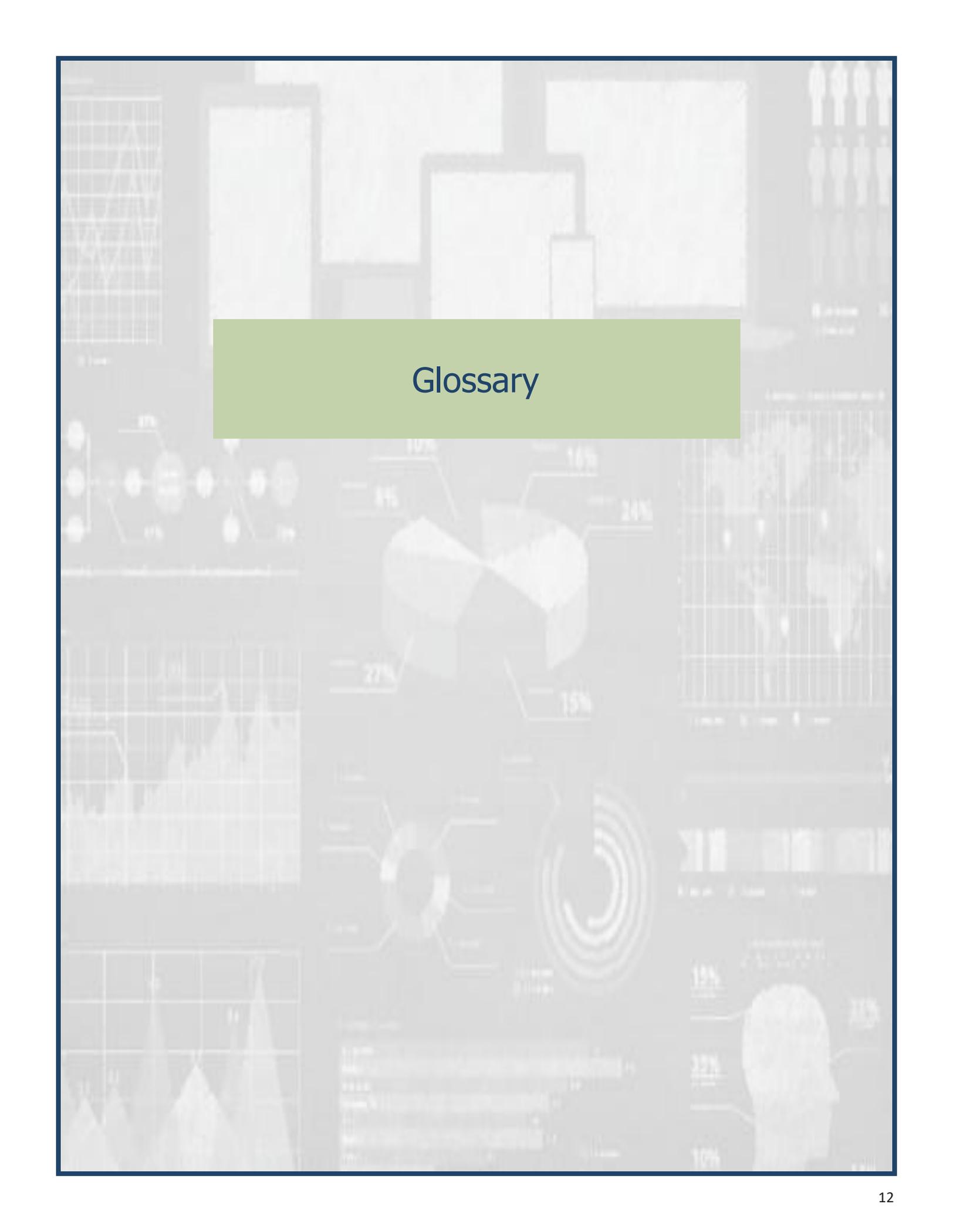
Incident Type and Sub-Type*	All Individuals		Individuals Residing Outside the Home of a Parent/Guardian	
	Incidents	Individuals (N = 383,955)	Incidents	Individuals (N = 68,490)
<b>Unplanned Medical Hospitalization</b>	<b>3,162</b>	<b>2,463</b>	<b>3,096</b>	<b>2,406</b>
Cardiac-related	287	253	285	251
Diabetes	84	74	84	74
Internal infection	1,340	1,155	1,322	1,141
Nutrition deficiency	217	200	215	198
Respiratory illness	1,063	886	1,037	862
Seizure	306	265	288	249
Wound/skin care	203	192	198	187
<b>Unplanned Psychiatric Hospitalization</b>	<b>813</b>	<b>526</b>	<b>788</b>	<b>505</b>
<b>Suspected Abuse</b>	<b>1,083</b>	<b>992</b>	<b>932</b>	<b>844</b>
Alleged emotional/mental abuse	335	325	284	275
Alleged financial abuse	180	177	170	168
Alleged physical/chemical restraint	70	58	59	47
Alleged physical abuse	466	437	404	375
Alleged sexual abuse	144	140	116	112
<b>Suspected Neglect</b>	<b>476</b>	<b>448</b>	<b>415</b>	<b>389</b>
Fail to assist with personal hygiene	54	53	48	47
Fail to prevent dehydration	12	12	11	11
Fail to prevent malnutrition	15	15	12	12
Fail to provide care-elder/adult	138	134	128	124
Fail to provide food/clothing/shelter	46	46	41	41
Fail to provide medical care	101	92	92	83
Fail to protect from health/safety hazards	199	194	161	157
<b>Injury</b>	<b>1,611</b>	<b>1,464</b>	<b>1,536</b>	<b>1,389</b>
Bite	77	66	75	64
Burns	21	21	19	19
Fracture	578	562	552	536
Dislocation	48	45	43	40
Internal bleeding	395	362	384	351
Lacerations/sutures/staples	479	459	456	436
Medication reactions	59	57	55	53
Puncture wounds	20	20	17	17
<b>Medication Error</b>	<b>1,540</b>	<b>1,228</b>	<b>1,507</b>	<b>1,204</b>
<b>Victim of Crime</b>	<b>452</b>	<b>424</b>	<b>338</b>	<b>317</b>
Aggravated assault	249	235	177	169
Burglary	27	27	21	21
Forcible rape or attempted rape	73	69	59	55
Personal robbery	29	29	19	19
Larceny	90	87	77	74
<b>Missing Person</b>	<b>592</b>	<b>368</b>	<b>564</b>	<b>343</b>
<b>Mortality</b>	<b>1,249</b>	<b>1,249</b>	<b>785</b>	<b>785</b>
<b>All Non-Mortality</b>	<b>9,368</b>	<b>6,687</b>	<b>8,830</b>	<b>6,203</b>
<b>All SIRs**</b>	<b>10,617</b>		<b>9,615</b>	
<b>All Incidents***</b>	<b>10,978</b>		<b>9,961</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 13 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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