Risk Management
Year in Review Annual Report
Fiscal Year 2019-2020

Submitted to California Department of Developmental Services

Prepared by Mission Analytics Group, Inc.

December 2023

About this Report

This year-end report summarizes the rates of reported adverse events that occurred among Californians with intellectual and developmental disabilities (I/DD) during the fiscal year (FY) 2019-2020. Results reflect data as of October 2020. The California Department of Developmental Services (DDS) relies on a network of 21 regional centers to plan, coordinate, and monitor an array of services and supports for individuals with I/DD, including coordinating the reporting of and response to "special incidents." As part of the risk management system, DDS monitors the occurrence of special incidents to identify trends and assists regional centers in developing strategies for preventing and mitigating risks.

Categories of reportable special incidents are defined by Title 17 of the California Code of Regulations. These include suspected abuse, suspected neglect, injury requiring medical attention, unplanned hospitalization, and missing person. These incidents must be reported if they occur when an individual is receiving services in a long-term health facility or services funded by a regional center (under vendored care). In addition, any occurrence of mortality or an individual being a victim of crime must be reported. A Special Incident Report (SIR) on a given event may be reported under multiple categories. For example, an injury requiring medical attention that arises from failure to protect an individual from a safety hazard may be reported as both injury and suspected neglect.

353,656

Individuals served by DDS

21,555

Title 17-reportable Special Incident Reports (SIRs) FY 2019-2020

There was a decrease in the number of special incidents reported despite a slight increase in the population served.

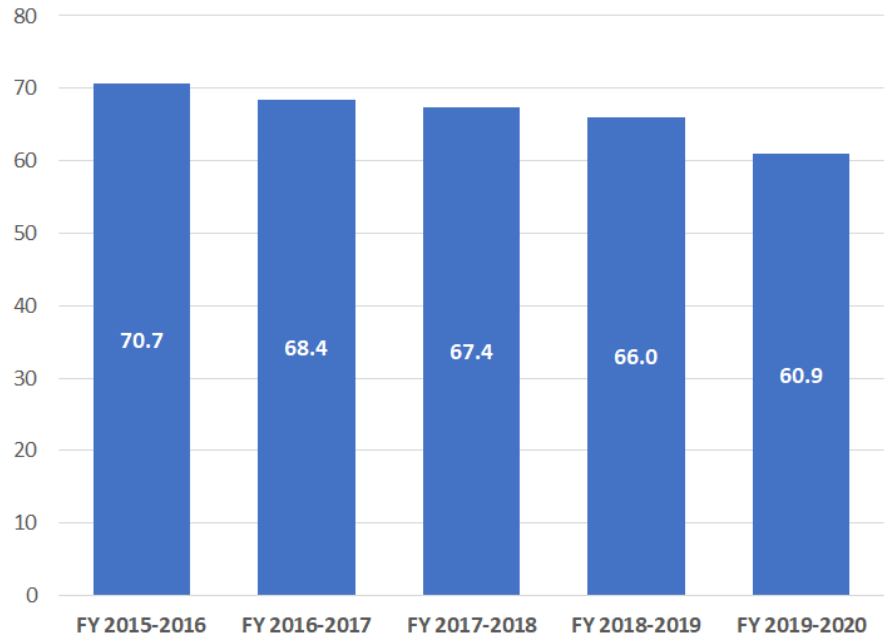
In FY 2019-2020, DDS served 353,656 individuals compared to 343,309 individuals the previous year, marking a 3% increase from the previous year. These counts reflect the population in June 2019 and in June 2020. Regional centers reported 21,555 special incidents to DDS in FY 2019-2020, more than 1,000 fewer than was reported the previous year.

	Individuals Served by DDS	Title 17 Reportable Incidents
FY 2018-19	343,309	22,652
FY 2019-20	353,656	21,555

The number of Title 17-reportable incidents per 1,000 individuals was lower this year compared to the previous four years.

In FY 2019-2020, there were 60.9 reported incidents for every 1,000 individuals served. The rate was lower than in previous years.

Number of Title 17-Reportable Incidents per 1,000 Individuals Served by DDS



Compared to the last fiscal year:

The number of individuals served has increased by

3%

The number of Title 17-reportable SIRs has decreased by

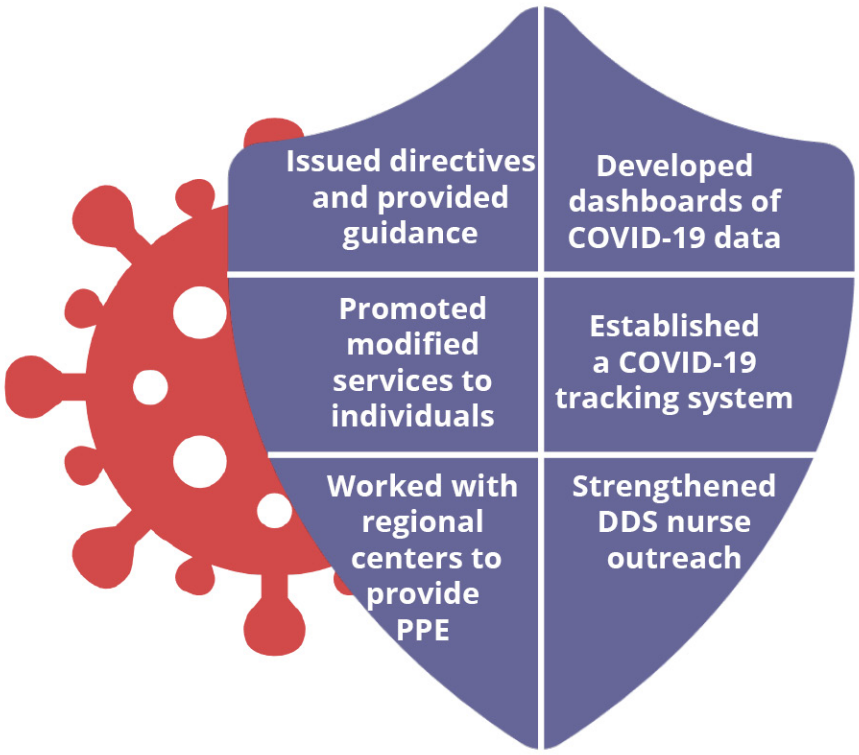
5%

Starting in March 2020, DDS took action to monitor COVID-19 pandemic and mitigate its impact.

On March 25, 2020, DDS issued a directive requiring regional centers to report any incidents involving individuals who tested positive for COVID-19 or were potentially exposed to the coronavirus. All SIRs were reviewed daily for evidence of positive tests for COVID-19. This review process provided DDS with timely information about COVID-19 cases and potential outbreaks, such as when an individual who was unexpectedly hospitalized with a respiratory condition tested positive for COVID-19. DDS established data dashboards to track the incidence of COVID-19 by regional center, vendor group, and residence type. Between March 1 and June 30, 2020, 1,013 individuals served by DDS were reported to have tested positive for COVID-19, and 69 of those individuals were reported as having died.

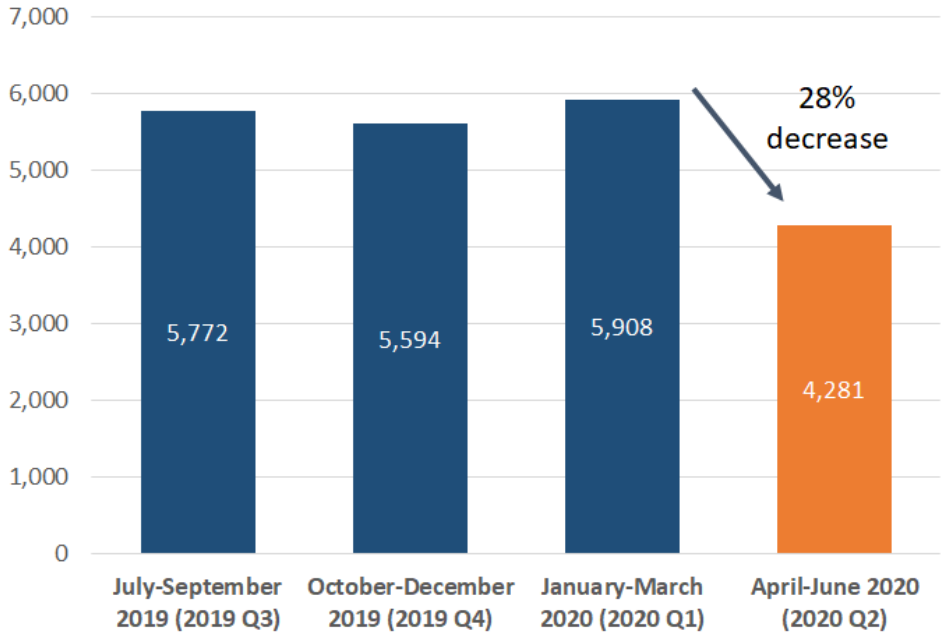
Monitoring COVID-19 cases through SIRs was only part of DDS' multifaceted response to the pandemic. DDS provided resources and guidance on safe practices and individual rights, such as the right to non-discrimination in medical treatment. DDS directives and guidance offered regional centers and vendors opportunities to modify services based on individuals' circumstances and local public health orders. DDS worked with regional centers to provide personal protective equipment (PPE). Nurse liaisons instituted a clinical tracker to identify hot spots for outbreaks among residents or staff and provided technical assistance to regional centers and facilities.

Actions by DDS to Monitor and Mitigate COVID-19 Risk



There was a 28% decrease in the number of Title 17-reportable SIRs from the January-March 2020 quarter (2020 Q1) to the April-June 2020 quarter (2020 Q2), from 5,908 to 4,281. The stay-at-home order was issued in March 2020 in response to the Coronavirus Disease 2019 (COVID-19) pandemic.

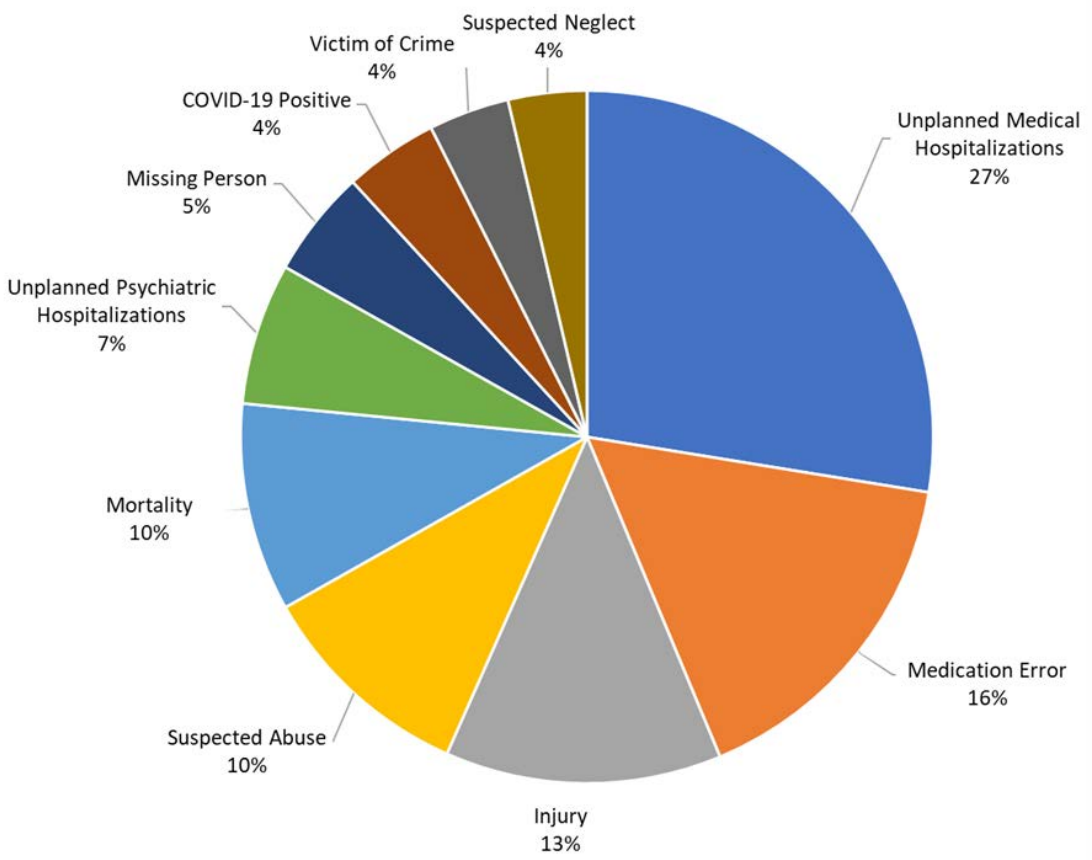
Number of Title 17-Reportable Incidents by Quarter FY 2019-2020

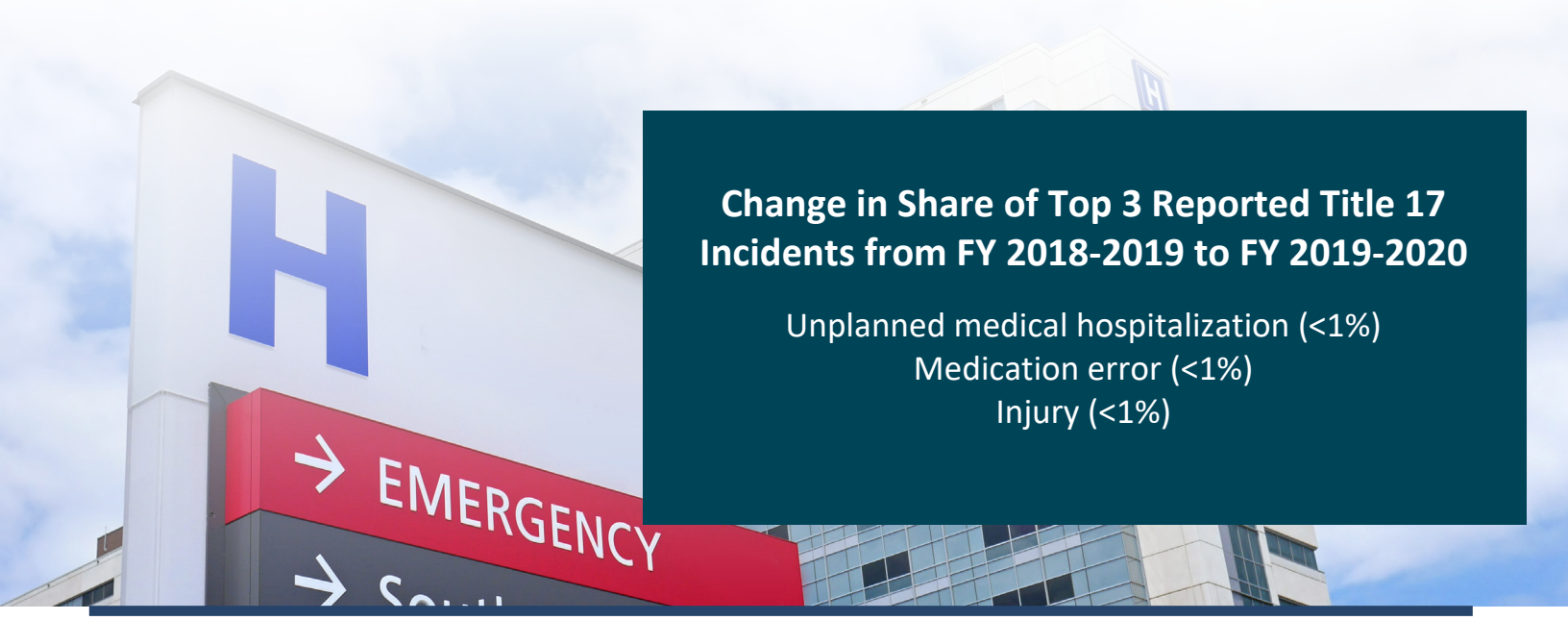


Unplanned medical hospitalizations and medication errors were the most common types of reported incidents.

The most commonly reported incident types were unplanned medical hospitalization at 27% and medication error at 16%. These two types were also the most commonly reported incident types in FY 2018-2019. COVID positive status became reportable in SIRs in March 2020. This category accounted for 4% of all SIRs in FY 2019-2020.

Breakdown of Reportable Incidents by Type





Change in Share of Top 3 Reported Title 17 Incidents from FY 2018-2019 to FY 2019-2020

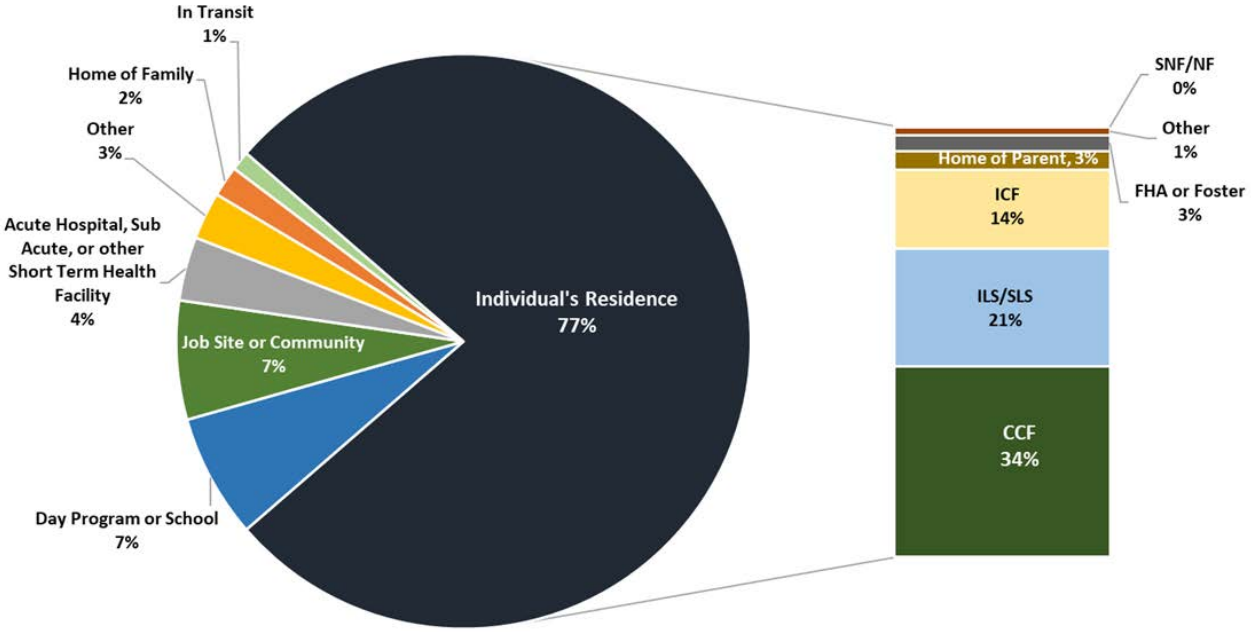
Unplanned medical hospitalization (<1%)
Medication error (<1%)
Injury (<1%)

Based on regulatory requirements, most non-mortality incidents are reported for individuals who live outside the home of a parent or guardian, representing about 20% of all individuals served.

Over three quarters of non-mortality Title 17-reportable SIRs occurred in the individual's residence.

A majority of non-mortality Title 17-reportable incidents are reported for individuals living in residential care settings. Most non-mortality incidents are reportable to DDS only when they occur when an individual is receiving services and supports from a vendor or long-term health care facility. For FY 2019-2020, over three quarters of reported non-mortality Title 17-reportable incidents occurred in the individual's residence.

Location of Non-Mortality Incidents

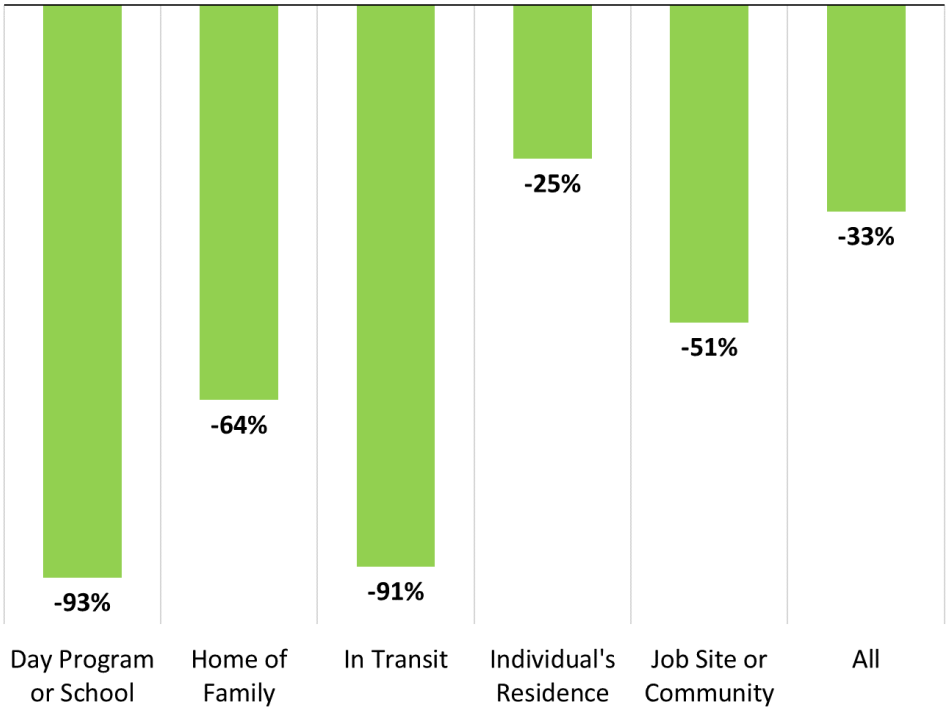


There was a decline in reported incidents in April-June 2020 from the same quarter the previous year.

Between April and June 2020, there was an overall 33% decrease in reported incidents from the same period in 2019. This coincided with shelter-in-place orders. Incident reports coming from day programs, schools, and transit locations decreased by more than 90%. There was a reduction in the number of incidents reported from all types of locations. There was a 25% decrease in the rate of incidents reported as occurring in individuals' residences between April and June 2020 compared to the same period in 2019. Because most incidents occur in the individuals' residences, these incidents accounted for 57% of the total decline in incidents reported for the quarter.

Non-Mortality Incidents per 1,000 Individuals, by Location

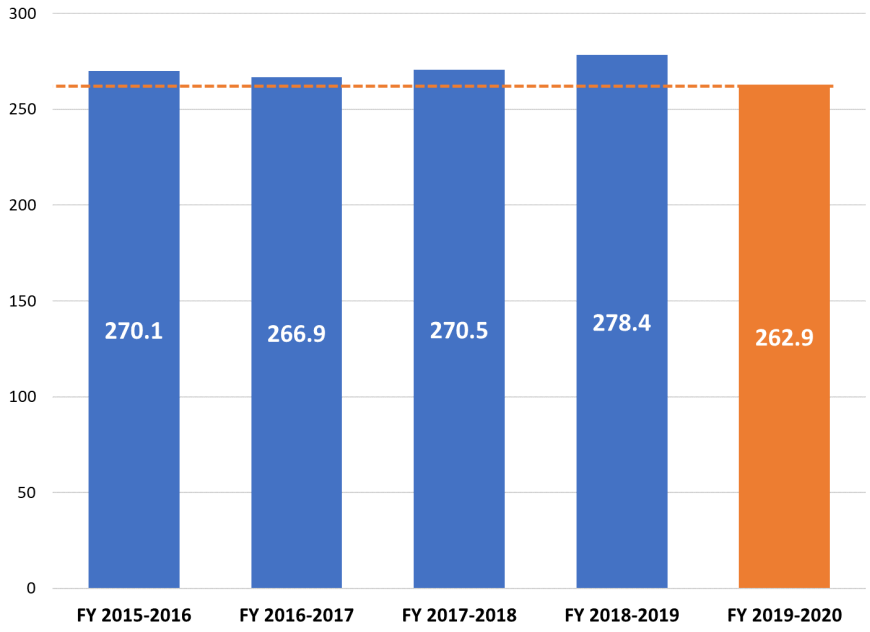
Percent Difference from April-June 2019 to April-June 2020



There was a decline in non-mortality incidents among individuals who reside outside the home of a parent or guardian.

The decline in reported incidents since the start of the stay-at-home order resulted in a lower overall rate of non-mortality incidents. The rates shown in the graph do not include COVID-19 cases that were required to be reported by the March 25, 2020 directive unless they also involved an incident otherwise reportable under Title 17. The rates shown here reflect the most recent data available and may differ from previously published reports.

Non-Mortality Title 17-Reportable Incidents per 1,000 Individuals Who Reside Outside the Home of a Parent or Guardian



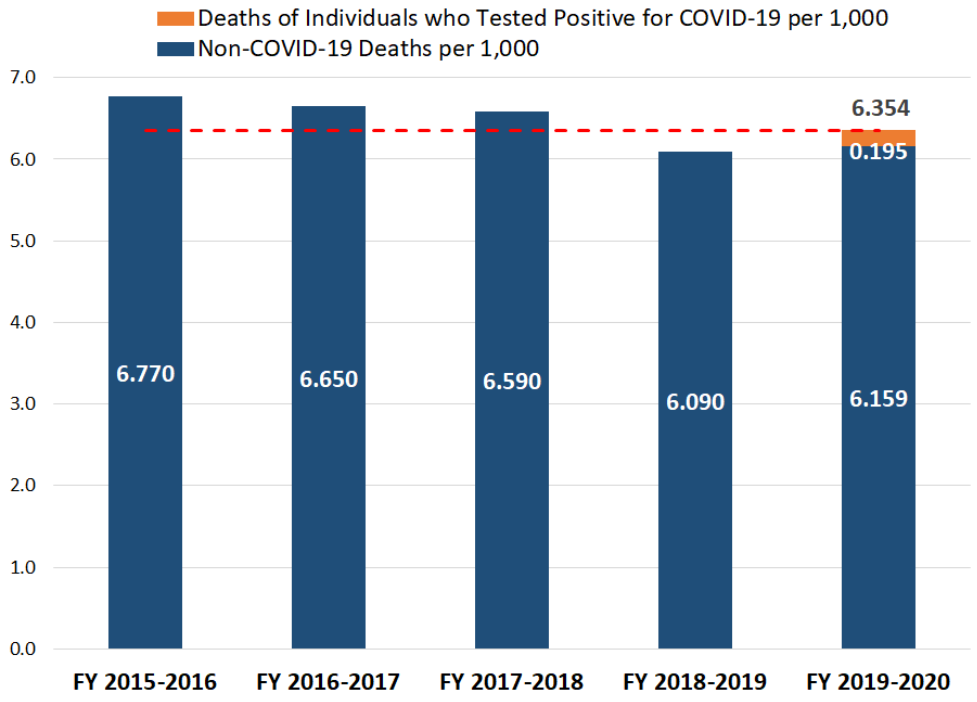
68,860

Individuals served by DDS reside outside the home of a parent or guardian and represent about 20% of all individuals served.

The rate of reported deaths increased from the previous year following a decreasing trend over the last four years.

There were 2,247 deaths reported in FY 2019-2020 compared to 2,092 reported the previous year, including 69 reported deaths of individuals who tested positive for COVID-19. Excluding those 69 deaths, there were 6.159 deaths per 1,000 individuals, compared to 6.090 in 2018-2019. The death rate for FY 2019-2020 was lower than the rates for FY 2015-2016 through FY 2017-2018. Death SIRs are often reported late for individuals not in vendored care. The number of deaths in this report reflect the data available through October 2020.

Deaths per 1,000 Individuals



155

more deaths were reported this year compared to the previous year

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.

Glossary

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