



# **Risk Management Year in Review Annual Report Fiscal Year 2020–2021**

Submitted to California Department of  
Developmental Services

## 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) 2020-2021. Results reflect data as of April 2022. 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.

Following DDS directives from May 2020, providers and regional centers submitted SIRs for individuals who tested positive for COVID-19, including incidents that do not meet Title 17 reporting requirements. DDS also monitored SIRs for individuals who received medical attention at a hospital or urgent care with COVID-19 symptoms or died with confirmed positive testing or medical diagnosis.



**363,394**

Individuals served by DDS

**20,271**

Special Incident Reports (SIRs)  
under Title 17 in FY 2020-2021

**The population served by DDS increased this fiscal year, but there were fewer Title 17 incidents reported.**

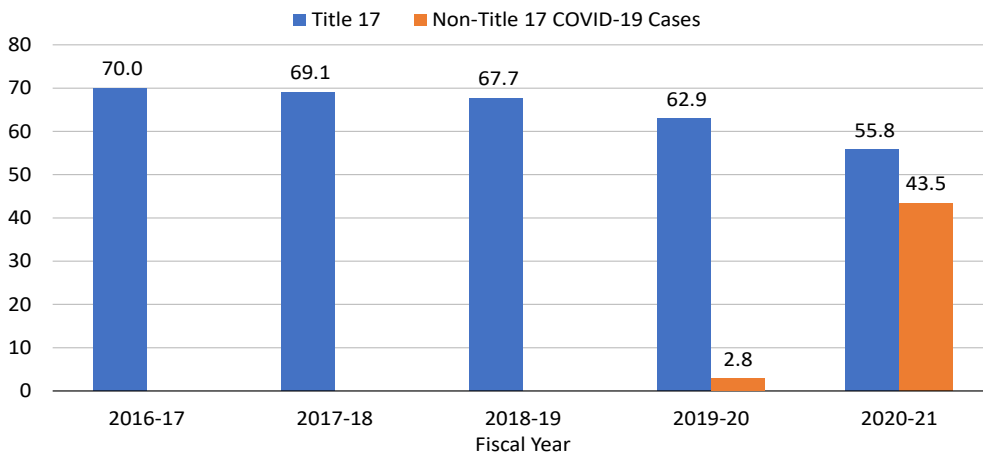
During FY 2020-2021, there were 20,271 Title 17 incidents reported, reflecting a 9% decrease from FY 2019-2020, while the population served by DDS increased by 3%. The population counts reflect the population in June 2020 and in June 2021. In March 2020, DDS issued a directive requiring reporting of COVID-19 cases and exposures through SIRs, in addition to the regular Title 17 reporting requirements. There were an additional 15,790 SIRs reporting COVID-19 cases that were not otherwise reportable under Title 17.

Year	DDS Population	Title 17 SIRs	Non-Title 17 COVID-19 SIRs
2019-20	353,655	22,261	1,005
2020-21	363,394	20,271	15,790

**There was an 11% decline in the number of incidents per 1,000 individuals compared to the previous year.**

For every 1,000 individuals, there were 55.8 reported Title 17 incidents and 43.5 non-Title 17 COVID-19 incidents reported. The rate of reported Title 17 incidents has trended downward over recent years, but the decline this fiscal year was more substantial. There were three non-Title 17 COVID-19 SIRs for every four Title 17 SIRs.

**Number of Reported Incidents per 1,000 Individuals Served by DDS**



**Compared to the last fiscal year:**

The number of individuals served increased by

**3%**

The number of Title 17 reportable SIRs decreased by

**9%**

# COVID-19

**17,023**

Total Cases

**860**

Hospitalizations  
of Individuals who  
Tested Positive

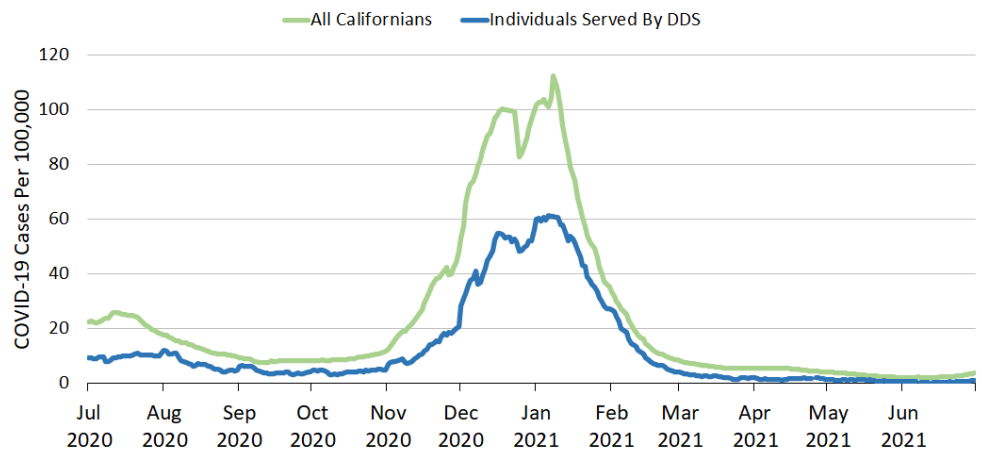
**377**

Deaths of  
Individuals who  
Tested Positive

## 17,023 COVID-19 cases were reported in SIRs this fiscal year.

COVID-19 cases for individuals served by DDS were reported in SIRs when cases involved a Title 17 reportable event, such as a hospitalization. COVID-19 cases that did not involve a Title 17 reportable event were reported in SIRs that are referred to as non-Title 17 SIRs. In FY 2020-2021, there were 17,023 COVID-19 cases reported, including 860 hospitalizations and 377 deaths. Almost two-thirds of the cases were reported between December 2020 and January 2021. After this winter peak, COVID-19 cases fell sharply by March 2021 and remained low through the end of the fiscal year. This pattern mirrored the trends for COVID-19 among all Californians.

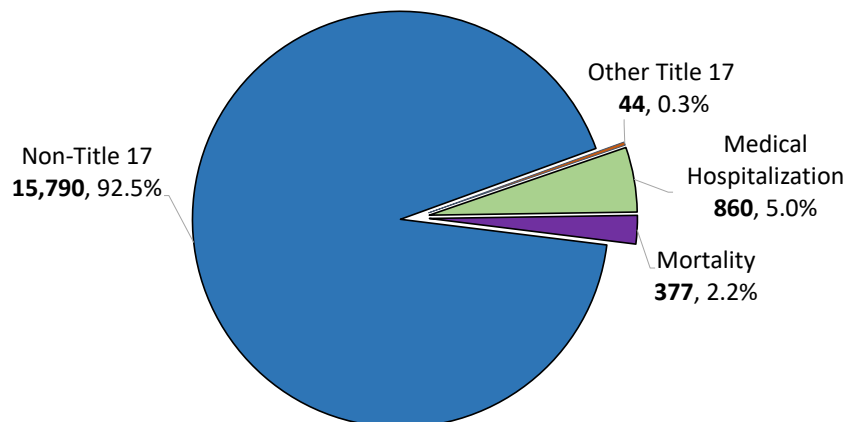
Rate of Cases of COVID-19 (7-Day Average) in FY 2020-2021



## Most of the reported COVID-19 incidents did not involve a Title 17 reportable event.

Of all the COVID-19 incidents reported in FY 2020-2021, over 92% did not involve a Title 17 reportable event. Five percent (5%) were reported as medical hospitalizations and 2.2% were reported as deaths. The remaining COVID-19 SIRs did not involve any Title 17 reportable event but were required by the COVID-19 reporting directive.

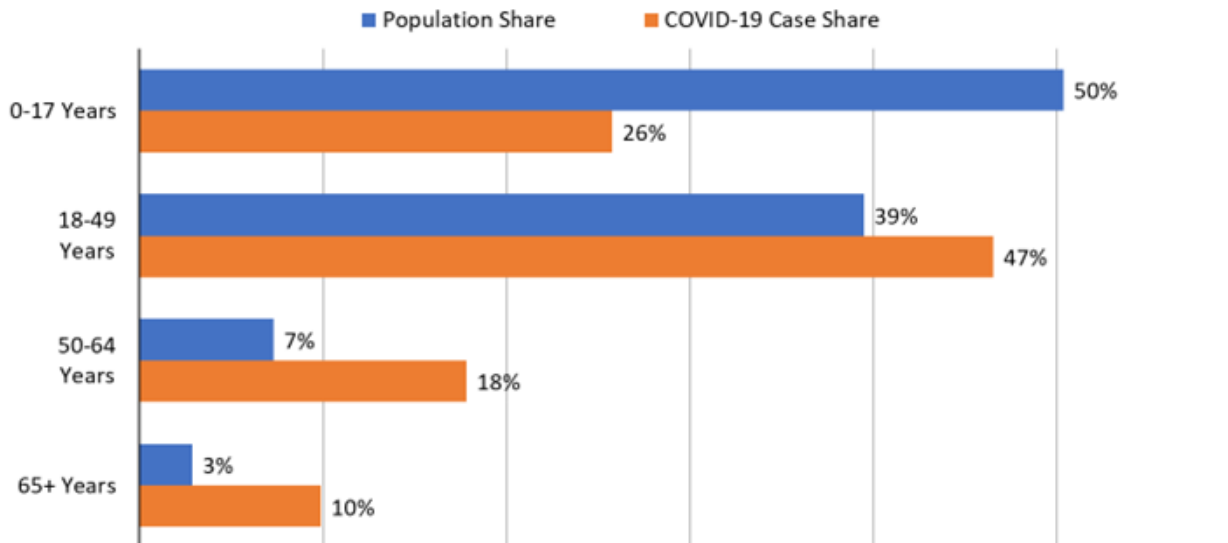
COVID-19 SIRs by Incident Type, FY 2020-2021



## Individuals aged 50 years or older had a disproportionate share of reported COVID-19 cases during FY 2020-2021.

Individuals aged 50 years or older accounted for almost 30% of the reported COVID-19 cases. They represent only 10% of the population served. Individuals under 18 years accounted for just over a quarter of the cases reported, and they make up about half of the population served.

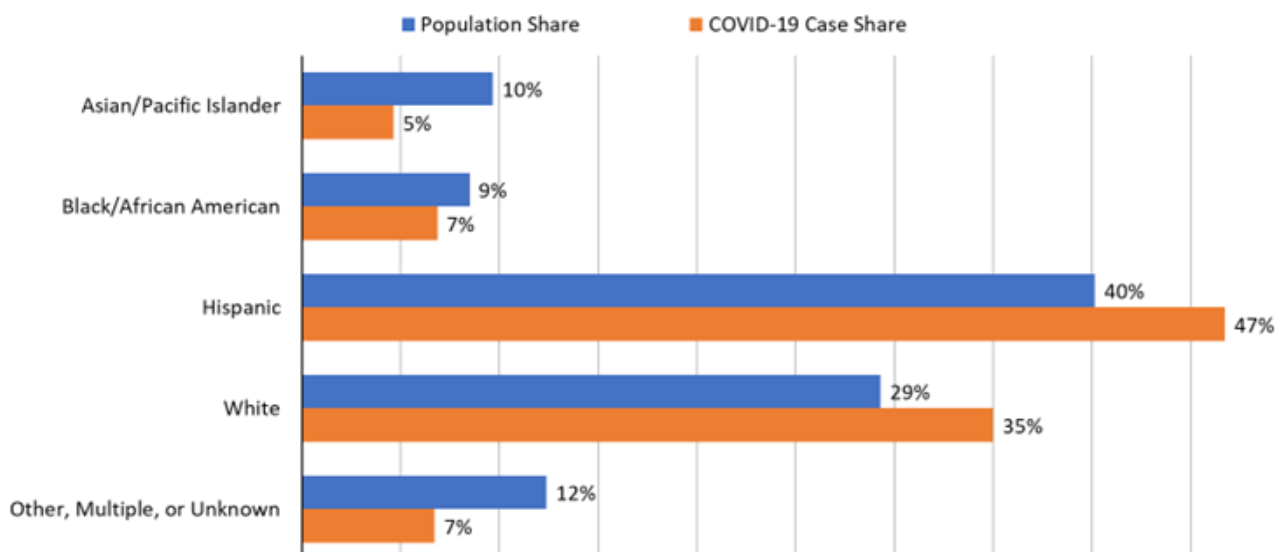
### COVID-19 Cases by Age Group, FY 2020-2021



## White and Hispanic individuals also had disproportionate shares of reported COVID-19 cases during FY 2020-2021.

Almost half of the COVID-19 cases were experienced by Hispanic individuals. This group makes up 40% of the population served by DDS. Among individuals served by DDS, white individuals accounted for 35% of the reported COVID-19 cases and make up 29% of the population served.

### COVID-19 Cases by Race and Ethnicity, FY 2020-2021



## COVID-19-related hospitalizations and deaths peaked in the winter.

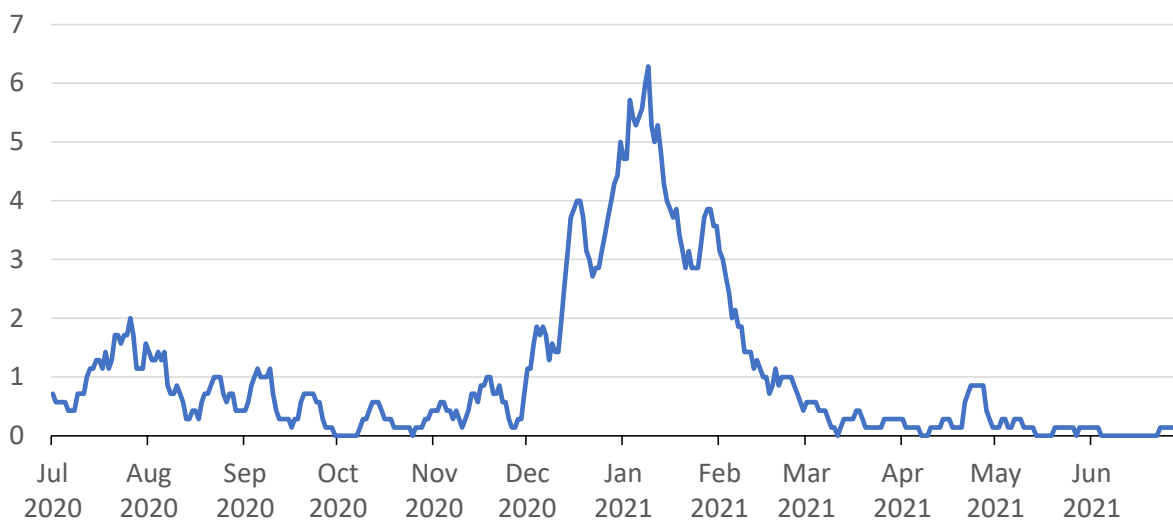
There were 860 hospitalizations and 377 deaths reported this fiscal year for individuals who tested positive for COVID-19. From July-November 2020, there were almost two new hospitalizations with a positive COVID-19 result reported daily. At the peak, there was an average of about 10 new hospitalizations reported with a positive COVID-19 result per day. As cases and hospitalizations declined in March, the rest of the fiscal year had approximately one new hospitalization reported daily.

### Hospitalizations of Individuals Who Tested Positive for COVID-19 Among Individuals Served 7-Day Moving Average



Of the 377 deaths reported for individuals who tested positive for COVID-19, 224 (59%) occurred in December and January. See page 13 for more information about deaths reported this fiscal year.

### Deaths of Individuals Who Tested Positive for COVID-19 Among Individuals Served 7-Day Moving Average

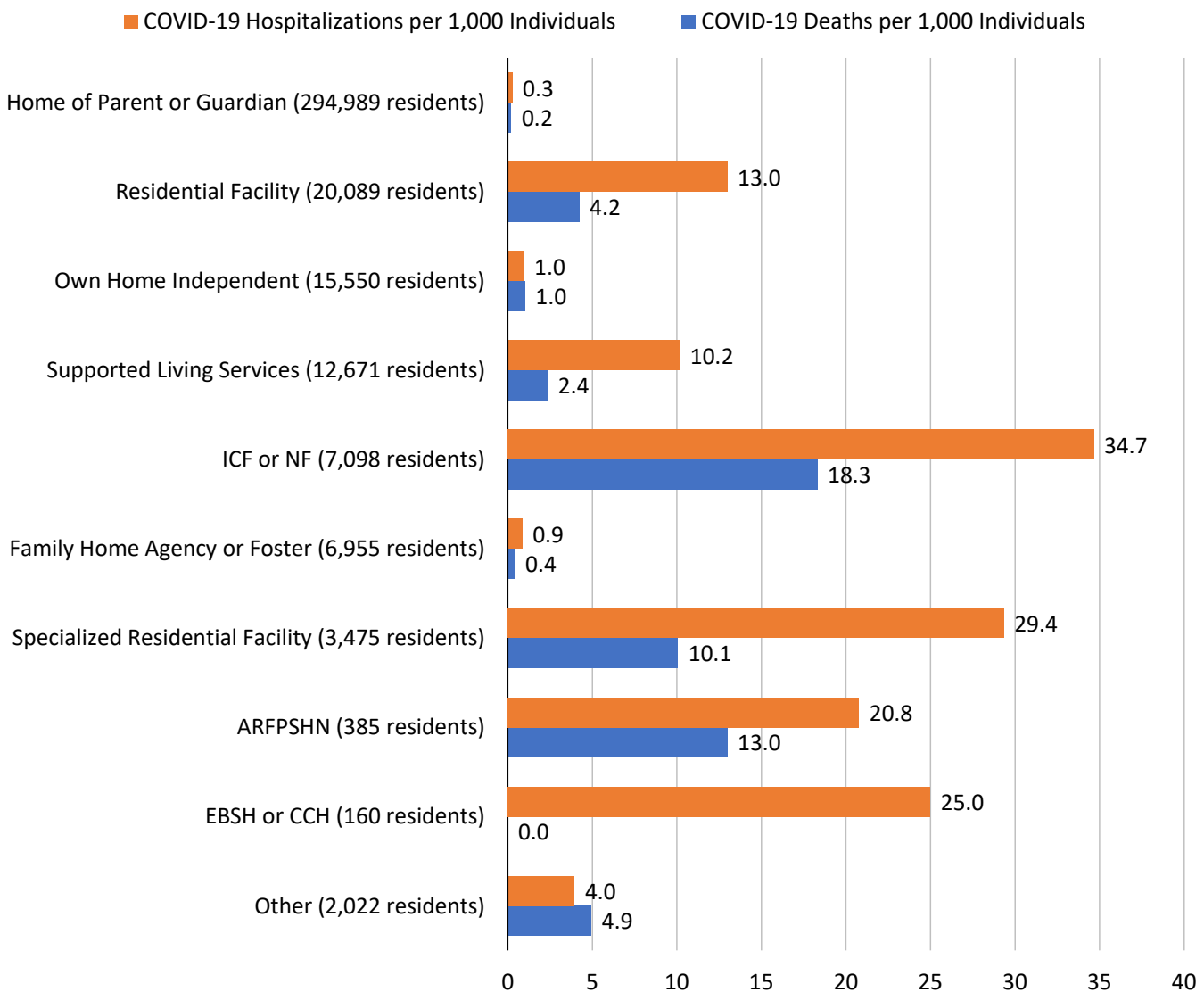


## Hospitalizations and deaths of individuals who tested positive for COVID-19 were highest in congregate facilities that serve individuals with the greatest physical care needs.

Rates of hospitalizations were high among individuals residing in ICFs, NFs, SRFs, and ARFPSHNs. The rate of hospitalizations of individuals who tested positive for COVID-19 was also high in EBSHs and CCHs. See the Glossary (Page 14) for the meaning of abbreviations.

Most individuals (81%) served by DDS reside in the home of a parent or guardian. Only 2% reside in either ICFs or NFs.

### Deaths and Hospitalizations of Individuals Who Tested Positive for COVID-19, per 1,000 Individuals by Residence Type, FY 2020-2021

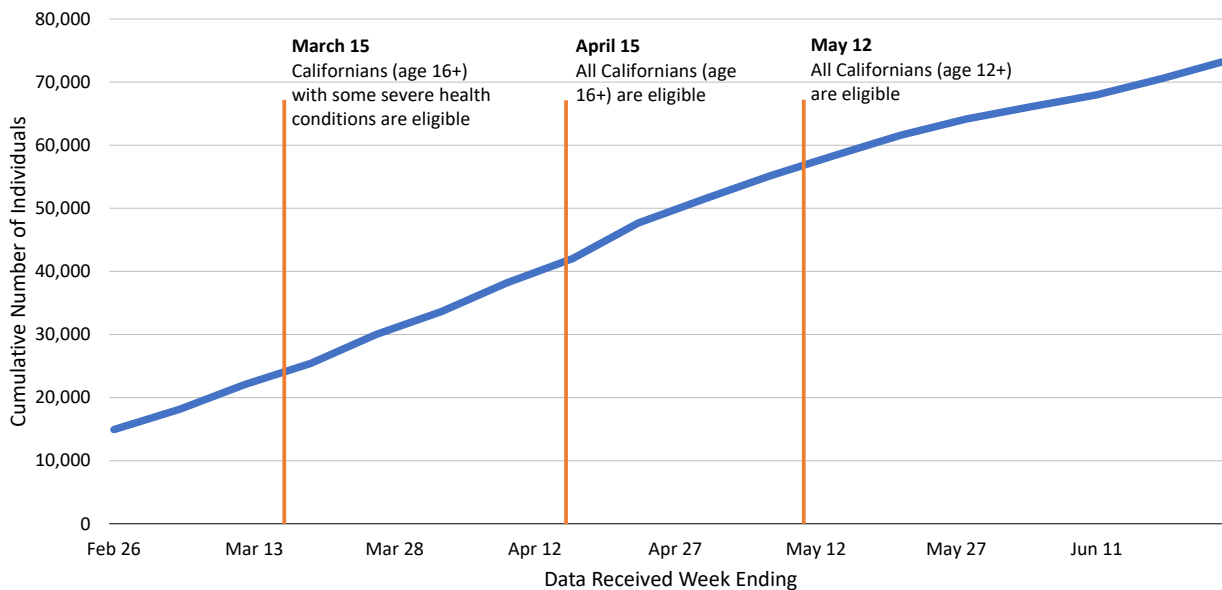


## More than 73,000 individuals served by DDS were reported to have received at least one vaccination dose by June 2021.

In the early months of 2021, access to vaccinations for COVID-19 increased. DDS began collecting vaccination data in February 2021.

By the end of June 2021, 73,434 individuals served by DDS were reported to have received at least one vaccination dose, and 62,175 individuals were reported to be fully vaccinated. These counts include only individuals who voluntarily provided their vaccination information to regional centers.

### Individuals Served by DDS Reporting At Least One Vaccination Dose, February-June 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. As part of the same directive, regional centers were asked to track voluntarily reported vaccination status from all consenting individuals (or their conservators) in the groups eligible for vaccination.

# 73,434

Individuals Reported to Have At Least One Vaccination Dose



# Title 17 Incidents

**17,493**

Non-Mortality Incidents

**2,778**

Deaths

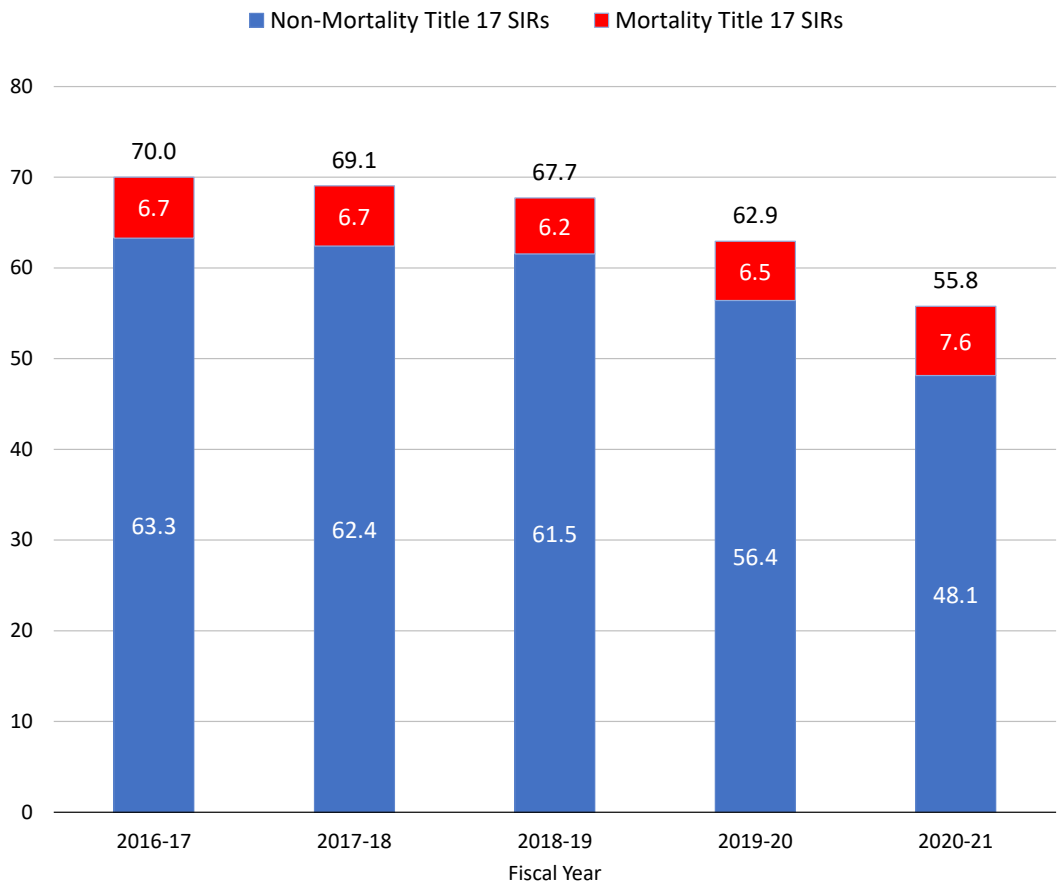
## Fewer Title 17 incidents were reported this fiscal year, compared to previous years.

During FY 2020-2021, only about 56 Title 17 incidents per 1,000 individuals were reported, compared to 62 or more in recent years. This fiscal year's lower rate continues a downward trend in the rate of Title 17 incidents reported from previous years.

The decline of reported Title 17 incidents in total is primarily reflective of a decline in reported non-mortality incidents. This fiscal year's rate of reported non-mortality incidents was about 15% lower than the rate in FY 2019-2020, with fewer than 50 reported non-mortality incidents per 1,000 individuals.

Compared to previous years, there were more deaths reported per 1,000 individuals in FY 2020-2021. This increase in mortality was due to deaths related to COVID-19.

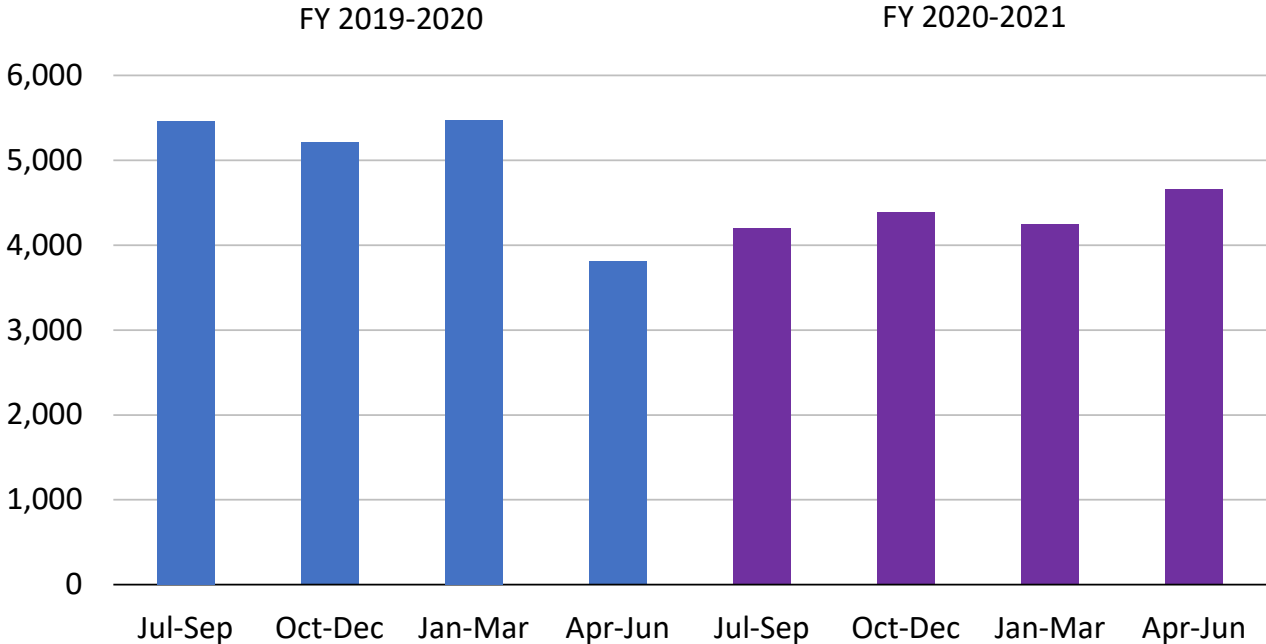
### Non-Mortality and Mortality Title 17 SIRs per 1,000 Individuals Served by DDS



**The count of reported non-mortality incidents remained below counts prior to the COVID-19 pandemic and related stay-at-home orders.**

Fewer than 5,000 non-mortality incidents were reported in each quarter of FY 2020-2021, lower than a typical quarter prior to the beginning of the stay-at-home orders related to the COVID-19 pandemic. As the fiscal year progressed, the number of reported non-mortality incidents increased.

**Quarterly Count of Non-Mortality SIRs in  
FY 2019-2020 and FY 2020-2021**

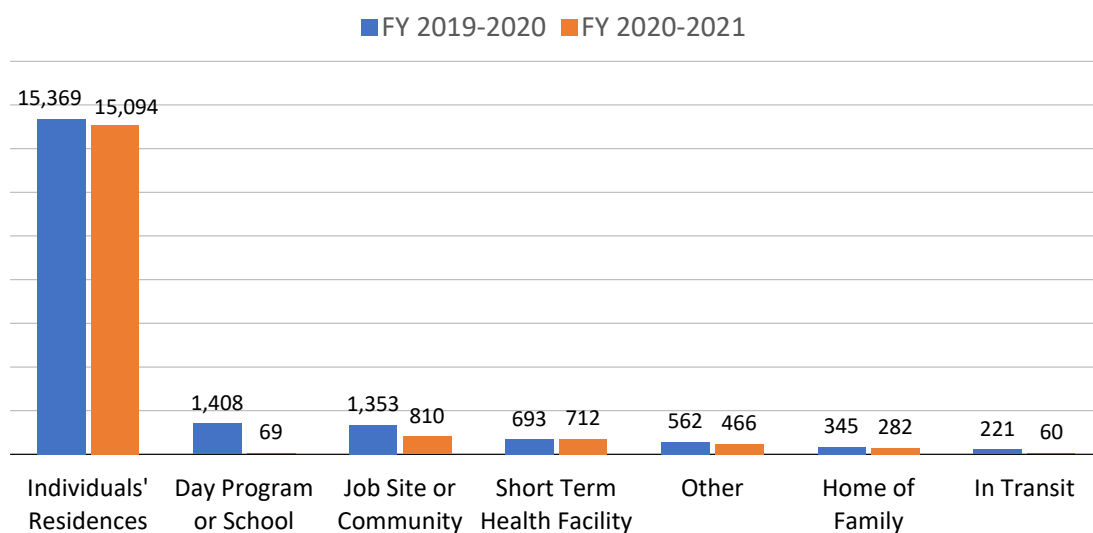


## There was a decline in non-mortality incidents reported in all settings.

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. The majority of incidents reported took place at individuals' residences. Incident reports in individuals' homes declined by 2%.

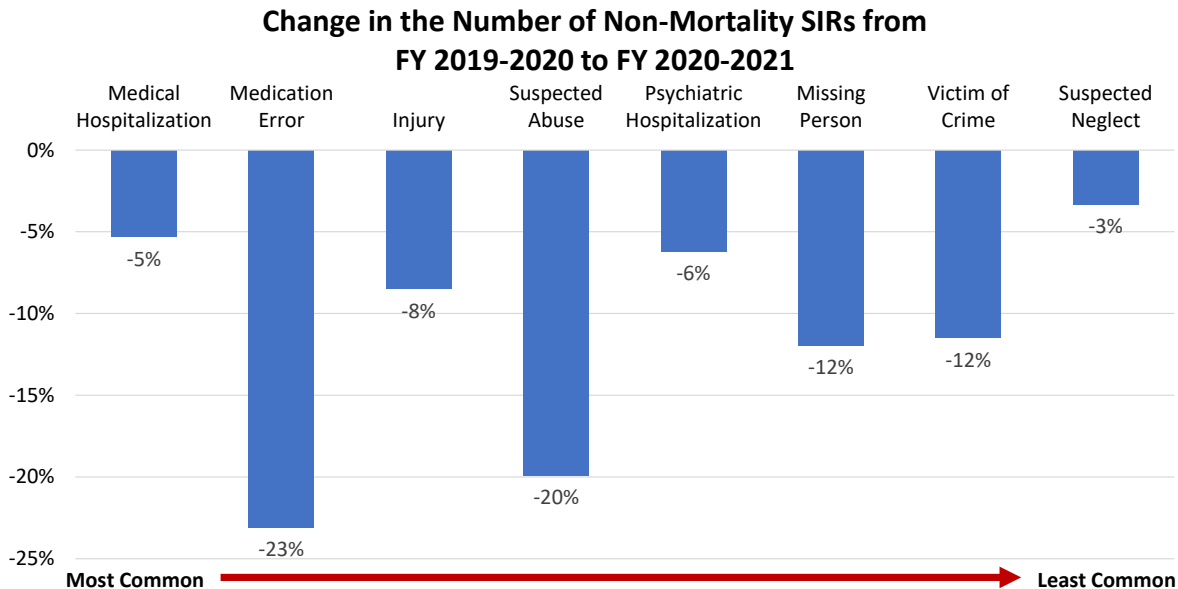
More than half of the total decline in non-mortality incidents reported is explained by the decrease in decrease in incidents reported at day programs or schools. The number of incidents reported at day programs or schools decreased by 95%, from 1,408 last fiscal year to just 69 this fiscal year.

### Number of Non-Mortality Incidents Reported, by Location



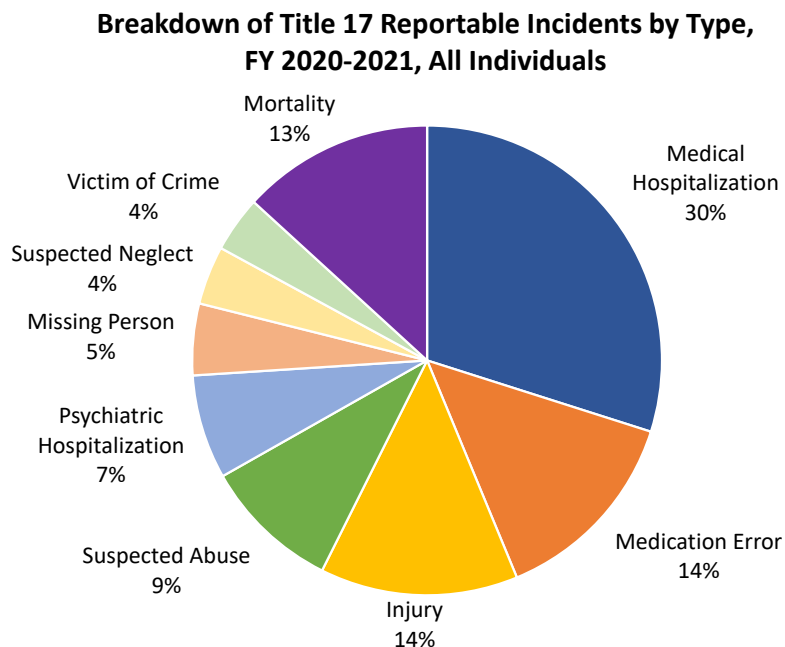
## All types of reported non-mortality incidents decreased this fiscal year, compared to FY 2019-2020.

All reported incident types decreased between 3% and 23% compared to last fiscal year. The largest decrease (23%) was seen in medication errors, the second-most common incident type. There were also notable decreases in suspected abuse, missing person, and victim of crime incidents reported. The most common incident type, medical hospitalizations, decreased by 5%.



## Unplanned medical hospitalization was the most common incident type reported this fiscal year.

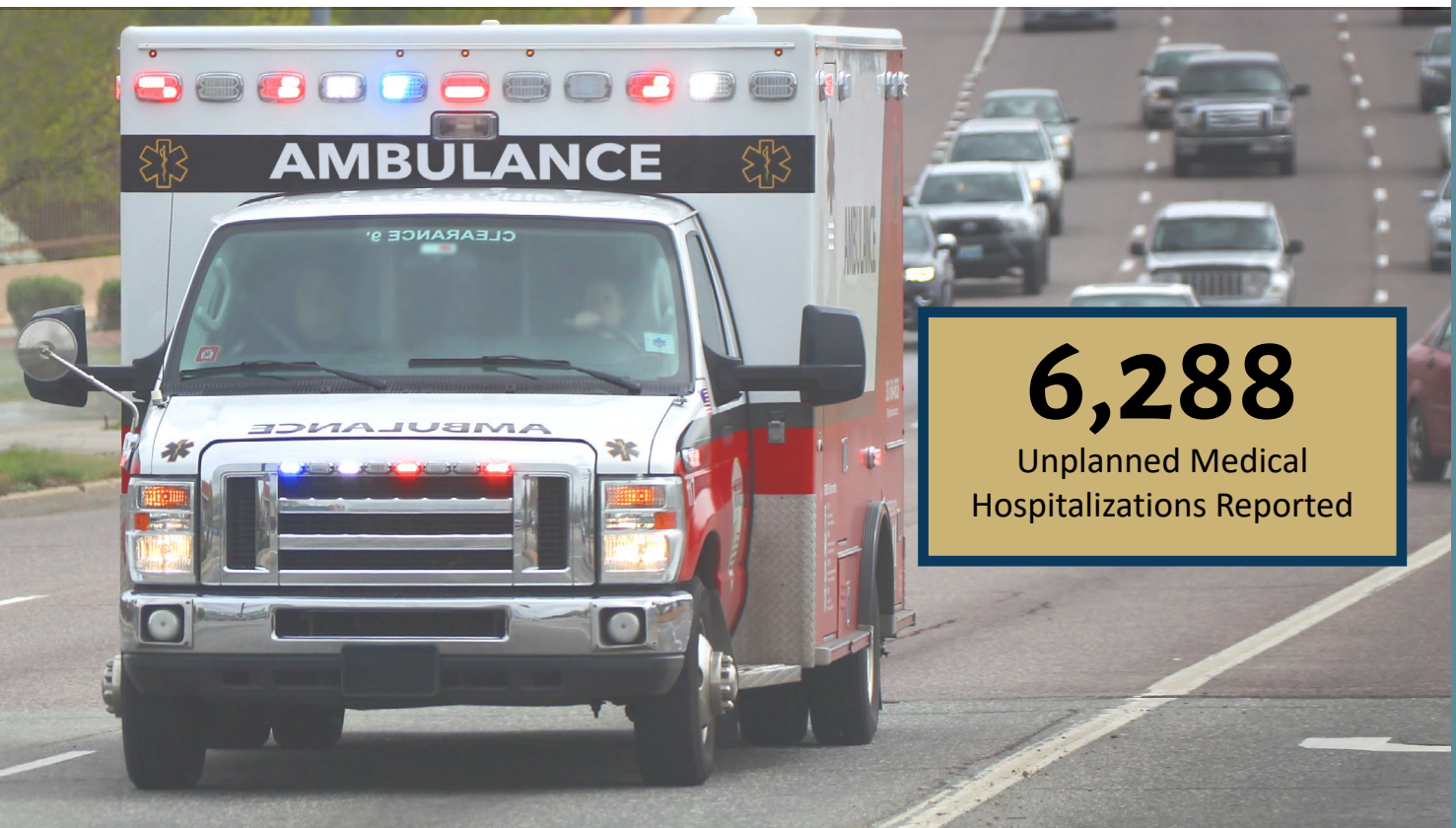
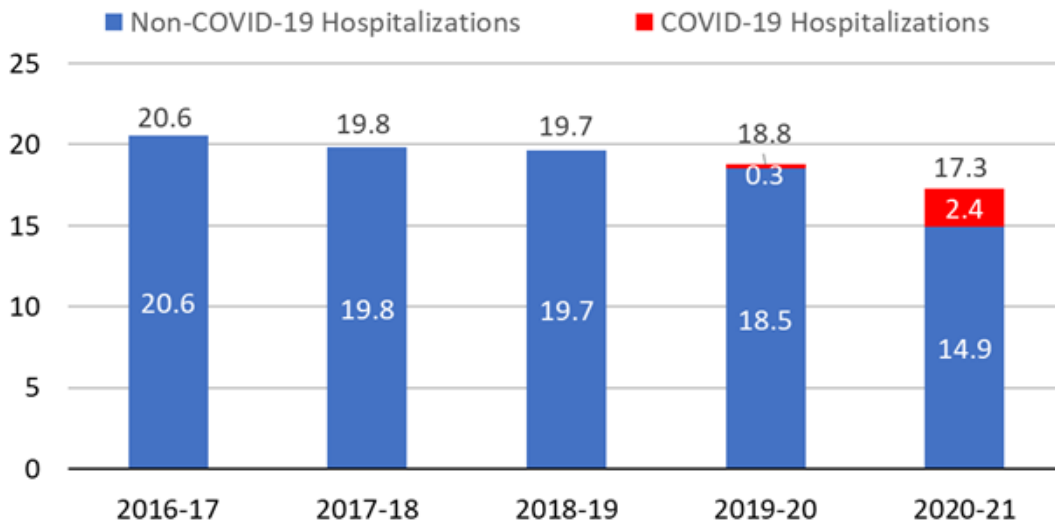
Unplanned medical hospitalizations accounted for nearly a third of all incidents reported. Medication errors, injuries, and deaths each represented more than 10% of the incidents reported. Victim of crime and suspected neglect incidents were the least common incident types reported. This is consistent with previous fiscal years.



## There were 353 fewer unplanned medical hospitalizations compared to last fiscal year.

There was a 5% decrease in unplanned medical hospitalizations compared to FY 2019-2020. There were 6,288 unplanned medical hospitalizations reported, or about 17.3 SIRs per 1,000 individuals served. This count includes 860 hospitalizations of individuals who tested positive for COVID-19, or about 2.4 SIRs per 1,000 individuals served.

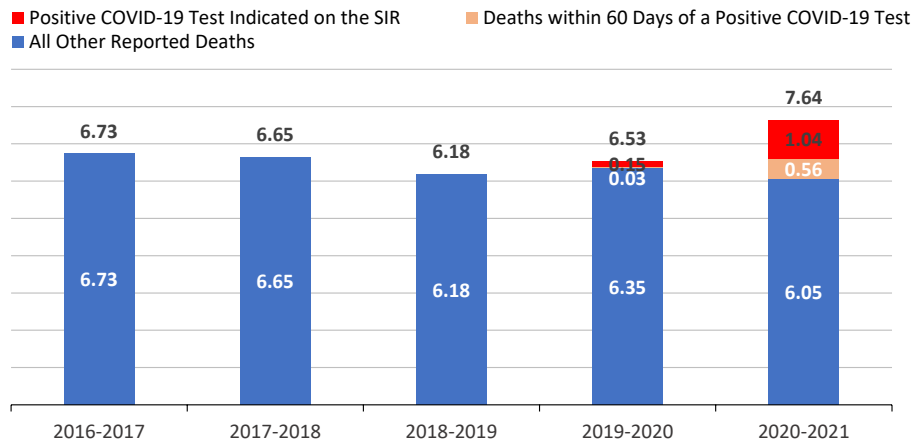
### Unplanned Medical Hospitalizations per 1,000 Individuals FY 2016-2017 to FY 2020-2021



## This year had more total deaths among individuals served by DDS than any other reported period.

There were 2,778 deaths reported this fiscal year. This was a 17% increase in deaths per 1,000 individuals compared to FY 2019-2020. About one out of every five individuals who died this fiscal year either had a positive COVID-19 test indicated in the SIR or had tested positive for COVID-19 within 60 days of their death. Excluding the deaths that may be related to COVID-19, the rate of deaths in FY 2020-2021 was similar to previous years.

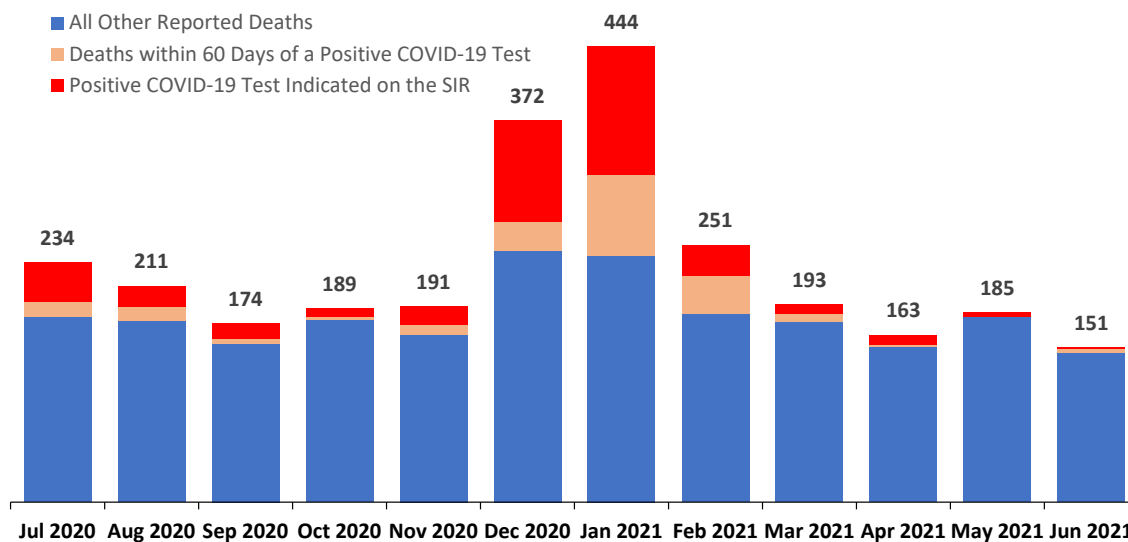
### Deaths per 1,000 Individuals, FY 2016-2017 to FY 2020-2021



## Deaths of individuals who tested positive for COVID-19 were primarily concentrated in December 2020 and January 2021.

About 41% of deaths reported in December and January either had a positive COVID-19 test indicated on the SIR or occurred within 60 days of the individual testing positive for COVID-19. Deaths not related to COVID-19 also were highest in these months, which is typical for the winter when flu and other respiratory illnesses are common.

### Deaths by Month July 2020 - June 2021



## 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