



Risk Management Year in Review Annual Report Fiscal Year 2021–2022

Submitted to the 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) 2021-2022. Results reflect data as of October 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.

Since May 2020, DDS directives require providers and regional centers submit SIRs for individuals who test positive for COVID-19, including incidents that do not meet Title 17 reporting requirements. DDS also monitored individuals’ deaths attributed to COVID-19, by either confirmed positive testing or medical diagnosis. With the March 2022 directive, DDS ceased monitoring SIRs for individuals who received medical attention at a hospital or urgent care with COVID-19 symptoms without a positive test.



383,955

Individuals served by DDS

21,086

Special Incident Reports (SIRs)
under Title 17 in FY 2021-2022

The population served by DDS increased by more than 20,000 people this fiscal year, mostly children who reside with a parent or guardian.

The total population served by DDS grew 6% since FY 2020-2021, the largest annual increase in the last five years. The population of children served (17 years or younger) increased by about 15,000 from last year. The number of individuals served who reside outside the home of a parent or guardian remained about the same. The population counts reflect the population in June 2021 and in June 2022.

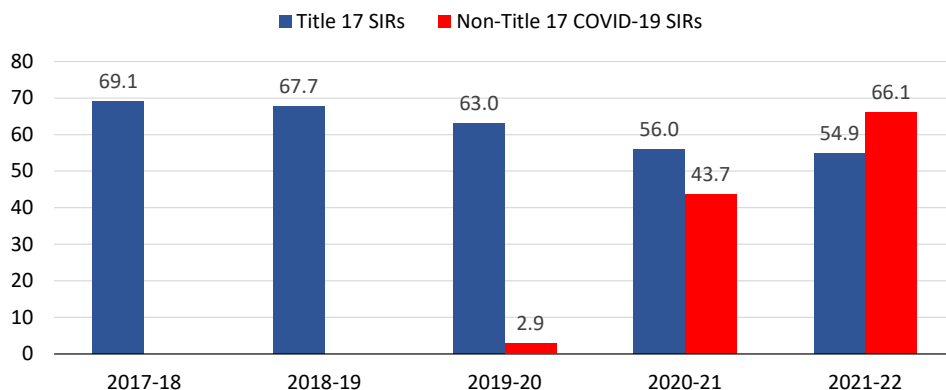
Just over 21,000 Title 17 incidents were reported in FY 2021-2022, reflecting a 4% increase from FY 2020-2021. An additional 25,390 SIRs reported COVID-19 cases that were not otherwise reportable under Title 17.

Year	DDS Population	DDS Population (Out of Home)	Title 17 SIRs	Non-Title 17 COVID-19 SIRs
2020-21	363,394	68,510	20,333	15,874
2021-22	383,955	68,524	21,086	25,390

The number of Title 17 incidents reported per 1,000 individuals decreased slightly compared to FY 2020-2021.

Approximately 55 Title 17 and about 66 COVID-19 incidents were reported per 1,000 individuals served. The rate of Title 17 reported incidents remained below pre-pandemic rates. During FY 2021-2022, the rate of non-Title 17 COVID-19 SIRs continued to increase. There were more COVID-19 incidents reported this year than Title 17 incidents.

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



Compared to the last fiscal year:

The number of individuals served increased by

6%

The number of Title 17 reportable SIRs increased by

4%

COVID-19

25,880

Total Cases

363

Hospitalizations
of Individuals who
Tested Positive

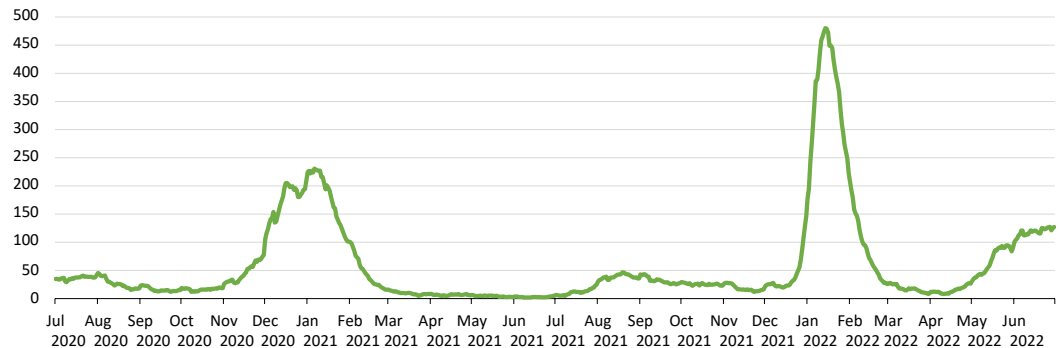
119

Deaths of
Individuals who
Tested Positive

25,880 incidents involving COVID-19 were reported this fiscal year, including those in reportable Title 17 incidents.

Counting both Title 17 and non-Title 17 reports, about 60% more COVID-19 cases were reported in FY 2021-2022 compared to the previous year. About 43% of this year's COVID-19 cases were reported in January 2022.

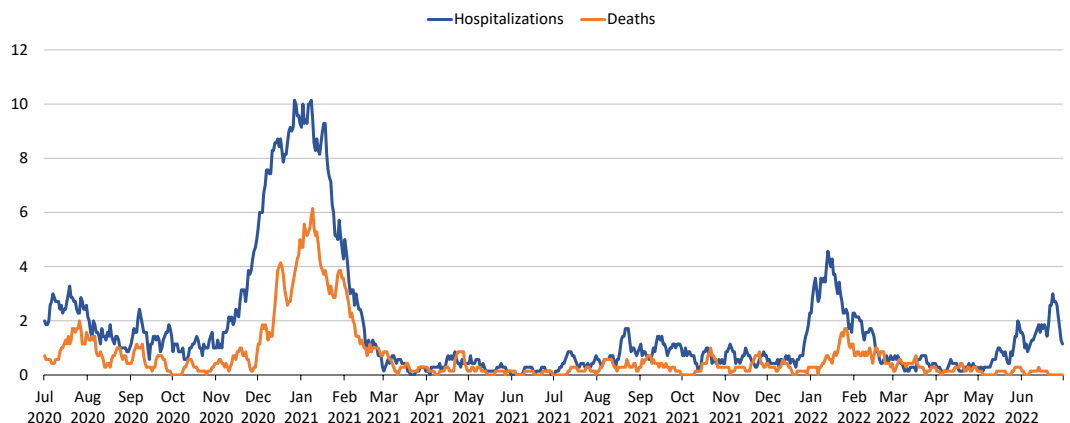
COVID-19 Cases Among Individuals Served 7-Day Moving Average



Compared to FY 2020-2021, 58% fewer hospitalizations and 68% fewer deaths were reported for individuals who tested positive for COVID-19.

Despite the increase in total COVID-19 cases compared to last year, there were fewer reported hospitalizations and deaths of individuals who tested positive. This fiscal year, 363 unplanned medical hospitalizations and 119 deaths were reported for individuals who tested positive for COVID-19.

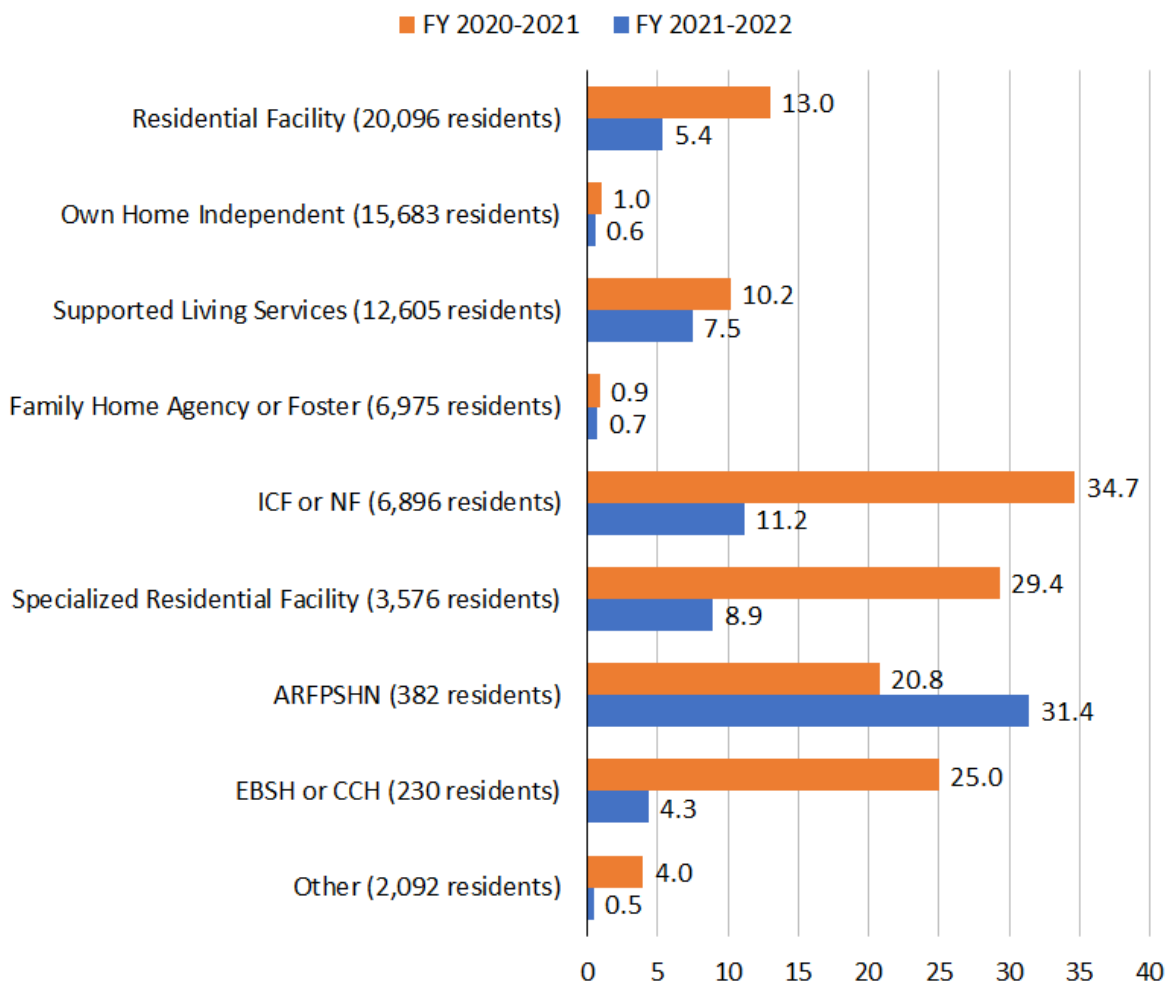
7-Day Moving Average of Deaths and Hospitalizations of Individuals Who Tested Positive for COVID-19 from July 2020 to June 2022



The rates of hospitalizations of individuals who tested positive fell in most settings.

Hospitalizations of individuals who tested positive for COVID-19 declined in most settings but were highest in congregate facilities that serve individuals with the greatest health care needs. The hospitalization rate increased this year among individuals in Adult Residential Facilities for People with Special Health Needs (ARFPSHNs) only. Intermediate care facilities (ICFs), nursing facilities (NFs), and specialized residential facilities (SRFs), all serving individuals with greater health needs, had lower rates than the previous year.

Hospitalizations of Individuals Who Tested Positive for COVID-19 per 1,000 Individuals, by Residence Type

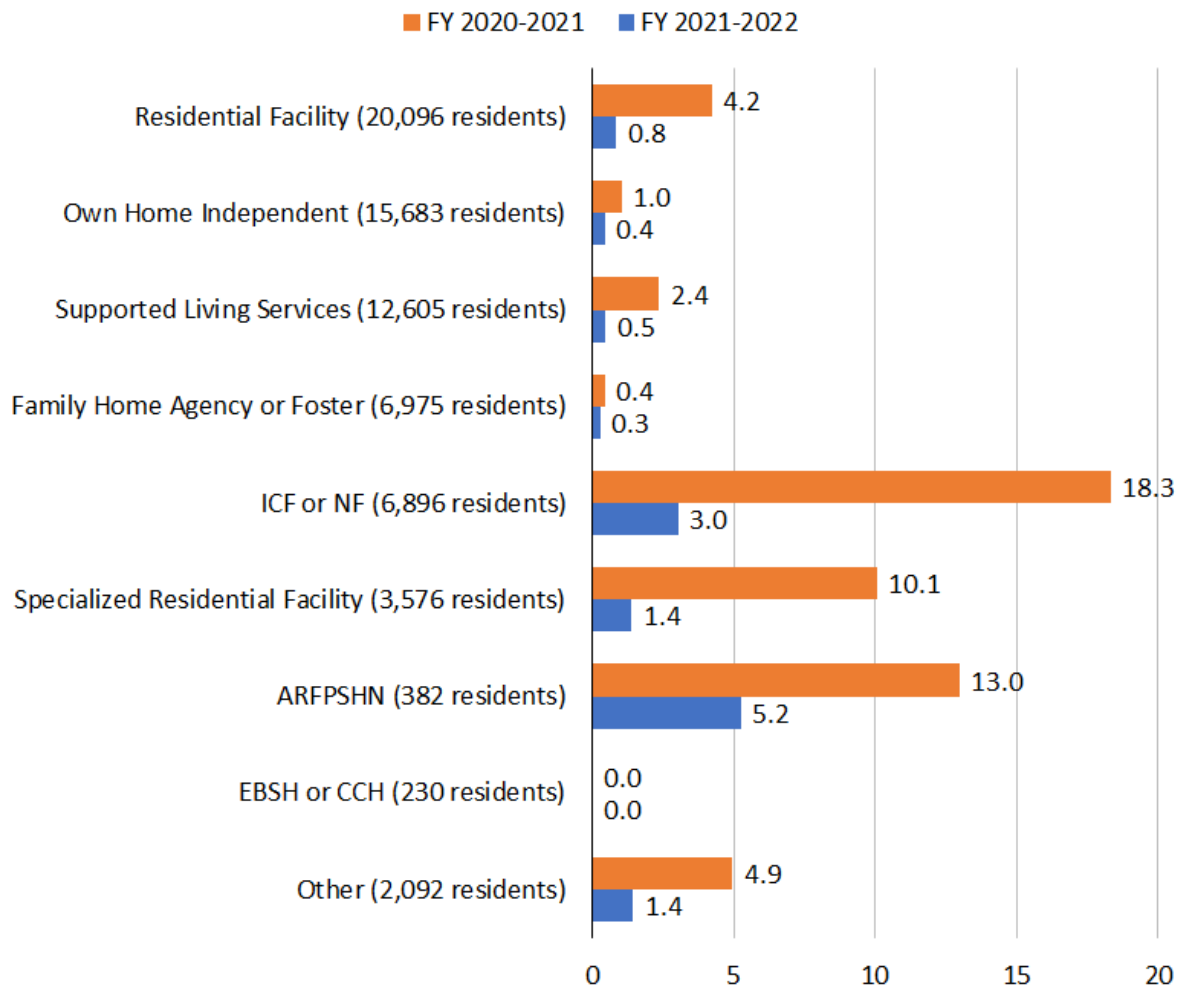


Please refer to the glossary on page 11 of this report for definitions of these residential types.

Deaths decreased for individuals who had tested positive for COVID-19 and were residing outside the home of a parent or guardian.

In these settings, the rates of deaths of individuals who tested positive this year were less than 50% of the rates observed in FY 2020-2021. As with hospitalizations, deaths of individuals who tested positive remained most prevalent in ARFPSHNs, ICFs, and NFs. Fewer than 7,500 individuals reside in ICFs or NFs (about 2%) or in ARFPSHNs (less than 0.1%).

Deaths of Individuals Who Tested Positive for COVID-19 per 1,000 Individuals, by Residence Type

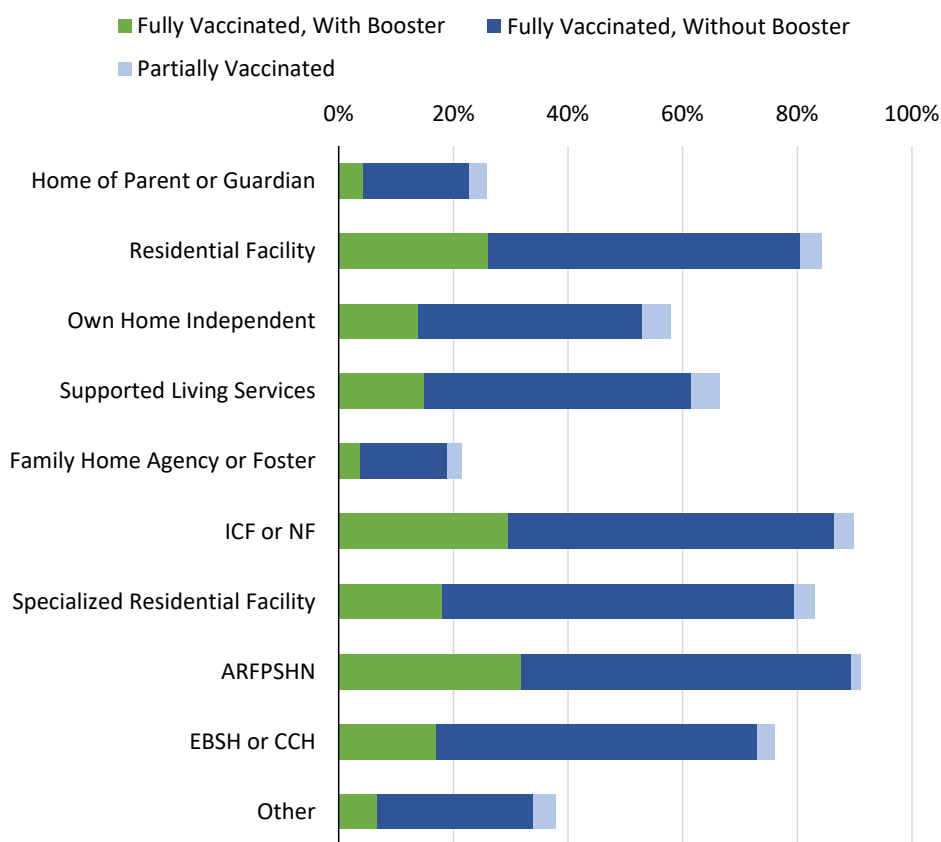


Please refer to the glossary on page 11 of this report for definitions of these residential types.

Most individuals residing outside the home of a parent or guardian have received at least one dose of vaccination against COVID-19.

Based on information voluntarily reported to regional centers, most individuals in residential facilities were reported to have received at least one vaccination dose. The highest reporting of individuals with any vaccination comes from ARFPSHNs (91%) and ICFs and NFs (90%). These settings also had the highest shares of individuals known to be fully vaccinated and boosted (32% and 30% respectively). Vaccination status was least likely to be reported for individuals residing in the home of a parent or guardian and those served by foster or family home agencies.

Share of Individuals with Vaccinations Reported to DDS, by Residence Type



127,887

Individuals Reported to Have At Least One Vaccination Dose



Title 17 Incidents

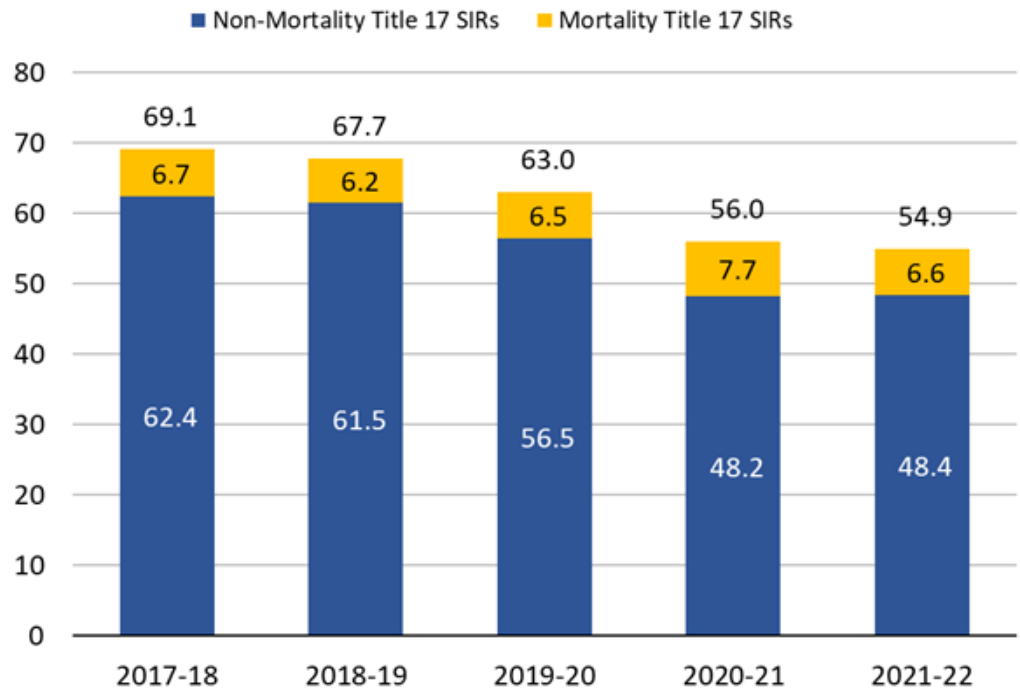
The rate of Title 17 reported incidents fell to its lowest point in five years.

The rate of Title 17 incidents reported per 1,000 individuals in FY 2021-2022 (54.9) remained below pre-pandemic levels. Reports of non-mortality Title 17 incidents increased slightly from the FY 2020-2021 lows, while mortality SIRs decreased to pre-pandemic levels.

In FY 2021-2022, 48.4 non-mortality Title 17 incidents were reported per 1,000 individuals. This is similar to the number for FY 2020-2021.

Compared to FY 2020-2021, this year saw a 14% decrease in deaths reported per 1,000 individuals.

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



18,565

Non-Mortality Incidents

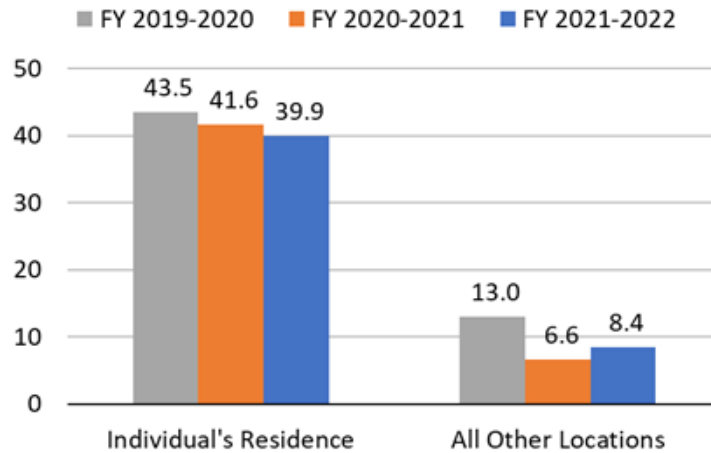
2,521

Deaths

The number of reported non-mortality incidents occurring in an individual's residence this year declined slightly.

Among all individuals served, most incidents occur in individuals' residences. There was an increase in incidents reported occurring in locations other than the individuals' residences. In both individuals' residences and other locations, reported rates of Title 17 incidents remained lower than pre-pandemic rates.

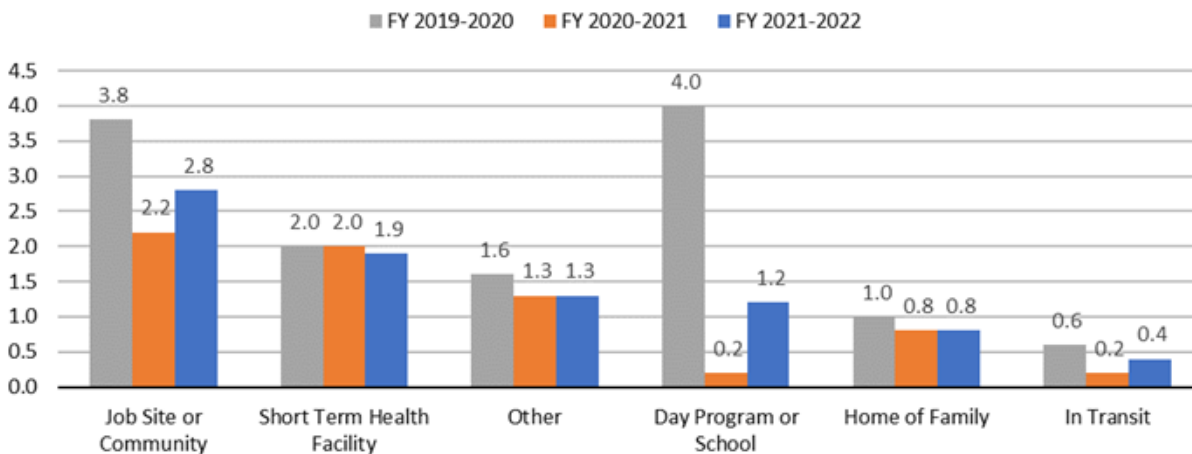
Rate of Non-Mortality Incidents Reported per 1,000 Individuals, by Location



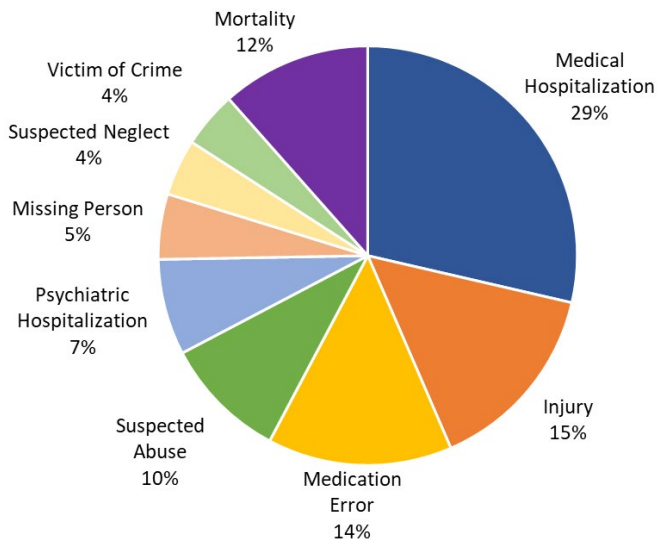
Incidents reported in day programs or in transit increased from last year's lows.

Prior to the COVID-19 pandemic, day program or school was the second most likely location for a reported incident. With the return of more full participation in these programs, there was a 600% increase in the rate of reported incidents at day programs or schools. However, the rate in FY 2021-2022 remained lower than in FY 2019-2020.

Rate of Non-Mortality Incidents Reported per 1,000 Individuals, by Non-Residential Location



Breakdown of Title 17 Reportable Incidents by Type, 2021-2022, All Individuals



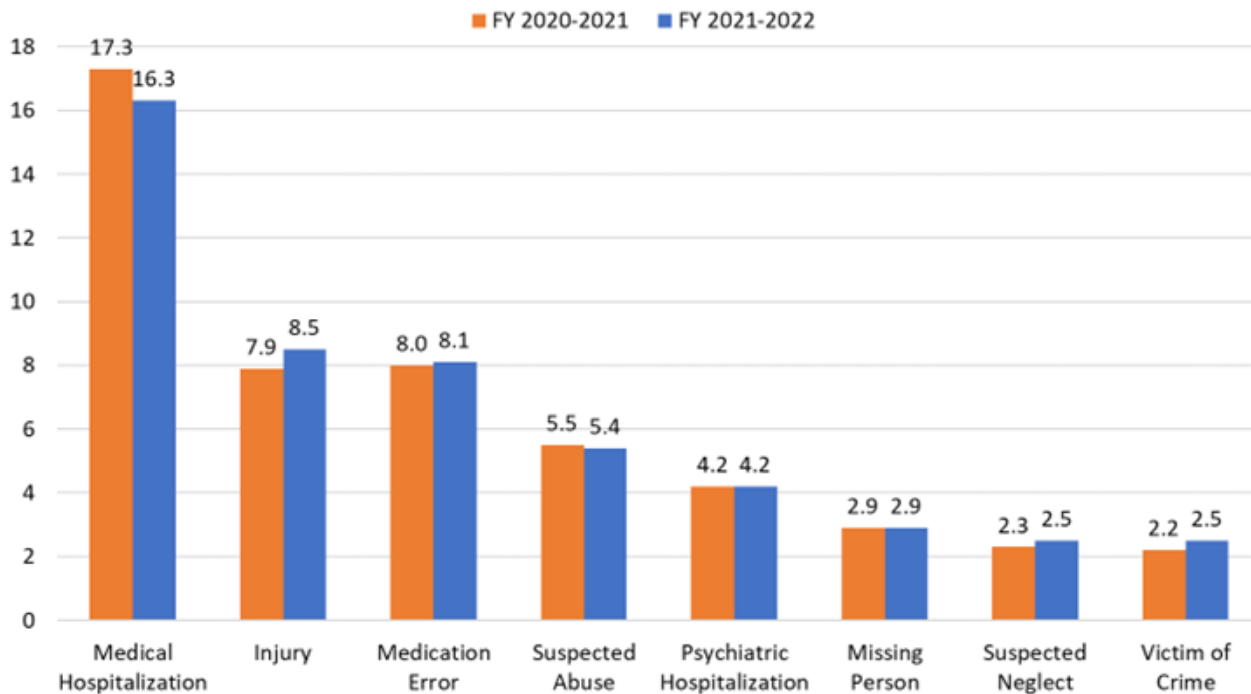
Unplanned medical hospitalization was the most common incident type reported this year.

Unplanned medical hospitalizations accounted for nearly a third of all Title 17 incidents reported. Injuries, medication errors, and deaths each represented more than 10% of all incidents reported. Victim of crime and suspected neglect incidents were the least common incident types reported. This is consistent with previous years. Reported injuries (3,254 SIRs) slightly exceeded reported medication errors (3,113 SIRs) in FY 2021-2022.

Rates of most types of reported non-mortality incidents stayed the same or slightly increased compared to last fiscal year.

The rate of the most common incident type, unplanned medical hospitalizations, decreased slightly this year. The rates of injury, suspected neglect, and victim of crime incidents each increased.

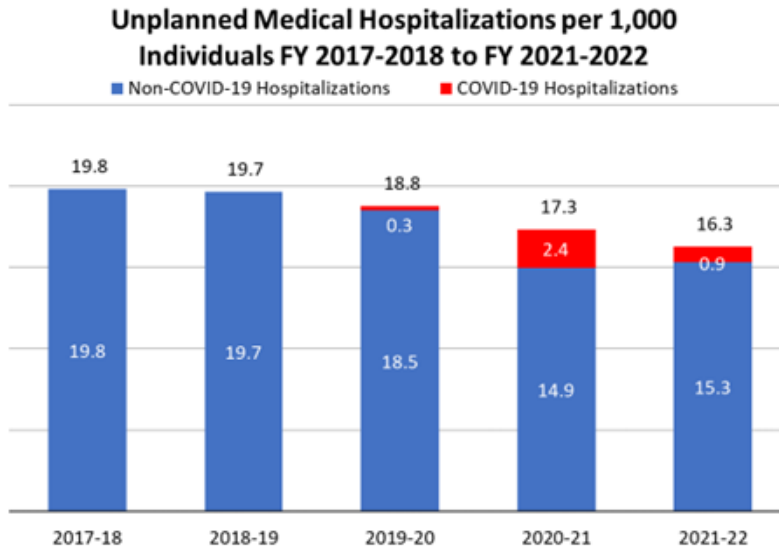
Non-Mortality SIRs per 1,000 Individuals in FY 2020-2021 and FY 2021-2022, by Incident Type



The rate of unplanned medical hospitalizations per 1,000 individuals was at its lowest in five years.

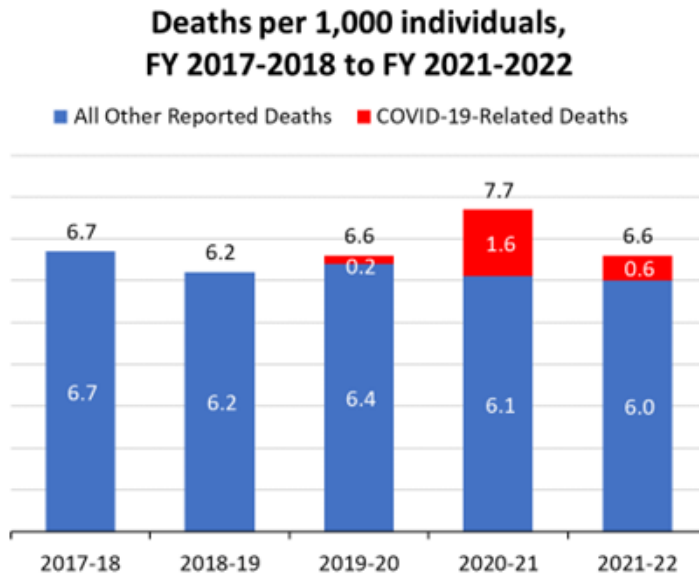
There were 6,247 unplanned medical hospitalizations reported, including 363 hospitalizations of individuals who tested positive for COVID-19, this fiscal year.

Hospitalizations of individuals who tested positive for COVID-19 decreased significantly from last year. In FY 2020-2021, COVID-19 hospitalizations were 2.4 per 1,000 individuals and fell to 0.9 per 1,000 individuals. The rate of other reported unplanned hospitalizations increased this year.



The mortality rate returned to the same rate as seen in FY 2019-2020.

This year, 2,521 deaths were reported. This was a 14% decrease in reported deaths per 1,000 individuals compared to FY 2020-2021. There was a decrease in reported deaths for individuals who recently tested positive for COVID-19, dropping from 1.6 per 1,000 individuals to 0.6 per 1,000 individuals. These deaths include 119 deaths of individuals who tested positive at the time of the report and 105 individuals who died within 60 days of their positive test.



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