



# **Risk Management Year in Review Annual Report Fiscal Year 2022–2023**

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) 2022-2023. Results reflect data as of October 2023. 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 an injury and suspected neglect.

From March 2020 through March 2023, 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. Effective April 3, 2023, DDS no longer required vendors and regional centers to report COVID-19 positive cases.



**409,751**

Individuals served by DDS

**24,722**

Special Incident Reports (SIRs)  
under Title 17 in FY 2022-2023

## The population served by DDS increased by more than 25,000 people this fiscal year.

The total population served by DDS grew 7% since FY 2021-2022. The number of individuals served who reside outside the home of a parent or guardian increased by just 1%. The population counts reflect the population in June 2022 and in June 2023.

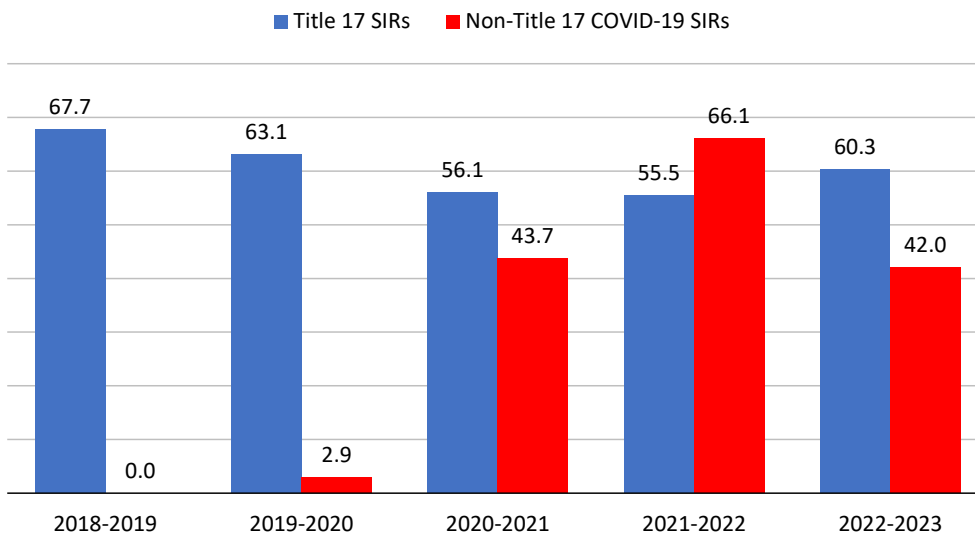
In FY 2022-2023, 24,722 Title 17 incidents were reported, reflecting a 16% increase from FY 2021-2022. From July 1, 2022, through April 2, 2023, an additional 17,204 SIRs reported COVID-19 cases that were not otherwise reportable under Title 17. DDS issued a statewide directive on March 27, 2023, that ended the reporting requirements for COVID-19 positive cases effective April 3, 2023.

Year	DDS Population	DDS Population (Out of Home)	Title 17 SIRs	Non-Title 17 COVID-19 SIRs
2021-2022	383,955	68,836	21,320	25,390
2022-2023	409,751	69,532	24,722	17,204

## The rate of Title 17 incidents reported per 1,000 individuals increased 9% compared to FY 2021-2022.

About 60 Title 17 and 42 COVID-19 positive incidents were reported per 1,000 individuals served. The rate of Title 17 reported incidents was below pre-pandemic rates.

Rate of Reported Incidents Per 1,000 Individuals Served by DDS



Note: all numbers in graphics are rounded

## Compared to the last fiscal year:

The number of individuals served increased by

7%

The number of Title 17 reportable SIRs increased by

16%

# COVID-19

This fiscal year:

# 17,632

COVID-19 Positive Reported Cases

# 326

Hospitalizations of Individuals who Tested Positive

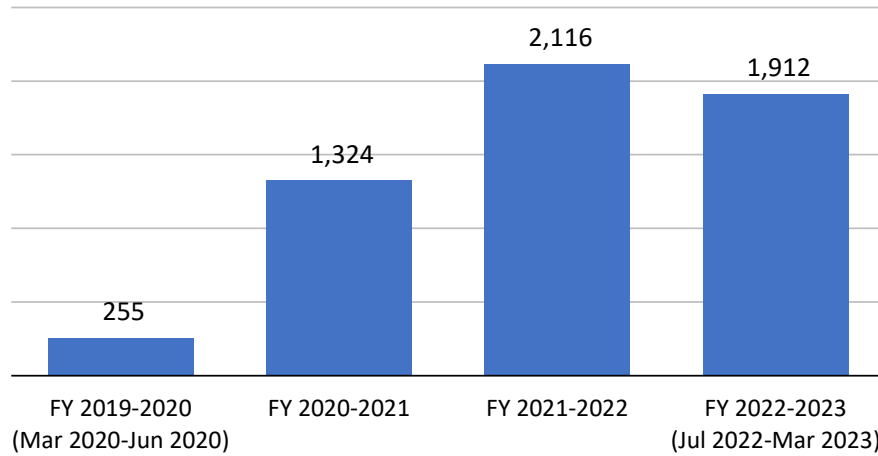
# 55

Deaths of Individuals who Tested Positive

## March 2020 to March 2023 COVID Landscape: Cases & Statistics

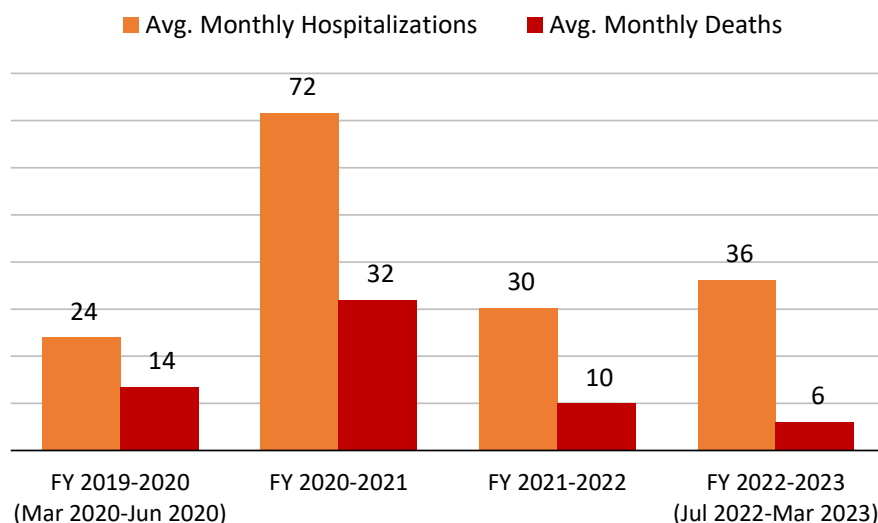
The average monthly number of COVID-19 cases decreased compared to FY 2021-2022.

Average Monthly COVID-19 Cases



The average monthly hospitalizations of individuals who tested positive for COVID-19 was low compared to FY 2020-2021, although it was slightly higher than last year. This year, the average monthly number of deaths of individuals who tested positive decreased to their lowest rate.

Average Monthly Hospitalizations and Deaths of Individuals Who Tested Positive for COVID-19

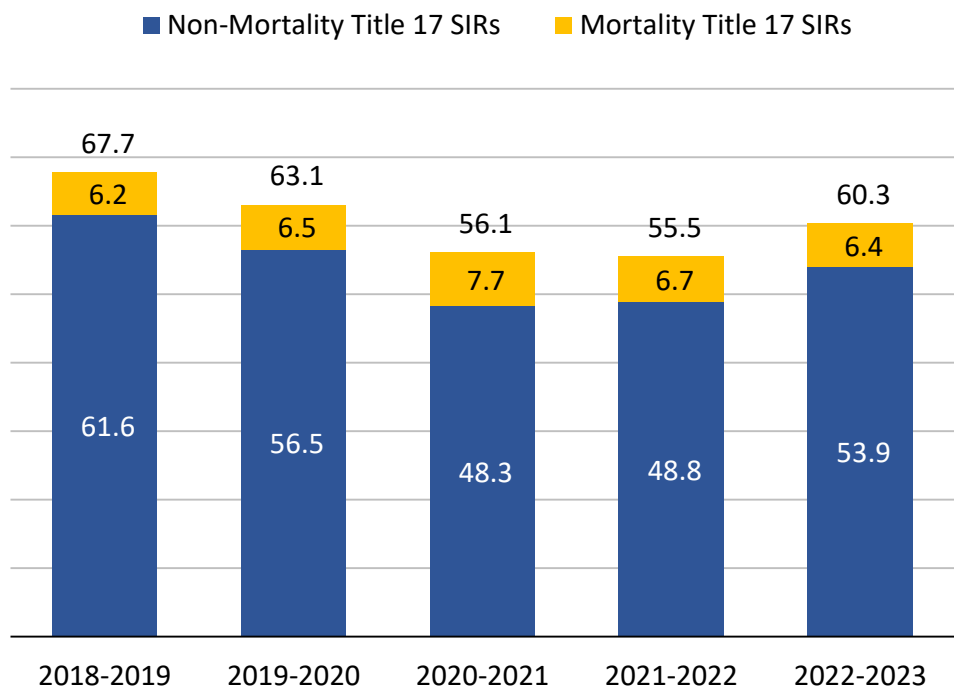


# Title 17 Incidents

## The rate of reported Title 17 incidents increased from last year's rate.

The rate of Title 17 incidents reported per 1,000 individuals in FY 2022-2023 (60.3) reflected an increase from last year but remained below pre-pandemic levels. The rate of mortality SIRs was lower than the last two fiscal years, while the rate of non-mortality SIRs was higher than the last two fiscal years.

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



Note: The totals may not match the sum of the separate rates due to rounding.

This fiscal year:

**22,092**

Non-Mortality  
Incidents

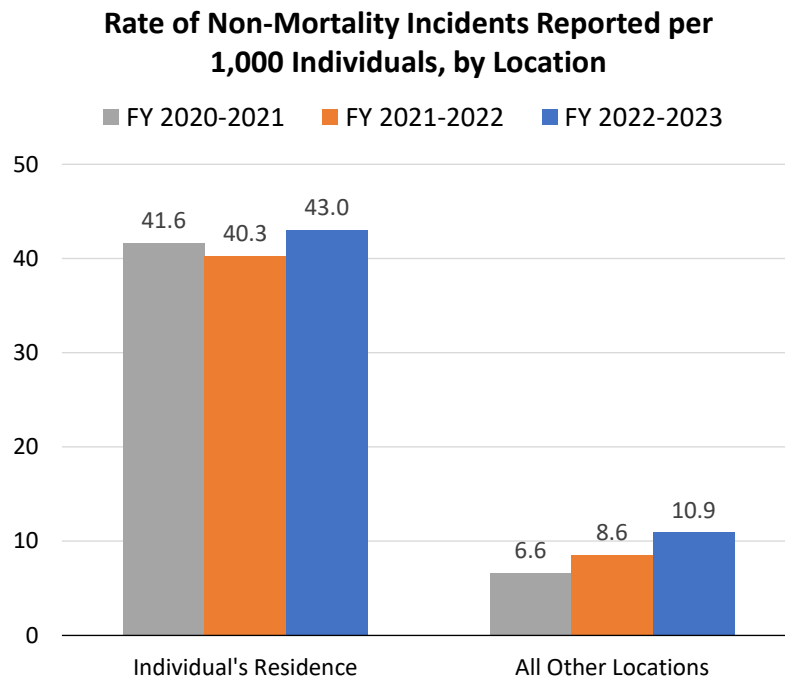
**2,630**

Deaths



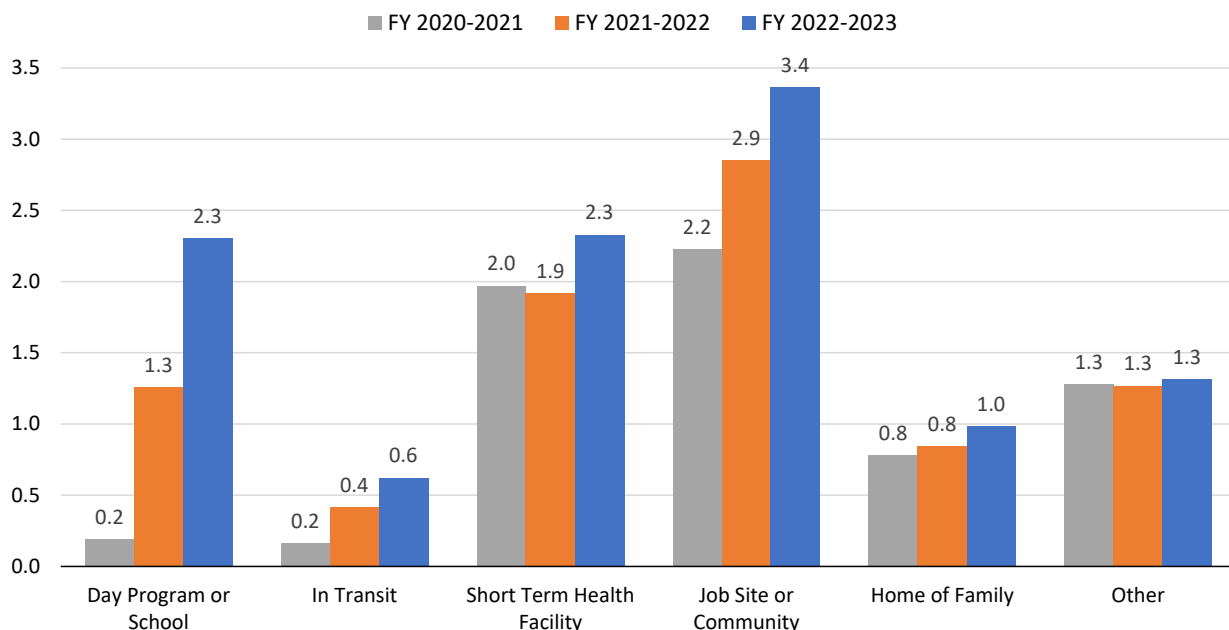
## The rates of reported non-mortality incidents increased in all locations.

There was an increased rate of non-mortality incidents reported in all settings. Most incidents occurred in individuals' residences.

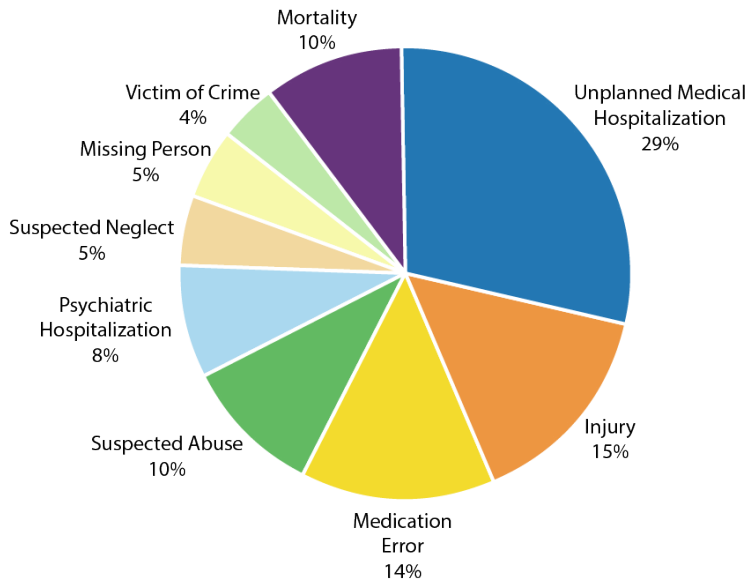


In settings other than the individual's residence, there were notable increases in the rates of reported non-mortality incidents occurring in day programs or schools, in transit, and at job sites or in the community compared to FY 2020-2021 and FY 2021-2022. Prior to the COVID-19 pandemic, day program or school was the second most likely location for a reported incident. In FY 2022-2023, job site or community was the second most likely location for reported incidents.

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



### Breakdown of Title 17 Reportable Incidents by Type, FY 2022-2023, All Individuals



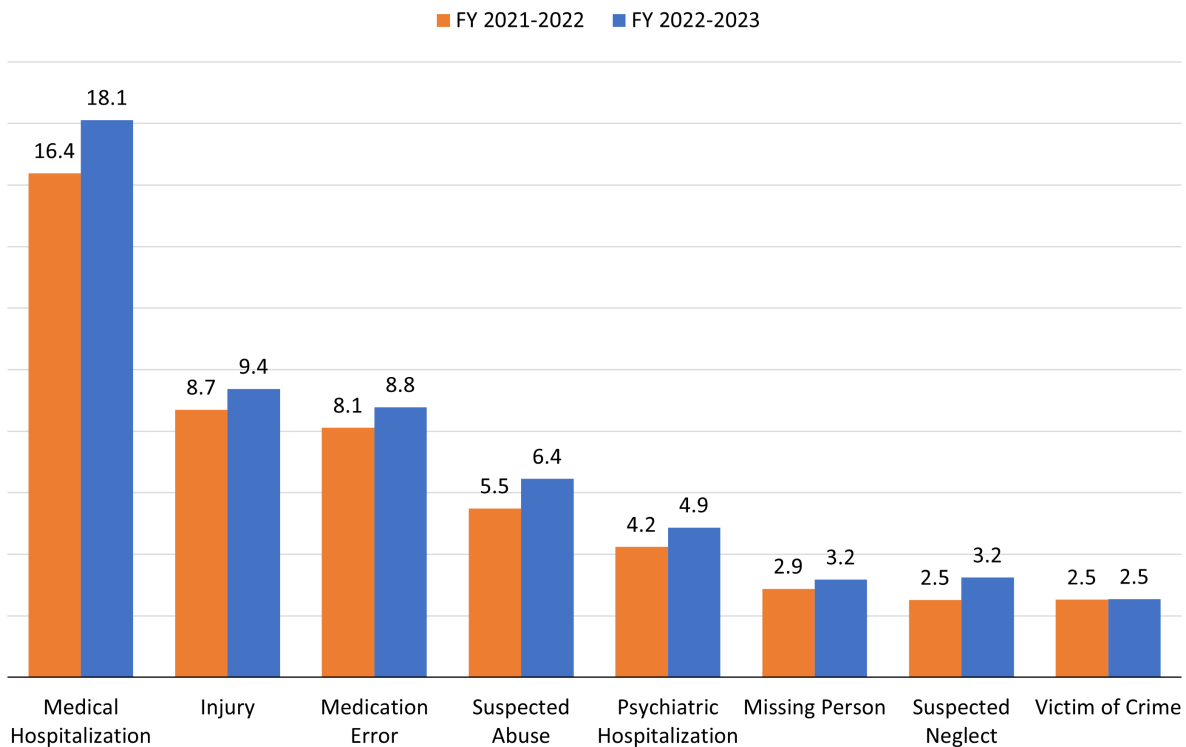
**Unplanned medical hospitalization was the most common incident type reported this year.**

Unplanned medical hospitalizations accounted for nearly a third of all Title 17 incidents reported. Injuries and medication errors each represented more than 10% of all incidents reported. Victim of crime, missing person, and suspected neglect incidents were the least common incident types reported. These shares are consistent with previous years.

### Rates of most types of reported non-mortality incidents increased compared to last fiscal year.

The rates of all non-mortality incident types increased compared to FY 2021-2022, with the exception of victim of crime. The rate of victim of crime incidents remained the same compared to last year.

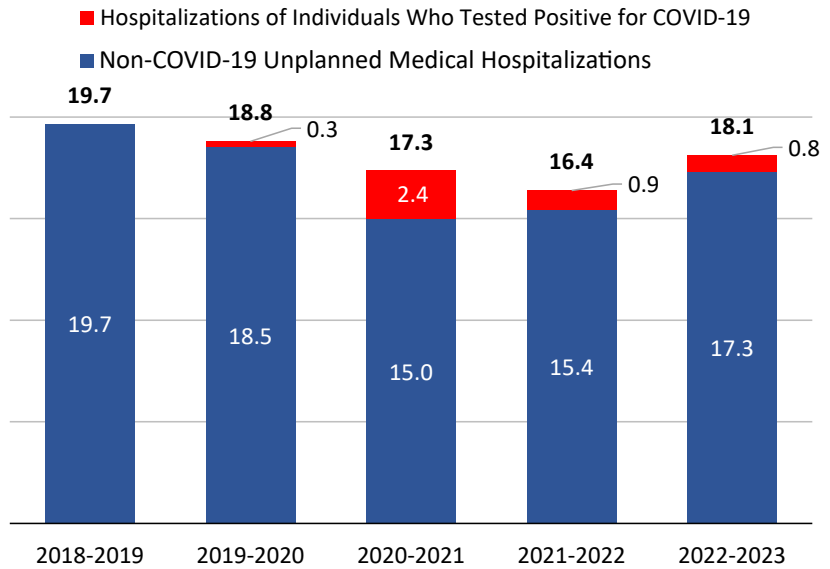
**Rate of Non-Mortality SIRs per 1,000 Individuals in FY 2021-2022 and FY 2022-2023, by Incident Type**



**The rate of unplanned medical hospitalizations per 1,000 individuals increased compared to last fiscal year.**

This year, 7,422 unplanned medical hospitalizations were reported, including 326 hospitalizations of individuals who tested positive for COVID-19.

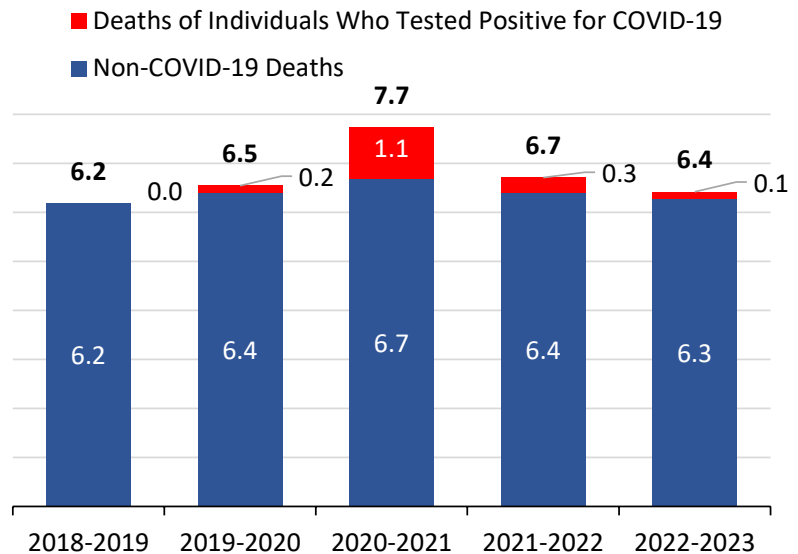
**Unplanned Medical Hospitalizations per 1,000 Individuals, FY 2018-2019 to FY 2022-2023**



**The mortality rate in FY 2022-2023 was similar to rates observed last fiscal year and years before the COVID-19 pandemic.**

This year, 2,630 deaths were reported. There was a decrease in the rate of reported deaths for individuals who tested positive for COVID-19, dropping from 0.3 per 1,000 individuals to 0.1 per 1,000 individuals.

**Deaths per 1,000 individuals, FY 2018-2019 to FY 2022-2023**





## 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