



Risk Management Year in Review Annual Report Fiscal Year 2023–2024

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) 2023-2024. Results reflect data as of September 2024. The California Department of Developmental Services (Department) 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, the Department 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.

A photograph of the California State Capitol building in Sacramento, California, featuring a prominent white dome and classical architectural details. The building is surrounded by lush green trees and a clear blue sky. In the foreground, a yellow rectangular box contains statistical information.

433,490

Individuals served by the
Department

27,035

Special Incident Reports (SIRs)
under Title 17 in FY 2023-2024

The population served by the Department increased by more than 23,000 people this fiscal year.

The total population served by the Department grew 6% since FY 2022-2023. The number of individuals served who reside outside the home of a parent or guardian decreased by 0.5%. The population counts reflect the population in June 2023 and in June 2024.

In FY 2023-2024, 27,035 Title 17 incidents were reported, reflecting an 8% increase from FY 2022-2023.

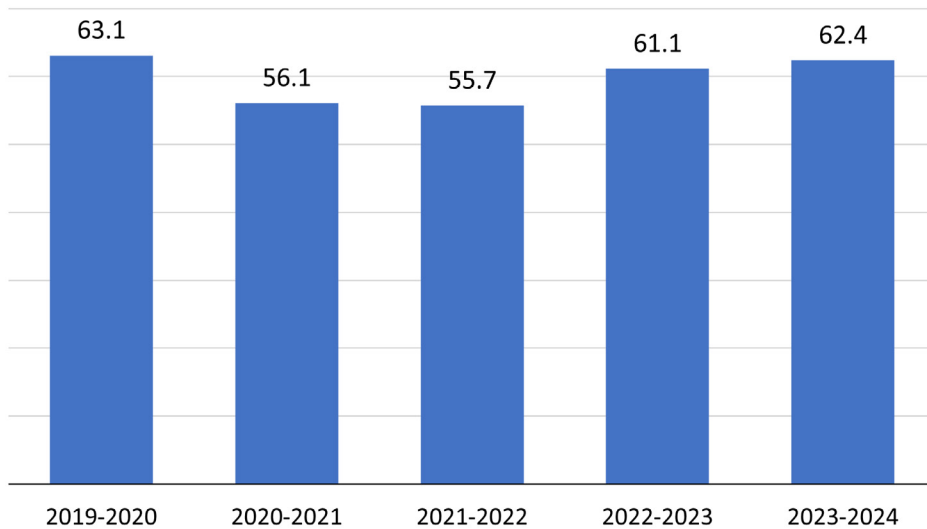
Year	Department Population	Department Population (Out of Home)	Title 17 SIRs
2022-2023	409,751	69,846	25,046
2023-2024	433,490	69,508	27,035

Note: Counts of the out of home population and SIRs reflect the most recent information available as of September 2024. Placement changes and SIRs may be reported after the end of a fiscal year.

The rate of Title 17 incidents reported per 1,000 individuals increased 2% compared to FY 2022-2023.

About 62 Title 17 incidents were reported per 1,000 individuals served. The rate of Title 17 reported incidents is below the FY 2019-2020 (pre-COVID-19 pandemic) rate.

Rate of Reported Incidents Per 1,000 Individuals Served by the Department



Note: all numbers in graphic are rounded

Compared to the last fiscal year:

The number of individuals served increased by

6%

The number of Title 17 reportable SIRs increased by

8%

Title 17 Incidents

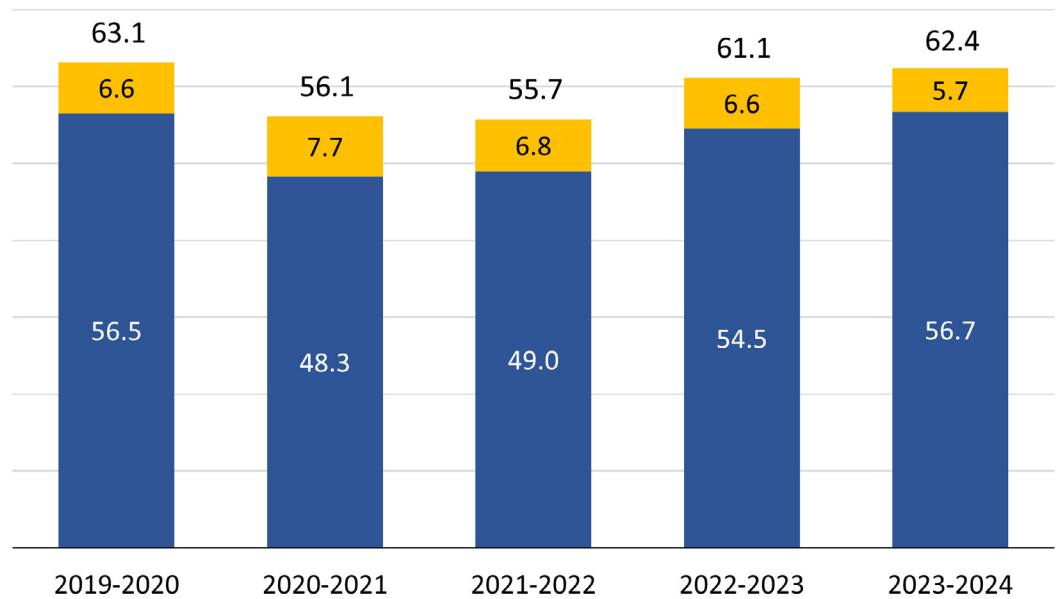
The rate of reported Title 17 incidents increased from last year's rate.

The rate of Title 17 incidents reported per 1,000 individuals in FY 2023-2024 (62.4) reflected an increase from last year but remained below pre-pandemic levels. The number of non-mortality SIRs increased by 10% from FY 2022-2023 to FY 2023-2024. The number of mortality SIRs decreased by 9% during the same period.

The rate of non-mortality SIRs in FY 2023-2024 was higher than the prior four fiscal years, while the rate of mortality SIRs was lower than the prior four fiscal years.

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

■ Non-Mortality Title 17 SIRs ■ Mortality Title 17 SIRs



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

This fiscal year:

24,584

Non-Mortality Incidents

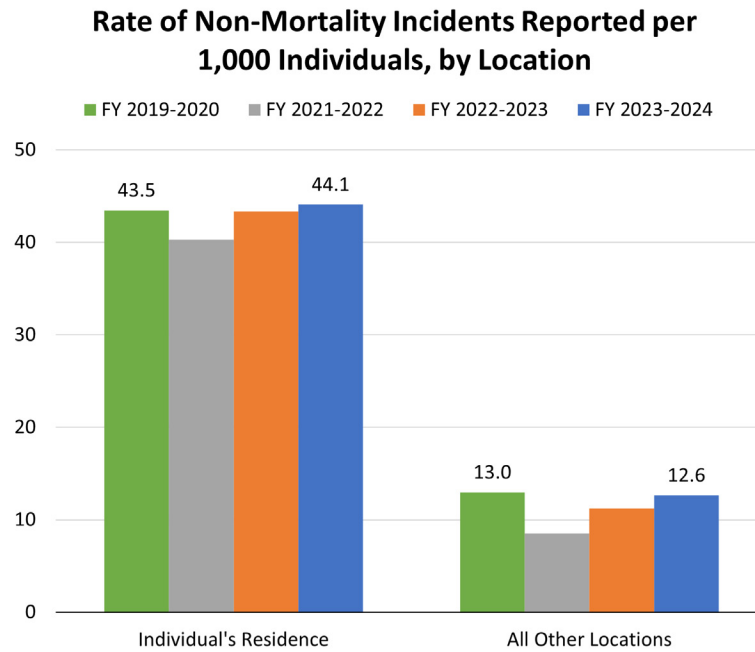
2,451

Deaths

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

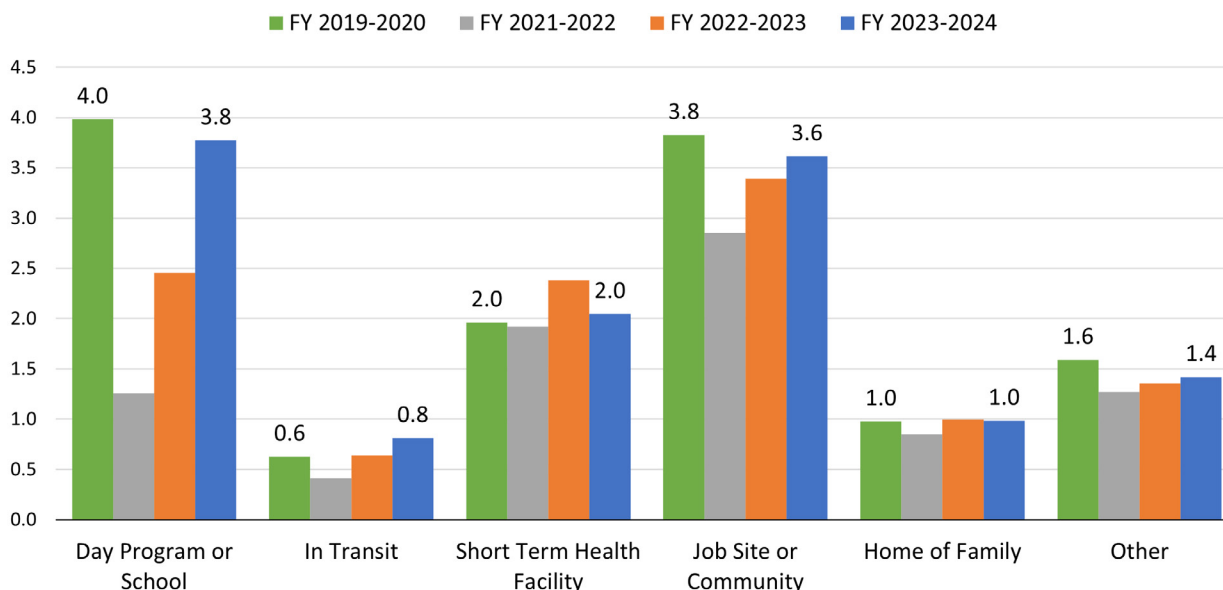
There was an increased rate of non-mortality incidents reported in all settings.

Most incidents occurred in individuals' residences.

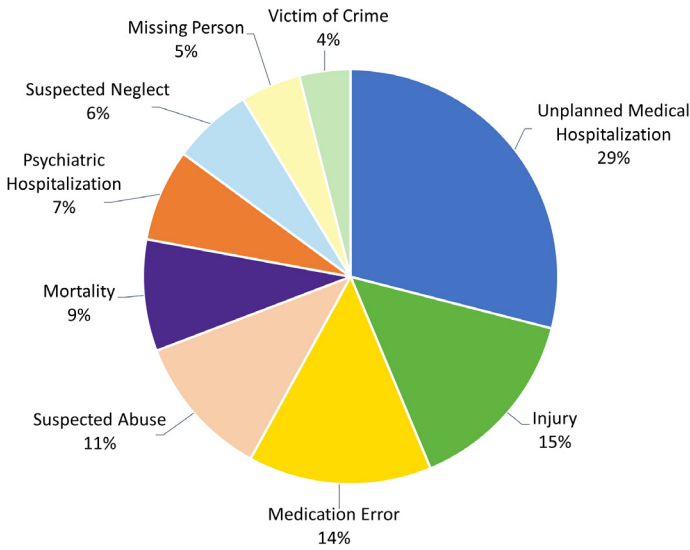


Compared to FY 2022-2023, there were increases in the rates of reported non-mortality incidents occurring in most non-residential locations, including day programs or schools, in transit, and at job sites or in the community. The increases in rates of reported incidents in settings other than the individual's residence are still below the rates observed in FY 2019-2020, before the decreases caused by service changes during the COVID-19 pandemic. For all locations other than individuals' residences, incident rates in FY 2023-2024 were near or below the FY 2019-2020 levels.

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



Breakdown of Title 17 Reportable Incidents by Type, FY 2023-2024, All Individuals



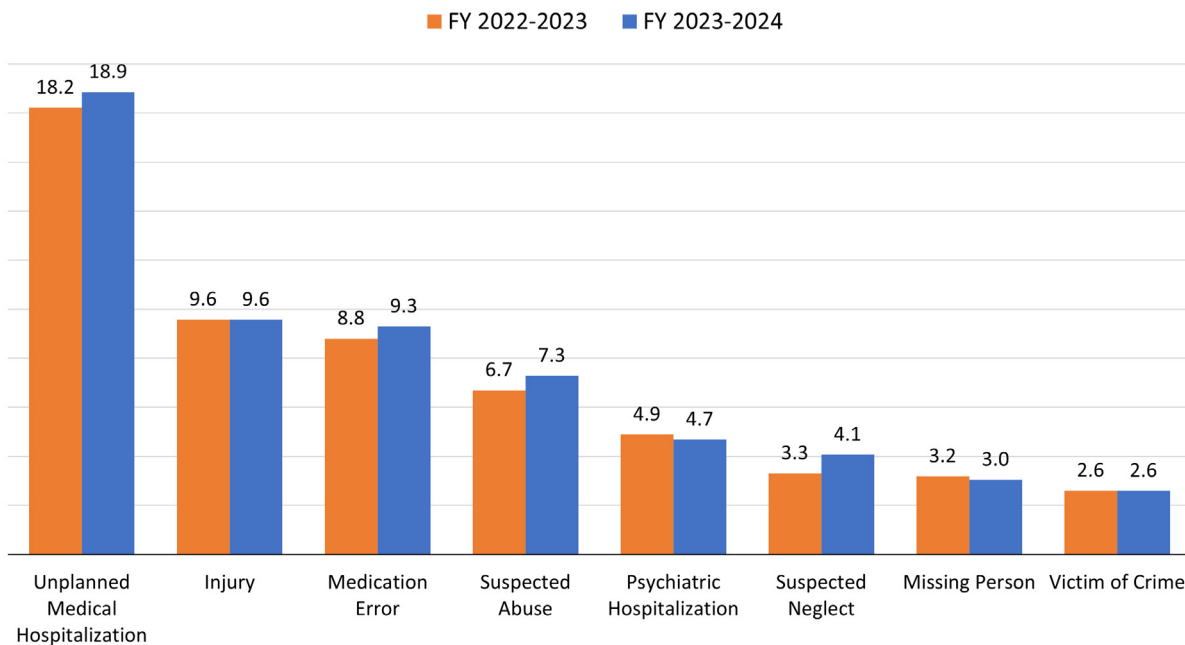
Unplanned medical hospitalization was the most common incident type reported this year.

Unplanned medical hospitalizations accounted for nearly a third of all Title 17 incidents reported. Injuries, medication errors, and suspected abuse 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 percentages are consistent with previous years.

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

The rates of unplanned medical hospitalization, medication error, suspected abuse, and suspected neglect incident types increased compared to FY 2022-2023. The rate of injury and victim of crime incidents remained the same compared to FY 2022-2023. The rate of psychiatric hospitalization and missing person incidents decreased compared to FY 2022-2023.

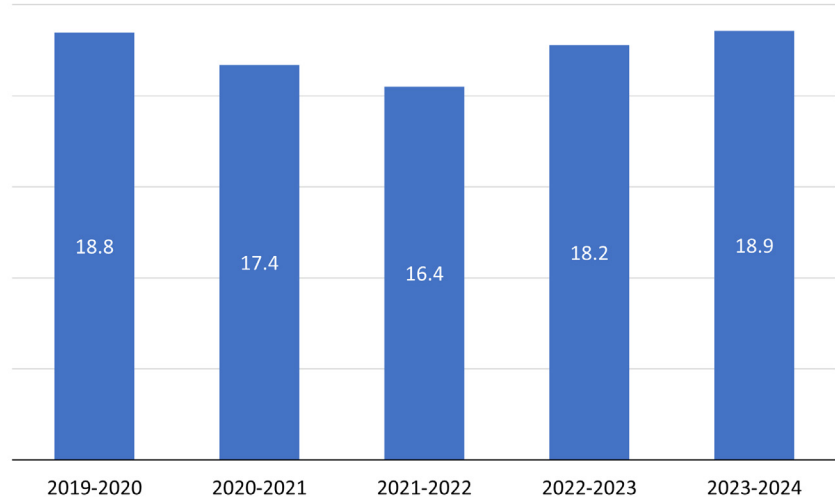
Rate of Non-Mortality SIRs per 1,000 Individuals in FY 2022-2023 and FY 2023-2024, by Incident Type



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

This year, 8,176 unplanned medical hospitalizations were reported. The rate of medical hospitalizations in FY 2023-2024 was higher than COVID-19 pre-pandemic rates found in FY 2019-2020.

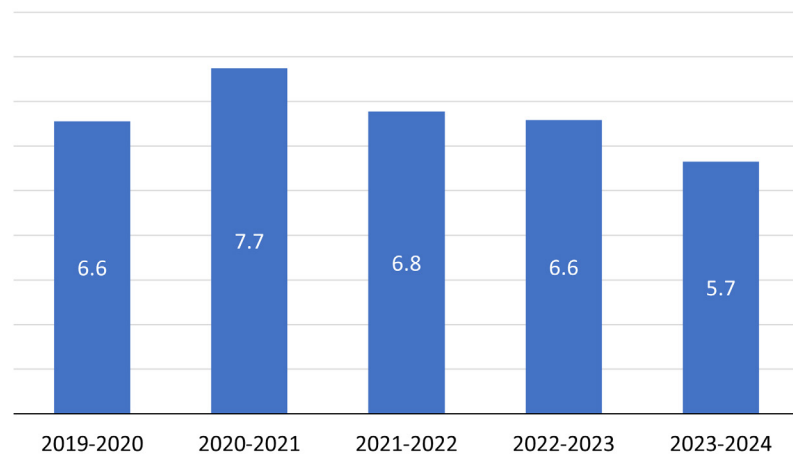
Unplanned Medical Hospitalizations per 1,000 Individuals, FY 2019-2020 to FY 2023-2024



The mortality rate in FY 2023-2024 was lower than in the prior four fiscal years.

This year, 2,451 deaths were reported. In FY 2023-2024 the mortality rate decreased compared to FY 2022-2023. The mortality rate was lower than in the years prior to the COVID-19 pandemic.

Deaths per 1,000 Individuals, FY 2019-2020 to FY 2023-2024



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

CCF/RF: Community Care Facility/Residential Facility

CCH: Community Crisis Home

Correctional Facility or Transient: Transient/homeless, State Hospital, Correctional Institution (Prison), California Youth Authority

EBSH: Enhanced Behavioral Support Home

FHA or Foster: Family Home Agency (Adults) and Foster Home (Children) Licensed

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)

ILS/SLS: Independent Living Skills or Supported Living Services

Other: Certified Foster Home (Children) Foster Family Agency, Psychiatric Treatment Center, Rehabilitation Center, Acute general hospital, Sub-acute, Sub-acute Pediatric, Community Treatment Facility, Hospice, Unknown

SNF/NF: Skilled Nursing Facility/Nursing Facility

SRF: Specialized Residential Facility