



# **Risk Management Year in Review Annual Report Fiscal Year 2024–2025**

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) 2024-2025. Results reflect data as of September 2025. The California Department of Developmental Services (the 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.



**463,072**

Individuals served by the  
Department

**27,968**

Special Incident Reports (SIRs)  
under Title 17 in FY 2024-2025

The population served by the Department increased by more than 29,000 people this fiscal year.

The total population served by the Department grew 7% since FY 2023-2024. The number of individuals served who reside outside the home of a parent or guardian increased by 141 individuals. The population counts reflect the population in June 2024 and in June 2025. SIR counts may change for a previously reported year due to late reporting.

In FY 2024-2025, 27,968 Title 17 incidents were reported, reflecting a 2% increase from FY 2023-2024.

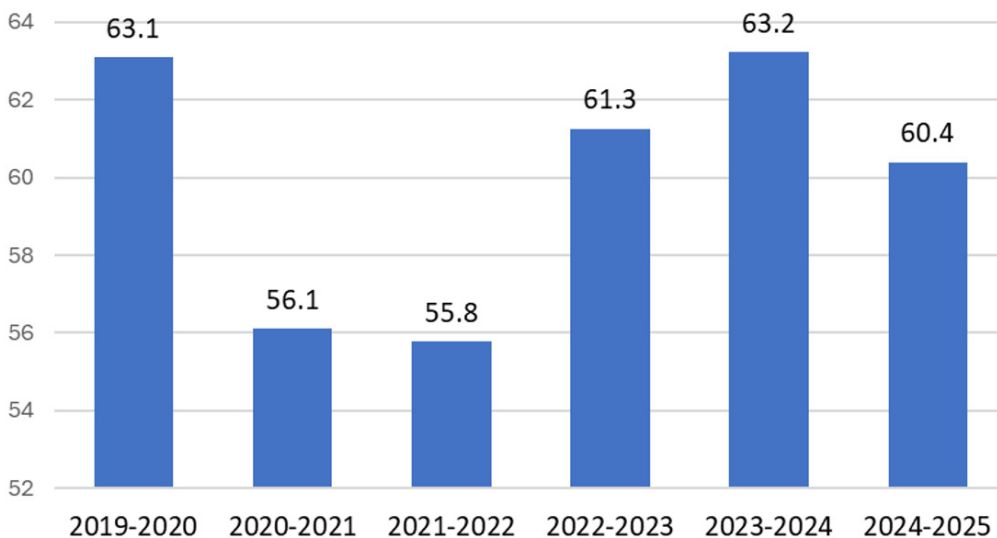
Year	Department Population	Department Population (Out of Home)	Title 17 SIRs
2023-2024	433,490	69,843	27,410
2024-2025	463,072	69,984	27,968

Note: Counts of the out of home population and SIRs reflect the most recent information available as of September 2025. 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 decreased 4% compared to FY 2023-2024.

About 60 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 the graphic are rounded. These numbers are from the most recent data available and may be higher than numbers reported last year.

## Compared to the last fiscal year:

The number of individuals served increased by

**7%**

The number of Title 17 reportable SIRs increased by

**2%**

# Title 17 Incidents

This fiscal year:

**25,533**

Non-Mortality  
Incidents

**2,435**

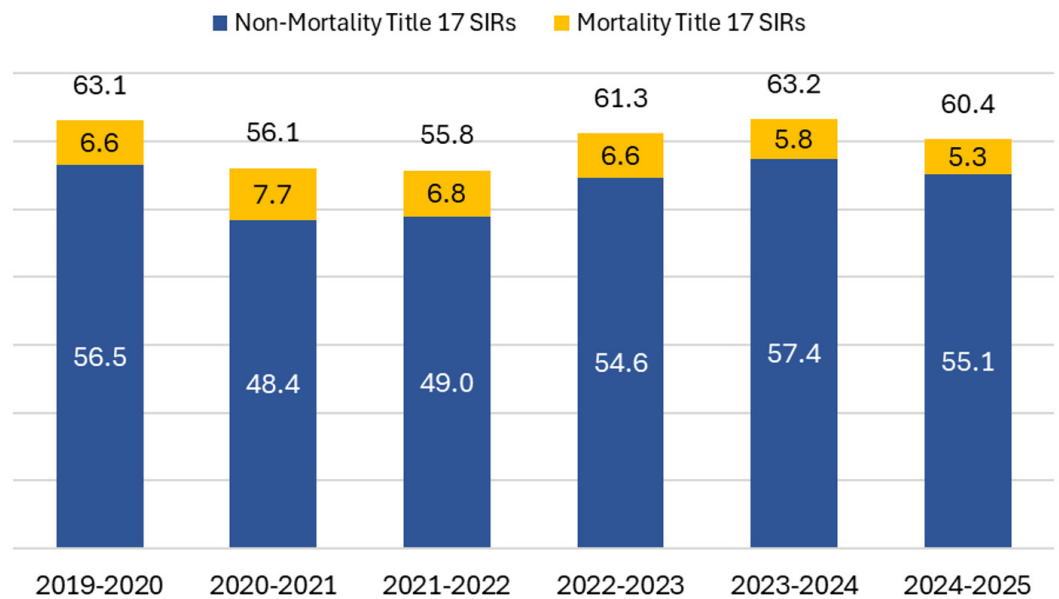
Deaths

The rates of reported mortality and non-mortality Title 17 incidents decreased from last year's rate.

Out of 27,968 reported Title 17 incidents in FY 2024-2025, 2,435 incidents were deaths (mortality SIRs). This number represents a 4% decrease from FY 2023-2024. The rate of mortality SIRs was lower than in the previous five fiscal years.

The number of non-mortality SIRs decreased by 3% from FY 2023-2024 to FY 2024-2025, to 25,533. Because the population served by the Department increased by 7%, the rate of non-mortality SIRs decreased.

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

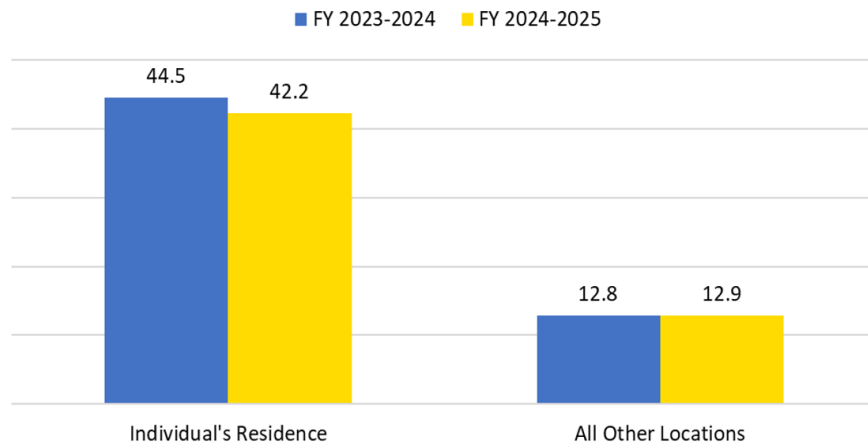


Note: The totals may not match the sum of the separate rates due to rounding.

Most incidents occurred in individuals' residences.

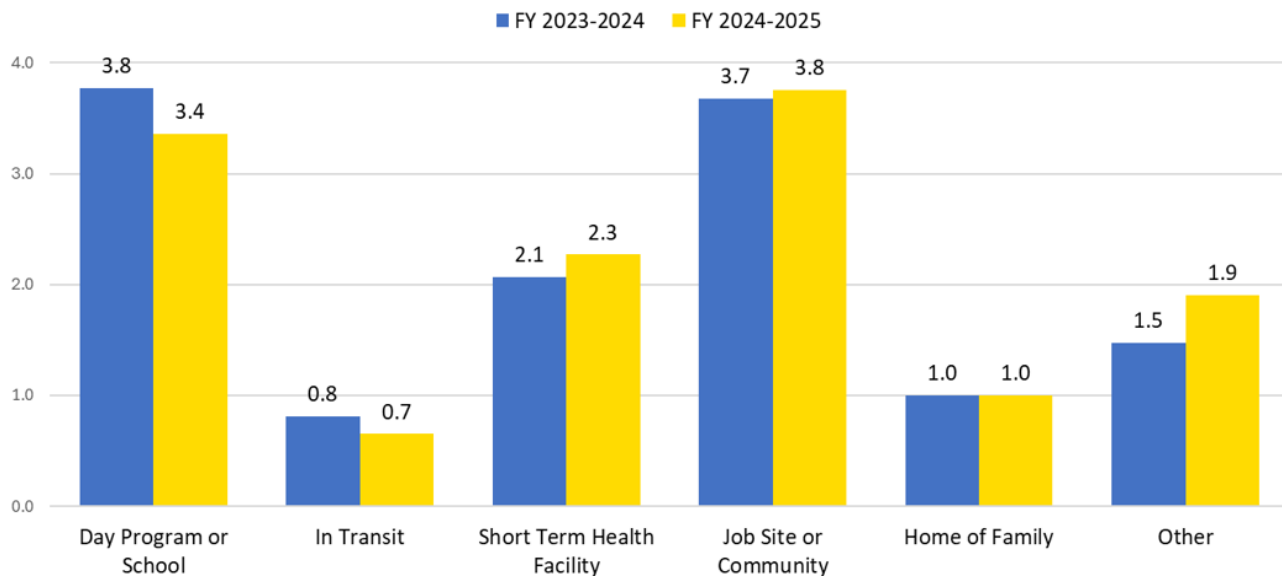
The rate of reported non-mortality incidents occurring in individuals' residences decreased compared to the previous fiscal year. The rate of reported non-mortality incidents occurring in all other locations slightly increased.

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



Compared to FY 2023-2024, there were increases in the rates of reported non-mortality incidents occurring in short term health facilities, job sites or the community, and locations marked as "other". There were decreases in the rates of reported non-mortality incidents occurring at day programs or schools, and in transit. The rate of reported non-mortality incidents occurring in a home of the family stayed constant.

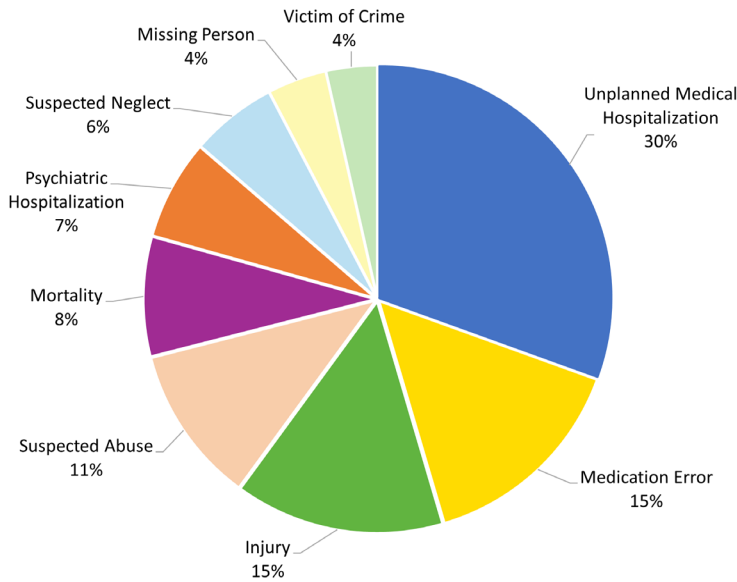
**Rate of Non-Mortality Incidents Reported per 1,000 Individuals, by Non-Residential Location**



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.

**Breakdown of Title 17 Reportable Incidents by Type, FY 2024-2025, All Individuals**

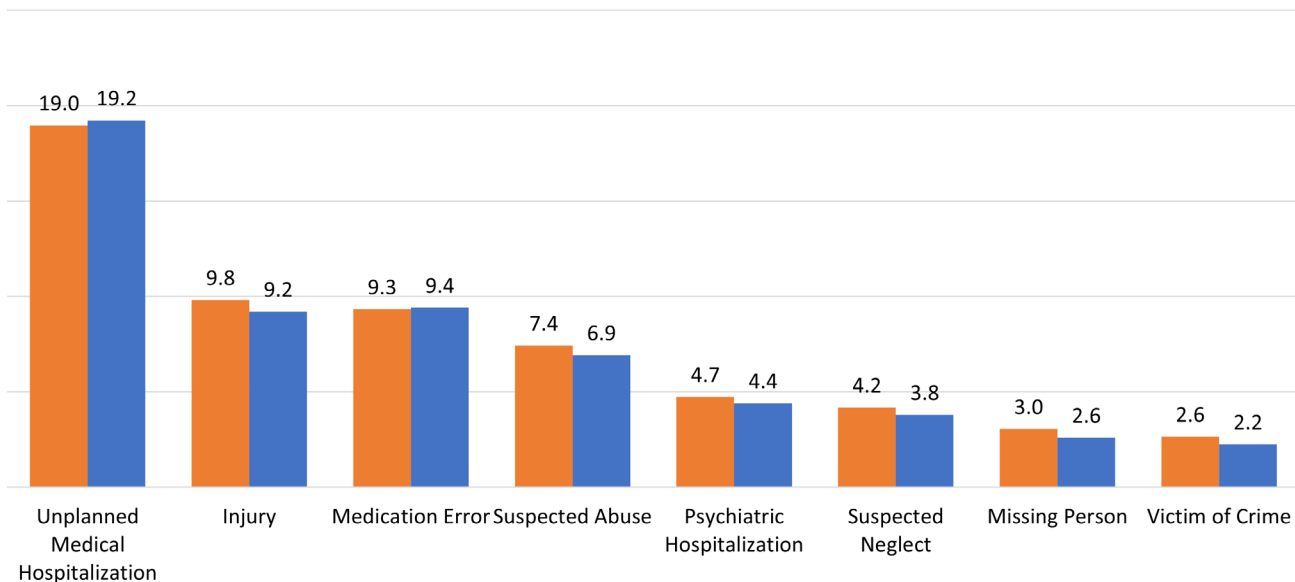


### Rates of unplanned medical hospitalizations and medication errors increased compared to last fiscal year.

Although the rate of non-mortality incidents fell, the rate of reported unplanned medical hospitalizations increased 1% from last year and the rate of reported medication errors increased 1%. The rates of all other types of reported non-mortality incidents fell. The largest declines in rates occurred for victim of crime and missing person incidents, each down 15%.

**Rate of Non-Mortality SIRs per 1,000 Individuals in FY 2023-2024 and FY 2024-2025, by Incident Type**

■ FY 2023-2024 ■ FY 2024-2025



## 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