



2013

MUI Abuser Registry Annual Report

A Review of Health and Welfare Systems for Ohioans with Disabilities



Department of
Developmental Disabilities

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*Message from
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**88,894
Individuals served**

**More than
63,000 (70%) of
those served
live with their family**

**62% served are
males while 38 %
are females**

**The largest age
group of individuals
served is people
6-21 years of age
which includes
28,118 people .
This is followed by
individuals
22-30 years of age
who comprise
13,254 of the
population**

**The smallest age
group served is
adults who are
65 years and older.
This group
comprises 3,334 of
those served.**

The Ohio Department of Developmental Disabilities (DODD) Major Unusual Incident (MUI) / Abuser Registry Unit is proud to publish the 2013 Annual Report. This report was created using data compiled from the Incident Tracking System (ITS) for calendar year 2013. ITS is the Department's online reporting system for tracking, monitoring and providing oversight involving health and welfare incident management to each of Ohio's 88 counties. Actively reporting incidents, providing immediate protections, conducting thorough investigations, identifying cause and contributing factors and implementing effective prevention plans are critical elements to protecting the individuals supported in Ohio.

Included within this annual report is specific data and analysis on a number of the Major Unusual Incident (MUI) categories. The analysis has been completed to assist the department, county boards and providers with identification of systemic issues impacting health and welfare for individuals throughout the state. Information is provided regarding several MUI categories including Physical Abuse, Sexual Abuse, Verbal Abuse, Neglect, Misappropriations, Deaths, Injuries, Hospitalizations, Unapproved Behavior Supports, Attempted Suicide, Medical Emergencies and Missing Persons. The review and analysis of the data has been instrumental in assisting the field with targeting important issues in order to develop strategies for improvement.

In addition to reporting on specific MUI incident categories, we've included data regarding systemic outcomes. This data includes: 24 hour reporting, 30 day Investigations, Site Visit Reports, Department Directed Investigations, Abuser Registry Statistics, Department Hotline Calls, Pattern Trend Reports, Mortality Review Information and other reports pertaining to health and welfare systems.

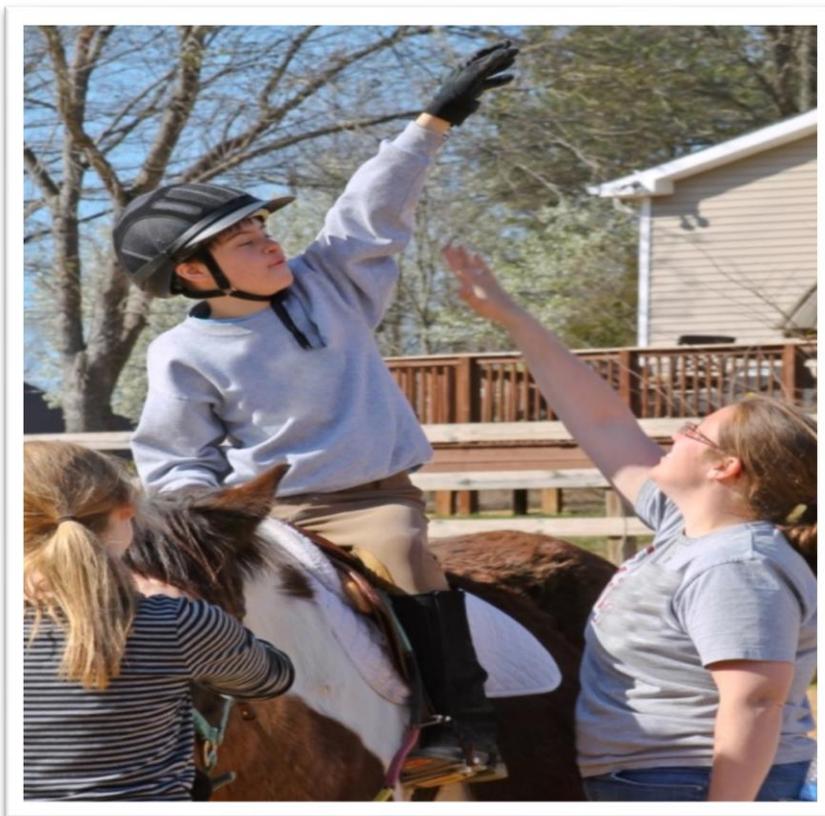
Health and Welfare Alerts are published through the MUI/Registry Unit throughout the year. These Alerts are developed based on the review of ITS data and shared with providers of service in an effort to get information out to the field quickly regarding potential health and welfare concerns. Alerts are created through committee work, pattern and trend analysis and individual case review of incidents. Some Alert topics noted in 2013 included: Choking Prevention, Sexual Abuse Prevention, Hot Water Burns, Physical Abuse and Mechanical Restraints.

The MUI Registry Unit reviewed over 19,637 reported incidents in 2013. The unit reviews each case to assure that appropriate immediate action has been taken to protect individual's health and

welfare and that reports are consistently filed and investigated according to required rule protocols.

O.A.C. 5123:2-17-02 (MUI Rule) went through the rule review process in 2012-2013 and implementation of the revisions occurred in September of 2013. The results to date have indicated an improvement in triaging incidents based on the significance of the reports. Fine tuning a few MUI definitions has allowed for greater clarification and more consistency across the state.

The health and welfare of Ohioan's receiving services remains top priority. The MUI / Registry Unit would like to thank individuals, families, providers, county boards, constituents and department personnel for their hard work, dedication and commitment to making health and welfare a priority in 2013. Ohio's system is comprehensive and requires cooperation and teamwork at many levels to gain positive results. 2014 promises to be a year full of challenges and opportunities and Ohio is well positioned to actively address both.



**62
Placements
on the Abuser
Registry in 2013**

**September 3, 2014
O.A.C. 5123:2-17-02
Rule Revisions
implemented**

**Over 4,000
Individuals, Families
and employees
trained on health and
welfare topics by
MUI staff during the
year**

**19,637
MUIs filed and
investigated
statewide**

**The first edition of
Well Informed
Newsletter,
a quarterly
publication,
was issued in
December 2013**

**Eight
Health and Welfare
Alerts were issued in
2013**

**There were 395
hotlines received in
2013. Of those
reports, 77 reports
(19%) of those
resulted in MUI
filings**

Department's Oversight

The Mission

of the Ohio Department of Developmental Disabilities is continuous improvement of the quality of life for Ohio's citizens with developmental disabilities and their families.

The Incident Tracking System (ITS) is a DODD Application tasked with tracking the Major Unusual Incidents (MUIs) across all of Ohio's Counties. This application aids local and state Developmental Disability (DD) employees in ensuring the health and welfare of the individuals we serve. The Abuser Registry is also maintained through ITS and provides a public facing program for employers to review potential hires to confirm they have not been banned from employment in the field.

Each of the 88 County Boards contract for services or employ an Investigative Agent (IA). The IA is required to investigate all reported MUIs. These investigations include the identification of causes and contributing factors as well as prevention plans to help reduce the likelihood of re-occurrence. IAs are certified through the Ohio Department of Developmental Disabilities (DODD) and are required to attend Civil and Criminal Investigatory Practices training and obtain credit hours to maintain their certification.



Providers and County Boards work diligently to ensure that incidents are reported accurately and timely. Working in partnership, providers and County Boards develop immediate actions to ensure the health and welfare of any at-risk individual(s). The County Board conducts a thorough investigation for all MUIs entered into the Incident Tracking System (ITS) which includes prevention planning.

DODD is responsible for overseeing statewide systems of supports and services for people with developmental disabilities and their families. The Major Unusual Incident (MUI) Unit plays a critical role by providing oversight to County Boards and Providers to help assure the health and welfare of individuals receiving services in Ohio.

The MUI Unit employs fifteen staff and is comprised of three primary entities: Intake, Regional Managers and Registry Investigators.

The Intake Managers assure that all MUIs are entered correctly into the ITS system and include effective immediate actions, meet MUI criteria and are classified accurately according to rule. They also review each and every incident entered into the online Incident Tracking System.

Regional Managers conduct quality assurance reviews of Incident management through the online Incident Tracking System (ITS), conduct site visits to Ohio's counties and providers of service as required and provide training and technical assistance throughout the year.

The Unit Registry Investigators manage the DODD Abuser Registry. In addition, they conduct department directed investigations and site visits to Ohio's counties as required to monitor the quality of the investigations. Registry Investigators provide training and technical assistance to the Investigative Agents (IA).

Other statewide functions include: Providing Informational Notices to Stakeholders, Issuing Health and Welfare Alerts, Managing a Centralized Complaint Hotline, Conducting Statewide Mortality Review Meetings, Steering Statewide Pattern and Trends Meetings, and providing ongoing training to the field.

In 2013, the Department issued eight Health and Welfare Alerts to raise awareness. The Alerts focus on areas in which DODD has identified a risk to people and provides guidance on what can be done to minimize these risks.

All DD Employees are required to be trained, annually, on identification and reporting of Major Unusual Incidents (MUIs) and Unusual Incidents (UIs) prior to direct contact with people served. Training includes the review of any Health and Welfare Alerts released since the previous calendar year's training.



In 2013, the MUI unit conducted onsite reviews of 47 County Boards through the Accreditation and Quality Tier processes. The purpose of these visits was two-fold. The first was to monitor the Board's compliance with Ohio Administrative Code 5123:2-17-02 and the second was to provide technical assistance and support in an effort to improve health and welfare for the individuals residing within that county.

Of the 47 reviews completed, 32 counties received no citations in the area of MUI/UI. Four County Boards only received one citation. Nine counties reviewed received fewer than eight citations while two County Boards had more than eight areas of non-compliance. County Boards are held to a high standard of reporting and completing MUI investigations.

Resources

DODD offers different resources in the Health and Safety Toolkit. The Toolkit is located on the Department's website at www.ohio.gov and contains valuable resources for County Boards, Providers, Individuals and their families. The Toolkit contains informational links, training presentations, forms, reference materials and investigative tools.

Reviews

In 2013, the MUI Unit Conducted 37 Accreditation Reviews, ten Quality Tier Reviews.

In 2013, the County Boards continued to achieve good results in these areas. In the areas of timely reporting and completing of investigations, the County Board achieved 96%.

O.A.C. 5123:2-17-02
Addressing Major Unusual Incidents and Unusual Incidents to ensure health, welfare and continuous quality improvement

Break down of Investigations by Category type for 2013:

Category A-8,900 investigations

Category B-3,669 investigations

Category C-7,068 investigations

Investigation Procedures for the different categories are at <https://doddportal.dodd.ohio.gov/rules/ineffect/Pages/default.aspx>

In collaboration with a hard working group of stakeholders, DODD introduced revisions to O.A.C. 5123:2-17-02 (Addressing Major Unusual Incidents and Unusual Incidents to ensure health, welfare and continuous quality improvement) effective date for implementation of the revised rule was September 3, 2013.

Some of the rule changes included:

- Revision to the definition of Peer to Peer Acts
- Rule title changed to include MUI and UIs. The new title is *Addressing major unusual incidents and unusual incidents to ensure health, welfare, and continuous quality improvement* captures all incident types.
- Changes to Protocols (A, B, and C category investigations.)
- Strengthening of the UI process.
- Revised communication and dispute resolution opportunities (i.e., information, appeal) for peer/guardian in a Peer-to-Peer case.
- Law enforcement notifications on criminal Peer-to-Peer cases. Local conversations to assure appropriate follow-up
- Incidents that meet the definition for a Law Enforcement MUI are filed whether an individual is receiving services or not.

Rule revisions emphasize:

- Improvements that focus on making sure all incidents are investigated
- Providing the appropriate amount of verification and investigation
- Reducing unnecessary worry, time, and effort on paper compliance that doesn't impact outcomes

The 19 MUI Categories were broken into three classifications A, B, and C.

Category A-Accidental or Suspicious Death, Exploitation, Failure To Report, Misappropriation, Neglect, Peer to Peer Act, Physical Abuse, Prohibited Sexual Activity, Rights Code, Sexual Abuse and Verbal Abuse

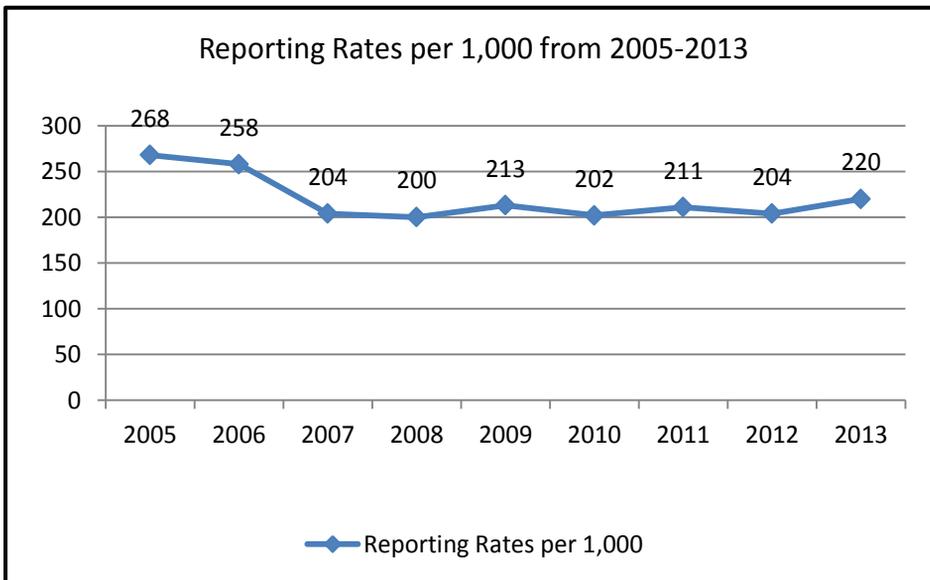
Category B-Attempted Suicide, Medical Emergency, Missing Individual, Death other than accidental or suspicious, and Significant Injury

Category C-Law Enforcement (defined as when an individual is charged, incarcerated or arrested), Unscheduled Hospitalizations and Unapproved Behavior Supports. These are the only three categories where the Appendix C Protocol and form can be used. Appendix C forms can be completed by the SSA and the Provider who was providing services to the individual when the incident occurred. The IA or MUI Contact will enter the information from Appendix C form into ITS. The IA will be responsible for reviewing it and ensuring information is complete, incident is properly coded and meets the requirements of rule.

DODD developed several resources to assist in providing training and education to the field regarding the rule revisions. Information regarding the revisions can be found at the Department's website www.dodd.ohio.gov. Click on the Health and Safety Toolkit and select either of the following headings: Individual, Provider or County Board and scroll down to the MUI Rule Revisions section.

YEAR	NUMBER OF MUIs FILED	NUMBER OF INDIVIDUALS SERVED	REPORTING RATE per 1,000
2005	19,973	74,452	268
2006	19,935	77,369	258
2007*	16,247	79,583	204
2008	16,266	81,284	200
2009	17,244	81,022	213
2010	17,703	87,458	202
2011	19,078	90,237	211
2012	18,654	91,652	204
2013*	19,637	88,984	220

* Rule changes effective this year



Reporting Rates

Reporting rates are good indicators of increases and decreases in MUIs based on the total population served.

In calendar year 2013 the MUI rates per thousand were 220 reports per every thousand person served. This is an increase over the previous year.

Rule changes that went into effect on September 3, 2013 will have an impact on reporting rates.

Number of Individuals Enrolled on Waivers:

Individual Options Waiver:
17,602

Level One Waiver:
12,965

S.E.L.F. Waiver:
222

Transitions Waiver:
2,947

2013 Top Ten Reported MUIs by County and Type			
Category	2013 Count	All MUIS	% of MUIs
Unscheduled Hospitalization	4,627	19,637	23.56
Peer to Peer Acts	2,108	19,637	10.73
Alleged Neglect	2,064	19,637	10.51
Unapproved Behavior Support	1,827	19,637	9.3
Significant Injury	1,755	19,637	8.94
Alleged Abuse-Physical	1,567	19,637	7.98
Misappropriation	1,528	19,637	7.78
Alleged Abuse - VERBAL	857	19,637	4.36
Non-Accidental and Suspicious Deaths	742	19,637	3.78
Medical Emergency	688	19,637	3.5

Abuser Registry

O.A.C. 5123:2-17-03

"Registry" means the registry established under section 5123.52 of the Revised Code of DD employees found to have committed abuse, neglect, misappropriation, a failure to report, or engaged in prohibited sexual relations.

62 people were added to the Registry in 2013 for a total of 509 names listed at the end of calendar year 2013.

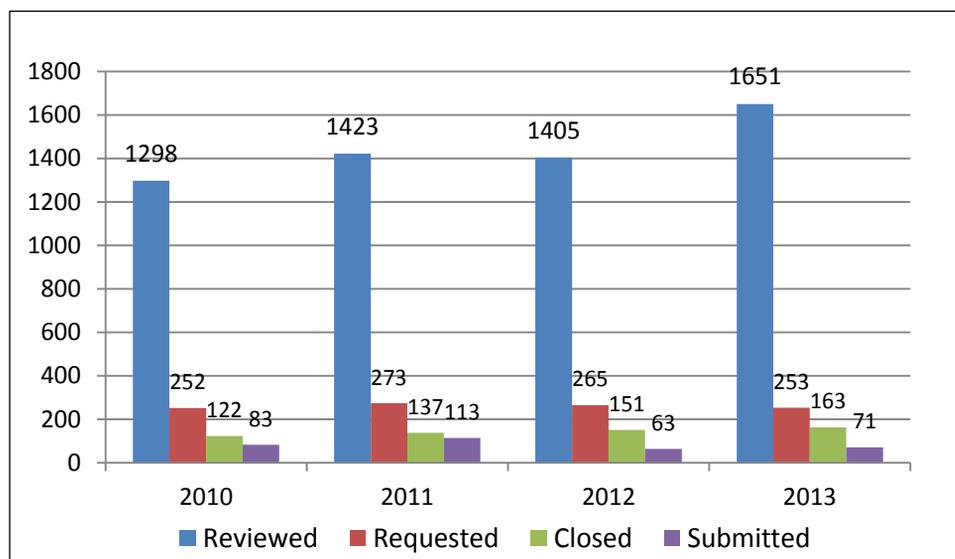
No petitions for removal from the registry were granted in 2013.

To subscribe for Abuser Registry Notifications, please join-abs.alert@list.dodd.ohio.gov

Placement on the Abuser Registry bars that person from employment in the developmental disability field in Ohio. New background check laws enacted in 2012 and effective on January 1, 2013, expanded the reach of the Registry. More employers now have to conduct database reviews (one of these databases is the Registry) as part of their hiring and retention of employees. Registry offenses include physical abuse, sexual abuse, verbal abuse, misappropriation, neglect, prohibited sexual relations, and failure to report. Placement on the Abuser Registry requires clear and convincing evidence.

The Registry is available to everyone on the internet. Anyone can subscribe to have Registry updates e-mailed to them with new placement names. Each year employees receive an annual notice describing all of the potential Registry offenses.

Sixty-two names were added to the Registry in 2013 for a total of 509 names listed at the end of calendar year 2013. No petitions for removal from the registry were granted in 2013. In 2013, there were 1,651 potential Registry Incident Tracking System (ITS) reports reviewed. This initial review (Registry Intake) is done within 10 days of the closure of the MUI. Approximately 85% of these cases were closed during Registry Intake. In 253 of these cases, the MUI/Registry Unit requested and reviewed the complete investigation file. The chart below shows the number of cases for each of the last four years.



The Registry does not require a criminal prosecution. However, if there is pending criminal prosecution, the Registry process must either wait for the criminal process to be completed or get approval from the prosecutor to proceed. This is called a prosecutor's waiver. Another option is to have the person themselves waive their due process rights and agree to placement on the Registry. This is called a voluntary consent. One person who signed a voluntary consent in 2013 was placed on the Registry within 34 days of receiving the case file.



Abuser Registry

O.A.C. 5123:2-17-03

"Registry" means the registry established under section 5123.52 of the Revised Code of DD employees found to have committed abuse, neglect, misappropriation, a failure to report, or engaged in prohibited sexual relations.

When a case is submitted and does not involve a conviction, it is reviewed by the External Review Committee. This group is comprised of individuals, their immediate family, county board and provider staff, and victim's witness groups. The External Review Committee discusses the merits of a case, as well as systems problems and solutions. The Committee makes a recommendation as to whether there is a reasonable basis for believing that there should be a Registry placement. Each member makes a significant investment of their time and talents. Their advice and counsel is invaluable.

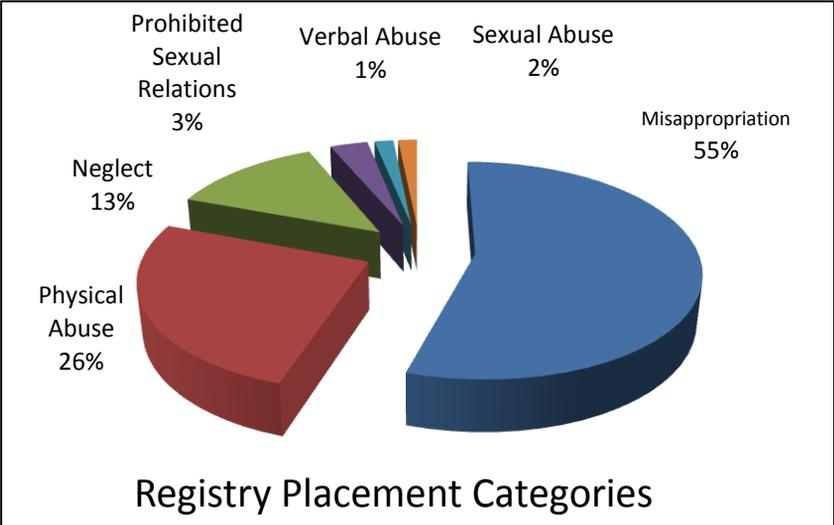
In 2013, there were several improvements that led to a 27% increase in the number of names placed on the Registry. The open caseload decreased by 36% between March 2013 and December 2013. The number of notices of opportunity for hearing almost doubled from 2012. These are the notices that are sent to the person proposed for placement, informing them of the Registry offenses and their rights. In 2013, the first notices were sent for the additional Registry offenses : R.C. 5123.51(C)(3)(a)(iii) misappropriation of prescription medication and R.C. 5123(C)(3)(a)(x) – plea of guilty or conviction to certain crimes. Starting in 2013 and continuing into 2014, additional reports and the capability of the current reports should make it easier to track and communicate about Registry cases.

The number of notices of opportunity for hearing almost doubled from 2012.

There were no petitions for removal granted in 2013

There was a 27% increase of people placed on the Abuser Registry in 2013 from previous year.

Misappropriation cases accounted for 55% of all Registry cases.



Department Directed Investigations

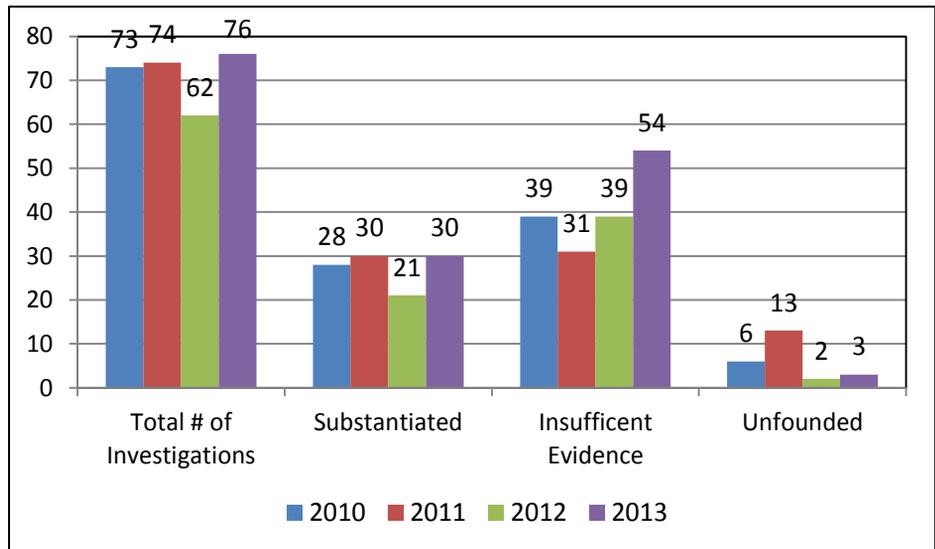
(1) The department shall conduct the administrative investigation when the major unusual incident includes an allegation against:

- (a) The superintendent of a county board or developmental center;
- (b) The executive director or equivalent of a regional council of governments;
- (c) A management employee who reports directly to the superintendent of the county board, the superintendent of a developmental center, or executive director or equivalent of a regional council of governments;
- (d) An investigative agent;
- (e) A service and support administrator;
- A major unusual incident contact or designee employed by a county board;
- (g) A current member of a county board;
- (h) A person having any known relationship with any of the persons specified in paragraphs (l)(1)(a) to (l)(1)(g) of this rule when such relationship (if may present a conflict of interest or the appearance of a conflict

Continued on page 11

Ohio Revised Code Section 5123:2-17-02(l) describes the allegations in which the MUI/Registry Unit is required to conduct a Department Directed Investigation. It would be a conflict for the county board or developmental center to conduct the MUI investigation. There are also cases in which the individual, a family member, a provider, or the county board requests that the Department conduct the MUI investigation.

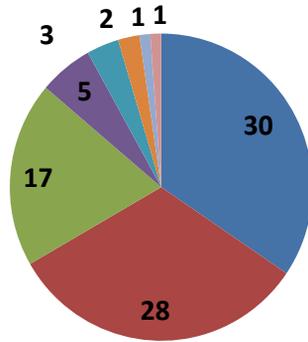
In 2013, there were 76 investigations conducted with findings for 87 allegations. There are several investigations that had multiple allegations. Below is a chart with the findings for each of the allegations from the last four years:



For 2013, there were also three investigations: Medical Emergency (2) and Unapproved Behavior Support (1) that would not result in a finding. The substantiation percentage is very close to last year.

Year	Substantiated	Insufficient Evidence	Unfounded
2013	34%	62%	4%
2012	34%	63%	3%
2011	40%	42%	18%
2010	38%	54%	8%

Department Directed Investigations



■ Neglect ■ Failure to Report ■ Sexual Abuse
■ Verbal Abuse ■ Physical Abuse ■ Misappropriation
■ Exploitation ■ Rights Code Violation

Types of Allegation	Substantiated	Insufficient Evidence	Unfounded	Total
Exploitation	1	0	0	1
Failure to Report	10	18	0	28
Misappropriation	0	1	1	2
Neglect	15**	15	0	30
Physical Abuse	0	1	1	2
Prohibited Sexual	0	1	0	1
Rights Code Violation	0	1	0	1
Sexual Abuse	4	12	1	17
Verbal Abuse	0	5	0	5

**5 of the cases were substantiated as systems issues



In 2013, 67% of Department Directed investigations involved either Failure to Report or Neglect. Of these, Neglect had the highest substantiation percentage at 50%, with Failure to Report at 36%.

Recommendations for preventative measures are included in each investigation and are tailored to the cause and contributing factors in each case.

Department Directed Investigations

Continued from page 11 of interest; or
 (i) An employee of a county board when it is alleged that the employee is responsible for an individual's death, has committed sexual abuse, engaged in prohibited sexual activity, or committed physical abuse or neglect resulting in emergency room treatment or hospitalization.

There were 76 Department Directed Investigations conducted in 2013

Five of the neglect cases resulted in a substantiation as a systems issue.

Neglect and Failure to Report are the leading categories of Department Directed Investigations.

34% of Department Directed Investigations were substantiated while 62% were not due to insufficient evidence. Of the cases, 4% were unfounded.

Misappropriation

means depriving, defrauding or otherwise obtaining the real or personal property of an individual by any means prohibited by the Ohio revised code, including chapters 2911 and 2913 of the revised code.

In 2013, there were 1528 misappropriation allegations reported and 899 were substantiated (59%). The break down by Primary Person Involved is:

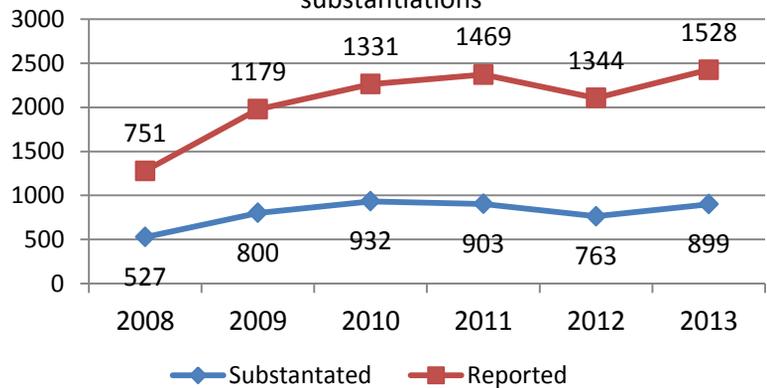
- Employees-180 (20%)
- Guardian-3 (Less 1%)
- Others-126 (14%)
- Family-79 (9%)
- Payee-13 (1%)
- Unknown-498 (55%)

The most prevalent personal property items taken are electronics and accessories. These included i pads, laptops, televisions, gaming systems, games and movies.

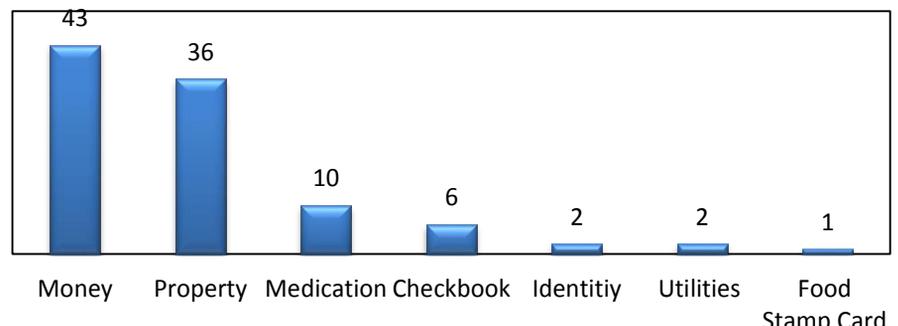
Last year, more than 2 % of the substantiated misappropriation cases were the result of identity theft.

Many electronic devices contain security features that can be engaged to safeguard against theft and breach of personal information.

Number of Misappropriation Allegations compared to substantiations



Percentage of Items Misappropriated in 2013



The percentage of items misappropriated has remained steady over the last several years with money being the most misappropriated item and food stamp cards the least.

Identified Causes and Contributing Factors to Misappropriation:

- Personal Information is given out over phone or internet
- Medication counts are not completed
- Employees are allowed to keep shopping money for long periods of time with no accounting
- Little oversight for lump sum payments such as spend downs
- No accounting for ongoing payments such as burial plans and/or life insurance policies and funds were misappropriated
- Trusted Employees, Family members, Payees have access to credit cards, bank cards, and personal information with little oversight
- Individuals rely on family and/or caregivers to do the banking (Deposits / Withdrawals)
- Money storage (Safes, lock boxes, and folders) are not secured or too many people have access
- Personal property (i Pods, i Pads, Gaming Systems and Laptops) are not secure
- Security features for phones, i Pads and other electronics are not utilized

Prevention Plan to Address Misappropriation:

- Limit online purchases with unknown vendors
- Obtain a copy of credit report annually and report all discrepancies to Credit Bureau.
- Notify the Social Security Administration immediately if there are concerns with a payee
- Secure methods for storing cash, checks, medication and property appropriate for the person served
- A careful review of all incoming bills to ensure that only purchases made by individual are being charged to them
- Minimizing the number of staff with access to medication and cash on hand
- Ensure oversight of those responsible to manage and monitor money in the homes
- Regular reconciliation of accounts including obtaining receipts and matching them up to actual purchases
- Ensure windows, doors and garages lock properly
- Check that medications are accounted for on each shift
- Discuss trips and other large expenditures in advance with the team
- Ensure that individual's personal information such as social security number, date of birth and Medicaid/Medicare numbers are not left out where someone else could take and use
- Be cautious when applying for lines of credit or opening new accounts
- Ask that credit restrictions be placed so that written or additional approvals are required before new lines of credit be approved

In 2013, there were 119 allegations of exploitation reported. Of those 119 investigations, 57 (48%) were substantiated in 2013. This was an decrease of 8% over the previous year.

Some examples of exploitation incidents include:

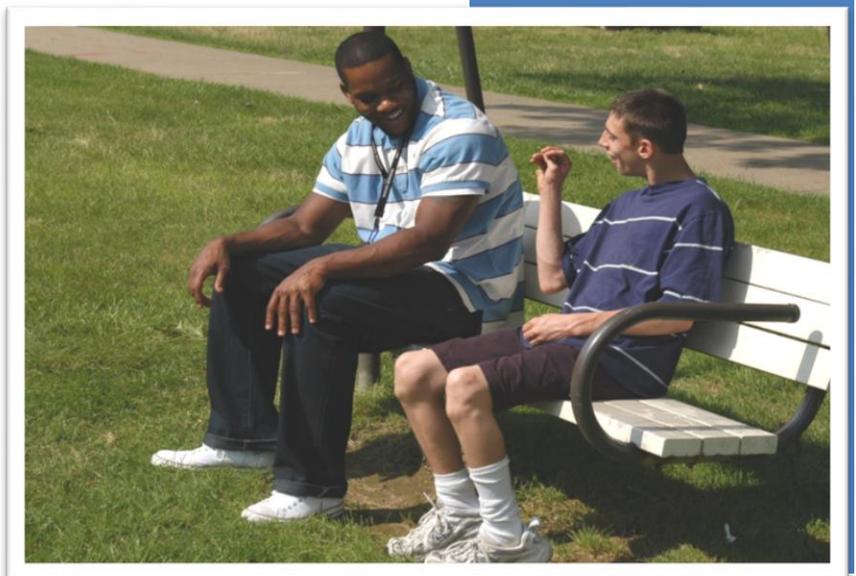
- *Family members asking individuals to cosign for large loans because the individual has good credit*
- *A staff person using an individual's washer and dryer for their own purposes*
- *A neighbor coerced a person into making purchases while shopping*
- *An individual is told that they will not be able go out to eat unless they pay for gas for the staff's car when The provider staff is reimbursed for mileage through the waiver.*
- *The Home Manager's child is selling wrapping paper for a school fundraiser. The Home Manager asks all the individuals in the home to purchase \$20 in wrapping paper.*

Misappropriation

According to 2013 data, money is the leading item misappropriated. This accounts for 43% of all misappropriated items.

Free annual credit checks are available to detect identity theft early. Any discrepancies should be reported to the Credit Bureau.

Exploitation is the unlawful or improper act of using individual's resources for personal benefit, profit, or gain



Verbal abuse means the use of words, gestures, or *other communicative means* to threaten, coerce, intimidate, harass or humiliate an individual.

857 Verbal Abuse Allegations were reported and **343 (40%)** were substantiated. Break down by PPI Type is as follows:

- Employees-172 (50%)
- Others-60 (18%)
- Family-42(12%)
- Friend-37 (11%)
- Unknown-21 (6%)
- Guardian-8 (2%)
- Payee-3 (1%)

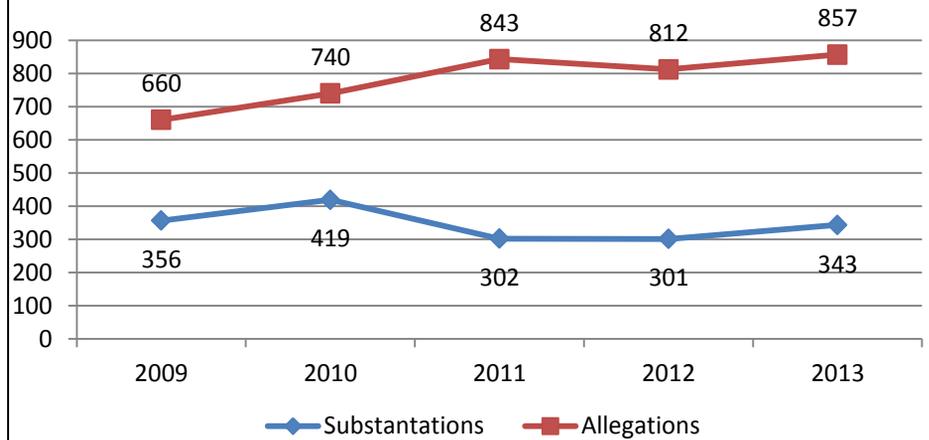
The number of verbal abuse allegations and substantiations has remained fairly consistent over past 3 years.

Rights code violation

means any violation of the rights enumerated in section 5123.62 of the Revised Code that creates a likely risk of harm to the health or welfare of an Individual.

79 Allegations of Rights Code Violations in 2013

Verbal Abuse Allegations-Substantiations 2009-2013



Identified Causes and Contributing Factors to Verbal Abuse:

- Control; unrealistic expectation
- Family history of domestic violence
- Individual is not able to communicate what is going on based on communication and so they continue to be victimized
- Staff are placed in challenging situation with little support
- Lack of positive supports
- Staff are scheduled excessive hours

Prevention Plans for Verbal Abuse:

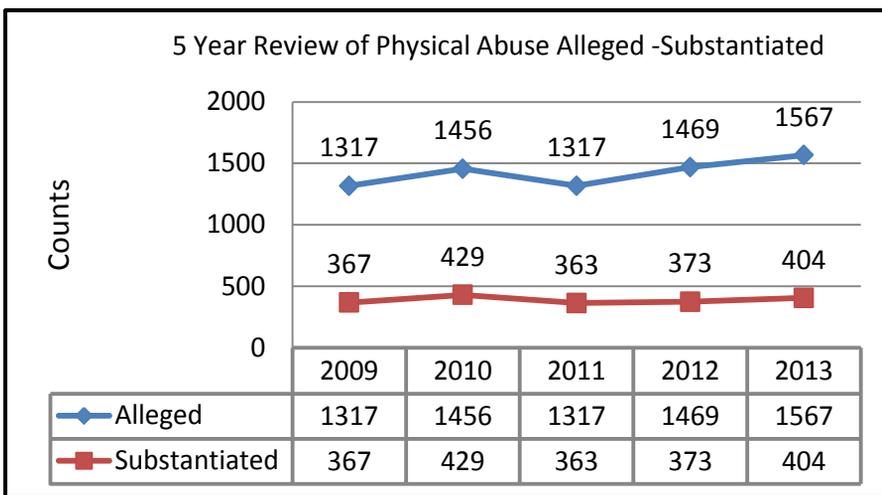
- Sensitivity Training
- Team Meeting
- Change in support staff
- Counseling
- Increased Supervision
- Safety Plans developed
- Increase in opportunities for healthy relationships

In 2013, there were 79 Allegations of Rights Code Violation and 43 Substantiated Cases (54%) in 2013 which is comparative to the reporting rates in 2012 (81 allegations and 42 substantiated cases (52%). Some examples of Rights Code Violations include:

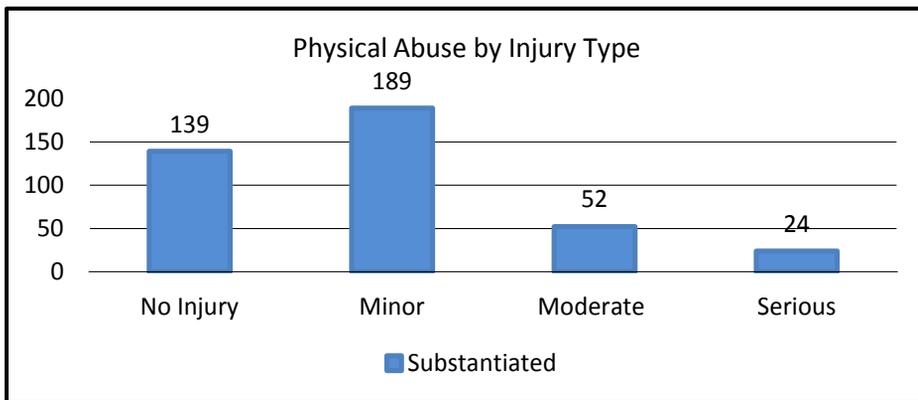
- Denying a person the right to call their friend. The person gets so upset they put their hand through their bedroom window.
- Locking up an individuals possessions (TV, phone, drawing supplies-outside of a team approved plan) which upset the individual so much they physically attacked staff and were restrained.

Elements of effective Prevention Plan to address Rights Code Violations:

- Rights and Sensitivity Training
- Team Meetings
- Review of Job Description



The chart below shows the number of substantiated physical abuse cases by the level of injury occurred. For example, there were 189 substantiated physical abuse that involved minor injuries in 2013 which made up 44% of the total substantiated physical abuses.



Identified Causes and Contributing Factors to Physical Abuse:

- Staff is demanding and try to control the individual’s decisions
- History of domestic violence (family, spouse or significant other)
- Individual is targeted due to their disability
- Staff not equipped/trained to handle situation or properly care for person
- Primary Person Involved was under the influence of drugs or alcohol
- Individual making unsafe choices by engaging in illegal activities
- Lack of staff support such as no network to call when staff have questions or need to discuss a work related matter

Prevention Plans:

- Emergency Removal of the individual
- Safety Plans developed
- Increase in opportunities for healthy relationships
- Counseling
- Removal of Guardian
- Additional training and supports for staff

*If the incident involves another individual with developmental disabilities, it is listed as a Peer to Peer Act. The annual report includes a Peer to Peer Act section that will address those incidents.

Physical abuse * means the use of physical force that can reasonably be expected to result in physical harm. Since 2007, incidents have been split up into two different types of MUIs depending on the aggressor.

1567 Allegations were reported and **404 (26%)** were substantiated. Break down by PPI Type is as follows:
Family- 84 (21%)
Employees - 109 (27%)
Others- 62 (15%)
Unknown- 72 (18%)
Friend- 68 (17%)
Guardian- 8 (2%)
Payee-1(less than 1%)

In 2013, there was a 8% increase in the number of substantiated physical abuse cases reported from 2012. As a result, the Department has increased training and issued an **Health and Welfare Alert to the field.**

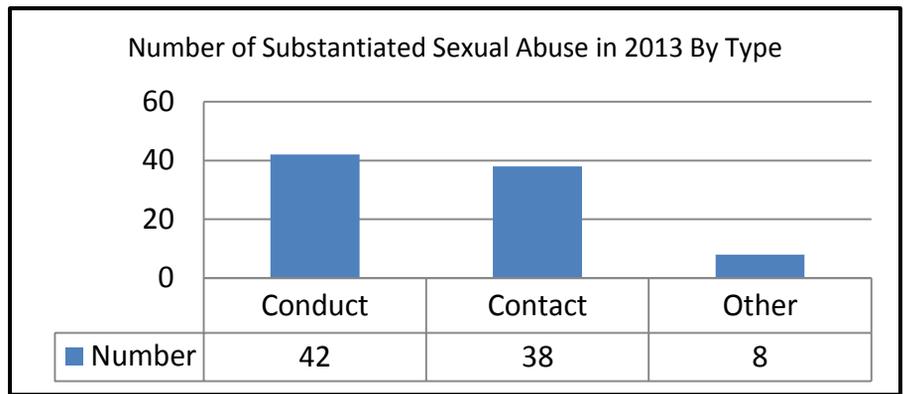
Injuries are defined as the following:
 Minor – Did not affect day-to-day activities, e.g., broken toe, fingers, sutures, splint, wrap.
 Moderate – Did affect day-to-day activities, e.g., missed work, crutches, casts, adaptive equipment, bed rest.
 Serious– Injury required hospitalization, off weeks from work.
 None – no injury.

Sexual Abuse

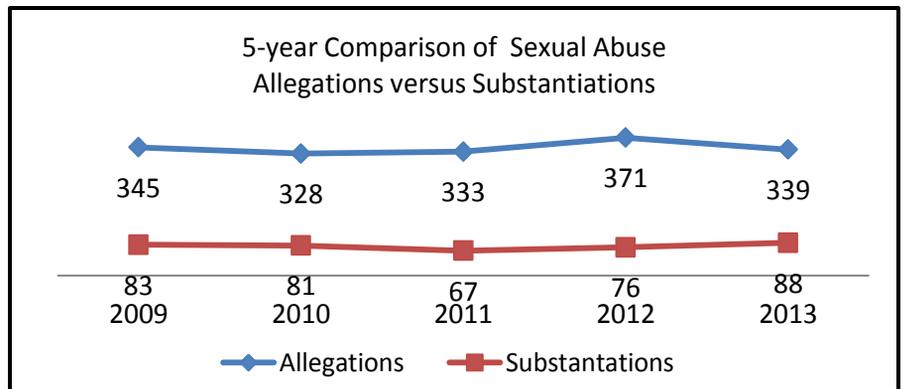
There are three types of Sexual Abuse MUI allegations: Conduct, Contact, and Other. Conduct is the most egregious and would include any type of rape, oral sex, or penetration. Contact is touching breasts or genitalia either over or under clothing. Other would include voyeurism, taking pictures of the individual, promoting prostitution, and anything else that would not fit the category of conduct or contact.

Sexual Abuse MUIs are also broken down into categories of who is alleged to have committed the act. MUIs result in a finding of either substantiated or unsubstantiated. The standard for substantiation is preponderance of the evidence. This means that it is more likely than not that there was sexual abuse.

Due to a slight increase in substantiated sexual abuse, the Department has provided additional training in this area and issued information to the field about sexual abuse prevention and reporting. Please see Health and Welfare Alert # 56-02-13 at dodd.ohio.gov



Break Down by PPI	Number	%
Family	32	36%
Other (friend, neighbor, acquaintance)	37	42%
Unknown	7	8%
Employees	12	14%



Identified Causes and Contributing Factors to Sexual Abuse:

- Victim is not believed and so sexual abuse continues
- Family history of domestic violence and sexual abuse
- Individual is not able to communicate what is
- Individual has history of being sexually abused
- Individual may engage in risky behaviors like prostitution, drug use or allowing strangers in their home
- Individual may have limited mobility

Prevention Plans:

- Counseling
- Increased Supervision
- Emergency Removal of the individual
- Safety Plans developed
- Increase in opportunities for healthy relationships

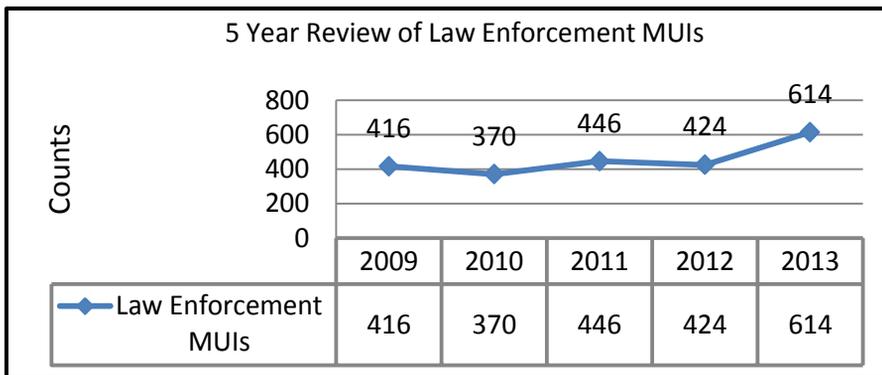
There were 22 allegations of Prohibited Sexual Abuse and eight substantiated Cases (36%) in 2013.

Identified Causes and Contributing Factors of Prohibited Sexual Relations:

- Lack of Boundaries
- Agency employees do not have a clear code of conduct for their employees
- Drug and Alcohol Use
- Lack of Oversight

Prevention Plans:

- Counseling
- Additional training and supports for staff
- Agency adopts a Code of Conduct agreement
- Routine monitoring of services and staff conduct by provider



In 2013, there were 614 MUIs filed for Law Enforcement events with individuals served.

Effective September 3, 2013 the MUI rule requires all Law Enforcement MUIs to be filed whether the individual is with a provider at the time of the incident or not. As a result, it is anticipated the number of Law Enforcement MUIs will increase in the coming year(s). An initial increase has been noted for 2013.

Some reasons for Law Enforcement MUIs in 2013:

- Probation Violation
- The individual is upset and breaks a piece of furniture and his parents call the Police who arrest him
- Misdemeanor Drug Charges
- An individual hit the Public Bus driver who pressed charges
- A domestic dispute of two married individuals served results in an arrest of one
- A untrained staff person does not follow the individuals plan and as a result the individual is unsupervised and subsequently arrested for an altercation that could have been prevented

Prohibited sexual relations

means a developmental disabilities employee engaging in consensual sexual conduct or having consensual sexual contact with an individual who is not the employee's spouse, and for whom the developmental disabilities employee was employed or under contract to provide care or supervise the provision of care at the time of the incident.

Law enforcement.

"Law enforcement" means any incident that results in the individual served being arrested, charged, or incarcerated.

Law Enforcements MUIs continue to climb with the largest increase (30%) occurring from 2012 to 2013.

Due to this increase and for the overall welfare of those we serve, it is imperative that providers, County Boards, advocates and the Department work diligently to form partnerships , provide education and support to Local Law Enforcement Agencies.

“Neglect” means when there is a duty to do so, failing to provide an individual with any treatment, care, goods, supervision, or services necessary to maintain the health and welfare of the individual. Neglect MUIs do not require that there be a resulting injury, they do require that there is a reasonable risk of harm.

All Neglect MUIs require immediate action, an administrative investigation to determine causal factors, and prevention plan implementation. These three elements are addressed in each and every case.

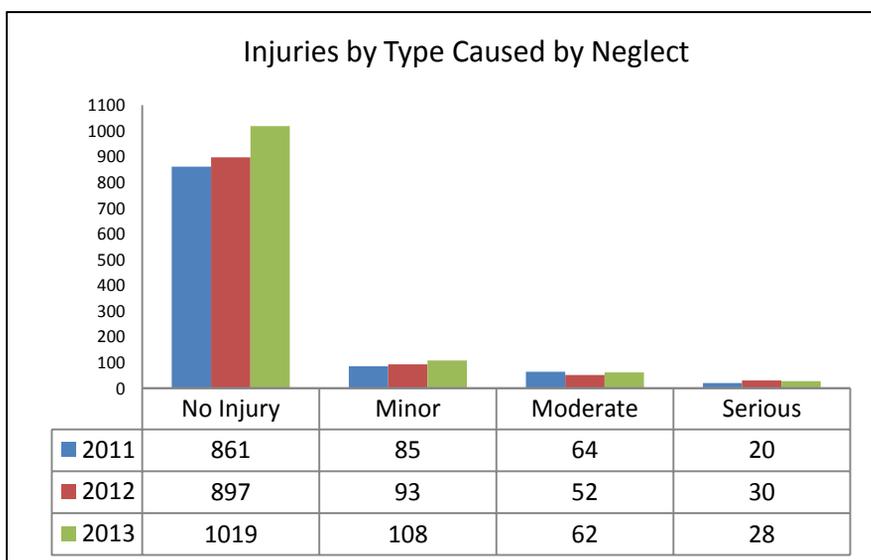
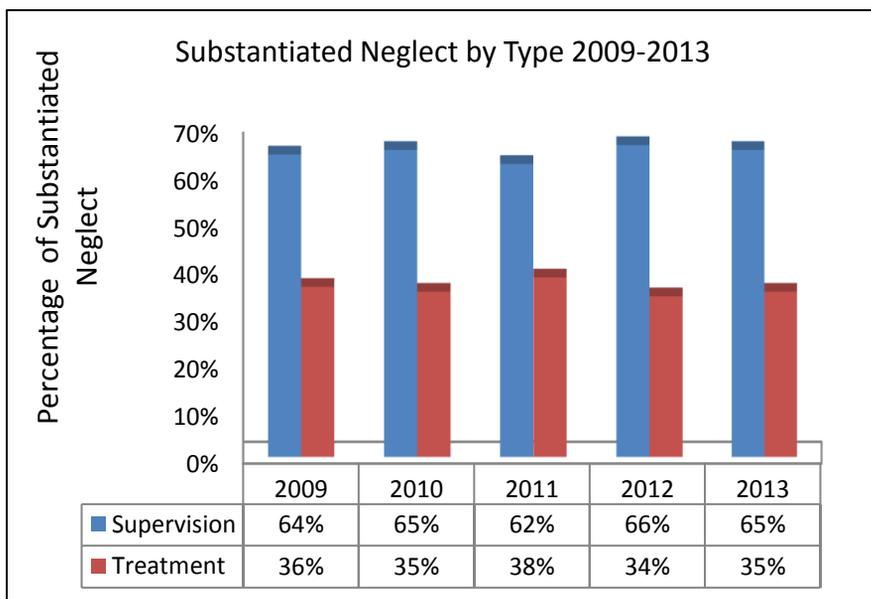
2,064 Allegations and 1,217 Substantiated Cases (59%).

Break down by PPI:
Employees-992 (82%)
Others-71 (6%)
Family-122 (10%)
Guardian-29 (2%)
Unknown-3 (less than 1%)

84% of substantiated neglect cases resulted in no injury.

Year	Allegations	Substantiations	% of Substantiations
2009	1,415	831	58%
2010	1,510	901	60%
2011	1,762	1,030	58%
2012	1,836	1,072	58%
2013	2,064	1,217	59%

Data shows an increase in neglect allegations over the past three years while the substantiation rates has remained relatively unchanged. The Department believes that the increase in allegations is due to improved awareness of reporting requirements.





Neglect

Health and Welfare is Priority One!

If any individual is exhibiting signs and symptoms of a serious medical condition, a call to 911 is made immediately. *The family contacts, management calls, and other notifications should be made after an assurance that the health and welfare of the individual has first been addressed.*

Discussion should occur annually at each individual's Individual Service Plan (ISP) meeting related to emergency medical treatments. In many cases, families and guardians sign emergency medical consent forms to assure that immediate medical attention is provided as necessary. Often these forms contain the name of the preferred hospital and physician. Generally speaking, boards and providers should not agree to delay calling 911 until the guardian or family is first notified. If a guardian or family has special concerns regarding medical care, these should be addressed at the ISP meeting and in the ISP itself.

Identified Causes and Contributing Factors to Neglect

- Medications are not available and no one contacts the pharmacy/physician regarding the need for medication, resulting in an individual going days without his medication
- Staff works multiple shift and are extremely tired
- Non-medical transportation providers are not trained on supervision levels
- Staffing levels are not adequate
- Staff become complacent and fail to follow diet guidelines
- Family does not provide adequate nutrition and medical care for their child
- Individual is dropped off at home, with no staff
- Child is discovered to be living in a unsanitary home with no running water or electric
- Individual misses two critical medical appointment due to miscommunication

Prevention Plans for Neglect:

- Emergency removal of individual
- Staff Training
- Team Meeting to discuss welfare plans
- County Board provides more frequent monitoring as determined by the team
- Increased staffing
- Transportation Department is reviewing their policy and procedure in dropping clients off that need supervision to ensure that the drivers are ensuring that staff/family are available to receive the individual
- All appointments are now being documented on a calendar posted in the home. The calendar will list the date, time, and location of the appointment so all staff are aware of appointments.

Missing Individual:

An incident that is not considered neglect and an individual's whereabouts after immediate measures taken are unknown and the individual is believed to be at or pose an imminent risk of harm to self or others. An incident when an individual's whereabouts are unknown for longer than the period of time specified in the Individuals service plan that does not result in Imminent risk of harm to self or others shall be investigated as an unusual incident.

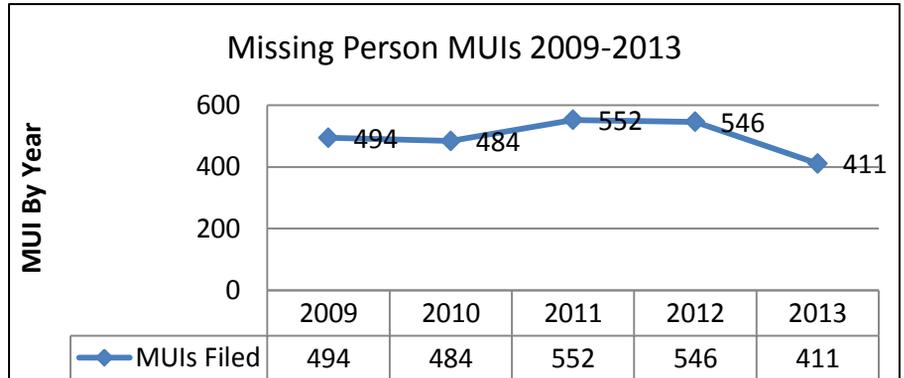
Failure to Report

means that a person has reason to believe that an Individual has suffered or faces a substantial risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse, misappropriation, or exploitation that results in a risk to health and welfare or neglect of that individual, and such person does not immediately report such information to a law Enforcement agency, a county board, or, in the case of an individual living in a developmental center, either to law enforcement or the department.

Attempted Suicide

means a physical attempt by an individual that results In emergency room treatment, in-patient observation, or hospital admission.

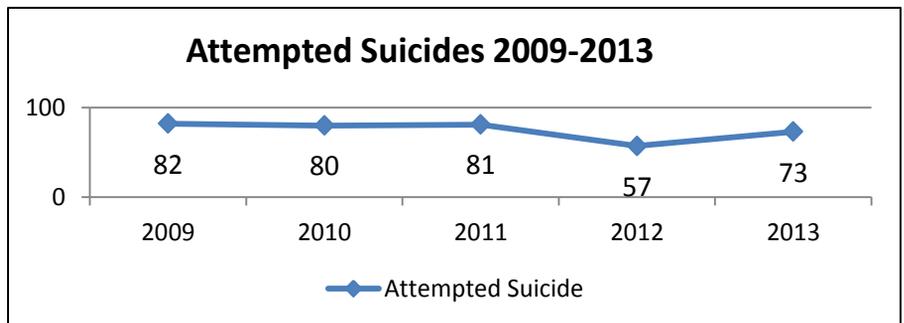
In 2013, there were 411 MUIs filed for Missing Individuals. This is a significant decrease from 2012 when there were 546 Missing Individual MUIs filed. The difference accounts for a 25% decrease from the previous year. Some attribute this decrease to the awareness placed on providing the appropriate level of support outlined in the individual's plan and change in definition which was effective September 3, 2013.



There were 176 allegations of Failure to Report and 94 (53%) were substantiated.

Prevention Plan of Failure to Report:

- Staff trained on reporting responsibilities
- Administrative Action taken with employee
- Increased oversight and monitoring by the provider agency



In 2013, there were 73 attempted suicides reported. Two individuals died as a result.

Causes and Contributing Factors of Attempted Suicide:

- Lonely
- Isolated
- Loss of a family member or relationship
- Depression

Prevention Plan for Attempted Suicide:

- Changes in Support Plan
- Increased Counseling
- Medication Changes

688 Medical Emergencies were filed in 2013 which is an increase from 667 in 2012. Heimlich Maneuver and back blows were used 295 and 88 times; respectively; accounting for 56% of all medical emergencies. These interventions were successful in all but seven incidents when the individual died due to choking 79 were due to dehydration, which is the second highest category.

Types of Medical Emergencies 2013 <i>as reported in ITS</i>	Totals
Abdominal Pains	2
Absent Pulse	0
Allergic Reaction	12
Altered State	5
Back Blows due to choking*	85
Blood Pressure	3
Blood Sugar Levels	31
Bowel Obstruction	3
Cancer/cancer treatment	1
Chest Compressions/CPR	14
Chest Pains	5
Dehydration/Volume Depletion	79
Emesis(vomit, diarrhea)	16
Epilepsy/Seizure Disorder	0
Fecal Impaction/Constipation	0
Gallbladder	0
Gastroesophageal Reflux Disease	0
Heart Disease	0
Heimlich Maneuver due to choking*	295
Impaired Respiration	15
Infection	14
Ingestion-PICA	1
Kidney	4
Medical Error	0
No Value Supplied	0
Other	26
Placed Item in Orifice	0
Pneumonia and Influenza	7
Seizure	42
Stroke	0
Tube Issues	26
Unexplained Bleeding	2
All Medical Emergencies	688

Medical Emergency

"Medical emergency" means an incident where emergency medical intervention is required to save an individual's life
Examples include: choking relief techniques such as back blows or cardiopulmonary resuscitation, epinephrine auto injector usage, or intervenous for dehydration

688 Medical Emergencies were filed in 2013

The "Every Healthy Person" initiative is a joint effort between DODD and the Ohio Department of Health (ODH) to focus attention on the importance of preventive healthcare, including periodic health care screenings, for people with developmental disabilities. The joint initiative complements [Healthy Ohioans](#)—a statewide health and wellness plan to replace unhealthy habits with healthy ones.

* Interventions for Medical Emergencies

Significant injury

means an injury of known or unknown cause that is not considered abuse or neglect and that results in concussion, broken bone, dislocation, second or third degree burns or that requires immobilization, casting, or five or more sutures. Significant injuries shall be designated in the incident tracking system as either known or unknown cause.

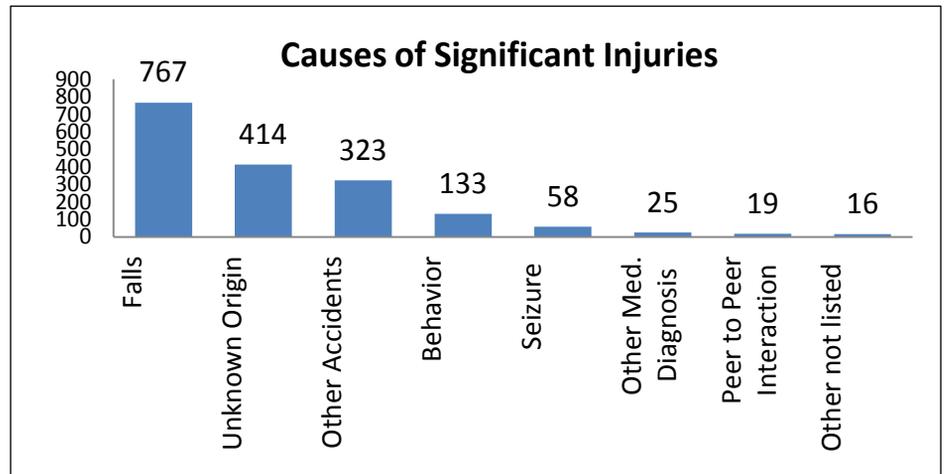
There were 767 falls reported in 2013 as significant injuries

STEADY U Ohio is a statewide collaborative falls prevention initiative, supported by Ohio government and state business partners to ensure that every county, every community and every Ohioan knows how they can prevent falls, one step at a time.

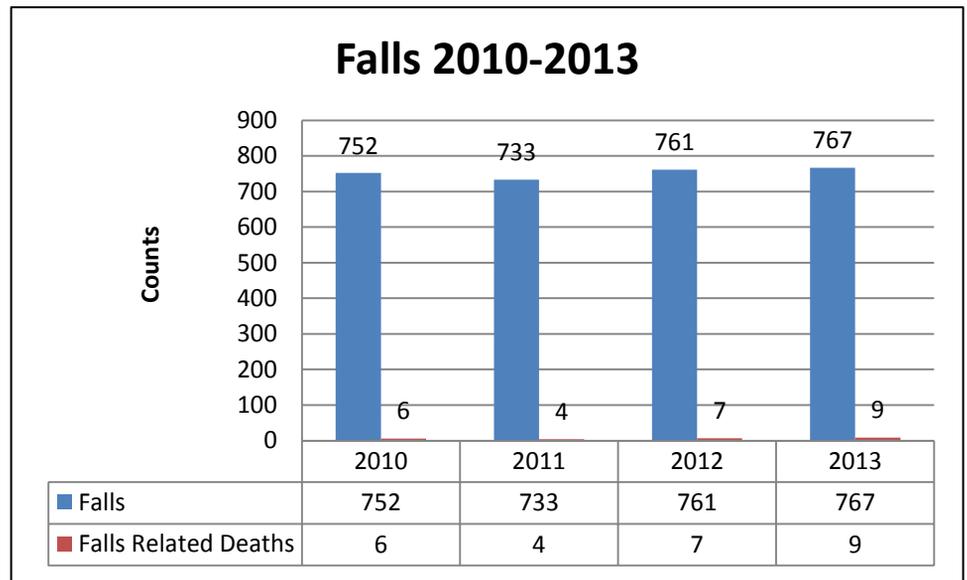
<http://aging.ohio.gov/steadyu/default.aspx> is the source in Ohio for falls prevention information, tools and other resources.

In 2013, there were 1,755 reported Significant Injuries. There were 314 significant injuries of unknown origin and 1,441 of known origin.

In September 2013, the MUI Rule definitions were changed. Two categories: Unknown Injuries and Known Injuries were combined into one category, now called Significant Injuries.



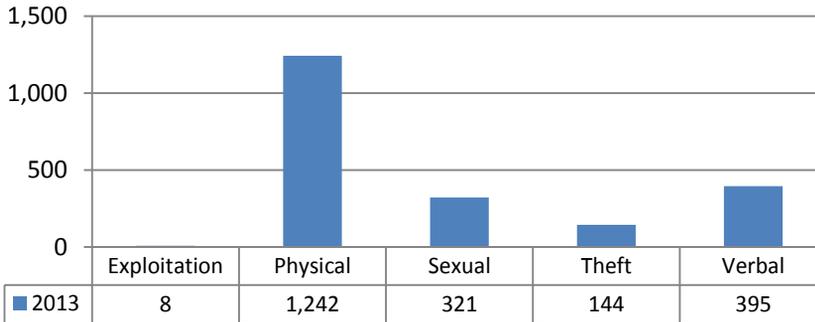
Falls continue to be the number one cause of reported Significant Injuries followed by other accidents, behavioral incidents and seizures. Since falls most times are preventable, the Department is partnering on the Steady U Ohio initiative.



An older Ohioan falls every two minutes and sustains a fall-related injury every five minutes, resulting in two hospitalizations each hour, an emergency room visit every eight minutes and three deaths each day.

In 2013, there were 2,108 MUIs filed for Peer to Peer Acts. This is the second leading type of MUI filed behind Unscheduled Hospitalizations. Nearly all (94%) of Peer to Peer Physical Acts resulted in no injuries (47%) or minor injuries (47%) to the involved individuals.

2013 Peer to Peer Allegations by Type



Identified Causes and Contributing Factors to Peer to Peer:

- Individuals live and work together leaving little time apart
- Peer was singing, stomping feet or some other repetitive action which annoyed his/her peer resulted in a verbal or physical altercation
- Items were not secure and peer took his roommates cell phone
- Supervision Level is not met
- Staff not trained on what individual supports should be provided
- Supervision level is not clear
- Lack of meaningful activities

Prevention Plans for Peer to Peer:

- Counseling for aggressor
- Communication Assessment
- Changes to Behavior Support Program
- Medication changes
- Law enforcement speaking with aggressor
- Room or Home Changes
- Additional supervision
- Different lunch/break times
- Change transportation or seating on bus/van
- Securing property
- Buying additional televisions
- Increased exercise
- Staff communication
- Apology by the aggressor
- Informal Mediation between the peers
- Personal Space training
- Advocacy Training

"Peer-to-peer Act"

means one of the following incidents involving two individuals served. There are five types of Peer to Peer Acts

- *Exploitation*
- *Theft*
- *Physical Act*
- *Sexual Act*
- *Verbal Act*

Physical Act that occurs when an individual is targeting, or firmly fixed on another individual such that the act is not accidental or random and the act results in an injury that is treated by a physician, physician assistant, or nurse practitioner.

Exploitation which means the unlawful or improper act of using an individual or an individual's resources for monetary or personal benefit, profit, or gain.

Theft which means intentionally depriving another individual of real or personal property valued at *twenty dollars or more or property of significant personal value* to the individual.

Sexual act which means sexual conduct and/or contact for the purposes of sexual gratification without the consent of the other individual.

Verbal act which means the use of words, gestures, or other communicative means to purposefully threaten, coerce, or intimidate the other individual when there is the opportunity and ability to carry out the threat.

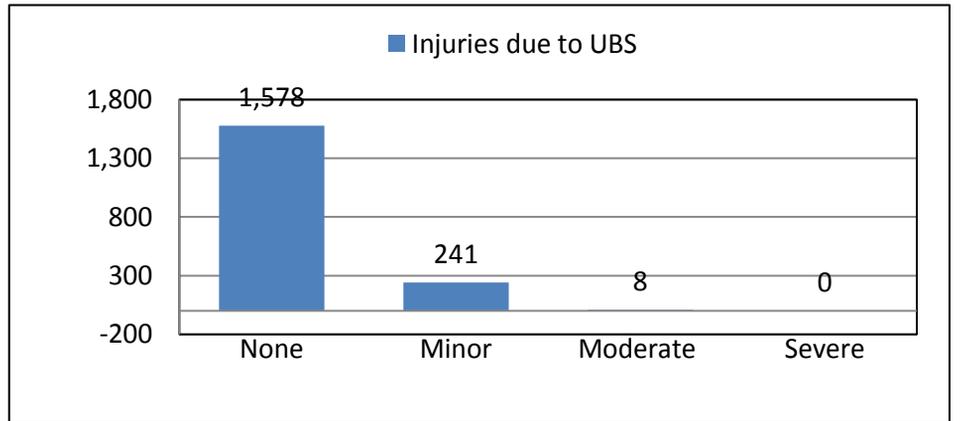
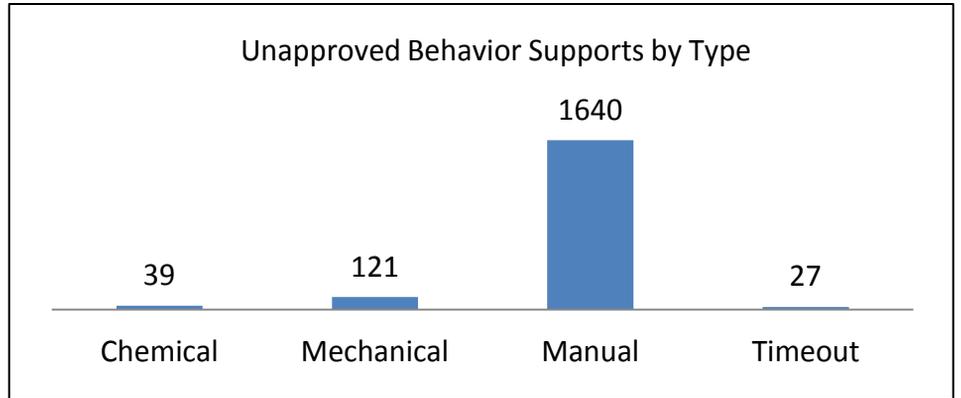
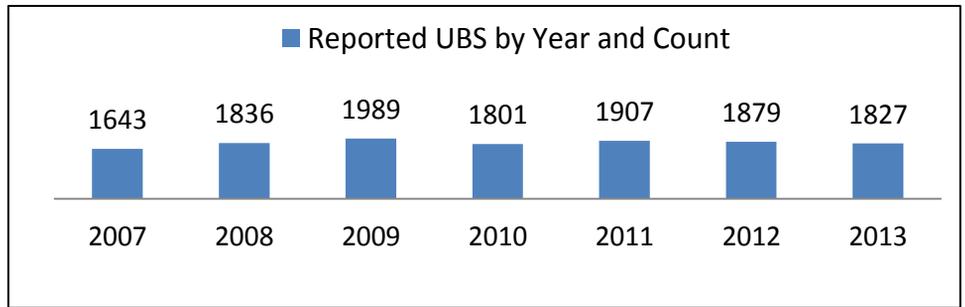
Unapproved Behavior Support

means the use of an aversive strategy or intervention prohibited by paragraph (J) of rule 5123:2-1-02 of the Administrative Code or an aversive strategy implemented without approval by the human rights committee or behavior support committee or without informed consent, that results in a likely risk to the individual's health and welfare. An aversive strategy or intervention prohibited by paragraph (J) of rule 5123:2-1-02 of the Administrative Code that does not pose a likely risk to health and welfare shall be investigated as an unusual incident.

Information on the Positive Culture Initiative is at <http://dodd.ohio.gov/pci/Pages/default.aspx>



There were 1,827 UBS reports made in 2013 which is 52 fewer than filed in 2012.



Causes and Contributing Factors for UBS:

- Individual is ill (has ear infection, headache or tooth ache) and unable to communicate that they are in pain.
- Change in Routine
- Staff Control Issues
- Miscommunication
- Fear
- Unrealistic Expectations

Prevention Plan:

- Revision to the Support Plan
- Staff Trained on support plan
- Advance notice of schedule changes to prepare all involved

Reason for Unscheduled Hospitalizations 2013	Totals
Abdominal Pains	44
Abnormal Blood Levels	72
Absent Pulse	0
Allergic Reaction	16
Altered State	73
Baclofen pump issues	8
Blood Clot(s)	46
Blood Pressure	52
Blood Sugar Levels	49
Body Temperature Variations	14
Bowel Obstruction	134
Cancer	29
Chest Pains	139
Decubitus ulcer	5
Dehydration/Volume Depletion	92
Edema	8
Emesis(vomit, diarrhea)	87
Epilepsy/Seizure Disorder	0
Fecal Impaction/Constipation	0
Gallbladder	43
Gallbladder Disease	0
Gastroesophageal Reflux Disease	0
Headache	7
Heart Disease	0
Heart Problems	120
Impaired Respiration	166
Infection	605
Ingestion-PICA	10
Kidney	85
Lung Disease	0
Medical Error	4
No Value Supplied	0
Observation-Evaluation-Treatment	241
Other *	539
Placed Item in Orifice	1
Pneumonia and Influenza	791
Seizure	283
Shunt	14
Stroke	36
Substance Abuse	0
Syncope	32
Tube Issues	59
Unexplained Bleeding	33
Medical Hospitalizations	3,937
Psychiatric Hospitalizations	690
Total Unscheduled Hospitalizations	4,627

Unscheduled Hospitalization

means any hospital admission that is not scheduled unless the hospital admission is due to a pre-existing condition that is specified in the individual service plan indicating the specific symptoms and criteria that require hospitalization.

In 2013, there were 4,627 reports of Unscheduled Hospitalizations (leading reported MUI).

Unscheduled Hospitalizations made up 24% of all reported MUIs.

85% of Hospitalizations were Medical and 15% were Psychiatric.

The breakdown of Unscheduled Hospitalizations is as follows:

- **Medical-3937**
- **Psychiatric-690**
- **Total -4,627**

Unscheduled Hospitalization

means any hospital admission that is not scheduled unless the hospital admission is due to a pre-existing condition that is specified in the individual service plan indicating the specific symptoms and criteria that require hospitalization.

Pneumonia and Influenza continue to be the most prevalent reason for Unscheduled Hospitalizations as in years past.

Bowel Obstructions continue to be one of the most common reasons individuals are hospitalized.

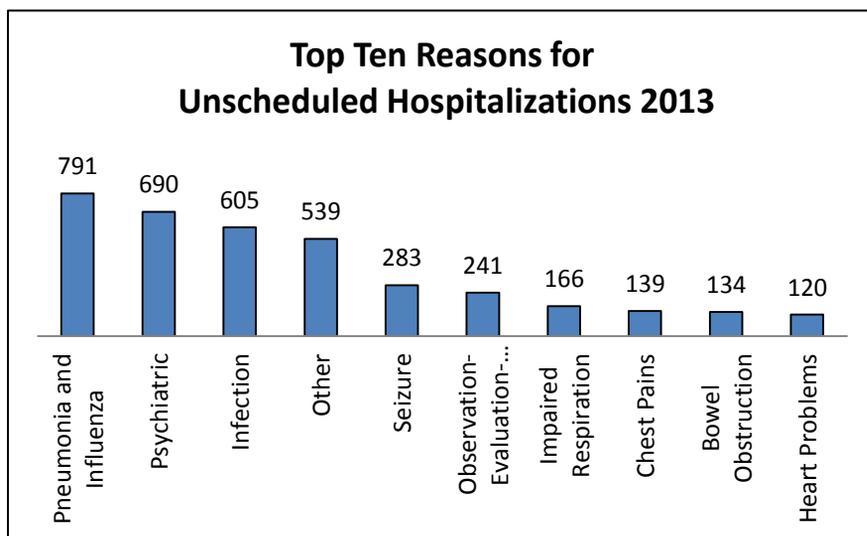
Issues with Feeding Tube comprised 59 (1%) of Unscheduled Hospitalizations.

Unscheduled Hospitalizations due to Dehydration account for 92 or (2%) of all hospitalizations.

Immediate Medical Care is the key!



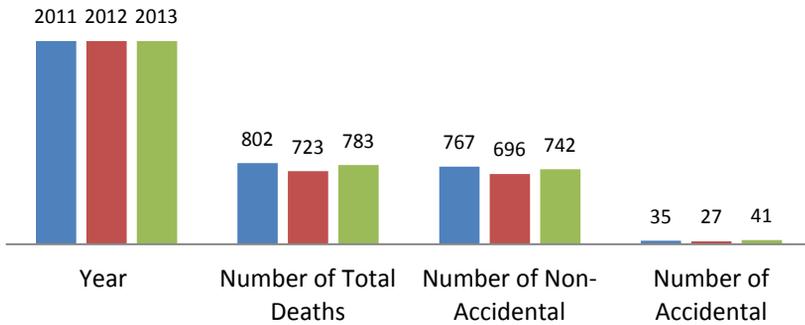
There were 4,627 unplanned hospitalizations in 2013 which is an increase of 6% from the previous year (4,348). As in the past, Unscheduled Hospitalizations represent the largest category of all reported MUIs at 24%. Unplanned psychiatric hospitalizations account for 690 (15%) of all unplanned hospitalizations while medical hospitalizations make up 3,937 (85%).



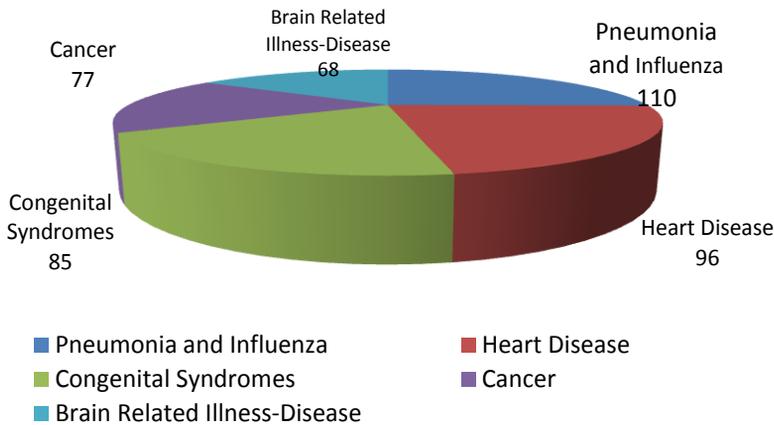
The ten reasons for hospitalizations listed above account for 80% of all reported Unscheduled Hospitalizations. By identifying the causes and contributing factors, developing solid prevention plans and seeking routine medical care, we hope to reduce the number of unplanned stays, which are traumatic and costly to the individuals and their families.

In 2013, there were 783 reported deaths. Forty-one (5%) of were considered Accidental or Suspicious while 742 (95%) were non-accidental/non-suspicious deaths. Heart disease continues to be the leading cause of death for Ohioans with disabilities (14%) as well as the general population. Pneumonia and aspiration pneumonia continue to make up the next largest causes of death.

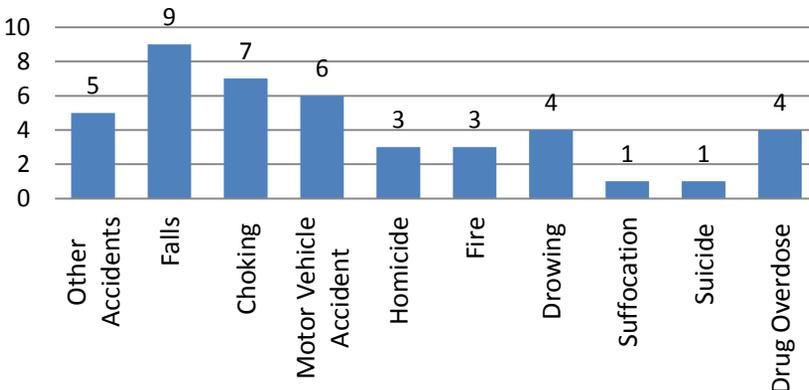
Deaths Filed by Type 2011-2013



5 leading Causes of Non-Accidental Deaths



Cause of Accidental/Suspicious Deaths



Death other than accidental or suspicious death.

"Death other than accidental or suspicious death" means the death of an individual by natural cause without suspicious circumstances (Category B)

There were 783 reported deaths in 2013.

There were 9 fall related deaths and 7 deaths due to choking in 2013. The Department issued Health and Welfare Alerts and offered additional training in these areas as part of prevention strategies.

Each death undergoes a special review which includes standard elements related to the individual's health and death compared to the death certificate or autopsy.