

MUI Abuser Registry Unit 2014 Annual Report A Review of Health and Welfare Systems for Ohioans with Developmental Disabilities



Ohio

**Department of
Developmental Disabilities**

Prepared by the
MUI Registry Unit
1800 Sullivant Avenue
Columbus, Ohio 43222
Phone: 614-995-3810



Department of Developmental Disabilities

The Ohio Department of Developmental Disabilities (DODD) oversees a statewide system of supports and services for people with developmental disabilities and their families. DODD does this by developing services that ensure an individual's health and safety, encourage participation in the community, increase opportunities for meaningful employment, and provide residential services and support from early childhood through adulthood.

The mission of DODD is continuous improvement of the quality of life for Ohio's citizens with developmental disabilities and their families. Our vision is that Ohio's citizens with developmental disabilities and their families will experience lifestyles that provide opportunities for personal security, physical and emotional well-being, full community participation, productivity, and equal rights.

For Resources and to sign up for updates, please visit our website: dodd.ohio.gov



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The Ohio Department of Developmental Disabilities (DODD) MUI/Abuser Registry Unit is proud to present the 2014 Annual Report. This report was created using data compiled from the Incident Tracking System (ITS) for calendar year 2014. ITS is the department's web based 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 individuals supported in Ohio.

Included within this annual report is specific data and analysis on the nineteen 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. 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. County boards and local providers of service conduct similar assessments to help identify issues and keep individuals health and welfare in the forefront in their communities.

Health and Welfare Alerts are published through the MUI/Registry Unit each 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 safety concerns. The alerts are created through committee work, pattern/trend analysis and individual case reviews. Alert topics noted in 2014 included: Choking Prevention, Health and Welfare is Priority One, Preventing the Flu, Summer Safety, Psychotropic Medication Side Effects, Head Injuries and Falls Prevention. Alerts are required to be reviewed by all DD personnel in order to assure that the information is effectively communicated to all providers of service. In addition to Alerts, DODD added a new publication in 2014 entitled "Well Informed". Well Informed articles provide general health and wellness information to the field that is relevant to the population supported in Ohio. It varies from our Health and Welfare Alerts as the topic can be very specific and not necessarily a part of a pattern or trend identified through ITS. Knowledge is key and empowering individuals, families and support professionals with valuable information on health and wellness saves lives.

The MUI/Registry Unit reviewed over 19,545 reported incidents in 2014. Each case is reviewed 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. Providers of service, in cooperation with county boards, work hard to implement effective prevention plans that result in positive outcomes for individuals.

The health and welfare of Ohioans receiving services remains a top priority. Balancing quality of life with appropriate safeguards is not an easy task but one that Ohio takes seriously and continues to embrace one person at a time. Ohio has worked diligently to implement Person-Centered Planning principles across the state and these efforts will continue to gain momentum moving into 2015.

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 2014. The more we work together, the better the outcomes for the individuals in Ohio we are entrusted to support.

Sincerely,
Scott Phillips
Assistant Deputy Director
MUI Registry Unit

Highlights

91,074
Individuals and families served

64,976 (70%)
of all individuals served live with a family member

62% of those served in 2014 were females

Over 35,000 individuals were served on a waiver in 2014

Over 800 individuals served were 75 years and older

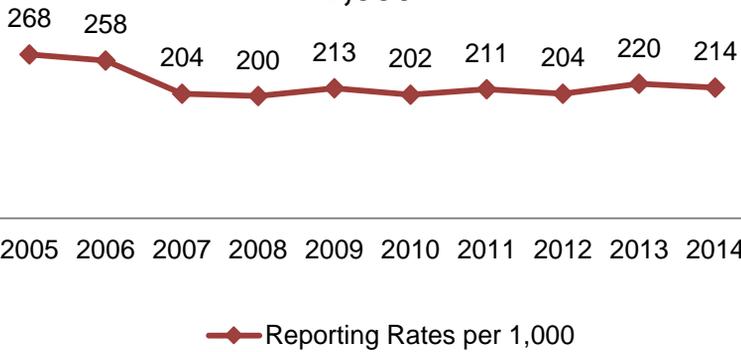
60% of all MUIs filed involved a male individual served while 40% involved a female

2014 Initiatives:

- **Continue with person-centered approaches to services utilizing DODD five guiding principals:** *Beginning with a comprehensive understanding of the person is essential; empowering informed choices increases independence; involving trusted supports increases opportunities for success; increasing community membership enhances natural supports; and ensuring plans and services are driven by the person is vital.*
- **Partner with the Ohio Department of Aging to bring Steady U Falls Prevention to DODD's stakeholders.**
- **Raise awareness about preventable incidents such as choking and falls.**
- **Offer more resources to providers, individuals and families through DODD's website www.dodd.ohio.gov**
- **Increase awareness about Human Trafficking by sponsoring training and resources.**
- **Provide enhanced training opportunities from experts through Webinars at little to no cost to our community.**



Annual MUI Reporting Rates per 1,000



Year	Rates per 1,000	MUI Filed	# Served
2005	268	19,973	74,452
2006	258	19,935	77,399
2007	204	16,247	79,583
2008	200	19,266	81,284
2009	213	17,244	81,022
2010	202	17,703	87,458
2011	211	19,078	90,237
2012	204	18,865	91,652
2013	220	19,637	88,894
2014	214	19,545	91,074

Allegation Type	Count	Total MUIs 2014	% of all MUIs
Unscheduled Hospitalization	5,036	19,545	25.77
Alleged Neglect	2,033	19,545	10.40
Unapproved Behavior Support	1,769	19,545	9.05
Significant Injury	1,691	19,545	8.65
Misappropriation	1,512	19,545	7.74
Alleged Abuse - PHYSICAL	1,484	19,545	7.59
Peer-to-Peer Acts	1,470	19,545	7.52
Law Enforcement	970	19,545	4.96
Alleged Abuse - VERBAL	834	19,545	4.27
Non-Accidental/Suspicious Death	794	19,545	4.06
Medical Emergency	705	19,545	3.61
Missing Individual	379	19,545	1.94
Alleged Abuse - SEXUAL	327	19,545	1.67
Failure To Report	157	19,545	0.80
Exploitation	128	19,545	0.65
Attempted Suicide	106	19,545	0.54
Rights Code Violation	71	19,545	0.36
Accidental/Suspicious Death	57	19,545	0.29
Prohibited Sexual Relations	22	19,545	0.11
Totals	19,545	19,545	100.00

Reporting Rates

19,545 MUIs reported

2014 Trends:

- There was a 22% reduction in the number of substantiated Prohibited Sexual Allegations
- 5% decrease in Physical Abuse allegations
- 30% Reduction in Peer-to-Peer Act MUIs filed.*
- A 58% increase in Law Enforcement MUIs*
- 9% increase in Unscheduled Hospitalizations
- Sexual Abuse Allegations dropped 4% over calendar year 2013
- There was a 8% decrease in number of Missing Individuals MUIs filed*

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

- 41% of MUIs investigated were Appendix A cases
- Appendix B cases comprised 19% of all the MUIs
- 40% of all MUIs filed fell into the Appendix C category. These MUIs include Law Enforcement, Unapproved Behavior Support and Unscheduled Hospitalizations.

*Significant changes in these areas are noted and believed to be reporting changes implemented in revised MUI Rule 2013

Health and Welfare System

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.

8 Health and Welfare Alerts were issued in 2014 to raise awareness to the following safety topics:

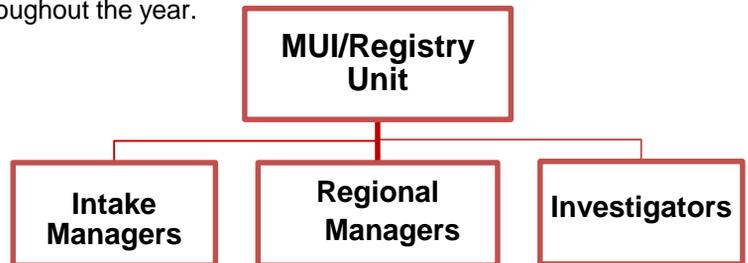
- **Winter Weather Safety**
- **Preventing the Flu**
- **Psychotropic Medications**
- **Choking Prevention**
- **Keeping Safe in the Summer**
- **Transportation Safety**
- **Head Injuries**
- **Falls Prevention**

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.



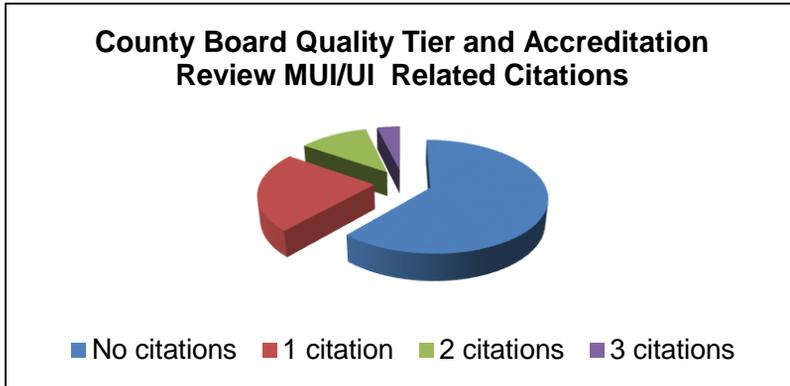
The Unit Registry Investigators manage the DODD Abuser Registry. In addition, they conduct department directed investigations and site visits to Ohio's counties as required to monitor the quality of MUI investigations. Registry Investigators provide training and technical assistance to the Investigative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

All DD employees are required to be trained, annually, on identification and reporting of MUIs and 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 2014, the MUI unit conducted onsite reviews of 26 County Boards through the Accreditation and Quality Tier processes. The purpose of these visits was to monitor the Board's compliance with Ohio Administrative Code 5123:2-17-02 and provide technical assistance and support in an effort to improve health and welfare for the individuals residing within that county.

DODD is pleased to recognize that sixteen County Boards received no citations in the area of MUI/UIs. Of the remaining reviews completed, six received one citation; three counties reviewed received only two citations and one received three citations.



The Office of Provider Standards and Review published the most commonly cited areas of non-compliance found in their compliance reviews in their 2014 annual report. The list of the top five citations per provider type (independent, agency and Intermediate care facilities) were noted.

While independent providers and Intermediate Care Facilities five most common citations did not include MUI/UI related areas of non-compliance, surprisingly agency providers were cited in these areas. Three of the five top cited areas of non-compliance for agency providers included:

- *Agency providers did not maintain a log of unusual incidents*
- *Agency providers did not conduct a monthly review of incidents*
- *Agency providers did not identify and report all unusual and major unusual incidents*

In order to further educate, support and promote agency providers to be more compliant in these areas, the MUI Unit along with County Boards, have provided enhanced training opportunities at no cost in the areas of Unusual Incident Logs and reporting of MUI/UIs. The Department also continues to provide up to date resources such as forms, examples, informational links, investigative tools and training presentations in the Health and Welfare Tool kit.

[Health and Welfare Tool Kit](#)

Reviews

26 reviews of County Boards were completed.

67% of County Boards reviewed received no citations

County Boards are held to a high standard of reporting and completing quality investigations.

The statewide average for 24-hour conformance was 99% during 2014.

97% of investigations were completed in a timely manner in 2014. This includes cases where an extension was granted.



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.

79 people were added to the Registry in 2014 for a total of 588 names listed at the end of calendar year 2014.

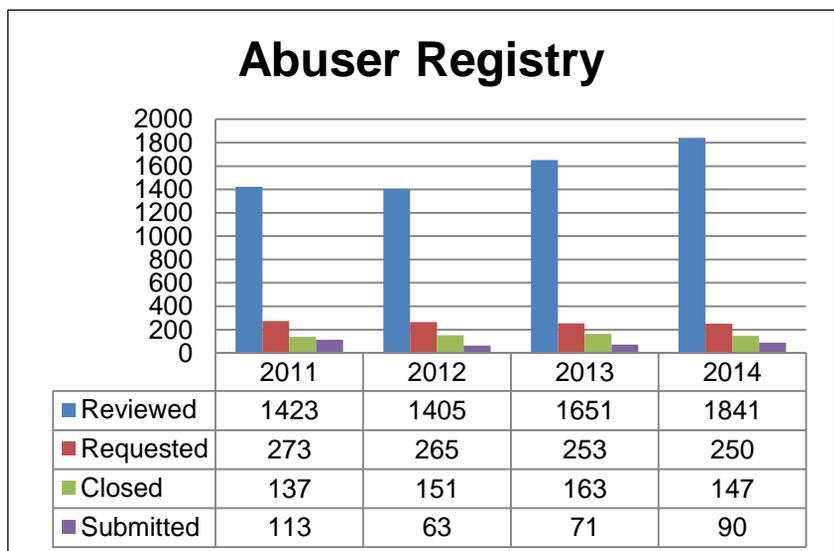
To subscribe for Abuser Registry Notifications, please visit the website below:

joinabs.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 emailed to them with new placement names. Each year employees receive an annual notice describing all of the potential Registry offenses.

Seventy-nine names were added to the Registry in 2014 for a total of 588 names listed at the end of calendar year 2014. No petitions for removal from the registry were granted in 2014. In 2014, there were 1,841 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 86% of these cases were closed during Registry Intake. In 250 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. There were five names placed on the Registry in 2014 that signed this voluntary consent agreement.

The chart below shows the number of names placed on the Registry for each offense and whether there was a conviction. The Registry lists for each name whether there was a conviction by placing either a Y (yes) or N (no) in the column entitled Criminal. Clicking on the Y on the Abuser Registry tool will show the specific type of conviction for the person that was placed.

2014 Registry Placement	Total	Criminal	Not Criminal
Misappropriation	34	22	12
Physical Abuse	25	11	14
Neglect	8	4	4
Sexual Abuse	5	3	2
Prohibited Sexual Relations	5	0	5
Verbal Abuse	2	1	1
Total	79	41	38

Abuser Registry

Protecting Ohio's most vulnerable citizens



Training and Technical Assistance

A simple goal...

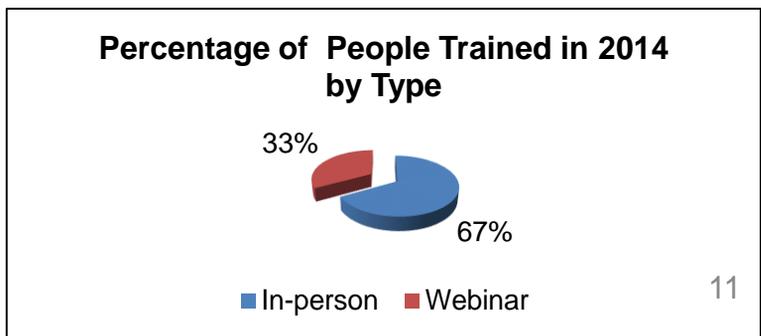
Provide more training, resources and technical assistance to our partners about topics that impact the health and welfare of those we serve.



Elizabeth Ranade Janis (left), Anti-Trafficking Coordinator, Ohio Department of Public Safety, and Michelle Hannan, Director of Professional and Community Services, The Salvation Army, trained Service and Support Administrators and Investigative Agents in Ohio's DD service system on Human Trafficking, and what to do if they suspect a person with developmental disabilities may be a victim.

2014 Training Topics	# People Trained
Adult Protective Services and MUIs	49
Annual Analysis	406
Causes and Contributing Factors	182
Civil and Criminal Investigatory Practices	90
Completing MUI Appendix C Forms	139
Falls Prevention	114
Human Trafficking	114
Incident Tracking Intake	90
Investigations	3
Mortality Review Process	70
MUI Rule	1,917
MUI Rule Change Panel	75
Person Center Planning and Identified Risks	85
Sex Abuse, Seizures, Burns and MUI Updates	77
Theft and Fraud Investigations	74
Trends and Patterns	20
Conducting UI Investigations	271
How to complete your UI Log Review	670
Total People Trained in 2014	4,446

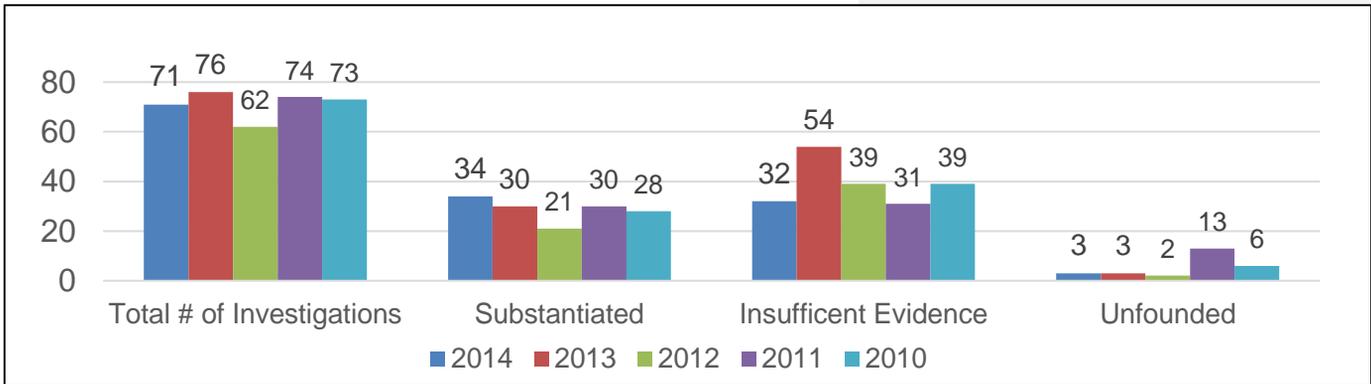
Utilizing the knowledge and expertise of providers, County Boards and COGs, the Department has increased the number of resources available in the Health and Welfare Kit. Many partners have provided forms, training resources and other materials so that others may benefit. Additionally, the Department has received positive feedback that webinars and other modes of training are quite effective and economical. There has been an increase in the number of independent providers and agency employees who have participated in these *free* trainings.



Ohio Revised Code Section 5123:2-17-02(I) 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 2014, there were 71 allegations investigated. Some of the MUI investigations involved groups of individuals and more than one allegation. Below is a chart with the findings for each of the allegations from the last five years:

Department Directed Investigations

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



For 2014, there were also two investigations: (1) Unapproved Behavior Support and (1) Significant Injury that would not result in a finding.

The substantiation percentage has changed due to a major shift in the cases investigated. Historically, misappropriation/exploitation cases have been a small percentage of the Department Directed investigations. Last year, 1 of only 3 misappropriation allegations were substantiated. In 2014, 15 of the 17 misappropriation allegations (88%) were substantiated. If the number of misappropriation allegations had remained constant from 2013, the substantiation percentage would have been 35%.

- (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;*

Year	Substantiated	Insufficient Evidence	Unfounded
2014	49%	47%	4%
2013	34%	62%	4%
2012	34%	63%	3%

Continued on page 12

Department Directed Investigations

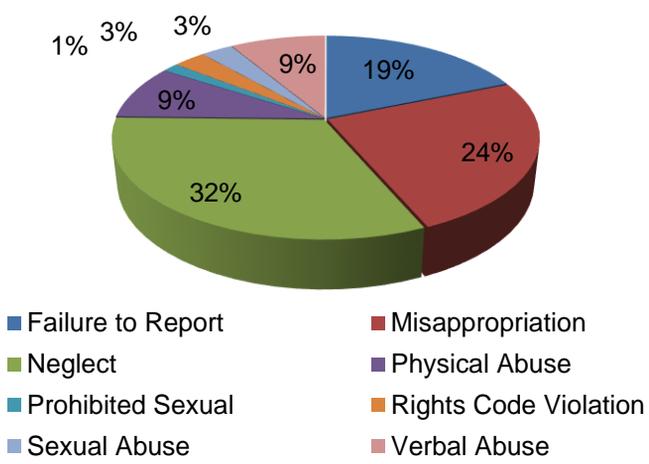
(e) A service and support administrator; (f) A major unusual incident contact or designee employed by a county board;

(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 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.

(e) A service and support administrator; (f) 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 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.



Department Directed Investigations

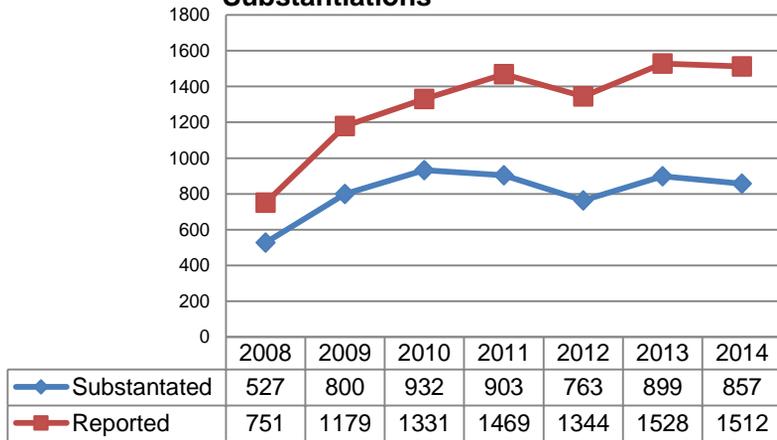


71 Department Directed investigations were initiated in 2014 compared to 76 in 2013.

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

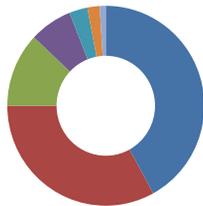
Types of Allegation	Substantiated	Insufficient Evidence	Unfounded	Total
Failure to Report	9	3	1	13
Misappropriation	15	2	0	17
Neglect	7	15	0	22
Physical Abuse	0	5	1	6
Prohibited Sexual	0	1	0	1
Rights Code Violation	2	0	0	2
Sexual Abuse	0	1	1	2
Verbal Abuse	1	5	0	6
Totals	34	32	3	69

Misappropriation Allegations versus Substantiations



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

Percentage of items taken in 2014



- Money
- Property
- Medications
- Checkbook
- Identity
- Food Stamp
- Utilities

Some of the identified causes and contributing factors of 2014 cases include:

- 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
- 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:

- 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.
- Minimize 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.
- Check that medications are accounted for on each shift
- 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 them.

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 51% of all substantiated cases, the Primary Person Involved (PPI) was unknown

Money was taken in 42% of all substantiated misappropriation cases

While Identity theft was found in only 23 of the 857 cases, it is one of the invasive, long-term thefts that occurs.

2% of all thefts are for food stamp cards being taken

In 2014, there were 1,512 reported allegations and 857 were substantiated (57%). Break down by PPI:

Unknown-440 (51%)
Employees-209 (24%)
Guardian-2 (less than 1%)
Others-110 (13%)
Family-69 (8%)
Payee-27 (3%)

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

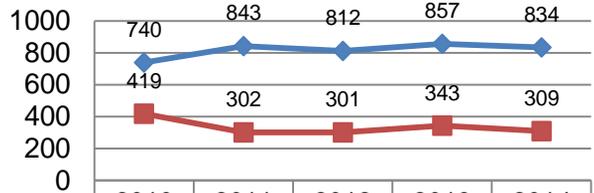
834 Allegations were reported and 309 (37%) were substantiated. Break down by PPI Type is as follows:

- Employees-177 (57%)
- Others-53 (17%)
- Family-39(13%)
- Friend- 24 (8%)
- Unknown-12 (4%)
- Guardian-3 (1%)
- Payee-1 (less than 1%)

Rights Code Violations 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.

In 2014, there were 71 allegations of Rights Code Violations and 39 substantiated cases (55%) . The number of allegations and percentage substantiated are similar in both 2012 and 2013. Rights Code Violations are overwhelmingly staff related. 95% of the substantiated cases in 2014 involved staff.

A 5-year review of Verbal Abuse



◆ Allegations	740	843	812	857	834
■ Substantiations	419	302	301	343	309

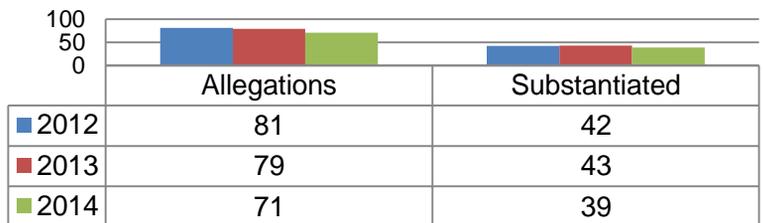
Identified Causes and Contributing Factors to Verbal Abuse:

- Control; Unrealistic expectations – wanting to get back at the individual , “teach them”
- Person is intimidating them to keep them from telling about misappropriation, fraud, neglect, and/or physical abuse
- Staff are placed in challenging situation with little support
- Lack of positive supports
- Staff are scheduled excessive hours

Prevention Plans for Verbal Abuse:

- Removal; change in support staff
- Registry Placement
- Sensitivity Training
- Team Meeting
- Counseling
- Increased Supervision
- Safety Plans developed
- Increase in opportunities for healthy relationships

Rights Violation MUI Filings

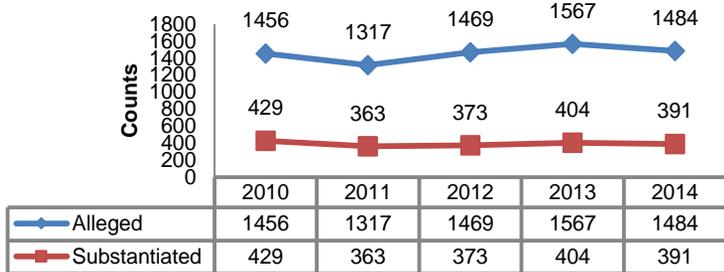


Many of the incidents were set in motion by the employee being controlling and intimidating, or simply not listening to the individual. The conflict between the staff and individual ends up in the staff trying to exert authority over the individual.

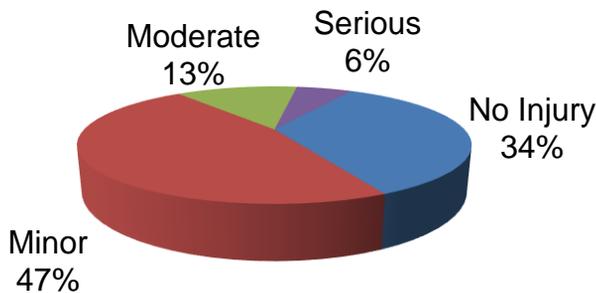
Many times the cases show a staff whose behavior is extreme. They are impatient and frustrated. In one example, the 3rd shift staff would have to stay during 1st shift if the individual did not get on the bus. Knowing the individual loves pop, the staff promised to give her a pop (even brought a can out with her) to the bus. The individual got on the bus and the staff left – the individual did not get her pop and started to bang her head on the bus window.

Prevention plans have included removal of the employee, retraining the employee; in terms of showing them how to properly respond, and what their job duties are and importantly are not.

5 Year Review of Physical Abuse Alleged - Substantiated



Physical Abuse by Injury Type



Identified Causes and Contributing Factors to Physical Abuse:

- Staff is demanding and trying 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

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.

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.

1,484 Allegations were reported and 391 (26%) were substantiated. Break down by PPI Type is as follows:
Family- 128 (33%)
Employees – 99 (25%)
Others- 69 (18%)
Unknown- 54 (14%)
Friend- 39 (10%)
Guardian- 2 (less than 1%)

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.

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.

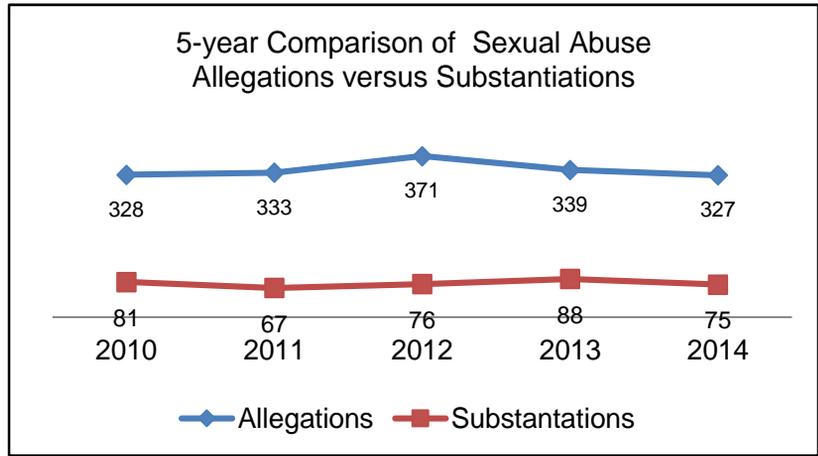
Identified Causes and Contributing Factors to Sexual Abuse:

- 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 happening.
- 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.

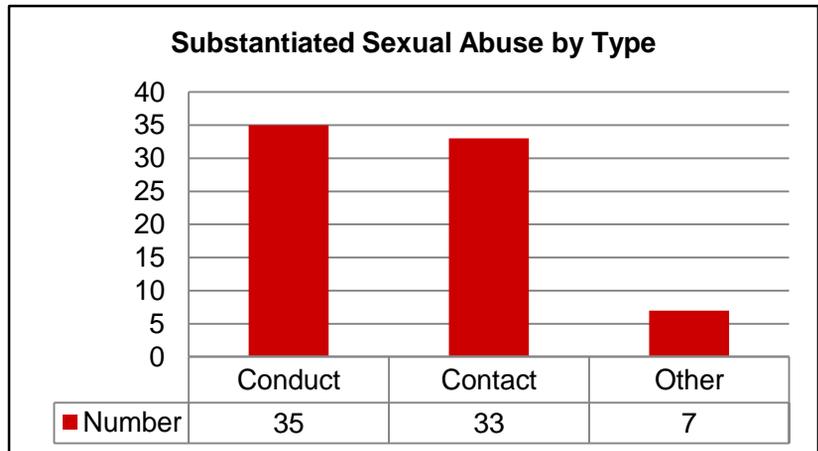
Prevention Plans:

- Counseling
- Increased supervision
- Emergency removal of the individual
- Safety plans developed
- Increase in opportunities for healthy relationships

For more information, please see Sexual Abuse Prevention and Reporting [Alert 56-02-13](#)

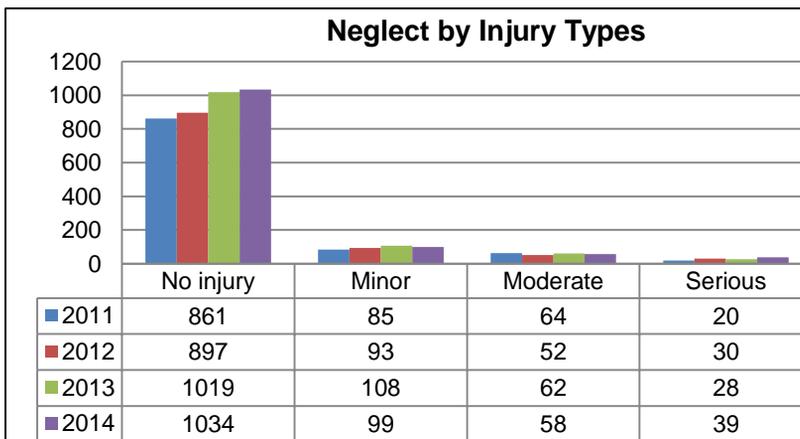
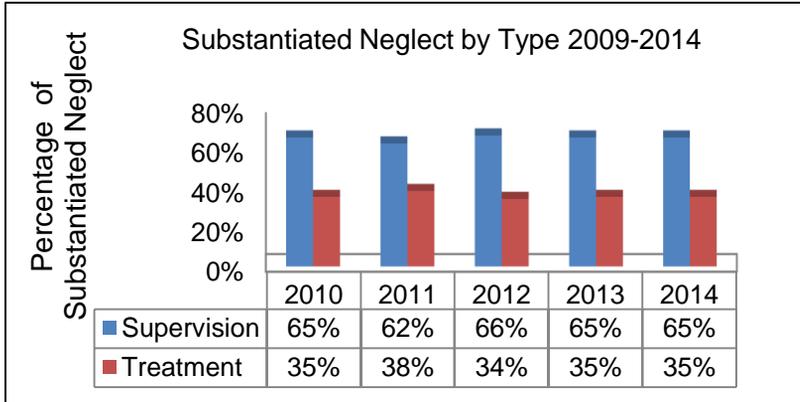


Sexual Abuse MUIs are also broken down into categories of who is alleged to have committed the act. MUIs result in a finding of either substantiated or unsubstantiated. The standard for substantiation is preponderance of the evidence. This means that it is more likely than not that there was sexual abuse.



Break Down by PPI	Number	%
Family	21	28%
Other (friend, neighbor, acquaintance)	42	56%
Unknown	7	9%
Employees	3	4%
Guardians	2	3%

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%
2014	2,033	1,230	61%



Identified Causes and Contributing Factors to Neglect

- Communication Barriers (language, lack of information provided)
- 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
- No one takes the lead on a very critical transition of care.
- 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
- Wheel chair tie downs are not properly secure

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.

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.

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.

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.

There were 22 allegations of Prohibited Sexual Relations Abuse and 3 substantiated Cases in 2014. This is a decrease of 5 (22%) substantiated cases since 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 conducted by provider



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

There were **128** reported allegations of exploitation in 2014.

In 2014, there were 128 allegations of exploitation reported. Of those 128 investigations, 60 (47%) were substantiated in 2014. There was little change in the number of reported and substantiated cases from the previous year.

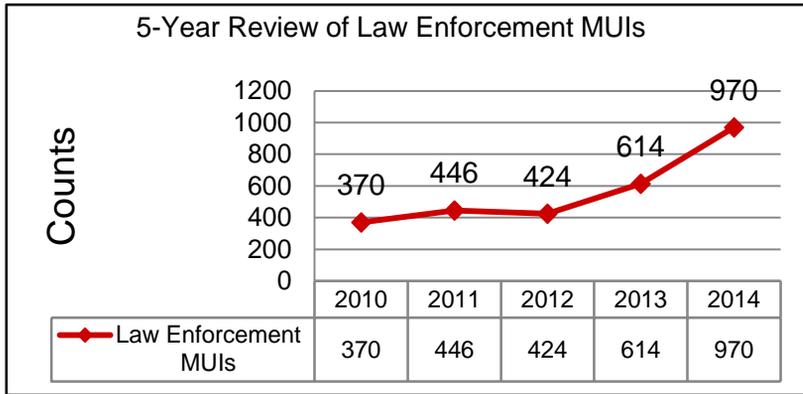
Some examples of exploitation incidents include:

- *Family members asking permission to open up credit cards in the person's name*
- *A staff person buying a new TV from an individual for less than half the value.*
- *A neighbor coerced a person into making purchases while shopping*

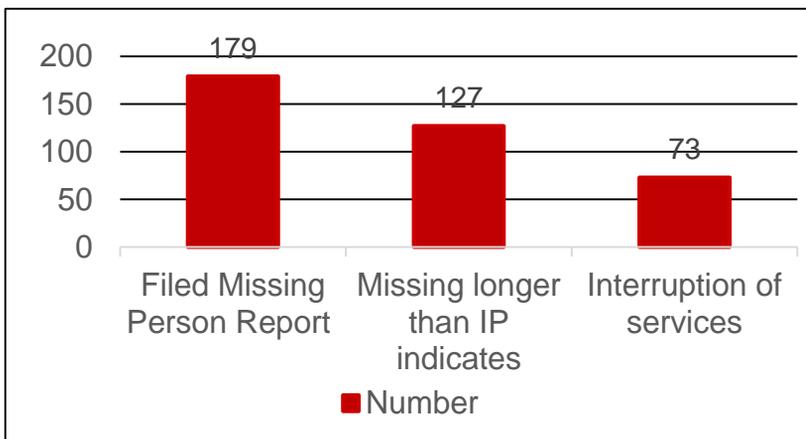
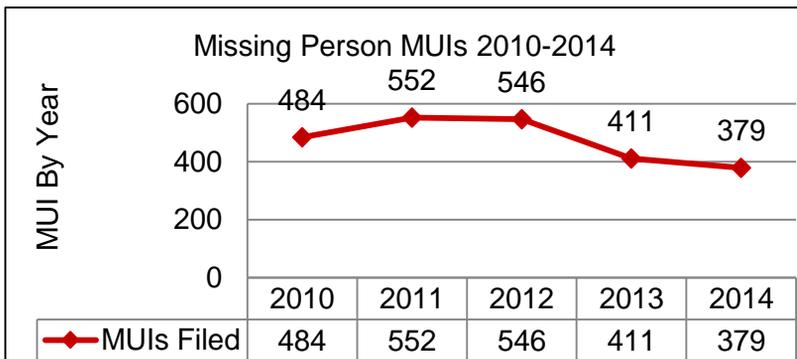
In 2014, there were 970 MUIs filed for Law Enforcement events with individuals served. Effective September 3, 2013 the MUI rule requires all Law Enforcement MUIs to be filed whether the individual is with a provider at the time of the incident or not. As a result, it is anticipated the number of Law Enforcement MUIs will increase in the coming year(s).

Some reasons for Law Enforcement MUIs in 2014:

- Probation violation
- The individual is charged with theft.
- A untrained staff person does not follow the individual's plan and as a result the individual is unsupervised and subsequently arrested for entering someone's unlocked home.
- Family calls the police because the individual strikes his mother. The individual is arrested.



In 2014, there were 379 MUIs filed for Missing Individuals



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

58% increase in number of Law Enforcement MUIS from 2014 to 2013.

In **62%** of Law Enforcement MUIs, there was no provider at the time of charge, arrest or incarceration.

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.

Ages 22-30 is the most represented age group of individuals involved in a missing person MUI. 22-year olds make up 9% of all missing individuals followed up by 23-year olds whom account for 7% of the total.

The number of males reported missing is **twice** the number of females. 20

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.

There were 157 allegations of Failure to Report and 99 (63%) were substantiated.

Some causes and contributing factors for failure to report include:

- Assuming someone else reported
- Being afraid of retaliation from staff
- Staff were told about a situation but did not witness
- Perceived relationship between supervisor and staff being reported
- Individual has history of reporting falsely

Prevention Plan of Failure to Report:

Staff trained on reporting responsibilities
 Administrative action taken with employee
 Increased oversight and monitoring by the provider agency on reporting of incidents

Attempted Suicide

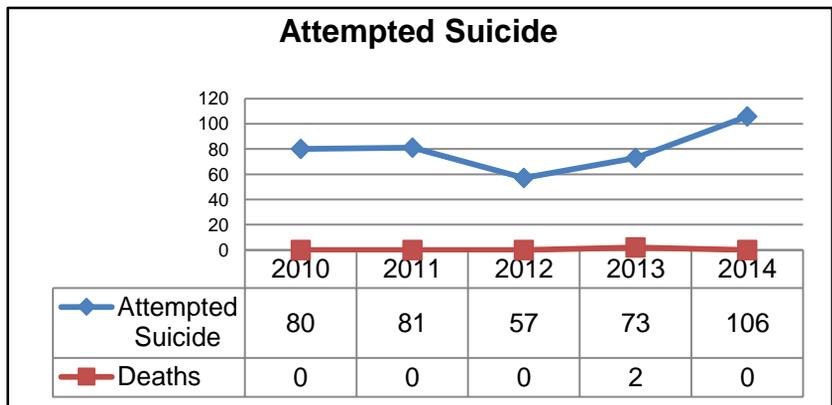
means a physical attempt by an individual that results in emergency room treatment, in-patient observation, or hospital admission.



106 suicide attempts reported in 2014. No one died as a result of these attempts during the year.

Individuals aged 20-24 make up the largest number of suicide attempts with **33%** of all attempts reported.

Males attempted suicide at a rate of **55%** compared to females at **45%**.



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

There were 1,769 UBS reports made in 2014. This is 59 less UBS than were filed in 2013. There was no injury reported in 87% of these incidents and 13% resulted in only minor injuries.

In preparation for a new Behavior Support rule O.A.C. 5123:2-2-06 titled Behavior Support Strategies that include restrictive measures, the DODD has offered trainings and resources regarding supports and individual rights. The rule which went into effect on 1/1/15, emphasizes that restrictive measures are only to be used to keep people safe and that efforts should be directed at creating opportunities for individuals to exercise choice in matters that affect their daily lives.

Some common 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:

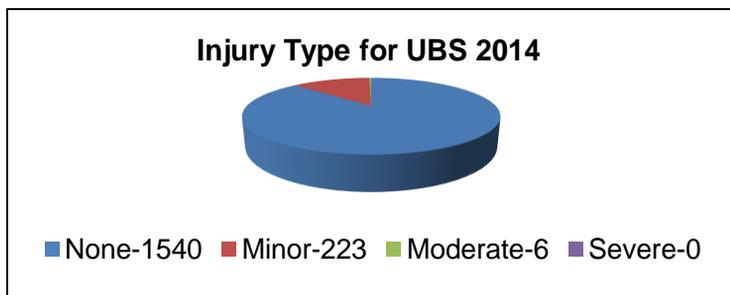
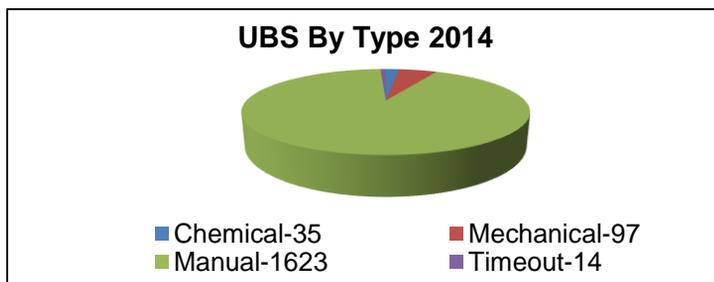
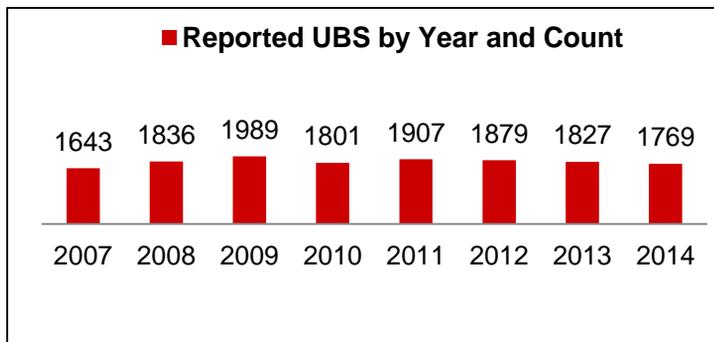
- Staff trained on support plan
- Advance notice of schedule changes to prepare all involved

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.

DODD partners with OMHAS to advance **Trauma-Informed Care (TIC)** in Ohio. **TIC** is an approach that explicitly acknowledges the role trauma plays in people's lives. TIC means that every part of an organization or program understands the impact of trauma on the individuals they serve and promotes cultural and organization change in responding to the consumers/clients served.

For additional information, please visit the OMHAS website at <http://mha.ohio.gov/traumacare>



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.

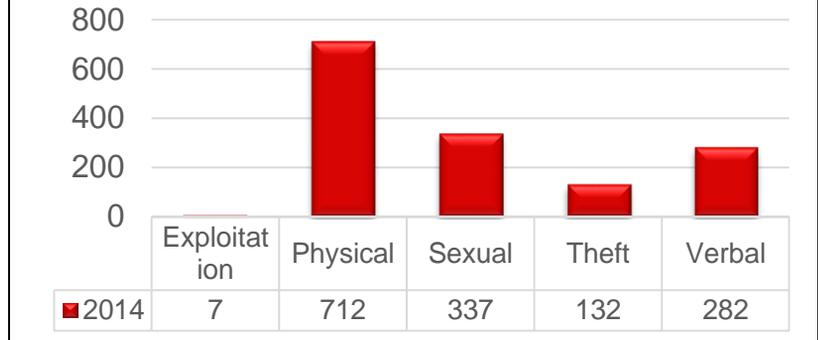
Exploitation which means the unlawful or improper act of using an individual or an individual's resources for monetary or personal benefit, profit, or gain.

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.

2014 Peer-to-peer Allegations by Type



In 2014, there were 1,470 MUIs filed for Peer-to-peer Acts. This is a significant decrease from the previous year. Nearly all (93%) of peer-to-peer physical acts resulted in no injuries (61%) or minor injuries (32%) to the involved individuals.

Identified Causes and Contributing Factors to peer-to-peer:

- Individuals live and work together leaving little time apart
- Items were not secure and peer took his roommate's 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

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, abdominal thrusts, back blows or cardiopulmonary resuscitation, epinephrine auto injector usage, or intravenous for dehydration.

705 Medical Emergencies were filed in 2014 which is an increase from 686 in 2013. Abdominal thrusts were used on 320 occasions and back blows were used 69 times, accounting for 55% of all medical emergencies. These interventions were successful in all but 21 incidents when the individual died due to choking. 79 were due to dehydration, which is the 2nd highest category.

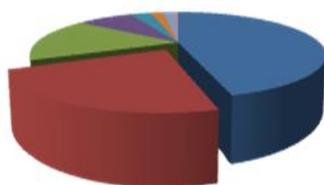
Significant injury means an injury of known or unknown cause that is not considered abuse or neglect and that results in concussion, broken bone, dislocation, second or third degree burns or that requires immobilization, casting, or five or more sutures. Significant injuries shall be designated in the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

In 2014, there were 1,691 reported Significant Injuries. There were 387 significant injuries of unknown origin and 1,304 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.

2014 Medical Emergencies	Count
Abdominal Pains	1
Absent Pulse	0
Allergic Reaction	19
Altered State	1
Back Blows	69
Blood Pressure	6
Blood Sugar Levels	29
Bowel Obstruction	0
Cancer/cancer treatment	1
Chest Compressions/CPR	14
Chest Pains	7
Dehydration/Volume Depletion	79
Emesis(vomit, diarrhea)	6
Gallbladder	1
Gastroesophageal Reflux Disease	0
Heart Disease	0
Heimlich Maneuver	320
Impaired Respiration	9
Infection	14
Ingestion-PICA	3
Kidney	5
Medical Error	2
Other	25
Placed Item in Orifice	2
Pneumonia and Influenza	11
Seizure	31
Stroke	1
Tube Issues	48
Unexplained Bleeding	1
Medical Emergency	705

Causes of Significant Injuries



- Falls-771
- Other Accidents-280
- Seizure-51
- Other Not List-30
- Unknown Origin-387
- Behavior-134
- Other Not List-31
- Peer to Peer Interaction-7

Falls remain the leading cause of significant injuries for individuals with developmental disabilities. Falls account for 56% of all known significant injuries.

Department Initiatives

Fall Prevention



Preventing Falls...
One Step at a Time

Resources:

[Fall Prevention Alert](#)

[Steady U](#)

[Choking Alert](#)

Choking Prevention

Common choked on items:

- Peanut butter
- Bread products (rolls, breads, buns)
- Hot dogs
- Meats (chicken, steak, and pot roast)
- Raw vegetables
- Fruit (whole grapes, apples)
- French fries
- Nuts

DODD, along with their many stakeholders, focused efforts on fall and choking preventions. These initiatives have led to additional analysis of MUI data related to choking and falls, more training and Health and Welfare Alerts. It is believed that through increased awareness, we can reduce the number of falls and choking incidents for Ohioans with developmental disabilities.

While there has been a positive trend in the reduction of fall-related deaths of those we serve, we can never stop being vigilant in our efforts. Helpful tips for supporting those you serve:

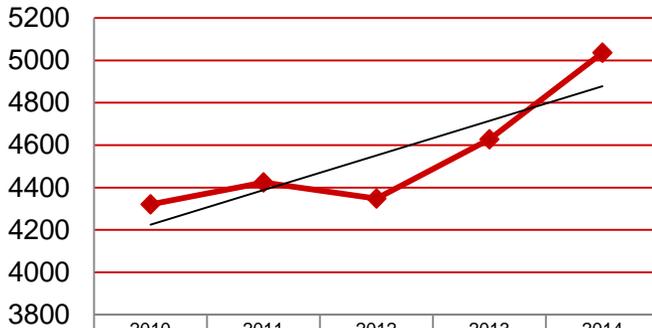
- Get individuals involved in an organized group exercise
- Ensure a medication review is completed
- Schedule an eye check up and treatment
- A follow-up by Occupational Therapist (OT) to do a walkthrough of the home to identify risks
- Reduce home hazards by installing grab bars, tubs, railing on stairways and adequate lighting



Choking incidents occurred in every setting where services were provided. It impacted children, men and women. We believe that working together, we can reduce the number of choking related medical emergencies, hospitalizations and deaths. Here are some basic safe **swallow strategies for ALL people to follow:**

- Sit upright at 90 degree angle during all intake (sitting upright in a chair at a table is typically 90 degrees) and up to 30 minutes after
- Take slow, teaspoon size bites
- Swallow all food prior to a new bite
- Drink more often to help flush the food out of the mouth and down the throat
- Don't encourage someone to eat if they are not alert to task of eating
- Add extra moisture to dry meat

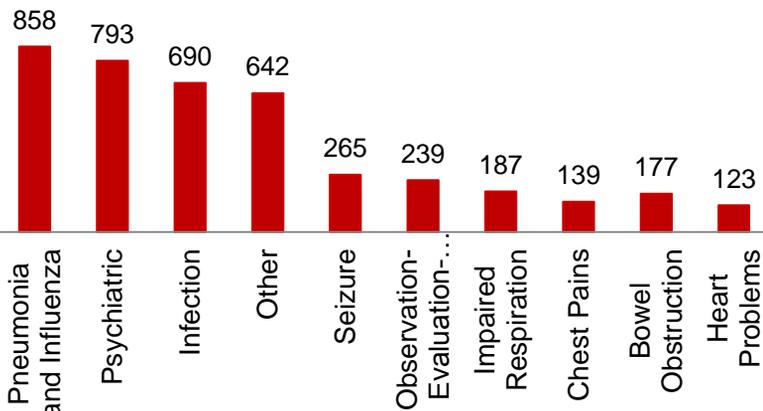
Unscheduled Hospitalizations



Unscheduled Hospitalizations

The ten reasons for hospitalizations listed below account for 83% 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.

Top Ten Reasons for Unscheduled Hospitalizations 2014



Psychiatric Hospitalizations equate to 28% of all hospitalizations

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.

Abdominal Pains	61
Abnormal Blood Levels	66
Allergic Reaction	9
Altered State	77
Baclofen pump issues	5
Blood Clot(s)	47
Blood Pressure	52
Blood Sugar Levels	32
Body Temperature Variations	18
Bowel Obstruction	177
Cancer	30
Chest Pains	156
Decubitus ulcer	3
Dehydration/Volume Depletion	74
Edema	14
Emesis(vomit, diarrhea)	66
Falls	36
Gallbladder	40
Headache	3
Heart Problems	123
Impaired Respiration	187
Infection	690
Ingestion-PICA	10
Kidney	84
Medical Error	3
Observation-Evaluation-Treatment	239
Other	642
Placed Item in Orifice	3
Pneumonia and Influenza	858
Psychiatric Admissions	793
Seizure	265
Shunt	14
Stroke	33
Syncope	25
Tube Issues	68
Unexplained Bleeding	34
Total	5,036

Accidental or suspicious death.

"Accidental or suspicious death" means the death of an individual resulting from an accident or suspicious circumstances.

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)

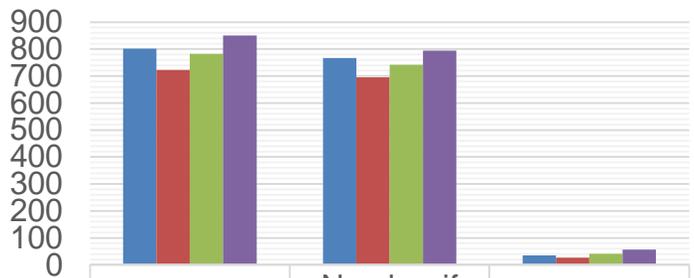
There were **851** reported deaths in 2014.

Of the 2014 deaths, **57** were considered Accidental or Suspicious while 794 were Non-Accidental/Non-Suspicious Deaths.

Heart disease continues to be the leading cause of death for Ohioans with disabilities (15%) as well as the general population.

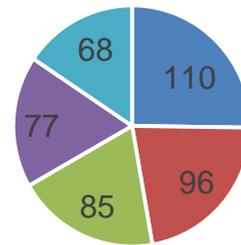
Pneumonia and aspiration pneumonia continue to make up the next largest causes of death.

Deaths Filed 2011-2014



	Number of Deaths	Number if Non-accidental	Number of Accident
■ 2011	802	767	35
■ 2012	723	696	27
■ 2013	783	742	41
■ 2014	851	794	57

Leading Causes of Non-Accidental Deaths



- Pneumonia and Influenza
- Heart Disease
- Congenital Syndromes
- Cancer
- Brain Related Illness-Disease

Accidental Cause of Death	Number in 2014
Choking	21
Vehicle Accidents	12
Drowning	1
Fall	5
Fire	0
Homicide	9
Suffocation	2
SIDS	0
Medication Reaction	2
Drug Overdose	0
Other Accidents	5
Suicide	0

