

OAAPI
Annual



2012

Report

Prepared by
*Office of Adult Abuse
Prevention and Investigations*

August 2013

OAAPI Annual Data Report

Director's Message

July 2013

Welcome to the first combined Office of Adult Abuse Prevention and Investigations (OAAPI) Annual Data Report. In this document, for the first time, abuse information related to elders, adults with all types of disabilities and children in licensed settings is presented in one report, providing a comprehensive overview of the safety of all vulnerable Oregonians.

OAAPI's role in ensuring that vulnerable Oregonians are safe where they live, work and play is based on the four key OAAPI values:

1. The safety and protection of the state's most vulnerable citizens is among our most critical functions and our number one priority;
2. No matter where you live in the state, you will get a timely, thorough and consistent response to abuse or neglect of a vulnerable adult or child that we serve;
3. Our agency holds perpetrators accountable and prevents or reduces the risk of harm to vulnerable citizens who live in licensed care settings or their own home;
4. A strong investment in community partnerships is vital to ensure a systems approach to abuse occurs and to enhance prevention efforts.

We know that abuse is costly in terms of the lives of Oregonians that are cut short by abuse and neglect as well as the impact to healthcare and Medicaid resources. Abuse is not always visible and can affect a victim in many ways that we may not be aware of. Abuse may not be reported for a variety of reasons, and risk factors such as isolation, depression or cognitive impairments may make people more vulnerable to abuse and neglect.

Why is this important?

There is one significant factor that makes Oregonians who need protection from abuse and neglect even more vulnerable: *Not knowing who they are*. National elder abuse data indicates that only 1 in 23.5 cases is reported to any agency; for financial abuse 1 in 44 cases is reported, and for neglect 1 in 57 cases. Further, national research reflects that more than 50% of adults with mental illness or developmental disabilities will experience *repeated* physical abuse or sexual abuse in their lifetime.

Finally, the children we serve are *significantly* more vulnerable due to mental health, emotional or behavioral health issues.

So, knowing who our victims are, preventing abuse and understanding what makes our children and adults vulnerable is critical.

Here are a few of the steps we are taking to target our effort towards abuse prevention:

First, our office was created to standardize the response, assessment, intervention and documentation techniques of abuse investigators across the state, who work in multiple settings and systems, to ensure the most effective response to abuse. We also strive to ensure that Oregonians benefit from our increased capacity for outreach and education and our enhanced ability to compile and use data for identifying trends of abuse in the Oregon communities where each of us live.

Second, we recognize that partnerships with members in our community are vital to the prevention of abuse. One example of this was the recent partnership between the Oregon Bankers Association (OBA) and Department of Human Services (DHS) to prevent financial exploitation of Oregon's most vulnerable citizens. Together we launched a new version of the toolkit, "Preventing Elder Financial Exploitation: How Banks Can Help." This resource will soon be in the hands of every bank doing business in Oregon, which means *20,000 bank employees* will be better prepared to detect possible financial abuse and exploitation.

The release of information such as this Annual Report also helps us to further educate our communities about abuse and neglect. Our goal is twofold: to share information focusing on abuse prevention efforts that have the greatest impact to victims, and to provide the public with a more comprehensive picture of abuse in Oregon.

Here are a few key facts about abuse in Oregon for 2012:

- Over 34,000 calls were received reporting possible abuse or neglect across all program areas;
- Nearly 1,500 allegations of possible abuse were investigated for the 15,000 adults who receive developmental disability services;
- Over 600 allegations of possible abuse were investigated for adults receiving mental health services;
- Over 10,000 allegations of possible abuse were investigated for adults over the age of 65 or those with a physical disability;

- Over 200 allegations of possible abuse were investigated for children in licensed treatment settings or children with developmental disabilities;
- In most care settings, neglect and financial abuse are the most often investigated concern;
- For elderly Oregonians living in their own homes or with family, financial exploitation represents the majority of all investigations;
- For adults with developmental disabilities and seniors living in facility settings the majority of investigations are for neglect of care;
- For adults with mental illness living on their own, physical abuse is the most often investigated concern, largely due to domestic violence;
- For children, neglect and maltreatment represent most investigations.

Third, I would like to highlight the work being done by our Training Unit, which led the development of a new Core Competencies Training Institute designed to meet the needs of adult abuse investigators statewide. The Institute ensures that all investigators are educated to consistent and measurable standards that are in alignment with national standards being developed for protective service investigators in all states. The efforts put forth by this dynamic team have been outstanding and a vital part of our overall efforts to prevent abuse.

In closing, OAAPI is directly linked to the outcome goal of safety for all Oregonians, and particularly for vulnerable adults and children. Individuals we serve are at the highest risk of abuse or neglect. When people live free from abuse, their medical, physical and psychological treatment needs are reduced, allowing them to live independent, productive lives in their communities. Considering the direct link between robust abuse prevention efforts and the positive impact to the lives of those we serve, our responsibility to respond quickly and thoroughly to reports of abuse is not only critical, but an investment in the future of vulnerable Oregonians.

We all have a role in ensuring Oregonians feel safe, and are safe, in our communities. My hope is the information included in this report will raise awareness and inspire you to join us in our continued commitment to action on these important issues.

Marie Cervantes
Director
Office of Adult Abuse Prevention and Investigations
Department of Human Services / Oregon Health Authority

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2012 OAAPI Fast Facts

OAAPI and its county and local office partners are responsible for abuse investigations and providing protective services for some of Oregon's most vulnerable citizens, including:

- Approximately 500,000 older adults and people with physical disabilities who may be vulnerable
- 15,000 adults enrolled in Intellectual and Developmental Disabilities (I/DD) Services
- Over 50,000 adults enrolled in Mental Health Services
- 3,000 to 4,000 children with I/DD or who reside in a licensed setting that provides therapeutic treatment

All are vulnerable, but their vulnerabilities are often expressed in different ways and their support and care needs may be quite different:

- A 70-year-old living alone with little or no family support may be at much higher risk for financial exploitation, or self-neglect
- A 35-year-old person with autism may not be able to communicate that something bad has happened
- A 30-year-old with a mental illness may need assistance adhering to prescribed medication and counseling in order to remain safe and independent
- A child with I/DD may require life-long daily support for meal preparation and supervision to prevent accidental self-harm
- A child with a history of serious abuse and substance use concerns may need constant supervision and training in maintaining healthy boundaries

Fast Facts

In 2012, OAAPI, county and local offices:

- Received over 34,000 reports of possible abuse or neglect of vulnerable Oregonians
- Assigned nearly 15,000 of these reports for investigation, including:
 - 12,538 allegations for older adults and people with physical disabilities
 - 1,496 for adults with intellectual and developmental disabilities
 - 604 for adults with mental illness
 - 226 for children in licensed children’s settings

For Substantiated Abuse:

- Financial abuse accounts for 34% of all abuse
- Neglect accounts for 27% of all abuse
- Verbal abuse accounts for 18% of all abuse
- Physical abuse accounts for 14% of all abuse
- Sexual abuse accounts for 2% of all abuse
- Abandonment, restraint, and seclusion account for 5% of all abuse

Most prevalent types of substantiated abuse by setting

<u>Setting:</u>	<u>Most Prevalent</u>
Older adults and people with physical disabilities in licensed settings:	Neglect
Older adults living in the community (in their own home or with relatives):	Financial
Adults with I/DD in licensed settings:	Neglect
Adults with I/DD not in licensed settings (in relative’s or own home):	Physical abuse
Adults with mental illness living in licensed settings:	Neglect
Adults with mental illness not living in licensed settings:	Physical abuse

Intellectual/Developmental Disability Programs

Who do we serve?

Intellectual and Developmental Disability (I/DD) Services provide supports and services to adults that meet eligibility criteria.

Developmental disabilities include intellectual disabilities, cerebral palsy, Down's syndrome, autism, traumatic brain injuries, certain neurological impairments and other impairments of the brain that occur during childhood. Some people with developmental disabilities also have significant medical or mental health needs.

In 2012:

- > **1,496** allegations of abuse were investigated
- > **758** allegations of abuse were substantiated
- > **910** adults were reported as victims of abuse
- > **544** adults were determined to have been abused

Enrolled adults with intellectual or developmental disabilities can access services based on their individual needs, to be able to live with as much independence as possible. Services may range from information and referral, case management, and support services to maximum supports that provide 24-hour residential supervision and care.

How many people are served?

In 2012, nearly 15,000 adults were enrolled in Intellectual/Developmental Disability Services. Additionally, state and county agencies investigate allegations of abuse and provide protective services to all adults previously determined eligible for community I/DD services.

Intellectual/Developmental Disability Programs

Why are people with I/DD vulnerable to abuse?

Individuals with I/DD are a diverse group of people with different vulnerabilities. A person's ability or inability to care for themselves varies significantly. Some people with I/DD live independently without assistance, some need assistance in community access, employment, or handling finances, and others depend partially or completely on the daily care provided by other people. Many adults with I/DD are often unable to recognize danger, understand rights, and protect themselves against actions or inactions that are illegal, abusive, or in any way threatening to their health and emotional, financial, and physical well-being. Factors that contribute to the increased vulnerability may include, but are not limited to, difficulty communicating needs, having challenging behaviors, having limited social contacts and activities, not being believed or listened to, negative attitudes from other people, and social stigma, compounded with cognitive challenges.

Who investigates allegations of abuse?

Community Developmental Disability Programs (CDDP) conduct the majority of the adult abuse investigations and are required to assure protective services for adults with I/DD. CDDPs operate in a specific geographic service area of the state under a contract with the department, or other entity as contracted by the department. OAAPI directly investigates allegations of abuse in the State-Operated Community Programs (24-hour programs operated by DHS), and in Umatilla County, and also investigates some allegations under the jurisdiction of a local CDDP due to complexity, potential conflict of interests, or workload and staffing issues.

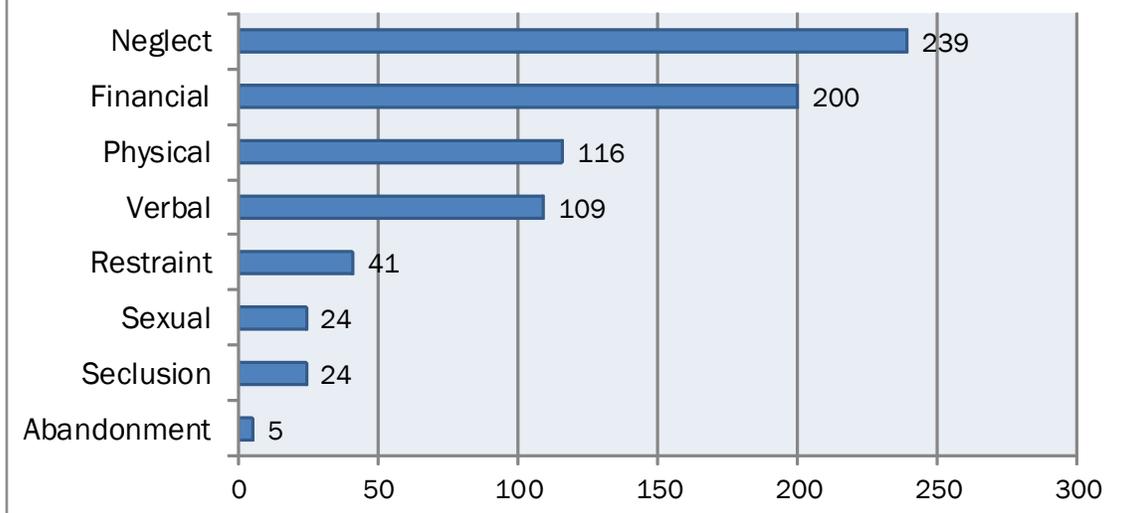
Intellectual/Developmental Disability Programs

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2012 Allegations of Abuse in Adult I/DD Programs

Abuse Type	Investigated Allegations	Substantiated Allegations	Substantiation Rate
Abandonment	5	5	100%
Financial	298	200	67%
Neglect	422	239	57%
Physical	297	116	39%
Restraint	76	41	54%
Seclusion	67	24	36%
Sexual	82	24	29%
Verbal	249	109	44%
Total	1,496	758	51%

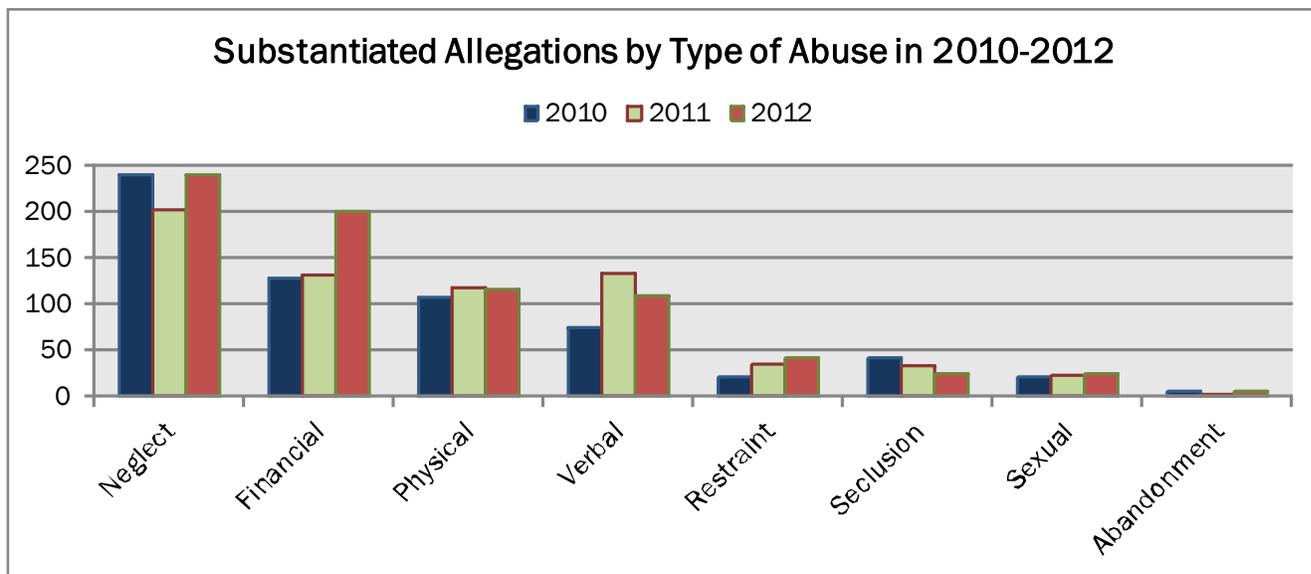
2012 Substantiated Abuse in Adult I/DD Programs: Most Common to Least Common



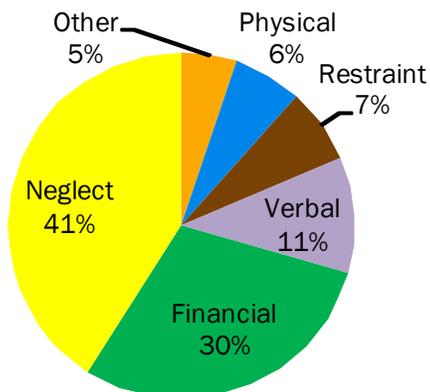
Intellectual/Developmental Disability Programs

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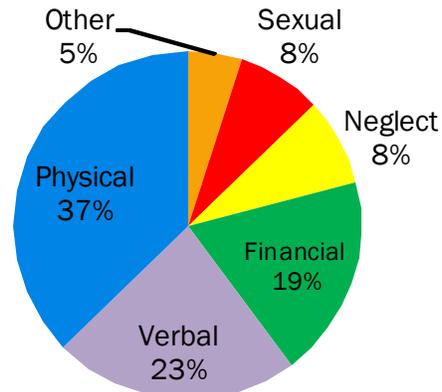
In 2012, the overall number of investigations in I/DD programs increased by 14 percent in comparison with the number of investigations in 2010. The overall substantiation rate has remained at the 49-51 percent level in 2010-2012. The most significant increase has occurred in the number of investigated and substantiated financial abuse allegations.



Neglect and financial abuse were the most prevalent abuse types in **licensed settings**. Combined, they accounted for 71% of all substantiated abuse.



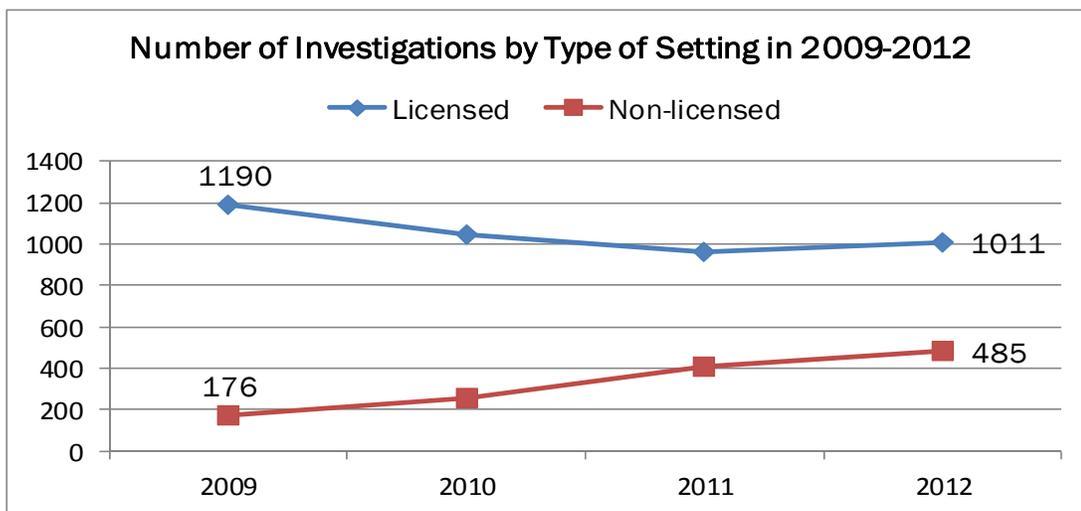
Physical, verbal, and financial abuse were the most prevalent abuse types in **non-licensed settings**. Combined, they accounted for 79% of all substantiated abuse.



While males and females were equally likely to become victims of substantiated abuse overall, in 2012 more females were victims of sexual and physical abuse, and more males were victims of financial and verbal abuse.

Intellectual/Developmental Disability Programs

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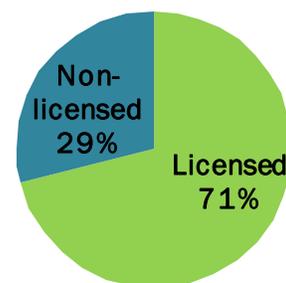


There has been a 176 percent—nearly threefold—increase in the number of investigations in non-licensed settings since 2009. The increase is likely due to the following factors:

- More adults with intellectual/developmental disabilities accessing services as a result of the implementation of the Staley Settlement Agreement, which became one of the foundations of the Brokerage Support Services. According to the DHS Developmental Disabilities Data Book, 5,602 adults were enrolled in Brokerage Services in December of 2008, while by mid-2012 the number of enrolled adults was 7,181.
- All adults with developmental disabilities having the same definitions of abuse regardless of services being accessed, including adults formerly determined eligible but no longer enrolled in DD services, effective January 1, 2010.
- More education to adults, families, partners and stake-holders on prevention, recognition, and reporting of abuse.
- Increased training and mentoring to community developmental disability program abuse investigators.

In 2012, 71% of all substantiated incidents of abuse occurred at licensed or certified/endorsed DD programs. These include 24-hour residential programs (group homes, non-profit, private and state-operated), adult foster care homes, supported living programs, and employment and alternatives to employment programs.

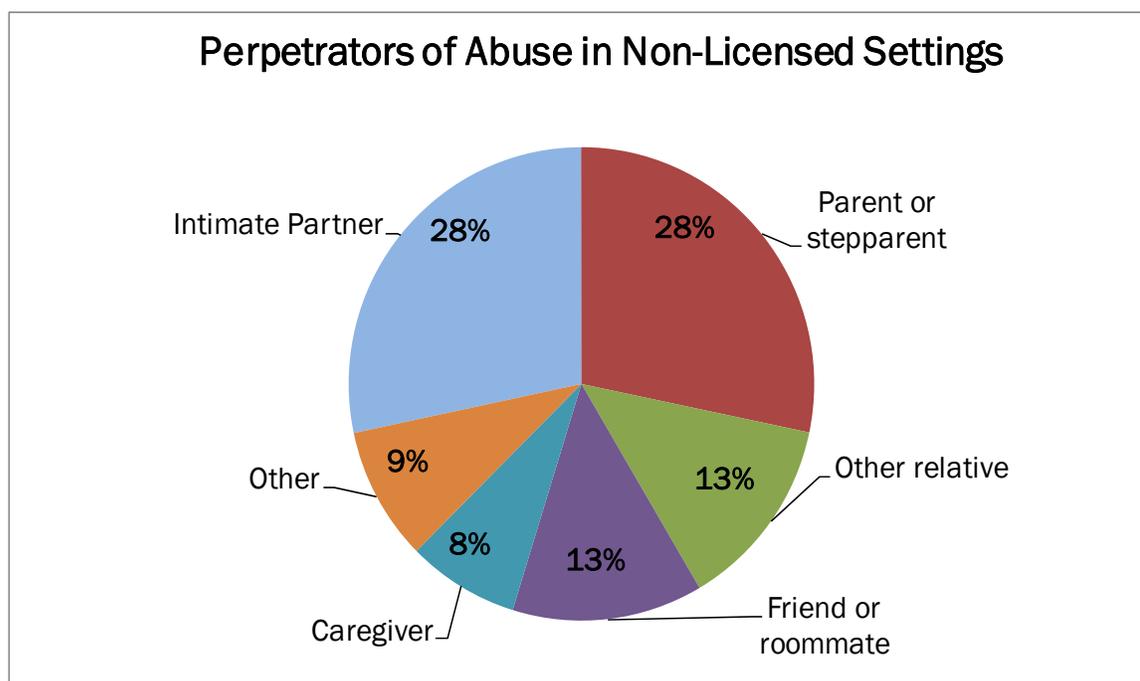
2012 Substantiated Abuse by Type of Setting



Intellectual/Developmental Disability Programs

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For 2012, in **non-licensed settings**, parents and intimate partners were responsible for 56 percent of substantiated abuse, and another 26 percent of allegations were substantiated against other relatives and friends of people with intellectual/developmental disabilities.



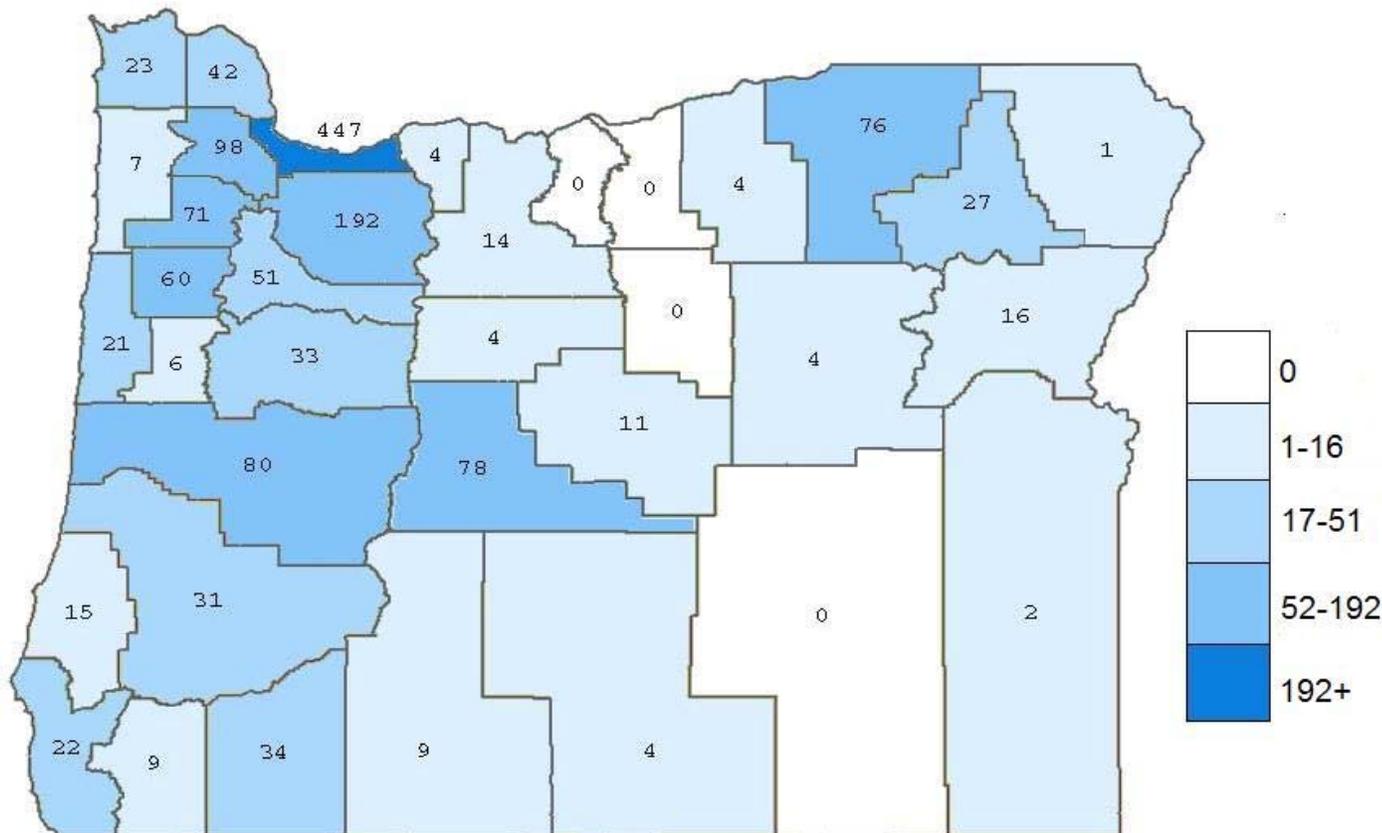
Perpetrators of Abuse in Non-Licensed Settings by Abuse Type in 2012

Perpetrator of abuse	Abandonment	Financial	Neglect	Physical	Restraint/ Seclusion	Sexual	Verbal	Total
Intimate partner		5		36		3	18	62
Parent or stepparent		13	7	20	6	3	13	62
Other relatives	1	5	3	11	1	1	7	29
Friend or roommate		6		11	1	4	7	29
Caregiver		5	3	2	2	3	2	17
Other (people in trust relationship)		3	3	1		3	2	12
Representative payee		4		1				5
Personal agent or case manager			2				1	3
Grand Total	1	41	18	82	10	17	50	219

Intellectual/Developmental Disability Programs

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The map below shows the number of abuse allegations investigated in I/DD programs by county in 2012



In 2012 law enforcement agencies (LEA) were most likely to get involved in physical, sexual, and financial abuse allegations. Sexual abuse cases were most likely to be successfully prosecuted.

Type of Abuse	Substantiated	LEA Referrals or Involvement	Rate of LEA Referrals or Involvement
Abandonment	5	0	0%
Financial	200	111	56%
Neglect	239	26	11%
Physical	116	72	62%
Restraint	41	4	10%
Seclusion	24	2	8%
Sexual	24	14	58%
Verbal	109	24	22%
Grand Total	758	253	33%

Intellectual/Developmental Disability Programs

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County	Adults with I/DD Enrolled in Services	Allegations Investigated	Allegations Substantiated	LEA Referrals or Involvement
Baker	87	16	9	4
Benton	355	6	3	2
Clackamas	1,267	192	103	12
Clatsop	143	23	11	5
Columbia	208	42	34	2
Coos	255	15	6	0
Crook	62	11	5	2
Curry	87	22	19	11
Deschutes	427	78	45	5
Douglas	472	31	18	6
Gilliam	5	0	0	0
Grant	29	4	4	0
Harney	15	0	0	0
Hood River	81	4	4	0
Jackson	673	34	19	8
Jefferson	58	4	1	0
Josephine	358	9	4	1
Klamath	344	9	4	0
Lake	27	4	1	0
Lane	1,490	80	51	8
Lincoln	183	21	11	2
Linn	519	33	13	4
Malheur	146	2	1	1
Marion	1,460	51	21	11
Morrow	14	4	4	1
Multnomah	3,129	447	175	115
Sherman	0	0	0	0
Polk	394	60	38	14
Tillamook	120	7	5	3
Umatilla	295	76	31	5
Union	136	27	16	0
Wallowa	30	1	0	0
Wasco	121	14	8	3
Washington	1,400	98	56	24
Wheeler	2	0	0	0
Yamhill	474	71	38	4
Total	14,866	1,496	758	253

Program enrollment data was provided by the DHS Office of Business Intelligence.

Older Adults and People with Physical Disabilities

Who do we serve?

Older Adults and People with Physical Disabilities Services (APD) provide protection and intervention for adults age 65 and older, as well as adults with physical disabilities who are unable to care for or protect themselves. A physical disability is defined as any physical or cognitive condition such as brain injury or dementia that significantly interferes with an adult's ability to protect his or her self from harm or neglect. Adult Protective Services are available to any individual in the state of Oregon who meets these criteria.

In 2012:

- > **10,201 allegations of abuse were investigated**
- > **2,683 allegations of abuse were substantiated**
- > **10,224 adults were reported as victims of abuse**
- > **2,989 adults were determined to have been abused**
- > **2,218 adults were assessed for self-neglect**
- > **526 adults had a self-neglect determination**

The majority of adults served by APD live in their own home or with family members. Services are often based on the person's desire to live with as much independence as possible. Older adults and people with physical disabilities may also live in licensed facilities such as a nursing home, an adult foster home, assisted living or a residential care facility.

How many people are served?

In 2012, an estimated 500,000 Oregonians were over 65 or older or had a physical disability. Approximately 85% of the 500,000 people were age 65 or older and 15% had physical disabilities.

Older Adults and People with Physical Disabilities

Why are people over the age of 65 or those with a physical disability vulnerable to abuse?

Age and disability alone do not make an individual vulnerable. However, there are related challenges and characteristics that may increase a person's likelihood of becoming a victim of abuse or neglect. The most common contributor to vulnerability is being dependent on others for one or more needs to be met. In addition, as people age, there is an increased incidence of dementia, stroke, or other cognitively and physically disabling events that can reduce a person's ability to fully manage medical care and/or financial matters. These can have a negative impact on a person's day-to-day routine.

Aging can also bring about a general decline in physical strength and overall health that may increase a person's vulnerability to abuse and neglect.

All of these factors tend to reduce a person's level of independence, making one more and more reliant on others to assist with or provide a basic level of care for one's health and safety. Similarly, individuals with physical disabilities often need the support of caregivers, family or others to meet their daily needs.

Who investigates allegations of abuse and neglect?

Allegations of abuse and neglect are investigated by Adult Protective Service Specialists. APD offices operate in specific geographic service districts; there are approximately 16 districts with over 40 local offices. Abuse investigations are conducted regardless of whether the individual lives in a licensed facility or in their own home.

Who are the reported perpetrators of abuse?

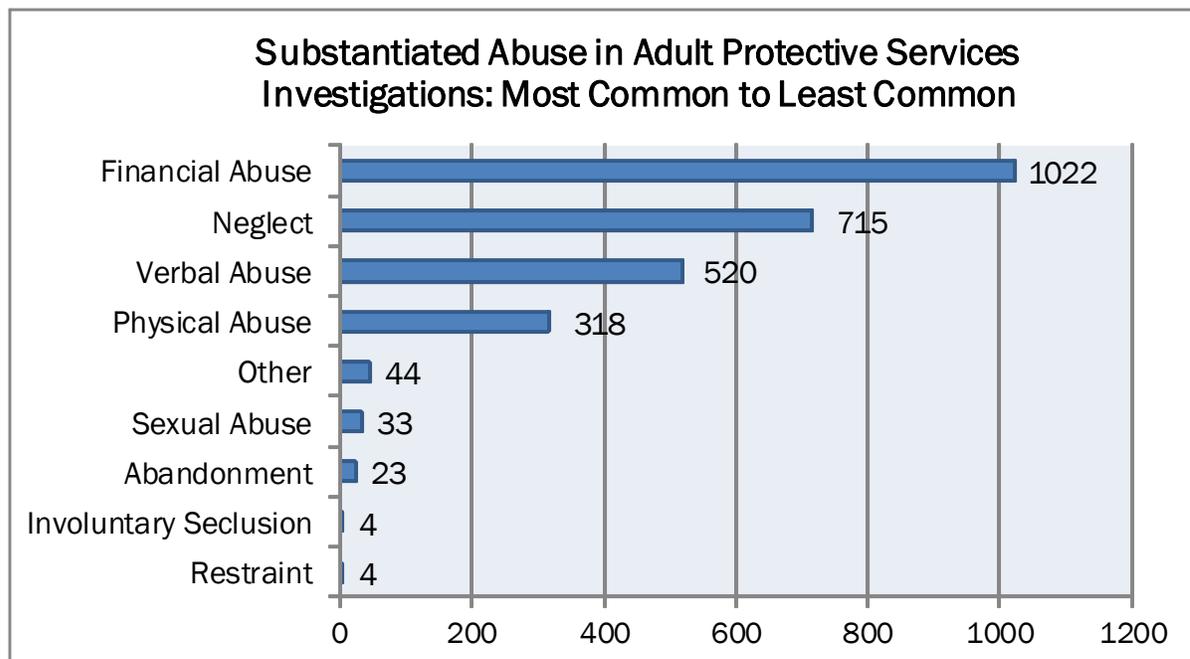
Depending on the setting in which the vulnerable person lives, there is a marked difference in the relationship of the reported perpetrator to the reported victim. In licensed settings, the reported perpetrator is usually a staff member paid to provide care. In non-licensed settings, the reported perpetrator is usually a family member—most frequently the son or daughter of the victim.

Older Adults and People with Physical Disabilities

2012 Allegations Investigated by Adult Protective Services

Abuse Type *	Investigated Allegations	Substantiated Abuse	Substantiation Rate
Abandonment	63	23	37%
Financial Abuse	3,125	1,022	33%
Involuntary Seclusion	9	4	44%
Neglect	4,564	715	16%
Physical Abuse	832	318	38%
Restraint	5	4	80%
Sexual Abuse	122	33	27%
Verbal Abuse	1,295	520	40%
Other	186	44	24%
Total	10,201	2,683	26%

*The table does not include 2,337 investigated allegations of self-neglect.



Note: "Other" represents incidents that do not meet the criteria for investigation, but are serious concerns about the welfare of the individual.

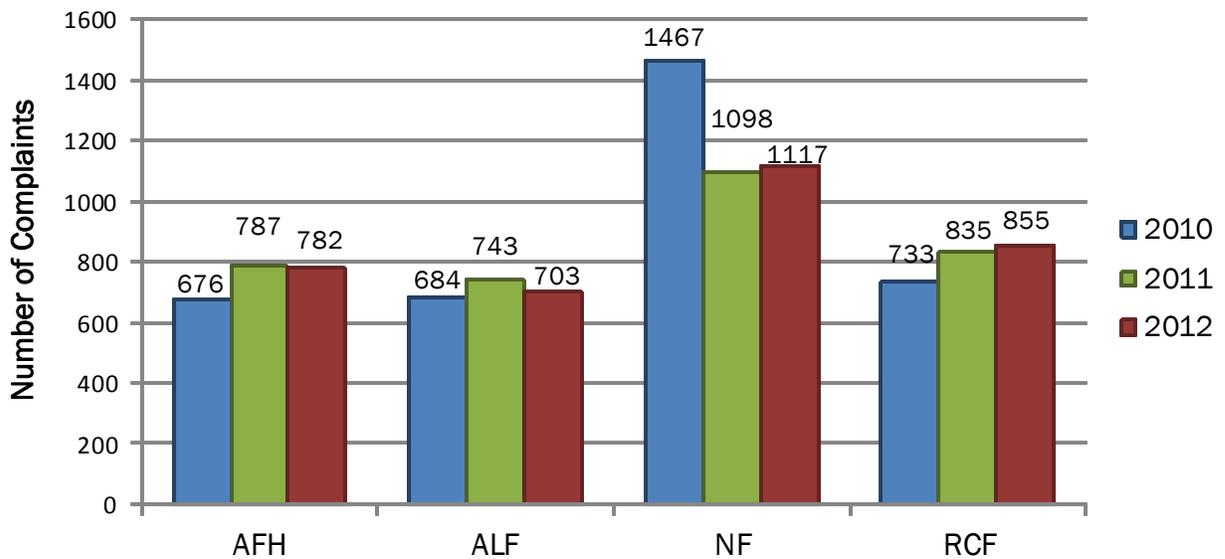
Older Adults and People with Physical Disabilities

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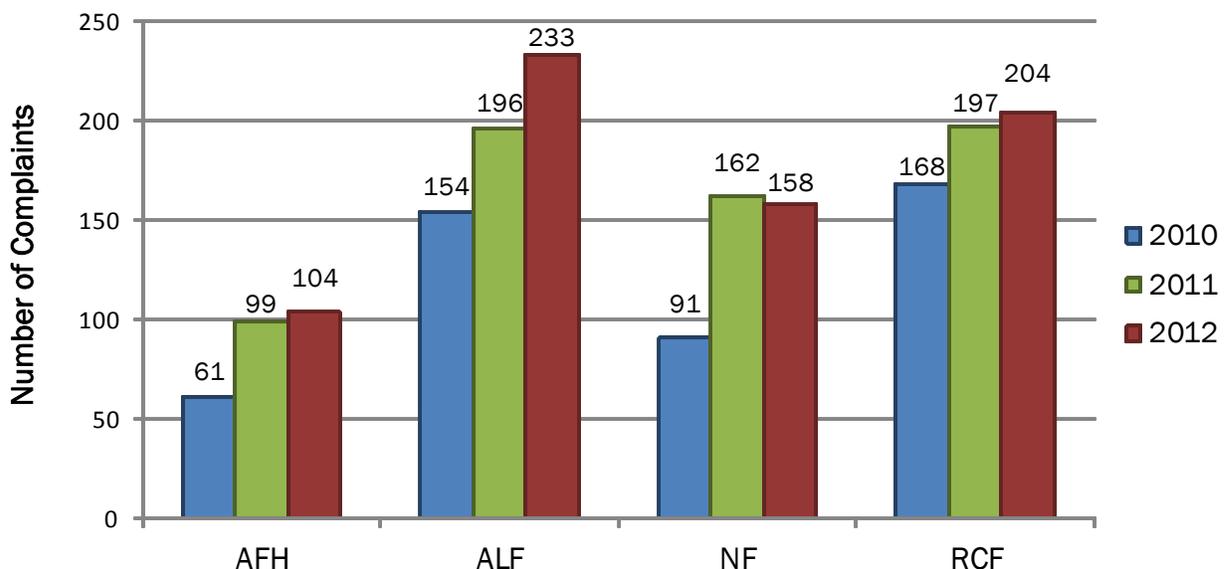
Investigations and Substantiated Abuse in Facilities

Older adults and people with physical disabilities living in a facility or licensed setting, such as a nursing facility (NF), adult foster home (AFH), assisted living facility (ALF) or residential care facility (RCF).

Number of Complaints by Facility Type



Substantiated Abuse by Facility Type

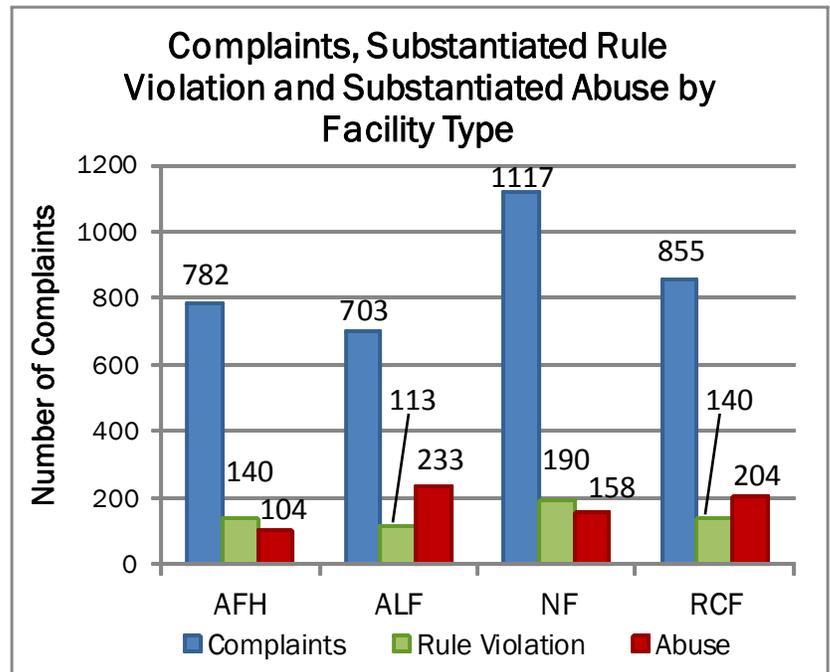


Older Adults and People with Physical Disabilities

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Licensing Violations and Substantiated Abuse in Facilities

An investigation of a complaint may result in a finding of substantiated abuse, or of a substantiated licensing rule violation. A rule violation is not abuse, but a violation of regulatory standards.



Abuse Type	Total Complaints	Substantiated Rule Violation	Substantiated Abuse
Financial Exploitation	248	3	191
Involuntary Seclusion	9	0	4
Neglect	2,997	575	440
Physical Abuse	97	1	26
Restraint	5	0	4
Sexual Abuse	35	0	7
Verbal/ Mental Abuse	66	4	27
Total	3,457	583	699

Neglect was the most common type of abuse, making up 63% of substantiated abuse findings. Financial exploitation accounted for 27% of substantiated abuse.

In 2010, DHS expanded apportionment to all facility investigations. Apportionment allows for a determination of whether the facility, an individual caregiver, or both are responsible for the abuse. If a staff member is apportioned with abuse, and the facility is not, the facility will still be responsible for a non-abuse licensing violation. Apportionment only applies in cases of substantiated abuse. In 2012, substantiated abuse in facilities was apportioned as follows: 19% to the facility alone, 27% to an individual caregiver, and 54% to both the facility and the individual.

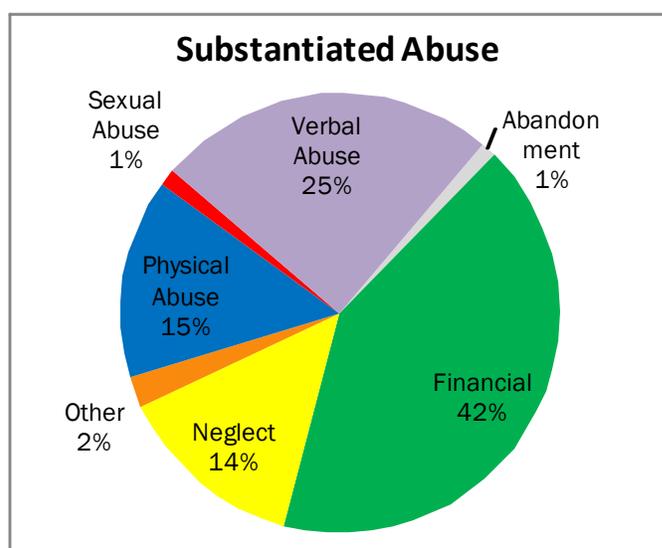
Older Adults and People with Physical Disabilities

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Allegations and Substantiated Abuse in the Community

Abuse Type	Number of Allegations	Number Subst.
Abandonment	63	23
Financial Exploitation	2,877	831
Neglect	1,567	275
Other	186	44
Physical Abuse	735	292
Sexual Abuse	87	26
Verbal Abuse	1,229	493
Total	6,744	1,984

Older adults and people with physical disabilities living in the community (in their own homes or with family members).



Reported Perpetrators

37% of substantiated abuse was committed by a son or daughter of the reported victim. An acquaintance was responsible for 18% of substantiated abuse and other family members for 17%. Non-relative caregivers were responsible for 12% of abuse.

Complaints and Substantiations: 3-Year Trend

Abuse Type	2010		2011		2012	
	Complaints	Subst.	Complaints	Subst.	Complaints	Subst.
Abandonment	77	32	68	28	63	23
Financial Exploitation	2,469	685	2,469	672	2,877	831
Neglect	1,435	290	1,464	253	1,567	275
Other	275	62	163	26	186	44
Physical Abuse	665	253	665	243	735	292
Sexual Abuse	61	17	77	17	87	26
Verbal Abuse	983	399	1,086	418	1,229	493
Total	5,965	1,738	5,992	1,657	6,744	1,984

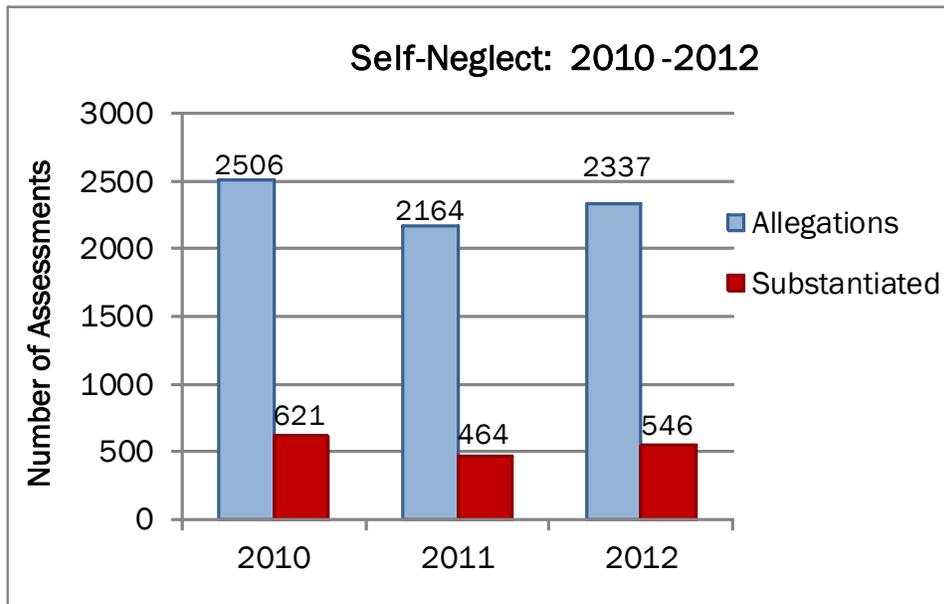
Note: "Other" represents incidents that do not meet the criteria for investigation, but are serious concerns about the welfare of the individual.

Older Adults and People with Physical Disabilities

Self-Neglect

"Self-neglect" means the inability of an adult to understand the consequences of his or her actions or inactions when that inability leads to or may lead to harm or endangerment to self or others. Examples of self-neglect complaints include:

- An 81-year-old woman with Alzheimer's disease cannot consistently remember to take her medications, or takes them too frequently, resulting in hospitalization.
- The police report a 46-year-old man with a traumatic brain injury who repeatedly and dangerously walks into traffic and becomes lost when away from home.



In 2012:

There were 2,337 assessments for 2,218 individuals.

546 assessments determined that self-neglect occurred for 526 individuals.

Some individuals had multiple assessments.

For self-neglect, an assessment focuses on specific risks rather than investigation of specific abuse. Self-neglect is substantiated when (1) there is harm or risk of serious harm AND (2) the reported victim lacks the cognition to understand harm.

Self-neglect is not substantiated when an individual makes choices others may not make, as long as he or she recognize the harm and understands the potential consequences of his or her choices.

Whether or not the allegation is substantiated, APD offers interventions and works with reported victims to resolve any immediate crisis, reduce risk, and establish long-term stability.

Older Adults and People with Physical Disabilities

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Victim Demographics

The table below shows individuals reported as possible victims of abuse for APD investigations in the community and in licensed settings. Overall, males were the reported victim 36% of the time and females were the reported victim 62% of the time.

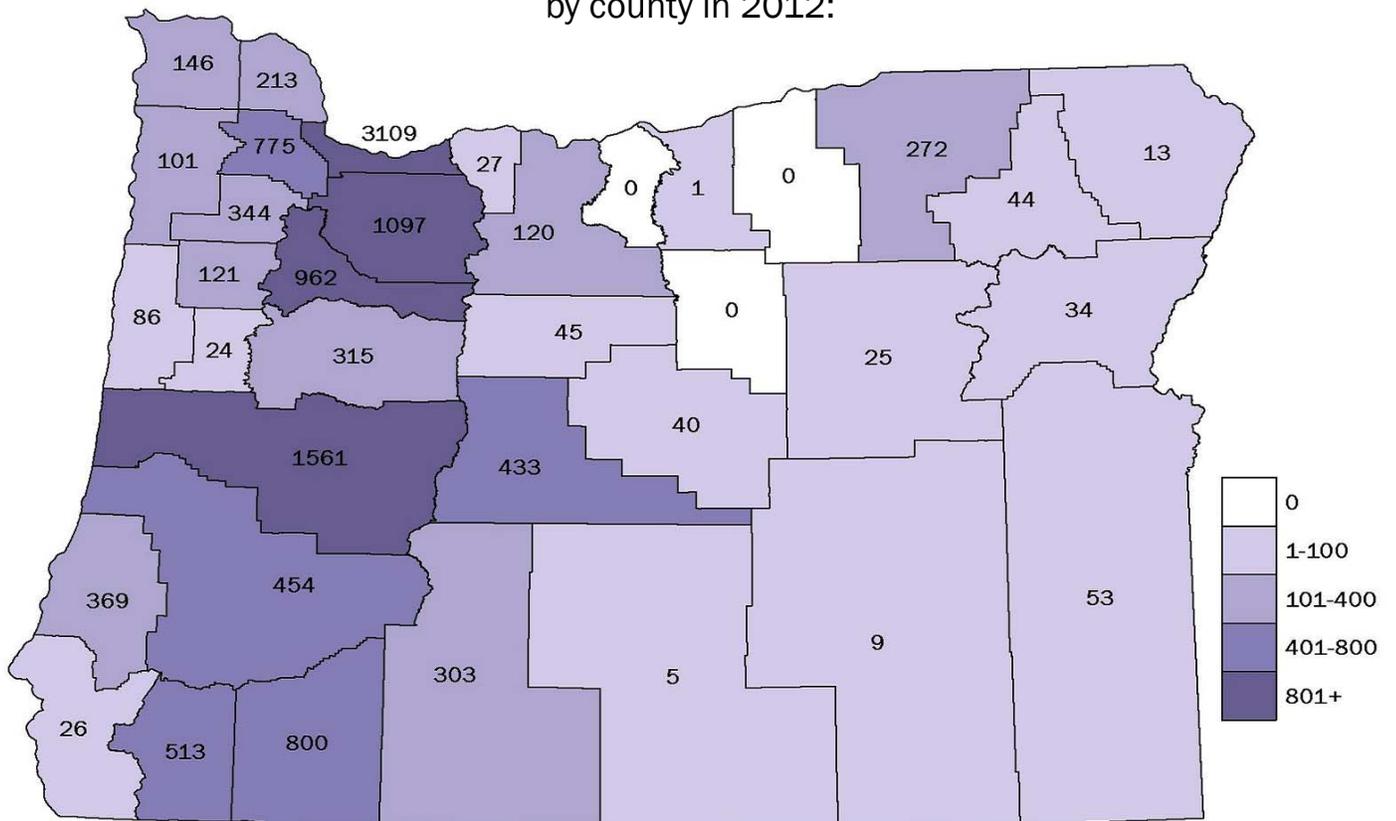
Reported Victims in 2012: Gender vs Age

Community APS			Age of Victim	Facility APS		
Unknown	Female	Male		Male	Female	Unknown
111	4,112	2,321	Age 65 and Over	916	1,791	0
5	1,157	788	Under 65	300	308	0
16	134	62	Unknown Age	142	212	67
132	5,403	3,171	Total	1,358	2,311	67

Persons under age 65 are eligible for services due to physical disability.

Data include people who were assessed for possible self-neglect.

The map below shows the number of allegations investigated in APS programs by county in 2012:



Older Adults and People with Physical Disabilities

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County	Facility APD		Community APD		Total	
	Allegations Investigated	Substantiated Abuse	Allegations Investigated	Substantiated Allegations	Allegations Investigated	Substantiated Allegations
Baker	12	2	22	7	34	9
Benton	24	12	0	0	24	12
Clackamas	288	48	809	288	1,097	336
Clatsop	53	12	93	18	146	30
Columbia	50	15	163	17	213	32
Coos	118	25	349	90	467	115
Crook	7	0	33	8	40	8
Curry	26	9	0	0	26	9
Deschutes	124	27	309	68	433	95
Douglas	144	24	310	81	454	105
Gilliam	1	0	0	0	1	0
Grant	18	4	7	3	25	7
Harney	3	1	6	3	9	4
Hood River	27	9	0	0	27	9
Jackson	309	58	491	125	800	183
Jefferson	22	3	23	11	45	14
Josephine	130	19	383	116	513	135
Klamath	44	12	259	105	303	117
Lake	5	0	0	0	5	0
Lane	455	90	1,116	254	1,571	344
Lincoln	28	17	58	30	86	47
Linn	61	16	254	72	315	88
Malheur	21	5	32	12	53	17
Marion	267	43	695	120	962	163
Multnomah	542	74	2,565	784	3,107	858
Polk	46	16	75	18	121	34
Tillamook	36	7	65	10	101	17
Umatilla	95	29	176	40	271	69
Union	28	4	16	7	44	11
Wallowa	9	0	4	1	13	1
Wasco	28	8	92	35	120	43
Washington	313	61	455	153	768	214
Yamhill	123	49	221	54	344	103
Total	3,457	699	9,081	2,530	12,538	3,229

The table includes abuse, neglect, and self-neglect data.

Mental Health Programs

Who do we serve?

Adult Mental Health (MH) Services provide supports and services to adults enrolled in Mental Health services with a Community Mental Health Program (CMHP) or Coordinated Care Organization (CCO) and individuals receiving acute care in a psychiatric placement in a hospital (Psychiatric Units/Hold Rooms). Individuals enrolled in mental health services include those who meet criteria standards set forth by the Oregon Health Authority (OHA) and Oregon Health Plan. This also includes individuals who have been civilly or forensically committed to the Oregon State Hospital (OSH) or Blue Mountain Recovery Center (BMRC). Some people with a mental illness may also have significant medical and/or substance use disorders.

In 2012:

- > **604** allegations of abuse were investigated
- > **214** allegations of abuse were substantiated
- > **442** adults were reported as victims of abuse
- > **165** adults were determined to have been abused

Adults enrolled in mental health services can access services based on their needs to live with as much independence as possible. Services may range from information and referral, outpatient services and case management, to maximum supports provided in residential programs or commitment to the Oregon State Hospital.

How many people are served?

55,127 adults were enrolled in Mental Health Services in 2012.

The average capacity at OSH in 2012 was 640 beds, with 60 beds at BMRC.

Mental Health Programs

Why are individuals with a mental illness vulnerable to abuse?

Within the diverse population of individuals with a mental illness, there is a broad range of both abilities and vulnerabilities. Some people live independently, requiring minimal services such as medication management, while others need significant assistance to remain independent in the community, including assistance with housing, medication or money management, and ongoing case management. Some are unable to live independently and receive services in mental health licensed residential programs to assure their health and safety.

When an individual with a mental illness is experiencing symptoms that impact their functioning, they may be more vulnerable to the illegal, abusive, and exploitive behavior of others that may impact their health and safety. Other factors contributing to the increased vulnerability of this population may include difficulty in managing challenging symptoms or communicating needs, a limited number of social opportunities and contacts, and claims of abuse that are ignored or not believed. Discrimination and stigmatization may further exacerbate the difficulties faced by adults with a mental illness.

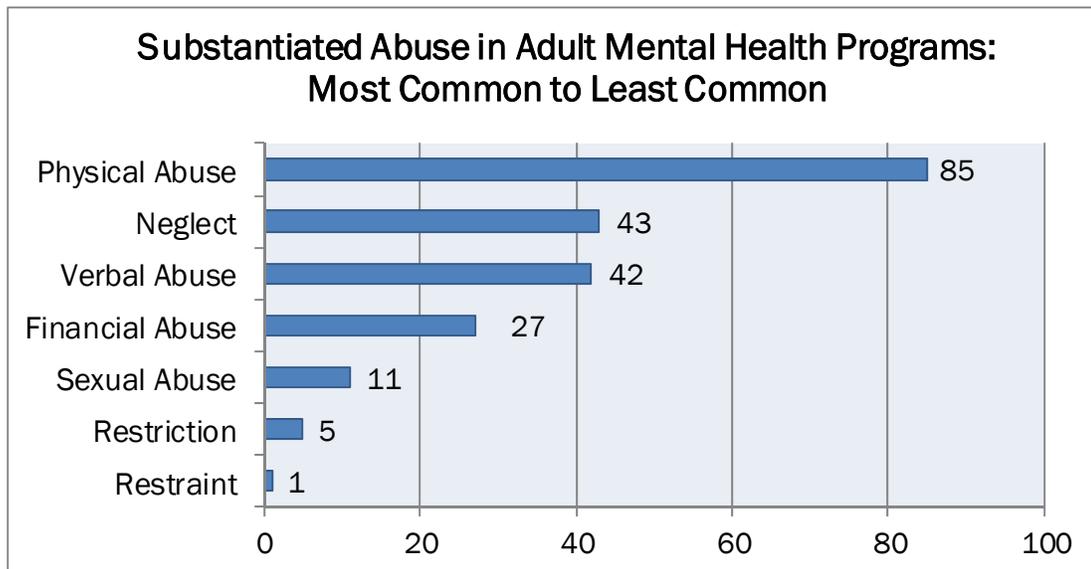
Who investigates allegations of abuse?

Community Mental Health Programs (CMHP) are designees of the Oregon Health Authority (OHA) to conduct abuse investigations. The CMHP is also the entity responsible for providing protective services for adults with a mental illness. CMHPs operate in specific geographic service areas of the state under a contract with the OHA, or with another entity as contracted by the OHA. OAAPI directly investigates allegations of abuse at the Oregon State Hospital, the Blue Mountain Recovery Center in Pendleton, and in State-operated residential facilities that have a direct contract with the OHA. Some allegations of abuse normally under the jurisdiction of CMHP are investigated by OAPPI due to their complexity, or to potential conflicts of interest.

Mental Health Programs

2012 Allegations Investigated in Adult Mental Health Programs

Abuse/ Mistreatment Type	Investigated Allegations	Substantiated Allegations	Substantiation Rate
Abandonment	0	0	NA
Condoning Abuse (OSH)	1	0	0%
Financial Exploitation	36	27	75%
Neglect	163	43	26%
Physical Abuse	224	85	38%
Restraint	1	1	100%
Restriction	21	5	24%
Sexual Abuse	72	11	15%
Verbal Mistreatment	86	42	49%
Total	604	214	35%



Mental Health Programs

2012 Annual Report

Allegations in Licensed and Non-licensed Settings

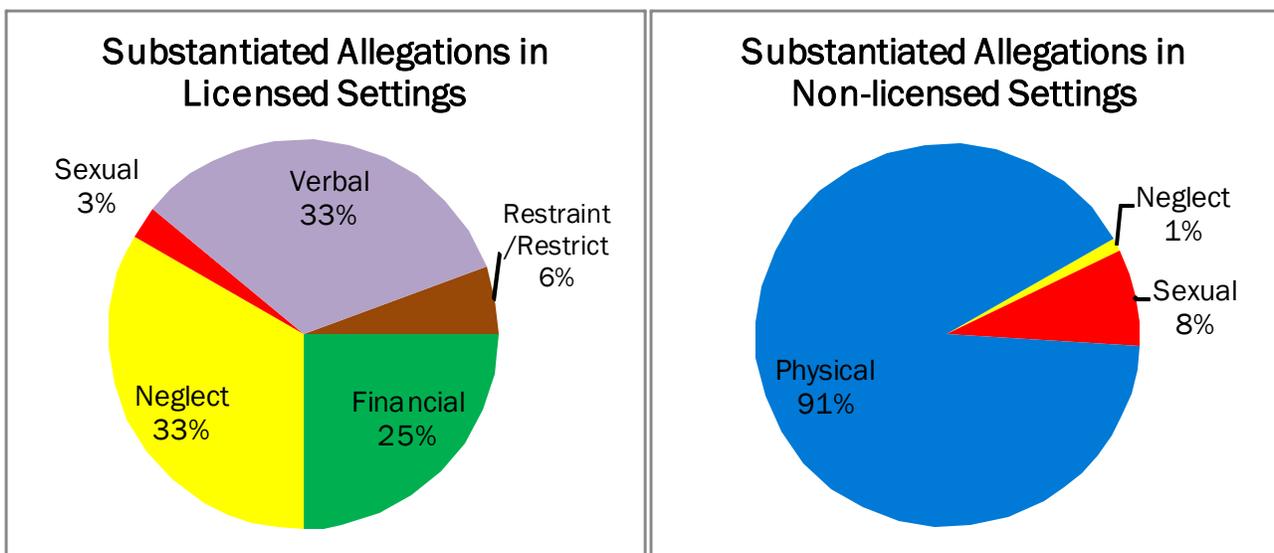
Individuals may receive services in licensed settings such as residential treatment homes and facilities including secure residential facilities, and adult foster homes, or they may receive services in non-licensed settings such as outpatient services, psychiatric acute care, or hold rooms in hospitals.

Abuse/ Mistreatment Type	Licensed Setting		Non-licensed Setting	
	Investigated	Substantiated	Investigated	Substantiated
Abandonment	0	0	0	0
Financial Exploitation	34	27	2*	0
Neglect	84	36	13	1
Physical	6	0	200	79
Restraint	1	1	0	0
Restriction	21	5	0	0
Sexual	9	3	61	7
Verbal Mistreatment	65	36	5*	0
Total	220	108	281	87

*In 2011, the definitions of abuse in non-licensed settings changed when some abuse/mistreatment types, including financial exploitation and verbal mistreatment, were taken out of the non-licensed rules. They are no longer investigated in non-licensed settings.

Neglect, Verbal Mistreatment, and Financial Exploitation were the most prevalent abuse types for adults with mental illness in licensed residential settings, accounting for 92% of substantiated allegations.

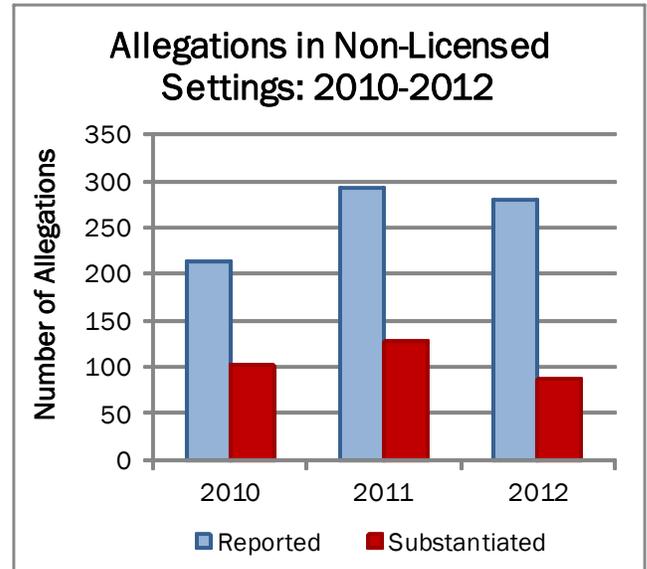
Physical Abuse was the most prevalent abuse type for adults with mental illness in non-licensed settings, accounting for 91% of substantiated allegations.



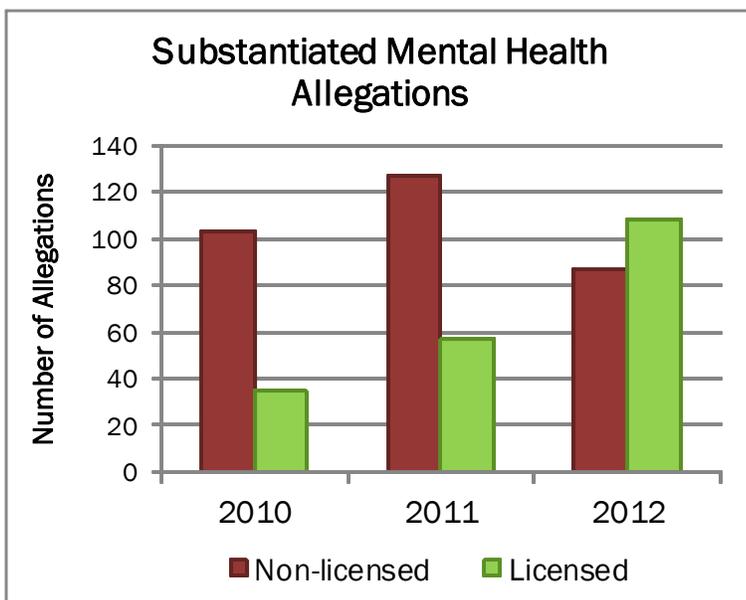
Mental Health Programs

2012 Annual Report

Abuse in Mental Health Settings from 2010-2012



Since 2010, the number of allegations of abuse that have been investigated increased by 31% in licensed settings and by 72% in non-licensed settings.



In 2012, the number of allegations of substantiated abuse more than tripled in licensed settings, but decreased by 16% in non-licensed settings over the number of substantiations in 2010.

In non-licensed settings, 55% of substantiated perpetrators were the spouse or significant other of the victim, and 21% of substantiated perpetrators were a family member of the victim.

In licensed residential settings, 55% of substantiated perpetrators were a care provider, and 38% of substantiated perpetrators were a residential provider.

Mental Health Programs

For allegations where abuse of an adult with mental illness was substantiated:

- The **perpetrator** was female in 42% and male in 58% of substantiated allegations
- The **victim** was female in 54% and male in 46% of substantiated allegations

- Females were predominantly the perpetrators for substantiated **Neglect** allegations.
- Males were predominantly the perpetrators for substantiated **Financial Exploitation** and **Physical Abuse** allegations.

Reviews of Deaths of Adults with Mental Illness

In 2012, County Mental Health investigators reviewed the deaths of 261 individuals enrolled in mental health services.

220 of these deaths were due either to natural causes—most frequently related to cancer, heart disease or heart attacks, or respiratory failure—or to accidental causes—most frequently drug misuse or overdose.

- The average age at death of the 114 females was **56 years**.
- The average age at death of the 106 males was **53 years**.

41 of these deaths were not due to natural or accidental causes, but were due to causes such as suicide and homicide.

- The average age at death of the 16 females was **46 years**.
- The average age at death of the 25 males **42 years**.

Mental Health Programs

2012 Annual Report

Oregon State Hospital Investigations

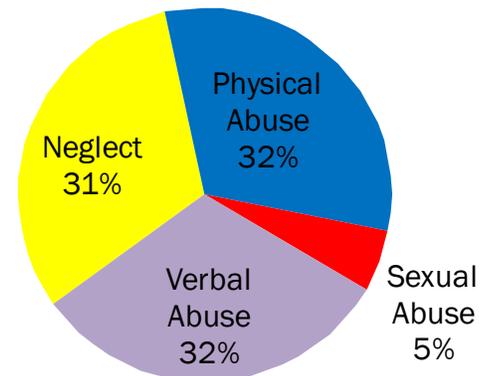
In 2012, there were **521 reports** of abuse at the Oregon State Hospital.

- 460 were screened out as not meeting the definition of abuse, and 61 were investigated.
- 19 of the investigated allegations were substantiated for abuse.
- 47 patients were reported as possible victims of abuse, and 17 patients were determined to have been abused.

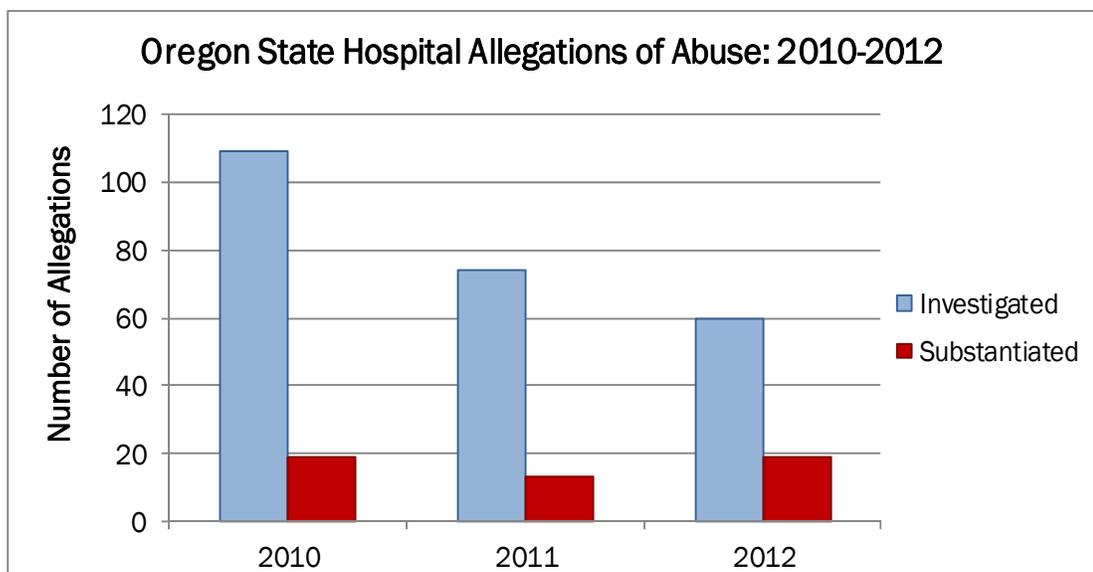
Allegations of Abuse at OSH in 2012

Abuse Type	Investigated	Substantiated
Condoning Abuse	1	0
Neglect	24	6
Physical Abuse	18	6
Sexual Abuse	2	1
Verbal Abuse	16	6
Total	61	19

Oregon State Hospital Substantiated Abuse Allegations



In the past three years, the number of allegations of abuse investigated at the Hospital has decreased by 45%.



Mental Health Programs

2012 Annual Report

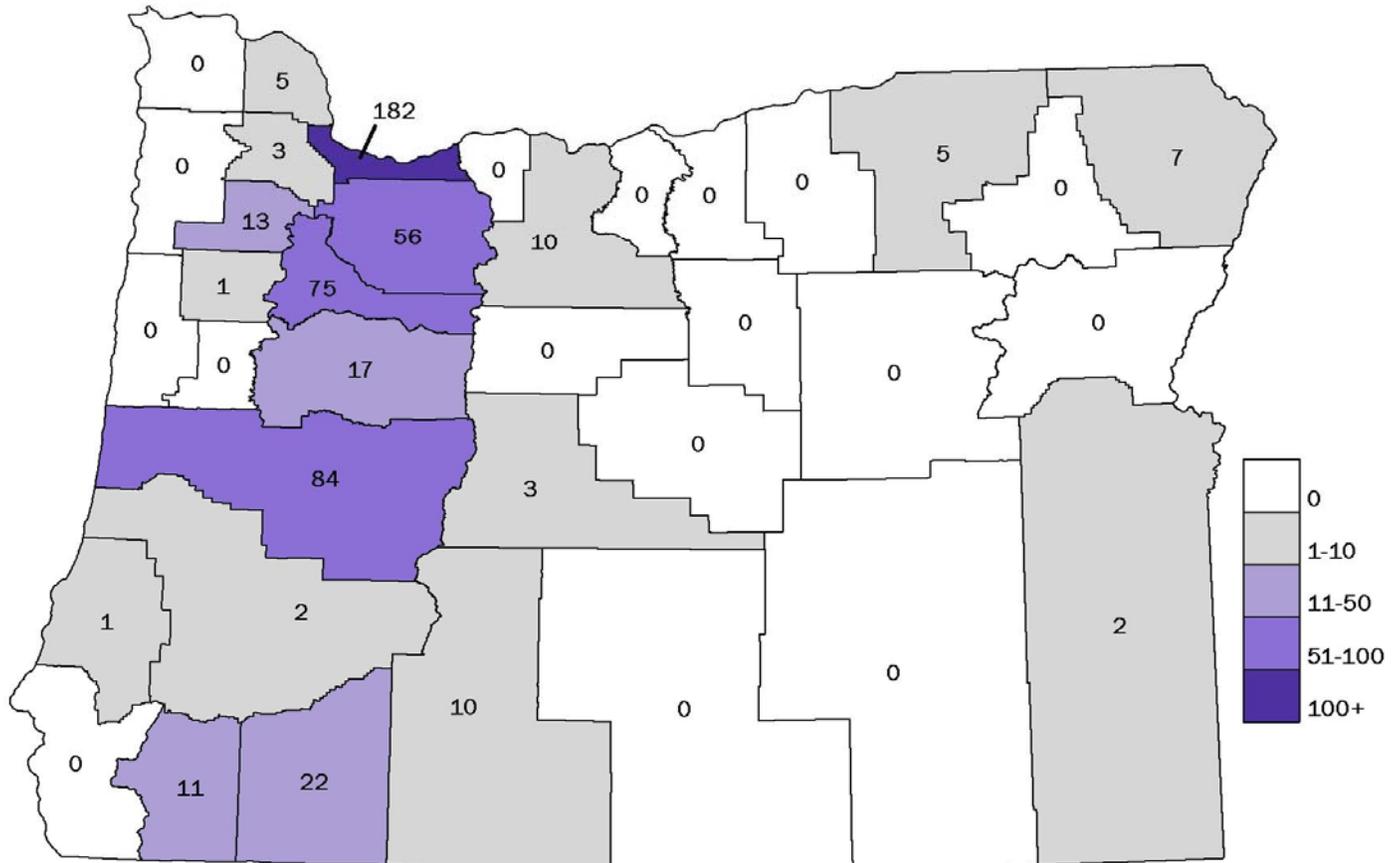
Law Enforcement Referrals

Physical abuse was the type of abuse most likely to be referred to law enforcement.

Allegations Referred to Law Enforcement in 2012

Abuse/ Mistreatment Type	Substantiated Allegations	Allegations Referred to Law Enforcement	Rate of Law Enforcement Involvement
Financial Exploitation	27	3	11%
Neglect	37	1	3%
Physical Abuse	79	69	87%
Restraint	1	0	0%
Restriction	5	0	0%
Sexual Abuse	10	5	50%
Verbal Abuse	36	1	3%

The map below shows the number of abuse allegations investigated in MH programs by county in 2012:



Mental Health Programs

2012 Annual Report

County Mental Health Program	Adults Enrolled in MH Services	Total Allegations	Substantiated Allegations	LEA Referral or Involvement
Baker	472	0	0	0
Benton	753	3	0	0
Clackamas	2,969	56	27	12
Clatsop	788	1	0	0
Columbia	376	5	3	0
Coos	873	3	0	0
Crook	322	0	0	0
Curry	320	0	0	0
Deschutes	1,880	4	0	0
Douglas	1,540	2	1	0
Gilliam/Morrow/ Wheeler	198	0	0	0
Grant	130	0	0	0
Harney	157	0	0	0
Jackson	1,568	24	17	5
Jefferson	540	0	0	0
Josephine	1,454	11	6	1
Klamath	1,310	12	4	0
Lake	100	0	0	0
Lane	5,896	90	20	9
Lincoln	827	1	0	0
Linn	1,984	19	3	1
Malheur	734	2	0	0
Marion	4,997	79	40	5
Mid-Columbia*	785	10	6	4
Multnomah	14,117	185	58	32
Polk	1,069	1	1	1
Tillamook	465	0	0	0
Umatilla	1,163	7	3	2
Union	511	1	0	0
Wallowa	94	7	0	0
Warm Springs	122	0	0	0
Washington	5,410	6	1	1
Yamhill	1,203	14	5	5
OSH	NA	61	19	1
Total	55,127	604	214	79

*Mid-Columbia: Hood River, Sherman, and Wasco Counties

Children's Programs

Who do we serve?

Some of the children served by Child Welfare reside in care programs or receive therapeutic treatment services that fall under OAAPI's authority to investigate when allegations of abuse or neglect are reported. These children receive therapeutic treatment services through a Children's Care Provider (CCP) or have an I/DD diagnosis and receive residential care through a 24-hour residential program or a proctor care program. The majority of the children served through CCP have mental health, behavioral and/or substance use disorders. Many have a history of prior abuse. Children in the I/DD programs receive residential care from direct care staff or proctor parents who assist the child with basic needs and provide training and supervision.

In 2012:

- > **226** allegations of abuse were investigated
- > **72** allegations of abuse were substantiated
- > **164** children were reported as victims of abuse
- > **58** children were determined to have been abused

Children in CCP programs receive services in licensed settings that include residential care, day treatment, therapeutic boarding schools, foster care and outdoor youth programs.

Children in I/DD programs receive services in licensed residential care settings contracted to serve children with intellectual/developmental disabilities or operated by the Department of Human Services.

How many people are served?

In 2012, there were approximately 3,500 children enrolled in CCP programs and 200 children who received I/DD residential care services.

Children's Programs

Why are the children in these programs vulnerable to abuse?

The children served in CCP and I/DD programs have a variety of specialized care needs and treatment protocols that can significantly increase their risk of harm if not adhered to. Many of the children require heightened levels of supervision due to risks around self-harming behaviors, or have specific protocols around behavior management, coping skills and/or emotional well-being.

In addition to the above concerns, the children in I/DD programs have cognitive and developmental impairments that require lifelong specialized care and training. Some of the children have a history of prior abuse which may increase their exposure to further abuse, and many lack the verbal ability to communicate when bad things have happened.

OAAP I investigates over 200 allegations per year in these program areas and receives nearly 1,000 reports of possible abuse. OAAP I evaluates all incidents reported to determine if the incident meets an abuse definition and evaluates the child's plan of care in making a determination as to whether to investigate the incident.

Who investigates allegations of abuse?

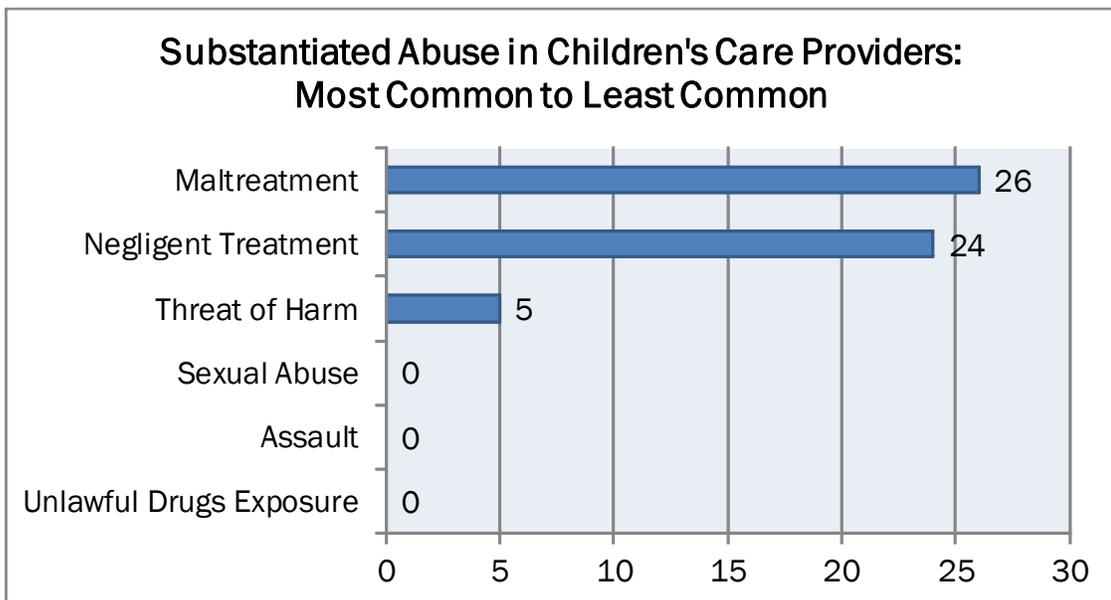
OAAP I directly investigates allegations of abuse in these programs. Allegations are reported to OAAP I through Child Welfare (in the case of CCP), and often by county offices in the case of children's I/DD programs. In addition, OAAP I receives reports of possible abuse directly from the public, through the providers and staff that serve these children, and from the children or their family members.

Children's Care Providers

Children's Care Programs provide out-of-home therapeutic treatment for children, primarily in residential settings, including therapeutic foster care, children's facilities and outdoor youth programs.

- > **184** allegations of abuse were investigated
- > **55** allegations of abuse were substantiated
- > **131** children were reported as victims of abuse
- > **42** children were determined to have been abused

Allegations By Abuse Type	Total Allegations	Substantiated Allegations	Substantiation Rate
Assault	0	0	NA
Maltreatment	80	26	33%
Negligent Treatment	96	24	25%
Sexual Abuse	0	0	NA
Threat of Harm	8	5	63%
Unlawful Drugs Exposure	0	0	NA
Total	184	55	30%

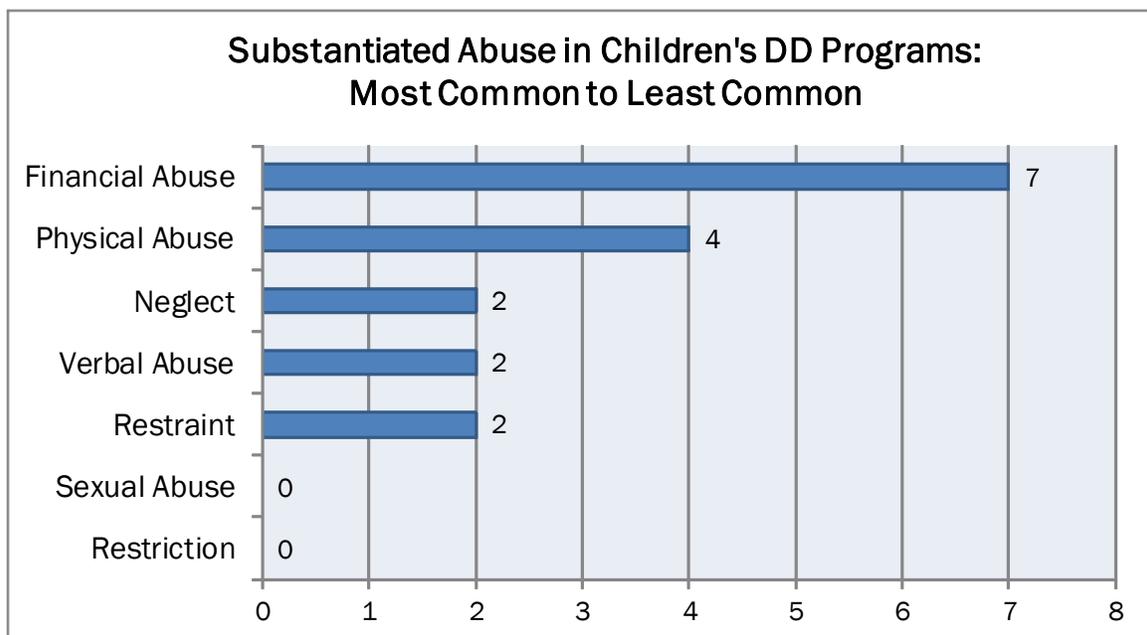


Children's I/DD Programs

Children's I/DD Programs provide residential care for children with an I/DD diagnosis. The children are served by proctor homes or 24-hour residential care programs.

- > **42** allegations of abuse were investigated
- > **17** allegations of abuse were substantiated
- > **33** children were reported as victims of abuse
- > **16** children were determined to have been abused

Allegations By Abuse Type	Total Allegations	Substantiated Allegations	Substantiation Rate
Financial Abuse	7	7	100%
Neglect	17	2	17%
Physical Abuse	10	4	40%
Restraint	2	2	100%
Restriction	0	0	NA
Sexual Abuse	1	0	0%
Verbal Abuse	5	2	40%
Total	42	17	42%



OAAPI Training Unit

The OAAPI Training Unit provided more than 700 hours of classroom trainings in 2012. The unit trains adult abuse investigators and specialists within all disciplines served by OAAPI statewide.

The unit also trains community program staff providers of developmental disability and mental health services, staff serving children and adults in state-licensed treatment settings, direct care workers, family members, advocates, consumers and community partners.

Training Topics

- Investigation standards
- Cultural competence
- Ethics and bias
- Mandatory abuse reporting
- Risk reduction through the promotion of healthy relationships
- Abuse rules and statutes
- Abuse prevention
- Interviewing protocols
- Sorting and mapping
- Forming an allegation
- Evidentiary standards
- Forensic evidence collection techniques
- Report writing

In 2012:

- **991** people attended trainings presented by OAAPI
- **37** training sessions were conducted
- **700** hours of classroom training were delivered

The Training Unit provides ongoing technical assistance, training and/or consultation to entities serving traditionally underrepresented populations, including:

- The Oregon DHS Domestic Violence Council
- ARC of Oregon
- National Adult Protective Services Association
- DHS Equity and Diversity Council
- Spectrum National Institute on the Prevention of Violence Against People with Disabilities
- Portland Commission on Disabilities

In 2012, the Training Unit began the design and implementation planning for three online abuse prevention and education modules serving community providers, abuse investigators and youth. It is anticipated these will be online in summer 2013.

OAAPI Training Unit

Core Competencies Training Institutes

APS

In 2012, the Training Unit developed a new Core Competencies Training Institute designed for APS specialists and supervisors responsible for conducting community and facility investigations.

- 15 APS specialists and supervisors completed the institutes in 2012
- 135 will complete in 2013

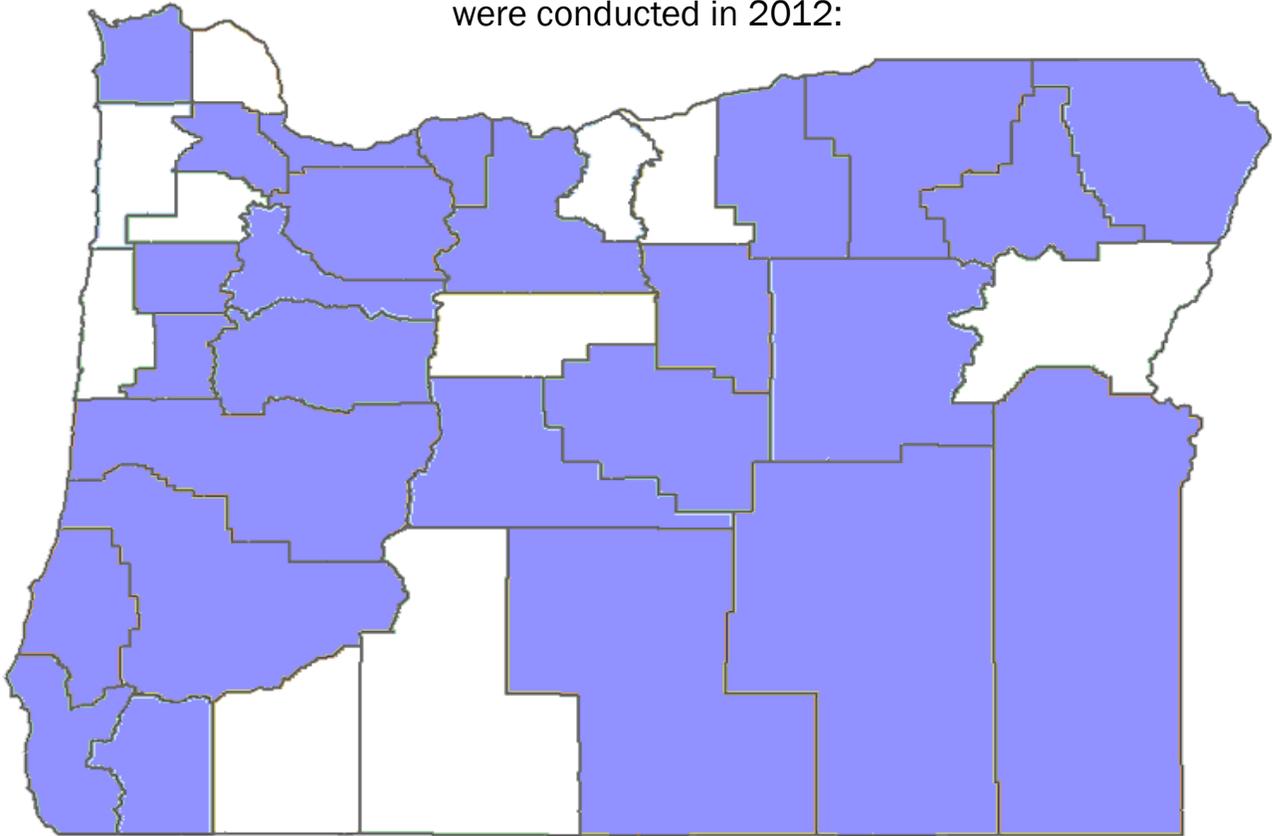
DD/MH

The unit also presented two institutes for adult abuse investigators in the developmental disabilities and mental health fields.

- 27 abuse investigators from OAAPI and county-based community programs completed the institutes in 2012
- 45 will complete the institutes in 2013

Both Institutes are designed to ensure all investigators are educated to consistent and measurable standards in alignment with the national core competencies being developed for implementation by all states.

The shaded areas on the map below indicate counties where OAAPI trainings were conducted in 2012:



OAAPI Partnership Spotlight

OAAPI has many partners who serve Oregon's vulnerable populations. The Office of the Long-Term Care Ombudsman is this year's partnership spotlight.

The **Office of the Long-Term Care Ombudsman (LTCO)** is a state agency charged with investigating and resolving complaints brought by or on behalf of residents of long-term care facilities. Federal laws mandate each state have a long-term care ombudsman program and establish basic guidelines for these programs.

The LTCO serves both a consumer protection and a quality assurance function for the vulnerable population of 43,000 Oregon residents living in licensed long-term care facilities. Certified ombudsman volunteers regularly visit long-term care facilities and investigate complaints made by or for residents.

Fast Facts:

- ◆ LTCO served **43,000 residents** in licensed long-term care facilities
- ◆ LTCO volunteers investigated **over 2,000 complaints** during the last fiscal year
- ◆ LTCO has a small office support staff and six deputies supervising **over 200 certified ombudsman volunteers**.

What services are provided by LTCO?

Unlike OAAPI, the LTCO is not an abuse investigation agency. The focus of LTCO staff and volunteers is working on behalf of the residents of long-term care facilities to ensure that resident's personal needs and preferences are respected.

The LTCO office investigates problems that do not meet the definition of abuse. These problems include:

- Food complaints
- Billing disputes
- Lost property
- Evictions

OAAPI Partnership Spotlight

What services are provided by LTCO? (continued)

The LTCO does not make official findings of fact or produce detailed public reports of the cases it investigates. The office cannot release the name of the resident or complainant without that person's expressed permission. The office cannot investigate or attempt to resolve a problem without expressed consent of the resident. At the close of the investigation, the LTCO shares the information with the resident. If the resident does not believe the issue has been resolved, the office continues to provide services.

LTCO volunteers also answer questions related to guardians, social security, Veteran's benefits and other programs meeting the needs of those they serve.

What is done if abuse is suspected?

If LTCO staff or volunteers have reasonable cause to suspect abuse of a resident may have occurred, they must refer the situation to Adult Protective Services (APS). The office remains involved in the APS process, ensuring the resident understands and is satisfied with the outcome of the process.

How to contact LTCO:

For more information about LTCO, please visit oregon.gov/LTCO or call 800-522-2602.

*Contributed by: Mary Jaeger
State Ombudsman
Office of the Long-Term Care Ombudsman*

Conclusion

The first combined OAAPI Annual Report highlights the agency's role in ensuring vulnerable Oregonians are safe where they live, work and play. We hope this report provides a more comprehensive picture of abuse in Oregon and outlines who the victims are and why reporting is so critical to the health and safety of these individuals. When people live free from abuse, their medical, physical and psychological treatment needs are reduced, allowing them to live independent, productive lives in their communities.

In calendar year 2012, nearly 15,000 allegations were investigated by our partners and the agency. This included individuals over 65 or those with a physical disability, children and adults who receive intellectual/developmental disability services, adults receiving mental health services and children living in licensed treatment settings. Based on the findings of these investigations, perpetrators were held responsible for their actions and services were provided to victims to ensure their safety and health and to prevent re-abuse.

As the agency works to create standardized response, assessment and intervention of allegations of abuse and neglect, we depend on communities, families and others involved in the lives of our most vulnerable Oregonians to report these allegations. Each one of us plays a role in helping people live free from abuse.

If you become aware of a vulnerable person who may be in an abusive situation please contact this office at
1-866-406-4287.

Appendix

Commonly Used Terms

Here you will find information about each program area that defines the terms and scope of the work cited in the report.

Additional Information

There are many additional resources available online, such as reports from prior years, as well as the Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR) that guide the work.

Map of Oregon Counties

A map of Oregon with the county names is provided as a compendium to the investigation maps found in the report.

Organization Chart

Describes the structure of OAAPI.

Commonly Used Terms

Abuse Definitions

Below are the general descriptions of the abuse types investigated for different groups of vulnerable individuals. Please refer to Oregon Administrative Rules governing the programs for complete definitions. The list of rule numbers can be found in the *Additional Information* section of this report. Different sets of rules apply to different groups of protected adults and children, and abuse definitions can vary slightly or significantly between the rules. Not all listed abuse types are investigated for each group of individuals.

“Abandonment” includes a caregiver’s desertion of an individual or the withdrawal or neglect of duties and obligations owed an individual by a caregiver.

“Financial exploitation” includes wrongfully taking or threatening to take the assets, funds or property belonging to or intended for the use of an individual; failing to use the income or assets of an individual effectively for the support of the individual.

“Involuntary seclusion” may include placing restrictions on an individual's freedom of movement for the convenience of a caregiver or to discipline the individual.

“Neglect” includes failure to provide the care, supervision or services necessary to maintain the physical and mental health of an individual that may result in physical or emotional harm or may lead to significant risk of such harm.

“Physical abuse” means any physical injury by other than accidental means; willful infliction of physical pain or injury; the use of physical force which is unnecessary or excessive.

“Sexual abuse” includes non-consensual sexual contact or sexual contact with an

adult considered incapable of consenting to a sexual act; sexual harassment and exploitation; any sexual contact between an employee of a facility and an individual served by the facility; any sexual contact that is achieved through force, trickery, threat or coercion; any sexual contact between an individual and a relative of the individual other than a spouse or partner.

“Wrongful restraint” means a wrongful use of a physical or chemical restraint, to limit the movement of an individual.

“Verbal or emotional abuse” includes threatening harm to an individual through the use of derogatory names, insults, profanity; harassment, coercion, punishment, intimidation, humiliation, mental cruelty or inappropriate sexual comments; a threat to withhold services or supports. Verbal conduct includes the use of oral, written or gestured communication.

“Condoning abuse” is permitting abusive conduct toward an individual by any other staff, individual, or person.

“Substantiated” means an abuse investigation has been completed and the preponderance of the evidence establishes the abuse occurred.

Commonly Used Terms - Intellectual/Developmental Disability Program

Types of abuse investigated in Intellectual/Developmental Disability Program:

- Abandonment
- Financial Exploitation
- Involuntary Seclusion
- Neglect
- Physical Abuse
- Sexual Abuse
- Wrongful Restraint
- Verbal Abuse

Service provider types in Intellectual/Developmental Disability Program

"Case Management"—planning and delivery of services for individuals with I/DD.

"24-Hour Residential Program" means a comprehensive residential home or facility licensed by the DHS to provide residential care and training to individuals with I/DD. These homes are interchangeably referred to as group homes.

"Adult Foster Homes" means any family home or facility licensed by the DHS. 24-hour residential care is provided in a home-like environment for compensation to five or fewer adults. The goal of the Adult Foster Home is to provide necessary care while emphasizing the individual's independence in a safe and secure environment.

"Adult Care Homes" are Adult Foster Homes that are licensed by the Multnomah County Aging and Disability Services Adult Care Home Program, instead of the DHS.

"Alternatives to Employment Services" mean any services, conducted away from an individual's residence that addresses the academic, recreational, social, or therapeutic needs of the individual.

"Employment Services" means any service that has as its primary goal the employment of individuals, including job

assessment, job development, training, and ongoing supports.

"In-Home Support" means support that is required for an individual to live in their own or family home; designed, selected, and managed by the individual or the individual's legal representative; and provided in accordance with a plan. The plan details the supports, activities, costs, and resources required for an individual to achieve personal goals, or for a family to achieve outcomes related to supporting the individual with I/DD in the home.

"State-Operated Community Programs" are 24-Hour Residential Programs operated by the Department of Human Services.

"Supported Living" means the endorsed service that provides the opportunity for individuals with I/DD to live in a residence of their own choice within the community.

"Support Services Brokerage" means an entity that uses the principles of self-determination to plan and implement support services for individuals with I/DD.

"Transportation" means contracted services that allow individuals to gain access to community services, activities, and resources that are not medical in nature.

Commonly Used Terms - Adult Protective Services

Types of abuse investigated in Adult Protective Services

- Abandonment
- Financial Exploitation
- Involuntary Seclusion
- Neglect
- Physical Abuse
- Sexual Abuse
- Wrongful Restraint
- Verbal Abuse

Service provider types in Adult Protective Services

The Office of Licensing and Regulatory Oversight (OLRO) and local office staff license and monitor Oregon's long-term care and community based care facilities. OLRO, OAAPI, and the Office of the Long-Term Care Ombudsman (LTCO) work together to ensure and improve safety and quality of life in these facilities.

Adult Foster Homes provide different levels of care depending on the license of the home. Every adult foster care home provides assistance with daily living activities, personal care and 24-hour assistance by staff. Generally staff members are not licensed nurses, although some homes that provide a higher level of care are operated by a licensed nurse.

Assisted Living and Residential Care Facilities services include assistance with daily living activities, personal care and 24-hour assistance by staff. Assisted living facilities have private apartments with a kitchenette and private bathroom for each resident or couple. Residential Care facilities may have private apartments or shared bedrooms and baths.

Nursing Facility provide the most comprehensive care of all the facility types. Services include 24-hour nursing care by licensed staff, post-hospital care, rehabilitation and restorative treatments by physical, speech and occupational therapists. Residents typically share a room and a common bathroom although there may be some private rooms available.

What is self-neglect?

APS also provides assessment and intervention in cases of self-neglect, which do not involve a perpetrator. "Self-neglect" means the inability of an adult to understand the consequences of his or her actions or inactions when that inability leads to or may lead to harm or endangerment to self or others.

Commonly Used Terms - Mental Health Program

Types of abuse and mistreatment investigated in Mental Health Program

All adults enrolled in MH programs

- Neglect (leads to physical harm)
- Physical Abuse
- Sexual Abuse

Adults living in a MH licensed residential facility

- Abandonment
- Financial Exploitation
- Involuntary Restriction
- Neglect (creates a significant risk of harm or results in significant mental injury)
- Verbal Mistreatment
- Wrongful Restraint

Adults living in State Hospitals

- Neglect
- Physical Abuse
- Sexual Abuse
- Verbal Abuse
- Condoning Abuse

Service Provider Types in Adult Mental Health Program

Adult Foster Home (AFH) – a home licensed by Addictions and Mental Health in which residential care is provided to five or fewer adults who are not related to the provider.

Adult Treatment Home (ATH) - a home licensed by Addictions and Mental Health that is operated to provide services on a 24-hour basis for five or fewer residents.

Adult Treatment Facility (ATF) - home licensed by Addictions and Mental Health that is operated to provide services on a 24-hour basis for six or more residents.

Secure Residential Facility (SRTF) – any Residential Treatment Facility, or portion thereof, that restricts a resident’s exit from the facility or its grounds through the use of approved locking devices on the exit doors, gates or other closures.

Acute Care Psychiatric Services/Hold Room – a state funded service provided under contract with the State or county, and

operated in cooperation with a regional or local authority. A regional acute care psychiatric service must include 24 hour a day psychiatric, multi-disciplinary, inpatient or residential stabilization, care and treatment.

Crisis Respite - the provision of services to individuals for up to 30 days.

Oregon State Hospital (OSH) and Blue Mountain Recovery Center (BMRC) – state- and federally-funded hospitals operating under the direction of the Oregon Health Authority's Mental Health and Addictions Division. Adults needing long-term intensive psychiatric treatment for severe and persistent mental illness who are civilly or forensically committed to OSH receive treatment at Oregon State Hospital campuses in Salem and Portland, and Blue Mountain Recovery Center in Pendleton. BMRC provides treatment for civilly committed adults from Central and Eastern Oregon.

Commonly Used Terms - Children's Programs

Types of abuse investigated in programs for children with Intellectual and Developmental Disabilities

- Abandonment
- Financial Exploitation
- Involuntary Seclusion
- Neglect
- Physical Abuse
- Sexual Abuse
- Wrongful Restraint
- Verbal Abuse

Service providers for children with I/DD

"Proctor Homes" consist of family foster homes (proctor homes) that are trained and supported by a proctor care umbrella service agency and its staff. DHS certifies Proctor care agencies. Proctor care agencies provide ongoing training, monitoring, crisis assistance and staff in the proctor home. Services for children in Proctor Care must be individualized and include support in activities of daily living, community integration and behavior plans and interventions, with the goal of maintaining a child's health and safety while working to increase each child's level of independence and self-confidence.

"24-Hour Residential Program" consists of group homes in local communities providing 24-hour supports, supervision and training to children with I/DD. Group homes provide services to 3 to 8 children, typically over the age of nine years. The homes can be private, non-profit, and licensed by the Department of Human Services, or operated by the DHS ("State-Operated Community Program", or SOCP). SOCP provides care and supervision to high-risk children with I/DD who represent the most risk to themselves, the public at large, or their peers.

While the vast majority of child abuse allegations in Oregon are investigated by Child Welfare, allegations against children with I/DD living in proctor and group homes, as well as children with emotional, behavioral, or mental disturbances living in CCP programs (see next page) are investigated by OAAPI. The process was defined in interagency agreements in 1999 (for children with I/DD) and in 2007 (for children in CCP programs). OAAPI investigates under a broader definition of abuse than Oregon's Child Abuse statute. The goal of the agreements was to give the most vulnerable children the same degree of protection from abuse as given to vulnerable adults living in similar settings. OAAPI has over 20 years of experience investigating abuse in treatment settings, and making recommendations to providers on prevention strategies.

Commonly Used Terms - Children's Programs

Types of abuse investigated in programs for children with emotional, mental, or behavioral disturbances, served by licensed Children's Care Providers (CCP)

Below are the general descriptions of the abuse types investigated for this group of vulnerable individuals. Please refer to Oregon Administrative Rules governing the program for complete definitions.

Assault – a criminal act as defined in ORS 163 and any physical injury to a child which has been caused by other than accidental means.

Mental injury - an observable and substantial impairment of the child's mental or psychological ability to function caused by cruelty to the child, with due regard to the culture of the child.

Sexual abuse and exploitation – sexual offences as defined in ORS 163, including, but not limited to rape, sodomy, incest, unlawful sexual penetration, contributing to sexual delinquency, and involving a child in prostitution.

Negligent treatment or maltreatment – a failure to provide adequate food, clothing, shelter, or medical care that is likely to endanger the child's health or welfare, and any action toward a child which carries a risk of harm to the child's physical, emotional, behavioral, or mental health or welfare (including but not limited to willful infliction of pain or injury, exposure to domestic violence, applying inappropriate and excessive force).

Threat of harm - subjecting a child to a substantial risk of harm to the child's health or welfare.

Buying or selling a child.

Permitting a child to enter or remain in or upon premises where methamphetamines are being manufactured.

Unlawful exposure to a controlled substance, as defined in ORS 475.005, that subjects a child to a substantial risk of harm to the child's health or safety.

Commonly Used Terms - Children's Programs

Service provider types for children with emotional, mental, or behavioral disturbances

“Children’s care provider (CCP)” means a licensed residential care agency, day treatment program, foster care agency, therapeutic boarding school, or outdoor youth program that has assumed responsibility for all or a portion of the care of a child with emotional, behavioral, mental disturbances, or problems with abuse of alcohol and drugs.

- **“Day treatment program”** means a licensed CCP providing comprehensive, interdisciplinary, nonresidential, community based, psychiatric treatment, family treatment, and therapeutic activities integrated with an accredited education program provided to children with emotional disturbances.
- **“Foster care agency”** means a licensed child-caring agency that offers to place children by taking physical custody of and then placing the children in homes certified by that agency.
- **“Outdoor youth program”** means a licensed program that provides, in an outdoor living setting, services to youth who are enrolled in the program because they have behavioral or mental problems, or problems with abuse of alcohol or drugs. “Outdoor youth program” does not include any program, facility, or activity operated by a governmental entity, operated or affiliated with the Oregon Youth Conservation Corps, or licensed by the Department as a child-caring agency under other Department authority. It does not include outdoor activities for youth designed to be primarily recreational such as YMCA, Outward Bound, Boy Scouts, Girl Scouts, Campfire, church groups, or other similar activities.
- **“Therapeutic boarding school”** means a licensed organization or a program that is primarily a school and not a residential care agency, provides educational services and care for children 24 hours a day, and holds itself out as serving children with emotional or behavioral problems, providing therapeutic services, or ensuring that children receive therapeutic services.
- **“Residential care agency”** means a licensed child-caring agency that provides services to children with emotional, mental, and behavioral disturbances 24 hours a day.

Additional Information

ORS and OAR governing Intellectual/Developmental Disability Program

ORS 430.731–430.765

Abuse Reporting for Adults with Mental Illness or Intellectual/Developmental Disabilities

OAR 407-045-0250–407-045-0360

Abuse Reporting and Protective Services in Community Programs and Community Facilities

ORS 443.400–443.460

Residential Facilities and Homes

ORS 443.705–443.825

Adult Foster Homes

OAR 411-320-0010–411-320-0200

Community Intellectual/Developmental Disability Programs

OAR 411-323-0010–411-323-0070

Intellectual/Developmental Disability Certification & Endorsement

OAR 411-325-0010–411-325-0480

24-Hour Residential Services for Children and Adults with I/DD

OAR 411-328-0550–411-328-0830

Supported Living Services for Individuals with I/DD

OAR 411-330-0010–411-330-0170

Comprehensive In-Home Supports for Adults with I/DD

OAR 411-340-0010–411-340-0180

Support Service for Adults with Intellectual/Developmental Disabilities

OAR 411-345-0010–411-345-0300

Employment and Alternative to Employment Services for Individuals with I/DD

OAR 411-360-0010–411-360-0310

Adult Foster Homes for Individuals with I/DD

Additional Information

2012 Annual Report

ORS and OAR governing Adult Protective Services

ORS 410.020(3)(d) and ORS 410.070(k),(i)

Statutory Authority for Protective Services

ORS 124.005–124.990

Elder Abuse Prevention and Reporting; Civil Action for Abuse; Criminal Action for Not Reporting

ORS 443.400–443.825 and ORS 443.875–443.881

Residential Care; Adult Foster Homes; Resident Protections

ORS 441.015–441.995

Health Care Facilities

OAR 411-020-0000–411-020-0130

Adult Protective Services

OAR 411-050-0400–411-050-0491

Adult Foster Homes

OAR 411-054-0000–411-054-0300

Residential Care and Assisted Living Facilities

OAR 411-085-0000–411-085-0370

Nursing Facilities

ORS and OAR governing Adult Mental Health Program

ORS 430.731–430.768

Abuse Reporting for Adults with Mental Illness or Developmental Disabilities

OAR 407-045-0250–407-045-0370

Abuse and Mistreatment Reporting and Protective Services in Community Programs and Community Facilities for Adults with Mental Illness

OAR 309-040-0300–309-040-0455

Adult Foster Homes

OAR 309-035-0250–309-035-0460

Adult Treatment Homes

Additional Information

ORS and OAR governing Adult Mental Health Program (continued)

OAR 309-035-0100 – 309-035-0190

Adult Treatment Facilities

OAR 943-045-0000 – 943-045-0520

State Hospitals (OSH and BMRC)

OAR governing programs for children with Intellectual and Developmental Disabilities

OAR 407-045-0250 to 407-045-0370

OAR 411-325-0020(2) (a)

OAR governing Children’s Care Providers (CCP) programs

OAR 407-045-0800 to 407-045-0980

Other Information and Prior Year Reports

The 2006 through 2011 OIT Annual Reports are available online at the Oregon Department of Human Services website:

<http://cms.oregon.gov/dhs/pages/data/index.aspx>

The 2010 and 2011 APS Annual Reports are available online at the Oregon Department of Human Services website:

<http://www.oregon.gov/dhs/spwpd/pages/abuse/index.aspx>

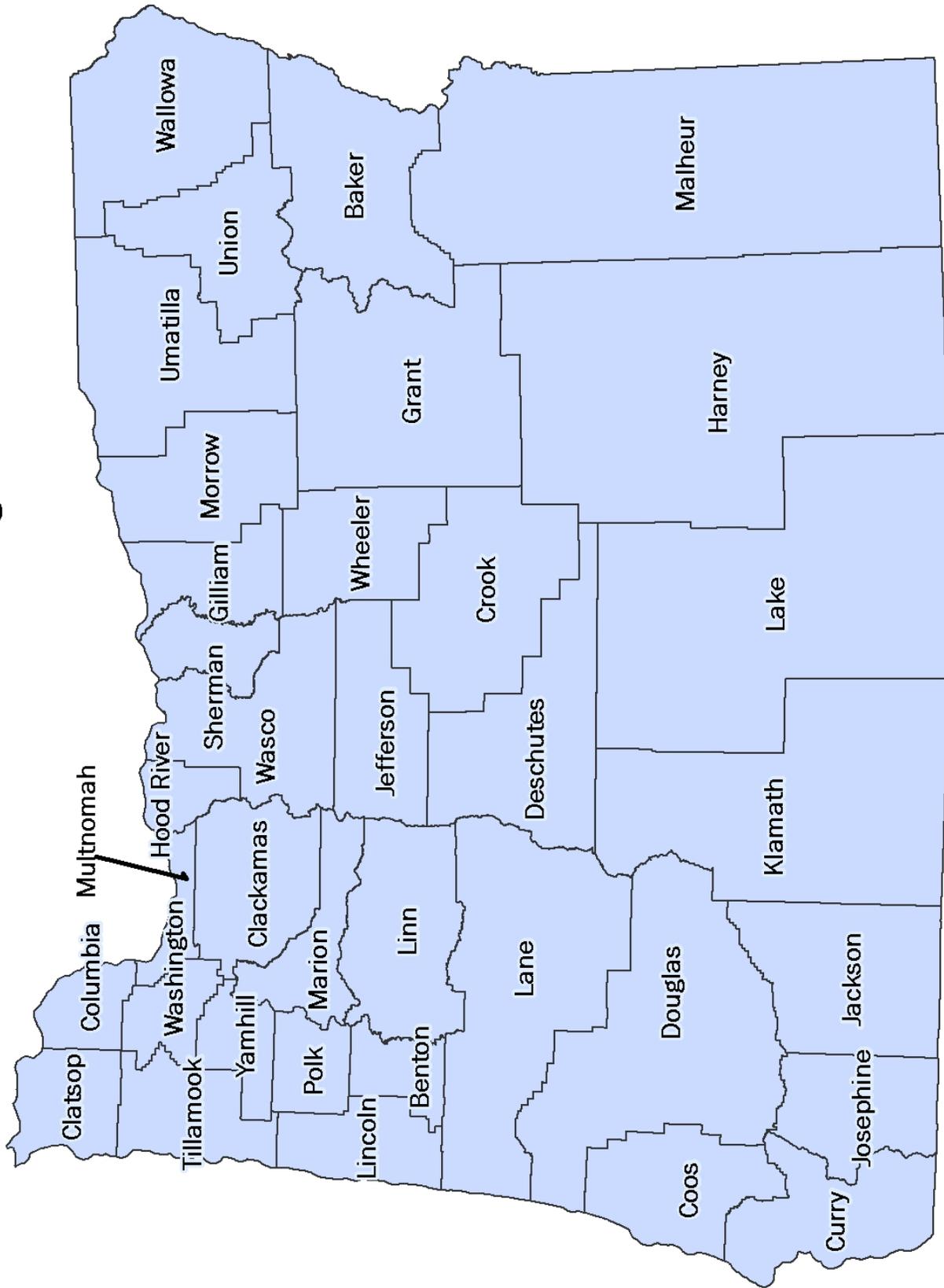
Information and publications related to APS, DD and MH abuse reporting and warning signs can be found online at:

<http://www.oregon.gov/dhs/abuse/pages/index.aspx>

A resource for family members entitled *Understanding the Community Abuse Rule: A Training for Families Receiving Services* is available online at:

<http://www.dhs.state.or.us/oit/video/110111/index.html>

Counties in Oregon



Organization Chart

