We invite you to review the 2013 Office of Adult Abuse Prevention and Investigations (OAAPI) annual data report. This is our second report combining abuse information for all of the populations we serve --- elders, adults with all types of disabilities and children in licensed settings---in one report, providing a comprehensive overview of the safety of all vulnerable Oregonians.

OAAPI’s role is to ensure that vulnerable Oregonians are safe where they live, work and play. When people are free from abuse, their medical, physical and psychological treatment needs are reduced and they are able to live independent, productive lives in the community.

In 2013 we continued to make the important link between research and practice, using data to drive decisions about where to focus our efforts. For instance, data are showing us that financial exploitation and neglect account for over 60% of substantiated abuse for vulnerable adults in Oregon. We also learned that current trends indicate that the fastest growing types of abuse investigated are physical and verbal abuse.

We also continued our work with key stakeholders and partners, such as the Oregon Banker’s Association, to help educate financial services staff on signs of abuse. We have learned through our data that our recent, focused outreach to financial services staff has been effective. For the first time ever, non-mandatory reporters (bankers and financial services workers) outnumbered mandatory reporters. We are continuing to focus our efforts on financial exploitation as an area of abuse needing more outreach and education.

In 2013 Oregon was honored to have been selected as the host state for the 2014 National Adult Protective Services Association 25th Annual Conference. It is the first time Oregon has hosted this major national conference, which brings together the very best training and knowledge on protecting all vulnerable adults. It is a real honor and recognition for Oregon and we are very proud to be the hosts as well as being a part of a larger, national protective services agenda.
The title of the conference is Stronger Together: Celebrating 25 Years Protecting America’s Vulnerable Adults. We plan to take that theme into Oregon’s future by building stronger relationships and focusing on even greater collaboration. We want to engage both the young (school age children) and young at heart to help keep our communities safe.

All of our activities operate under these four key values:

- The safety and protection of the state’s most vulnerable citizens is among our most critical functions and our number one priority.
- 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.
- 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.
- A strong investment in community partnerships is vital to ensure a systems approach to abuse occurs and to enhance prevention efforts.

Some of our recent accomplishments include:

- Pro-actively partnered with the Office of Developmental Disability Services, Aging and People with Disabilities and the Office of Licensing and Regulatory Oversight to connect with directors of various provider service areas to share trends of abuse, analyze the causes or contributing factors, and work on strategies to reduce abuse and re-abuse.

- Worked with law enforcement more closely; most counties now have a functioning multi-disciplinary team (MDT), which provides an established relationship and regular communication between abuse investigators and law enforcement.

- Initiated the use of research and evidence-based practices to improve our work and prevention efforts. We know that early trauma leads
to difficulties later in life, so prevention and intervention are critical to reducing abuse in families both now and for our future generations.

• Released Oregon’s first ever comprehensive report on financial exploitation, helping us to better understand Oregon-specific trends and methods of financial abuse. The second comprehensive financial exploitation study will be released later this year. These studies will help us to be able to come up with better prevention and education strategies.

• Partnered with the Oregon Banker’s Association to update the banker’s toolkit, helping financial personnel to recognize and understand financial abuse in order to help prevent it.

• Hired subject matter experts to provide support to the field in the areas of financial exploitation and intimate partner violence, family violence and sexual assault.

We would like to acknowledge the hard work of staff all across the state and include a special thank you to all the investigators, whose work often goes unnoticed but makes a real difference in the lives of others.

We all have a role in ensuring Oregonians feel safe, and are safe, in our communities. Our hope is that the information in this report will raise awareness and inspire you to join our effort.

We’d like to leave you with one of our favorite quotes, which exemplifies the passion and purpose in which Oregon’s adult protective services staff operate: “You cannot live a perfect day without doing something for someone who will never be able to repay you.” — John Wooden

Marie Cervantes, Director and John Thompson, Deputy Director
Office of Adult Abuse Prevention and Investigations
Department of Human Services/Oregon Health Authority
# Table of Contents

Director’s Message

Executive Summary........................................................................................................I-IV

Intellectual and Developmental Disability Programs................................. 1
  General Information and Trends
  Map of Investigations
  County Data

Older Adults and People with Physical Disabilities ......................... 12
  General Information and Trends
  Facility Data
  Community Data
  County Data
  Long Term Care Ombudsman

Mental Health Programs .................................................................................. 23
  General Information and Trends
  Map of Investigations
  County Data
  Oregon State Hospital

Children’s Programs ..................................................................................... 35

OAAPI Training Unit ..................................................................................... 41

Partnership Spotlight .................................................................................. 43
  DHS Background Check Unit

Additional Information.................................................................................. 45
2013 Executive Summary

OAAPI along with 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 to abuse
- Over 16,000 adults enrolled in Intellectual and Developmental Disabilities (I/DD) Services
- Over 55,000 adults enrolled in Community Mental Health Services
- Over 3,600 children who reside in licensed settings that provide therapeutic treatment or children enrolled in I/DD services

All populations served by OAAPI and the county/local offices are vulnerable, but it’s important to understand these vulnerabilities are often expressed in different ways. The support and care needs may be quite different:

- A person over the age of 65 living alone with little or no family support may be at much higher risk for self-neglect or financial exploitation
- An adult with autism or who has a limited verbal capacity may not be able to communicate that something bad has happened
- An adult 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 numerous treatment placements or who has substance abuse concerns may need constant supervision and skills training as they develop tools for maintaining healthy boundaries
2013 Executive Summary

In 2013, OAAPI, county and local offices:

- Received over **35,000 reports** of possible abuse or neglect of vulnerable Oregonians

- **16,500 allegations** were assigned for investigation to determine if abuse, neglect or self-neglect had occurred, including:
  - 8,016 allegations for older adults and people with physical disabilities living in the community
    - 2,025 adults were determined to have been abused
  - 3,625 allegations for older adults and people with physical disabilities living in licensed facility settings
    - 544 adults were determined to have been abused
  - 1,480 allegations for adults with intellectual and developmental disabilities
    - 510 adults were determined to have been abused
  - 557 allegations for adults with mental illness
    - 150 adults were determined to have been abused
  - 212 allegations for children in licensed care settings
    - 45 children were determined to have been abused
  - 2,609 assessments for possible self neglect
    - 546 adults were determined to be self-neglecting
2013 Executive Summary

Substantiated Abuse by Type

In 2013:
3,819 allegations were substantiated for abuse, or 23% of all allegations investigated.

3,273 people were determined to have been abused, some with multiple abuses or multiple incidents.

Financial abuse (32%) and Neglect (28%) were the most substantiated abuse types and together were 60% of all substantiated abuse in Oregon for vulnerable populations.

In community settings (non-licensed), physical abuse was the fastest growing abuse type reported. This finding may reflect better outreach and education to law enforcement, family/support systems, and the vulnerable person to increase reporting of incidents that may be abusive. An increase in reporting enables investigators to implement protective services for incidents that would have gone unreported.

The number of investigations assigned in 2013 was consistent with prior years for most settings; however, in Community APS there was a 20% increase in the number of investigations assigned. This is consistent with known trends related to the “Baby Boomer” generation. Community APS will likely see similar increases in the demand for protective services over the next few years as the first wave of this population begins to access services.
2013 Executive Summary

Most Prevalent Types of Substantiated Abuse by Setting and Accused:

In licensed and certified settings the accused person was more likely to be a direct care staff or other employee of the facility/program:

- For direct care staff such as paid caregivers, nurses and other direct support staff the more likely abuse to occur was neglect.
- For non-direct care employees such as managers, payees, and program staff the more likely abuse to occur was financial abuse/exploitation.

In Community (non-licensed) settings the accused person was more likely to be a family member of the victim:

- In Community APS, the accused person was more likely to be the adult child of the victim and financial abuse was more likely to occur;
- In I/DD non-licensed settings the accused person was more likely to be the parent of the victim or an intimate partner of the victim. Physical and verbal abuse were more likely to occur.
- For adults with mental illness living in non-licensed settings, the accused person was more likely to be an intimate partner of the victim and physical abuse was the more likely abuse to occur.

<table>
<thead>
<tr>
<th>Setting</th>
<th>Abuse Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older adults and people with physical disabilities in licensed settings:</td>
<td>Neglect</td>
</tr>
<tr>
<td>Older adults living in the community (in their own home or with relatives):</td>
<td>Financial</td>
</tr>
<tr>
<td>Adults with I/DD in licensed settings:</td>
<td>Neglect</td>
</tr>
<tr>
<td>Adults with I/DD not in licensed settings (in relative’s or own home):</td>
<td>Physical abuse</td>
</tr>
<tr>
<td>Adults with mental illness living in licensed settings:</td>
<td>Verbal mistreatment</td>
</tr>
<tr>
<td>Adults with mental illness not living in licensed settings:</td>
<td>Physical abuse</td>
</tr>
<tr>
<td>Children in licensed or therapeutic settings:</td>
<td>Neglect</td>
</tr>
</tbody>
</table>
*Why are individuals with intellectual/developmental disabilities (I/DD) vulnerable to abuse?*

Individuals with I/DD are a diverse group of people with different vulnerabilities. Cognitive challenges, dependence on the care provided by other people, difficulty communicating needs, challenging behaviors, and poor memory or recall are some of the factors that contribute to the increased vulnerability of people with I/DD. Many adults with I/DD are 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. Historically, people with I/DD have been discriminated against because of their disabilities, separated from society-at-large and denied opportunities for education and other life experiences.

**In 2013:**

> 1,480 allegations of abuse were investigated

> 711 allegations of abuse were substantiated

> 890 adults were reported as victims of abuse

> 510 adults were determined to have been abused

Misperceptions and stereotypes about people with disabilities also put people with I/DD at an increased risk to experience abuse and neglect. Many people with I/DD have limited social contacts and activities and experience negative attitudes from other people, or social stigma. They are often not believed or listened to by immediate contacts and not seen as credible with law enforcement or in court. In addition, the desire to please people in authority positions or peers and the desire to be included may influence these individuals’ decision-making. As a result, many individuals do not report abuse. In other cases, they are not aware that what is occurring is abusive, or do not want to end a relationship or make a change in living arrangements.
How are individuals with I/DD served by OAAPI and Community Developmental Disability Programs (CDDPs)?

OAAPI and CDDPs serve individuals with I/DD through the assessment for and provision of protective services in community programs and community facilities, and by investigating allegations of abuse. Most people who work with individuals with I/DD are mandatory reporters of abuse. Family, friends or neighbors can report abuse, and reports can come from law enforcement, medical providers and other sources.

- A protective services **screener** gathers preliminary information to assess the need for protective services and determine if a situation meets the definition of abuse. The screener provides notification to specific individuals and entities, including the service worker for the individual, who is responsible for delivery of the **protective services**. (See page 7 for more information on protective services.)

- Once it is determined that a complaint meets the definition of abuse, the case is screened in and an investigator is assigned. The investigator makes a mandatory report to law enforcement if they believe a crime has been committed. The investigator will begin an **investigation** into the nature and cause of the abuse, while continuing to assess the need for protective services.

- When an investigation is complete, the investigator determines a **finding**: substantiated, not substantiated, or inconclusive based on the preponderance of the evidence.

<table>
<thead>
<tr>
<th>Abuse Type</th>
<th>Investigated Allegations</th>
<th>Substantiated Allegations</th>
<th>Substantiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandonment</td>
<td>4</td>
<td>2</td>
<td>50%</td>
</tr>
<tr>
<td>Financial</td>
<td>217</td>
<td>133</td>
<td>61%</td>
</tr>
<tr>
<td>Neglect</td>
<td>493</td>
<td>288</td>
<td>58%</td>
</tr>
<tr>
<td>Physical</td>
<td>241</td>
<td>83</td>
<td>34%</td>
</tr>
<tr>
<td>Restraint</td>
<td>60</td>
<td>24</td>
<td>40%</td>
</tr>
<tr>
<td>Seclusion</td>
<td>63</td>
<td>28</td>
<td>44%</td>
</tr>
<tr>
<td>Sexual</td>
<td>71</td>
<td>12</td>
<td>17%</td>
</tr>
<tr>
<td>Verbal</td>
<td>331</td>
<td>141</td>
<td>43%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,480</strong></td>
<td><strong>711</strong></td>
<td><strong>48%</strong></td>
</tr>
</tbody>
</table>
How are individuals with I/DD served by OAAPI and Community Developmental Disability Programs? (continued)

- Next, the investigator determines what actions will be taken to ensure the individual remains safe. These required actions are individually tailored to each situation, whether or not abuse occurred. The purpose of required actions is to mitigate risk, increase safety, and provide education and training, based on deficient practice. Examples of required actions include: mandatory abuse reporting training for all program staff; updating the Individual Service Plan to include education on establishing and maintaining appropriate personal boundaries; and re-evaluating the need for increased supervision in community settings.

If an investigation is substantiated, OAAPI or CDDP may refer the investigation documentation to:

- Law Enforcement: Notified any time there is reasonable cause to believe that a crime has been committed. This often occurs at the beginning of an investigation.
- DD Licensing Unit of the DHS Office of Licensing and Regulatory Oversight (OLRO) or Multnomah County Adult Care Home Licensing Program: Responsible for the licensing, certification, regulatory and corrective action functions for providers of services to individuals with developmental disabilities.
- Licensing Boards: Responsible for issuing sanctions, fines and other corrective action to licensed professionals (e.g. Nurses, Licensed Counselors, Social Workers, Physicians and Dentists).
- Medicaid Fraud Unit: Also investigates and prosecutes physical, sexual, or financial abuse or neglect of clients who receive Medicaid funding.
- Background Check Unit: Responsible for background checks of DHS/OHA employees and providers of care.
Intellectual/Developmental Disability Programs

Who do we serve?

OAAP and its partners provide supports and services to adults who meet eligibility criteria. Intellectual disability, such as Autism, is characterized by limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18. “Developmental disabilities” is an umbrella term that includes intellectual disability but also includes other disabilities that are apparent before the age of 22 and are likely lifelong. Some developmental disabilities are largely physical issues, such as cerebral palsy or epilepsy. Some individuals may have a condition that includes a physical and intellectual disability, for example Down syndrome or fetal alcohol syndrome. Some people with developmental disabilities also have significant medical or mental health needs.

In 2013, over 16,000 adults were enrolled in I/DD Services. Additionally, state and county agencies investigate allegations of abuse and provide protective services to all adults previously determined eligible for I/DD Services.

2013 Substantiated Abuse in Adult I/DD Programs: Most Common to Least Common

- Neglect: 288
- Verbal: 141
- Financial: 133
- Physical: 83
- Seclusion: 28
- Restraint: 24
- Sexual: 12
- Abandonment: 2
Intellectual/Developmental Disability Programs

In 2013, the overall number of investigations in I/DD programs remained similar to the 2012 number (1,480 vs. 1,496 allegations). The number of investigations in 2013 is a 13-percent increase in comparison with the number of investigations in 2010 (1,308). The overall substantiation rate has remained at the 48-51 percent level in 2010-2013. In 2013, the most significant increases have occurred in the number of investigated and substantiated neglect and verbal abuse allegations.

While males and females were equally likely to become victims of substantiated abuse overall, in 2013 more females were victims of sexual and physical abuse, and more males were victims of neglect.
The trend of the increase in the number of investigations in non-licensed settings continues in 2013. There has been a **nearly threefold** increase in the number of investigations in non-licensed settings since 2009 (from 176 to 492 allegations). Several factors likely played a role in this trend: raised awareness of prevention; recognition of signs of abuse among adults, families, partners and stakeholders due to education programs and the work of multi-disciplinary teams; as well as continued training and mentoring of abuse investigators. The number of investigations involving adults eligible, but no longer enrolled in services has increased from **2 in 2010** to **14 in 2013**. The enrollment in the Brokerage Support Services continues to rise. According to the DHS Office of Business Intelligence, **5,602 adults** were enrolled in Brokerage Services in December of 2008, while by mid-2013 the number of enrolled adults was **7,260**.

### Who investigated allegations of abuse in I/DD programs in 2013?

**CDDPs (Community Developmental Disability Programs):**
- Investigate the majority of allegations
- Operate in specific geographic area
- Under a contract with the Department of other entity contracted by the Department

**OAAPI investigates:**
- Allegations in Stabilization and Crisis Unit (previously SOC)
- Allegations in Umatilla county
- Some CDDP cases due to complexity, conflict of interests, or staffing issues.

---

CDDP, 1243, 84%

OAAPI, 237, 16%
The need for protective services is assessed in all types of settings and regardless of investigation finding. Some examples of protective services include:

- Arrange for an adult to stay somewhere temporarily or a permanent move;
- Trespass the accused person from the property;
- Change the adult’s phone number or e-mail address;
- Change locks at the adult’s apartment;
- Provide domestic violence shelter information or other DV resources;
- Offer and assist with safety planning;
- Offer information on obtaining a protection order (restraining order, stalking order, sexual assault order);
- Assist with obtaining medical assistance or assessment;
- Offer to assist with arranging couples or individual counseling; or
- Staff person accused of abuse is put on administrative leave or moved to a different position.

**Categories of protective services:**

- Advocacy
- Alternative living arrangement
- Counseling
- Legal service
- Medical service
- Mental state examination
- Physical state examination
- Removal of staff involved
Investigated Allegations in Licensed Settings

<table>
<thead>
<tr>
<th>Licensed Settings</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment &amp; Alternatives</td>
<td>96</td>
<td>89</td>
<td>94</td>
<td>75</td>
</tr>
<tr>
<td>Group Home</td>
<td>733</td>
<td>698</td>
<td>734</td>
<td>691</td>
</tr>
<tr>
<td>Adult Foster Home</td>
<td>187</td>
<td>142</td>
<td>163</td>
<td>191</td>
</tr>
<tr>
<td>Supported Living</td>
<td>33</td>
<td>35</td>
<td>20</td>
<td>31</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1049</strong></td>
<td><strong>964</strong></td>
<td><strong>1011</strong></td>
<td><strong>988</strong></td>
</tr>
</tbody>
</table>

Substantiated Allegations in Licensed Settings

<table>
<thead>
<tr>
<th>Licensed Settings</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment &amp; Alternatives</td>
<td>59</td>
<td>47</td>
<td>51</td>
<td>28</td>
</tr>
<tr>
<td>Group Home</td>
<td>377</td>
<td>373</td>
<td>394</td>
<td>360</td>
</tr>
<tr>
<td>Adult Foster Home</td>
<td>69</td>
<td>63</td>
<td>82</td>
<td>100</td>
</tr>
<tr>
<td>Supported Living</td>
<td>16</td>
<td>20</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>521</strong></td>
<td><strong>503</strong></td>
<td><strong>539</strong></td>
<td><strong>503</strong></td>
</tr>
</tbody>
</table>

“Licensed setting” in this report means a licensed or certified/endorsed I/DD program, including 24-hour residential programs (group homes, non-profit, private and state-operated), adult foster homes, supported living programs, and employment and alternatives to employment programs.

Investigations in group homes for people with I/DD are the largest part of investigations in licensed/certified settings. They account for 70 to 72 percent of investigations in these settings. The number of investigations in adult foster homes/adult foster care has been increasing in the past three years from 15 to 19 percent of all investigations in licensed settings.

Substantiated Abuse in Licensed Settings in 2013

Neglect was the most prevalent abuse type in licensed settings. It accounted for 52% (263 allegations) of all substantiated abuse.

Substantiated Abuse in Non-licensed Settings in 2013

Physical, verbal, and financial abuse were the most prevalent abuse types in non-licensed settings, accounting for 77% (159 allegations) of all substantiated abuse.
Intellectual/Developmental Disability Programs

For 2013, in non-licensed settings, parents and intimate partners were responsible for 46 percent (95 allegations) of substantiated abuse, and another 24 percent (50 allegations) were substantiated against other relatives and friends of people with intellectual/developmental disabilities.

### Perpetrators of Abuse in Non-Licensed Settings

<table>
<thead>
<tr>
<th>Perpetrator of abuse</th>
<th>Financial</th>
<th>Neglect</th>
<th>Physical</th>
<th>Restraint</th>
<th>Seclusion</th>
<th>Sexual</th>
<th>Verbal</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td></td>
<td>7</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Driver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Friend or roommate</td>
<td>5</td>
<td></td>
<td>13</td>
<td></td>
<td></td>
<td>1</td>
<td>6</td>
<td>25</td>
</tr>
<tr>
<td>Intimate partner</td>
<td>5</td>
<td>25</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>15</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>Other people in trust relationships</td>
<td>17</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Other relatives</td>
<td>3</td>
<td>3</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>8</td>
<td>37</td>
</tr>
<tr>
<td>Parent or stepparent</td>
<td>8</td>
<td>8</td>
<td>9</td>
<td>3</td>
<td>1</td>
<td>13</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>41</strong></td>
<td><strong>25</strong></td>
<td><strong>60</strong></td>
<td><strong>8</strong></td>
<td><strong>7</strong></td>
<td><strong>9</strong></td>
<td><strong>58</strong></td>
<td><strong>208</strong></td>
</tr>
</tbody>
</table>

The “other people in trust relationships” category includes friends and family of victim’s partners and relatives (for example, a sister’s boyfriend or a girlfriend’s mother), representative payees, neighbors, and other people who come in frequent contact with the person with I/DD.
Intellectual/Developmental Disability Programs

The map below shows the number of abuse allegations investigated in I/DD programs by county in 2013.

In 2013 law enforcement agencies (LEA) were most likely to get involved in sexual, financial and physical abuse allegations. Financial abuse cases were most likely to be successfully prosecuted. A law enforcement agency is notified any time there is reasonable cause to believe a crime has been committed.

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Substantiated Allegations</th>
<th>LEA Referrals or Involvement</th>
<th>Rate of LEA Referrals or Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandonment</td>
<td>2</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Financial</td>
<td>133</td>
<td>88</td>
<td>66%</td>
</tr>
<tr>
<td>Neglect</td>
<td>288</td>
<td>18</td>
<td>6%</td>
</tr>
<tr>
<td>Physical</td>
<td>83</td>
<td>52</td>
<td>63%</td>
</tr>
<tr>
<td>Restraint</td>
<td>24</td>
<td>4</td>
<td>17%</td>
</tr>
<tr>
<td>Seclusion</td>
<td>28</td>
<td>3</td>
<td>11%</td>
</tr>
<tr>
<td>Sexual</td>
<td>12</td>
<td>9</td>
<td>75%</td>
</tr>
<tr>
<td>Verbal</td>
<td>141</td>
<td>20</td>
<td>14%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>711</td>
<td>194</td>
<td>27%</td>
</tr>
</tbody>
</table>
## Intellectual/Developmental Disability Programs

<table>
<thead>
<tr>
<th>County</th>
<th>Adults with I/DD Enrolled in Services</th>
<th>Allegations Investigated</th>
<th>Allegations Substantiated</th>
<th>LEA Referrals or Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baker</td>
<td>90</td>
<td>2</td>
<td>&lt;5</td>
<td>&lt;5</td>
</tr>
<tr>
<td>Benton</td>
<td>377</td>
<td>2</td>
<td>&lt;5</td>
<td>&lt;5</td>
</tr>
<tr>
<td>Clackamas</td>
<td>1,321</td>
<td>198</td>
<td>128</td>
<td>8</td>
</tr>
<tr>
<td>Clatsop</td>
<td>152</td>
<td>27</td>
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<td>17</td>
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<td>Coos</td>
<td>264</td>
<td>50</td>
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<td>Crook</td>
<td>71</td>
<td>8</td>
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<td>Curry</td>
<td>95</td>
<td>12</td>
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<td>Deschutes</td>
<td>481</td>
<td>52</td>
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<td>507</td>
<td>35</td>
<td>15</td>
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<td>Gilliam</td>
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<tr>
<td>Grant</td>
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<td>13</td>
<td>9</td>
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<td>Harney</td>
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<td>1,670</td>
<td>94</td>
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<td>Lincoln</td>
<td>203</td>
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<td>&lt;5</td>
<td>&lt;5</td>
</tr>
<tr>
<td>Linn</td>
<td>573</td>
<td>32</td>
<td>20</td>
<td>5</td>
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<td>Malheur</td>
<td>156</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Marion</td>
<td>1,606</td>
<td>66</td>
<td>24</td>
<td>6</td>
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<td>Morrow</td>
<td>19</td>
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<td>&lt;5</td>
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<tr>
<td>Multnomah</td>
<td>3,490</td>
<td>368</td>
<td>131</td>
<td>73</td>
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<td>Sherman</td>
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<td>0</td>
<td>0</td>
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<td>Polk</td>
<td>445</td>
<td>77</td>
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<td>Tillamook</td>
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<td>&lt;5</td>
<td>&lt;5</td>
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<td>Umatilla</td>
<td>336</td>
<td>33</td>
<td>15</td>
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<td>Union</td>
<td>147</td>
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<td>Wallowa</td>
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<td>Wasco</td>
<td>135</td>
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<tr>
<td>Washington</td>
<td>1,560</td>
<td>115</td>
<td>51</td>
<td>18</td>
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<tr>
<td>Wheeler</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Yamhill</td>
<td>527</td>
<td>50</td>
<td>24</td>
<td>3</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>16,382</strong></td>
<td><strong>1,480</strong></td>
<td><strong>711</strong></td>
<td><strong>194</strong></td>
</tr>
</tbody>
</table>

Program enrollment data was provided by the DHS Office of Business Intelligence. An individual may be involved in more than one investigated or substantiated allegation.
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, such as:

- Being dependent on others for one or more daily needs.
- An increased incidence of dementia, stroke, or other cognitively and physically disabling events that may reduce a person’s ability to fully manage medical care and/or financial matters.
- 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 them increasingly reliant on others to assist with or provide a basic level of care for their health and safety. Similarly, individuals with physical disabilities often need the support of caregivers, family or others to meet their daily needs.

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. In 2013, APS investigated the following types of cases:
How does Adult Protective Services (APS) serve people over the age of 65 or those with a physical disability who are vulnerable to abuse?

APS investigators work in a variety of offices throughout the state which are divided into 16 districts. Some of the locations are DHS operated Aging and People with Disabilities field offices while others are operated by local Area Agencies on Aging or Councils of Government under contract with DHS. However, the work performed by the APS investigators consists of a standard series of activities. These include:

- **Screening:** Local offices throughout the state, as well as OAAPI, receive calls from a variety of sources reporting suspected abuse. It is the job of the screener to determine if the reported victim is over the age of 65 or physically disabled and whether the concern being reported meets one of the abuse or self neglect definitions.

- **Consultation:** Not all calls received meet the above criteria and are not “screened in” for investigation. However, in those instances local office or OAAPI staff provide specialized information or assistance, referrals, or technical assistance.

- **Triage:** Once a case is screened in for investigation, a response time by which the investigator must visit with the reported victim is assigned.

- **Investigation:** Local investigators complete the process of determining whether the alleged wrongdoing, abuse or neglect occurred and ultimately reach a finding of substantiated, unsubstantiated, or inconclusive.

- **Intervention:** Otherwise known as protective services, APS assists the victim to reduce or remove the threat of harm and/or risk.

- **Documentation:** The investigation process, witness statements, summary of evidence, and findings are written in a standardized report format.

- **Risk Management:** In some cases, APS may continue to provide active reassessment and intervention once the initial investigation has been completed.
The Right To Self-Determination
Intervention/Protective Services may occur throughout the investigative process, and even in cases where abuse is not substantiated. Although the primary focus is on the health and safety of the reported victim, this must be balanced with the duty to protect the victim’s right to self-determination. While APS is required to complete all steps of the investigative process, the reported victim may refuse to participate in the process and may also refuse interventions. As long as an individual has the cognitive capacity to understand the consequences of their choices and actions, and providing they are not being subject to the undue influence of others, they retain the authority and right to make those choices.

In 2013, APS offices received 28,449 calls of concern regarding possible victims of abuse.

Not all calls met the criteria for investigation. 8,134 calls were referred to other agencies for follow up while an additional 6,065 were screened out.

Of the 14,250 calls screened in for investigation, there were 4,221 substantiated findings of abuse, wrongdoing and self neglect.

There were 5,024 victims of abuse or self neglect in 2013. This is higher than the total number of substantiated investigations because some investigations involve multiple victims.

Once an APS case is substantiated as having occurred, APS refers the results of their investigations to a number of partner agencies:

**Background Check Unit:** Responsible for background checks of DHS/OHA employees and providers of care. http://www.oregon.gov/dhs/
Older Adults and People with Physical Disabilities

Investigations and Substantiated Abuse in Facilities

Nearly all allegations of abuse involving 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) are investigated by APS. The exception involves specific allegations or outcomes such as restraints, falls, deaths, or fractures occurring in nursing facilities. These are investigated by the Nursing Facility Survey Unit (CCMU during 2013) which is not part of APS but rather is part of the Office of Licensing and Regulatory Oversight (OLRO). Between the two agencies 3,625 complaints were investigated in 2013.

A complaint investigation 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. This determination is not made by APS, but rather by OLRO and the results of all investigations are maintained in OLRO’s data system. The chart below depicts licensing vs. abuse by type while the charts on the following page depict this by setting.

<table>
<thead>
<tr>
<th>Abuse Type</th>
<th>Total Complaints</th>
<th>Total Substantiations</th>
<th>Substantiated Rule Violation</th>
<th>Substantiated Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Exploitation</td>
<td>314</td>
<td>203</td>
<td>111</td>
<td>92</td>
</tr>
<tr>
<td>Involuntary Seclusion</td>
<td>17</td>
<td>7</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Neglect</td>
<td>2,949</td>
<td>1016</td>
<td>626</td>
<td>387</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>142</td>
<td>56</td>
<td>26</td>
<td>30</td>
</tr>
<tr>
<td>Restraint</td>
<td>7</td>
<td>6</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>60</td>
<td>10</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Verbal/ Mental Abuse</td>
<td>136</td>
<td>46</td>
<td>18</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>3,625</td>
<td>1,344</td>
<td>783</td>
<td>560</td>
</tr>
</tbody>
</table>
Licensing Violations and Substantiated Abuse by Facility Type

**NF**
- Complaints: 1105
- Substantiations: 319
- Licensing: 199
- Abuse: 120
- 2013 Substantiated Abuse Rate = 15.7%

**ALF**
- Complaints: 756
- Substantiations: 355
- Licensing: 195
- Abuse: 161
- 2013 Substantiated Abuse Rate = 21.3%

**RCF**
- Complaints: 1001
- Substantiations: 366
- Licensing: 209
- Abuse: 157
- 2013 Substantiated Abuse Rate = 15.7%

**AFH**
- Complaints: 763
- Substantiations: 303
- License: 160
- Abuse: 143
- 2013 Substantiated Abuse Rate = 18.7%
Local field office staff are responsible for investigating allegations of abuse and providing protective services to older adults and people with physical disabilities living in the community (in their own homes, with family members, etc.). In 2013 the total investigations conducted for these two populations are represented in the following pie charts.

<table>
<thead>
<tr>
<th>Abuse Type</th>
<th>Physical Disabilities</th>
<th></th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Complaints</td>
<td>Subst</td>
<td>Complaints</td>
</tr>
<tr>
<td>Abandonment</td>
<td>21</td>
<td>6</td>
<td>53</td>
</tr>
<tr>
<td>Financial Exploitation</td>
<td>567</td>
<td>130</td>
<td>2831</td>
</tr>
<tr>
<td>Neglect</td>
<td>338</td>
<td>53</td>
<td>1396</td>
</tr>
<tr>
<td>Other</td>
<td>50</td>
<td>9</td>
<td>177</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>262</td>
<td>83</td>
<td>645</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>39</td>
<td>5</td>
<td>61</td>
</tr>
<tr>
<td>Verbal Abuse</td>
<td>393</td>
<td>118</td>
<td>1183</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1670</strong></td>
<td><strong>404</strong></td>
<td><strong>6346</strong></td>
</tr>
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</table>
Older Adults and People with Physical Disabilities

Community APS: Complaints, Substantiations, and Trends

While 29% of investigations are substantiated, Physical and Verbal Abuse have substantiation rates between 36-39%. Neglect is far less frequently substantiated at 19%.

--- | --- | --- | --- | --- | --- | ---
Abandonment | 68 | 28 | 63 | 23 | 74 | 24
Financial Exploitation | 2,469 | 672 | 2,877 | 831 | 3,398 | 969
Neglect | 1,464 | 253 | 1,567 | 275 | 1,734 | 337
Other | 163 | 26 | 186 | 44 | 227 | 40
Physical Abuse | 665 | 243 | 735 | 292 | 907 | 353
Sexual Abuse | 77 | 17 | 87 | 26 | 100 | 15
Verbal Abuse | 1,086 | 418 | 1,229 | 493 | 1,576 | 568
Total | 5,992 | 1,657 | 6,744 | 1,984 | 8,016 | 2,306

In 2013, the number of complaints investigated rose by 19%. While Financial Exploitation remained the most commonly investigated allegation of abuse, Physical and Verbal Abuse allegations increased at a faster pace.

Oregon’s demographic forecast predicts that within the next seven years, the 65+ population will increase by 33%. Since APS investigations have typically increased at a rate conservatively two to three times greater than the population increase, a rapid expansion in investigation numbers in coming years is foreseeable.
"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.

APS conducts an assessment of the individual to determine whether an allegation of SN is substantiated:

- Self-neglect is substantiated when (1) there is harm or risk of serious harm AND (2) the reported victim lacks the ability 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.

In either case, interventions are offered to resolve any immediate crisis, reduce risk and establish long term stability.

In 2013:
- There were 2,609 total assessments of self neglect.
- 571 assessments of self neglect for 546 individuals, with some individuals having multiple assessments, were found to be substantiated.
- The average age of an individual experiencing self-neglect was 76. The age range was 23-99.

An example of SN would be an individual with dementia not remembering how or when to take their medications, resulting in hospitalization.

The biggest area of concern reported was individuals not eating, drinking or not having adequate food supplies.
## Older Adults and People with Physical Disabilities

<table>
<thead>
<tr>
<th>District</th>
<th>Facility APD</th>
<th>Community APD</th>
<th>Total</th>
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</thead>
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<tr>
<td></td>
<td>Allegations Investigated</td>
<td>Substantiated</td>
<td>Allegations Investigated</td>
</tr>
<tr>
<td>1: Clatsop, Tillamook</td>
<td>68</td>
<td>21</td>
<td>267</td>
</tr>
<tr>
<td>2: Multnomah</td>
<td>354</td>
<td>126</td>
<td>2,414</td>
</tr>
<tr>
<td>3: Polk, Marion, Yamhill</td>
<td>470</td>
<td>205</td>
<td>1,382</td>
</tr>
<tr>
<td>4: Linn, Benton, Lincoln</td>
<td>84</td>
<td>55</td>
<td>363</td>
</tr>
<tr>
<td>5: Lane</td>
<td>389</td>
<td>133</td>
<td>1,477</td>
</tr>
<tr>
<td>6: Douglas</td>
<td>185</td>
<td>95</td>
<td>446</td>
</tr>
<tr>
<td>7: Coos, Curry</td>
<td>133</td>
<td>54</td>
<td>441</td>
</tr>
<tr>
<td>8: Jackson, Josephine</td>
<td>338</td>
<td>132</td>
<td>801</td>
</tr>
<tr>
<td>9: Hood River, Wasco, Sherman, Gilliam, Wheeler</td>
<td>70</td>
<td>38</td>
<td>247</td>
</tr>
<tr>
<td>10: Jefferson, Deschutes, Crook</td>
<td>133</td>
<td>38</td>
<td>506</td>
</tr>
<tr>
<td>11: Klamath, Lake</td>
<td>87</td>
<td>30</td>
<td>406</td>
</tr>
<tr>
<td>12: Umatilla, Morrow</td>
<td>72</td>
<td>23</td>
<td>289</td>
</tr>
<tr>
<td>15: Clackamas</td>
<td>216</td>
<td>81</td>
<td>855</td>
</tr>
<tr>
<td>16: Washington</td>
<td>317</td>
<td>105</td>
<td>428</td>
</tr>
<tr>
<td>16cc: Columbia</td>
<td>44</td>
<td>29</td>
<td>80</td>
</tr>
<tr>
<td>17: Malheur, Harney, Grant, Baker, Union, Wallowa</td>
<td>96</td>
<td>36</td>
<td>223</td>
</tr>
<tr>
<td>18: NFSU (Formerly CCMU)</td>
<td>569</td>
<td>143</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,625</strong></td>
<td><strong>1,344</strong></td>
<td><strong>10,625</strong></td>
</tr>
</tbody>
</table>
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, including those serving developmental disability residents and those with mental illness. Certified ombudsman volunteers regularly visit long-term care facilities and investigate complaints made by or for residents.

The LTCO works closely with APS and OLRO to ensure safe and quality care for all residents of licensed facilities.

Fast Facts:

- LTCO serves 43,000 residents in licensed long-term care facilities
- LTCO volunteers investigated over 5,000 requests for assistance during the last 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 a regulatory agency. The focus of LTCO staff and volunteers is working on behalf of the residents of long-term care facilities. The focus of the LTCO work is the resident’s personal preference.

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

- Food complaints
- Billing disputes
- Lost property
- Evictions
The Office of the Long-Term Care Ombudsman

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 serving 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
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, information and referrals, and outpatient services, 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 require maximum supports provided in licensed residential programs or commitment to the Oregon State Hospital to assure their health and safety. Adults enrolled in mental health services access these services based on their needs to live with as much independence as possible.

In 2013:

> 557 allegations of abuse were investigated
> 185 allegations were substantiated
> 406 adults were reported as victims of abuse or mistreatment
> 150 adults were determined to have been abused or mistreated

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.
How are individuals with a mental illness who are vulnerable to abuse served by OAAPI and Community Mental Health Programs?

Community Mental Health Programs (CMHP) are designees of the Oregon Health Authority (OHA) to provide protective services for adults with a mental illness and to conduct abuse investigations. 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 investigates allegations of abuse at the Oregon State Hospital campuses in Salem and Portland, 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, neglect or mistreatment normally under the jurisdiction of the CMHP are investigated by OAAPI due to their complexity, or to potential conflicts of interest.

- **Screening:** CMHPs or OAAPI receive reports of alleged abuse, neglect or mistreatment from various sources. The screener will determine whether: 1) the reported victim was enrolled in mental health services at the time of the incident, and 2) the concern being reported meets one of the definitions of abuse, neglect, or mistreatment. This may depend on whether or not the reported victim lives in the community or in a licensed facility. If the report does not meet these criteria, it is “screened out”. In instances where a report is screened out, CMHP staff may provide information, assistance, or referrals for the alleged victim.

- **Protective Services:** CMHPs assist the victim to reduce or remove the threat of harm and/or risk.

- **Investigation:** If it is determined that a report could possibly meet the definition of abuse, neglect, or mistreatment, CMHP or OAAPI investigators conduct an investigation to determine if the alleged abuse, neglect or mistreatment occurred, ultimately reaching a finding of substantiated, not substantiated, or inconclusive.
Mental Health Programs

How are individuals with a mental illness who are vulnerable to abuse served by OAAPI and Community Mental Health Programs? (continued)

If an investigation is substantiated, OAAPI may refer the investigation documentation to:

- Law Enforcement: Notified any time there is reasonable cause to believe that a crime has been committed. This often occurs at the beginning of an investigation.
- Addictions and Mental Health (AMH): Responsible for issuing sanctions, fines and other corrective action to licensed facilities.
- Licensing Boards: Responsible for issuing sanctions, fines and other corrective action to licensed professionals (e.g. Nurses, Licensed Counselors, Social Workers, Physicians and Dentists)
- Medicaid Fraud Unit: Also investigates and prosecutes financial exploitation, physical or sexual abuse, or neglect of patients and residents of facilities.
- Background Check Unit: Responsible for background checks of DHS/OHA employees and providers of care.
- Health Care Regulation & Quality Improvement: Regulates healthcare facilities, providers, and suppliers in acute-care and community-based programs.

Who do we serve?

Adult Mental Health Services provide supports and services to adults enrolled in mental health services with a Community Mental Health Program (CMHP) or with an entity that contracts with or is certified by the State or by a CMHP, 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).
Mental Health Programs

In 2013, over 55,000 adults were enrolled in Mental Health Services. The Oregon State Hospital (OSH) served 1220 patients in 2013, and Blue Mountain Recovery Center (BMRC) served 170 patients. In 2013, Community Mental Health Program or OAAPI investigators investigated the following types of cases:

**What types of abuse and mistreatment are investigated in Mental Health Programs?**

When a report of abuse or mistreatment of a person enrolled in mental health services is made, the service that the reported victim was receiving at the time the alleged incident occurred determines whether or not the report will be investigated. Abuse definitions apply to individuals in both licensed and non-licensed settings. Individuals in licensed programs need a higher level of care than individuals living in the community; therefore, licensed residential settings have additional oversight regarding mistreatment:

<table>
<thead>
<tr>
<th>All adults enrolled in MH programs (Adults in non-licensed settings, p. 27)</th>
<th>Adults living in a MH-licensed residential facility, p. 27</th>
<th>Adults living in Oregon State Hospital, p. 32</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect leading to physical harm</td>
<td>Neglect which creates a significant risk of harm or results in significant mental injury</td>
<td>Neglect</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>Physical Abuse</td>
<td>Physical Abuse</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Sexual Abuse</td>
<td>Sexual Abuse</td>
</tr>
<tr>
<td>Verbal Mistreatment</td>
<td>Verbal Abuse</td>
<td></td>
</tr>
<tr>
<td>Abandonment</td>
<td>Condoning Abuse</td>
<td></td>
</tr>
<tr>
<td>Financial Exploitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involuntary Restriction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrongful Restraint</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Mental Health Programs

Allegations in Licensed and Non-licensed Settings

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

<table>
<thead>
<tr>
<th>Abuse/ Mistreatment Type</th>
<th>Licensed Setting</th>
<th>Non-licensed Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Investigated</td>
<td>Substantiated</td>
</tr>
<tr>
<td>Abandonment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Financial Exploitation</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>Neglect</td>
<td>39</td>
<td>12</td>
</tr>
<tr>
<td>Physical</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Restraint</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Restriction</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>Sexual</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Verbal Mistreatment</td>
<td>58</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>143</strong></td>
<td><strong>58</strong></td>
</tr>
</tbody>
</table>

*In 2011, the definitions of abuse were changed in the 943-045-0250 MH Community Abuse Rule; at that time, mistreatment definitions were added to the AMH residential rules. The investigation of these allegations was initiated prior to the rule changes.

In 2013, 37% of all substantiated allegations occurred in licensed settings. **Verbal Mistreatment, Neglect, and Financial Exploitation** were the most prevalent abuse/mistreatment types for adults with mental illness in licensed residential settings, accounting for 79% of substantiated allegations. **Physical Abuse** was the most prevalent abuse type for adults with mental illness in non-licensed settings, accounting for 79% of substantiated allegations.
Abuse and Mistreatment in Mental Health Settings: 2010-2013

Since 2010, the number of allegations of abuse or mistreatment that have been investigated increased 13% in licensed settings and 45% in non-licensed settings. The increase in the numbers of investigated and substantiated allegations in licensed settings in 2012 is due largely to the investigation of 4 cases with a combined total of 81 allegations (51 of which were substantiated).

Since 2010, the number of substantiated allegations in licensed settings increased 71%, and in non-licensed settings the number of substantiated allegations decreased 5%.
Mental Health Programs

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

- The **victim** was female in 64% (100) and male in 36% (56) of substantiated allegations.
- When an individual was named as the **accused person**, the accused person was female in 32% (46) and male in 68% (97) of substantiated allegations.

In **licensed residential** settings:

- 79% (46) of accused persons substantiated for abuse or mistreatment were direct care staff. Other accused persons substantiated for abuse or mistreatment had some other trust relationship with the victim.

In **non-licensed** settings:

- 45% (44) of the accused persons substantiated for abuse were the significant other or spouse of the victim, 21% (21) were a family member of the victim, and 11% (11) were a care provider of the victim. Other accused persons substantiated for abuse or mistreatment had some other trust relationship with the victim.

**Reviews of Deaths of Adults with Mental Illness**

In 2013, County Mental Health investigators reviewed the deaths of 246 individuals enrolled in mental health services.

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>209</strong> deaths were due to natural or accidental causes.</td>
<td></td>
</tr>
<tr>
<td><strong>173</strong> deaths were due to natural causes—most frequently related to heart disease or heart attacks, cancer, liver disease, or COPD.</td>
<td></td>
</tr>
<tr>
<td>- The average age at death of the 89 females was <strong>58 years</strong>.</td>
<td></td>
</tr>
<tr>
<td>- The average age at death of the 84 males was <strong>58 years</strong>.</td>
<td></td>
</tr>
<tr>
<td><strong>36</strong> deaths were due to accidental causes—<strong>23</strong> of which were due to drug misuse or overdose.</td>
<td></td>
</tr>
<tr>
<td>- The average age at death of the 19 females was <strong>44 years</strong>.</td>
<td></td>
</tr>
<tr>
<td>- The average age at death of the 17 males was <strong>45 years</strong>.</td>
<td></td>
</tr>
<tr>
<td><strong>37</strong> of these deaths were not due to natural or accidental causes. <strong>2</strong> deaths were homicides, <strong>29</strong> deaths involved suicide, and in 6 cases, the manner of death was not due to suicide or homicide, or was undetermined. In some cases, there were associated allegations of Neglect. The investigations of these allegations are included in the data on page 27.</td>
<td></td>
</tr>
<tr>
<td>- The average age at death of the 17 females was <strong>42 years</strong>.</td>
<td></td>
</tr>
<tr>
<td>- The average age at death of the 20 males was <strong>38 years</strong>.</td>
<td></td>
</tr>
</tbody>
</table>
Law Enforcement Referrals

Law enforcement agencies (LEA) in 2013 were most likely to be involved in allegations of Physical Abuse and Financial Exploitation. If there is reasonable cause to believe a crime has been committed, a report is sent to LEA for their review and determination if there will be any LEA follow up.

<table>
<thead>
<tr>
<th>Abuse/ Mistreatment Type</th>
<th>Substantiated Allegations</th>
<th>Allegations With LEA Referrals or Involvement</th>
<th>Rate of LEA Referrals or Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Exploitation</td>
<td>11</td>
<td>9</td>
<td>82%</td>
</tr>
<tr>
<td>Neglect</td>
<td>22</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>77</td>
<td>69</td>
<td>90%</td>
</tr>
<tr>
<td>Restraint</td>
<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Restriction</td>
<td>6</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>16</td>
<td>9</td>
<td>56%</td>
</tr>
<tr>
<td>Verbal Mistreatment</td>
<td>23</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Investigations of Abuse, Mistreatment and Neglect by County

The map below shows the number of allegations of abuse, mistreatment, or neglect investigated in adult mental health programs by county in 2013:
## Mental Health Programs

<table>
<thead>
<tr>
<th>County Mental Health Program</th>
<th>Adults Enrolled in MH Services*</th>
<th>Total Allegations</th>
<th>Substantiated Allegations</th>
<th>LEA Referral or Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baker</td>
<td>472</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Benton</td>
<td>753</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Clackamas</td>
<td>2,969</td>
<td>49</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Clatsop</td>
<td>788</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Columbia</td>
<td>376</td>
<td>7</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Coos</td>
<td>873</td>
<td>&lt; 5</td>
<td>&lt; 5</td>
<td>&lt; 5</td>
</tr>
<tr>
<td>Crook</td>
<td>322</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Curry</td>
<td>320</td>
<td>&lt; 5</td>
<td>&lt; 5</td>
<td>0</td>
</tr>
<tr>
<td>Deschutes</td>
<td>1,880</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Douglas</td>
<td>1,540</td>
<td>9</td>
<td>&lt; 5</td>
<td>0</td>
</tr>
<tr>
<td>Gilliam/Morrow/Wheeler</td>
<td>198</td>
<td>7</td>
<td>&lt; 5</td>
<td>&lt; 5</td>
</tr>
<tr>
<td>Grant</td>
<td>130</td>
<td>&lt; 5</td>
<td>&lt; 5</td>
<td>0</td>
</tr>
<tr>
<td>Harney</td>
<td>157</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jackson</td>
<td>1,568</td>
<td>12</td>
<td>&lt; 5</td>
<td>&lt; 5</td>
</tr>
<tr>
<td>Jefferson</td>
<td>540</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Josephine</td>
<td>1,454</td>
<td>12</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Klamath</td>
<td>1,310</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lake</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lane</td>
<td>5,896</td>
<td>45</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Lincoln</td>
<td>827</td>
<td>4</td>
<td>&lt; 5</td>
<td>0</td>
</tr>
<tr>
<td>Linn</td>
<td>1,984</td>
<td>30</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Malheur</td>
<td>734</td>
<td>2</td>
<td>&lt; 5</td>
<td>0</td>
</tr>
<tr>
<td>Marion</td>
<td>4,997</td>
<td>45</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td>Mid-Columbia†</td>
<td>785</td>
<td>14</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Multnomah</td>
<td>14,117</td>
<td>185</td>
<td>52</td>
<td>34</td>
</tr>
<tr>
<td>Polk</td>
<td>1,069</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tillamook</td>
<td>465</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Umatilla</td>
<td>1,163</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Union</td>
<td>511</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Wallowa</td>
<td>94</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Warm Springs</td>
<td>122</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Washington</td>
<td>5,410</td>
<td>11</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Yamhill</td>
<td>1,203</td>
<td>5</td>
<td>&lt; 5</td>
<td>0</td>
</tr>
<tr>
<td>OSH and BMRC</td>
<td>NA</td>
<td>107</td>
<td>29</td>
<td>&lt; 5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>55,127</td>
<td>557</td>
<td>185</td>
<td>93</td>
</tr>
</tbody>
</table>

*Numbers reflect 2012 enrollment data, provided by OHA Office of Health Analytics

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

An individual may be involved in more than one investigated or substantiated allegation
Mental Health Programs

Oregon State Hospital Investigations

How does OAAPI serve patients at the Oregon State Hospital (OSH)?

OAAPI receives reports of suspected abuse or neglect through phone calls, e-mails, grievances and other notifications from patients, staff and family.

OAAPI has 24 hours to determine if the incident reported meets a definition of abuse or neglect, and may conduct limited interviews, view surveillance video or examine other documentation in making a screening decision.

When OAAPI determines a report of alleged abuse does not meet the definition of abuse or neglect, it is closed and the screening decision letter is forwarded to OSH Human Resources.

When OAAPI determines a report of alleged abuse could possibly meet the definition of abuse or neglect, it is assigned for investigation to determine if abuse or neglect occurred. At the conclusion of the investigation, a finding of substantiated, not substantiated or inconclusive is made and the report is sent to OSH for review and possible further action.

In 2013 at OSH:

- **515 reports** of abuse or neglect were made
- **447 reports** were screened out as not meeting the definition of abuse
- **68 reports** were investigated (with **103 allegations**)
- **28 allegations** were substantiated for abuse or neglect

How do OAAAPI and OSH collaborate to protect patients at OSH?

- In 2013, OSH funded 2 full-time OAAPI investigators and 1 full-time OAAPI screener.

- In addition to monthly meetings to review cases, the chief investigator at OAAPI meets quarterly with the Superintendent of OSH to discuss issues of mutual interest.

- OAAPI presents a one-hour training session to OSH staff during New Employee Orientation, in which incoming staff learn about the purpose of OAAPI, the investigation process, and how interviews are scheduled. Staff receive data on the number of investigations OAAPI conducts annually, and about the substantiation rate of the investigated allegations.
Mental Health Programs

Oregon State Hospital (OSH) Investigation Demographics

- Overall, OSH served 1217 patients throughout 2013. Of these patients, 1056 were served at the Salem campus and 161 were served at the Portland campus. The average number of patients served each day in the hospital was 581.
- Of the 1217 patients, allegations of possible abuse or neglect against 74 patients were investigated; 22 patients were determined to have been abused or neglected. 10 patients were victims of neglect, 6 patients were victims of physical abuse, 5 patients were victims of verbal abuse, and 1 patient was a victim of sexual abuse.
- OSH employs more than 1900 staff; approximately 1600 staff work with patients in a clinical setting. In 2013, 24 staff were substantiated for abuse or neglect.
- Of the 24 staff found substantiated for abuse or neglect, 16 were mental health technicians, 4 were nurses, 2 were doctors, 1 was a transportation aide and 1 was temporary staff.

- In 2013, 70% of patients at OSH were admitted under a forensic commitment, and 29% of patients were admitted through a civil commitment. Of the 22 patients determined to have been abused or neglected, 15 (68%) were forensically committed and 7 (32%) were civilly committed.
- **16 allegations** of abuse or neglect involving patients in an OSH forensic program were substantiated. Of these allegations, **Physical Abuse** was most prevalent, with 7 substantiated allegations.
- **12 allegations** of abuse or neglect involving patients in an OSH civil program were substantiated. Of these, **Neglect** was most prevalent, with 11 substantiated allegations.

OSH patient data provided by OSH Quality Management– Data and Analysis

### Allegations of Abuse or Neglect at OSH in 2013

<table>
<thead>
<tr>
<th>Type of Abuse or Neglect</th>
<th>Investigated</th>
<th>Substantiated</th>
<th>Substantiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>43</td>
<td>15</td>
<td>35%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>27</td>
<td>7</td>
<td>26%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>10</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>Verbal Abuse</td>
<td>23</td>
<td>5</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>103</strong></td>
<td><strong>28</strong></td>
<td><strong>27%</strong></td>
</tr>
</tbody>
</table>

**2013 Oregon State Hospital Substantiated Allegations**

- Neglect: 53%
- Physical Abuse: 25%
- Verbal Abuse: 18%
- Sexual Abuse: 4%
Mental Health Programs

**Trends in Oregon State Hospital Investigated Allegations**

In the past four years, the number of substantiated allegations of abuse at OSH has increased 47%.

In comparison with 2012 data, the number of investigated allegations in 2013 increased 71% and the number of substantiated allegations increased 47%. In 2013, there was a case investigated that had 14 allegations, 4 of which were substantiated.

![Oregon State Hospital Allegations of Abuse: 2010-2013](image)

**Blue Mountain Recovery Center Investigations**

Before its closure in March 2014, the Blue Mountain Recovery Center (BMRC) in Pendleton provided hospital-level care in 2013 for 170 patients receiving psychiatric treatment.

In 2013, OAAPI investigated 4 allegations of abuse or neglect at BMRC: 2 allegations of neglect, 1 allegation of physical abuse, and 1 allegation of verbal abuse.

Only the allegation of physical abuse was found substantiated.

![Allegations of Abuse at BMRC: 2010-2013](image)
Children’s Programs

Children’s Care Providers (CCP)

CCPs are made up of Residential Care Agencies, Day Treatment Programs, Foster Care Agencies, Residential Boarding Schools, and Outdoor Youth Programs. The agencies and providers that comprise CCPs vary greatly in their focus, level of care and variety of services. These organizations are licensed to provide treatment services through OHA Mental Health services, DHS children’s DD services or through Child Welfare. A child may have a short term placement as their treatment options are evaluated and adjusted, or may have a longer term placement in a residential children’s treatment facility, or a therapeutic foster home. Many of the children in these programs have experienced physical and emotional trauma, often have a history of abuse and neglect, and have other risk factors that make them more vulnerable.

Intellectual/Developmental Disabilities Programs

Children in I/DD programs live in 24-hour residential settings that specialize in the care of children who have intellectual or developmental disabilities. These homes are intended to provide all the basic care and support the child would normally receive in a family support system, or the family is no longer able to provide the level of care, supervision and support necessary to keep the child safe and support the child’s development.

The average age of these children was 13.5 years, with 58% males and 42% females. However the average age of boys was 12.9 years and the average age of girls was 14.3 years.

In 2013, approximately 3,500 children received care in CCP programs and 150 children received I/DD residential care. While these children receive treatment and care services from a variety of licensed providers, OAAPI has the authority to investigate when allegations of abuse and neglect are reported.
**Children’s Programs**

*Why are children in these programs vulnerable to abuse?*

Children receiving therapeutic treatment services through a Children’s Care Provider (CCP) and children with intellectual/developmental disabilities (I/DD) have a wide variety of medical, emotional, behavioral, and intellectual disabilities. When a child receives services from a CCP or I/DD program, a behavioral support plan or an individual support plan is created that outlines the child’s unique history, mental health, behavioral, and medical needs and the expectations of how the program/staff will ensure the child’s unique needs are appropriately monitored and managed. Caregivers and staff are required to know these plans and follow all requirements to ensure the child receives individualized care, help the child develop the necessary tools to successfully complete the program and to ensure the child’s safety.

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**In 2013:**

- **212** allegations of abuse were investigated
- **57** allegations of abuse were substantiated
- **125** children were reported as victims of possible abuse
- **45** children were determined to have been abused

Due to their unique vulnerabilities, many of these children require heightened levels of supervision to reduce the risk of harm at their residence and out in the community. Some children may require increased levels of supervision to reduce the risk of both intentional and unintentional self-harm. Children with specific medical or behavioral needs have individualized protocols that staff and caregivers must follow to address medication administration, aspiration, food preparation, and other medical conditions or known risks.

Some children with significant intellectual disabilities may have limited communication skills leaving them unable to self-report concerns of abuse or neglect making them a uniquely vulnerable population. This means good reporting of suspected abuse and neglect is critical to our ability to safeguard these vulnerable children.
Children’s Programs

How are children in CCP or I/DD programs served by OAAPI?

Allegations of abuse and neglect regarding a CCP or I/DD program are reported to Child Welfare and referred to OAAPI for screening. Many factors are taken into account during screening that determine whether an investigation will occur. These include an initial evaluation to determine if the reported information meets a definition of abuse, as well as an evaluation of the child’s care plan.

When an allegation is screened out, the report of possible abuse is “closed at screening” and information is documented regarding why the allegation does not meet the definition of abuse under the Oregon Administrative Rule (OAR).

When an allegation is assigned for investigation, an investigator will gather all facts pertaining to the incident through interviews of witnesses, including the reported victim and the reported perpetrator. Relevant documentation such as the child’s care plan, staff training logs and medication records are gathered and reviewed as part of the investigation. The investigator writes a detailed investigation report and makes a determination about whether the allegation is substantiated, not substantiated or inconclusive.

In some circumstances investigators may include “required actions” for the program or organization to implement. Required actions are meant to address concerns that include staff training, documentation of financial or medical information and other record keeping practices, or address other policies and practices to reduce and prevent future abuse and neglect.

OAAPI received nearly 700 allegations of possible abuse in 2013 regarding CCP and I/DD. OAAPI assigned and investigated over 200 allegations for these program areas. OAAPI evaluates all reported incidents to determine if it meets an abuse definition and evaluates the child’s plan of care in making a determination as to whether to investigate the incident.
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.

> **165** allegations of abuse were investigated
> **37** allegations of abuse were substantiated
> **103** children were reported as victims of possible abuse
> **32** children were determined to have been abused

<table>
<thead>
<tr>
<th>Allegations By Abuse Type</th>
<th>Total Allegations</th>
<th>Substantiated Allegations</th>
<th>Substantiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault*</td>
<td>0</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Maltreatment</td>
<td>57</td>
<td>13</td>
<td>23%</td>
</tr>
<tr>
<td>Negligent Treatment</td>
<td>104</td>
<td>23</td>
<td>22%</td>
</tr>
<tr>
<td>Sexual Abuse*</td>
<td>2</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Threat of Harm</td>
<td>2</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>165</strong></td>
<td><strong>37</strong></td>
<td><strong>22%</strong></td>
</tr>
</tbody>
</table>

* As defined by criminal statute ORS 163

**Substantiated Abuse in Childrens Care Providers: Most Common to Least Common**

- Negligent Treatment: 23
- Maltreatment: 13
- Threat of Harm: 1
- Sexual Abuse: 0
- Assault: 0
Children’s Programs

Negligent Treatment

Negligent treatment is the most prevalent form of abuse in Children’s Care Provider (CCP) settings based on the number of reports and substantiations. Negligent treatment occurs when a caregiver fails to perform duties or fails to take action required to protect the child’s health. It also occurs when basic or specialized care is not provided.

Substantiated Maltreatment

Abuse by maltreatment that involved physical contact such as hitting, kicking, or pushing represented 46% of all maltreatment in 2013.

Maltreatment

Abuse by maltreatment has the highest substantiation rate (when it is alleged to have occurred it is more likely to have a substantiated outcome, when compared to other types of abuse).

Maltreatment includes a range of abusive treatment that can involve physical contact, verbal interaction, restriction/seclusion, the use of coercion or intimidation and exposure to domestic violence.

Substantiated Neglect

83% of all neglect involved a failure to supervise the child as outlined in the supervision and safety plan.
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.

> 47 allegations of abuse were investigated
> 20 allegations of abuse were substantiated
> 22 children were reported as victims of possible abuse
> 13 children were determined to have been abused

<table>
<thead>
<tr>
<th>Allegations By Abuse Type</th>
<th>Total Allegations</th>
<th>Substantiated Allegations</th>
<th>Substantiation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Abuse</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Neglect</td>
<td>28</td>
<td>13</td>
<td>46%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>5</td>
<td>3</td>
<td>60%</td>
</tr>
<tr>
<td>Restraint</td>
<td>3</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Restriction</td>
<td>0</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>5</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Verbal Abuse</td>
<td>5</td>
<td>3</td>
<td>60%</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>20</td>
<td>42%</td>
</tr>
</tbody>
</table>

Substantiated Abuse in Childrens DD Programs: Most Common to Least Common

- Neglect: 13
- Physical Abuse: 3
- Verbal Abuse: 3
- Financial Abuse: 1
- Restraint: 0
- Sexual Abuse: 0
- Restriction: 0
The OAAPI Training Unit provides training statewide to abuse investigators who respond to abuse complaints in APS and in DD/MH. The focus of the training is to deliver basic investigation competencies and standard investigation practices across all settings OAAPI has oversight for. The box below illustrates some of these topics.

**Adult Protective Services (65+ and Physical Disabilities)**

In 2013, the Training Unit implemented an all new Core Competencies Training Institute designed for APS specialists and supervisors responsible for conducting community and facility investigations.

—127 investigators completed this training at 10 locations throughout the state.

**Mental Health, Intellectual/Developmental Disabilities**

The unit also presented two Training Institutes for adult abuse investigators in the intellectual/developmental disabilities and mental health fields.

—29 abuse investigators from OAAPI and county based community programs completed the training in 2013.

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### Core Competency Training Institute Topics

- Investigation standards
- Cultural competence
- Ethics and bias
- Mandatory abuse reporting
- Analyzing and reducing risk factors
- Abuse and neglect rules and statutes
- Abuse prevention
- Interviewing protocols
- Screening and providing resources
- Forming an allegation
- Evidentiary standards
- Forensic evidence
OAAPI Partnership Spotlight

OAAPI has many partners who serve Oregon’s vulnerable populations. The DHS Background Check Unit is this year’s partnership spotlight.

The DHS Background Check Unit (BCU) is a shared service of the Department of Human Services (DHS) and the Oregon Health Authority (OHA). BCU conducts background checks for DHS and OHA employees, volunteers and contractors as well as background checks for many of the regulated providers of both agencies.

The BCU serves both a consumer protection and a quality assurance function for state agencies, vulnerable populations and the public by ensuring that those who seek employment with DHS and OHA are adequately evaluated to ensure they do not pose any risks to vulnerable individuals due to criminal history or serious abuse history.

Fast Facts— In 2013:

- BCU received 125,539 criminal background check requests
- Over 32,000 of these involved individuals seeking employment working with vulnerable people in programs that OAAPI has oversight for investigation of alleged abuse

In 2014, BCU estimates an increase of 20% in the number of background check requests compared to 2013.

What services are provided by BCU?

BCU can conduct a variety of checks to meet the requirements of administrative rules, Oregon statutes, and Federal requirements. Depending on the position and program, a background check may include:

- A criminal history check through Oregon State Police data systems
- A fingerprint-based check through the Oregon State Police and the Federal Bureau of Investigation (FBI)
- A national abuse check of child protective services investigations
- Abuse checks of child and adult protective services investigations held by DHS
- A weighing test of potentially disqualifying convictions or conditions, and other available information.
OAAP Partnership Spotlight

For some positions, there are criminal convictions that lead automatically to ineligibility. The majority of background checks that BCU conducts however allow for a **weighing test** if a subject individual has potentially disqualifying convictions and conditions.

The **weighing test** is an integral part of BCU determining if an individual seeking employment poses a risk to the emotional, physical or financial well-being of vulnerable individuals. BCU reviews not only the potentially disqualifying actions of a subject individual (SI), but also the circumstances leading to the incidents as well as all changes in circumstances since the incident. Some of the factors considered are:

- The age of the SI at the time of the incident
- The consequences of the incidents and the SI’s compliance (e.g., criminal sentences, Required Actions, etc.)
- Treatment and rehabilitation
- Patterns of behavior or repetition of incidents
- The SI’s work, education, and licensing history
- The SI’s honesty and accountability about the incidents.

If BCU finds that a subject individual (SI) has a **potentially disqualifying adult abuse**, BCU reviews the abuse investigation report, the required actions, and requests more information from the SI (reported perpetrator) so that BCU can determine, with as much information as available, whether the SI is still a risk to vulnerable individuals.

**ORS 409.027** allows DHS to use abuse investigations to screen subject individuals. Review of child abuse cases is limited to certain positions requiring such a check, but the majority of background checks include a check of adult abuse. Most of DHS’ adult abuse cases are under the purview of OAAPI, making our partnership vital.
We hope this report has provided a more comprehensive picture of abuse and neglect in Oregon, and outlined who the reported victims and accused persons are likely to be, where and why some abuse occurs and what the most prevalent forms of abuse are likely to be. As this report indicates, the nature of abuse and neglect of vulnerable populations is dependent on many factors.

In 2013 over 35,000 concerns of possible abuse were reported to protective services agencies. Of these, nearly 16,500 allegations were assigned and investigated by our partners and OAAPI. 3,819 of these concluded with the determination that abuse did occur. Based on the findings of these investigations steps were taken to hold perpetrators responsible for their actions and protective services were provided to victims to ensure their safety and health.

When people live free from abuse, their daily care needs, medical and physical needs and their emotional and psychological treatment needs are reduced, allowing them to live more independently, more productively and more happily in their communities. Each of us plays a role in helping people live free from abuse, and it begins with reporting.

We encourage you to use the information in this report to better understand the abuse and neglect that Oregon’s vulnerable populations face. We also invite you to reflect on what you can do to help people become independent, healthy and safe.

Your voice is powerful. You are a force to be reckoned with. Your skills and talents and expertise are needed. What will you do to protect vulnerable adults in your community from harm? What will you do to make visible the hidden shame of abuse?

—National Center on Elder Abuse
Conclusion and Additional Information

For more information on elder abuse, we encourage you to visit the following websites:

Oregon:
Elder abuse and neglect:

National:
National Center on Elder Abuse (NCEA):
http://www.ncea.aoa.gov/ncearoot/Main_Site/index.aspx

National Adult Protective Services Association (NAPSA):
http://www.apsnetwork.org/

National Committee for the Prevention of Elder Abuse (NCPEA):
http://www.preventelderabuse.org/

If you become aware of a vulnerable person who may be in an abusive situation or suspect abuse, neglect or financial exploitation has occurred:

SAFE line: Call 1-555-503-SAFE (7233). This toll free number uses a zip code driven menu to put you in contact with a local office representative who can answer your questions and follow up on your concerns.
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. 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.
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" mean 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

<table>
<thead>
<tr>
<th>All adults enrolled in MH programs</th>
<th>Adults living in a MH licensed residential facility</th>
<th>Adults living in State Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Neglect (leads to physical harm)</td>
<td>• Abandonment</td>
<td>• Neglect</td>
</tr>
<tr>
<td>• Physical Abuse</td>
<td>• Financial Exploitation</td>
<td>• Physical Abuse</td>
</tr>
<tr>
<td>• Sexual Abuse</td>
<td>• Involuntary Restriction</td>
<td>• Sexual Abuse</td>
</tr>
<tr>
<td></td>
<td>• Neglect (creates a significant risk of harm or results in significant mental injury)</td>
<td>• Verbal Abuse</td>
</tr>
<tr>
<td></td>
<td>• Verbal Mistreatment</td>
<td>• Condoning Abuse</td>
</tr>
<tr>
<td></td>
<td>• Wrongful Restraint</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Types of abuse investigated in programs for children with Intellectual and Developmental Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Abandonment</td>
</tr>
<tr>
<td>• Financial Exploitation</td>
</tr>
<tr>
<td>• Involuntary Seclusion</td>
</tr>
</tbody>
</table>

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.
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.
“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.