Florida Statewide Quality Assurance Program

Quality Improvement Study Contract Year 8: July 2008 – June 2009

Personal Outcome Measure: "Person is Free from Abuse, Neglect and Exploitation" Demographic Patterns and Predictors

Florida DD and FSL HCBS Waivers

Prepared by Delmarva Foundation

Submitted to the Agency for Health Care Administration and The Agency for Persons with Disabilities

Executive Summary

Every year Delmarva Foundation Quality Improvement Consultants (QIC) interview a sample of individuals from approximately 29,000 people who receive services through the Developmental Disability or Family and Supported Living Home and Community-Based Services Waiver programs, using the Personal Outcome Measures (POMs) designed by the Council on Quality and Leadership.¹ People with developmental disabilities are more vulnerable to abuse, neglect or exploitation than people in the population at large. Delmarva completed an initial Quality Improvement Study of this topic two years ago at the request of the Interagency Quality Council (IQC).² That study, released in June 2007, identified a variety of factors associated with abuse, neglect, or exploitation among individuals within the population served, and made recommendations aimed at reducing current abuse, neglect or exploitation and remediating the effects of paste abuse.³

In this study we examine results for the POM item "People are free from abuse and neglect", and provide an update of the earlier analysis to determine whether:⁴

- Observed levels of past and current potential abuse, neglect, or exploitation (ANE) have changed subsequent to the release of findings and recommendations from the previous study.
- Factors associated with possible past and current ANE, have changed or remained the same.
- A unique set of factors are associated with lingering effects of Paste Abuse.

We use data from interviews conducted between July 2002 and December 2008 to show annual trends and data collected since July 2006 (n = 3,296) for more detailed analyses. Bivariate and regression analysis are used to examine trends identified when the POM item is scored as *Not Present*, meaning abuse, neglect, exploitation or the lingering effects of an earlier event, are impacting the individual's life. We also examine trends for possible abuse, possible neglect and possible exploitation, excluding cases of lingering impact from Paste Abuse.⁵

¹ On October 15, 2008, individuals were placed into one of four different Tiers to determine the level of services they could receive. The FSL Waiver is now Tier 4.

² The IQC has not met for several quarters due to budget cut backs.

³ Delmarva Foundation, "Personal Outcome Measure: "Person is Free from Abuse, Neglect and Exploitation" Demographic Patterns and Predictors", June 4, 2007.

⁴ Throughout this study results include abuse, neglect or exploitation, measured together.

⁵ We use "possible" with these statements as that is how they are listed in the drop-down menu QICs use when interviewing individuals. However, if noted as such and the abuse hotline has not been called, the event is called in for investigation.

A summary of results includes the following:

- The percent of persons with the outcome related to Abuse, Neglect and Exploitation *Not Present* declined continuously over the past six and a half years, from a peak of 17.1 percent in contract year three (July 2003 – June 2004) to just 10.4 percent during the first half of contract year eight (July 2008 – December 2008).
- Having specific supports related to Abuse, Neglect and Exploitation in place was the strongest predictor of freedom from the effects of *Past Abuse* as well as freedom from current *Possible Events* of abuse, neglect or exploitation.
- While men and women were equally likely to be a victim of current abuse, neglect or exploitation (*Possible Event*, i.e., mandated as a reportable incident), women were significantly more likely to suffer lingering effects from Past Abuse.
- Older adults (over age 55) were found to experience lower rates of lingering effects from *Past Abuse*, however age was not found to be associated with levels of current *Possible Events* of abuse, neglect or exploitation.
- Individuals receiving Non-Residential Support Services had an increased risk of current abuse (*Possible Event*) while those receiving Supported Living Coaching were more likely to suffer lingering effects of *Past Abuse*. NRSS was discontinued on December 1, 2007.
- The percentage of individuals experiencing *Possible Events* of abuse declined substantially from the prior ANE study period (2004 to 2006) in Areas 9 and 15 two of the three APD Areas (8, 9, and 15) found to have rates significantly higher than the state average at that time.
- Individuals living in small APD Areas were significantly more likely to have the measure scored as *Not Present* than were persons in large APD areas, most likely driven by results in Areas 8 and 15.
- As compared to persons residing in large APD Areas, individuals residing in medium size Areas were about 1.5 times more likely to suffer lingering effects of *Past Abuse* but 39 percent less likely to experience current instances of *Possible Abuse*.
- Persons living in "Other" home settings, including ALFs and Foster Homes were three times more likely to suffer lingering effects of *Past Abuse* than those in Family Homes, but were no more likely to be experiencing *Possible Events* of abuse, neglect or exploitation at the time of the POM interview.
- Conversely, those in Independent or Supported Living settings were two times more likely to be experiencing *Possible Events* at the time of the POM interview but did not have a significantly higher rate of suffering from *Past Abuse*.

Recommendations to the state include:

- Reinstate the Interagency Quality Council as part of continuous quality improvement efforts.
- Require that Corrective Action Plans be developed by the Waiver Support Coordinator, implemented and monitored when individuals receiving services from the WSC score the ANE measure as *Not Present*.
- Develop additional programs targeting the needs of women suffering from Past Abuse.
- Initiate on-site review of Companion Services.
- Enhance training and education related to ANE for individuals receiving Supporting Living Coaching.
- Delmarva should continue to identify "best practices" related to ANE intervention to be shared with providers throughout the state.
- Increase the number of services and supports available in rural areas, including counseling and training.
- Revise the Waiver Handbook to include a formal validation process for providers and individuals receiving ANE training and education services.

Introduction

Each year Delmarva Foundation, under contract with the Agency for Health Care Administration (AHCA) and in cooperation with the Agency for Persons with Disabilities (APD), interviews individuals with disabilities from a random sample of people who receive services under the Developmental Disabilities (DD) or Family and Supported Living (FSL) Home and Community-Based Services (HCBS) Medicaid Waivers. The individuals agree to participate in the Personal Outcome Measures (POM) interview as developed by the Council on Quality and Leadership (CQL).⁶ Delmarva consultants who conduct the interviews are trained by CQL and pass reliability testing annually.

As part of the POM interview process, the Delmarva consultants assess the extent to which each individual is free from abuse, neglect and exploitation. Delmarva initially analyzed and reported on this topic in June 2007. That study assessed levels and patterns of possible abuse, neglect or exploitation experienced during the 30 month period from July 2004 through December 2006. The prior study also examined recorded levels of suffering from the lingering effects of past abuse, neglect or identify the reasons this important component of an individual's life may be scored as "not present", and determine if any patterns or trends may exist that would point to specific intervention strategies.

⁶ Go to <u>http://www.thecouncil.org</u>/ for more information about CQL and the Personal Outcome Measures.

At the urging of the Interagency Quality Council, the present study was designed to reexamine these issues for the more recent thirty month period ending in December 2008 to identify any changes in the level and patterns of potential abuse, neglect or exploitation observed in the earlier study. In addition, the present study more closely examines the sub-set of clients suffering from the lingering effects of past abuse, neglect or exploitation to determine if any patterns or trends may exist. Like the prior study, this investigation aims to identify specific avenues of intervention to better ensure freedom from abuse, neglect and exploitation.

Background

Individuals with disabilities are often abused, exploited, neglected and/or mistreated. National statistics have indicated that nearly 90 percent of individuals with developmental disabilities may be the victims of abuse, neglect, or exploitation at some point during their lives.⁷ While the information is now somewhat dated, Wilson and Brewer found that people with disabilities are four to ten times more likely to be victims of crime than are people without disabilities, and that 40 to 70 percent of crimes against people with mild to severe mental retardation went unreported.⁸ Research has also found that people with disabilities have a high probability of repeat victimization. In a study by Sobsay and Doe, 83 percent of the women in their sample with an intellectual disability had been sexually assaulted, and 50 percent of these had been sexually assaulted ten or more times.⁹

In Florida, approximately 29,000 people with developmental disabilities receive services through the DD or FSL HCBS Medicaid Waivers. Delmarva Foundation provides quality assurance, through the Florida Statewide Quality Assurance Program (FSQAP), within the service delivery system by monitoring providers who render Waiver services, conducting onsite observations, and interviewing individuals with a developmental disability and/or other people relevant to the process. Delmarva works closely with APD and AHCA to help ensure people with disabilities receive the services they need and achieve outcomes they desire.

Council on Quality and Leadership (CQL) Definitions and Procedures

Delmarva Foundation has partnered with The Council on Quality and Leadership since the inception of the FSQAP contract in September 2001. CQL provides a rigorous training program in the techniques and procedures for interviewing people with a developmental disability. The week-long

⁷ See <u>http://www.apd.myflorida.com/zero-tolerance/</u>.

⁸ Wilson, C., and N. Brewer. 1992. "The Incidence of Criminal Victimization of Individuals with and Intellectual Disability," <u>Australian Psychologist</u>, Vol. 27, pp 114-17.

⁹ Sobsay, D. and T. Doe. 1991. "Patterns of Sexual Abuse and Assault," <u>Journal of Sexuality and Disability</u>, No. 3. pp. 243-59.

training activities help ensure the procedures developed by CQL to collect data on the 25 POM items are consistently applied and produce reliable and valid results. Each Delmarva Quality Improvement Consultant in Florida is required to attend the training and also pass the reliability test before interviewing individuals, and pass reliability annually thereafter.

POM items are scored as Present or Not Present. The definitions of abuse, neglect and exploitation used by CQL and the Quality Improvement Consultants (QICs) are taken from the Florida Statues, Chapters 39 and 415, and are used to determine if people are free of these conditions. This item is scored as *Not Present* when any legal abuse, neglect or exploitation is apparent or meets legal criteria for mandatory reporting for further investigation at the time of the interview, or if a past event has been noted but has not been reported to the authorities. Legal definitions used in the process are as follows:

Abuse: (Adult) Any willful or threatened act or omission that causes or is likely to cause significant impairment to a vulnerable adult's physical, mental or emotional health. (Child) Any willful or threatened act or omissions that result in any physical, mental, or sexual injury or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired.

Neglect: (Adult) The failure or omission on the part of the caregiver to provide the care, supervision and services necessary to maintain the physical and mental health of the vulnerable adult. The failure of a caregiver to make reasonable efforts to protect a vulnerable adult from abuse, neglect or exploitation by others. (Child) Any act or omission where a child is deprived of, or allowed to be deprived of, necessary supervision, food, clothing, shelter, or medical treatment, or a child is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired. The foregoing circumstances shall not be considered neglect if caused primarily by financial inability unless actual services for relief have been offered to and rejected by the caretaker responsible.

Exploitation: Actions of deception or intimidation, for the purpose of personal gain or benefit by a person in a position of trust, that deprives a vulnerable adult of the use, benefit or possession of funds, assets or property. Exploitation also occurs when the Possible Responsible Person knows or should know that the vulnerable adult lacks the capacity to consent and who obtains or uses, or endeavors to obtain or use, their funds, assets or property for personal gain or benefit.

The QICs gather information from the interview with the individual, follow-up meetings with others who know the person and a review of documentation, if needed. Based on information obtained, they make a determination if abuse, neglect and/or exploitation are currently an issue for the person.

If any of these are identified, the QIC marks the POM item as *Not Present* and determines if the abuse hotline has been called. If not, either the QIC or the Waiver Support Coordinator makes the call to the abuse hotline, and also to the local APD office, where the incident should be entered into the incident report log.

The Florida Abuse Hotline will accept a report when:10

- 1. There is reasonable cause to suspect that a child
- 2. who can be **located in Florida**, or is temporarily out of the state but expected to return in the immediate future,
- 3. has been harmed or is believed to be threatened with harm
- 4. from a person responsible for the care of the child.

OR

- 1. Any vulnerable adult who is a resident of Florida or currently located in Florida
- 2. who is believed to have been abused or neglected by a caregiver in Florida, or
- 3. suffering from the ill effects of neglect by self and is need of service, or
- 4. **exploited** by any person who stands in a position of trust or confidence, or any person who knows or should know that a vulnerable adult lacks capacity to consent and who obtains or uses, or endeavors to obtain or use, their funds, assets or property.

However, there are problems in reporting and ensuring adequate interventions occur as needed. Some instances identified as abuse per the CQL procedures, resulting in a *Not Present* on the POM item, are not "reportable" to the hot line. For example, a roommate is not a "caregiver". Therefore, "client on client" abuse is not considered legal abuse and is not "reportable" to the hotline. However, the individual is not free from abuse, and APD reports that all too often notification that abuse is not reportable is the end of action taken by a provider, rather than providing resolution so the abusive situation is resolved. According to CQL "abuse and neglect are defined from the person's perspective. A person may consider some actions, environments and circumstances abusive and neglectful, even though they may not rise to the level of a legal or reportable requirement. They are nonetheless important for each individual." Thus, in this example the POM item is scored as Not Present. APD also considers "client on client" abuse as necessary to address as part of their zero tolerance policy.

In addition, according to CQL's procedures, people are not free from abuse, neglect or exploitation if they are still struggling over issues of past abuse. If the individual continues to experience the

¹⁰ This is copied as displayed on the Department of Children and Family's web site: <u>http://www.dcf.state.fl.us/abuse/definitions.shtml</u>.

physical or mental pain from previous instances of abuse, the POM item is scored as Not Present. The organization/provider is responsible for providing supports in the form of counseling or other programs to help the individual overcome previous abuse issues, if the individual desires counseling. However, if even in the presence of such supports the issues remain for the individual, by CQL definition the person is not free from the impact of abuse or neglect. These instances are not called into the hotline and are not considered reportable abuse incidents, but result in the POM item being scored as Not Present. Therefore, the CQL definitions used by the Delmarva QICs are broader than those used in a legal sense alone but are still consistent with the statutes on reportable offenses and APD policy.

Supports are present on this POM item if the organization/provider has made genuine attempts to not only educate individuals about abuse, neglect and exploitation, but has helped create an environment that maintains a high level of safety and security for individuals, minimizing opportunities for abuse or exploitation. QICs consider organizational factors such as employment background screenings, staff training, fire safety, sanitation, and documented procedures for individuals to report allegations of abuse, neglect or exploitation—and determine if individuals are aware of these procedures.¹¹

Data and Methods Personal Outcome Measures

To examine demographic trends and perform prediction analyses, we used data collected between July 2006 and December 2008, including 3,296 individuals who participated in the POM interview process.¹² Individual participants were randomly sampled from the Waiver Support Coordinator's (WSC) caseload prior to the on-site review of the WSC—the Waiver Support Coordinator Consultation (WiSCC). No individual participated in more than one interview during a given contract period. Further only 58 individuals were re-interviewed over the course of the entire thirty month study period.

If a POM item is marked as Not Present, the QIC selects a reason the outcome was not present for the individual from the set of choices available in a drop down menu. QICs could also make open ended comments in a field entitled "POM Answer Comments". We used any information provided in this field to assign respondents to either the Past Abuse or Possible Abuse categories when the

¹¹ While not included in this study, is it important to point out that in the Florida DD/FSL HCBS program, QICs also identify issues of abuse beyond the POM interviews. In provider reviews that do not involve a POM interview, if incidents of abuse, neglect or exploitation are identified in any interview, onsite observation or documentation review, the consultants will determine if the hotline has been called and if not either call the hotline or inform the provider to do so. The same legal definitions of abuse, as noted above, are used in all instances.

¹² Some tables do not include all individuals due to missing data elements.

QIC entered a response of "Other" from the drop down menu of reasons the POM was deemed Not Present. Based upon whether the POM was Present or Not Present and the comments provided when the POM was deemed Nor Present, we assigned individual respondents to one of three outcome categories:¹³

- Free from Abuse
- Past Abuse
- Possible Event

The combined categories of Past Abuse and Possible Event are referred as POM Not Present.

Collaborative Outcomes and Review Enhancement (CORE)

The CORE is an onsite consult used for providers who render services other than Waiver Support Coordination, including Adult Day Training, Non-Residential Supports and Services, Residential Rehabilitation, Supported Living Coaching, Supported Employment, In Home Support Services, and Special Medical Home Care.¹⁴ We use data from CORE consults conducted between July 2006 and December 2008. Many providers were reviewed more than once, giving them time to correct deficiencies in training or alert issues from one annual review to the next.

Quality Improvement consultants monitor providers on a multitude of organizational practices, including the extent to which they have systems in place to prevent abuse, neglect and exploitation among the individuals they serve, and their compliance with education and training requirements. If any issue of ANE is identified, an alert is recorded in the report to the state so action can be taken on behalf of that person. QICs also examine documentation to determine if providers have had the required training on abuse and neglect and if they have had training specific to the needs of each individual.¹⁵

Methodology

Descriptive statistics are used to examine trends and other patterns in the data. Simple bivariate (i.e., two variable) statistical tests are also applied to evaluate differences between data categories. These statistical tests do not take into consideration the impact of other factors. For example, we may test the difference in the proportion of abuse cases between individuals in a family home and individuals living in independent or supported living environments without consideration to age or gender. A t-test using a p-value, explained below, is used to test the statistical significance between the data categories.

¹³ Appendix provides a listing of the comments assigned to each outcome category.

¹⁴ Non-Residential Support Services were discontinued in December 2007.

¹⁵ These are scored aggregately on Element 10 in the CORE and it is not possible to determine from the data which training was out if the element is scored as Not Met. The provider report has a record of this, which is given to the provider and the local APD office.

Many factors could potentially impact incidents of abuse, such as natural supports, attitudes, education, living situations, friends, gender, age, degree and/or type of disability, and neighborhood surroundings. Multivariate logistic regression models are used to test the impact of each available independent/explanatory variable on the dependent variable, when the dependent variable is binary, such as having a POM item present or not. In these models, the "net" impact of each variable is estimated. Essentially, if all other factors are the same (same Area size, same age, same type of disability, etc.), then what is the impact of the one variable of interest? Logistic regression models were developed to test the impact of various explanatory variables on three different dependent variables:

- Present (1) or *Not Present* (0) on the POM item measuring freedom from abuse, neglect and exploitation (ANE);
- If, when the POM was scored Not Present, it was a result of Past Abuse (1) or not (0);
- If, when the POM was scored *Not Present*, it was a report of a *Possible Event* of current abuse (1) or not (0).

The p-value, or probability value, is the probability the relationship between two variables is due to error. It is used to reflect the statistical significance of the relationship. A p-value of 0.05 or smaller is often used in social science research to determine statistical significant, and indicates there is a five percent chance or less the results are due to error. A p-value of 0.10 indicates a 10 percent chance or less the results are due to error. A p-value of 0.10 indicates a p-value of 0.10 or less may indicate an important relationship exists that might be detected with a larger sample size. The importance of the p-value is in giving an indication of the probability we may be wrong in our assumptions about the results. Therefore, statistical significance levels are arbitrary and depend upon how much error you are willing to accept in the model or research area.

In logistic regression models, the odds ratio gives the strength of the relationship between the explanatory or independent variable and the dependent variable, holding other factors in the model constant. In the first regression model (Table 3), the odds ratio indicates the odds of receiving Present versus the odds of receiving *Not Present* on the ANE item, for every one unit change in the explanatory variable. For example, for individuals receiving Supported Living Coaching, the odds of not being free from ANE were 2.13 times higher than the odds for individuals who did not receive that service. Odds ratios greater than one indicate a positive relationship, such as the example just cited. Odds ratios between 0 and 1 indicate a negative or inverse relationship. An odds ratio of 1 means the odds of scoring Present or *Not Present* are the same, regardless of the response on the explanatory variable. The farther away the odds ratio is from one, the stronger the relationship.

Dependent Variables

There are three dependent variables examined in this study. We first examine the impact of various demographic characteristics on all individuals who scored the POM item as *Not Present*, for any reason that was sited (Abuse *POM Not Present*). These individuals are deemed not to be free from abuse, neglect or exploitation. We then examine the impact of the same characteristics for each of two subsets of individuals deemed not free from abuse, neglect or exploitation. These subsets consist of: a) individuals identified as currently experiencing possible abuse (*Possible Event*), and b) individuals identified with distress over past abuse or neglect (*Past Abuse*). *Possible Event*, are more closely associated with abuse, neglect or exploitation that could be considered an immediate safety/well-being concern for providers and/or APD staff while the lingering effects of *Past Abuse* could indicate a need for initiation or continuation of counseling and other supportive services. Each variable is coded 1/0, where 1 indicates the presence of abuse, neglect or exploitation:

- *Possible Event* includes possible abuse, possible neglect, possible exploitation and several other reasons cited by the QIC (see Appendix).
- *Past Abuse* includes distress over *Paste Abuse* (see Appendix).
- POM Not Present includes both Possible Abuse and Past Abuse.

Independent Variables

Independent variables used in the analysis are as follows:

- *Age* is included because it has been shown that younger people with developmental disabilities are more likely to have outcomes present than older individuals.
- *Gender* is included because women are often more likely to be the victim of abuse and/or neglect than are men.
- *Contract Year:* The study period includes all of contract years six and seven as well as the first six months of year 8. The previous Quality Improvement Study was released at the end of contract year six. Implementation of the recommendations contained in that study, as well as other systemic changes over time may be associated with variation in the dependent variables.
- Area Size: The number of consumers living in each Area during the study period was
 provided by APD (Ed Rousseau). Areas with over 2,500 consumers on the DD or FSL
 HCBS waiver were categorized as Large. These include the Broward, Orlando, Miami-Dade
 and Suncoast Areas. Medium size Areas had from 1,400 to 2,499 consumers (e.g.,
 Jacksonville, Pensacola, and Tallahassee) and Small Areas fewer than 1,400 consumers. The
 categories contain the following APD Areas:
 - o Large-7, 10, 11, 23 (N=1,686)
 - o Medium—1, 2, 3, 4, 9, and 13 (N=1,140)

- o Small—8, 12, 14 and 15 (N=470)
- *Number of Supports* each individual has, between 0 and 24 (excluding ANE), because people with a greater number of supports are more likely to have outcomes present.
- *Abuse, Neglect and Exploitation Support Present.* This support is most closely associated with the outcomes of interest and its presence or absence may have an effect on abuse related outcomes independent of the total number of supports present.
- The presence of the Waiver Support Coordinator is important to control for because having the support coordinator at the interview may impact the individual's willingness to admit abuse, neglect or exploitation is occurring, particularly if the perpetrator is the WSC.
- The presence of a representative of the Council on Quality and Leadership because when people are being observed their behaviors may be different than when not being observed.
- *Primary Disability,* with the categories of Cerebral Palsy, Spina Bifida, Autism, and Other, and using Intellectual Disability as the reference category. This means all disability categories in the model are compared to Intellectual Disability.
- *Home Type* of the individual at the time of the interview, with the categories Independent or Supported Living, Small Group Home (up to six residents), Large Group Home (over six residents), Assisted Living Facility (ALF) and Other, using Family Home as the reference category. This means all home type categories are compared to Family Home.
- CORE Service is used to identify differences across services individuals receive that are
 reviewed onsite with a CORE consult: Adult Day Training (ADT), Non Residential Support
 Services (NRSS), Supported Employment, Supported Living Coaching, Residential
 Habilitation, and In Home Support Services.¹⁶ Services identified, through the claims data,
 were rendered to the individual during the study period. Individuals in the sample may
 receive more than one of these services.
- *Number of Core Services:* Differences across individuals may be associated not only with the type of CORE services received but the total number of CORE services received.

Results

Percent "Free from Abuse/Neglect/Exploitation" Not Present by Year

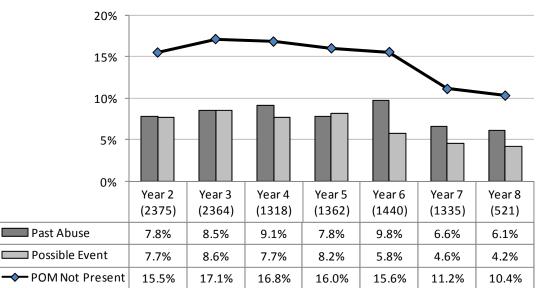
Results for Personal Outcome Measures are recorded for 25 different items measuring the quality of one's life. Of these 25, the item measuring freedom from abuse, neglect and exploitation has consistently reflected the highest score, averaging over 85 percent present since Year 2 of the contract (starting July 2004). On average the percent present for all 25 POMs has been under 50 percent. The following graph (Figure 1) shows the trend by year for the POM item scored as *Not Present*, the presence of *Possible Events*, and the presence of distress over *Past Abuse*. It is important to

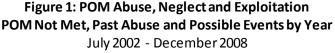
¹⁶ All individuals receive Support Coordination services. Therefore, this is not included in the analysis. Only one individual in the sample received Special Medical Home Care and this is therefore not included in this analysis.

note that data for Year 8 reflect only the first six months of the contract year, through December 31, 2008. Only 32 percent of the total sample (448 of approximately 1,400) had been completed.

Figure 1 combines data from the previous study (contract years two through five) with data from the present study (contract years six through eight). The proportion of interviews in which the ANE POM was not present has trended downward since contract year three, declining from 17.1 percent in that year to 11.2 percent in the most recent complete contract year (seven) and 10.4 percent in the first six months of contract year eight. The most dramatic decline occurred between contract years six and seven. This drop coincides with the completion of the previous Quality Improvement Study on this topic in June 2007.

Information in Figure 1 also informs us that during contract years two and three, instances when the POM was *Not Present* were divided almost equally between *Past Abuse* and *Possible Events* of current abuse. Over time the proportion of current *Possible Events* declined such that lingering effects of *Past Abuse* accounted for over 59 percent of all instances of the POM *Not Present* in contract years six, seven and eight.





In the most recently completed contract year (seven) only 4.6 percent of all interviews indicated the presence of a *Possible Event*, as compared to the peak rate of 8.6 percent in contract year three (Figure 1). Projecting the contract year seven rates to the entire population (estimated to be 29,716 in

Table 1 compares the contract year seven population estimates of past and possible abuse to those reported in the previous study for contract year five. Data indicate the following:

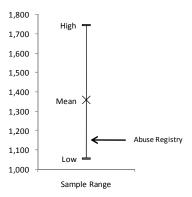
- The estimated number of past and possible abuse instances within the consumer population is much lower in the more recent contract year.
- The population-wide estimate for POM *Not Present* dropped by 33 percent from 2005-06 (year 5) to 2007-08 (year 7) while the estimate for *Possible Event* dropped by 45 percent.
- Differences between contract year five and contract year seven in the percent of individuals with the POM *Not Present* and the percent with a *Possible Event* are statistically significant.

	Contra	ct Year	Difference		
Category	Five	Seven	#	%	
Past Abuse	2,480	1,959	(521)	-21%	
Possible Event	2,480	1,358	(1,122)	-45%	
POM Not Present	4,960	3,317	(1,643)	-33%	

Table 1: Population Estimates of Past and Possible Current Abuse,Neglect and Expoitation: Contract Years 5 and 7

As discusses above, the estimate of 1,358 individuals in the study population during contract year seven is based on the data from the POM interviews which indicate that 4.6 percent of respondents experience *Possible Events* of current ANE. The 95 percent confidence interval for this sample estimate ranges from approximately 3.6 percent to 5.9 percent.¹⁷ Applying this percentage range indicates the number of individuals in the population expected to be experiencing current abuse, neglect or exploitation ranges from 1,056 to 1,745.

APD staff identified reports of abuse, neglect or exploitation made to the Florida Abuse Hotline by matching social security numbers of the DD population to the abuse registry. This type of matching process is less than 100 percent accurate owing to possible errors in the recording of SSN information. As a result the number of abuse cases obtained from the registry match likely understates the true number in the population. In all 1,142



¹⁷ The confidence interval assumes a Poisson distribution.

registry reports were documented with verified abuse or some indictor of abuse. As illustrated in the accompanying graphic, the count from the abuse registry falls within the lower portion of the range estimated from the POM interview sample.

In total, 427 of 3,296 (13.0%) individuals interviewed between July 2006 and December 2008 scored *Not Present* on the ANE POM. Figure 2 details the reasons recorded by the QICs during the POM interview as to why these 427 individuals were not free from abuse, neglect or exploitation at the time of the interview. In each contract year, approximately sixty percent of these instances reflect distress over events of *Past Abuse*. Often individuals need counseling or other supports to help them overcome lingering effects of past traumatic incidents. On the other hand, the remaining forty percent of those identified with the POM item as *Not Present* may be facing more imminent threats of danger or exploitation. These individuals, representing five percent of those interviewed, may require immediate attention and a call to the abuse hotline and also to the local APD Area office if this has not already been done. In that regard, we see the proportion of individuals identified as suffering from potential neglect declined in each contract year – from 10.8 percent in contract year 4 to just 1.9 percent in the first six months of contract year eight. Conversely, the proportion of persons falling into the "Other Reason" category rose 5.9 percent to 22.2 percent over the same time period. This increase appears to be due to an expansion in the number of response options provided in the drop down menu used by QICs to log comments related to this POM outcome measure.¹⁸

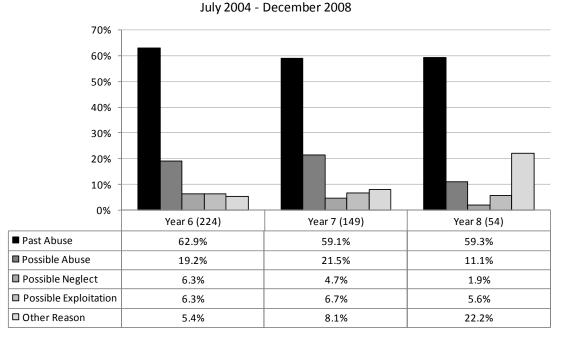


Figure 2: POM Freedom From Abuse, Neglect and Exploitation Reasons Outcome Not Met by Year

¹⁸ Comments in the "Other Reason" category are included as *Possible Event* in the analyses.

Demographic Trends

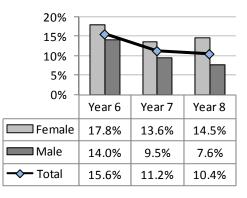
Figures 3 through 8 display the percent of individuals who were not free from abuse, neglect or exploitation (POM Not Present) by gender, age, home type, primary disability, service and APD Area. Trends are shown over time when categories have a large enough sample size each year. Otherwise, a two and one half year average is presented.

Gender: Figure 3a shows the percent of interviews in which the POM for abuse, neglect or exploitation was Not Present by gender and year. In each year women were more likely to score ANE as Not Present, meaning they were more likely than men to be suffering from current events or still suffering the impact of past abusive situations. Overall, women were 1.4 times more likely than men to be deemed not free from abuse, neglect or exploitation. The difference between males and females is statistically significant.

Figure 3b shows the percentage of interviews in which lingering effects from Past Abuse accounted for the POM being judged Not Present. The results are presented by gender and year. In each year women were more likely than men to be suffering from lingering effects of past abusive situations. Overall, women were 1.7 times more likely than men to experience lingering effects of Paste Abuse. The difference between males and females is statistically significant.

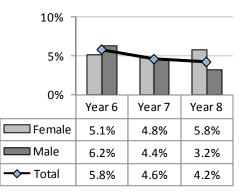
Figure 3c shows the percentage of interviews, by gender and year, in which possible current abuse, neglect or exploitation was found. In contract year 6 men were more likely to experience possible current abuse than were women, while in years 7 and 8 the reverse was true. On average, men (5.0 percent) and women (5.1 percent) were almost equally likely to experience possible current abuse, neglect or exploitation. The slight difference between men and women is not statistically significant.

Figure 3a: POM Not Present



15% 10% 5% 0% Year 6 Year 7 Year 8 🗖 Female 12.7% 8.8% 8.7% 7.8% 5.1% 4.5% 🔶 Total 9.8% 6.6% 6.1%

Figure 3c: Possible Event



Male

Figure 3b: Past Abuse

Age Group: Previous work has documented a significant relationship between age and the percent of outcomes present, as measured by the POM interview process, such that younger people are more likely to have outcomes present.¹⁹ In large part this is due to the added supports children have, most likely from the school systems and also from family members as most live at home and attend school. However, for the ANE POM, it appears children and young adults are more likely than older individuals (over age 44) to have this POM scored as *Not Present*.

The combined rate of possible and Paste Abuse (13.4 percent) among those under age 18 was lower than that of only two other age groups – 18 to 21 and 26 to 44. Individuals age 55 and older were most likely to be free from either the lingering effects of Paste Abuse or from possible current abuse, neglect and exploitation (Figure 4). Only 8.6 percent of individuals over age 65 and 9.1 percent of individuals age 55 to 64 were not free from abuse, neglect or exploitation.

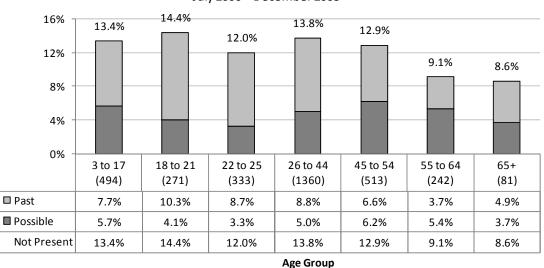


Figure 4: Possible and Past Abuse, Neglect and Exploitation by Age Group July 2006 - December 2008

Figure 4 also indicates that persons age 18 to 21 were most likely to suffer the lingering effects of Paste Abuse – over ten percent of individuals in this age group appear to suffer from Paste Abuse. Reports of lingering effects of Paste Abuse fall off after age 54. The highest rate of possible current abuse (6.2 percent) was found among persons age 45 to 54. Children under age 18 had the second highest proportion of individuals suffering from possible abuse, neglect or exploitation (5.7 percent) while young adults age 22 to 25 had the lowest (3.3 percent).

¹⁹ See reports and studies on the FSQAP web site for more details (http://www.dfmc-florida.org/public/quality_improvement_studies/index.aspx).

Home Type: Results in Figure 5a show that individuals in Foster Homes were much more likely to score *Not Present* on the ANE POM than were individuals in other settings. In all, 37.2 percent of individuals living in Foster Homes were identified as suffering either from Paste Abuse or possible current abuse, neglect or exploitation. However, the number of individuals living in Foster Homes was quite small (n=43). Persons residing in independent/supported living settings made up the second largest portion of respondents, accounting for 19.1 percent of the 3,296 individuals. Persons living independently experienced substantially higher rates of both distress over Paste Abuse (12.2 percent) and possible current abuse, neglect or exploitation events (6.5 percent) than did those living in Family Homes. The difference between these two living arrangements is statistically significant for both past and current possible abuse.

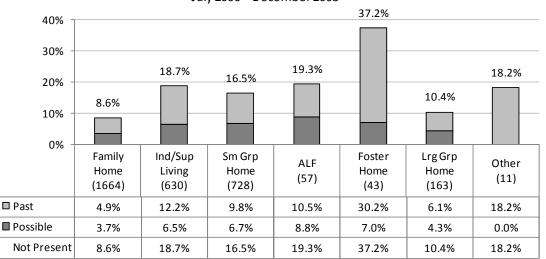
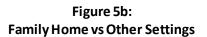
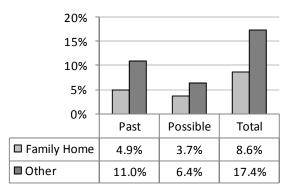


Figure 5a: Possible and Past Abuse, Neglect and Exploitation by Home Type July 2006 - December 2008

Age Group

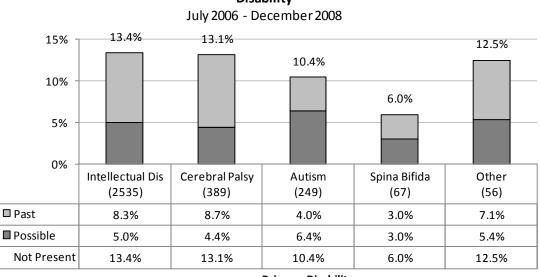
Persons living in Family Homes were the least likely to be identified as experiencing residual effects of Paste Abuse (4.9 percent) or possible current abuse, neglect or exploitation (3.7 percent). Individuals in this setting accounted for just over half (50.5 percent) of all persons interviewed during the study period. As illustrated in Figure 5b, persons living in other settings were 1.8 times more likely to experience possible current abuse, neglect or

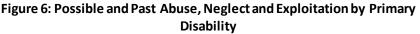




exploitation and 2.2 times more likely to suffer lingering effects of Paste Abuse. The difference between Family Home and other settings is statistically significant for both past and current possible abuse.

Primary Disability: Figure 6 displays results across primary disabilities. The "Other" category includes individuals with Epilepsy, Prader Willi, and Other or Unknown disabilities. Results appear to indicate that people with Spina Bifida could be less prone to incidents of abuse, neglect or exploitation. Only six percent of these 67 individuals were identified as having the ANE POM *Not Present*, equally split between those with Paste Abuse and those with possible current abuse, neglect or exploitation. Persons with intellectual disabilities comprised nearly 77 percent of the sample, the group with the highest percentage of interviews with the POM *Not Present* (13.4 percent). The proportion of individuals with Spina Bifida for whom the POM was *Not Present* was significantly lower than for persons with Intellectual Disabilities.





Primary Disability

Individuals with a primary disability of either Autism or Spina Bifida were significantly less likely to suffer lingering effects of Paste Abuse as compared to persons with an Intellectual Disability, while those with Cerebral Palsy or Other Disabilities were not. No statistically significant differences were found between persons with Intellectual Disabilities and other primary disabilities in percentage of individuals experiencing possible current abuse events.

CORE Services: Individuals may receive one or more of the HCBS Waiver services that are reviewed with a CORE consult. In addition, they often receive a multitude of other Waiver services

such as Companion or Transportation.²⁰ Over the course of the study period, 531 individuals (16 percent) received no CORE service while 1,093 (33 percent) received only one CORE service. The remaining 1,762, representing 51 percent of all individuals, received multiple CORE services. Table 2 shows the percentage of persons receiving each CORE service who also received each of the other CORE services. Highlighted cells indicate the percentage of persons in each category who received that service but no others.

		Service Received					
-		ADT	NRSS	IHSS	RH	SE	SLC
_	Adult Day Training (ADT)	29.6%	55.8%	38.8%	68.1%	29.3%	44.5%
Received	Non-Residential Support (NRSS)	25.6%	13.1%	20.0%	35.4%	26.2%	26.3%
cei	In Home Support (IHSS)	18.1%	20.5%	30.2%	6.5%	30.1%	60.5%
	ResidentialHabilitation (RH)	44.1%	50.0%	9.0%	17.9%	17.5%	9.7%
Also	Supported Employment (SE)	9.2%	17.9%	20.2%	8.4%	18.5%	38.2%
	Supported Living Coaching (SLC)	18.4%	23.7%	53.5%	6.2%	50.5%	9.6%
	Total (3,296) 1,538 704 719 995 481 6					636	

 Table 2: Percent Receiving Each Core Service

 POMs Completed July 2006 -Ddecember 2008

More individuals received Adult Day Training (ADT) than any other CORE service, and the least number of individuals received Supported Employment (SE). Individuals receiving ADT most often also received Residential Habilitation (RH), and vice versa. Individuals receiving In-Home Support Services (IHSS) or SE were also most likely to receive Supported Living Coaching (SLC). Over half of all persons receiving NRSS services also received ADT or RH services.

As shown in Figure 7a, persons not receiving any of the CORE services were less likely to be identified as suffering from *Past Abuse* or possible Current Events of abuse, neglect or exploitation. In all, the POM was judged *Not Present* for 7.2 percent of those receiving no CORE services compared to 14.1 percent among individuals receiving one or more CORE Services. Percent differences between the two groups are statistically significant for *Past Abuse*, *Possible Event* and POM *Not Present*. However, 92 percent of individuals receiving no CORE Services reside in Family Homes as compared to just 43 percent of those receiving one or more CORE services. This is important because only 8.6 percent of individuals residing in Family Homes were found to have the POM *Not Present* as compared to 17.4 percent of those residing in other settings. As a result, the impact of not receiving any CORE services cannot be disentangled from that of living in a Family Home without the use of regression analysis.

²⁰ Support Coordination services are provided to all individuals who receive a waiver service. This service is not included in the analysis.

15% -			
10% -			
5% - 0% -			
0%	Past	Possible	POM Not Present
🗖 None (530)	3.8%	3.4%	7.2%
■One Plus (2766)	8.7%	5.4%	14.1%

Figure 7a: No CORE services vs one or more

Figure 7b depicts results across the CORE Services for the ANE POM item scored *Not Present* as well as for *Past Abuse* and *Possible Events*. Individuals receiving Supported Living Coaching were most likely to have scored this as *Not Present* (including distress over Paste Abuse), but individuals receiving Non-Residential Support Services were most likely to have had a *Possible Event* identified at the time of the interview. Because, as demonstrated in Table 2, many individuals receive multiple services, descriptive information presented in Figure 7 is not as informative as results from a regression analysis that controls for the presence of various services, as is done later in this report.

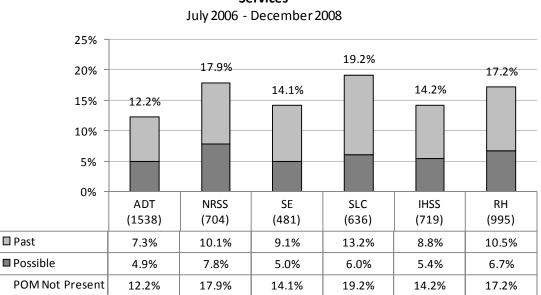


Figure 7b: Possible and Past Abuse, Neglect and Exploitation by Core Services

APD Area: As shown in Figure 8a, there is wide variation across APD areas in the percentage of persons identified as suffering from *Past Abuse* or *Possible Events* of current abuse, neglect or exploitation. Area 8 shows a significantly higher rate for the POM *Not Present* measure, while Areas 10 and 11 reflect significantly lower rates, compared to the state average of 13.0 percent. As regards *Possible Events* both Areas 8 and 15 had rates that were significantly lower than the state average of 5.0 percent. Areas 1, 2, 10, and 11 had rates that were significantly lower than the state average. Finally rates of *Past Abuse* are significantly higher than the state average. Finally rates 10 and 11. These differences between APD Areas may be accounted for by a variety of factors which will be more fully explored in the regression analyses.

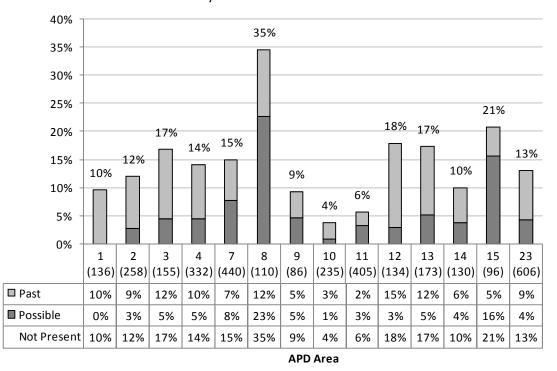


Figure 8a: Possible and Past Abuse, Neglect and Exploitation by APD Area July 2006 - December 2008

Our prior study found that Areas 8, 9 and 15 had rates of POM *Not Present* significantly higher than the statewide average during the July 2004 through December 2006 period. Two of these same Areas (8 and 15) had rates for *Possible Events* of abuse, neglect and exploitation significantly higher than the state average. Since the completion of that study in June 2007, APD program management in all three areas undertook initiatives aimed at making improvements in the area of abuse, neglect and exploitation. These initiatives appear to have succeeded in at least two of the three APD Areas.

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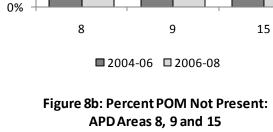
As shown in Figure 8b, the percent of respondents for whom the POM was scored *Not Present* dropped by over 24 percentage points in Areas 9 and 15. However, the percent *Not Present* increased by about six percentage points in APD Area 8.

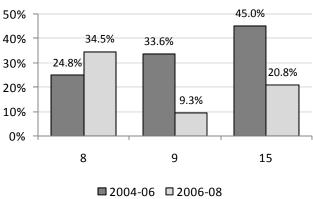
Similarly, APD Areas 9 and 15 evidenced major improvements in the percentage of respondents suffering *Possible Events* of current abuse from the prior 30 month study period to the present 30 month study period while APD Area 8 did not. As shown in Figure 8c, the percentage of respondents identified as suffering from a *Possible Event* of current abuse

APD Areas 8, 9 and 15 30% 22.7% 20.7% 14.3% 15.6% 15.6%

4.7%

Figure 8c: Percent Possible Abuse Event:





declined by 16 percentage points in Area 9 and 12 percentage points in Area 15 while increasing by over eight percentage points in Area 8.

Collaborative Outcome and Review Enhancement (CORE) Results

To further analyze variation across Areas, we examine CORE results, particularly the number of Abuse Alerts cited in each Area and CORE Outcomes related to Abuse, Neglect and Exploitation. Generally, QICs who conduct CORE consults are not the consultants who conduct the POM interview. Therefore, assessments of provider performance are independent of assessments of individual status as measured through the POM interview process. As explained in the Data and Methods section, CORE QICs monitor providers of services other than Waiver Support Coordination including: Adult Day Training, Non-Residential Supports and Services, Residential Rehabilitation, Supported Living Coaching, Supported Employment, In Home Support Services, and Special Medical Home Care.

As part of the process CORE QICs determine if the provider organization has systems in place to educate individuals about abuse and to prevent any events from occurring. If any issue of abuse, neglect or exploitation is identified, an alert is recorded in the report to the state and APD and other proper authorities are notified. A total of 2,323 Annual CORE consults were conducted during the period from July 2006 through December 2008. Statewide, 3.4 percent of all CORE consults had an

abuse alert cited. As shown in Figure 9a, six of the fourteen APD Areas exceeded the statewide average with the highest abuse alert rates occurring in Areas 8, 14 and 15.

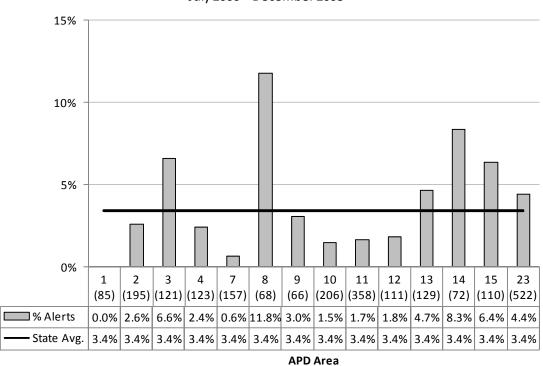


Figure 9a: CORE Percent with Abuse Alert by APD Area July 2006 - December 2008

Figure 9b compares abuse alert rates in each APD Area to *Possible Event* rates. In general, areas with high CORE abuse alert rates also had high POM rates of possible current abuse, neglect or exploitation. APD Areas 8, 14 and 15 scored at or near the high end of the range on both measures while areas 1, 10, 11 and 12 scored near the low end on both measures. Overall, we found a positive correlation (0.7326) between CORE abuse alert rates and POM rates for possible current abuse, neglect, or abuse. This strong correlation indicates provider performance is strongly linked to individual outcomes in the area of abuse, neglect and exploitation.

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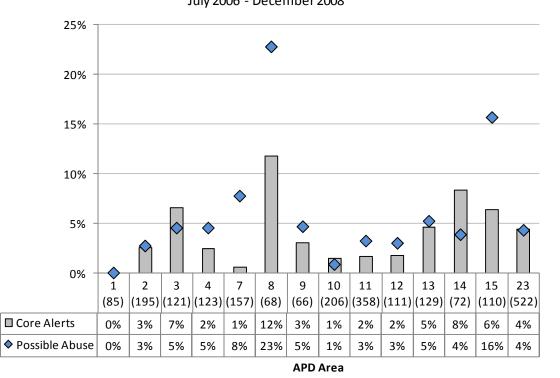


Figure 9b: CORE Percent with Abuse Alert by APD Area July 2006 - December 2008

The link between APD Area performance of providers as measured through annual CORE consults and individual consumer outcomes as measured by POM interviews was further corroborated through an examination of the CORE Outcome Measure "Free from Abuse, Neglect, or Exploitation. On this and other CORE Outcome Measures, Provider performance is broken down into four rank ordered categories: Achieving, Implementing, Emerging or Not Emerging. Achieving and Implementing are positive levels of performance while Emerging indicates the provider may have some systems in place to address issues but these are not consistent or very effective, and Not Emerging indicates very poor performance. A strong correlation (.7130) was found between the proportion of providers in each APD Area scoring poorly (Emerging or Not Emerging) on this CORE Outcome measure and the percent of APD Area POM individuals experiencing possible Current Events of abuse, neglect or exploitation.

In brief, the analysis of CORE annual consult results indicates, at the Area level, provider performance is strongly associated with the level of current possible abuse experienced by individuals interviewed during the POM process. Because these are aggregate level measures it is not appropriate to draw conclusions about individual providers within an APD area with high abuse alert levels or low aggregate scores on the Abuse, Neglect, or Exploitation Outcome Measure.

Regression Analysis

Beyond the bivariate analyses we have presented so far, regression analyses offer us the ability to determine the influence of each independent variable on a dependent variable, calculating the net impact of each. For this study we use logistic regression which tells us the odds of being a victim of abuse, neglect or exploitation while controlling for all the factors we have discussed. Categorical variables in the model use reference categories in interpreting the results such that results for each other category are interpreted as compared to the reference category. Categories are as follows:

- APD Area size analyzes the impact of being in more rural or more urban locations. The reference category is Large Areas.
- Individuals living in Foster Homes (n = 43) and ALFs (n = 57) and unspecified settings (n = 11) all scored above the state average in percentage of individuals with the POM scored as *Not Present*, and are combined into the "Other" category. Results for all home type categories are compared to individuals living in a family home.
- Disability types are compared to individuals with an intellectual disability.
- Contract Year 7 and 8 are compared to contract Year 6.

Associations found to be statistically significant at p=.05 or less are in bold. The confidence interval tells us, with 95 percent probability, the range in which we would find the actual population parameter (odds ratio). Table 3 displays results of the analysis that includes all the reasons cited when the POM item was scored as *Not Present*, when the individual is not free from abuse, neglect or exploitation. Table 4 presents results of analysis for the dependent variable *Past Abuse* while Table 5 displays results for *Possible Event* (i.e., potential current abuse, neglect or exploitation).

POM Not Present: Results in Table 3 indicate that while taking into account the number of supports present, age, disability, residence, CORE services received, as well as the other factors in the equation:

- Older individuals were slightly less likely to have scored the POM item measuring abuse, neglect or exploitation as *Not Present* than were younger individuals, showing younger individuals with a slightly higher risk when including all reasons the POM was scored as *Not Present*.
- Persons interviewed in contract years seven and eight were 35 percent less likely to have the ANE POM scored as *Not Present* than persons interviewed in year six.
- Men were 35 percent less likely than women to have the POM item scored as *Not Present*.
- Individuals receiving Supported Living Coaching were over twice as likely as individuals not receiving this service to have reported or been identified with past or current abuse in their lives (POM *Not Present*).
- Individuals receiving NRSS were also more likely to score this POM item as Not Present.

- Persons in independent or supported living environments were nearly twice as likely as individuals in family homes to have scored *Not Present* on abuse, neglect and exploitation.
- Persons living in "Other" home types, including foster homes and ALFs were over three times more likely than those living in family homes to be identified as a possible abuse victim or to be suffering from Paste Abuse issues.
- Individuals receiving services in Small size APD Areas were more likely to receive a POM rating of *Not Present* than were individuals in larger, more urban Areas.
- Having Abuse, Neglect and Exploitation (ANE) supports in place was associated with a very high probability of having the POM Present and hence, a much lower probability of having the POM *Not Present*. Individuals with ANE supports present were over 95 percent less likely ((.042-1)*100)) to score *Not Present* on the POM item.

Table 3: Regression Analysis Results Free from Abuse, Neglect, or Exploitation : POM Not Present Interaction - Descention 2008

			Odds	Confidence	e Interval
Independent Variable		p-value	Ratio	Lower	Upper
Age	Age		0.983	0.973	0.993
Con	tract Year (6 vs 7/8)	0.001	0.653	0.512	0.845
WSO	C Present	0.783	0.962	0.732	1.265
Cou	ncil Present	0.263	0.786	0.516	1.198
Mal	e	0.001	0.640	0.497	0.824
Σ	Cerebral Palsy	0.488	1.151	0.773	1.715
Disability	Autism	0.408	0.801	0.473	1.356
isa	Spina Bifida	0.271	0.534	0.175	1.632
	Other Disability	0.832	1.107	0.428	2.863
	None	0.218	0.740	0.459	1.195
es	Adult Day Training	0.476	0.900	0.674	1.202
ζi ζ	Non Residential Support Services	0.015	1.434	1.071	1.921
Sei	Supported Employment	0.885	1.028	0.708	1.493
Core Services	Supported Living Coaching	0.003	2.127	1.283	3.526
Ŭ	Residential Habilitation	0.088	1.482	0.943	2.327
	In Home Support Services	0.082	0.733	0.516	1.040
be	Independent/Supported Living	0.013	1.899	1.143	3.154
Home Type	Small Group Home	0.131	1.459	0.894	2.383
Ű.	Large Group Home	0.384	0.712	0.332	1.529
н	Other Home Type	0.000	3.188	1.718	5.918
Size	Medium APD Area	0.468	1.109	0.839	1.467
Si	Small APD Area	0.019	1.516	1.072	2.143
Supports	Abuse, Neglect, Exploitation	0.000	0.042	0.030	0.057
Sup	Number of Other Supports	0.371	0.990	0.968	1.012

July 2006 - December 2008

Past Abuse: As documented in Table 4 the results of this regression analysis indicate that:

- Older individuals were slightly less likely to be identified as suffering lingering effects of Paste Abuse, neglect or exploitation than were younger individuals.
- Persons interviewed in contract years seven and eight were less likely to suffer lingering effects of Paste Abuse than those interviewed in year six.
- Men were less likely than women to be identified as suffering from Paste Abuse.
- Individuals with a primary diagnosis of Autism were only half as likely to suffer from Paste Abuse as those with an Intellectual Disability.
- Individuals receiving Supported Living Coaching were over two and a half times as likely as individuals who were not receiving SLC to be identified with on-going issues related to Paste Abuse in their lives.

Table 4: Regression Analysis ResultsPast Abuse, Neglect, or Exploitation

July 2006 - December 2008

			Odds	Confidence	e Interval
Independent Variable		p-value	Ratio	Lower	Upper
Age		0.000	0.974	0.963	0.986
Con	tract Year (6 vs 7/8)	0.001	0.632	0.477	0.837
WS	C Present	0.445	0.889	0.658	1.202
Council Present		0.349	0.794	0.490	1.287
Male		0.000	0.541	0.407	0.718
2	Cerebral Palsy	0.574	1.132	0.734	1.747
Disability	Autism	0.039	0.477	0.236	0.964
isa	Spina Bifida	0.248	0.424	0.099	1.816
	Other Disability	0.937	0.957	0.321	2.855
	None	0.059	0.576	0.325	1.020
es	Adult Day Training	0.056	0.897	0.651	1.236
, ic	Non Residential Support Services	0.756	1.054	0.757	1.468
Ser	Supported Employment	0.965	0.991	0.654	1.501
Core Services	Supported Living Coaching	0.001	2.618	1.504	4.555
Ŭ	Residential Habilitation	0.070	1.585	0.963	2.611
	In Home Support Services	0.055	0.682	0.462	1.009
be	Independent/Supported Living	0.164	1.486	0.851	2.595
Home Type	Small Group Home	0.277	1.352	0.785	2.328
Ĕ	Large Group Home	0.611	0.801	0.340	1.884
н	Other Home Type	0.001	3.174	1.637	6.154
Size	Medium APD Area	0.011	1.491	1.095	3.030
Si	Small APD Area	0.432	1.178	0.783	1.772
Supports	Abuse, Neglect, Exploitation	0.000	0.112	0.079	0.157
Su	Number of Other Supports	0.851	0.998	0.973	1.023

- Persons living in "Other" home types, including foster homes and ALFs, were over three times more likely to be suffering from Paste Abuse issues than individuals in family homes.
- Individuals receiving services in Medium size APD Areas were more likely to have issues related to Paste Abuse than were individuals in larger, more urban Areas.
- Having Abuse, Neglect and Exploitation (ANE) supports in place was associated with a very high probability of having the POM Present. Individuals with ANE supports present were nearly 90 percent less likely to be identified as suffering from lingering effects of Paste Abuse.

Possible Abuse Event: Despite the large sample of POM interviews (n = 3,296), only 161 interview responses indicated the presence of a *Possible Event*. As a consequence, the analysis is less likely to identify statistically significant relationships between the dependent variable and the array of independent variables included in the model. Results from Table 5 indicate that, controlling for all variables in the regression equation:

- People living in Medium size APD Areas are less likely to have possible abuse present in their lives than people living in more urban APD Areas.
- Individuals receiving Non-Residential Support Services appear to be almost two times more likely than individuals not receiving this service to have been identified with a *Possible Event*.
- Conversely, persons living in small sized APD Areas may be close to 48 percent more likely to have experienced current abuse, neglect, or exploitation. While not quite statistically significant (p = .086) this result may be worth further exploration, particularly as the direction and general magnitude of this relationship is consistent with the results of the regression analysis performed in conjunction with the previous Quality Improvement Study.
- With an odds ratio of 2.034, persons in independent or supported living environments appear to be twice as likely as individuals in family homes to be experiencing current episodes of abuse, neglect or exploitation. However, the p value for this relationship falls just short of the prescribed 0.05 mark, with a chance of error of 5.1 percent.
- Also, persons with a primary disability of Autism may be at greater risk of experiencing current abuse, neglect or exploitation. The odds ratio for this group as compared to those with intellectual disabilities was 1.757 (or seventy five percent higher). However, the p value of 0.094 indicates a 9.4 percent chance the result is due to error.
- Having Abuse, Neglect and Exploitation (ANE) supports in place was associated with a very high probability of having the POM Present. Individuals with ANE supports present were 95 percent less likely to be identified as experiencing possible abuse events.

Table 5: Regression Analysis ResultsPossible Abuse, Neglect, or Exploitation

			Odds	Confidence	e Interval
Independent Variable		p-value	Ratio	Lower	Upper
Age		0.368	1.007	0.992	1.021
Con	tract Year (6 vs 7/8)	0.637	0.917	0.641	1.312
WSO	C Present	0.620	1.108	0.740	1.659
Cou	ncil Present	0.841	0.949	0.566	1.590
Mal	e	0.616	1.099	0.760	1.590
2	Cerebral Palsy	0.880	1.047	0.579	1.892
Disability	Autism	0.094	1.757	0.909	3.393
isal	Spina Bifida	0.990	1.010	0.213	4.799
Δ	Other Disability	0.729	1.271	0.328	4.932
	None	0.495	1.266	0.644	2.489
es	Adult Day Training	0.982	0.995	0.659	1.502
Core Services	Non Residential Support Services	0.003	1.858	1.232	2.802
Ser	Supported Employment	0.569	1.178	0.671	2.067
ore	Supported Living Coaching	0.727	0.876	0.416	1.844
Ŭ	Residential Habilitation	0.784	1.094	0.577	2.075
	In Home Support Services	0.792	1.072	0.641	1.792
be,	Independent/Supported Living	0.051	2.034	0.998	4.145
Home Type	Small Group Home	0.444	1.303	0.661	2.569
me	Large Group Home	0.643	0.781	0.275	2.220
Н	Other Home Type	0.544	1.345	0.516	0.502
Size	Medium APD Area	0.028	0.619	0.403	0.950
Si	Small APD Area	0.086	1.475	0.946	2.302
Supports	Abuse, Neglect, Exploitation	0.000	0.049	0.032	0.074
Sul	Number of Other Supports	0.217	0.979	0.946	1.013

July 2006 - December 2008

In this study we examined trends and patterns of abuse, neglect or exploitation among individuals with developmental disabilities receiving services through the DD or FSL Medicaid Home and Community-Based Services Waivers. The results provide information on the overall Personal Outcome Measure, "Individual is free from abuse and neglect". This item is scored as *Not Present* when any legal abuse, neglect or exploitation is apparent at the time of the interview, a past event has been identified but has not been reported to the authorities, or an individual is suffering lingering consequences of past abusive events.

Annual Trends: Longitudinal data indicate the percent of individuals with the ANE POM *Not Present* has declined continuously over the past six and a half years, from a peak of 17.1 percent in contract year three (July 2003 – June 2004) to just 10.4 percent during the first half of contract year eight (July 2008 – December 2008). The most dramatic decline occurred between contract year six, immediately preceding completion of the initial ANE study, and year seven, immediately succeeding completion of that study. No analysis has been undertaken to document activities associated with implementation of prior recommendations or results from any initiatives that may have been implemented. Therefore, no firm conclusions can be drawn that could point to the efficacy of information in the previous study.

However, we can note the timing of the decline in the ANE POM scored as *Not Present* coincides with the release of the study and its recommendations. This also coincides with in-depth discussion of the issue at several IQC (Interagency Quality Council) meetings, attended by providers and APD Area Administrators. That approximately 15 percent of individuals were not free from abuse or neglect was unacceptable, particularly in light of APD's zero tolerance policy. APD central office identified Areas with the best ANE rates and asked for their practices, which were subsequently sent to all Areas for consideration and feedback. In addition, several Area Quality Leaders presented, at IQC, initiatives they implemented to address high rates of possible ANE in their Areas, including Areas 8, 9, and 15 (discussed further below).

Recommendation 1: Exposure to data at the IQC meeting brought increased awareness to the state on the issue of abuse, neglect and exploitation among individuals receiving Waiver services. Because the rate at which this POM item is scored as Not Present has declined significantly since that time, it may speak to the importance of the committee in improving the quality of life for individuals. However, due to budget constraints, IQC has not met for some time. APD and AHCA should work to ensure this committee is reinstated as part of the new QA contract.

Supports in Place: Natural and paid supports are measured for each POM item scored by the Delmarva QIC. In other Quality Improvement studies conducted by Delmarva, individuals with a higher level of supports have been shown to have higher levels of outcomes, generally the strongest predictor of outcomes in the models. That relationship is apparent with regard to freedom from abuse, neglect and exploitation as well. In fact, the regression analyses indicates that having specific supports related to Abuse, Neglect and Exploitation in place is the strongest predictor of freedom from the effects of *Past Abuse* as well as freedom from current *Possible Events*. These supports, which may include counseling and education, appear not only to help prevent abuse but help individuals heal from past experiences as well.

In the prior study of abuse, neglect and exploitation the total number of supports in place was found to be associated with positive outcomes (i.e., lower percentage of *POM Not Present* and lower percentage of *Possible Events*). However, when supports specifically associated with ANE are added to the model, there is no significant effect attributable to the total number of other supports. Therefore, it is not the total number of supports each person has, but supports specific to the identification and prevention of abuse, neglect, and exploitation that help improve quality of life in this area. The reasons supports are not present for the ANE POM often include a Waiver Support Coordinator (WSC) who had not explored this area, limited or no education on the subject (e.g., zero tolerance policy and practices), and a lack of counseling.²¹

Recommendation 2: When an individual scores the ANE POM as Not Present, an Action Plan of Correction should be required, to be completed by the WSC. Delmarva should include, on the front of the WiSCC report, if a person has scored the ANE POM as Not Present, the reasons listed as to why the outcome was Not Present, and the date on which the Action Plan must be presented to the local APD office. Area Administrators should designate a person to follow-up on the progress of the action plan within 30 days after it is submitted.

Gender: Results for gender match those of the previous study. While men and women were equally likely to be a victim of current abuse, neglect or exploitation (*Possible Event*), women are significantly more likely to suffer lingering effects from *Past Abuse*. This is evident in the bivariate analysis (Figures 3a through 3c) as well as the regression analysis, controlling for other factors. Therefore, given a man and a woman who are about the same age, with the same number of supports, the same disability, the same home type, and the same CORE services, the woman is more likely to have the ANE POM item scored as *Not Present* and to suffer distress over *Past Abuse*, but equally likely to be

²¹ See Quarterly and Annual reports here: <u>http://www.dfmc-florida.org/public/annual_quarterly_reports/index.aspx</u>.

impacted by a more current *Possible Event*. It is possible women are more likely to be victims of sexual or physical abuse, traumatic events more difficult to overcome than neglect or exploitation. Or perhaps women are less likely to receive counseling or education to help them overcome past experiences, either through lack of supports or an effort to keep the past events confidential.

Recommendation 3: A program should be designed to target the needs of women that will help them overcome past abuse experiences. This should include education sessions but also confidential/anonymous support groups that address past abuse issues. APD should use contacts through other advocacy groups to find leaders for these support groups who are familiar with abuse of individuals with developmental disabilities, and begin to offer the support across the state.

CORE Services: The regression analysis indicates that individuals receiving Non-Residential Support Services were almost two times more likely to have an increased risk of current abuse (*Possible Event*).²² NRSS was discontinued in December 2007. However, the services generally offered through NRSS are now being offered primarily through Companion Services. Companion services are not currently monitored through an on-site review and are therefore not subject to the same level of scrutiny as providers of CORE services.

A great majority, 83 percent, of people receiving Supported Living Coaching reside in Independent/Supported Living environments compared to just four percent of those living in other home types. Individuals receiving SLC are more likely to have consistent interaction with the community than many other individuals receiving Waiver services, and they are also over two and a half times more likely to be suffering lingering effects of *Past Abuse*. It is not clear from this study what the Paste Abuse was, or how long ago it happened. However, it is likely that when participating in community activities, individuals may suffer from narrow minded ridicule from others which bothers them but they choose not to receive counseling for it. They may have friends who "borrow" money and do not realize this will never be paid back. Either of these scenarios will result in the ANE item scored as *Not Present* with a reason of distress over Paste Abuse.

Recommendation 4: Because many services once provided by NRSS are now being provided by Companion Services, APD should include Companion Services as a service reviewed onsite.

Recommendation 5: Providers of Supported Living Coaching should ensure individuals not only have adequate training on abuse, neglect and exploitation, but show an understanding

²² In preliminary runs of the regression model the number of CORE services received was not statistically significant and was omitted from the final regression models.

of ANE, how to recognize it and report it. They may also benefit from assertiveness training to help them better handle various types of situations they will encounter when living every day lives in the community.

APD Area: Individuals in APD areas 8 and 15 were far more likely to have been identified as victims of *Possible Events* of abuse, neglect or exploitation. Individuals in Areas 1, 2, 10, and 11 were less at risk for *Possible Events*. Areas 1, 10 and 11 were similarly identified in the prior study. The percentage of *Possible Events* in APD Areas is highly correlated to the rate of CORE Abuse Alerts. In addition, we found the proportion of providers in an APD Area scoring poorly on the CORE outcome measure "Free from Abuse, Neglect, or Exploitation" was highly correlated to the proportion of individuals experiencing *Possible Events* of abuse, neglect or exploitation. While not conclusive, these relationships suggest the level of abuse, neglect and exploitation experienced by consumers is tied to provider performance.

The prior ANE study found that Areas 8, 9 and 15 had rates of POM Not Present that were significantly higher than the state average and two of these Areas (8 and 15) also had *Possible Event* rates significantly higher than the state average. Since that time, these Areas (and Area 9) have implemented Quality Improvement (QI) initiatives addressing ANE issues. Data from the current study suggest these initiatives may have positively impacted ANE results. In Areas 9 and 15, the percent of individuals scoring the ANE POM as *Not Present* decreased by 24 percentage points while the percent of individuals identified with *Possible Events* of current abuse dropped by 16 percentage points in Area 9 and over 12 percentage points in Area 15. Efforts to reduce ANE rates in Area 8 have not yet had a demonstrated impact. As well, the percentage of *Possible Events* of ANE in Area 15 remains significantly higher than the state average when examining the two and one half year average.

Recommendation 6: Delmarva should continue to identify "best practices" that can be shared with other providers throughout the state, particularly from Areas where ANE specific initiatives have been implemented. Area initiatives, particularly in Areas 9 and 15, should be examined to determine if and how they are impacting ANE results and whether these or similar initiatives could improve performance in other Areas.

APD Area Size: The relationship between APD Area size and POM outcomes is somewhat complex. The regression analyses indicate that overall, individuals living in small APD Areas (8, 12, 14, and 15) are significantly more likely to have the POM scored as *Not Present* than are persons in large APD Areas (7, 10, 11, and 23). However, neither of the subsequent regression analyses for *Past Abuse* and *Possible Events* indicate a statistically significant tie between small APD Areas and elevated levels of abuse, neglect and exploitation, though the relationship for *Possible Events* is borderline (p =

.086). This appears to be driven primarily by Areas 8 and 15, when averaged over the 2 and ½ year period. In this instance the lack of a significant relationship may reflect the limitations of the data set rather than the absence of a meaningful connection between small Area size and abuse levels.

The opposite result occurs in the case of medium sized APD Areas (1, 2, 3, 4, 9 and 13). The regression analysis for POM *Not Present* indicates that outcomes for individuals living in medium sized APD Areas do not differ from those of persons in large APD Areas. However, the subsequent analyses for *Past Abuse* and *Possible Events* indicates that in both cases medium size Areas do, in fact differ from large APD areas. This apparent anomaly arises from the fact the relationship cuts in opposite directions. Specifically, persons residing in medium size Areas are about 1.5 times more likely to suffer lingering effects of *Paste Abuse* but 39 percent less likely to experience current instances of *Possible Abuse*. The two effects wash each other out when examining the overall measure of POM *Not Present*.

One consideration for small Areas is the lack of community resources. Two of the counties in Area 8 (Glades and Hendry), one in Area 14 (Hardee) and one in Area 15 (Okeechobee) are among the counties in Florida with the lowest per capita income. While Area 15 has made efforts to reduce ANE, and some impact may have been noted here, the poverty in counties may make it more difficult to offer community support for victims of abuse, neglect or exploitation. Poor rural areas may also have difficulty attracting enough providers to render oversight for programs for individuals with developmental disabilities.

Recommendation 7: In addition to "best practices" discussed in Recommendation 6, increasing the number of services and supports in rural Areas, including counseling, seems warranted. APD should ensure individuals have adequate provider support and/or transportation to other communities for counseling or abuse training when necessary.

Home Type: Consistent with previous findings, individuals in Independent or Supported Living settings were two times more likely to be experiencing *Possible Events* at the time of the POM interview, but did not have a significantly higher rate of suffering from *Past Abuse*. Living independently may limit the amount of oversight provided to individuals. Therefore, while individuals living in independent or supported living may have achieved more independence than individuals living in group homes or with families, results from this study reflect a need for people in these situations to receive counseling or other needed supports to address current abuse issues.

Recommendation 8: APD should ensure providers who consistently interact with individuals who live independently, particularly SLC and IHSS, are adequately trained in ANE

and they apply that training daily. APD should ensure they can recognize ANE, helping individuals discuss incidents at regular meetings.

Finally, a recommendation from the previous study remains relevant. The more people are aware of what constitutes abuse, neglect and exploitation, the more people are able to self-preserve and/or contact others for support when faced with dangerous or otherwise exploitative situations. While training is offered throughout the state to identify these issues, there is no process in place to determine how effective the training sessions are. Do the participants understand the training they have received? Do the providers apply what they have learned?

Recommendation 9: Waiver Handbook changes should be considered to include a formal validation process of training efforts for staff/providers and people receiving services to help ensure the material has been adequately understood and providers apply what they have learned to their organizational systems.

Appendix

POM Outcome: Abuse, Neglect and Exploitation

Abuse Category Asignments based on "Outcome Not Present" and "Abuse Comment" July 2006 through December 2008

Abuse Category	Abuse Category Abuse Comment	
Past Person distressed over past abuse		243
	History of abuse by family member(s)	14
	History of Past Abuse	4
Possible	Possible Abuse issues indicated	79
	Possible exploitation issues indicated	27
	Possible neglect issues indicated	22
	Other	
	Counseling not addressed	
	Training for protect. not addressed	
	Unable to explain injuries	
	Reports being abused by peers	
	WSC has not explored this area	
	Reporting training not adequately addressed	
	Needed interventions not provided	1
	Limited education in this area	1
	Failure to report by supports	1