

Florida Statewide Quality Assurance Program

**Quality Improvement Study
Contract Year 6: July 2006 – June 2007**

**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

People with developmental disabilities are more vulnerable to abuse, neglect or exploitation than people in the population at large. During the December 2006 Interagency Quality Council (IQC) meeting, concern was raised about abuse and neglect among individuals with a developmental disability receiving Medicaid waiver services across Florida. Discussion at that time prompted the development of a workgroup and research for a quality improvement study. The following questions were posed:

- How are abuse, neglect and exploitation defined by CQL for the outcome measure? When is it scored Not Present?
- Does this differ from incidents that are deemed “reportable” to the state?
- How do Delmarva consultants determine if the POM item is Not Present?
- When the POM item is determined to be Not Present, how often is the abuse hotline called?
- How extensive is the problem?
- Do any trends or patterns exist?
- What are the reasons given when this POM item is Not Present?
- How can we get to zero tolerance, a goal for APD?

Every year Delmarva Foundation Quality Improvement Consultants (QIC) interview a sample of individuals from over 31,000 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 designed by the Council on Quality and Leadership. In this study we examine results for the POM “Person is free from abuse and neglect” to explore these research questions. We use data from 7,769 interviews conducted between July 2002 and December 2006 to show annual trends and data collected since July 2004 (3,209) 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 past abuse.¹

A summary of results includes the following:

¹ 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.

- In over half the cases, the reason given for scoring the POM item as Not Present was “distress over past abuse”.
- Women were more likely than men to be suffering from distress over past abuse but equally likely to have suffered possible abuse, neglect or exploitation as identified during the POM interview.
- Children age 3 to 17 were more likely to suffer from abusive treatment than people in any other age group.
- Individuals with a higher level of supports (as measured through the POM interview) were less likely to have scored the POM item as Not Present and less likely to have been identified with possible abuse, neglect or exploitation at the time of the POM interview.
- Individuals in APD Areas 9 and 15 were significantly more likely to be identified as victims of abuse, neglect or exploitation than on average in the state.
- Individuals in APD Areas 1, 10, 11 and 14 were significantly less likely to be victims than on average.
- The strongest predictors of “possible abuse, possible neglect or possible exploitation” were age, number of supports present, receiving Residential Habilitation Services, and living in less populated APD Areas.

Recommendations to the state include increasing information from Delmarva to local APD Area staff in order to enhance their ability to identify abuse issues and work with providers toward solutions and prevention strategies; assessing oversight provided to children; developing education sessions that target children’s specific needs; and designing a program that will help women overcome past abuse experiences. We also recommend that changes to the handbook be made to ensure that providers not only take required training in abuse, neglect and exploitation but they have understood the material and apply it to their organizational systems.

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).² 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. The purpose of this study is to analyze the results on this particular POM element across Florida, examine 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 avenues of specific intervention strategies.

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.³ 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.⁴ 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.⁵

In Florida, approximately 31,000 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), and the Interagency Quality Council (IQC)

² Go to <http://www.thecouncil.org/> for more information about CQL and the Personal Outcome Measures.

³ See <http://www.apd.myflorida.com/zero-tolerance/>.

⁴ Wilson, C., and N. Brewer. 1992. "The Incidence of Criminal Victimization of Individuals with and Intellectual Disability," *Australian Psychologist*, Vol. 27, pp 114-17.

⁵ Sobsay, D. and T. Doe. 1991. "Patterns of Sexual Abuse and Assault," *Journal of Sexuality and Disability*, No. 3. pp. 243-59.

provides oversight for this service delivery system, each working with APD to help ensure people with disabilities receive the services they need and achieve outcomes they desire. Delmarva Foundation regularly reports results of the POM interviews to IQC. During the December 2006 IQC meeting, concern was raised about abuse and neglect among the individuals receiving services. While scored as Present more than any of the other 24 POM items, there still appeared to be approximately 16 percent of individuals who were not free from abuse, neglect or exploitation. Given the size of the population from which the sample was derived, this could mean as many as 4,500 individuals were not free from abuse of some form.

Concerns raised at that time prompted the development of a workgroup and research for a quality improvement study. The following questions were posed:

- How are abuse, neglect and exploitation defined by CQL for the outcome measure? When is it scored Not Present?
- Does this differ from incidents that are deemed “reportable” to the state?
- How do Delmarva consultants determine if the POM item is Not Present?
- When the POM item is determined to be Not Present, how often is the abuse hotline called?
- How extensive is the problem?
- Do any trends or patterns exist?
- What are the reasons given when this POM item is Not Present?
- How can we get to zero tolerance, a goal for APD?

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 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 Statutes, 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 at the time of

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 omission that results 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:⁶

⁶ This is copied as displayed on the Department of Children and Family's web site:
<http://www.dcf.state.fl.us/abuse/definitions.shtml>.

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. Other instances identified as abuse per the CQL procedures, resulting in a Not Present on the POM item, are not “reportable” to the hot line. 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, 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 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. 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, 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.⁷

Data and Methods

Personal Outcome Measures

Data for the abuse, neglect and exploitation outcome were taken from a random sample of individuals who received services through the DD or FSL Waiver and agreed to participate in the POM interview process.⁸ Over 8,000 interviews took place between July 2002 and December 2006, with 7,769 available for analysis in this study.⁹ Individuals who were part of the longitudinal study were excluded from the analysis. In addition, for the first four years of the contract, procedures dictated that individuals who had already participated in an interview in one year were excluded in subsequent years. Any individuals interviewed during Year 5 or Year 6 who were previously interviewed (prior to the 12 month period before the interview), were excluded. Thus, the samples each year contain unique cases.

Average yearly trends are shown from July 2002 through December 2006.¹⁰ To examine demographic trends and prediction analyses, we use data collected since July 2004, including 3,209 individuals.¹¹ At that time, the POM interview became part of the actual review process and individuals were randomly sampled from the Waiver Support Coordinator's (WSC) caseload during the onsite review of the WSC—the Waiver Support Coordinator Consultation (WiSCC).

⁷ While not included in this study, it is 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.

⁸ Go to http://www.dfmc-florida.org/provider_resources.htm for more information on the Delmarva review processes. Also see quarterly and annual reports on this web site for more detailed descriptions of sampling procedures, sample statistics and review procedures.

⁹ POM interviews began September 2001, but we exclude the first year due to start-up concerns and prior service authorization differences.

¹⁰Data collected between July 2006 and December 2006 include only part of the total expected sample, 530 out of an estimated 1,300 individuals.

¹¹ Some tables do not include all individuals due to missing data elements.

If a POM item is marked as Not Present, the QIC includes a reason the outcome was not present for the individual. Four reasons are available in the form of a “drop down” menu when the outcome for the item measuring abuse, neglect and exploitation is Not Present. QICs are also able to enter an “other” comment if the reason does not fit one of the given responses. One or more reasons can be recorded for each individual. Reasons provided in the drop-down menu are as follows.

- Person is distressed over past abuse.
- Possible abuse issues indicated.
- Possible neglect issues indicated.
- Possible exploitation issues indicated.

Collaborative Outcomes and Review Enhancement (CORE)

The CORE is an onsite consult used for providers who render services other than Waiver Support Coordination—Adult Day Training, Non-Residential Supports and Services, Residential Rehabilitation, Supported Living Coaching, Supported Employment, In Home Support Services, and Special Medical Home Care. We use data from CORE consults conducted between July 2004 and December 2006. 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 Consults 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 abuse, neglect or exploitation is identified, an alert is recorded in the report to the state. 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. We examine results for these items across all APD Areas and compare them to the POM results for individuals.

Methodology

Descriptive statistics are used to examine trends and patterns in the data. Bivariate statistical tests in this section test the difference between categories within a variable and 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.

The probability (p-value) associated with this test informs us how likely the association is due to chance. A standard probability level used to determine statistical significance in the social sciences is $p < 0.05$. When we do not have a very large sample size, a p-value of 0.10 or less may also 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. If $p=.05$ there is a five percent chance our point estimate does not accurately represent the population.

Bivariate correlation tests the association between two variables but does not take into account other variables that may influence the relationship. 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. Ideally, we would “statistically control” for all these factors in order to determine the unique impact each has on the likelihood of being abused. However, we are limited to the data available in the Delmarva data collected during the POM interviews and other review processes.¹² A regression model was developed to test the net impact of each available independent variable on the probability that an individual with a developmental disability will score Not Present on the POM item measuring abuse, neglect and exploitation.

A logistic regression model is used when the dependent variable denotes the presence or absence of an event, such as Present or Not Present on the POM item. In this type of analysis, a p-value tells us how likely the association is due to chance and results indicate the odds of the presence of abuse, neglect or exploitation. The odds ratio ranges from zero and up. An odds ratio of 1 indicates the independent variable has no impact on the dependent variable—equal odds for both. An odds ratio greater than one indicates a greater likelihood exists and an odds ratio less than one indicates a smaller likelihood exists.

The odds ratio relates something about the strength of the relation whereas the p value indicates the risk of error. For example, we may examine the impact of age on the likelihood of being abused. If we find that younger people are more likely to suffer from abuse the p-value would indicate statistical significance ($\leq .05$) and the odds ratio would be less than one (1). An odds ratio of .50 would indicate that older people are about half as likely as younger people to be abused. If we find that older people are more likely to suffer abuse the odds ratio would be greater than one (1). An odds ratio of 2.5 would indicate older people are about two and a half time more likely to be abused than younger people.

Dependent Variables

There are two 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

¹² Demographic data are supplemented with APD’s ABC data when needed and when available in the ABC data.

reason that was cited (*Abuse POM Not Present*). We then examine the impact of the same characteristics for individuals who scored the POM item as Not Present for possible abuse events only (*Possible Events*). In this model, individuals identified only with distress over past abuse were counted with the POM as present—not victims of possible abuse. Therefore, the second dependent variable identifies individuals with a *Possible Event* and is more closely associated with abuse, neglect or exploitation that could be considered an immediate concern for providers and/or APD staff. Each variable is coded 1/0, where 1 indicates the presence of abuse, neglect or exploitation:

- *POM Not Present* includes distress over past abuse, possible abuse, possible neglect, possible exploitation and any other reason cited by the QIC (captured in free form text in the report)
- *Possible Event* includes possible abuse, possible neglect, possible exploitation and any other reason cited by the QIC (captured in free form text in the report)

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.
- *Area Size*: The ABC (Allocation, Budget and Contract Control) data from APD were used to identify the number of consumers living in each Area during the study period. Areas with over 2,000 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 1,000 to 1,999 consumers (e.g., Jacksonville, Pensacola, and Tallahassee) and Small Areas fewer than 1,000 consumers. The categories contain the following APD Areas:
 - Large—7, 10, 11, 23 (N=1,593)
 - Medium—1, 2, 3, 4, 9, and 13 (N=1,153)
 - Small—8, 12, 14 and 15 (N=460)
- *Number of Supports* each individual has, between 0 and 25, because people with a greater number of supports are more likely to have outcomes 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, Large Group Home, 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.¹³ Services identified were rendered to the individual within the 12 month period prior to the POM interview. Individuals in the sample may receive more than one of these services.

Results

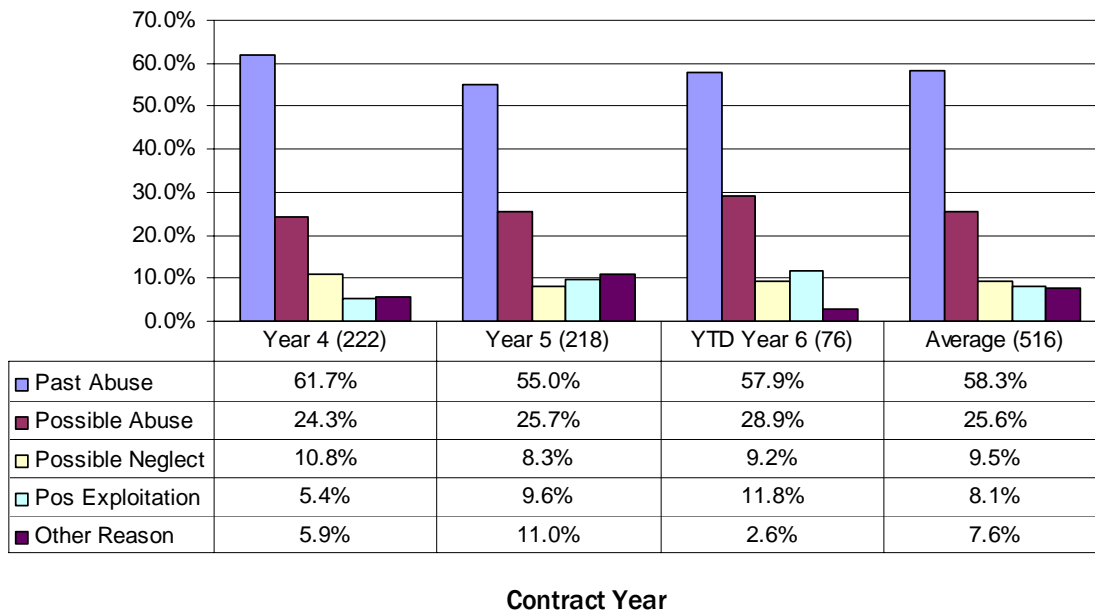
Reason POM Abuse/Neglect/Exploitation is Not Present

In total, 516 of 3,209 (16.1%) individuals interviewed between July 2004 and December 2006 scored Not Present on the POM. The following graph (Figure 1) shows the reasons recorded by the QICs during the POM interview as to why these 516 individuals were not free from abuse, neglect or exploitation at the time of the interview. The majority of these each year pertains to distress over events of past abuse. This is a very important issue for individuals and for APD and providers to address. Often individuals need counseling or other supports to help them overcome lingering effects of past traumatic incidents.

However, information in the graph also informs us that just under half of those identified with the POM item as Not Present (249 or 48.3%) may be facing more imminent threats of danger or exploitation, or about 7.8 percent of the sample. These types of situations 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. It is important to note that more than one reason may be provided for each individual case. Thus, while on average 58 percent of individuals who scored this as Not Present were identified as being impacted from a past issue, approximately six or seven percent of these may also suffer from current danger or exploitation.

¹³ Only nine individuals in the sample received Special Medical Home Care and this is therefore not included in this analysis.

**Figure 1: POM Abuse, Neglect and Exploitation
Reasons Outcome Not Present by Year
July 2004 - December 2006**



In the analyses that follow, we explore trends and patterns by examining data with all the reasons included as signifying Not Present on the POM item (*POM Not Present*) and also examining data indicating the presence of possible abuse, possible neglect, possible exploitation or any other reason that is not distress over past abuse (*Possible Event*).

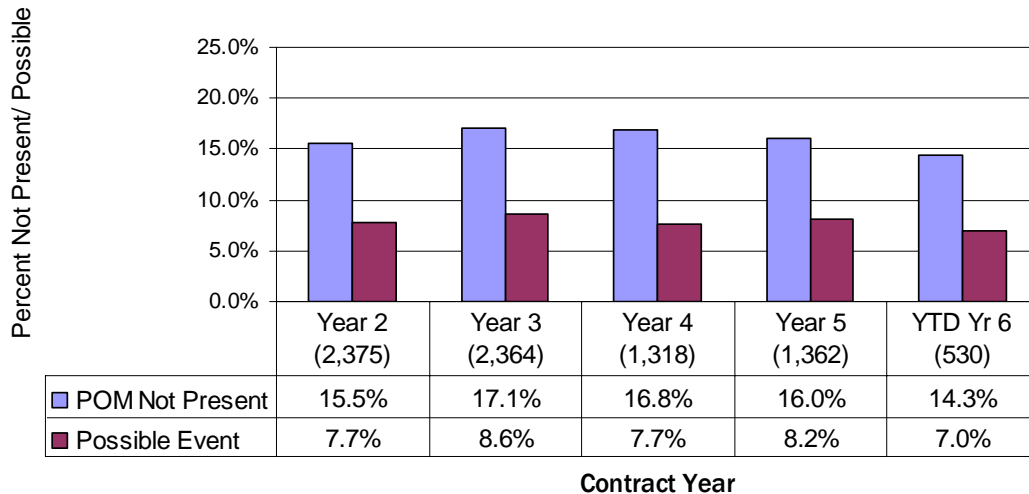
Percent Not Present by Year

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 approximately 85 percent present since Year 2 of the contract (starting July 2004). On average the percent present for all 25 POMs has been closer to 45 percent. The following graph (Figure 2) shows the trend by year for the POM item scored as Not Present and the presence of Possible Events. It is important to note that data for Year 6 reflect only a portion of the total sample of individuals expected to be interviewed for the year, 530 of approximately 1,300.

As indicated in Figure 2, Year 3 (July 2003 – June 2004) reflects the highest percent of individuals for both measures—over 17 percent with the POM item scored as Not Present and 8.6 percent with a Possible Event. The pattern over the years is similar with one exception. Instead of a steady decline

from Year 3 through the first two quarters in Year 6, there is a slight increase in Year 5 for Possible Events. However, this represents only a small change from 7.7 percent in Year 4 to 8.2 percent in Year 5. Generally, these are both fairly stable from year to year.

**Figure 2: POM Abuse, Neglect and Exploitation
POM Not Present and Possible Events by Year
July 2002 - December 2006**



On average, over the five and one half year period, approximately 16 percent of individuals were evaluated on this POM item as Not Present, with approximately eight percent indicating the presence of a Possible Event. Projecting this to the population (estimated to be about 31,000) in Year 5 (July 2005 – June 2006), approximately 4,960 individuals could be suffering from current or past abusive situations, of whom approximately 2,480 could be faced with current abuse, neglect or exploitation.

Demographic Trends

Figures 3 – 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, and also the percent of individuals identified with Current Abusive Events. 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.

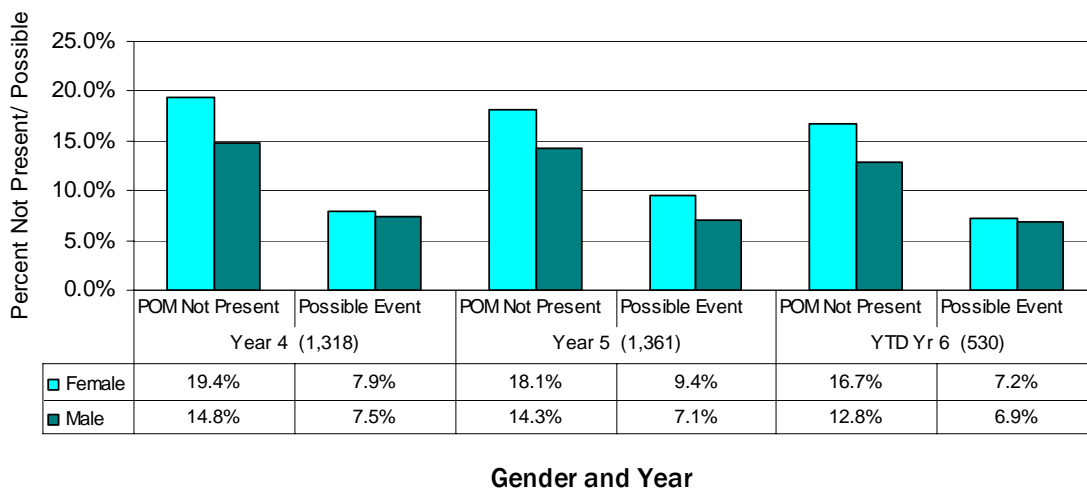
Gender

Figure 3 shows Not Present for abuse, neglect or exploitation and the presence of current events by gender and year. The sample of individuals with developmental disabilities reflects the larger

population in that women, each year, were more likely to score this POM item as Not Present, meaning they are more likely than men to be suffering from current events or are still suffering the impact of past abusive situations. The difference between male and female individuals has remained fairly constant over the past several years.

The relationship between male and female individuals is somewhat interesting when looking only at Possible Events. Abusive incidents were similar in Year 4 with women reporting proportionately more in Year 5. During the first two quarters in Year 6, they were similar again, and somewhat lower than in Year 4 for both male and female program participants.

**Figure 3: POM Abuse, Neglect and Exploitation
POM Not Present and Possible Events by Gender and Year
July 2004 - December 2006**



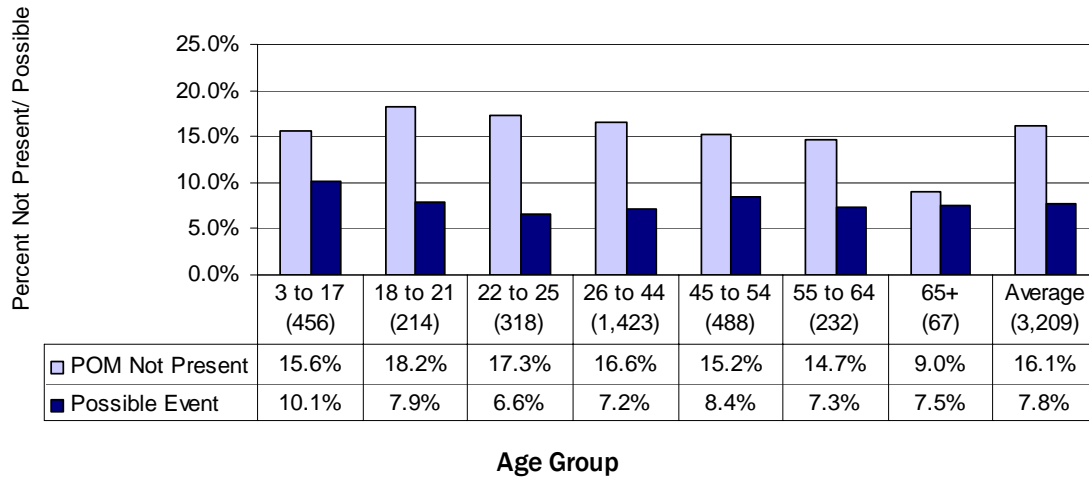
Age Group

Previous work has shown that children under age 18 have typically had the greatest percent of outcomes present compared to all other age groups.¹⁴ In large part this is due to the added supports they have, most likely from the school systems and also from family members as most live at home and attend school. However, results averaged over the 2½ year time period from July 2004 show only small differences for the POM item Not Present among the age groups on the abuse, neglect and exploitation item (Figure 4). Young adults, age 18 to 25, are somewhat more likely to have the “free from abuse, neglect or exploitation” item scored as Not Present while individuals in the 18 to 22 age group were most likely to be identified with this as Not Present. Elderly people in the sample,

¹⁴ See reports and studies on the FSQAP web site for more details (<http://www.dfmc-florida.org/index2.htm>).

age 65 and over were least likely to be suffering from any type of abuse, neglect and exploitation, when including distress over past abuse. The difference between young adults age 18 to 21 and the elderly age 65 and over is statistically significant.

**Figure 4: POM Abuse, Neglect and Exploitation
POM Not Present and Possible Events by Age Group
July 2004 - December 2006**



The pattern of Possible Events across age groups is somewhat different. Children under age 18 represent the highest proportion of individuals suffering from possible abuse, neglect or exploitation and young adults age 22 to 25 the lowest. Elderly people with a developmental disability are closer to the state average of 7.8 percent. The largest difference, between children up to age 17 (10.1%) and young adults age 22 to 25 (6.6%) is not statistically significant using a .05 alpha level, or a five percent chance of error. However, the results do inform us the likelihood the relationship is due to sampling error is only 6.5 percent.

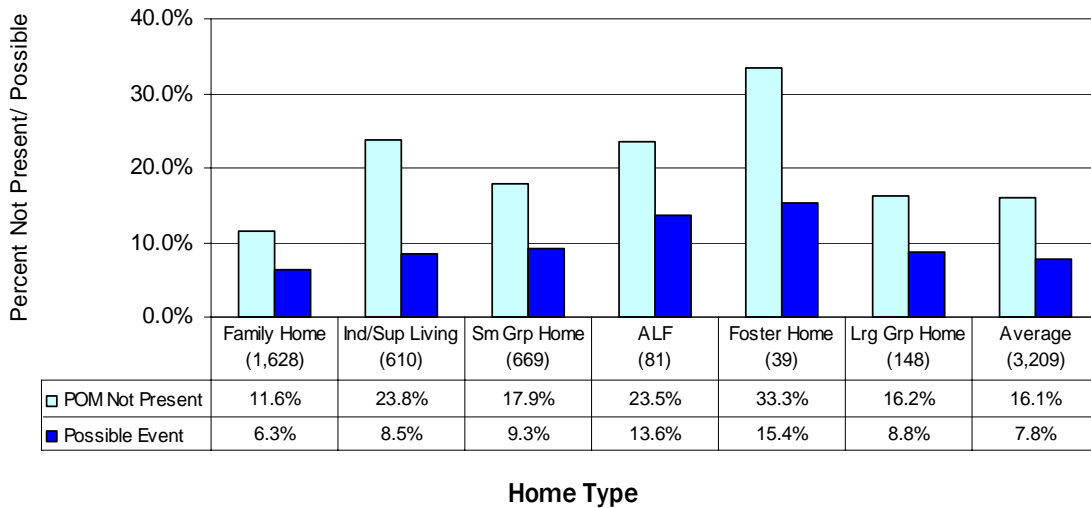
Home Type

Results in Figure 5 show that individuals in Foster Homes, Independent or Supported Living environments or Assisted Living Facilities were more likely to be identified with the abuse, neglect or exploitation POM as Not Present than were individuals in family or group homes.¹⁵ Results for individuals in Foster Homes and Independent/Support Living reflect a statistically significant difference compared to the overall state average of 16.1 percent. The significance shown for Foster Homes, with only 39 individuals, indicates a fairly robust relationship, significant with even a small

¹⁵ There were 34 individuals for which the home type was not known.

number of cases. Individuals in Family Homes showed a significantly lower rate of abuse, neglect and exploitation when compared to the state average. They also demonstrated a significantly lower rate than individuals in all other living arrangements with the exception of large group homes.

**Figure 5: POM Abuse, Neglect and Exploitation
POM Not Present and Possible Events by Home Type
July 2004 - December 2006**



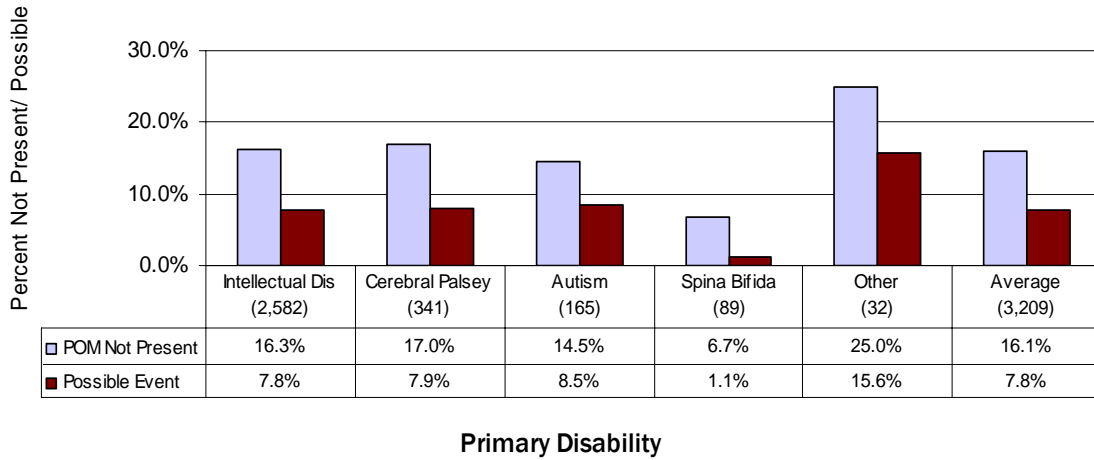
The distribution of Possible Events across Home Type was somewhat different in that results for individuals in Independent or Supported Living no longer varied significantly from individuals in Family Homes. Thus, while the rate of current abuse among individuals in Independent or Supported Living appeared to be somewhat higher than for individuals living at home, this could be due to sampling fluctuation. There is close to a nine percent chance the difference is due to error, without taking any other factors into consideration. Individuals in Family Homes were significantly less likely to be suffering from current abuse than were individuals in Small Group Homes. Other relationships are not statistically significant in this analysis.

Primary Disability

The following graph (Figure 6) displays results across primary disabilities. The distribution of Possible Events is similar to the distribution when the POM item is scored as Not Present. The “Other” category includes nine individuals with Epilepsy, eight with Prader Willi, and 15 Other or Unknown. Results appear to indicate that people with Spina Bifida could be less prone to incidents of abuse, neglect or exploitation. Of these 89 individuals, only one was the victim of current abuse,

neglect or exploitation identified at the time of the POM interview. This is less than for any other disability type.

**Figure 6: POM Abuse, Neglect and Exploitation
POM Not Present and Possible Events by Primary Disability
July 2004 - December 2006**



CORE Service

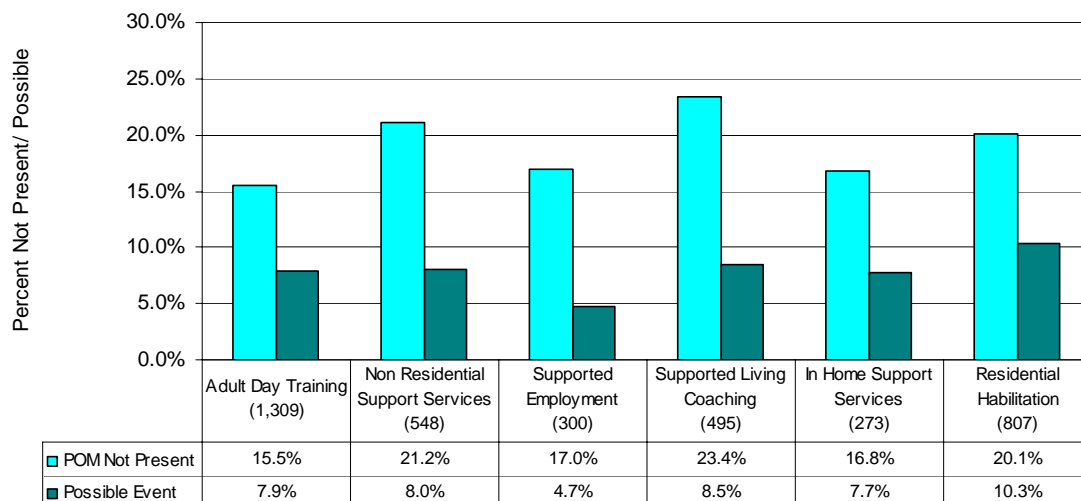
The distribution of results for the POM measuring abuse, neglect and exploitation and Possible Events is shown across HCBS Waiver services that are reviewed with a CORE consult. It is important to note that individuals often receive more than one service, and also often receive a multitude of other Waiver services such as Companion or Transportation. Table 1 provides information on the percent of other CORE services received by individuals receiving each service. Individuals receiving NRSS, In Home Support Services or Residential Habilitation are also quite likely to be receiving ADT and individuals receiving In Home Support Services or Supported Employment are very likely to also receive Supported Living Coaching.

**Table 1: Combination of CORE Services Received
Percent Receiving Additional Service
POMs Completed July 2004 - December 2006**

Services Also Received	Service Received					
	ADT	NRSS	Supported Employment	In Home Support Services	Supported Living Coaching	Residential Habilitation
Adult Day Training	N/A	50.9%	20.7%	57.5%	43.2%	67.2%
NRSS	21.3%	N/A	26.0%	26.0%	23.6%	27.8%
Supported Employment	4.7%	14.2%	N/A	17.2%	31.5%	5.1%
In Home Support Services	12.0%	13.0%	15.7%	N/A	40.4%	4.1%
Supported Living Coaching	16.3%	21.4%	52.0%	73.3%	N/A	3.5%
Residential Habilitation	41.4%	40.9%	13.7%	12.1%	5.7%	N/A
Total (3,209)	1,309	548	300	273	495	807

Figure 7 depicts results across the CORE Services for the POM item as Not Present and for Possible Events. Individuals receiving Supported Living Coaching were most likely to have scored this as Not Present (including distress over past abuse), but individuals receiving Residential Habilitation were most likely to have had a Possible Event identified at the time of the interview. Because, as demonstrated in Table 1, 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 shown later in this section.

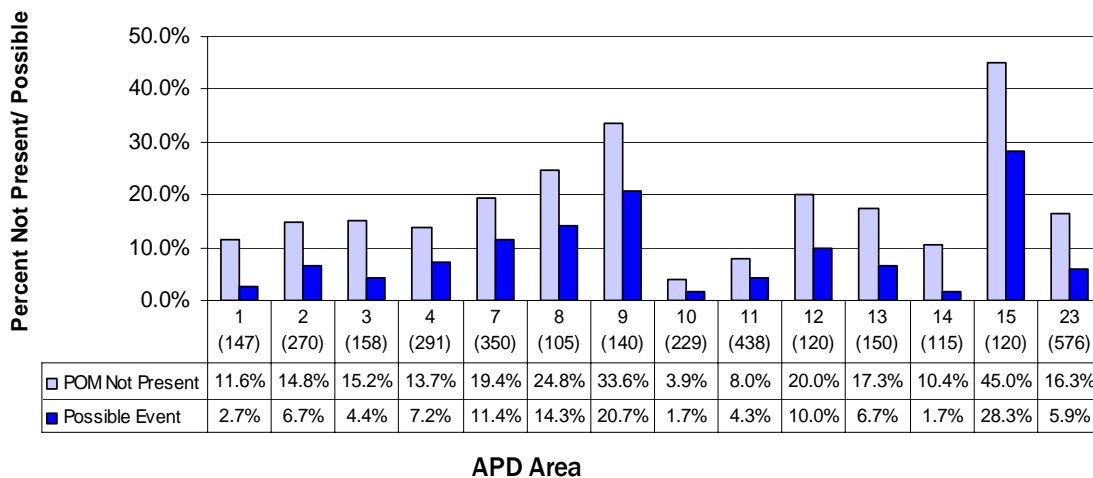
**Figure 7: POM Abuse, Neglect and Exploitation
POM Not Present and Possible Events by CORE Services
July 2004 - December 2006**



APD Area

Results across APD Areas (Figure 8) indicate a wide discrepancy apparently exists across the state in the percent of individuals free from abuse, neglect or exploitation (POM Not Present) as well as the percent of individuals identified with Possible Events. Areas 8, 9 and 15 show significantly higher rates for the POM Not Present measure, while Areas 10 and 11 reflect significantly lower rates on this, compared to the state average. We find a similar pattern across Areas for Possible Events. Areas 9 and 15 show rates that were significantly higher than the state average. Areas 1, 10, 11 and 14 reflect rates that were significantly lower than the state average.

**Figure 8: POM Abuse, Neglect and Exploitation
POM Not Met and Possible Events by APD Area
July 2004 - December 2006**



Collaborative Outcome and Review Enhancement (CORE) Results

As noted earlier, each QIC who conducts a POM interview is trained by the Council on Quality and Leadership (CQL), is frequently observed by a regional manager and CQL staff, and passes CQL reliability testing annually. Therefore, results across the various QICs are considered consistent/reliable. However, because the same QIC conducted POM interviews in Area 9 and 15, there is some question as to whether the results reflect a higher incidence of abuse in those Areas or if the QIC may have been quick to identify issues that others may not define as abuse, neglect or exploitation, beyond acceptable variance rates. Likewise, it is important to know if Areas showing low incident rates (Areas 1, 10, 11 and 14) have practices in place to help prevent abusive events or if the QICs conducting POMs in those Areas are less likely to define something as abuse, neglect or

exploitation than are other QICs. This, however, seems less likely as a number of different QICs work in these “low rate” Areas.

In order to further analyze trends across Areas, we examine CORE results, particularly the number of Abuse Alerts cited in each Area and training compliance. With one exception, QICs conducting CORE consults do not conduct the POM interviews. As explained in the Data and Methods section, CORE QICs monitor providers of services other than Waiver Support Coordination: 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. They 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.

**Figure 9: Collaborative Outcome Review and Enhancement
 Percent with an Abuse Alert by APD Area
 July 2004 - December 2006**

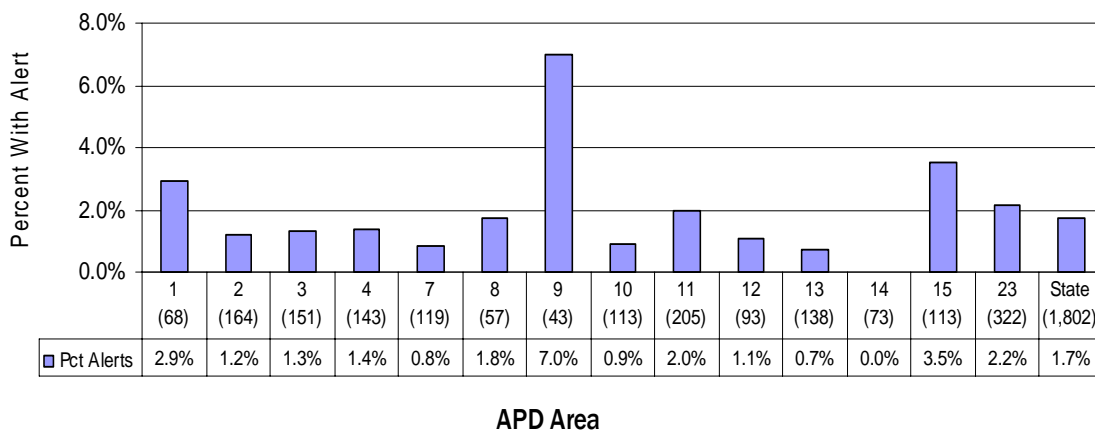


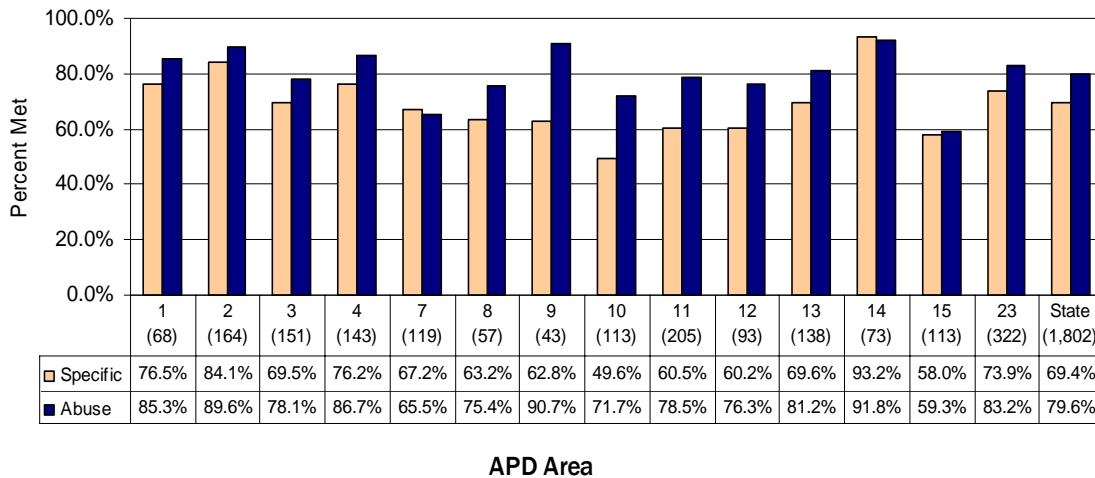
Figure 9 displays CORE results over the time period from July 2004 – December 2006. On average, 1.7 percent of consults (31 providers) had an abuse alert cited. Alert rates for abuse are highest in Areas 9 and 15, offering support to the high rates indicated via the POM interviews in these Areas. Results among Areas that showed low rates based upon the POM interviews, Areas 1, 10, 11, and 14, are not as clear. Areas 10 and 14 show abuse alert rates that are somewhat lower than the state

average, with no alerts in 14 (out of 73 CORE completed). However, Areas 1 and 11 do not have particularly low rates of abuse alerts based upon the CORE results.

Training compliance by APD Area is displayed in Figure 10 for the time period July 2004 – December 2006. The CORE QIC reviews the providers’ records to determine whether documentation exists that supports training in abuse, neglect and exploitation and reporting procedures in these areas. With implementation of the new Waiver Handbook on June 23, 2005, QICs also began to look for evidence of additional training on domestic violence and sexual assault reflective of the zero tolerance policy. Training specific to the needs of each individual helps ensure providers are trained in methods necessary to address any specific physical or psychological needs individuals may have.

In Area 15, with high rates of abuse based upon the POM data and high rates of abuse alerts based upon the CORE data, compliance on abuse and neglect training was lower than in any other Area. Just over 59 percent had required training in abuse and neglect and only 58 percent of providers had the required training specific to the needs of individuals they serve. In addition, in Area 14 where abuse rates were low based upon the POM data and the CORE alert data, training compliance in both these topic areas was higher than in any other APD Area.

Figure 10: CORE Training Compliance
Training Specific to Individual Needs and Abuse/Neglect Training Compliance
Percent Met by APD Area: July 2004 - December 2006



Results in the other Areas are less clear. Area 9, with the highest rate of CORE Abuse Alerts and high rates of abuse as measured by the POM interviews, also has one of the highest rates of training

compliance in abuse and neglect (90.7%). However, this is based upon only 43 CORE consults for both Abuse Alert rates and training compliance results, and small samples tend to produce somewhat unstable point estimates. In addition, we may know that providers attended training but we do not know from these data how much they retained from the training or how much they applied it to their organizational systems to prevent abuse, neglect or exploitation among the individuals they serve.

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. As in previous studies, we use APD Area size in place of individual Areas to analyze the impact of being in more rural or more urban locations. Results for all home type categories are compared to individuals living in a family home, individuals in Medium and Small size Areas are compared to individuals in Large Areas, and disability types are compared to individuals with an intellectual disability. Categories on different variables are shaded to simplify reading the results listed in Tables 2 and 3. Associations found to be statistically significant at $p=.05$ or less are in bold. The confidence interval tells us, with 95 percent confidence, the range in which we would find the actual population parameter (odds ratio). The first table displays results of the analysis that includes all the reasons cited when the POM item was scored as Not Present. The second table presents results of analysis of Possible Events.

Results in Table 2 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.
- Individuals with higher levels of supports in their lives were somewhat less likely to have reported or been identified with any distress over past abuse or current abusive events at the time of the POM interview.
- Men were less likely than women to have the POM item scored as Not Present.
- Individuals with Spina Bifida were less likely to score the POM item as Not Present than were individuals with an intellectual disability—72 percent less likely $((.277-1)*100)$.
- Given the same level of supports, services, age and type of disability, individuals receiving Supported Living Coaching were over twice as likely as others in the sample to have reported or been identified with past or current abuse in their lives (POM Not Present).

- Individuals receiving NRSS or Residential Habilitation were also more likely to score this POM item as Not Present.
- On the other hand, people receiving In Home Support Services were less than half as likely to score Not Present on this item, indicating less of a risk exists for these individuals in terms of current abuse or lingering issues from past abuse.
- One of the strongest associations existed for individuals in independent or supported living environments, who were significantly more likely to have scored Not Present on abuse, neglect and exploitation than were individuals in family homes. This relationship has an odds ratio of 2.328, meaning they are over two times more likely to have been identified as an abuse victim or to be suffering from past abuse issues.
- Individuals receiving services in Medium or Small size Areas were more likely to indicate abuse, neglect or exploitation was present in their lives than were individuals in larger, more urban Areas. This relationship is particularly strong for the most rural APD Areas.

**Table 2: Regression Analysis Results
Free from Abuse, Neglect, or Exploitation
July 2004 - December 2006**

Independent Variable	p-value	Odds Ratio	Confidence Interval	
			Lower	Upper
Age	0.000	0.978	0.968	0.987
Number of Supports	0.000	0.912	0.894	0.929
WSC Present	0.588	1.067	0.845	1.347
Council Present	0.375	1.182	0.817	1.708
Male	0.001	0.686	0.551	0.854
Cerebral Palsy	0.286	1.199	0.859	1.674
Autism	0.701	0.903	0.537	1.518
Spina Bifida	0.017	0.277	0.097	0.792
Other Disability	0.509	1.391	0.522	3.707
Adult Day Training	0.559	0.928	0.723	1.191
Non Residential Support Services	0.022	1.353	1.045	1.751
Supported Employment	0.466	0.869	0.597	1.266
Supported Living Coaching	0.000	2.385	1.504	3.782
Residential Habilitation	0.008	1.772	1.160	2.705
In Home Support Services	0.001	0.488	0.323	0.738
Independent/Supported Living	0.001	2.303	1.440	3.683
Small Group Home	0.399	0.817	0.512	1.306
Large Group Home	0.370	0.745	0.391	1.418
Assisted Living Facility	0.315	1.412	0.720	2.766
Other Home Type	0.422	1.338	0.657	2.723
Medium Size Area	0.009	1.384	1.085	1.767
Small Size Area	0.000	2.012	1.492	2.715

Table 3 presents the same analyses when the reasons given were possible abuse, possible neglect, possible exploitation, or some other reason that was not distress over past abuse—*Possible Events*. Earlier we displayed the percent of individuals suffering from current abuse, neglect or exploitation by age groups (Figure 4). In that graph it appears the relationship is nonlinear, decreasing from young children through individuals age 25, increasing again, and dropping somewhat for elderly individuals. Therefore, a more appropriate “fit” for the model is to enter each age group separately, rather than using a continuous variable, which assumes a linear relationship. We use children age 17 and under as the reference group, to which all other age groups are compared.

**Table 3: Regression Analysis Results
Possible Abuse, Neglect, or Exploitation
July 2004 - December 2006**

Independent Variable	p-value	Odds Ratio	Confidence Interval	
			Lower	Upper
Age 18 to 21	0.026	0.463	0.234	0.913
Age 22 to 25	0.006	0.388	0.199	0.758
Age 26 to 44	0.001	0.397	0.235	0.670
Age 45 to 54	0.016	0.477	0.261	0.872
Age 55+	0.002	0.324	0.161	0.653
Number of Supports	0.000	0.878	0.854	0.903
WSC present	0.415	0.880	0.646	1.197
Council present	0.465	0.829	0.501	1.371
Male	0.162	0.810	0.603	1.088
Cerebral Palsy	0.595	1.130	0.719	1.776
Autism	0.764	0.902	0.459	1.773
Spina Bifida	0.080	0.167	0.022	1.242
Other Disability	0.123	2.348	0.793	6.949
Adult Day Training	0.896	0.976	0.672	1.416
Non Residential Support Services	0.519	0.884	0.607	1.286
Supported Employment	0.181	0.652	0.348	1.221
Supported Living Coaching	0.071	1.836	0.950	3.548
Residential Habilitation	0.048	1.738	1.005	3.006
In Home Support Services	0.108	0.617	0.343	1.112
Independent/Supported Living	0.123	1.700	0.866	3.338
Small Group Home	0.107	0.605	0.328	1.114
Large Group Home	0.135	0.519	0.219	1.227
Assisted Living Facility	0.610	1.248	0.533	2.922
Other Home Type	0.564	0.750	0.281	1.998
Medium Size Area	0.034	1.440	1.028	2.017
Small Size Area	0.000	2.386	1.618	3.519

Results from Table 3 indicate that, controlling for all variables in the equation:

- Individuals of all ages were far less likely to have been suffering from current abusive situations than were children age 17 and younger. This relationship is strongest for the oldest individuals, age 55 and over. They are about a third as likely as children to have been identified with current abuse, neglect or exploitation incidents by the Delmarva QIC.
- The total number of supports also helps reduce abusive incidents. Individuals with more supports were significantly less likely to suffer from current abuse, neglect or exploitation.
- Individuals receiving Residential Habilitation appear to be almost two times more likely to have been identified with a possible event, than others in the sample, given the same level of supports, CORE services and other factors.
- The odds ratio for individuals with Spinal Bifida is quite small, 0.177, indicating that individuals with this disability are far less likely to suffer from abusive situations than individuals with an intellectual disability. However, the p-value for this is $p=.091$, a nine percent chance of error. While not statistically significant at $p=.05$, because there were only 89 individuals in the sample with Spina Bifida this result may be worth further exploration.
- Results from this model indicate people living in Medium or Small size Areas are much more likely to have possible abuse present in their lives than people living in more urban APD Areas, two and three and a half times more likely respectively.

Discussion and Recommendations

In this study we have 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. Results have provided 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. In this study we have analyzed results across various demographics when the POM is scored as Not Present and also when the event is not an issue over past distress but rather an issue over more current abusive incidents—possible abuse, possible neglect or possible exploitation.

In over half of the cases when the POM item was scored as Not Present, the reason given was “distress over past abuse”. While this does not pose an “imminent threat” to the individual it is nonetheless an important component of the individual’s life and one that needs to be addressed in order to reach APD’s goal of zero tolerance on this issue. Organizations/providers need to have

supports in place to help individuals overcome past traumas, including access to counseling and needed training or education. Training individuals to protect themselves could help alleviate fears that persist from past events. Although some individuals may not desire the supports or help that is offered, approximately half of the reasons given for a lack of supports in this area indicated counseling was not addressed or training for protection was not addressed.

Recommendation 1: APD should work with all Area offices to ensure providers follow up on POM results when distress over past abuse is noted. In the quarterly data distributed to each Area, Delmarva should list individuals who have this POM item scored as Not Present for the outcome and the support component. Information should include the individual's name, review id, Waiver Support Coordinator, home type and the reasons given for having the outcome not present and/or the support not present. Area Quality Leaders (AQL) should examine these results, contact relevant Waiver Support Coordinators and develop a plan to help the individual overcome the trauma of past abuse, consistent with the expressed desires of each individual.

Recommendation 2: AQLs should use quarterly data provided by Delmarva on abuse, neglect and exploitation (Recommendation 1) to identify current abuse events. They should follow up with the APD Area office to ensure the incident has been reported and recorded in their Incident Report Logs, determine if appropriate action has been taken, and follow up with individuals and other providers as needed to prevent further incidents for any individuals.

Results for gender are somewhat interesting and seem to indicate that men and women were equally likely to be a victim of more current abuse, neglect or exploitation, but that women are significantly more likely to suffer lingering effects from past abuse. This is evident in the bivariate analysis (Figure 3) 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 POM item scored as Not Present (including distress over past abuse), but equally likely to be impacted by a more current abusive event (excluding distress over past). 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: As in the first two recommendations, AQLs should examine data provided by Delmarva, follow through with the APD office and providers, and strive to identify issues that may be pertinent to women. A program could be designed to target the needs of women that will help them overcome past abuse experiences. This could be used across the state when needed.

The strongest indicators/predictors of current abuse appear to be age, supports, size of the APD Area, and receiving Residential Habilitation. Earlier studies and reports have documented that children who receive services through the DD or FSL Waivers are much more likely to have outcomes present than older individuals.¹⁶ However, this does not appear to be true for the one POM measuring freedom from abuse, neglect or exploitation. Children were more likely than adults in any other age group to have been identified with a current abusive event. While this is true for children regardless of where they live, it is particularly disturbing in that most children (82%) under age 18 live in a family home and most attend school.

Recommendation 4: Through examination of the Delmarva data and incident reports, AQLs should determine if abuse of children is occurring in the home environment, at school, or in some other venue. They should assess the oversight provided to children to determine if increased supervision is needed.

Recommendation 5: Delmarva and APD should develop an education session that specifically targets children's needs in terms of abuse, neglect and exploitation. This should be offered at various locations across the state by the end of December 2007.

Individuals receiving Residential Habilitation were also shown to have an increased risk of current abuse. Providers of Residential Habilitation render supervision and specific training activities that assist the recipient to acquire skills for daily living. The service focuses on personal hygiene skills such as bathing and oral hygiene, homemaking such as food preparation, vacuuming and laundry and on social and adaptive skills as described in the implementation plan. It is not clear why individuals receiving this type of service should be more at risk of current abuse, neglect or exploitation than others. Perhaps it is due to the personal nature of services provided, such as personal hygiene and bathing.

Recommendation 6: Further research is needed to determine the nature of the relationship between Residential Habilitation Services and abuse. Delmarva should examine this to determine if any trends exist, including across APD Areas or providers.

A result of interest is the apparent pattern of abuse, neglect and exploitation across APD Areas. Individuals in Areas 9 and 15 were more likely to have been identified as victims of possible abuse, neglect or exploitation and individuals in Areas 1, 10, 11, and 14 were less at risk. While not entirely conclusive, we presented some evidence to suggest these results were not a reflection of inconsistency among consultants who conduct the POM interviews. APD is currently addressing this at the Area level.

¹⁶ See Quarterly and Annual Reports and Quality Improvement Studies on the FSQAP website: <http://www.dfmf-florida.org/index2.htm>.

Recommendation 7: Continue “drill down” efforts at the Area level to identify not only circumstances or environments that may be producing more abusive situations, but also to identify “best practices” that can be shared with other providers throughout the state.

The net impact of the size of the APD Area, based upon population, indicates a fairly strong correlation between rural Areas and an increased prevalence of abuse, neglect or exploitation, compared to populated regions such as around the Miami and Broward areas. This relationship is true for the overall POM measure and also when measuring incidents of current events.

Recommendation 8: AQLs working in less populated Areas, such as in Areas 8, 12, 14 and 15, should explore means of investigating and preventing abuse among waiver service recipients. Increasing the number of services and supports, including counseling, seems warranted. Education and training in the areas of abuse recognition and prevention should be developed and offered by APD in various locations so most rural residents are able to attend.

Results for individuals receiving Supported Living Coaching and individuals living in Independent or Supported Living, as with women, seem to indicate they are much more likely to score the POM item as Not Present, but this relationship is not significant when measuring current abuse. A great majority, 84 percent, of people receiving Supported Living Coaching live in one of these independent environments. So while they have achieved more independence than individuals living in group homes or with families, results from this study may reflect a need for people in these situations to receive counseling or other needed supports to address lingering issues from past abuse.

Recommendation 9: APD should ensure providers of Supported Living Coaching not only receive necessary training on abuse and neglect, but that they have systems in place to apply what they learn. CORE Element 7 on reviews completed prior to March 13, 2007, and CORE Element 3 on a review completed after that time measure how well providers have systems in place to address issues of abuse, neglect or exploitation. Any providers of Supported Living Coaching evaluated as Emerging or Not Emerging on either of these elements should be monitored closely by the local APD office, as these elements reflect the extent to which measures addressing the lingering effects of abuse, neglect or exploitation are in place.

Natural and paid supports are measured for each POM item scored by the Delmarva QIC. Individuals with a higher level of supports have been shown to also have higher levels of outcomes present—a statistically significant association. This relationship is apparent in this study as well: an increased number of supports is associated with a lower risk of abuse, neglect or exploitation. This is true for both Possible Events as well as when distress over past abuse is included in the analysis. Thus, increased supports, such as counseling and education, may not only prevent abuse but help individuals heal from past experiences as well.

Recommendation 10: APD should continue current efforts to increase supports to individuals receiving services through the HCBS Waivers, via a quality improvement focus designed to enhance providers' services and encourage providers to work together as a circle of support for individuals.

Finally, 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 11: 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.