2026 MUI Stakeholder Committee Meeting

Monday, March 23, 2026, 10:00am – 11:00am

Attendees: Wayne Hershey, Jessica Norwood, Dawn George, Sara Randolph, Yvette Diaz, Mary Grzegorkek, Matt Klink (virtual), Tony Britt (virtual), Heather Campbell-Wilson (virtual), Janet Barstow (virtual)

Absent: Drew Williams, Michelle Moenter, Gary Vierstra, Sarah Mushenheim, Sue Poling

1. Attendee introductions
2. Department Update: There have been some changes due to the Summit DD Sustainability Plan. Recently 29 staff were laid off, including Sean Bacola. Matt Klink's manager position was eliminated but he is remaining as an Investigative Agent. For training and support needs, please contact Wayne Hershey.
3. Wayne Hershey began the presentation. The role of the committee is to review and share the data prepared by the county board to identify the trends and patterns in MUI/UI.

Overall Trends

Overall, there has been a reduction in MUI count (down 20.8% from 2024) due to the MUI Rule update of 7/1/2025. There were changes to many category definitions, resulting in decreases as anticipated. Other categories without a definition change (mostly Category A) also decreased.

Category A MUIs

- Alleged Abuse–Physical: down from 123 in 2024 to 90 in 2025, with 34 substantiated
- Alleged Abuse–Sexual: down from 38 in 2024 to 29 in 2025, with 10 substantiated
- Alleged Abuse–Emotional (formerly Verbal Abuse): down from 118 in 2024 to 107 in 2025, with 55 substantiated
- Alleged Neglect: down from 151 in 2024 to 138 in 2025, with 82 substantiated. This was the most common Category A, with Supervision neglect making up 70% of the cases and Treatment (medication errors, etc.) at 30%. About 28% of the Supervision instances were in Residential programs and the remaining were cases in which the individual did not have paid DD supervision (family or natural support). Common themes seen in service delivery include DSPs leaving individuals unsupervised because the next shift didn't show up, staff sleeping during their shift, failure to implement the ISP supervision support when trained, or poor decision making.
- Exploitation: down from 21 in 2024 to 9 in 2025, with 6 substantiated

- Failure to Report: down from 12 in 2024 to 1 in 2025, which was substantiated.
- Misappropriation: Up from 111 in 2024 to 124 in 2025, with 59 substantiated. 34% of these were Accounts/EBT, 6% Medications, 29% Property, and 31% Money. With money and medications, many cases are due to lack of security in the home and unaccountable access. Make sure PINs are complex for accounts/EBT.
- Prohibited Sexual Relations: 0 in 2025
- Rights Code Violations: 1 in 2025, which was substantiated.
- Unexplained or Unanticipated Death (formerly called Accidental or Suspicious Death): up from 3 in 2024 to 4 in 2025.
- There was a major shift in PPI type for all Category A MUIs – in 2024, Unknown comprised 40% of all PPIs; in 2025, Unknown is down to 22%. The remainder is Family/Friend/Guardian 27%, Staff 36%, and Others 15%.

Category B MUIs

- Attempted Suicide: down from 29 in 2024 to 25 in 2025 – 14 unique individuals, 3 individuals accounted for 40% of the total.
- Medical Emergency: up from 15 in 2024 to 23 in 2025 – 83% were due to choking. Follow guidelines and note the need for assessment. If you have concerns and would like an assessment by a Summit DD SLP, please contact the individual's SSA.
- Death other than Unexplained or Unanticipated Death (formerly Non-Accidental/Non-Suspicious Death): down from 56 in 2024 to 39 in 2025. The top three causes were heart disease (8), "other" (7), and congenital syndromes (7).
- Missing Individual: down from 60 in 2024 to 45 in 2025 – seven individuals accounted for 44% of the total.
- Peer to Peer Acts: down from 60 in 2024 to 46 in 2025 – 4 Verbal MUIs were opened before it was removed from Rule as of July 1, 2025. There was a significant increase in Peer to Peer Physical and Theft acts – both saw 59% increases in 2025 compared to 2024.
- Significant Injury: up from 90 in 2024 to 100 in 2025. 41% of the incidents involved a fracture. Falls are a major issue – of 100 cases, half were falls. If you notice a decline, be proactive to address UI level falls so they do not progress to MUI level.

CATEGORY C MUIs

- Law Enforcement: down from 85 in 2024 to 65 in 2025. Total of 49 different individuals, 10 with multiple MUIs account for 40% of the total. Most incidents occurred when the individual was on their own time (not receiving support). 57% were Charges via Summons, 26% Incarceration, 14% Arrests, and 3% were Tasings. Most incidents were for Domestic Violence or Disorderly Conduct; there were 5 charges of sex crimes in 2025. Every individual is sent through the Behavior Support SSAs for extra support to address issues.
- Unapproved Behavioral Support: Up slightly from 85 in 2024 to 88 in 2025 – 90% of incidents were for the use of some type of physical intervention.
- Unanticipated Hospitalization: down from 420 in 2024 to 245 in 2025 – this category had the most significant definition change with the 7/1/2025 Rule update (hospital admit for 48+

hours rather than 24 for aspiration pneumonia, bowel obstruction, dehydration, medication error, seizure, or sepsis; or any readmission of 48+ hours within 30 days of another admission for 48+ hours for the same reason). Numbers will look different next year as the catch-all category of "other" will be limited and Psych admits alone are no longer an MUI.

How Summit County Compares to Statewide Trends:

MUIs decreased 7% statewide; Summit County MUIs decreased 21% from 2024.

Summit County's MUI Reporting rate was 223 incidents per 1000 individuals, the 24th highest in the state. In 2024 we had 231 incidents per 1000, the 20th highest in the state.

Summit DD served the third-most individuals in Ohio in 2025 and had the second-most MUI categories investigated. Cuyahoga County was number 1 in both areas.

Category Trends/Patterns:

Everything went down, most likely due to the Rule definition change.

Discussion items:

Wayne asked for feedback from the data. How are you adjusting to the new rule? Has it been an easy transition or hard to get on board? Are there any additional areas we can support?

- YD said the waiting time was a bit of an issue at first (submitting later but still on time), but they have gotten better after some mistakes.
- Some are still struggling with the definition, especially with Unanticipated Hospitalization. They have also had difficulty with some SSAs on criteria as they also seem confused. Providers have called it in but have been told it's not an MUI by the SSA. Training across the board may be beneficial.
- Emotional Abuse – make sure staff know the definition and report adequately.
- TB said that overall, it has been positive, not a lot of challenges. As a provider in multiple counties, they try to tap into extra training in different counties.
- Wayne noted that the MUI Department created a reference document regarding Unanticipated Hospitalizations. YD said that all their managers have it and it has been helpful, as have other agencies. MG said that the reference is helping within Summit DD also. Wayne will revisit with SSA staff.
- JN noted that falls may be a side effect of medications. MG suggested addressing this when she meets with Residential providers – she or someone from MUI could present a short education piece.
- Wayne asked the committee for their thoughts on what contributed to the large reduction in Category A MUIs, given that the rule did not have much of an impact on these categories. Members think that teams are working well together and doing a

better job at being specific with causes, leading them to understand what to address. Training and preventive measures are factors, as are longer-term staff in teams and leadership consistency. Some providers noted that their open FTE positions have been drastically reduced so that is a valid reason.

The meeting was opened to questions/discussion:

- HCW commented that they pulled UI data from 2023, 2024, and 2025 to look for trends, patterns, and certain individuals regarding falls. They are working with nursing staff to find anything outstanding that may help prevent issues.
- MG noted that the aging population may be contributing to increased falls. YD acknowledged that it's difficult to train staff when it comes to being out in the community – people trip over curbs, etc. We need to help staff to become vigilant and encourage individuals to use adaptive devices. This is also an issue with certain individuals as they see using a cane or walker as giving up their independence.
- JN said that people with Parkinson's disease are more prone to falls, and individuals with Down syndrome have an increased chance of developing Alzheimer's. It was suggested that proactive conversations could be held in these cases before issues with falling occur.
- Regarding Misappropriation, MG asked Wayne if he is finding that there is not compliance with keeping ledgers or documentation, assuming these would be helpful with the investigation. Wayne said that this isn't a major issue, a lot of time the individual has a payee. Many of these incidents have an unknown PPI and it's not that staff didn't track it through to the individual. If MUI runs into it a lot they will turn it over to QA, but they haven't seen a systematic issue. Most providers have a system in place and are doing the best they can. JN asked if a digital system would be better. Wayne said it depends on the provider – this could involve extra cost or tech savvy that they don't have. Many individuals use their banking app and providers can help them with that.

Wayne thanked everyone for attending. If you think of anything else to share, please let him know.