# **MUI Annual Report Form**

Send to: UILogs@SummitDD.org



Agency Provider Name: Your Agency Name	County:	Summit County
		This will be the previous year being reviewed
MUI Annual Review (January 1 through December 31) for	r the year	

### **Report Summary:**

Total Number of MUI Categories reported last year This will be for 2021

Total Number of MUI Categories for the same period 2 years ago: This will be for 2020

Total Number of MUI Categories for the same period 3 years ago: This will be for 2019

## Number of MUIs by Category Type:

MUI Category	Previous Year	2 Years Ago	3 Years Ago	
Accidental/suspicious death	2021	2020	2019	
Attempted suicide				
Death-natural	These will be the number count for each category in a given year, not			
Exploitation	the total number of MUI investigations opened.			
Failure to Report				
Law Enforcement				
Medical Emergency				
Misappropriation				
Missing Individual				
Neglect				
Peer-to-Peer Act				
Physical Abuse				
Prohibited Sexual Relations				
Rights Code Violation				
Sexual Abuse				
Significant Injury				
Unapproved Behavior Support				
Unscheduled Hospitalization				
Verbal Abuse				



Explain the reasons for any significant differences from year to year and any MUI categories with a high number of incidents (use additional pages as necessary): THIS SECTION SHOULD DESCRIBE ANY SIGNIFICANT INCREASES OR DECREASES FROM 2020 TO 2021. WE CONSIDER SIGNIFICANT INCREASES/DECREASES AS FOLLOWS FOR BEST PRACTICE: FOR CATEGORY A & B MUIS THIS WOULD LIKLEY BE AN INCREASE/DECREASE OF 5 OR MORE MUIS PER CATEGORY, OR A TOTAL OF 5+ PER CATEGORY FOR CAT A MUIS AND 8+ PER CATEGORY FOR CAT B MUIS IN 2021. FOR CAT C MUIS THIS WOULD BE AN INCREASE/DECREASE OF 10 OR MORE PER CATEGORY & 10+ TOTAL OCCURENCES PER CATEGORY IN 2021

### Agency Trends and Patterns-current Year:

Identify and explain any agency -wide trends and any trends by residence	
- Identity and explain any adency –wide trends and any trends by residence	realon of broaram.

THIS WOULD DESCRIBE ANY TRENDS IDENTIFIED FOR A MUI TYPE IN THE PAST YEAR. FOR EXAMPLE IF YOU HAD AN INCREASE IN NEGLECT MUIS IN 2021, YOU SHOULD DESCRIBE THAT TO INCLUDE ANY SIMILIAR CAUSES

Description of action plans and preventive measures to address these trends/patterns:

THIS IS THE DESCRIPTION OF HOW YOUR AGENCY IS TRYING TO PROACTIVLY ADDRESS THE TRENDS IDENTIFIED ABOVE

Previous year's agency-wide trends or trends by residence, region, or program: THIS DESCRIBES ANY TRENDS IDENTIFIED IN 2020

Were the action plans and preventive measures effective:

THIS DESCRIBES IF THE 2020 TRENDS WERE DECREASED AS A RESULT OF THAT YEAR'S ACTION PLANS



### **Individual Trends and Patterns**

Individual with 5 or more MUI Categories in 6 months or 10 or more MUI Categories in 12 months in the current year (*use additional pages to add additional individuals if needed*):

Name:	MUI Types:		
Action plans and preventive measures taken to a	ddress this trend/nattern:		
THIS WHOLSE SECTION IS FOR ANY TRENDS & PATTERNS IDENTIFIED FOR A SPECIFIC PERSON SERVED BY YOUR AGENCY IN 2021. YOU MAY NEED TO COMPLETE THIS SECTION MULTIPLE			
TIMES IF YOU HAVE MORE THAN ONE PERSON SERVED WITH AN IDENTIFIED TREND FOR 2021			
Date the action plans and proventive measures w	vere added to the individual's plan:		
Date the action plans and preventive measures were added to the individual's plan:			

Date review was completed:

THE DATE THIS ANNUAL WAS ACTUALLY COMPLETED

Name of person completing this review: **REVIEW** 

THE NAME OF THE PERSON THAT ACTUALLY CONDUCTED THE REVIEW

