



# SELF-ASSESSMENT FOR AN ABUSE FREE ENVIRONMENT

For programs and facilities licensed, certified or operated by the  
Office of Alcoholism and Substance Abuse Services

September 2015



# Prevention of Abuse and Neglect Work Group

Justice Center for the Protection of People with Special Needs | Office for People With Developmental Disabilities | Office of Alcoholism and Substance Abuse Services | Office of Mental Health | Office of Children and Family Services | State Education Department

In 2014, the New York State Justice Center for the Protection of People with Special Needs' Steering Committee formed a cross-agency Prevention of Abuse and Neglect Work Group. The Work Group is comprised of the Office of Mental Health (OMH), Office for People With Developmental Disabilities (OPWDD), Office of Alcoholism and Substance Abuse Services (OASAS), Office of Children and Family Services (OCFS), State Education Department (SED), and the Justice Center. The Work Group supports the recommendations on preventing abuse and neglect identified in the report by Clarence J. Sundram, *The Measure of a Society*, April 2012.

## MISSION

The mission of the Prevention of Abuse and Neglect Work Group is to identify durable corrective and preventive actions that address the conditions which cause or contribute to the occurrence of incidents of abuse and neglect.

The *Self-Assessment for an Abuse Free Environment* was developed as an **optional tool** for programs and facilities under the jurisdiction of the New York State Justice Center for the Protection of People with Special Needs (Justice Center). The purpose of the tool is to encourage providers of substance use services to think in terms of an abuse free environment of care, to self-evaluate their programs for risk of abuse and to provide resources to mitigate the identified areas of risk. The risk prevention factors for abuse and neglect apply to the program/facility, service recipients' unmet need, and interpersonal relationships between service recipients and others.

**This tool is for use within your program or facility and is not meant to be shared with the Justice Center, Office of Alcoholism and Substance Abuse Services (OASAS), or other programs.** This tool is meant to assist you in determining which area to focus on in your program/facility's performance improvement projects. OASAS and the Justice Center are available to assist in developing or providing resources that would assist your program/facility in abuse prevention.

The tool is adapted from the Nursing Home Abuse Risk Profile and Checklist developed by the National Association of States United on Aging and Disabilities (NASUAD) for the U.S. Administration on Aging, available online at:  
[www.ncea.aoa.gov/Resources/Publication/docs/NursingHomeRisk.pdf](http://www.ncea.aoa.gov/Resources/Publication/docs/NursingHomeRisk.pdf)

### COMPLETING THE SELF-ASSESSMENT

In column A ("Check if the item applies to you"), check each item based on observation or evidence verified by others if the risk factor described is present in your program or facility. (If a statewide organization is completing this checklist, check items where the risk factor is found in most of the programs/facilities in the state.) Some of these risk factors are covered under OASAS regulations. Rate your program or facility for the current status, not according to licensing or survey results.

In column B ("Rate from 1 to 5 for degree of risk"), rank each of the risk prevention factors using the ratings as follows:

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

See page 10 for scoring and page 11 for strategies for abuse prevention.

The following questions will assist you to determine your level of risk for the occurrence of abuse or neglect. These questions are meant to guide discussions about abuse prevention with administrators, quality assurance staff, direct service staff and individuals who receive services.

## I. PROGRAM/FACILITY RISK PREVENTION FACTORS

| A<br>CHECK IF THE ITEM<br>APPLIES TO YOU | B<br>RATE FROM 1 TO 5<br>FOR DEGREE OF RISK | <b>Risk Factor #1: Abuse Prevention Policy</b>  |
|--|---|---|
| _____                                    | _____                                       | The facility has an abuse prevention policy.  |
| _____                                    | _____                                       | The facility's policies underscore the dignity and worth of all participants.   |
| _____                                    | _____                                       | Definitions of abuse, neglect, and exploitation are consistent with OASAS regulations, Mental Hygiene Law, and the <i>Protection of People with Special Needs Act</i> .   |
| _____                                    | _____                                       | Staff who report abuse are guaranteed confidentiality.  |
| _____                                    | _____                                       | Participants and families who report abuse are guaranteed confidentiality.  |
| _____                                    | _____                                       | The procedures to follow in response to an abuse allegation or incident are clear.  |
| _____                                    | _____                                       | The abuse prevention policy includes specific time frames for responding to abuse allegations and incident reporting.   |
| _____                                    | _____                                       | The abuse prevention policy includes requirements for making incident reports to: (1) Justice Center, (2) OASAS, (3) protective services, (4) licensing and certification boards, (5) law enforcement, and (6) others, consistent with federal and state law. |
| _____                                    | _____                                       | The abuse prevention policy identifies a procedure for incident review and potential corrective actions that may be taken to remedy abuse, accidents, medical, and outstanding behavioral issues.   |
| _____                                    | _____                                       | Procedures for follow-up with the complainant following investigation of an abuse allegation are clear.   |
| _____                                    | _____                                       | Changes in participants' behavior are monitored.  |
| _____                                    | _____                                       | Falls and accidents are routinely investigated to determine cause.  |

### Information sources for completing risk factor #1

- Observations and impressions
- Program/Facility policies
- OASAS or other regulatory agency reviews
- OASAS regulations
- Complaint data/participant and staff grievances
- Customer satisfaction survey
- OASAS incident reporting system

**A**  
CHECK IF THE ITEM  
APPLIES TO YOU

**B**  
RATE FROM 1 TO 5  
FOR DEGREE OF RISK

## Risk Factor #2: Staff Training

|       |       |
|-------|-------|
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Orientation for new staff includes information on how to recognize and report abuse, falls, accidents, outstanding medical and behavioral incidents.

All levels of staff are educated to handle stressful situations, including dealing with aggressive and combative behaviors and other serious incidents of participants.

Staff members are trained to recognize the warning signs of abuse, neglect, and exploitation.

Staff are trained to report known or suspected abuse and the confidential nature of such reports as per the facility's policies and procedures.

Training on being trauma informed, cultural diversity, ethnic differences, and language barriers is provided for all levels of staff to help reduce adverse discharges of participants.

Staff members are trained to use creative problem solving and conflict resolution techniques to handle aggressive participant's behaviors and other clinical interventions.

Training is provided to improve staff capacity to communicate with participants, significant others and/or families.

Respect for the dignity and worth of every participant in accord with OASAS Part 815, Patient Rights regulation is emphasized in staff training.

Supervisors are trained to identify signs of staff stress, vicarious traumatization and burnout.

### Information sources for completing risk factor #2

Staff development records  
 Staff performance evaluations  
 Employee Assistance Program  
 Benefits Plans with mental health resources  
 Agency policy and procedure manual

### Information sources for completing risk factor #3

Observation/impressions  
 Program/Facility personnel records/staff performance reviews  
 Criminal background checks/police reports  
 Statewide Central Register of Child Abuse and Maltreatment checks  
 Staff Exclusion List (SEL) checks  
 Complaint data/participant grievances

**A**  
CHECK IF THE ITEM  
APPLIES TO YOU

**B**  
RATE FROM 1 TO 5  
FOR DEGREE OF RISK

## Risk Factor #3: Staff Screening

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

The facility screens all prospective employees to ensure their suitability to work with vulnerable diverse populations before they begin work (including criminal background checks, the State Child Abuse Central Registry, and Staff Exclusion List).

Job applicants are asked to describe how they might react/respond to a stressful or abusive situation.

Job applicants are asked to describe how they handle anger and stress.

**A**  
CHECK IF THE ITEM  
APPLIES TO YOU

**B**  
RATE FROM 1 TO 5  
FOR DEGREE OF RISK

|       |       |
|-------|-------|
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## Risk Factor #4: Staff Wellness

Staff experiencing symptoms of vicarious traumatization, job or other related stresses have access to support.

Staff members who appear to be experiencing personal problems have access to counseling resources.

If an abuse/significant incident occurs in the facility, counseling and support are offered to help staff cope with the situation and understand how such situations can be prevented.

Agency staff receive clinical supervision that is supportive and trauma informed, i.e., understanding of staff triggers and/or issues of countertransference.

Staff members who seek more information and training to help them perform on the job are given assistance and support.

Agency staff are recognized publicly for their contributions (e.g., annual employee banquet, employee of the month/year recognition).

Agency staff have the opportunity to contribute ideas and suggestions for improving the delivery of services.

The facility hires sufficient staff to cover shifts in compliance with level of care specific regulation.

### Information sources for completing risk factor #4

- Observation/impressions
- Direct supervision
- Program/Facility policies
- Program/Facility personnel records/staff performance reviews
- OASAS or other regulatory agency reviews
- Complaint data/participant grievances
- Customer satisfaction surveys

**A**  
CHECK IF THE ITEM  
APPLIES TO YOU

**B**  
RATE FROM 1 TO 5  
FOR DEGREE OF RISK

|       |       |
|-------|-------|
| _____ | _____ |
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## Risk Factor #5: Staff to Participant Ratio/Turnover

The facility hires sufficient numbers of qualified staff to meet the service delivery needs of each participant.

Supervisors rarely ask staff to work extra hours or double shifts.

The facility maintains awareness of staff turnover and takes action to explore and address high turnover rates.

The facility conducts job satisfaction surveys and identifies areas for improvement, involving staff in the process of making improvements.

### Information sources for completing risk factor #5

- Observation/impressions
- Program/Facility staffing records
- Job satisfaction surveys
- Licensing records
- Complaint data/participant grievances
- Customer satisfaction surveys

## Information sources for completing risk factor #6

Observation/impressions  
 Program/Facility incident reports  
 Survey reports from CMS, Joint Commission  
 Program/Facility policy  
 OASAS regulations  
 OASAS or other regulatory agency review  
 Complaint data/participant grievances  
 Participant charts  
 Program/Facility documents  
 Customer satisfaction surveys  
 Incident Review Committee

## Information sources for completing risk factor #7

Discussion with recipients  
 Observations and impressions  
 Policy and procedure manuals  
 Discussion with staff  
 Observation/impressions  
 OASAS or other regulatory agency review  
 Complaint data/participant grievances  
 Customer satisfaction surveys

## Information sources for completing risk factor #8

Discussion with participants  
 Floor plans  
 Program/facility policy  
 Material Safety Data Sheets (MSDS)  
 Observations/impressions  
 Complaint data/participant grievances

**A**  
CHECK IF THE ITEM  
APPLIES TO YOU

**B**  
RATE FROM 1 TO 5  
FOR DEGREE OF RISK

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
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| _____ | _____ |

### Risk Factor #6: History of Deficiencies/Complaints

The facility received few or no deficiencies in the most recent recertification review.

Any substantiated reports of abuse or neglect, other significant incidents are investigated, reported and corrected on levels of individual staff, program policy and practice and staff training.

There have been few or no prosecutions of abuse or neglect by the Justice Center.

The facility's documentation presents evidence that all reports of abuse or neglect, or other significant incidents have been investigated.

**A**  
CHECK IF THE ITEM  
APPLIES TO YOU

**B**  
RATE FROM 1 TO 5  
FOR DEGREE OF RISK

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

### Risk Factor #7: Culture/Management

The staff and administration recognize that abuse could occur in the facility.

Participants feel they can report problems to the administration without fear of retaliation.

Staff members believe they can tell their supervisor about service related problems they have observed without fear of retaliation.

Each participant's treatment/recovery plan is individualized based his or her needs.

Administration supports a continuous quality improvement process, which ensures person centered, trauma informed, recovery oriented care.

**A**  
APPLIES TO YOU

**B**  
FOR DEGREE OF RISK

**A**  
CHECK IF THE ITEM

**B**  
RATE FROM 1 TO 5

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

### Risk Factor #8: Physical Environment

In residential settings, rooms with three or more participants are uncommon.

Living areas have good visibility with few blind spots.

Staff monitoring stations are located in close proximity to participants' rooms.

\_\_\_\_\_

\_\_\_\_\_

Maintenance closets and examination rooms housing potentially harmful substances and items are kept securely locked. Participants do not have access to these spaces without supervision.

## II. PARTICIPANT RISK PREVENTION FACTORS

| A<br>CHECK IF THE ITEM<br>APPLIES TO YOU | B<br>RATE FROM 1 TO 5<br>FOR DEGREE OF RISK |
|--|---|
| _____                                    | _____                                       |
| _____                                    | _____                                       |
| _____                                    | _____                                       |
| _____                                    | _____                                       |

### Risk Factor #9: Unmet Need

#### BEHAVIORAL SYMPTOMS OF UNMET NEED

*Expressed verbally:* Demanding, irritating, physically or verbally combative (e.g., loud, critical, argumentative, complaining, or cursing).

*Expressed physically:* Sexual acting out, sexual contact without consent hitting, self-mutilating behavior, angry outburst, kicking, pushing, scratching, tearing things,

*Other:* Vocal noisiness, screaming, banging, hoarding, rummaging through others' belongings, compulsive behaviors.

#### COGNITIVE SYMPTOMS OF UNMET NEED

Confusion, disorientation to person, time or place, inability to express needs, accurately describe, or report events.

Escalating anxiety symptoms, acts fearful, passive, submissive, or timid.

Acts depressed, flat affect, withdrawn, or prefers isolation.

#### Information sources for completing risk factor #9

- Observations/impressions
- OASAS or other regulatory agency reviews
- Communication logs, and shift report notes
- Complaint data/participant grievances
- Police reports
- Medical reports
- Treatment/Recovery plans and treatment records
- Incident reports

## III. INTERPERSONAL RELATIONSHIP RISK PREVENTION FACTORS

| A<br>CHECK IF THE ITEM<br>APPLIES TO YOU | B<br>RATE FROM 1 TO 5<br>FOR DEGREE OF RISK |
|--|---|
| _____                                    | _____                                       |
| _____                                    | _____                                       |
| _____                                    | _____                                       |
| _____                                    | _____                                       |

### Risk Factor #10: Visitor Interactions

Participants are not isolated (e.g., participants have visitors and regular contact with staff and other participants).

Participants have access to advocates, Justice Center, and OASAS Patient Advocacy Unit.

There is no evidence of current family conflict or of abuse by family members/significant other or friends of participants while in the facility.

Staff members do not label visitors or callers as complainers or troublemakers.

#### Information sources for completing risk factor #10

- Observations/impressions
- OASAS or other regulatory agency review
- Complaint data/participant grievances
- Police reports
- Customer satisfaction surveys
- Medical reports
- Treatment/recovery plans and treatment records
- Incident reports

| A<br>CHECK IF THE ITEM<br>APPLIES TO YOU | B<br>RATE FROM 1 TO 5<br>FOR DEGREE OF RISK | <b>Risk Factor #11: Participant-Staff Interaction</b>  |
|--|---|--|
| _____                                    | _____                                       | Staff work with the same group of participants consistently, providing continuity of care that allows staff to build therapeutic alliance.                             |
| _____                                    | _____                                       | Staff turnover is low. There are few or no unfilled staff vacancies.   |
| _____                                    | _____                                       | The ratio of qualified staff to participants is high, with day and night coverage  |
| _____                                    | _____                                       | Privacy for dressing, bathing, and toileting is assured.   |
| _____                                    | _____                                       | Staff are equipped in the provision of services for those with sensory deficits (deaf, hard-of-hearing, visually impaired).  |
| _____                                    | _____                                       | Staff are equipped in the provision of services for those with language or communication barriers experienced by limited English or non-English speaking participants. |
| _____                                    | _____                                       | Staff and participants demonstrate respect for cultural diversity.   |
| _____                                    | _____                                       | Staff do not curse or use other insulting language when addressing participants  |

### Information sources for completing risk factor #11

- Observations/Impressions
- OASAS or other regulatory review
- Complaint data/participant grievances
- Customer satisfaction surveys
- Program/facility personnel records/staff performance reviews
- Medical reports
- Treatment/recovery plans
- Quality improvement reports
- Staffing plans and policy
- Participant and family council minutes

**END OF SELF-ASSESSMENT**

## SCORING THE SELF-ASSESSMENT

Once the tool is complete, assess where the risks are most acute. It is not necessary to total the scores; rather, indicate whether there was a frequency in the ranking (e.g. “mostly 4s”).

In the **Program/Facility Risk Prevention** category, a score of mostly 4s and 5s (or few 1s and 2s) would indicate there is a high risk that incidents of abuse will occur.

| RISK CATEGORY                               | SCORE | RISK LEVEL |
|---|-------|------------|
| I. Program/Facility Risk Prevention Factors |       |            |

In the **Participant Risk Prevention** category, a score of mostly 1s and 2s (or few 4s and 5s) means that there is a high risk that incidents of abuse will occur.

| RISK CATEGORY                           | SCORE | RISK LEVEL |
|---|-------|------------|
| II. Participant Risk Prevention Factors |       |            |

In the **Interpersonal Relationship Risk Prevention** category, a score of mostly 4s and 5s (or few 1s and 2s) would indicate there is a high risk that incidents of abuse will occur.

| RISK CATEGORY   | SCORE | RISK LEVEL |
|---|-------|------------|
| III. Interpersonal Relationship Risk Prevention Factors |       |            |

If areas of concern are identified, begin making changes to lessen the risk of possible abuse. Continue to page 10 for recommendations regarding strategies for abuse prevention, and visit [www.justicecenter.ny.gov](http://www.justicecenter.ny.gov) for additional resources.

## STRATEGIES FOR ABUSE PREVENTION

Creating safe programs and facilities requires strong leadership from providers and staff. The ultimate responsibility remains theirs. However, prevention has the best chance of success if others are engaged in the process. Partners should represent similar programs, advocacy supports, people who receive services, and OASAS. The following are examples of abuse prevention activities. They are intended to spark thinking and discussion by the team. For more resources on abuse prevention, please visit [www.justicecenter.ny.gov](http://www.justicecenter.ny.gov).

### STRATEGIES FOR LEADERSHIP

#### Abuse Prevention Policy

- Develop protocols on how to care for challenging service recipients and provide in-service training to staff on the protocols.
- Create a committee or task force, with representatives from your direct support staff, to study workforce shortages and develop initiatives to address the problem.

#### Quality Improvement

- Use a continuous quality improvement stance, allowing change to the status quo, reducing a rule based culture, and enhancing person centered care. Allowing for an understanding that mistakes will be made but learning will occur.
- Use data to inform practice, identify areas for performance improvement, areas of success to spread, to caution and to celebrate.

#### Cultural Guidance

- Model for staff the desired behaviors and philosophy and inspire a shared vision for an abuse free environment of care.
- Encourage supervisory staff to attend training on supervision skills and performance evaluation, conflict mediation and team building, as well as leadership skills and empowerment of their teams
- Create opportunities to hear from staff, such as rounds, town meetings, and feed-back lunches.
- Pay attention to language, reducing labels, pejorative, or weakness based communication and identify the unmet needs behind behaviors.
- Empower staff to negotiate with and to empower service recipients, seek win-win opportunities. Foster collaboration and trust, between staff, between staff and administration, and between staff and recipients. Allow use of clinical rationale for breaking a rule and provide training and tools to staff to make good decisions.
- Create a culture of celebration which will carry staff through tough times. Identify staff exemplary performance, give commendation publicly. Encourage communication about what almost went wrong so learning can be shared and positive outcomes repeated.

### STRATEGIES FOR INCREASING SERVICE RECIPIENT/FAMILY INVOLVEMENT

- Survey service recipients and work with family councils to identify service recipients' choices and make changes in policies and practices, as appropriate.
- Develop a volunteer program to match volunteers with service recipients who don't have regular visitors and ensure that volunteers understand how to report care problems they encounter.
- Utilize Peer Bridger and self-help programs to promote healthy socialization skills and positive social relationships with people from the community where they will return upon completion of goals and services.

## STRATEGIES FOR BUILDING SKILLS AND COMPETENCIES:

### ABUSE PREVENTION TRAINING/SUPPORT

- Evaluate the experience and skill level of staff. Additional education may be necessary to ensure the safety of service recipients.
- Utilize PMCS training and refreshers as well as other training resources to continually improve staff skills and resources.
- Offer an in-service training program for direct service staff on how to recognize abuse and the process for reporting complaints. Make time available for staff to attend training.
- Offer a training session on abuse prevention at a conference.
- Develop staff support groups either for a specific program/facility or to support staff from multiple programs/facilities.
- Offer training for staff on conflict resolution techniques and trauma-informed responses. (Note: These are offered by GOER to state employees).
- Provide a comfortable training area. Provide separate trainings for line staff, supervisors, and administrators.
- Provide time for unit-wide training or retreat so staff can focus on their specific service population and tailor training to their needs. Team building and bonding among co-workers create an automatic support group during crisis times on the job.
- Have trainees sign confidentiality agreements.
- Offer training for new administrators and directors on creating culture change in programs/facilities.

### STRATEGIES FOR INCREASING AWARENESS

- Support programs/facilities' efforts to recognize and support staff by participating in their awards ceremonies or develop a competitive, statewide recognition award for outstanding care by direct service staff.
- Institute a contest to create posters (tee shirts, comic strips, etc.) depicting how to maintain or enhance an abuse free environment. Provide awards to winners. Allow for various categories of winners, most original, most colorful, most humorous, etc. Make contests that are for staff, others for service recipients, and others for anyone to enter.
- Create work groups within programs/facilities to discuss how best to reach their particular population. Empower those groups to participate in policy discussions with administration to share their insights.
- Send e-mail blasts and post on the OASAS or provider website about abuse prevention, available training and, invite viewers to share and post the announcements.
- Develop public service announcements for radio and television.

### STRATEGIES FOR COLLABORATION

- Identify programs/facilities with a high concentration of vulnerable service recipients (e.g., dementia, aggressive, highly dependent), target those programs/facilities for a mailing on abuse and abuse prevention, and offer training and assistance.
- Identify funding sources for programs/facilities that have an institutional appearance to help them make changes to address abuse risks in the physical environment that exist.
- Develop a list of programs/facilities with exemplary abuse prevention policies and make the list available to all programs/facilities statewide or use as a referral source for programs/facilities that have a problem with abuse or want to reduce the risks for abuse.
- Develop a model abuse prevention policy.

- Develop guidelines on staff screening which programs /facilities may voluntarily adopt.
- Create work groups or think tanks across agencies to work together and share how they were able to be successful, or seek input from others for ideas on difficult situations.

**Report Abuse and Neglect at 855-373-2122**