NEW YORK
STATE OF
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SELF-ASSESSMENT FOR AN ABUSE FREE ENVIRONMENT

**For programs and facilities certified or operated
by the Office for People With Developmental Disabilities**

September 2015

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OPPORTUNITY. | **Office for People With
Developmental Disabilities**

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 facilities and programs 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 who support individuals with developmental or intellectual disabilities to think in terms of an abuse-free environment, to self-evaluate their programs for risk of abuse or neglect, and to provide resources to mitigate the identified areas of risk.

This tool is meant to be helpful to your agency in determining which area to focus on in your performance improvement projects. The Office for People With Developmental Disabilities (OPWDD) and the Justice Center are available to assist in developing or providing resources that would support your program in abuse prevention.

This tool is not meant to be shared with the Justice Center, OPWDD or other surveyors.

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.

Please e-mail questions or concerns to: prevention@justicecenter.ny.gov.

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 OPWDD 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"), and 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 in determining 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 CHECK IF THE ITEM APPLIES TO YOU	B RATE FROM 1 TO 5 FOR DEGREE OF RISK	**Risk Factor #1: Abuse Prevention Policy**
_____	_____	The facility/program has an abuse prevention policy.
_____	_____	The program's policies underscore the dignity and worth of all individuals as documented in the National Alliance of Direct Support Professionals (NADSP) Code of Ethics, which are adopted in New York State.
_____	_____	Definitions of abuse and neglect are consistent with OPWDD regulations, Mental Hygiene Law and the *Protection of People with Special Needs Act*.
_____	_____	The procedures to follow in response to a reportable incident are clear.
_____	_____	The abuse prevention policy includes specific time frames for responding to abuse allegations and how to make reports.
_____	_____	The abuse prevention policy directs staff on how to step in and stop abuse or neglect, protect the individual, then report the incident, and identify actions to remedy abuse or neglect.
_____	_____	Changes in an individual's behavior are monitored.
_____	_____	Falls and accidents are routinely investigated to determine cause.
_____	_____	There are procedures in place for safeguarding individuals' valuables.

INFORMATION SOURCES FOR COMPLETING RISK FACTOR #1

Observations and impressions
Facility policies
Certification records
OPWDD regulations
Complaint data/recipient and staff grievances
Customer satisfaction survey

A CHECK IF THE ITEM APPLIES TO YOU	**B** RATE FROM 1 TO 5 FOR DEGREE OF RISK	**Risk Factor #2: Staff Training**
_____	_____	Orientation for new staff includes information on how to recognize and report abuse and neglect.
_____	_____	All staff is trained to handle stressful situations, including dealing with potentially challenging behaviors displayed by individuals they support.
_____	_____	All levels of staff are trained to recognize the warning signs of abuse and neglect, and are given information on their possible causes.
_____	_____	All levels of staff are told how to handle reportable incidents, as per the *Protection of People with Special Needs Act.*
_____	_____	Training on cultural diversity, ethnic differences and language barriers is provided for all levels of staff to help reduce the isolation of individuals.
_____	_____	Staff members are trained to use creative problem solving and conflict resolution techniques to effectively respond to aggression or other challenging behaviors displayed by individuals, as well as other difficult support situations.
_____	_____	Training includes techniques on how to manage stress.
_____	_____	All staff is trained in the rights of individuals and their role in protecting and supporting those rights.
_____	_____	Training is provided to improve staff capacity to communicate with individuals and families.
_____	_____	As applicable, staff members are trained in every aspect of care for medically fragile individuals (e.g., various therapies, diseases, dementia, etc.).
_____	_____	Respect for dignity and worth of every individual is emphasized in staff training.
_____	_____	Incentives are provided to encourage staff to attend in-service training or obtain training outside the facility.
_____	_____	Supervisors are trained to identify signs of staff stress and burnout.

INFORMATION SOURCES FOR COMPLETING RISK FACTOR #2

Observations
Staff development records
Staff performance evaluations
Employee Assistance Program

A
CHECK IF THE ITEM APPLIES TO YOU

B
RATE FROM 1 TO 5 FOR DEGREE OF RISK

Risk Factor #3: Staff Screening

The program/facility screens all prospective employees and volunteers to ensure their suitability to work with vulnerable individuals before they begin work (including background checks that include the State Central Registry, Mental Hygiene Law Part 16.34 checks and the Staff Exclusion List).

Job applicants are asked to describe how they feel about caring for others.

Job applicants are asked to describe how they might react/respond to an abusive situation.

Job applicants are asked about their attitudes toward work.

A
CHECK IF THE ITEM APPLIES TO YOU

B
RATE FROM 1 TO 5 FOR DEGREE OF RISK

Risk Factor #4: Staff Stress/Burnout

Staff experiencing symptoms of job burnout or other stressors have access to support groups.

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

If an abuse or neglect 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.

Direct support staff has opportunities for advancement.

> **INFORMATION SOURCES FOR COMPLETING RISK FACTOR #5**
>
> Observation/impressions
> Program/Facility staffing records
> Job satisfaction surveys
> Certification records
> Complaint data/grievances
> Exit interviews

A CHECK IF THE ITEM APPLIES TO YOU	**B** RATE FROM 1 TO 5 FOR DEGREE OF RISK	**Risk Factor #5: Staff Ratios/Turnover**
_____	_____	The facility hires sufficient numbers of qualified staff to meet the care needs of each individual.
_____	_____	The turnover rate for direct support staff is low.
_____	_____	"Pool"/contract workers are rarely used to fill gaps caused by staffing shortages.
_____	_____	The facility rarely asks staff to work extra hours or double shifts.

> **INFORMATION SOURCES FOR COMPLETING RISK FACTOR #6**
>
> Observation/impressions
> Program/Facility staffing records
> Survey Reports
> Program policy and OPWDD regulations
> Certification records
> Complaint data/grievances

A CHECK IF THE ITEM APPLIES TO YOU	**B** RATE FROM 1 TO 5 FOR DEGREE OF RISK	**Risk Factor #6: History of Deficiencies/Complaints**
_____	_____	The facility received no deficiencies related to provision of individual rights, protections and care in the most recent certification survey report.
_____	_____	There have been few or no substantiated reports of abuse or neglect.
_____	_____	There have been few or no prosecutions of abuse or neglect.

A CHECK IF THE ITEM APPLIES TO YOU	B RATE FROM 1 TO 5 FOR DEGREE OF RISK

Risk Factor #7: Culture/Management

A	B	
_____	_____	The staff and administration recognize that abuse or neglect could occur in the program/facility.
_____	_____	Individuals feel they can report problems to the administration without fear of retaliation.
_____	_____	Direct support staff members believe they can tell their supervisor about care problems they have observed without fear of retaliation.
_____	_____	The facility management is willing to seek outside assistance to help with difficult individual support problems.
_____	_____	Each individual's support plan is tailored to meet his or her needs and preferences.
_____	_____	The program/facility has a philosophy of care and respect for all individuals and family members.
_____	_____	There are no blanket policies/procedures/rules that limit rights, choice and autonomy in daily life.

INFORMATION SOURCES FOR COMPLETING RISK FACTOR #7

Discussion with individuals and staff
Observations/Impressions
Policy/Procedure manuals
Certification records
Complaint data/grievances

INFORMATION SOURCES FOR COMPLETING RISK FACTOR #8

Discussion with individuals
Floor plans
Policy
Observations/Impressions
Complaint data/grievances

A CHECK IF THE ITEM APPLIES TO YOU	B RATE FROM 1 TO 5 FOR DEGREE OF RISK

Risk Factor #8: Physical Environment

A	B	
_____	_____	The hallways and corridors are wide and spacious to meet the needs of individuals.
_____	_____	The facility is physically accessible to the individuals.
_____	_____	Rooms with three or more individuals are uncommon.
_____	_____	The facility has good lighting.
_____	_____	The facility's appearance (decorations, furnishings, accommodations and adaptations) reflects the needs, interests, and participation of the individuals.
_____	_____	The facility provides privacy in locations where and when privacy is expected (e.g., bedrooms, bathrooms, medication and treatment administration).
_____	_____	The facility optimizes individuals' full access to typical facilities in a home.
_____	_____	Visitors to the facility are required to check in at a front entrance before going to an individual's room.

II. SERVICE RECIPIENT RISK PREVENTION FACTORS

Note: The evidence shows that certain behaviors and emotional and cognitive symptoms can increase the risk of abuse or neglect. Keep in mind the intent here is not to "blame the victim," but rather to find the underlying causes of a behavior (unmet need) and to create a supports plan that is personalized for the individual's needs.

A CHECK IF THE ITEM APPLIES TO YOU	**B** RATE FROM 1 TO 5 FOR DEGREE OF RISK	**Risk Factor #9: Unmet Need**
		BEHAVIORAL SYMPTOMS OF UNMET NEED
_____	_____	*Wandering*: Repetitive movements, seemingly oblivious to safety.
_____	_____	*Distressed behavior*: Visibly upset, agitated.
_____	_____	*Expressed verbally*: Demanding, irritable tone of voice, verbally aggressive or combative (e.g., loud, critical, argumentative, complaining, or cursing).
_____	_____	*Expressed physically*: Hitting, kicking, pushing, scratching, tearing things, grabbing, sexual acting out, sexual contact without consent, disrobing in public.
_____	_____	*Other*: Vocal noisiness, screaming, banging, self-injurious behaviors, smearing or throwing food or feces, hoarding, rummaging through others' belongings.
		COGNITIVE SYMPTOMS OF UNMET NEED
_____	_____	Confusion, disorientation, inability to express needs or accurately describe or report events.
_____	_____	Escalating anxiety symptoms, acts fearful, passive, submissive, or timid.
_____	_____	Inability to recognize danger or exit in an emergency.
_____	_____	Past history of mental illness.
_____	_____	Acts depressed, withdrawn, or prefers isolation.
		OTHER RISK FACTORS
_____	_____	Frailty and physical dependence, confinement to bed, severe mobility limitations (e.g., obese resident requires help from two to three staff members to get out of bed).
_____	_____	Sensory deficits (e.g., deaf, hard-of-hearing, visually impaired).
_____	_____	Language or communication barriers experienced by limited English or non-English speaking individuals.

INFORMATION SOURCES FOR COMPLETING RISK FACTOR #9

Observations/impressions
Certification records
Communication logs and shift reports
Complaint data/grievances
Police reports
Medical reports
Support plans

III. RELATIONSHIP RISK PREVENTION FACTORS

A CHECK IF THE ITEM APPLIES TO YOU	B RATE FROM 1 TO 5 FOR DEGREE OF RISK	
_____	_____	

Risk Factor #10: Individual-Visitor Frequency

A	B	
_____	_____	Individuals are not isolated (e.g., individuals have visitors and regular contact with staff and other residents).
_____	_____	The facility allows for visitation of friends and family in accordance with personal preferences for time and place.
_____	_____	Individuals can receive visitors.

> **INFORMATION SOURCES FOR COMPLETING RISK FACTOR #10**
>
> Observation/impressions
> Certification records
> Complaint data/grievances
> Customer satisfaction surveys
> Medical reports
> Support plans

A CHECK HERE IF THE ITEM APPLIES TO YOU	B RATE FROM 1 TO 5 FOR DEGREE OF RISK	

Risk Factor #11: Individual-Staff Interaction

A	B	
_____	_____	Support staff work with the same group of individuals consistently, providing continuity of care that allows staff to build personal relationships.
_____	_____	Individuals feel secure.
_____	_____	Individuals are supported to live agreeably with roommates/housemates, and are supported in conflict resolution when needed.
_____	_____	Staff turnover is low.
_____	_____	There are few or no unfilled staff vacancies.
_____	_____	The ratio of qualified staff to individuals is adequate, with day and night coverage.
_____	_____	Privacy for dressing, bathing and toileting is assured.
_____	_____	Individuals who need help with eating are given assistance from trained staff.
_____	_____	All individuals are given choices on what they want to wear.
_____	_____	Staff provides dining assistance to individuals at a pace that makes the individual comfortable.
_____	_____	When individuals are served food they don't like, a substitute is offered.
_____	_____	Baths are given at a time that suits the individual's convenience.
_____	_____	Individuals get to decide when they will get up and when they will go to bed.
_____	_____	Staff and individuals speak the same language.
_____	_____	Staff understands, respects and supports the cultural values of the individuals they support.
_____	_____	Individuals are not physically aggressive toward staff (e.g., hitting, kicking, spitting or scratching).
_____	_____	There is respectful communication between individuals and staff.

_____   _____   Individuals do not physically or verbally resist care.

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 **Service Recipient 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. Service Recipient Risk Prevention Factors		

In the **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. 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 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 OPWDD. 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.

STRATEGIES FOR LEADERSHIP

Abuse Prevention Policy

- Develop protocols on how to care for challenging individuals 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 individuals, seek win-win opportunities. Foster collaboration and trust, between staff, between staff and administration, and between staff and individuals. 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 INDIVIDUAL/FAMILY INVOLVEMENT

- Survey individuals and work with family councils to identify individuals' choices and make changes in policies and practices, as appropriate.
- Develop a volunteer program to match volunteers with individuals who don't have regular visitors and ensure that volunteers understand how to report care problems they encounter.
- Use programs to promote healthy socialization skills and positive social relationships.

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 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 OPWDD 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