NEW YORK
STATE OF
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Self-Assessment for an Abuse Free Environment

For programs and facilities licensed, certified or operated by the Office of Addiction Services and Supports

July 2017

This is a voluntary **self-assessment tool to support your abuse prevention efforts. This self-assessment will not be audited by State Oversight Agencies or the NYS Justice Center for the Protection of People with Special Needs.**

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Prevention of Abuse and Neglect Work Group

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 Addiction Services and Supports (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 Addiction Services and Supports (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

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 11 for scoring and page 12 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 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 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 *Protection of People with Special Needs Act*.
_____	_____	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
_____	_____	Orientation for new staff (including volunteers, cooks, maintenance, per diem, respite, and any others who have regular and substantial contact) includes how to recognize and report abuse, falls, accidents, non-routine 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 including specific training on sexual misconduct.
_____	_____	Staff are trained to report known or suspected abuse and on the confidential nature of such reports as per the facility's policies and procedures, and where appropriate are trained on the CASAC Canon of Ethics.
_____	_____	Training on being trauma informed, culturally competent and linguistically appropriate, 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).
_____	_____	Questions asked of job applicants include describing how they might react/respond to a stressful or abusive situation and how they handle anger and stress.
_____	_____	Interviews include standardized questions and a process for second interviews for a final determination of the candidate's suitability for the position.
_____	_____	Three professional references are directly contacted and asked standardized questions.

A CHECK IF THE ITEM APPLIES TO YOU	B RATE FROM 1 TO 5 FOR DEGREE OF RISK	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/neglect/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	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, or other accrediting entity
Program/Facility policy
OASAS regulations
OASAS or other regulatory agency review
Complaint data/participant grievances
Participant charts
Program/Facility documents
Customer satisfaction surveys

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

Risk Factor #6: History of Deficiencies/Complaints

A CHECK IF THE ITEM APPLIES TO YOU	B RATE FROM 1 TO 5 FOR DEGREE OF RISK	
_____	_____	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 has been a low rate of substantiations and/or 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.

Risk Factor #7: Culture/Management

A CHECK IF THE ITEM APPLIES TO YOU	B RATE FROM 1 TO 5 FOR DEGREE OF RISK	
_____	_____	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, as well as reporting to other entities such as the Justice Center.
_____	_____	Staff members believe they can tell their supervisor or other appropriate entities 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.

Risk Factor #8: Physical Environment

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

IN COLUMN B, USE THE FOLLOWING SCALE TO RATE EACH AREA THAT APPLIES (CHECKED OFF IN COLUMN A)
1: strongly agree 2: agree 3: neither agree nor disagree 4: disagree 5: strongly disagree

A CHECK IF THE ITEM APPLIES TO YOU	B RATE FROM 1 TO 5 FOR DEGREE OF RISK	Risk Factor #9: Personal Conditions
Leave Blank	Leave Blank	**BEHAVIORAL AND COGNITIVE SYMPTOMS (described below) are effectively addressed through clinical assessment, follow-up, and monitoring in accordance with regulations and generally accepted practice.**
_____	_____	*Expressed verbally*: Verbally abusive/attacking, antagonistic, demanding, verbally combative (e.g., loud, critical, argumentative, complaining, or cursing).
_____	_____	*Expressed physically*: Sexual acting out, physically aggressive toward others or toward property or objects, self-mutilating behavior, angry outburst, etc.
_____	_____	*Other active symptoms*: Vocal noisiness, screaming, banging, hoarding, rummaging through others' belongings, compulsive behaviors.
_____	_____	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.
_____	_____	Flat affect, withdrawn, isolates from others, crying spells.
_____	_____	*Other passive symptoms*: not eating, not showering, not attending to daily hygiene, loss of interest in activities, etc.
Leave Blank	Leave Blank	**MEDICAL conditions (described below) are effectively addressed including assessment and monitoring by medical providers and program. Treatment adjustments are made as indicated and in a timely manner**
_____	_____	Frailty, physical dependence, confinement to bed, sever mobility limitations (e.g. obese residents who require help from 2-3 staff members to get out of bed).
_____	_____	Sensory deficits, (e.g., visually impaired)
		Other
Leave Blank	Leave Blank	**COMMUNICATION conditions (described below) are effectively addressed with appropriate accommodations and include regular monitoring and assessment of effectiveness by the designated specialist and program. Adjustments to treatment are made as indicated and in a timely manner.**
_____	_____	Language or communication barriers experienced by people with limited English or those who are non-English speaking.
_____	_____	Language or communication barriers experienced by people who are deaf, or hard-of-hearing.

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

Risk Factor #10: Visitor Interactions

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

Risk Factor #11: Participant-Staff Interaction

A CHECK HERE IF THE ITEM APPLIES TO YOU	B RATE FROM 1 TO 5 FOR DEGREE OF RISK	
_____	_____	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 each category below, 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		

RISK CATEGORY	SCORE	RISK LEVEL
II. Participant Risk Prevention Factors		

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 12 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 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.

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.