



GUIDANCE FOR REPORTING SIGNIFICANT EVENTS
Reissued: February 2014

Significant Event Reports: Care Manager Reporting of Significant Events Related to Assisted Outpatient Treatment (AOT) Court Orders

The AOT statute requires the OMH Regional AOT Program Coordinator, as appointed by the Commissioner of the NYS Office of Mental Health, to ensure that a mechanism exists for the care management entity serving an individual who is under an AOT court order to regularly report the assisted outpatient recipient's compliance, or lack of compliance with treatment, to the Director of the County's/NYC's AOT Program (MHY§ 7.17 (f)(2)(iv)).

Therefore, each County's/NYC's AOT Program should have a procedure in place for the care management entity to report to the County's/NYC's AOT Director within **24 hours** of being made aware of one of the significant events listed below. In addition, each County's/NYC's AOT Program should have a procedure in place for the Director of the County's/NYC's AOT Program or designee to report specific significant events (marked by an asterisk (*)), to the OMH Regional AOT Program Coordinator within **24 hours**.

To provide guidance on how care management entities (ACT or HH Care Managers) can meet this reporting requirement, OMH has updated the previously re-issued May 2004 and posted on the OMH website, which outlined how OMH Case Management Programs and ACT teams could report non-compliance and other significant events to the Director of the County's/NYC's AOT Program. This Significant Event Report can be used for reporting Significant Events, and provides the County's/NYC's AOT Programs with information that can be used to complete the Quarterly AOT Reports (MHY§ 9.48 (b)(i-ix)).

Additionally, it is recommended that AOT recipients who are members of HHs ensure that the HH network is made aware of significant events to partner with Care Management or ACT to ensure appropriate services are in place to prevent future events.

Assisted Outpatient Treatment – Significant Event Report

Client:	County:
DOB:	Gender:
Care Manager:	Phone Number:
Incident Date:	Report Date:

Check all elements which describe what has occurred

Criminal - Arrest, Incarceration, Accusation:

- Is accused of or arrested for committing any crime
- Subway/Mass Transit incident of any kind*
- Accused of or arrested for committing a SERIOUS crime
Examples include, but not limited to:*

 - Hate crime or Terrorist Threat/Act*
 - Arson (this refers to intentional fire-setting and not careless smoking)*
 - Hijacking*
 - Impersonating an officer*
 - Kidnapping*
 - Sex offense*
 - Stalking*
 - Weapons possession*
 - Homicide*
 - Animal Cruelty*

- Violates probation/parole
- Is Incarcerated
- Is the victim of a crime

Danger to Self or Others:

- Order of protection against AOT client*
- Commits an act of violence toward another person (not a crime, or charges not pressed)*
- Domestic violence*
- Inappropriate behavior toward children*
- Serious threat of harm to others*
- Fire or fire risk (unintentional)*
- Expresses a plan to commit suicide
- Serious threat of harm to self*
- Serious threat of suicide with plan/intent*
- Commits an act of self-harm*
- Attempts Suicide*

Non-Compliance with Mandated Treatment:

- Refuses to take court-ordered medications
- Refuses or is seriously non-compliant with other court ordered services

Homelessness

- Loses housing or becomes homeless
- Is at imminent risk of losing housing

Substance Abuse

- Fails or refuses a court ordered drug test
- Abuses drugs or alcohol
- Substance Abuse associated with threatening behavior or danger to self/others*

Psychiatric Inpatient Hospital or Emergency Services Utilized:

- Hospitalized due to command Hallucinations of a Violent Nature*
- Receives psychiatric emergency room or psychiatric inpatient hospital services
- Is the subject of a removal order, 9.60/9.45*

Risk of Non-Delivery of Mandated Services:

- At risk of being discharged from a court ordered service without viable alternative*
- Is not receiving court-ordered services in a timely manner
- Has left or plans to leave the county

Psychiatric Decompensation:

- Demonstrates risk behaviors or acute relapse of psychiatric symptoms
- Needs assessment by a physician to determine whether transport to a hospital for a 72-hour evaluation should be ordered

Missing:

- Missing (cannot be located and has had no credibly reported contact within 24 hours of the time the case manager or ACT team received notice that the patient was absent)*

Deceased:

- Death, regardless of cause*

Other Significant Event:

- Describe circumstance below

Description:

Provide a narrative description of the incident including the date the case manager/ACT Team became aware of the event. For events describing non-compliance, include reasons stated by the client.

Check all who have been contacted regarding this event:

- | | | | |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> Outpatient Provider | <input type="checkbox"/> Physician | <input type="checkbox"/> Residence | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> County AOT Coordinator | <input type="checkbox"/> Police/Jail | <input type="checkbox"/> Probation/Parole | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Substance Abuse Program | <input type="checkbox"/> Family | | |

Recommended Actions:

1. Is any emergency evaluation or hospitalization recommended?
 - No, client already in ER or hospital
 - No, client can be managed in community
 - Yes: specify plans, e.g. call for 72 hour pick up evaluation, etc.

2. Is any change in the treatment plan recommended (e.g. type or frequency of services, providers)? Is any change in the treatment plan requested by the client? Please elaborate:

3. Is there any need for a case conference?
 - Yes
 - No