



## **GUIDELINES FOR INITIAL REPORTING BY LOCAL GOVERNMENTAL UNITS (LGUs) ON ASSISTED OUTPATIENT TREATMENT (AOT)**

### **General Requirements**

LGUs are required by law to provide the New York State Office of Mental Health (OMH) Program Coordinators at their corresponding field offices with information on all AOT recipients starting at the initiation of the AOT referral and ending when the AOT recipient is no longer under a court order. See *MHL § 9.48 and §9.60*.

Further information can also be found on the AOT portal: <https://my.omh.ny.gov/bi/aot>

Specifically, LGUs are required to submit information to the OMH program coordinator at four key points in the AOT process:

### **Report Timeframes, Contents and Formats**

**1. Case Initiation** – Copies of all petitions and orders must be sent to the OMH program coordinator within 3 days of issuance of a court order which: grants the AOT petition, dismisses the petition, renews, modifies or makes a material change to the original treatment plan. Program coordinators must receive all relevant documentation when an AOT recipient is transferred from one county to another. Copies of all relevant documentation includes any records the LGU may have even when the LGU is not the petitioner.

*Frequency:* Within 3 days of issuance of a court order or dismissal of the AOT petition.

*Format:* Copies of all relevant court documents.

*Content:* A copy of court order; copy of court-ordered written treatment plan; copy of the original petition and physician's affidavit forms (if prepared by or available from the LGU); copy of any intake/investigation documentation prepared by the LGU; service provider and care coordinator information; dates for service initiation; housing status of individuals receiving AOT. Copies/Templates legal forms available on the AOT Portal:

<https://my.omh.ny.gov/analytics/saw.dll?dashboard#forms>

*Transmittal Method:* Mail, FAX, or Biscom Email. Mail should be post-marked by the third day after issuance of the court order.

*Instructions:* OMH Program Coordinators at each OMH Field Office should receive all available documentation within three days of initiation.

**2. Monthly Reports**– The Monthly Statistical Summary Report includes the number of: investigations conducted, court orders, service enhancements, voluntary service agreements, significant events and the non-renewals that expired during the report month.

*Frequency:* Monthly at the beginning of each month, send prior monthly statistics.

*Format:* Form Provided below.

*Content:* Information described above. Significant Events, and Non-Renewals.

*Transmittal Method:* Mail, FAX, or Biscom Email.



*Instructions:* OMH Program Coordinators at each field office should receive a monthly report from each LGU in their respective regions at the end of each month that depict the actual statistics for that given month.

**3. Quarterly Update** – LGU’s must submit quarterly reports to the Program Coordinator on the status of AOT recipients and the functioning of their AOT Program. LGUs may receive report summaries from the AOT data system. LGU’s must update the reports for status and service changes not covered by court order/material changes. Information in the quarterly report must include a current list of AOT recipients in the report period, the percentage of petitions granted by the court, and a list of all categories of service offered during the period.

*Frequency:* Negotiated between Program Coordinator and LGU; must be at least quarterly.

*Format:* Program Coordinator may provide LGU with printout from data base and request update of all relevant data fields. A LGU can submit one of two templates provided later in this document. One must be submitted quarterly.

*Content:* Focus on status and service changes not covered by court order changes, e.g., changes in housing status, changes in service providers or provider information, changes in case manager assignments

*Transmittal Method:* Mail, FAX or Biscom Email.

**4. Significant Event** – LGUs must immediately report any actions taken to address serious non-compliance with court-ordered treatment or any serious violent incidents involving AOT recipients. This report is specific to AOT recipients only and is an addition to the existing procedures for incident reporting, and does not supplant that system.

*Frequency:* Within 24 hours of a significant action in response to non-compliance or other significant incident involving violence or the criminal justice system

*Format:* Significant Event Report Form on the AOT OMH Portal– Date, name of reporter, relationship of reporter to subject (e.g., care manager, Director of AOT Program, treating physician), treatment/service with which non-compliant, resulting action (e.g., service plan change, transport for evaluation, hospitalization, etc.)

<https://my.omh.ny.gov/analytics/saw.dll?dashboard#Guidance> >” **AOT Guidance for Reporting Significant Events” Significant events that must be reported to the AOT Program Coordinator at your field office within 24 hours are noted by an asterisk in this form.**

*Transmittal Method:* FAX or Biscom Email.

**LGU’S may also be asked to reconcile data that has been submitted in any of the four required points in the AOT process described above.**



# Office of Mental Health

## Template for Case Initiation Cover Letter

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### Recipient Identifying Information – Provide as much of this information as is available.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

SSN: \_\_\_\_\_ State I.D. #: \_\_\_\_\_ C#: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

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### Investigation Information – Complete if the case was initiated by a referral for an investigation.

Date of Referral: \_\_\_\_\_

Name of Referring Party: \_\_\_\_\_

Relationship of Referring Party to Subject of Investigation: \_\_\_\_\_

Date Investigation Concluded: \_\_\_\_\_

Result of Investigation:  Individual ineligible for AOT and/or no further action taken  Alternative to AOT pursued (Attach additional sheets describing the alternative approach)  AOT Petition pursued (Also complete the “Petition Information” section below)

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### Petition Information – Complete if the case was initiated directly by a petition, or if the end result of the investigation was the filing of a petition.

Date Petition Initiated: \_\_\_\_\_

Petitioner Category:  DCS  Hospital Director  Roommate  Family Member  Residential Provider

Psychiatrist  Parole/Probation  Social Service Official

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## ASSISTED OUTPATIENT TREATMENT PROGRAM QUARTERLY REPORT DEFINITIONS

**CHANGE IN STATUS:** Change in status means any occurrence that would generate a Significant Event Report such as; noncompliance; missing; removal or other pick up order; violent; hospitalized; incarcerated...etc.

**MATERIAL CHANGE:** Material change means a category of service in the court ordered treatment plan that was subsequently added or deleted by the court.

**CATEGORY OF SERVICE:** Category of service means the types of services ordered by the court, such as; care management; medication; housing; partial/day treatment; individual or group therapy; alcohol or substance abuse services; testing for compliance with medications or for presence of drugs or alcohol; financial management; vocational; educational...etc.

**LIVING ARRANGEMENT:** Examples of living arrangements would include, but are not limited to, the following:

- 1)private residence alone
- 2)private residence w/spouse or domestic partner
- 3)private residence w/parent, child or other family
- 4)mental health supported housing (or SRO)
- 5)mental health housing support program (congregate support or service enriched SRO)
- 6)mental health apartment treatment program
- 7)mental health congregate treatment program
- 8)mental health crisis residence
- 9)mental health family care
- 10)state operated community residence
- 11)children and youth residential (FBT, RTF, CR, TFH, Crises)
- 12)inpatient, general hospital or private psychiatric hospital
- 13)inpatient of state psychiatric center
- 14)drug or alcohol abuse residence or inpatient setting
- 15)correctional facility
- 16)homeless shelter or emergency housing
- 17)homeless – streets or parks
- 18)homeless – drop-in center or other undomiciled



ASSISTED OUTPATIENT TREATMENT PROGRAM  
QUARTERLY REPORT  
Reporting Period:

**Instructions:**

**Answer all questions.**

**1.**List by **name** all individuals in your AOT Program during the reporting period, then include the following information for each person named:

- a) change in status
- b) material changes
- c) changes in care manager
- d) living arrangements

**2.**Give the **percentage** of AOT petitions that have been granted by the court (*since the inception of Kendra's Law*):

**3.**Give a description of the **categories of services** which have been ordered by the court (*since the inception of Kendra's Law*):

**4.**Make **recommendations** to improve the program locally or statewide.



# Office of Mental Health

## AOT QUARTERLY REPORT

County \_\_\_\_\_

Date  
For Period Ending

Client Name

Change of Status  
During this Quarter

Description of Material  
Changes During this  
Quarter

Changes in Care  
Management During  
this Quarter

Living Arrangements  
During this Quarter

1) Since the inception of Kendra’s Law, what percentage of AOT petitions have been granted by the court in your county (*since the inception of Kendra’s Law*)? \_\_\_\_\_%

2) Give a description of the categories of services which have been ordered by the court (*since the inception of Kendra’s Law*).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) List recommendations to improve the program locally or statewide.



## Instructions for AOT Monthly Statistical Summary Report

**Investigations- Unduplicated** refers to the total number of individuals that have been referred for AOT investigation. You want to clarify that ongoing investigations that last longer than one month are not being reported more than one time. Investigations initiated/referred during the report month should be listed under **NEW** whereas **Ongoing** should cover ones that were initiated in prior months but are still pending. **Cumulative** should include all investigations conducted even multiple investigations on the same persons, whereas **Unduplicated** should refer to the number of potential recipients whom have been investigated without consideration to the number of times they have been investigated.

**Court Orders/Orders-** The total number of ACTIVE AOT ORDERS that are considered “active” during the month of the report go under **Current/Active**. Court orders are considered “Active” the date the judge signs the order according to OMH Counsels office. For example, if the court hearing date is on May 25<sup>th</sup>, but the order is not signed until June 5<sup>th</sup>, the order would be considered “Active” as of June 5<sup>th</sup>.

**Unduplicated** refers to the total unduplicated persons whom have been court ordered in the county since 11/8/99. **Cumulative** refers to ALL the number of initial court orders that a given county has had to monitor since 11/8/99.

**Enhancements/Voluntary Agreements-** The total number of enhancements that are active during the month of the report go under **Current/Active**. These are all voluntary/enhanced service agreements that are current or active during the report month. The **New** column is for DCS’ to enter all NEW voluntary/enhanced service agreements that were initiated during the report month. **Cumulative** includes ALL Enhancements/Voluntary agreements that have been enacted since the beginning of AOT monitoring (or whenever the county started enacting these types of agreements).

**Significant Events-** The total number of significant events that fall under the report month go under **New**. Make sure to identify whether a **9.60** removal order was activated vs a **9.45** general removal order and make sure to list any that resulted in inpatient psychiatric hospitalization under **# Resulted in Hospitalization**.

**Non-Renewal-** The total number of orders not renewed this month are the total number of orders that have expired during the report month. For example, if a county determines in January that they will not renew an order that is set to expire in February, the Non-renewal gets counted in February when the order actually expires. **Cumulative since 3/16/13** is just the total number of orders that have been allowed to expire since 3/16/13.



**AOT: Monthly Statistical Summary Report**

County:

Date Submitted:

Completed by:

Reporting Period:

**INVESTIGATION SECTION**

- 1. Total # of UNDUPLICATED investigations for AOT\*. \_\_\_\_\_
- 2. How many NEW investigations for this reporting period? \_\_\_\_\_
- 3. Total number of ALL (Cumulative) INVESTIGATIONS? \_\_\_\_\_
- 4. How many are ONGOING (open) investigations? \_\_\_\_\_

**COURT ORDER SECTION**

- 5. Total # of ACTIVE/CURRENT AOT orders in your county? \_\_\_\_\_
- 6. Total number of UNDUPLICATED AOT orders your county has been responsible for monitoring? \* \_\_\_\_\_
- 7. Total number of ALL AOT orders (CUMULATIVE) your county has been responsible for monitoring? \* \_\_\_\_\_

**SERVICE ENHANCEMENT SECTION**

- 8. How many referrals resulted in enhanced services to date? \* \_\_\_\_\_
- 9. How many new service enhancements for this reporting period? (Those counties providing descriptive information, please attach details of any new cases since the previous report). \_\_\_\_\_
- 10. How many are currently active service enhancements? \_\_\_\_\_

**SIGNIFICANT EVENT SECTION**

- 11. How many significant event reports were submitted to the OMH field office for this reporting period? \_\_\_\_\_
- 12. How many pick-up orders were issued during this reporting period? 9.45 \_\_\_\_\_
- 13. How many pick-up orders resulted in a hospitalization? 9.60 \_\_\_\_\_

**NON-RENEWAL SECTION**

- 14. How many orders were not-renewed that expired this month? \_\_\_\_\_
- 15. How many cumulative non-renewals have not been renewed since 3/16/13? \_\_\_\_\_

**\*Please provide the cumulative totals since 11/8/99 for the following categories of AOT activity where indicated with an asterisk.**