

84 ADM-014

Short Term Involuntary Protective  
Services Orders: Reports to the  
Department



NEW YORK STATE  
**DEPARTMENT OF SOCIAL SERVICES**  
 40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001  
 CESAR A. PERALES  
 Commissioner



(An Administrative Directive is a written communication to local Social Services Districts providing directions to be followed in the administration of public assistance and care programs.)

**ADMINISTRATIVE DIRECTIVE**

TRANSMITTAL NO: 84 ADM-014  
 (Adult Services)

TO: Commissioners of Social Services

DATE: May 14, 1984

SUBJECT: Short Term Involuntary Protective Services Orders:  
 Reports to the Department

SUGGESTED  
 DISTRIBUTION: County and Agency Attorneys  
 Directors of Social Services  
 Protective Services for Adults Staff

CONTACT PERSON: Any questions concerning this release should be directed to the district's Protective Services for Adults (PSA) Program Representative in the Division of Adult Services by calling 1-800-342-3715, Christina Ray, extension 3-1713; Sharon Lane, extension 3-8728 or Irv Abelman, extension 4-8934 or (212) 488-5097.

I. PURPOSE

The purpose of this release is to advise the districts of a change in the reporting requirements on the utilization of the short ten involuntary protective services orders (STIPSO).

II. BACKGROUND

In 81 ADM-57, the Department advised the districts of the provisions of Chapter 991 of the Laws of 1981, which authorizes the districts to petition the court for a STIPSO on behalf of certain involuntary clients in need of Protective Services for Adults (PSA), and the steps which must be taken to effectively utilize this statutory authority. Among the requirements in 81 ADM-57 was the need for each district to submit quarterly reports to the Department on the utilization of this particular law. The first report was due on March 31, 1982.

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Department Regs.	Soc. Serv. Law & Other Legal Ref.	Bulletin/Chapter Ref.	Misc. Ref.
81 ADM-57 82 ADM-32 82 INF-18		457	473 473-a	194	

The quarterly reports submitted by the districts have been reviewed by Department staff. Those districts which filed a petition for a STIPSO were contacted for specific information regarding the client, a chronological summary of the district's involvement with the client, and the outcome of the case.

Based on the Department's experience with the STIPSO reports during the past two years, we are decreasing the frequency of the reports to semiannual submissions and reducing the amount of information contained in the reports. We also are providing a form to be completed by the district each time the STIPSO statute is utilized. This form will reduce the need for the Department to request supplemental information from those districts which had utilized STIPSO during the Previous reporting period.

### III. REQUIRED ACTION

1. Each district shall submit semiannual reports to the Department on the utilization of the STIPSO statute. These reports shall be made on forms supplied by the Department. A copy of the form is attached as Addendum #1.

The first semiannual report shall be submitted to the Department on December 31, 1984 and shall cover the period July 1, 1984 through December 31, 1984. The Department will provide each district with a supply of reporting forms. Each report shall be signed by the Commissioner or his/her designee prior to being submitted to the Department. The reports shall be sent to:

Gregory Giuliano  
Bureau of Community Services  
Division of Adult Services  
NYS Department of Social Services  
40 North Pearl Street - 9A  
Albany, NY 12243

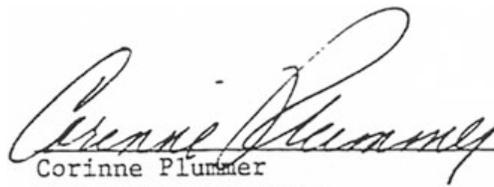
2. A case summary for each petition filed during the reporting period must accompany the semiannual report. A copy of the case summary reporting form is attached as Addendum #2.

### IV. ADDITIONAL INFORMATION

Districts are reminded of the need to mark each PSA case file in which a STIPSO has been sought by the district with a common identifier, in accordance with the requirements set forth in 81 ADM-57. Also, the change in reporting requirements to the Department in no way affects the statutory requirement regarding written reports to the court when a STIPSO has been granted.

### V. EFFECTIVE DATE

July 1, 1984



Corinne Plummer  
Deputy Commissioner  
Division of Adult Services

ADDENDUM #1

SEMIANNUAL REPORT TO THE STATE DEPARTMENT OF SOCIAL SERVICES ON THE  
UTILIZATION OF SHORT TERM INVOLUNTARY PROTECTIVE SERVICES ORDERS  
PURSUANT TO SECTION 473-a OF THE SOCIAL SERVICES LAW

District's Name \_\_\_\_\_ Reporting Period \_\_\_\_\_  
through \_\_\_\_\_

1. The number of petitions for Short Term Involuntary  
Protective Services Orders made by the district \_\_\_\_\_

(A Case Summary Reporting Form must be submitted  
for each petition filed.)

2. The number of petitions granted by the court \_\_\_\_\_

3. Any continents the district may wish to make on the  
utilization of Short Term Involuntary Protective  
Services Orders.

Commissioner's Signature \_\_\_\_\_ Date \_\_\_\_\_

ADDENDUM #2

CASE SUMMARY: REPORT TO THE STATE DEPARTMENT OF SOCIAL SERVICES ON THE UTILIZATION OF SHORT TERM INVOLUNTARY PROTECTIVE SERVICES ORDERS PURSUANT TO SECTION 473-a OF THE SOCIAL SERVICES LAW

District Name \_\_\_\_\_ Date of Petition \_\_\_\_\_

1. Client's Age \_\_\_\_\_ Gender \_\_\_\_\_ Race: ( ) White; ( ) Black; ( ) Other \_\_\_\_\_

2. Location of client (city; town; borough, if NYC) \_\_\_\_\_

3. Living arrangements (own home, apartment, motel, trailer, homeless, etc.) \_\_\_\_\_

4. Client lives alone ( ); with other(s), relationship \_\_\_\_\_

5. List all medical, environmental and other factors which resulted in alleged imminent risk of death or serious physical harm: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Reason(s) the client lacks the capacity to comprehend the nature and consequences of his/her situation (i.e., organic brain syndrome, alcoholism, mental retardation, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Is the client an alleged victim of neglect or abuse? ( ) No; ( ) Yes. If yes, has the neglect or abuse been confirmed? ( ) No; ( ) Yes.  
If either of the above is yes, what is the relationship of abuser(s). \_\_\_\_\_  
\_\_\_\_\_

8. Was the petition granted by the court? ( ) No; ( ) Yes

a. If No, please indicate what happened to client \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. If Yes, what services were provided under the STIPSO?  
\_\_\_\_\_  
\_\_\_\_\_

9. a. Did client accept services voluntarily upon expiration of the order? \_\_\_\_\_. If no, what additional action was taken by the district and what happened to the client?  
\_\_\_\_\_  
\_\_\_\_\_

b. Was an extension applied for? ( ) No; ( ) Yes Was an extension granted? ( ) No; ( ) Yes

10. Disposition of the case as of \_\_\_\_\_ (date of report) is \_\_\_\_\_  
\_\_\_\_\_

11. Other pertinent information or comment: (please use back of form or attach another sheet, if necessary.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of district staff person to be contacted for additional information

---