



**Nassau County Department of Human Services
Office of Mental Health, Chemical Dependency
and Developmental Disabilities Services**

**BRUCE A. BLAKEMAN
NASSAU COUNTY
EXECUTIVE**

2nd Annual Seminar Assisted Outpatient Treatment (AOT)



AOT Presentation Outline for PPT Presentation

Welcome and Introduction of AOT Team

History and Overview of AOT

Long Island Field Office & Role of the AOT Compliance Specialist

Legal Overview of AOT

NUMC

Sheriffs Department

Role of the Physician

Referral Process and Role of Treatment Providers

Data Collection Requirements

HALI

Motivational Interviewing

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Captain Eric Dier

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Learning Objectives

- ✓ History of AOT
- ✓ Review the legal components of AOT and court hearing process.
- ✓ Including the criteria, eligibility and referral process of AOT
- ✓ NUMC pursuing AOT
- ✓ Sherriff's Department: Kendra's Unit
- ✓ Review the role of the AOT psychiatrist
- ✓ Understanding roles and responsibilities of treatment providers.
- ✓ Understanding data collection requirements
- ✓ Review procedures and protocols for AOT pick ups
- ✓ To highlight some clinical perspectives on AOT orders and implementation
- ✓ Diversionary, support and enhanced voluntarily agreements through HALI



Antonella Bevil, LCSW
History and Overview of AOT

Executive Summary:

New York State legislation provides a court-ordered Assisted Outpatient Treatment (AOT). AOT is for certain people with mental illness who, in view of their treatment history and present circumstances, are unlikely to survive safely in the community without supervision. Kendra's Law establishes a procedure for obtaining court orders for certain individuals with mental illness to receive and accept outpatient treatment. The prescribed treatment is set forth in a written treatment plan prepared by a physician who has examined the individual. The procedure involves a hearing in which all the evidence, including testimony from the physician, and, if desired, from the person alleged to need treatment, is presented to the court. If the court determines that the individual meets the criteria for Assisted Outpatient Treatment ("AOT"), an order is issued to the director of community services (DCS) who oversees the mental health program of a locality (i.e., the county or the City of New York mental health director). The court orders will require the director to provide or arrange for those services described in the written treatment plan that the court finds necessary. The initial order is effective for up to one year and can be extended for successive periods of up to one year. The legislation also establishes a procedure for evaluation in cases where the individual fails to comply with the ordered treatment and may pose a risk of harm.

Kendra's Law...

- On August 9, 1999, Governor Pataki signed Kendra's Law (Chapter 408 of the Laws of 1999), creating a statutory framework for court-ordered Assisted Outpatient Treatment (AOT) to ensure that individuals with mental illness and a history of hospitalizations or violence participate in community-based services appropriate to their needs.
- Kendra's Law 9.60 was named in memory of Kendra Webdale, a young woman who died in January 1999 after being pushed in front of a New York City subway train by a man with a history of mental illness and hospitalizations. The law became effective in November of 1999 and reviewed periodically by the legislature for continuation.
- New York State law concerning involuntary outpatient commitment (AOT) grants judges the authority to issue orders that require people to treatment.

History and Overview of AOT:

- AOT is a form of civil commitment that authorizes the judicial system to commit eligible individuals with severe psychiatric disorders to mental health intervention in the community.
- State law establishes the criteria respondents must meet to qualify.
- The following characteristics are commonly found where AOT is used.

Continues:

- Kendra's Law establishes a procedure for obtaining court orders for certain individuals with mental illness to receive and accept outpatient treatment.
- The prescribed treatment is set forth in a written treatment plan prepared by a physician who has examined the individual.
- The procedure involves a hearing in which all the evidence, including testimony from the physician, and, if desired, from the person alleged to need treatment, is presented to the court. If the court determines that the individual meets the criteria for assisted outpatient treatment ("AOT"), an order is issued to the director of community services (DCS) who oversees the mental health program of a locality .
- The court orders will require the director to provide or arrange for those services described in the written treatment plan that the court finds necessary.
- The initial order is effective for up to one year and can be extended for successive periods of up to one year.
- The legislation also establishes a procedure for evaluation in cases where the individual fails to comply with the ordered treatment and may pose a risk of harm.

How AOT Works:

- Petitioners
- Investigation
- Physician examination / Affidavit
- Eligibility criteria
- Court hearing
- Renewal

AOT Goal

- Continuity of Care via System Integration
- Inter-agency Coordination and Cooperation
- Access to Comprehensive Services
- Treatment Compliance
- Rapid Identification of Decompensation
- Early Intervention via Hospitalization
- Jail to Community Transition
- Reduced Recidivism Lessened Exposure to Liability

Long Island Field Office & the Role of the AOT Compliance Specialist

Jessica Aquino, LCSWR

OMH Mission

The Mission of the New York State Office of Mental Health is to promote the mental health of all New Yorkers, with a particular focus on providing hope and recovery for adults with serious mental illness and children with serious emotional disturbances

www.omh.ny.gov/omhweb/about/



Primary Roles of the Field Office

- Technical Assistance
- New Policy & Program Implementation
- Public Education/Trainings
- Program Oversight & Monitoring
- Systems Coordination & Collaboration

Common Functions of OMH Field Offices

Program Oversight & Monitoring

- Licensing/Certification
- Fiscal/Budget Contracts
- Complaints
- **Assisted Outpatient Treatment (AOT)**
- Assertive Community Treatment (ACT)
- Housing (Congregate Care & Supportive Housing)
- Medicaid Management Care
- Residential Treatment Facilities Coord.
- Personalized Recovery Oriented Services (PROS)
- Children and Family Treatment Support Services
- Co-occurring Disorders
- Forensic Services
- Recipient Affairs (Peer Services)
- Parent Advisors

Public Education/Training

- Suicide Prevention
- Co-occurring Disorders
- Veterans' Affairs
- Disaster Preparedness

System Coordination & Collaboration

- Behavioral Health (BH) Organizations, including Independent Practice Associations (IPAs)
- Health Homes & Managed Care Organizations
- LGUs
- OASAS/OPWDD/OCFS Liaison
- Adult Homes/Nursing Homes

New Policy/Program Implementation

- Continuum of Crisis Services (i.e., 988, Crisis Stabilization Ctrs., Mobil Crisis Teams, etc...)
- Community Oriented Recovery and Empowerment (CORE) Services
- Children/Adolescent ACT

Technical Assistance

- Providers, Recipients, Families, Local Government Units (LGUs)



Key Roles and Responsibilities NYS MHL § 7.17

OMH AOT Program Coordinator (Located at each Field Office)

- Oversees and monitors county AOT activities, including:
 - Timely completion of investigations
 - Timely provision of court-ordered services and encouraging creativity at the local level in service delivery
- Provides technical assistance to county AOT staff **and programs** (That is you 😊)
- Receives Statutorily required data points and requests follow-up information when incidents/events occur
- Coordinates completion of AOT-related Performance Improvement Programs (PIP's) and reports outcomes and details to Central Office AOT staff

Components of Service Verifications

Progress Notes- Progress notes should be checked for, but are not limited to, the following potential issues an AOT Program Coordinator might come across in the Service Verification Process:

- Clear documentation of weekly contact or attempts at contact.
- Details regarding Significant Events and follow-up.
- Reporting of medication changes occurring during the order
- Thorough and clear descriptions of service participation and progress.
- Utox results and follow up details (per AOT order OR as clinically indicated in records).
- Evidence of blood monitoring (if mandated and/or clinically indicated)
- Diligent search efforts (if applicable).
- Communication with outside providers including medical and those listed in AOT order.
- Communication with the LGU regarding changes in status and significant events.
- Evidence of appropriate contact and communication with recipients while in institutions (Hospital/Jail/Prison).

Court Order-Should be in every chart of every program serving the consumer.

CAIRS- Field office staff should conduct reviews of Care Coordination CAIRS usage and provide feedback and support to agencies having difficulties remaining compliant with CAIRS.

Other – When an individual AOT order is being fulfilled by multiple programs, clinical detail should be consistent from program to program. For example, demographics, drug testing/results, significant events, medication lists, etc. should not vary from program to program for a specific recipient.



AOT Service Verification Reporting

- 1) A summary and list of deficiencies found (If any), and all technical assistance provided as well as future needs and agreed upon remedies should be provided to the Director of the program being visited as well as the DCS (or AOT Designee) for each corresponding county the programs reviewed are within. Summaries should note if future visits are required to ensure future compliance.
- 2) A summary of each quarter's verification visits that lists specifically the year and quarter with ranges of months, Date of Submission, Name(s) of Reviewer(s), Region, Number of cases reviewed, Number of programs visited, the types of programs visited, as well as a summary of findings and "deficiencies/Technical assistance needs" for each of the programs as well as recommendations.
- 3) When deficiencies/technical assistance needs significantly raise the risk for oversight and serious issues are present, AOT Field Office Coordinators should request programs submit a Plan of Corrective Action (POCA) with a clear expectation for response from provider and the LGU responsible for oversight and should document it in both summaries listed above. POCA's should be sent to AOT Staff at Central Office and documented in both summaries listed above.

2025 Budget Update

AOT Changes

- Latest criteria (C)(4)(iii) was amended and shortened.
- “Likely to benefit” expanded to clarify clinical considerations and attention to local clinical opinion.
- \$16.5 Million Annually will be distributed to the counties in addition to state aid already allocated for AOT with goal of improving coordination and collaboration of services and to strengthen oversight and to ensure counties utilize Enhanced Voluntary Agreements (EVA’s).
- Enhanced Voluntary Agreements (EVA’s)- Working to standardize.
- \$2 Million to OMH to improve training capacity and oversight.
- TACT/CAIRS Modernizations to improve the reporting requirements.

Long Island Field Office Contacts

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To learn more about Kendra's Law, visit the OMH website:

<https://my.omh.ny.gov/bi/aot>

THANK YOU!





AOT Orders and How They're Made

Tomas Klimas-Mikalaukas, Esq.

The AOT Order Creation Cycle:

- The Evaluation of the Respondent takes place
- The Order to Show Cause and the Petition are written, signed, and submitted to New York State Supreme Court
- A court date is set for the hearing
- An Order and Judgment is prepared for the Respondent
- The hearing takes place, and either an AOT Order is granted, or it is not

Two Versions of an AOT Order:

The Initial AOT

- This Respondent has never had an AOT Order before, or has been off AOT for a period of time and does not have a current AOT Order

The Continued AOT

- This Respondent has a current AOT Order that is being renewed for a period of time (not longer than 12 months)

The Creation of the Order to Show Cause and Petition

(specific to Nassau County Dept. of Human Services)

- After the evaluation (almost always a Monday), the evaluating psychiatrist gives to the County their recommendation for the Respondent (whether or not the Respondent needs AOT; whether or not they meet criteria; how many months recommended for the term of the AOT Order; whether they are contesting the AOT or waiving their appearance at court; verification of additional information; additional categories of service; etc.)

The Creation of the Order to Show Cause and Petition

(specific to Nassau County Dept. of Human Services)

- The information from the evaluation, a SPOA application (if an Initial AOT), an AOT Renewal Recommendation (if a Continued AOT), care coordinators, and other sources is used to develop a series of documents (“The Doctor’s Documents,” for the purposes of this presentation):
 - The Physician’s Affirmation (wherein the psychiatrist describes why the Respondent needs AOT, and how they qualify for AOT, among other things)
 - The Treatment Plan (states the Respondent’s name, the evaluating psychiatrist, date of evaluation, categories of services)
 - The Medication Worksheet (if needed; lists the medications and their contingencies)
 - The Substance Abuse Worksheet (if needed; lists type of service and service provider)

The Creation of the Order to Show Cause and Petition

(specific to Nassau County Dept. of Human Services)

- The Doctor's Documents in turn are used to generate the Order to Show Cause and Verified Petition
 - The Order to Show Cause ("OTSC")
 - A two-page document that describes the parties to the action in the 'caption,' and calls on the Respondent to appear at Supreme Court for their case to be heard.
 - For a Continued AOT, the OTSC includes language that the current existing AOT Order will remain in effect until resolution of the court hearing. When a Continued AOT Order is sought, the Respondent is at all times covered by an existing AOT Order until their new Order is signed, or the court releases them from AOT.

The Creation of the Order to Show Cause and Petition

(specific to Nassau County Dept. of Human Services)

- The Order to Show Cause (“OTSC”), Cont’d
 - The OTSC also lists who must be served the documents.
 - The Respondent
 - Mental Hygiene Legal Service (“MHLS”)
 - New York State Office of Mental Health (“NYS OMH”)
 - The OTSC describes by when those listed above must be served
 - NYS OMH by the immediately following Friday
 - The Respondent and MHLS by the following Monday

The Creation of the Order to Show Cause and Petition

(specific to Nassau County Dept. of Human Services)

- The Order to Show Cause (“OTSC”), Cont’d
 - Service
 - Proper service is important! If the Respondent is not served, the case can be dismissed. In the context of a Continued AOT, that means the window to renew the previous Order will be closed.
 - The address provided to the County and listed in the Treatment Plan must be verified and correct.
 - If the Respondent is homeless, the County has to seek another way to serve the Respondent, usually care of a Treatment Team or another method the Court provides. But the deadline for service is NOT extended because the individual is homeless! Coordination among everyone is paramount for cases of homeless Respondents.

The Creation of the Order to Show Cause and Petition

(specific to Nassau County Dept. of Human Services)

- The Verified Petition
 - Generally a 5-page document
 - The Director of Community Services is petitioning the court to grant the AOT Order
 - States the name, address, mental illness(es), and evaluation date of the Respondent
 - Lists facts which support the allegation that the Respondent satisfies the criteria for AOT
 - States that the Respondent is present in the county, or reasonably believed to be present in the county
 - States how long of a term is sought (no more than 12 months)

The Creation of the Order to Show Cause and Petition

(specific to Nassau County Dept. of Human Services)

- The Verified Petition, Cont'd
 - The criteria for AOT:
 - The Respondent is:
 - 18 years or older;
 - suffering from a mental illness;
 - is unlikely to survive safely in the community without supervision, based on a clinical determination;
 - is as a result of their mental illness unlikely to voluntarily participate in outpatient treatment that would enable them to live safely in the community;
 - is, in view of their treatment history and current behavior, in need of AOT to prevent relapse or deterioration that would be likely to result in serious harm;
 - is likely to benefit from AOT;

The Creation of the Order to Show Cause and Petition

(specific to Nassau County Dept. of Human Services)

- The Verified Petition, Cont'd
 - The criteria for AOT, cont'd:
 - The Respondent has:
 - a history of lack of compliance with treatment for mental illness that has (three options):
 - Option One, “Hospitalizations”: Twice within 36 months been a significant factor in necessitating hospitalization in a hospital, or receipt of services in a forensic or other mental health unit of a correctional facility
 - Those 36 months do not include any ‘current period’ or ‘period ending within the last six months’ during which the Respondent was or is hospitalized or incarcerated

The Creation of the Order to Show Cause and Petition

(specific to Nassau County Dept. of Human Services)

- The Verified Petition, Cont'd
 - The criteria for AOT, cont'd:
 - The Respondent has:
 - a history of lack of compliance with treatment for mental illness that has (three options):
 - Option Two, “Violent Acts”: One or more times within the last 48 months resulted in acts of serious violent behavior toward self or others, or threats of or attempts at serious physical harm to self or others
 - Those 48 months do not include any ‘current period’ or ‘period ending within the last six months’ during which the Respondent was or is hospitalized or incarcerated

The Creation of the Order to Show Cause and Petition

(specific to Nassau County Dept. of Human Services)

- The Verified Petition, Cont'd
 - The criteria for AOT, cont'd:
 - The Respondent has:
 - a history of lack of compliance with treatment for mental illness that has (three options):
 - Option Three, “The Look Back”: Resulted in the issuance of a court Order for AOT that has expired within the last six months, and since the expiration of that Order,
 - The Respondent has experienced a substantial increase in symptoms of mental illness and such symptoms substantially interfere with or limit the person’s ability to comply with recommended treatment; OR
 - The Respondent, due to a lack of compliance with recommended treatment, has undergone emergency observation, care, and treatment, or has been admitted for inpatient care, or has been incarcerated
 - This is still kind of new, only a few years old. It’s there for those cases where someone came off AOT but their condition deteriorated thereafter. The statute language has changed a couple times in the past few years, this is the most recent version.

The Creation of the Order to Show Cause and Petition

(specific to Nassau County Dept. of Human Services)

What's with the “‘current period’ or ‘period ending within the last six months’ during which the Respondent was or is hospitalized or incarcerated” language in Option One and Two?

- Barry is in prison for two years (from October 31, 2021 to October 31, 2023). An AOT Order is sought so that he is released from prison on an AOT Order on October 31, 2023. How far back can we look to satisfy Option One and Two?
 - We can look back to October 31, 2018 for Option One, “Hospitalizations” (36 months/3 years, NOT INCLUDING any current period during which Barry was incarcerated; two years of incarceration plus three years before that, five years total)
 - We can look back to October 31, 2017 for Option Two, “Violent Acts” (48 months/4 years, NOT INCLUDING any current period during which Barry was incarcerated; two years of incarceration plus four years before that, six years total)

The Creation of the Order to Show Cause and Petition

(specific to Nassau County Dept. of Human Services)

What's with the “‘current period’ or ‘period ending within the last six months’ during which the Respondent was or is hospitalized or incarcerated” language in Option One and Two?, cont'd

- Alternatively, Barry was in jail for two years (from August 31, 2021 to August 31, 2023). An Initial AOT Order is sought for him, the papers to be submitted October 31, 2023. How far back can we look to satisfy Option One and Two?
 - We can look back to October 31, 2018 for Option One, “Hospitalizations” (36 months, NOT INCLUDING any period ending within the last six months during which Barry was incarcerated; August is within the last six months, two months between August 31 and October 31, 2023, plus two years incarceration, plus 34 months before August 31, 2021)
 - We can look back to October 31, 2017 for Option Two, “Violent Acts” (48 months/4 years, NOT INCLUDING any period ending within the last six months during which Barry was incarcerated; August is within the last six months, two months between August 31 and October 31, 2023, plus two years of incarceration, plus 46 months before August 31, 2021)

The Creation of the Order to Show Cause and Petition

(specific to Nassau County Dept. of Human Services)

What's with the “‘current period’ or ‘period ending within the last six months’ during which the Respondent was or is hospitalized or incarcerated” language in Option One and Two?, cont'd

- What if Barry was in jail for two years (from February 28, 2021 to February 28, 2023)? An Initial AOT Order is sought for him, the papers to be submitted October 31, 2023. How far back can we look to satisfy Option One and Two?
 - We can look back to October 31, 2020 for Option One, “Hospitalizations” (Barry is neither currently incarcerated, nor did his incarceration end within the last six months. We can only look back 36 months from the date we are submitting the papers.)
 - We can look back to October 31, 2019 for Option Two, “Violent Acts” (Barry is neither currently incarcerated, nor did his incarceration end within the last six months. We can only look back 48 months from the date we are submitting the papers.)

The Creation of the Order to Show Cause and Petition

(specific to Nassau County Dept. of Human Services)

A Deeper Dive on Option Two, “Violent Acts”

The section of MHL 9.60 regarding violent acts does not specifically require hospitalization. However, case law requires that there be a form of treatment with which the Respondent is not compliant. (If Barry’s mental illness lands him in a hospital and he commits a violent act against someone there, but he did not have an existing form of treatment for his mental illness, that violent act will not qualify him for AOT because there was nothing with which he could be noncompliant).

Additionally, not every violent act by a mentally ill person is a result of their noncompliance with treatment. That connection has to be made for AOT purposes. How can this be accomplished? Someone qualified to make the determination that the violence was a result of noncompliance must weigh in. This could be a psychiatrist at a hospital, or a treating physician with documentation about noncompliance, or someone else reasonably suited to make that determination. So in a way, while the statute does not require hospitalization, a hospitalization following a violent act could establish whether the violent act was due to noncompliance.

There has previously been pushback from Nassau County Supreme Court and MHLS about pursuing an AOT Order solely on the violent act, without hospitalization or another manner by which one could show that the violent act was due to noncompliance. Keep this in mind when considering if a Respondent satisfies Option Two, “Violent Acts.”

The Creation of the Order to Show Cause and Petition

(specific to Nassau County Dept. of Human Services)

- The AOT Petition Sandwich:
 - When all the aforementioned papers are written, you have this list:
 - The OTSC
 - The Verified Petition
 - The Physician's Affirmation
 - "Exhibit A"
 - The Treatment Plan
 - The Medication Worksheet, if any
 - The Substance Abuse Worksheet, if any
 - "Exhibit B" (only for Continued AOT)
 - The Previous Order (only for Continued AOT)
 - The Blue Back (the last page, usually flipped and facing the opposite way than the rest of the pages)

The Creation of the Order to Show Cause and Petition

(specific to Nassau County Dept. of Human Services)

- Things to Note:

- The times, they are a-changin':

- We must e-file with the court, since last July. Previously, we would combine the documents on the previous slide and send them as a PDF to the court clerk. The clerk would file them and get an index number from the county clerk and the judge's signature.
 - Now, an e-file record for each Respondent has to be created, each document on the previous slide has to be separately uploaded to that file, and then additional information has to be inputted.
 - What does this mean: The window in which to file AOT papers has narrowed, as each Respondent's e-file record takes time (more than I'd like) to enter.

Keeping that in mind . . .

The Creation of the Order to Show Cause and Petition

(specific to Nassau County Dept. of Human Services)

- Things to Note, Cont'd:
 - If an evaluation is performed Monday morning, then everything must be e-filed by Tuesday afternoon so that we can receive index numbers and judge signatures in a timely fashion
 - Therefore, preceding the evaluations, the County *must* have the most up-to-date information about the Respondent (including, but not limited to, correct and current address, correct and current medications, correct and current treatment information, etc.)
 - If the County has to track down additional information during this short window of time (like an apartment number, or correct medication range/dosage, or addition of categories of service), it risks delaying the AOT e-file and, worst case scenario, runs the risk of losing the AOT if papers are not submitted in time

The Creation of the Order to Show Cause and Petition

(specific to Nassau County Dept. of Human Services)

- Things to Note, Cont'd:
 - Regarding up-to-date and correct information, if you are in a position to do so, please ensure the information in Renewal Recommendation forms for a Continued AOT is correct. As an example, if you check the box for 'yes' for substance abuse, and do not add information in the box below describing the need for additional categories of service, the County will have to spend time trying to sort that out. In that same vein, if both 'yes' and 'no' boxes are unchecked for certain questions, then the County will again have to spend time trying to sort that out. It holds up the doctor's papers, and then the legal papers, and then the court-side things like index numbers and judge signatures.

The Creation of the Order to Show Cause and Petition

(specific to Nassau County Dept. of Human Services)

- Things to Note, Cont'd:
 - The petition that is submitted to court, and all its accompanying documents, are NOT the Order and Judgment, and do not put the Respondent on a new AOT Order. That only occurs once the judge signs the Order and Judgment. The petition is our ticket into the courtroom, and then the case is decided there. Be careful not to confuse the two different documents.
 - If you're holding a stack of pages that is 20-30 pages, that's probably the petition, for an Initial or Continued AOT
 - If you're holding a stack of pages that is 10-11 pages, that's probably the Order and Judgment.

The Creation and Signing of the Order and Judgment

(specific to Nassau County Dept. of Human Services)

The Order to Show Cause and the Petition are, as previously mentioned, the ticket into the courtroom.

The Order and Judgment (“OJ”) is the document that has power, once signed by a judge.

The Creation and Signing of the Order and Judgment

(specific to Nassau County Dept. of Human Services)

Once the OTSC and Petition are e-filed with the court, and all relevant parties have been served their copy, the case is put on the calendar for court. AOT Court for our Department is every Tuesday morning, unless there is a holiday or judge/attorney unavailability.

Every court date, we can hear about 10 AOT cases (we are usually capped at 10 by the court itself). This can be a mix of contesting cases (the Respondent wants to appear, perhaps to testify) and waived cases (the Respondent is waiving their appearance at court and agreeing to the AOT).

The Creation and Signing of the Order and Judgment

(specific to Nassau County Dept. of Human Services)

There is currently, and often, a backlog of cases waiting to be heard in Supreme Court. The statute requires that the case be scheduled for court within a few days of submitting the OTSC and Petition. Due to the amount of cases already on the calendar, almost always the cases are adjourned off of their original court date to a later court date. Cases are then generally prioritized by the date they were submitted to court, so by 'age.'

The court calendar for a given Tuesday is usually developed by the afternoon of the preceding Thursday, but sometimes the calendar can change before Tuesday morning and a case will be adjourned (illness for Respondent, question regarding facts that need to be sorted out, request for adjournment by MHLS, things of that nature).

The Creation and Signing of the Order and Judgment

(specific to Nassau County Dept. of Human Services)

Once the calendar for a given Tuesday is finalized:

- Relevant parties are notified of the contesting cases (who have to appear in person at the courthouse); MHLS is provided with copies of the prospective Order and Judgments; MHLS is provided with records when requested; and everyone prepares for court.
- Questions may arise in the intervening period, or things may need to be clarified, resulting in the Order and Judgment changing between Thursday and Tuesday.

The Creation and Signing of the Order and Judgment

(specific to Nassau County Dept. of Human Services)

What makes an Order and Judgment?

- First four pages:
 - Describe the date the case is coming to court, and before which judge, and at which courthouse (we are now in the new courthouse at 101 County Seat Drive);
 - State that the Respondent meets AOT criteria;
 - State how long of a term the AOT will be, and when it will expire (no more than 12 months);
 - Describe the medications the Respondent will receive;
 - State what shall occur if the Respondent fails to follow AOT (usually, the Sheriff will transport them to NUMC to receive treatment there);
 - Signed by a judge who finds clear and convincing evidence that the Respondent meets all the criteria for AOT

The Creation and Signing of the Order and Judgment

(specific to Nassau County Dept. of Human Services)

What makes an Order and Judgment?, cont'd:

- Next three pages:
 - The Treatment Plan from the Petition. This is usually the very same Treatment Plan with the same information that was submitted to court earlier. Sometimes, this information may change, and an updated Treatment Plan is included in the Order and Judgment. Check the psychiatrist's signature date to determine whether changes were made.
- Then a Medication Worksheet, if needed
 - The same one from the Petition, barring intervening changes. Lists class of medications, the types of medication, dosages, ranges, frequencies, and contingencies, along with a list of side effects. Usually two pages.
- Then a Substance Abuse Worksheet, if needed

The Creation and Signing of the Order and Judgment

(specific to Nassau County Dept. of Human Services)

What makes an Order and Judgment?, cont'd:

The Order and Judgment is generally 10 or 11 pages long. The Treatment Plan, Medication Worksheet, and Substance Abuse Worksheet can be adjusted and changed between the time the petition was submitted and when the Order and Judgment goes to court. Sometimes changes are made in the courtroom, with edits handwritten in. But once the judge signs the Order and Judgment, it has the power of law.

The Creation and Signing of the Order and Judgment

(specific to Nassau County Dept. of Human Services)

What happens at court?

- The court clerk announces the case, and the evaluating psychiatrist is sworn in
- The Department's attorney begins questioning of the psychiatrist
- MHLS has an opportunity to cross-examine the psychiatrist
- The Respondent can testify when it is MHLS' time to present their case
- The Department's attorney can cross-examine the Respondent
- The judge, after listening to testimony and reviewing submitted papers, determines whether the County has shown by clear and convincing evidence that AOT is necessary. If yes, the Order and Judgment is signed. If not, it is not signed.
- Sometimes the judge will make changes to the month term even if the parties have agreed to one already.

The Creation and Signing of the Order and Judgment

(specific to Nassau County Dept. of Human Services)

What happens after the Order and Judgment is signed?

- The County, the County's attorney, and MHLS retain copies of the signed Order
- The court files the original signed Order
- The Respondent is notified about the outcome of their case
- The Department notifies relevant parties, and provides a copy of the Order to the State
- The Respondent is now on an active AOT Order

And so, the AOT Order is made!

To recap:

- Evaluation
- All the documents are generated and e-filed, petition served, case scheduled for court
- Court hearing takes place
- AOT Order and Judgment is signed, or not signed
- Respondent is on an AOT Order



AOT: From Hospital to Home

*Joseph Farhangian LCSW MPA MPH DrPH (student)
Director of Social Work
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Beyond the Chart



Transitioning from Hospital Beds to Community-Bases of Support:

When 30% of Hospital Readmissions are a result of Social Determinants, how do we create pathways to success?

- Housing instability affects adherence to treatment.
- Absence of a support system influences mental health recovery outcomes.
- Limited transportation access: obstructs regular healthcare visits.
- Insurance barriers: present additional challenges.

In healthcare, we often treat the disease like a team sport but the patient like a spectator. -Eric Dishman

Transitioning from Hospital Beds to Community Bases of Support:

Shared Decision-Making (SDM) to align treatment with the patient's personal values, or if the "non-compliance" was actually a rational response to intolerable medication side effects or financial barriers.





Be Thoughtful in the care you provide.

Dose Response and Discharge Planning

The dose response concept describes how varying treatment interventions affect patient outcomes, while discharge planning ensures a smooth transition from care settings, enhancing recovery through tailored strategies.



What is their origin story? How did they get here?

Inaction is an action



“In healthcare, we spend millions on integrated data, yet clinicians still operate like soloists in separate rooms, reading from different sheet music.” -Rolland Hot

When objectives are aligned, the quality of care improves. It is crucial that our scope encompasses the viewpoints of both families and healthcare providers, unified by the mission to enhance outcomes.



*From
Assessment to
Appointment:
Don't call it a
Warm Handoff.*

Calling it a Warm Handoff suggests the job is finished.
Community Providers must remain a part of the conversation.
Treatment does not take place in a vacuum.



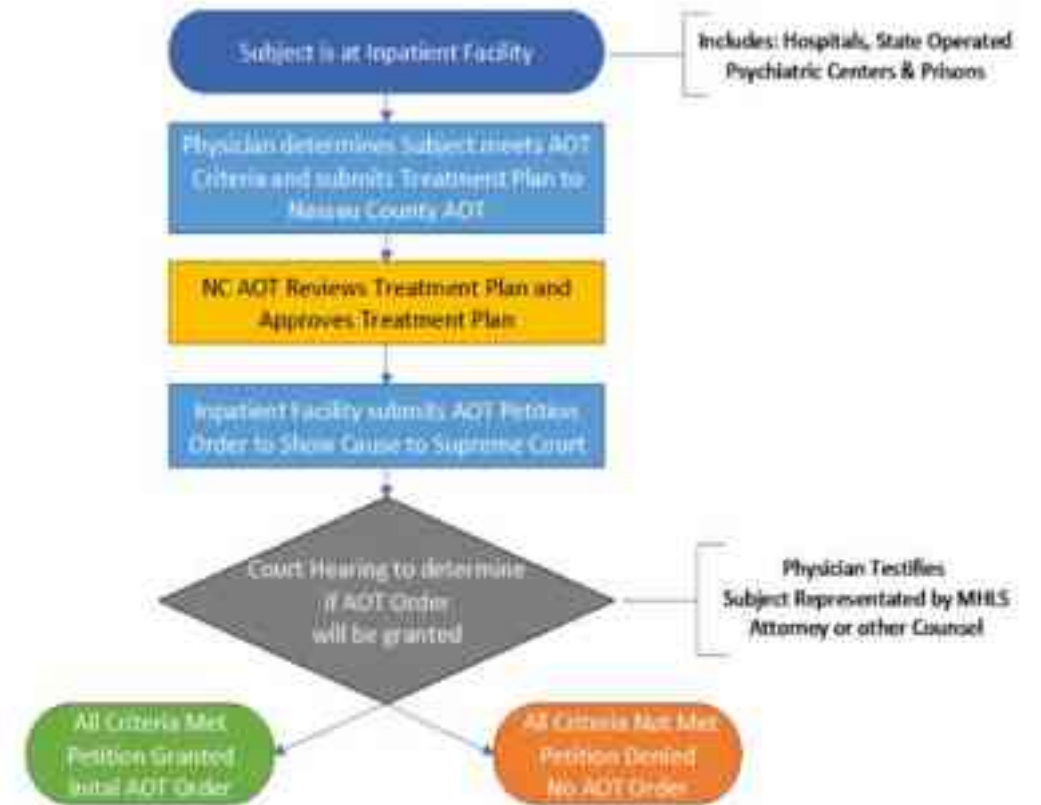
Mental Hygiene Legal Service

Documentation matters:

I think, it seems, I believe, a criterion does not make.

MHLS and Administrative Hearings ensure that patients' rights are respected.

The Process



Nassau University Medical Center Psych ER

Medications—IM

- Hospital will give-Prolixin and Haldol IMs
- Drop medications off to hospital (we can meet you at your car)
- Send to *Walgreens Pharmacy* at NUMC 516-296-4545

Contact information: 516-572-4775 or psycher@numc.edu





Conclusion and Contact Information for Follow-Up

EMAIL: JFARHANG@NUMC.EDU

Phone 516-572-6888

Nassau County Sheriff's Department
Sheriff Anthony Larocco
Enforcement Division: Kendra's Law

Eric Dier
Deputy Sheriff Captain
Nassau County Sheriff's
Department
101 County Seat Drive
Mineola, NY 11501
Office (516) 571-9085
Fax (516) 571-9312
edier@nassaucountyny.gov



Christopher Lee
Deputy Sheriff Lieutenant
Nassau County Sheriff's
Department
101 County Seat Drive
Mineola, NY 11501
Office (516) 571-9085
Fax (516) 571-9312
clee1@nassaucountyny.gov

Mission Statement:

Kendra's Law, enacted in New York State in 1999, establishes a framework for court-ordered Assisted Outpatient Treatment (AOT) for individuals with serious mental illness who meet specific criteria, such as a history of non-compliance leading to hospitalization or dangerous behavior. The law aims to provide community-based treatment as a less restrictive alternative to inpatient care, while ensuring public safety. It was named after Kendra Webdale, who was tragically killed in 1999 by an individual with untreated mental illness.

The Nassau County Sheriff's Department's Enforcement Division plays a key role in implementing Kendra's Law by serving legal orders and executing pick-ups for non-compliant individuals. This includes handling Orders to Show Cause (legal notices requiring individuals to appear in court for AOT hearings) and AOT Pick-Up Orders (directives to transport individuals to a hospital for evaluation if they fail to comply with their treatment plan, potentially for up to 72 hours).



**Sheriff's Department:
Roles in AOT:**

- Serving Legal Orders
- Executing AOT Removal Request

These orders are typically issued to compel appearance at AOT petition hearings:

- **Annual breakdown:**
- 2025: 388 received, 384 served
- 2024: 346 received, 345 served
- 2023: 371 received, 370 served

- **Over the three years:**
- Total received: 1,105
- Total served: 1,099 (99.5% success rate)

AOT Pick-Up Orders

Enforcement Practices

Deputy sheriffs in the Nassau County Sheriff's Department leverage their specialized police training, to handle AOT pick-up orders with a focus on de-escalation. This training in addition to an understanding of mental health complexities such as depression and schizophrenia from experience with these cases, equips deputies with non-violent techniques to assess and address underlying emotional or medical issues, distinguishing between criminal behavior and crisis-driven actions. By prioritizing communication and empathy over force, deputies safely secure and transport individuals to facilities for evaluation, minimizing risks to themselves, the public, and the person in crisis—ensuring that encounters prioritize treatment access rather than escalation or incarceration.

AOT Removal Request Process

- Receive and Review AOT Removal Requests
- Perform criminal history investigation
- Deputies will respond to the last known location the same day to attempt removal
- Individual located is transported to NUMC
- Sherriff remains until the individual is accepted into a secure hospital unit

They often require multiple attempts due to the challenges of locating and safely apprehending individuals in crisis.

AOT Removal Requests: Stats

2025: 212 received, 448 attempts, 131 completed

2024: 154 received, 296 attempts, 102 completed

2023: 151 received, 326 attempts, 104 completed

The increase in 2025 may indicate heightened demand for AOT enforcement, with more attempts reflecting persistent efforts to ensure compliance.

AOT Removal Request 2023-2025

Total received: 517 (includes pick-up orders that were rescinded)

Total attempts: 1,070 (average ~2.1 attempts per order)

Total completed: 337 (65.2% completion rate based on received orders)

Trends and Insights

- **Overall Growth:** Activity rose in 2025, with AOT pick-ups increasing by about 40% in orders received compared to prior years, possibly linked to broader mental health initiatives or increased referrals.
- **Efficiency:** High service rates for Orders to Show Cause show effective process serving. For pick-ups, the higher number of attempts underscores the Sheriff's Department's commitment to multiple efforts before resolution.
- **Impact:** These efforts support Kendra's Law goals by facilitating treatment and reducing risks associated with untreated mental illness in Nassau County.



Conclusion

The Nassau County Sheriff's Department Enforcement Division demonstrates robust involvement in Kendra's Law, handling over 1,600 combined orders from 2023-2025 with strong performance metrics.

This activity contributes to safer communities and better outcomes for individuals with mental health needs.



Role and Responsibility
AOT Evaluator (Physician)
Efraim J. Keisari, M.D.

The Role of the AOT Evaluator

- The role of the AOT evaluator is the examination and development of a treatment plan.
- Providing clinical testimony affirming that AOT criteria is met and answering any questions the court may have.

The Role of the AOT Evaluator

- The County Director of Community Services or their designee or the Director of a hospital acts as the “petitioner” (for a complete list of possible petitioners please follow the link to the statute) and is responsible for having their attorney file the petition in the local county or supreme court within 10 days of an evaluation completed by the physician, if an evaluation can be completed.
- If the evaluation of the individual does not occur prior to filing of the petition due to lack of cooperation by the individual, the court can also order the individual to be brought to a hospital so that the evaluation can take place. The examining physician **MUST** also testify at the hearing.

The Role of the AOT Evaluator

The treatment plan should be developed in partnership with the local government unit (local department of mental health) to ensure appropriate and available services are included in the order.

The examination must occur no more than ten days prior to the submission of the petition.

Parts of a psychiatric examination:

- History of Present Illness
- Psychiatric Review of Symptoms
- Psychiatric History
- Medical and Surgical History
- Developmental and Social History
- Detailed Mental Status Exam

Review of individual's medical records and collateral information from healthcare proxies, family members, and any other OMH practitioners involved in the individual's care. This information is gathered by the petitioner for the physician to review. NYS Mental Hygiene Legal Services (MHLS) counsel may be present during the physician examination.

The Role of the AOT Evaluator

- Evaluates the individual on AOT
- Reviews the psychiatrist or nurse practitioner recommendations for AOT renewal
- Reviews the **medication worksheet** - the psychiatric medications and contingency medications
- Reviews the substance abuse worksheet – the SU treatment plan
- Signs the treatment plan
- Testifies in court

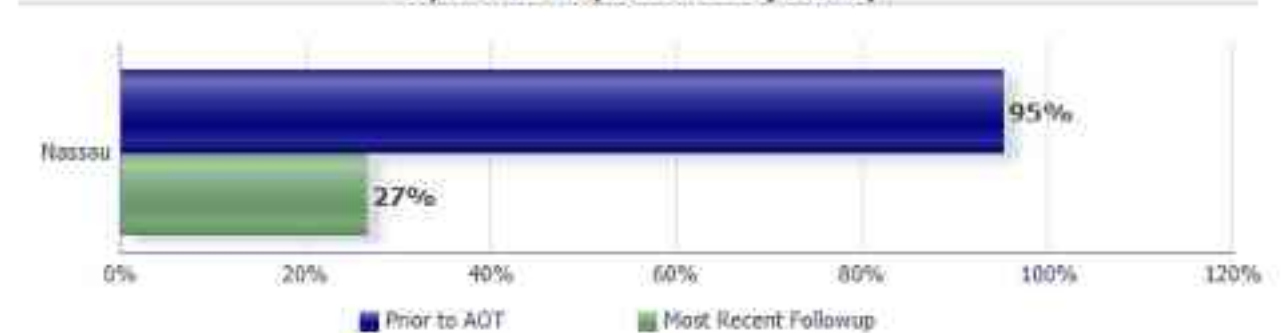
Important Documentation

- Weekly monitoring reports
- Significant event reports
- Renewal recommendation form
- Other treatment records

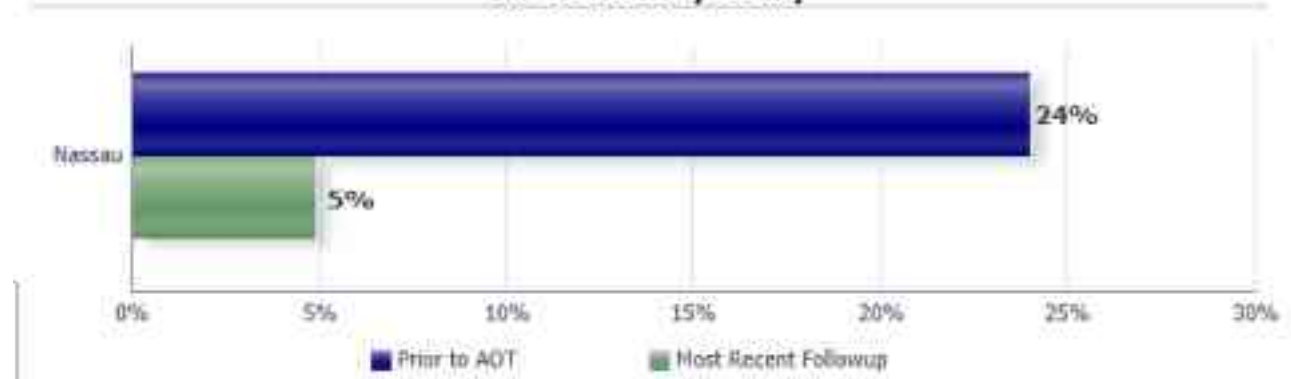
Nassau County AOT Recipient Outcomes – Reduced SERs

- AOT recipients experience reduced significant events during their time on AOT compared to anytime in their lifetime prior to AOT
 - 72% reduction in psychiatric hospitalization (+2% from 2024)
 - 80% reduction in incarceration (+2% from 2024)
 - 58% reduction in homelessness (+1% from 2024)

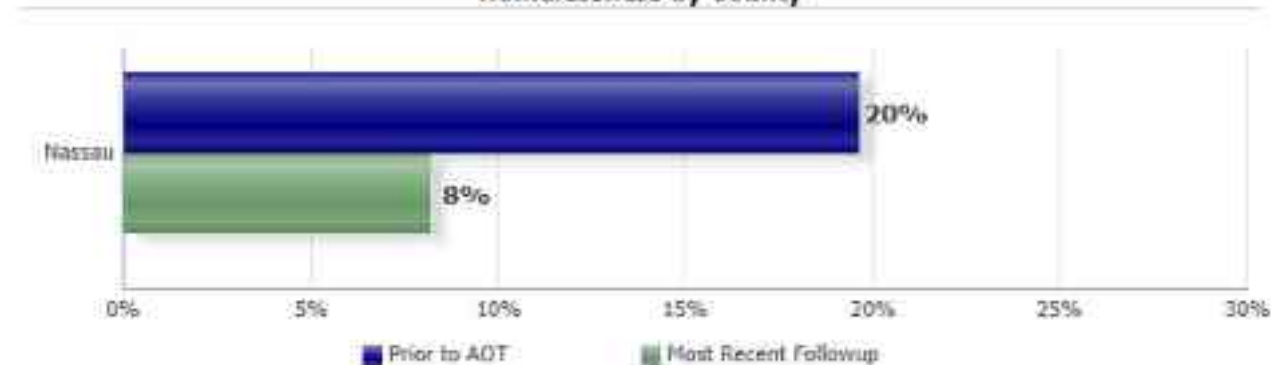
Psychiatric hospitalization by County



Incarceration by County



Homelessness by County



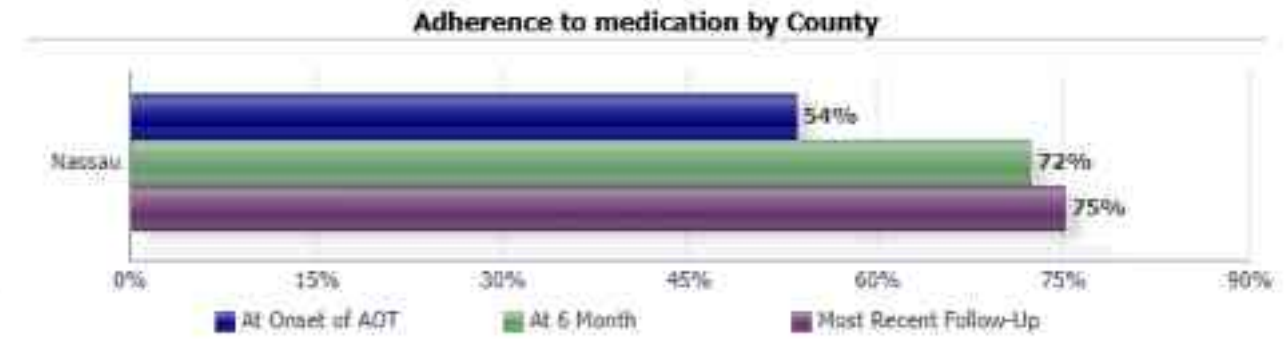
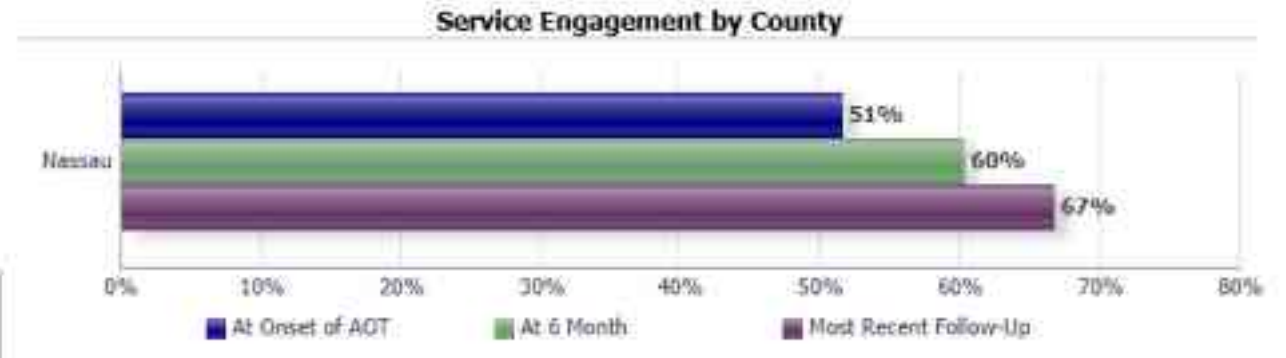
Data as of: January 15, 2026

Source: Child and Adult Integrated Reporting System (CAIRS)

<https://my.omh.ny.gov/analytics/saw.dll?Dashboard>

Nassau County AOT Recipient Outcomes – Engagement and Adherence

- Engagement ratings at six months and at most recent follow-up compared to engagement ratings at onset of AOT
- Increase in % of recipients who were somewhat engaged or well engaged with staff:
 - 30% change after entire duration reported for service engagement
 - 40% change after entire duration reported for adherence to medication



Data as of: January 15, 2026

Source: Child and Adult Integrated Reporting System (CAIRS)

<https://my.omh.ny.gov/analytics/saw.dll?Dashboard>

Nasau County AOT Recipient Outcomes – Harmful Behavior

- Percent of AOT recipients with one or more events reported within last 6 months at the onset of the court order, within last 6 months at six month follow-up, and within last 6 months at most recent follow-up



- Percent Reduction after entire duration for harmful behavior

↓ 43% Any Harmful Behavior	↓ 39% Alcohol Abuse	↓ 39% Abuse Drugs	↓ 70% Attempted Suicide
↓ 56% Created a public disturbance	↓ 59% Damaged or destroyed property	↓ 65% Expressed suicidal ideation	↓ 51% Physically abused/assaulted others
↓ 54% Suspected of sexual abuse	↓ 59% Threatened physical violence	↓ 58% Verbally assaulted another person	↓ 58% Victim of physical or sexual abuse



Referral Process and Communication Flow

Nicole Higgins, LCSW, CASAC 2

Maria Yager, LCSW



COUNTY of NASSAU
DEPARTMENT OF HUMAN SERVICES
 Office of Mental Health, Chemical Dependency and Developmental Disabilities Services
 60 Charles Lindbergh Boulevard, Suite 200, Uniondale, New York 11553-3687
 Phone: (516) 227-7057 Fax: (516) 227-7076

**ALL APPLICATIONS ON BEHALF OF INDIVIDUALS WITH A SERIOUS MENTAL ILLNESS
 AND/OR A SUBSTANCE USE DISORDER MUST BE SUBMITTED TO THE NASSAU
 COUNTY SPOA AT THE ABOVE ADDRESS**

**ALL MENTAL HEALTH AND SUBSTANCE USE DISORDER PROGRAMS MUST INCLUDE
 PSYCHOSOCIAL AND PSYCHIATRIC EVALUATIONS**

NASSAU COUNTY CARE COORDINATION COMMUNITY REFERRAL

(To be used for any referral within Nassau County for medical, behavioral health and substance abuse care management services)

Services Referred to (check all that apply) Care Coordination ACT AOT

Date: _____

Last Name		First Name		SSN
Address:				
Street		Apt.		
Town		State	Zip	
Alt. Address:				
Street		Apt.		
Town		State	Zip	
AKA (also known as):				
Home Phone:		Mobile Phone:		Alt. Phone:
E-mail address:				

DEMOGRAPHIC INFORMATION				
DOB:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
Race:	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Native Hawaiian
	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Pacific Islander
	<input type="checkbox"/> Other, specify: _____			
Ethnicity:	<input type="checkbox"/> Hispanic		<input type="checkbox"/> Not Hispanic	
Primary Language (spoken at home): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify): _____				
Primary Language During Service Provision: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify): _____				
If necessary, who will interpret?				

Referrals: Hospital and Community

- Hospital:

- Nassau County Adult SPOA referral with supporting clinical documentation identifying services requested, AOT/CC or AOT/ACT
- Nassau County assigns ACT and CC. If CC, the hospital is responsible for identifying treatment provider
- Hospital submits treatment plan. Nassau County provides designation letter upon approval
- Hospital submits the OTSC and client goes to court via hospital.
- Final order is provided to Nassau County

- Community Investigations:

- Nassau County Adult SPOA referral with supporting clinical documentation identifying service requested AOT.
- Preliminary screening client meets criteria for AOT
- Client assigned to Care Coordination
- Welcome packet mailed requesting HIPAA Releases
- Petition Court for Medical Records when needed
- Request for Certified Medical Records
- Evaluation by county psychiatrist
- Scheduling of Court Hearing
- OMH Guidance: Investigations completed within 6 months

Best Practices and OMH Guidance for the Role and Responsibility of Treatment providers

- Once Care manager/ACT/Clinics are named on the Client's AOT order, it is the provider's responsibility to:
 - Accompany client to their place of residence upon hospital d/c
 - Engage client in all aspects of treatment
 - Review provider responsibilities under the court order with client
 - Establish a relapse prevention plan
 - Accompany client to their home from AOT court hearings
 - Clinical providers must follow program guidelines for execution of a Removal Order/Pick-up order (MHL 9.60)
 - Care managers will use Monitoring Reports for weekly communication to County.

[AOT Guidance for Program Operation 2021 \(ny.gov\)](#)

AOT Required Forms

- AOT Weekly Monitoring Report
- AOT Significant Event Report
- Application for Hospital Examination Form
- AOT Removal Request Form
- Reporting AOT County Transfer
- AOT Renewal Recommendation Form

Weekly Monitoring Reports

- Care Managers complete on weekly basis to document client's AOT Compliance
- Refrain from copying and pasting.
- Remove old information – only report *current weekly* interactions
- More detailed reporting
- Effective 2-9-2024



AOT MONITORING REPORT

Client Information			
Client Name:	Week Ending: <input type="text"/> Click or tap to enter a date.		
<small>Choose an item.</small>	Care Coordinator:		
NC ADT Coordinator:	Financial Management:	<input type="checkbox"/> N	<input type="checkbox"/> Y

Provider Services			
Type	Provider	Dates	Service Type
Psychiatric:		<input type="text"/> Click or tap to enter a date.	<input type="text"/> Choose an item.
Care Coordination:		<input type="text"/> Click or tap to enter a date.	<input type="text"/> Choose an item.
Substance Abuse:		<input type="text"/> Click or tap to enter a date.	<input type="text"/> Choose an item.
Provider/Coordinator Change:	<input type="checkbox"/> N	<input type="checkbox"/> Y	Effective Date: <input type="text"/> Click or tap to enter a date.
New Provider or Coordinator: <input type="text"/> Enter text to Describe Provider Changes			

Medication Compliance			
IM Status:	<input type="checkbox"/> N/A	<input type="checkbox"/> N	<input type="checkbox"/> Y
Last IM Date:	<input type="text"/> Click or tap to enter a date.	Next IM Date:	<input type="text"/> Click or tap to enter a date.
Oral Status:	<input type="checkbox"/> N/A	<input type="checkbox"/> N	<input type="checkbox"/> Y
Blood Monitoring:	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	Draw Date: <input type="text"/> Choose a date.
Result:	<input type="text"/> Choose an item.		
Medication Changes:	<input type="checkbox"/> N	<input type="checkbox"/> Y	Effective Date: <input type="text"/> Click or tap to enter a date.
<input type="text"/> Enter text to Describe Medication Changes OR Noncompliance (list which medications, [I/O/Oral], with specific dates, etc).			

Treatment Compliance	
Client is Compliant with Treatment	<input type="checkbox"/> N <input type="checkbox"/> Y <small>(If No, Describe below)</small>
<input type="text"/> Enter text to Describe Treatment Noncompliance.	

Substance Use/Abuse: <input type="checkbox"/> N/A			
<input type="checkbox"/> Current Abstinence	Evidenced By:	Toxicology: <input type="text"/> Click or tap to enter a date.	Results: <input type="text"/> Choose an item.
<input type="checkbox"/> Current Use/Abuse		Breathalyzer: <input type="text"/> Click or tap to enter a date.	Results: <input type="text"/> Choose an item.
Select Positive Substances:	<input type="text"/> Choose an item.	<input type="text"/> Choose an item.	<input type="text"/> Choose an item.
Type "Other Substance(s)"			

Client Status Updates			
Hospitalized/ Inpatient This Week		Incarcerated This Week	
<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y
Admit Date:	<input type="text"/> Click or tap to enter a date.	Discharge Date:	<input type="text"/> Click or tap to enter a date.
Admit Date:	<input type="text"/> Click or tap to enter a date.	Discharge Date:	<input type="text"/> Click or tap to enter a date.
Location:	<input type="text"/> Click or tap here to enter text.	Location:	<input type="text"/> Click or tap here to enter text.
Reason:	<input type="text"/> Choose an item.	Reason:	<input type="text"/> Click or tap here to enter text.
SER Submitted This Week	<input type="checkbox"/> N	<input type="checkbox"/> Y	Pickup Order This Week
<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y
SER Date:	<input type="text"/> Click or tap to enter a date.	Pickup Order Date:	<input type="text"/> Click or tap to enter a date.

Housing	
Type:	<input type="text"/> Choose an item.
Provider:	<input type="text"/> Click or tap to enter a date.
Status Change:	<input type="checkbox"/> N <input type="checkbox"/> Y
Effective Date:	<input type="text"/> Click or tap to enter a date.
Describe: <input type="text"/> Click or tap in here to enter text to update Address, Housing Type, or Provider, etc.	
SPA Application:	<input type="checkbox"/> N/A <input type="checkbox"/> Active <input type="checkbox"/> To be submitted

Prepared By:	<input type="text"/> Click or tap here to enter text.	Date:	<input type="text"/> Click or tap to enter a date.
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Significant Event

(front)

-Care manager/ ACT will submit to the county within 24hrs of an identified change in status of client.

-CLOSING THE LOOP-

At the end of each month care managers need to email the original Significant Event for a 9.60 with **REVISED** written on it and indicate the updated status such as Admission Date/Discharge Date, etc.



NASSAU COUNTY OFFICE OF MENTAL HEALTH ASSISTED OUTPATIENT TREATMENT SIGNIFICANT EVENT REPORT

CLIENT: <small>Click or tap here to enter text.</small>	COUNTY: Nassau
DOB: <small>Click or tap here to enter text.</small>	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F
CARE MANAGER: <small>Click or tap here to enter text.</small>	PHONE #: <small>Click or tap here to enter text.</small>
INCIDENT DATE: <small>Click or tap to enter a date.</small>	REPORT DATE: <small>Click or tap to enter a date.</small>

Check all elements which describe what has occurred
* Designates must be reported within 24 hours

Criminal – Arrest, Incarceration, Accusation:

Danger to Self or Others:

<input type="checkbox"/> Subway/Mass Transit incident of any kind*	<input type="checkbox"/> Order of protection against AOT client*
<input type="checkbox"/> Accused of or arrested for committing a SERIOUS crime: Examples include, but not limited to*	<input type="checkbox"/> Commits an act of violence toward another person (not a crime, or charges not pressed) *
• Hate crime or Terrorist Threat/Act*	<input type="checkbox"/> Domestic violence*
• Arson (this refers to intentional fire-setting and not careless smoking) *	<input type="checkbox"/> Inappropriate behavior toward children*
• Hijacking*	<input type="checkbox"/> Serious threat of harm to others*
• Impersonating an officer*	<input type="checkbox"/> Fire or fire risk (unintentional)*
• Kidnapping*	<input type="checkbox"/> Serious threat of harm to self*
• Sex Offense*	<input type="checkbox"/> Serious threat of suicide with plan/intent*
• Stalking*	<input type="checkbox"/> Commits an act of self harm*
• Weapons possession*	<input type="checkbox"/> Attempts Suicide*
• Homicide*	<input type="checkbox"/> Violates Probation/Parole*
• Animal Cruelty*	<input type="checkbox"/> Is Incarcerated*
	<input type="checkbox"/> Expresses a plan for suicide*
	<input type="checkbox"/> Is the Victim of a Crime

Psychiatric Inpatient Hospital or Emergency Services Utilized:

Substance Abuse:

<input type="checkbox"/> Hospitalized due to command Hallucinations of a Violent Nature*	<input type="checkbox"/> Substance Abuse associated with threatening behavior or danger to self/others*
<input type="checkbox"/> Is the subject of a removal order, 9.60/9.45*	<input type="checkbox"/> Substance abuse associated with acute relapse of symptoms
<input type="checkbox"/> Receives psychiatric emergency room or psychiatric inpatient hospital services*	

Significant Event

(back)

Non-Compliance with Mandated Treatment:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Refuses to take court-ordered medications |
| <input type="checkbox"/> | Refuses or is seriously non-compliant with other court mandates services |

Deceased:

- | | |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | Death, regardless of cause* |
|--------------------------|-----------------------------|

Missing:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Missing (cannot be located and has had no credibly reported contact within 24 hours of the time the care coordinator or ACT team received notice that the patient was absent)* |
|--------------------------|--|

Housing Unsecured:

- | | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Loses housing and becomes unhoused* |
|--------------------------|-------------------------------------|

Risk of Non-Delivery of Mandated Services

- | | |
|--------------------------|--|
| <input type="checkbox"/> | At risk of being discharged from a court ordered service without a viable alternative* |
|--------------------------|--|

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Has left or plans to leave county/state/country |
|--------------------------|---|

Description:

Provide a Narrative description of the incident including the date the Care Coordinator/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"/>	Other (specify)
<input type="checkbox"/>	County AOT Coordinator	<input type="checkbox"/>	Police/Jail	<input type="checkbox"/>	Probation/Parole		
<input type="checkbox"/>	Substance Abuse Program	<input type="checkbox"/>	Family	<input type="checkbox"/>	Hospital		

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 of 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.

MISSING PERSONS PROCEDURE:

- Care managers/ACT/ Clinics must notify county of client's unexplained absences in treatment programs or places of residences as well as compliance with medications.
- If an AOT client cannot be located and has no credibly reported contact within **24hours** with Care manager/ACT/ Clinic- they are deemed missing.
- Once deemed missing, **a Missing Person Report shall be filed with local police within 24hrs, no later than 48hrs.**
- AOT is a strategy to reduce risk and every effort must be made to locate individuals who are deemed missing while under the AOT court order.
- Missing person for AOT is defined as: *a person who has had no credible contact within the last 24 hours or cannot be located within a 24hr period.*
- Treatment providers shall evaluate patients' likelihood of imminent relapse or dangerous behavior and submit an application for REMOVAL ORDER(MHL 9.60)
- When constituents are released from Jail to the community a warm handoff is recommended.



DOCUMENTATION OF AOT RECIPIENT WHOSE WHEREABOUT ARE UNKNOWN



Client Name:		Client DOB: <small>Click or tap to enter a date.</small>	Order Expires: <small>Click or tap to enter a date.</small>
Care Coordination:	Treatment Provider:	Housing:	
When was the client last seen: <small>Click or tap to enter a date.</small>	By whom:	Location:	
Efforts Made to Locate the AOT Recipient			
<p>Per DMH Guidance, efforts to contact persons who may have knowledge of the whereabouts of an AOT Recipient may include: <u>Family/Significant Others, Legal Guardian, Co-Residents/Neighbors, Employer, And Treatment Providers</u>. In addition, please also contact or investigate their whereabouts through: <u>Local Hospitals, Motels, Shelters, Jails, Heather, Parks, Wabonima</u>.</p>			
Date	Type of Outreach	Result	Conducted By
<small>Click or tap to enter a date.</small>			
<small>Click or tap to enter a date.</small>			
<small>Click or tap to enter a date.</small>			
<small>Click or tap to enter a date.</small>			
<small>Click or tap to enter a date.</small>			
<small>Click or tap to enter a date.</small>			
<small>Click or tap to enter a date.</small>			
<small>Click or tap to enter a date.</small>			
<small>Click or tap to enter a date.</small>			
<small>Click or tap to enter a date.</small>			
<small>Click or tap to enter a date.</small>			
Missing Persons Report Status	<input type="checkbox"/> Y <input type="checkbox"/> N	Report Date <small>Click or tap to enter a date.</small>	Report #
AOT SER Status	<input type="checkbox"/> Y <input type="checkbox"/> N	Report Date <small>Click or tap to enter a date.</small>	
AOT Removal Request	<input type="checkbox"/> Y <input type="checkbox"/> N	Report Date <small>Click or tap to enter a date.</small>	
Completed By	Signature	Date <small>Click or tap to enter a date.</small>	

Failure to Comply with AOT order

- ❖ If the clinical judgment of a physician the assisted outpatient has failed or refused to comply with the treatment ordered by the court and may be in need of involuntary admission to a hospital, the physician may request the director of community services, his/her designee, or other physician designated under §9.37 of the MHL to arrange for the transport of the person to a hospital.
- ❖ If requested, Nassau County Sheriff's Department must take the individual into custody and transport him/her to the hospital. Ambulance services and OMH-approved mobile crisis outreach teams are authorized but cannot be directed to provide such transport.
- ❖ The individual may be held at the hospital for up to 72 hours for care, observation, and treatment and to permit a physician to determine whether involuntary admission under the standards set forth in Article 9 of the MHL is warranted.
- ❖ At any point during the 72 hours, should a determination be made that the individual does not meet involuntary admission criteria, that individual must be released.

Application for Hospital Examination After Failure To Comply With Order For Assisted Outpatient Treatment

➤ Must be signed by Medical Doctor

Form 4998 (Rev. 10/15)

APPLICATION FOR HOSPITAL EXAMINATION AFTER FAILURE TO COMPLY WITH ORDER FOR ASSISTED OUTPATIENT TREATMENT	Person's Name (Last, First, MI) _____	
	Sex _____	Date of Birth _____
	Address _____	
GENERAL INFORMATION		
<p>Section 9.60(1) of the Mental Hygiene Law (MHL) sets forth the circumstances under which a person who is subject to an order for assisted outpatient treatment (AOT) may be taken into custody and transported to a hospital for examination to determine if the person should be admitted for psychiatric care and treatment. MHL Section 9.62 provides that, in carrying out such transportation, appropriate attempts shall be made to alert the occupation of the person to be transported prior to resorting to compulsory means of transportation.</p> <p>The procedure established in section 9.62(a) begins with a determination by a physician that the person has failed or has refused to comply with the AOT order and that efforts were made to secure compliance with the order. In addition, the physician must conclude that the person MAY:</p>		
<p>(i) be in need of involuntary care and treatment in a hospital providing equivalent services for persons with mental illness, pursuant to MHL Section 9.27 (see FORMS CMH 471 and 471-A)</p> <p style="text-align: center;">-OR-</p> <p>(ii) have a mental illness for which intensive observation, care and treatment in a hospital is appropriate and which is likely to result in serious harm to self or others, pursuant to MHL Sections 9.28 or 9.48 (see FORMS CMH 476 and 476)</p> <p>"In need of involuntary care and treatment" means that a person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he is unable to understand the need for such care and treatment (see MHL Section 9.01).</p> <p>"Likely to result in serious harm" means (a) a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself, or (b) a substantial risk of physical harm to other persons as manifested by threats or other violent behavior by which others are placed in reasonable fear of serious physical harm (see MHL Section 9.01).</p> <p>Upon such a determination by a physician, a request is made by the physician to: (1) a director of an AOT program; (2) the director of the AOT program; or (3) a physician designated by the director of community services under MHL Section 9.27, to effect that the person be taken into custody and transported to a hospital for examination. (see Part A below). The director, designee or physician designated by section 9.27 then determines whether to direct that the person be taken into custody and transported to a hospital (see Part B below). Under MHL Section 9.62(e), an approved mental health care team, an approved service, or a police officer or an appropriate peace officer can be directed to take the person into custody for transport to a hospital. The hospital to which the person is transported must be one providing an AOT program or one authorized by the county director of community services to receive persons subject to AOT orders.</p> <p>A physician at the receiving hospital evaluates the person's need for involuntary care and treatment within a 72-hour period from receipt at the hospital. If the physician at the hospital confirms that the person needs involuntary care and treatment, the person shall be admitted as a patient.</p>		
PART A - REQUEST FOR ASSISTED OUTPATIENT TO BE EXAMINED		
Request to the authority granted in the order Section 9.60(1) of the Mental Hygiene Law (MHL), _____		
M.D., Henry Hospital Hill		He reported to:
_____ a hospital for examination.		

AOT REMOVAL REQUEST FORM

Date: [Click or tap to enter a date.](#)

Director of Community Services
Nassau County Department of Mental Health,
CD & DDS
60 Charles Lindbergh Blvd., Suite 200
Uniondale, New York 11553-3687

Nassau County Sheriff's Department
Family Court
1200 Old Country Road
Westbury, NY 11590

Client Name: [Click or tap here to enter text.](#)

Address: [Click or tap here to enter text.](#)

Current Physical Location: [Click or tap here to enter text.](#)

Ethnicity:	Click or tap here to enter text.	Height:	Click or tap here to enter text.
Sex:	Click or tap here to enter text.	Weight:	Click or tap here to enter text.
Age:	Click or tap here to enter text.	Color of Hair:	Click or tap here to enter text.
DOB:	Click or tap here to enter text.		

Dear Director/Sheriff:

Please be advised that in my clinical judgment, [Click or tap here to enter text.](#) at this time may be in need of involuntary admission to a hospital, pursuant to Mental Hygiene Law Section 9.27, or is a person for whom immediate observation, care and treatment may be necessary pursuant to Mental Hygiene Section 9.39 or 9.40. The Director of Community Services is requested to direct the removal of [Click or tap here to enter text.](#) to an appropriate hospital for examination to determine if he/she has a mental illness for which hospitalization is necessary pursuant to Mental Hygiene Law Section 9.27, 9.39 or 9.40.

Describe the noncompliance with court-ordered treatment plan: (please be specific)

[Click or tap here to enter text.](#)

What efforts have been made by the treatment team and/or case management to solicit compliance? (please be specific, include dates where applicable)

[Click or tap here to enter text.](#)

Current behaviors and/or psychiatric symptoms:

[Click or tap here to enter text.](#)

Risk factors:

[Click or tap here to enter text.](#)

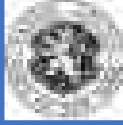
Current Prescribed Medications:

Name of Agency Requesting Removal: [Click or tap here to enter text.](#)

Contact Name and Phone Number: [Click or tap here to enter text.](#)

Psychiatrist's Signature: _____ Printed Name: [Click or tap here to enter text.](#)

CC: NUMC E/R



AOT RENEWAL RECOMMENDATION FORM

Client Name:	Order Expires: <small>Click or tap to enter a date.</small>	Form Due: <small>Click or tap to enter a date.</small>
Care Coordination:	Treatment Provider:	Housing:

Client's Current Diagnosis:

Client's Current Prescribed <i>Psychiatric Medication</i> Regimen			
Medication Name Dosage/ Route/ Frequency (Therapeutic Range)	Blood Monitoring	Contingency Medication Dosage/ Route/ Frequency (Therapeutic Range)	Blood Monitoring
	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N

Describe Client's Compliance with Medication:

Would Client continue with their medication without an AOT Order? Y N

Describe Client's Compliance with Treatment:

Describe Client's insight into mental illness/need for treatment and attitude/commitment to treatment in the future:

Client Activity During AOT Order	Current Order:	<small>Click or tap to enter a date.</small>	<small>Click or tap to enter a date.</small>
---	-----------------------	--	--

List All Psychiatric Hospitalizations During Current Order: (Include hospital name, dates of admittance/discharge)

List All 9.60 Removal Order Dates During Current Order:

List all Significant Event Report Dates During Current Order:

If Client has Substance Abuse Treatment, list all Toxicology Dates with Results/Refusals During Current Order:

Recommendations:

AOT Renewal	<input type="checkbox"/> Y <input type="checkbox"/> N	Substance Abuse Treatment	<input type="checkbox"/> Y <input type="checkbox"/> N	Financial Management	<input type="checkbox"/> Y <input type="checkbox"/> N
-------------	---	---------------------------	---	----------------------	---

If adding a **NEW** category of service to the order, please list justification based on your clinical observations and submit supporting documentation, e.g., past due rental statements, toxicology results, etc.

Based upon clinical observations, please provide evidence of respondent's treatment history and present circumstances that may impact their ability to remain in the community without supervision.

State clinical basis to Renew AOT Order:

The above recommendation has been discussed with the Housing Provider (SOCR, CR, Apt. Treatment) and Case Management Agency. All are in agreement: Y N

If **No**, please explain below:

Treating Provider Signature: _____ Date: _____

Treating Provider Name: _____

Treating Provider Credentials: _____

Reporting AOT County Transfer:

Reporting AOT County Transfer
Reissued: September, 2021

Chapter 1 of the Laws of 2013 extends Section 9.60 of Mental Hygiene Law to require that the director of an AOT program notify the DCS in the new county of residence when he or she has reason to believe that the assisted outpatient will change his or her residence during the pendency of an AOT Order. It is the responsibility of the DCS in the new county of residence to implement the AOT order.

To provide guidance on how the director of an AOT program can meet this requirement, OMH is issuing the below form which can be used to notify the Director of the County's/NYC's AOT Program. This form should also be sent to the corresponding field office, when complete.

Name of Person Completing Form (include title and contact information):	
Date:	Original Petitioner:
Name of Individual on AOT:	DOB:
Dates of Current Order:	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Renewal
County Initiating Transfer:	
AOT County Coordinator:	AOT County Coordinator Email:
Receiving County:	
Anticipated Move Date:	<input type="checkbox"/> Unknown
Reason for Move/Belief Client in Receiving County:	

Current Health Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> No Insurance <input type="checkbox"/> Other-Please explain:
Insurance ID:
Income Source: <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> VA <input type="checkbox"/> DSS <input type="checkbox"/> Other-Please explain:
Payee: <input type="checkbox"/> Yes <input type="checkbox"/> No Payee Information:

Diagnosis:	
Current Medications:	
Scripts/refills: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current medication supply:
IM Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date last shot received:
	Date next shot due:
Known Medical Conditions:	
Risk Factors/Violence Hx/Alerts:	

Care Manager:	Care Manager Contact Information:
---------------	-----------------------------------

SPOA Application(s) sent to receiving county

Copy of Current Order Sent/Attached to new county and appropriate NYS AOT Field Office(s)

Providers	Sending County	Receiving County
Care Coordination		
Clinic/Medication Management		
Housing		
Other		

Sending DCS/AOT Designee and County:
Name:

Receiving DCS/AOT Designee and County:
Name:

Signature:

Signature:



Office of Mental Health

AOT COUNTY TRANSFER GUIDANCE

** If a client under an Active AOT order plans to move to another county in NYS, their AOT order remains in effect according to amendments to Kendra's Law as part of the SAFE Act of 2013. The following guidelines can be used to help counties address issues that arise when an AOT recipient moves to another county.*

**Please note, if the client moves out of NYS, the AOT order is not-transferable, since Kendra's Law is a NYS law.*

1. The County AOT Coordinator will contact the Director of Community Services or designated AOT county coordinator in the new county, to inform of the pending transfer, discuss treatment plan, and forward the current AOT Legal Forms, treatment plan, and transfer form. It is also encouraged that the Regional Program Coordinator be notified as well by the county with the active AOT order.
2. An AOT order mandates the client to a category of service, it is best to keep the services the same, if possible (ACT team client would be referred to ACT team in new county, if available, or Clinic/PROS w/ Care Manager through Health Home).
3. For private housing (or Section 8, or other landlord-tenant rental situation), the Care Coordinator in the new county should attempt to verify/visit the housing before the client moves into the place, if possible, to ensure the client has a viable plan.
4. The Care Manager is responsible for filling out applications for Care Management in the new county, along with making referral to a new treatment provider. Copies of all applications should be forwarded to the AOT program staff.
5. Once the new AOT team has opened the case, the former AOT team can close out. During care planning, AOT programs should schedule planning calls in which collaboration on housing and treatment plans are discussed to avoid drastic changes in categories of service wherever possible.

6. In the case of an unplanned transfer where the recipient ends up in a different New York State County the receiving and sending county should begin to collaborate to share information and develop a plan.
 - The sending county should share any information that would help the receiving county in establishing a relationship with the recipient.
 - The sending county should continue to try and attempt to contact the recipient to ascertain what the recipient's goals and plans are while attempting to share information with the receiving county.
 - Whenever possible, the sending and receiving counties should attempt outreach collaboratively while making considerations regarding travel and outreach and what makes most sense given the shared resources of the two counties.
 - The sending county should start making referrals to services in the receiving county as soon as possible to help facilitate the transfer. Collaboration benefits the AOT recipient the most, so reasonable time negotiations should be considered by both sending and receiving counties.
 - The sending county should forward the AOT legal forms to the AOT Coordinator in the receiving county along with the treatment plan and transfer form. Current level of compliance as well as Significant events and/or risk factors should be shared as relevant and available. Phone contact should focus on compliance and most relevant information. Record Sharing between DCS is not prohibited under record sharing laws as long as the AOT order is "active". (reference Section 9, subdivision (b), as well as section 12, subdivision (d) of 9.60).
 - For complex situations (i.e. when an ACT Recipient moves to a county with no ACT team or a long wait list) the Field office AOT Program Coordinators can be utilized. In these types of cases, creativity in service planning is suggested.
 - If an AOT recipient needs a removal order while they are in the new county and before the order is changed to the new county, it will need to be written by the physician from the county with the active AOT order. This will need to be coordinated with the Director of Community Services in the new county to help guide the drafting of the order.

Assisted Outpatient Treatment Data Collection Requirements

Stephanie L. Johrden

Community Liaison Specialist I

Nassau County Department of Human Services

Office of Mental Health, Chemical Dependency & Developmental Disabilities
Services

Why does OMH collect data on AOT?

- Kendra's Law includes a mandate for the NYS Office of Mental Health to report on AOT to the Governor and the NYS Legislature
- NYS OMH has been collecting data on all AOT recipients since AOT was initially implemented in 1999
- The AOT Reporting mandate is met through the reports displayed on the NYS OMH Web page
 - <https://my.omh.ny.gov/bi/aot>

What is the Kendra's Law data collection mandate?

- **Kendra's Law mandates that data on AOT processes and characteristics of individuals who receive a court order be submitted on an annual basis and available on OMH's website. The legislation lists the following requirements:**
 - **[A]** characteristics and demographics of assisted outpatients;
 - **[B]** the incidence and duration of homelessness, hospitalization and incarceration of individuals before and during assisted outpatient treatment; outcomes of judicial proceedings, including;
 - **[C1]** the number of petitions for assisted outpatient treatment that are granted by the court;
 - **[C2]** the number of non-court-ordered service enhancements or voluntary agreements;
 - **[C3]** treatment referral outcomes, including the time frames for service delivery;
 - **[D]** the number of removals for examination pursuant to subdivision (n) of section 9.60 of the mental hygiene law
 - and the number of persons who are hospitalized beyond the period of examination;
 - **[E]** reasons for closed cases; data reported pursuant to subdivision (b) of section 9.47 of the mental hygiene law;
 - And any other data related to the assisted outpatient treatment program that he or she deems appropriate.

How are AOT data collected?

- **Data on AOT court order processes are collected and entered in an internal NYS OMH administrative database called TACT by NYS OMH Field Office Staff**
 - Includes information from court order paperwork such as court order dates, significant events, and treatment plan information
- **Data on AOT Recipients are collected through individual assessments completed by Health Home Plus Care Managers or Assertive Community Treatment teams**
 - Submitted via the Child and Adult Integrated Reporting System (CAIRS)
 - Collected at start of court order, at six-month intervals and at the expiration of the court order
 - Assessments capture demographic characteristics of AOT recipients and their status in a variety of areas

How else are AOT data collected?

Significant Event Report

- Submitted by Care Coordinator
- Due within 24 hours of being made aware of a significant event
- Inform on AOT Recipient's serious non-compliance with court-ordered treatment or any serious violent incidents

Monitoring Report

- Submitted by Care Coordinator
- Due Weekly
- Inform on AOT Recipient's compliance, or lack of compliance with treatment and status in the community on a weekly basis

Renewal Recommendation and Order Modification Forms

- Submitted by Care Coordinator
- Due before AOT Evaluation
- Inform on AOT Recipient's compliance, or lack of compliance during their Order period, current diagnosis, medications and the treatment provider's clinical assessment if the Recipient's Order should be Renewed or Not Renewed and/or document a change in the Recipient's medications or treatment plan to modify an existing order

Nonrenewal Forms

- Submitted by Nassau County Director of Community Services (DCS) or Designee
- Due at determination of AOT Order Renewal Criteria Change
- Inform on the rationale for AOT Recipient's Non-Renewal of Order

Client Location Unknown

- Submitted by Care Coordinator
- Due as requested while an AOT Recipient is missing
- Inform on Care Coordination's efforts made to locate the missing AOT Recipient

Local Government Unit Reporting Requirements

Case Initiation

- Copies of all relevant court documents

Monthly Reports

- 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

Quarterly Updates

- List of all AOT Recipients during Quarter
- Provide updates for status and service changes not covered by court order
- E.g.: SER Status, Material Changes, Care Coordinator, and Living Arrangements

Significant Events

- SER form submitted within 24 hours of the incident

How are AOT Data Used?

- NYS OMH uses the resulting data to assess outcomes for all AOT Recipients as a group and compile reports included on the online portal
- Nassau County AOT uses the data to:
 - Complete LGU Reporting Requirements
 - Assess treatment outcomes for AOT Recipients
- NC AOT also uses data from the Monitoring Reports and Renewal Recommendation in informing the AOT Evaluation process, including updating AOT Renewal Petition documents

NYS OMH AOT Reports

Program Statistics

Investigations Conducted

Number of Investigations Conducted. Statistics are cumulative from November 1999 and reported by County.

Petitions Filed

Total number of petitions filed since Kendra's law was implemented and percent of petitions that were granted. Total number of petitions filed during past 12 months and percent of petitions that were granted.

Recipients under Court Order

Number of individuals for whom court orders were issued since the implementation of Kendra's law (November 1999), number of people currently under court order and number of individuals who were under court order on this date one year ago, two years ago, three years ago, and four years ago.

Enhanced Voluntary Agreements

Number of Enhanced Voluntary Agreements issued to recipients.

Court Order Renewals

Number and percent of initial court orders that were renewed during past 12 months and since implementation of Kendra's law (November 1999).

Length of Time in AOT

Distribution of time individuals spent in AOT.

Removals Resulting in Hospitalization

The percent of removals for examination pursuant to subdivision (n) of section 9.60 of the mental hygiene law that have resulted in hospitalization.

Reasons for Non-Renewal of Court Orders

Percent of individuals whose expired court orders were not renewed because Individual has not met any of the AOT criteria required for renewal or meets criteria but renewal is not requested due to other reasons.

Characteristics of Recipients

Demographic Characteristics of AOT Recipients

Age

Average age of AOT recipients.

Living Situation at the time of onset of AOT Monitoring

Living situations of AOT recipients at the time of onset of AOT Monitoring.

Living Situation at Expiration of Court order.

Living situations of AOT recipients at the time of expiration of court order

Gender

Gender distribution of AOT recipients.

Marital Status

Marital status of AOT recipients.

Race/Ethnicity

Race/Ethnicity of AOT recipients.

Diagnosis and Coexisting Substance Use Disorder

Diagnosis

Percent of AOT recipients with diagnosis of schizophrenia and/or psychosis and bipolar disorder.

Coexisting Substance Use Disorder

Percent of AOT Recipients who are reported as having an alcohol or substance use disorder, or who are reported as using alcohol or other substances.

Significant Events - Life Time

Homelessness

Percent of AOT recipients who have had an episode of homelessness in their lifetime.

Incarceration

Percent of AOT recipients who have were incarcerated in their lifetime.

Psychiatric hospitalization

Percent of AOT recipients who have had a hospitalization in their lifetime

NYS OMH AOT Reports

Recipient Outcomes

Reduced Significant Events

Percent of AOT recipients have been homeless, hospitalized, incarcerated during their entire time in AOT compared to anytime in their lifetime prior to AOT.

Increased Service Participation

Percent of AOT recipients receiving services during first six months of AOT and at most recent follow-up compared to prior to AOT.

Increased Engagement in Services and Adherence to Medication

Engagement and adherence ratings at six months and at most recent follow-up compared to engagement and adherence ratings at onset of AOT.

Improved Self-Care & Social and Community Functioning

Reduced difficulty in areas of Self-Care & Social and Community Functioning at six months and at most recent follow-up compared to difficulties at onset of AOT.

Reduced Incidence of Harmful Behavior

Reduced incidence of Harmful Behaviors at six months and at most recent follow-up compared to incidence of Harmful Behaviors at onset of AOT.

AOT Recipient Outcomes Summary


Summary of all the above AOT Recipient Outcomes.

Archived AOT Reports

AOT Program Reports

[Final Report on the Status of Assisted Outpatient Treatment \(March 2005\)](#) 

[An Interim Report on the Status of Assisted Outpatient Treatment \(January 1, 2003\)](#) 

[NYS AOT Program Evaluation \(June 30, 2009\) Duke Study](#) 

HANDS ACROSS LONG ISLAND | HALI

NO ONE GETS THROUGH LIFE ALONE

January 23, 2026



Intensive and Sustained Engagement Team (INSET)

Alex Frisina, Senior Director Empowerment Services

Melissa Wettengel, Chief Executive Officer

 (631) 234-1925

 159 Brightside Ave, Central Islip, NY 11722

 [HALI88.org](https://www.hali88.org)

Serving Long Island & NYC Metro Area

I.N.S.E.T



INTENSIVE

- Community-based
- Small roster
- Daily contact (as needed)
- 24/7
- Wraparound funds

SUSTAINED

- Persistent and patient!
- “Pre-enrollment” phase
- No prescribed end date (but not forever)

ENGAGEMENT

- Peer-led, peer-driven
- Person-driven
- **100% voluntary**
- Low barrier to entry
- “VIP-style” exclusive

TEAM

- CPS, CRPA, FPA, YPA
- LCSW
- **Psych NP***
- CASAC-T
- Bi-lingual (Spanish)

INSET Eligibility

1. 18+, Nassau or Suffolk
 2. Experiences emotional distress, voices, visions, unique beliefs, altered consciousness. **Doesn't have to IDENTIFY with a diagnosis**
 3. Any of following:
 - **Dissatisfied/disconnected from** clinical treatment (MH, SUD, Medical)
 - **Using hospital/crisis svcs** frequently
 - **SDOH needs** housing, food, income, telephone, human contact
 - **Ineffective/dangerous trauma responses:** aggression, self-injury, thoughts of suicide, substance misuse, criminal justice involvement, sex work, abusive relationships
-

Referrals



TO INSET

- 53% community agencies
- Other sources:
 - Hospitals
 - Housing
 - Family
 - Self-refer
 - LGU (indirectly)

FROM INSET

- Mental health services
- Physical health services
- Substance recovery/treatment
- Community resources (technology, pantries, libraries, thrift stores)
- Social services/benefits
- Housing
- Education/job supports



INSET in action

“Michael”

- Victim hit & run, unsheltered, discharged hospital to street
- “Pre-enrollment” 2 months – transportation
- 4 months enrollment time:
 - connected to phys rehab
 - reprieve winter months

“Jose”

- Unsheltered, isolated on street
- “Pre-enrollment” 3 months
- 9 months enrollment time:
 - Temp housing
 - Resume, Indeed account, applying for jobs to increase income

What INSET is

NOT:



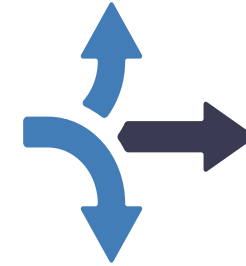
Anti-treatment

***Recruiters for clinical
treatment***

Anti- Kendra's Law

***CTI
CORE
HHCM
ACT
MRST***

How INSET fits into SOC



1. AOT Prevention

2. AOT Alternative

3. AOT Step-Down

Contact INSET:

1. Make a referral
2. Schedule presentation for your team
3. Present your services / discuss priority fast-track MOU

INSET Team Lead - Alex Frisina

Senior Director Empowerment Services

(631) 496-7220

afrisina@hali88.org

Brief Motivational Interviewing to Increase Adherence to Mandated Treatment

Presenter:

Michael V. Pantalon,
Ph.D., Dean, School of
Health Professions,
Long Island University



Question and Answer Panel

- ❖ What Criteria is needed for someone to graduate from AOT?

Our Psychiatrist takes into consideration the recommendations of the treatment provider, compliance throughout the order and client presentation during the scheduled evaluation.

- ❖ Can an AOT prescriber adjust medications based on the needs of the client and not what is identified in the AOT order?

Yes, the prescribing psychotropic medications falls on the discretion of the treating provider. Nassau must be notified of any medication changes in order to facilitate a modification to the AOT order.

- ❖ Can family members have access to private information if an AOT client is at risk of legal involvement and family members are fulfilling all needs such as housing, clothing, food?

No, the client must give consent to access medical/private information. However, family members are welcome to share feedback with the providers at any time.

- ❖ How do you navigate different levels of care on AOT?

AOT makes every effort to accommodate needs of the client. We evaluate the providers feedback, clients request and all documented reports to determine whether or not treatment should be increased and or decreased.



**If there are any further questions, feel free to
contact us at:**

bhac@hhsnassaucountyny.us



Thank you for Attending
this AOT Educational
Session.

