



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

BRUCE A. BLAKEMAN
NASSAU COUNTY
EXECUTIVE

Assisted Outpatient Treatment (AOT)



AOT Presentation Outline for PPT Presentation

- **Welcome and Introduction of AOT Team**
- **Long Island Field Office & Role of the AOT Compliance Specialist**
- **History and Overview of AOT**
 - **How did it come to be?**
 - **Eligibility**
- **Legal Overview of AOT**

- **Role of the Physician**
- **Role and Responsibility of Treatment Providers**

- **Data Collection Requirements**
- **Referral Process**
- **AOT Communication Flow**
- **Questions and Answers Panel**
- **Special Acknowledgment**

Omayra Perez, R-LCSW
Jessica Aquino, LCSWR
Robert Richardson, LMSW

Tomas Klimas-Mikalaukas, Esq.
Sasha Bardey, MD
Sasha Bardey, MD
Antonella Bevil, LCSW
Maria Yager, LCSW
Stephanie Johrden, BS
Alexandra Fabrizzio, AA
Antonella Bevil, LCSW
Elaine B. Bailey, LMSW and Nassau County AOT
Omayra Perez, LCSW

Learning Objectives

- ✓ History of AOT
- ✓ Review the criteria, eligibility and referral process
- ✓ Review the legal components of AOT
- ✓ Review the role of the prescribing physician and AOT psychiatric evaluator
- ✓ Identify court hearing process.
- ✓ 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

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/



Long Island Field Office Contacts

Brian Peterson, Director

Erin Rostron, Deputy Director

Jessica Aquino, AOT Compliance Spec.

Brian.Peterson@omh.ny.gov

Erin.Rostron@omh.ny.gov

Jessica.Aquino@omh.ny.gov

Office Number: 631-761-2508

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



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
- Veteran's 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)



New York State AOT Program Coordinator Responsibilities

- I. that each assisted outpatient receives the treatment provided for in the court order issued pursuant to section 9.60 of this chapter;
- II. that existing services located in the assisted outpatient's community are utilized whenever practicable;
- III. that a case manager or assertive community treatment team is designated for each assisted outpatient;
- IV. that a mechanism exists for such case manager, or assertive community treatment team, to regularly report the assisted outpatient's compliance, or lack of compliance with treatment, to the director of the assisted outpatient treatment program;
- V. that directors of community services establish procedures which provide that reports of persons who may be in need of assisted outpatient treatment are appropriately investigated in a timely manner;
- VI. that assisted outpatient treatment services are delivered in a timely manner

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.



Bob Richardson

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.

Who is Eligible for AOT?

- Is at least 18 years old; and
- Is suffering from a mental illness; and
- Is unlikely to survive safely in the community without supervision, based on a clinical determination; and
- Has a history of lack of compliance with treatment for mental illness that has:
 - prior to the filing of the petition, at least twice within the last thirty-six 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 or a local correctional facility, not including any current period, or period ending within the last six months, during which the person was or is hospitalized or incarcerated; or
 - prior to the filing of the petition, resulted in one of more acts of serious violent behavior toward self or others or threats of, or attempts at, serious physical harm to self or others within the last forty-eight months, not including any current period, or period ending within the last six months, in which the person was or is hospitalized or incarcerated; and
 - resulted in the issuance of a court order for assisted outpatient treatment which has expired within the last six months, and since the expiration of the order, the person has experienced a substantial increase in symptoms of mental illness and such symptoms substantially interferes with or limits one or more major life activities as determined by a director of community services who previously was required to coordinate and monitor the care of any individual who was subject to such expired assisted outpatient treatment order
- is, as a result of his or her mental illness, unlikely to voluntarily participate in the outpatient treatment that would enable him or her to live safely in the community; and
- in view of his or her treatment history and current behavior, is in need of assisted outpatient treatment in order to prevent a relapse or deterioration which would be likely to result in serious harm to the person or others as defined in §9.01 of this article; and
- is likely to benefit from assisted outpatient treatment.

A court may not issue an AOT order unless it finds that assisted outpatient treatment is the least restrictive alternative available for the person.

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



**How an AOT ORDER
is made**

Tomas Klimas-Mikalaukas, Esq.

The AOT 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 kinds of AOT

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

(NASSAU county dept. of human services specific)

- 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; etc.)

The creation of the Order to Show cause and Petition

(NASSAU county dept. of human services specific)

- 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)
 - 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

(NASSAU county dept. of human services specific)

- 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, 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

(NASSAU county dept. of human services specific)

- 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

(NASSAU county dept. of human services specific)

- 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

(NASSAU county dept. of human services specific)

- 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

(NASSAU county dept. of human services specific)

- 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

(NASSAU county dept. of human services specific)

- 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

(NASSAU county dept. of human services specific)

- 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

(NASSAU county dept. of human services specific)

- 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 one or more major life activities as determined by the Director of Community Services who was involved with the previous Order
 - This is relatively new. It’s there for those cases where someone came off AOT but their condition deteriorated thereafter

The creation of the Order to Show cause and Petition

(NASSAU county dept. of human services specific)

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

(NASSAU county dept. of human services specific)

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

(NASSAU county dept. of human services specific)

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

(NASSAU county dept. of human services specific)

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. 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

(NASSAU county dept. of human services specific)

- The AOT Petition Sandwich:
 - When all the aforementioned papers are written, they are combined the following way and then submitted to court:
 - The OTSC
 - The Verified Petition
 - “Exhibit A”
 - The Physician’s Affirmation
 - 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

(NASSAU county dept. of human services specific)

- Things to Note

- If an evaluation is performed Monday morning, then the petition papers must be finished by Tuesday afternoon so that all parties can sign them and they can be submitted to Nassau County Supreme Court
 - 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 very short window of time (like an apartment number, or correct medication range/dosage), it risks delaying the AOT 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

(NASSAU county dept. of human services specific)

- 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.

The creation and Signing of the Order and judgment

(NASSAU county dept. of human services specific)

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

(NASSAU county dept. of human services specific)

Once the OTSC and Petition are submitted to 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). 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

(NASSAU county dept. of human services specific)

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

(NASSAU county dept. of human services specific)

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

(NASSAU county dept. of human services specific)

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
 - 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

(NASSAU county dept. of human services specific)

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.
- Then a Medication Worksheet, if needed
 - The same one from the Petition. 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

(NASSAU county dept. of human services specific)

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

(NASSAU county dept. of human services specific)

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

(NASSAU county dept. of human services specific)

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
- Petition submitted, 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



Role and Responsibility
AOT Evaluator (Physician)
Dr. Sasha A. Bardey

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.

In many ways, conducting an AOT examination is no different than any other psychiatric evaluation. The evaluation should include the individual's:

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

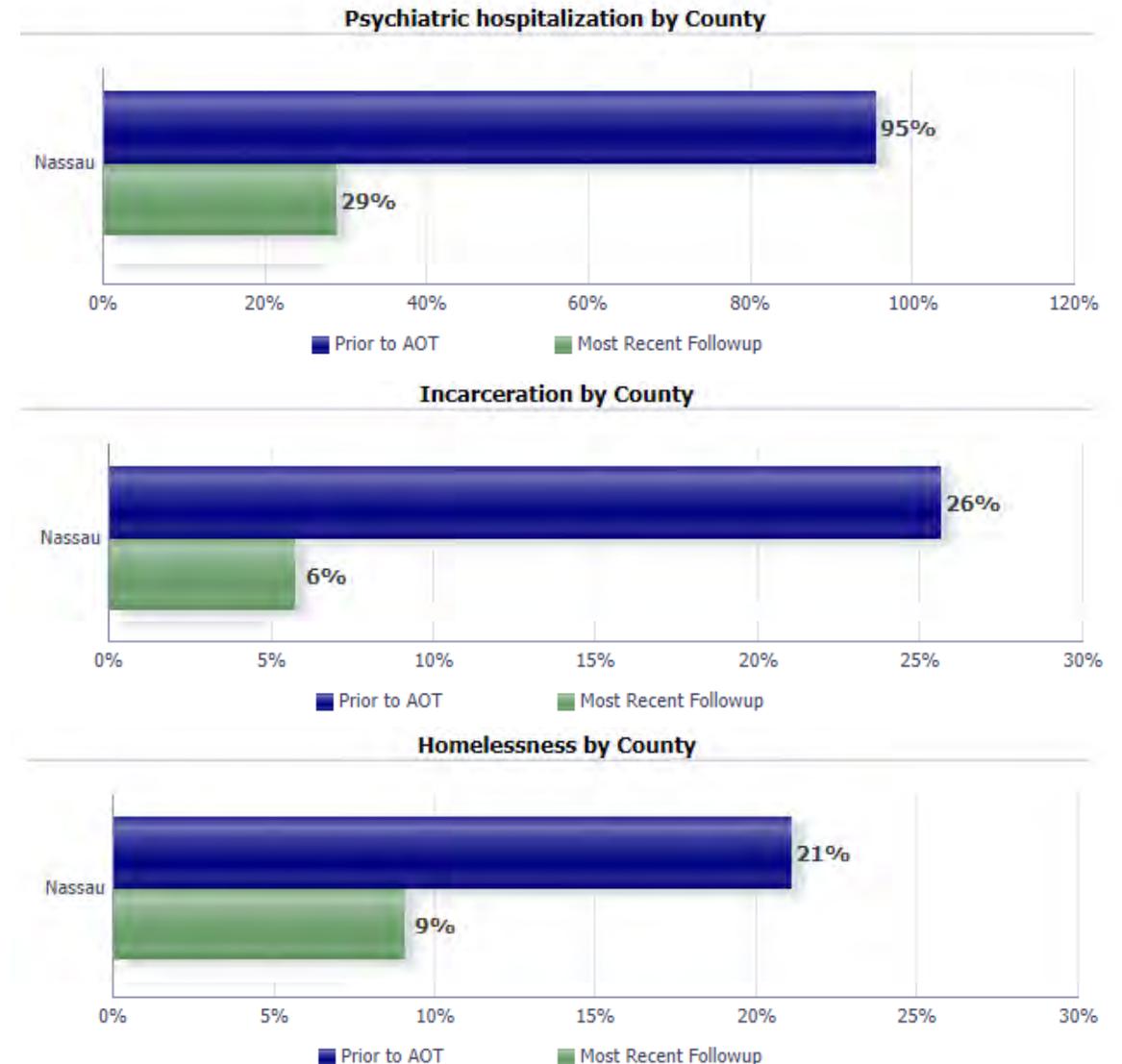
The physician should also conduct a detailed review of (if available) the individual's medical records and obtain collateral information from any healthcare proxies, family members, and any other OMH--8/2023 practitioners involved in the individual's care. This information will be gathered by the petitioner for the evaluating/testifying physician to review. Pursuant to authority under State Law, NYS Mental Hygiene Legal Services (MHLS) counsel may be present during the physician examination.

The Role of the AOT Evaluator

- The AOT evaluator reviews the prescribers' recommendations & approves the medication worksheet, which lists out the court-ordered medications and their contingencies, as well as the substance abuse worksheet, which details recommended court ordered substance-use stipulations for renewals.

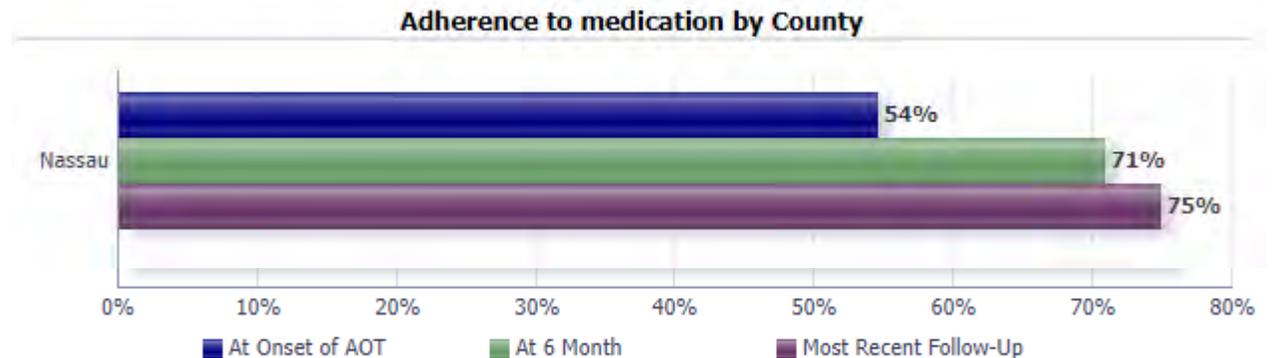
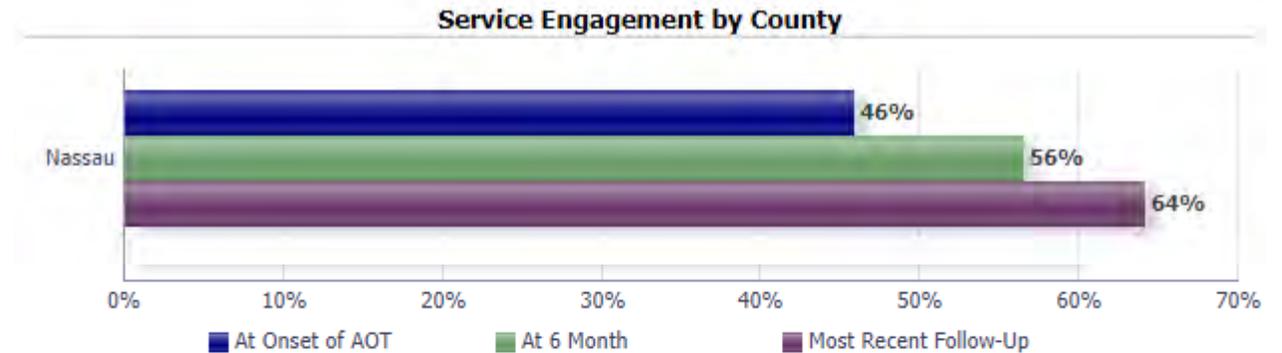
Nassau County AOT Recipient Outcomes – Reduced SERs

- AOT recipients experience Reduced Significant Events during their entire time in AOT compared to anytime in their lifetime prior to AOT
 - 70% Reduction in Psychiatric Hospitalization
 - 78% Reduction in Incarceration
 - 57 % Reduction in Homelessness



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 percent of recipients who were somewhat engaged or well engaged with Staff
 - 40% Change after entire duration reported for Service Engagement
 - 37% Change after entire duration reported for Adherence to medication



Nassau 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

↓ 41% Any Harmful Behavior	↓ 40% Alcohol Abuse	↓ 39% Abuse Drugs	↓ 65% Attempted Suicide
↓ 58% Created a public disturbance	↓ 61% Damaged or destroyed property	↓ 59% Expressed suicidal ideation	↓ 63% Physically abused/assaulted others
↓ 62% Suspected of sexual abuse	↓ 61% Threatened physical violence	↓ 58% Verbally assaulted another person	↓ 45% Victim of physical or sexual abuse



**Role and Responsibility of
Treatment Providers
Antonella Bevil, LCSW
Maria Yager, LCSW**

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 \(ny.gov\)](#)

Roles and Responsibilities of treatment providers

- 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.

AOT Required Forms

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

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

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) *
<ul style="list-style-type: none"> • Hate crime or Terrorist Threat/Act* • Arson (this refers to intentional fire-setting and not careless smoking) * • Hijacking* • Impersonating an officer* • Kidnapping* • Sex Offense* • Stalking* • Weapons possession* • Homicide* • Animal Cruelty* 	<ul style="list-style-type: none"> <input type="checkbox"/> Domestic violence* <input type="checkbox"/> Inappropriate behavior toward children* <input type="checkbox"/> Serious threat of harm to others* <input type="checkbox"/> Fire or fire risk (unintentional)* <input type="checkbox"/> Serious threat of harm to self* <input type="checkbox"/> Serious threat of suicide with plan/intent* <input type="checkbox"/> Commits an act of self harm* <input type="checkbox"/> Attempts Suicide* <input type="checkbox"/> Violates Probation/Parole* <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:

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

Deceased:

- Death, regardless of cause*

Missing:

- 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:

- Loses housing and becomes unhoused*

Risk of Non-Delivery of Mandated Services

- At risk of being discharged from a court ordered service without a viable alternative*
- 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.

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:	Click or tap to enter a date.	
Chose an item.	Care Coordinator:	Click or tap to enter a date.	
NC AOT Coordinator:	Financial Management:	<input type="checkbox"/> N	<input type="checkbox"/> Y

Provider Services			
Type	Provider	Dates	Service Type
Psychiatric:		Click or tap to enter a date.	Choose an item.
Care Coordination:		Click or tap to enter a date.	Choose an item.
Substance Abuse:		Click or tap to enter a date.	Choose an item.
Provider/ Coordinator Change:	<input type="checkbox"/> N	<input type="checkbox"/> Y	Effective Date: Click or tap to enter a date.
New Provider or Coordinator: 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: Click or tap to enter a date.	Next IM Date: 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: Choose a date. Result: Choose an item.
Medication Changes: <input type="checkbox"/> N <input type="checkbox"/> Y		Effective Date: Click or tap to enter a date.	
Enter text to Describe Medication Changes OR Noncompliance (list which medications, [IM/Oral], with specific dates, etc).			

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

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

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

Housing	
Type: Choose an item.	Provider:
Status Change: <input type="checkbox"/> N <input type="checkbox"/> Y	Effective Date: Click or tap to enter a date.
Describe: 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: Click or tap here to enter text.	Date: Click or tap to enter a date.
---	-------------------------------------

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 OMH 486 (06/01)

APPLICATION FOR HOSPITAL EXAMINATION AFTER FAILURE TO COMPLY WITH ORDER FOR ASSISTED OUTPATIENT TREATMENT		Person's Name (Last, First, M.I.)	
		Sex	Date of Birth / /
		Address	
GENERAL INFORMATION			
<p>Section 9.60(n) of the Mental Hygiene Law (MHL) sets forth 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 evaluation to determine if the person should be admitted for psychiatric care and treatment. MHL Section 9.63 provides that, in carrying out such transportation, appropriate attempts shall be made to elicit the cooperation of the person to be transported prior to resorting to compulsory means of transportation.</p> <p>The procedure established in section 9.60(n) 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 solicit compliance with the order. In addition, the physician must conclude that the person MAY:</p>			
<p>(i) <i>be in need of involuntary care and treatment in a hospital providing inpatient services for persons with mental illness, pursuant to MHL Section 9.27 (see FORMS OMH 471 and 471 A),</i></p> <p style="text-align: center;">- OR -</p> <p>(ii) <i>have a mental illness for which immediate 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 9.39 or 9.40 (see FORMS OMH 474 and 476).</i></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 homicidal 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 designee of the AOT program director; or (3) a physician designated by the director of community services under MHL Section 9.37, to direct that the person be taken into custody and transported to a hospital for evaluation. (see Part A below). The director, designee or physician appointed pursuant to section 9.37 then determines whether to direct that the person be taken into custody and transported to a hospital (see Part B below). Under MHL Section 9.60(n), an approved mobile crisis outreach team, an ambulance 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 operating 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 shall evaluate 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			
Pursuant to the authority granted to me under Section 9.60(n) of the Mental Hygiene Law (MHL),			
I,		M.D., hereby request that	
		be removed to	
		, a hospital for examination.	

AOT 9.60 REMOVAL REQUEST FORM

Form OMH 468 (01/01)

APPLICATION FOR HOSPITAL EXAMINATION AFTER FAILURE TO COMPLY WITH ORDER FOR ASSISTED OUTPATIENT TREATMENT	Person's Name (Last, First, M.I.)		
	Sex	Date of Birth / /	
	Address		

GENERAL INFORMATION

Section 9.60(n) of the Mental Hygiene Law (MHL) sets forth 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 evaluation to determine if the person should be admitted for psychiatric care and treatment. MHL Section 9.63 provides that, in carrying out such transportation, appropriate attempts shall be made to elicit the cooperation of the person to be transported prior to resorting to compulsory means of transportation.

The procedure established in section 9.60(n) 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 solicit compliance with the order. In addition, the physician must conclude that the person **MAY**:

- (i) *be in need of involuntary care and treatment in a hospital providing inpatient services for persons with mental illness, pursuant to MHL Section 9.27 (see FORMS OMH 471 and 471 A),*
- OR-
- (ii) *have a mental illness for which immediate 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 9.39 or 9.40 (see FORMS OMH 474 and 476).*

"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).

"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 homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm (see MHL Section 9.01).

Upon such a determination by a physician, a request is made by the physician to: (1) a director of an AOT program; (2) the designee of the AOT program director; or (3) a physician designated by the director of community services under MHL Section 9.37, to direct that the person be taken into custody and transported to a hospital for evaluation. (see Part A below) The director, designee or physician appointed pursuant to section 9.37 then determines whether to direct that the person be taken into custody and transported to a hospital (see Part B below). Under MHL Section 9.60(n), an approved mobile crisis outreach team, an ambulance 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 operating an AOT program or one authorized by the county director of community services to receive persons subject to AOT orders.

A physician at the receiving hospital shall evaluate 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.

PART A | REQUEST FOR ASSISTED OUTPATIENT TO BE EXAMINED

Pursuant to the authority granted to me under Section 9.60(n) of the Mental Hygiene Law (MHL),

I, _____ M.D., hereby request that _____ be removed to

_____, a hospital for examination.

In support of this request, I hereby state with respect to the above-named person that:

1. In my clinical judgment
 - a. this person has failed or refused to comply with the assisted outpatient treatment ordered by the court;
 - b. efforts were made to solicit compliance by this person with the treatment ordered by the court; and
 - c. this person (Check appropriate box),
 - may be in need of involuntary care and treatment in a hospital providing inpatient services for mental illness pursuant to MHL Section 9.27, or
 - may have a mental illness for which immediate 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 9.39 or 9.40.

2. To the best of my knowledge and belief, the facts stated above and the information contained herein are true.

Signature of M.D. _____

 Mo. Day Year

PART B | CUSTODY/TRANSPORT OF PERSON SUBJECT TO ASSISTED OUTPATIENT TREATMENT ORDER

Pursuant to MHL section 9.60(n), I hereby direct that (check one)

- the _____ ambulance service, or
- _____ an approved mobile crisis outreach team or
- peace officers/police officers of _____

(Department/Location)

take the above-named person into custody and transport him/her to the following hospital (as designated by the section of Community Services):

Name of Hospital: _____

Address of Hospital: _____

Signed: _____

Position/Capacity: (check one)

- Director of Assisted Outpatient Treatment (AOT) Program
- Designee of Director of AOT Program
- Physician designated pursuant to MHL 9.37

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



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.

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:



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:	



Data Collection Requirements

Stephanie L. Johrden

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:**
 1. characteristics and demographics of assisted outpatients;
 2. the incidence and duration of homelessness, hospitalization and incarceration of individuals before and during assisted outpatient treatment
 3. outcomes of judicial proceedings, including;
 - the number of petitions for assisted outpatient treatment that are granted by the court;
 - the number of non-court-ordered service enhancements or voluntary agreements;
 - treatment referral outcomes, including the time frames for service delivery;
 4. the number of removals for examination pursuant to subdivision (n) of section 9.60 of the mental hygiene law
 5. the number of persons who are hospitalized beyond the period of examination
 6. reasons for closed cases; data reported pursuant to subdivision (b) of section 9.47 of the mental hygiene law
 7. 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

- Submitted by Treatment Provider
- 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

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

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.

Service Enhancements

Number of Service Enhancements and/or 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](#) 



**Referral Process and
Communication Flow
Alexandra Fabrizzio
Antonella Bevil**

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:

- 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
- Authorization for HIPAA releases
- Evaluation by county psychiatrist
- Documentation of certified Records
- Scheduling of Court Hearing



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

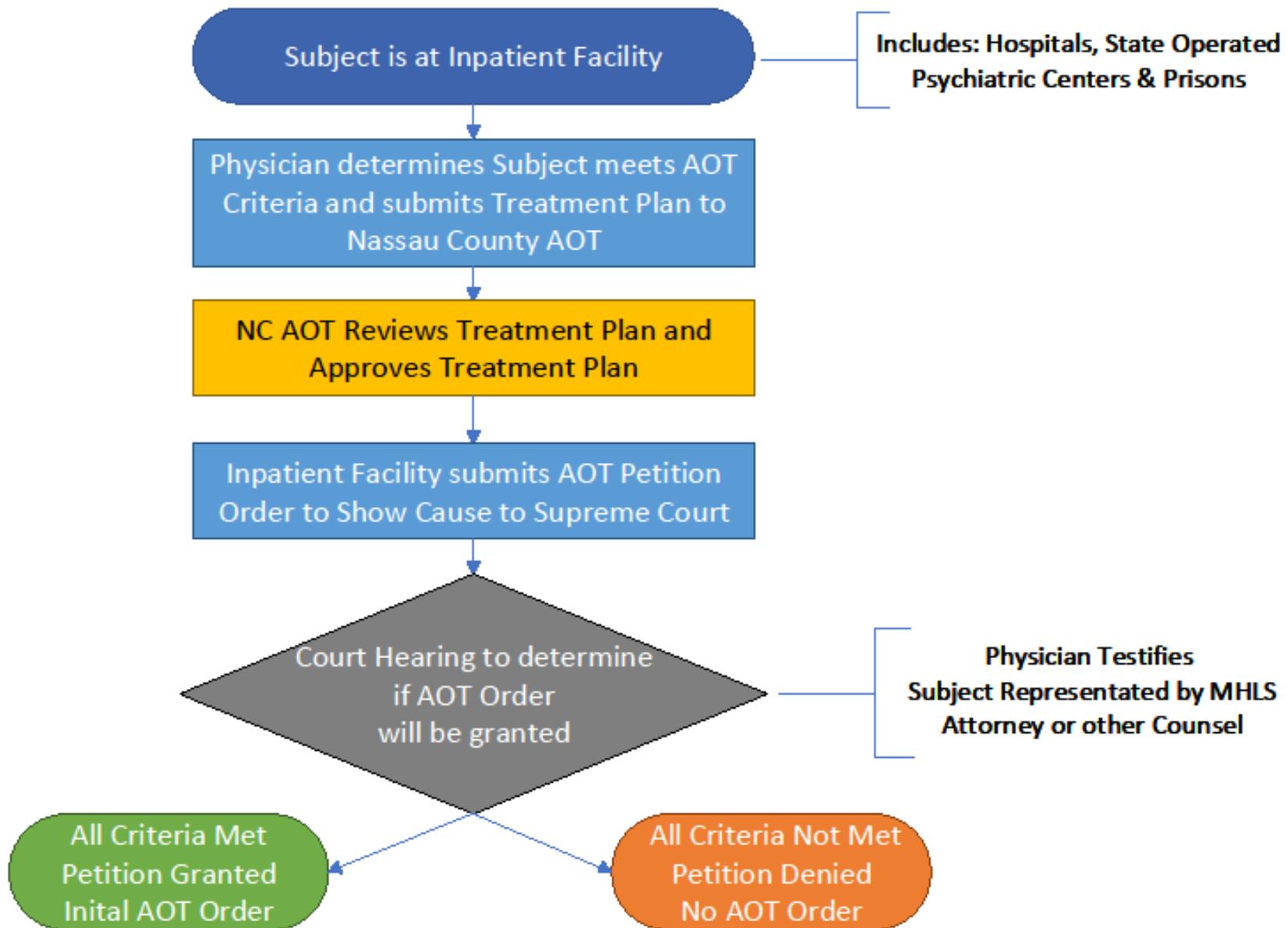
(To be used for any referral within Nassau County for medical, behavioral health and substance abuse care management services)

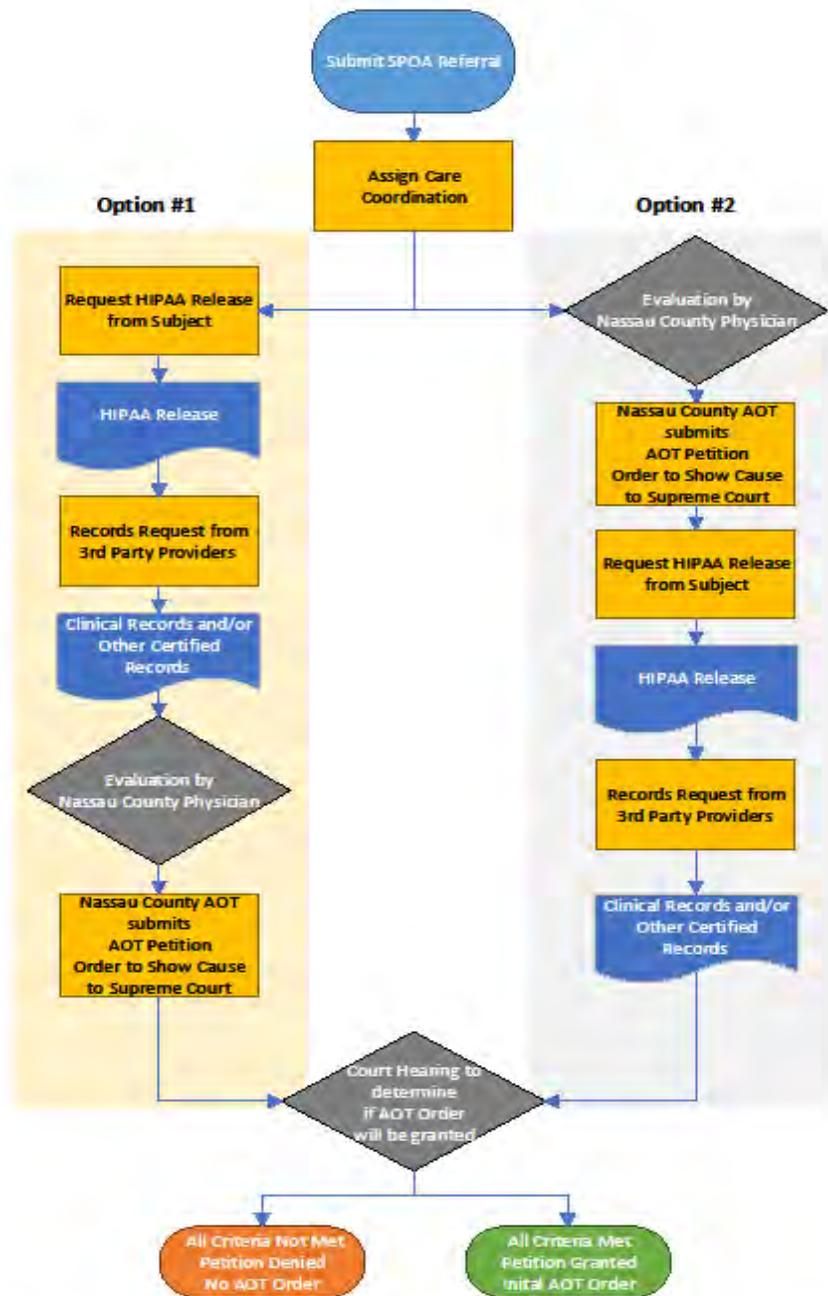
Services Referred to (check all that apply) [] Care Coordination [] ACT [] AOT

Date:

Form with fields for Last Name, First Name, SSN, Address (Street, Apt., Town, State, Zip), Alt. Address, AKA, Home Phone, Mobile Phone, Alt. Phone, and E-mail address.

DEMOGRAPHIC INFORMATION section with fields for DOB, Age, Gender, Race, Ethnicity, and Primary Language.





****If the Subject does not meet ALL AOT Criteria at any point in the process, the Investigation will be closed.****

Question and Answer Panel

- ❖ If a therapist and psychiatrist deem a client has achieved successful completion of therapeutic goals, but MH court is still requesting for client to remain in treatment, how should the therapist/psychiatrist proceed?

AOT and Mental Health Court are two separate court proceedings. If an individual is no longer on an AOT order but continues to be an active Mental Health Court client, treatment is mandated.

- ❖ What are the plans to partner with OASAS to make the AOT order a full and comprehensive order? Many of our patients have co-occurring and sometimes bordering primary diagnoses of substance use. Currently, we can suggest substance abuse treatment, but we/AOT cannot mandate it. We cannot hope these pts will benefit from mental health services only and they are wreaking havoc on our providers and taxing our emergency rooms.

At present, Substance Abuse Counseling and Treatment can be identified as a category of services within the AOT order. However, the current law focuses on medication adherence.

- ❖ When a pt is not compliant with the therapy component, there is, again, no recourse. In the spirit of trying to help the patients gain a better understanding of their illness and ways to avoid decompensation, it is frustrating when they don't comply and only attend the medication appointment, especially when the medications are barely keeping them from being symptomatic.

Best clinical practice is psychoeducation therapy in conjunction to medication management.

- ❖ What do you do when a pt is not on an injection or one that can be measured, like Depakote or Lithium? It makes documenting compliance difficult.

You would work collaterally within a team model approach to obtain feedback from individual's support systems, Care Coordinator, housing provider, therapist and treatment prescriber regarding medication adherence and current psychiatric presentation. Typically, when a client is medication non-compliant there will be an increase in psychiatric presentation.

- ❖ How many chances to reschedule a missed appointment is too many? I know we have to give them some opportunity, but I have some recent experiences where the pt was going on his 4th rescheduled appt for an injection that is given every two weeks. The pick-up order kept getting rejected to see if he showed up.

Rescheduling should be assessed on a case-to-case basis. Pick up orders need to show psychiatric instability and all recent treatment efforts made to assist in medication compliance. Considerations to be made should include, what is client's justification of missing scheduled IM appointment and does client remain safely within the community.

- ❖ I would like clarification as to what you are looking for in order to recommend not to renew the order. Having an understanding of the illness is unlikely to happen in the majority of the cases since schizophrenia is probably the majority and at baseline those pts doesn't recognize their illness.

Renewal Recommendation completed by treating prescriber, history of treatment compliance or non-compliance documented by weekly Monitoring Reports, Significant Event Reports, and AOT Evaluation conducted by Nassau County's AOT Psychiatrist are all taken into consideration when determining if an AOT order should be renewed.

- ❖ Can an AOT prescriber adjust medications based on need and in coordination with an AOT client that are not outlined on the AOT order?

Yes, prescribing psychotropic medications falls on the discretion of the treating psychiatrist. The AOT order identifies psychotropic medications including contingency medications, yet prescribers are not limited to medications on the AOT order. Nassau County AOT must be notified of any changes to medication prescribed.



Special Acknowledgment

Thank You
Dr. Alexander Sasha Bardey



Thank you for Attending
this AOT Educational
Session.

