



Assisted Outpatient Commitment in New York

House Select Committee on Involuntary Commitment and
Public Safety

February 10, 2026

Assisted Outpatient Commitment in New York ("AOT")

- Created by Kendra's Law in 1999
- Contained mostly in New York State Mental Hygiene Law sections 7.17, 9.47, and 9.60

AOT Eligibility

- Experiencing the effects of mental illness, be unlikely to survive safely in the community without supervision, need treatment to prevent deterioration of their condition, and be likely to benefit from AOT
- Be unlikely to voluntarily participate in outpatient treatment without supervision
- Lack of compliance with mental health treatment that has been a factor in:
 - Being hospitalized twice in previous 36 months
 - Acts of serious violent behavior in previous 48 months
 - Prior AOT order that has expired within previous 6 months

AOT Process

- Potential recipients of services are referred by either:
 - Community – Family, friends, or frontline worker
 - Institutions – Healthcare facility, jails, or prisons

AOT Process – Entities Involved

- New York State Office of Mental Health: Main Office
- New York State Office of Mental Health: Five Field Offices
- Local Government Units (LGUs): Every county has an LGU that manages AOT program (except NYC which has an LGU that covers all NYC - five counties)
- Care Management Providers

AOT Process

- Individual is referred to LGU for AOT investigation. → LGU investigates referral.
 - If criteria not met, case is closed.
 - If criteria is met, case continues per below.
- LGU files petition for AOT with court and physician develops plan. → AOT hearing is held to review petition and approve plan. → If AOT order issued recipient connected with care management provider. → Services are provided.

AOT Treatment and Monitoring

- Day to day treatment coordination and monitoring is provided by the assigned care management provider.
- Check in on the recipient multiple times a month and are responsible for connecting the recipient with the required medical care.
- Document and report issues with compliance. Reports of noncompliance are filed with appropriate LGU.

Violation of AOT Order

- Not a criminal matter
- No automatic inpatient commitment
- Recipient is to be considered for “involuntary removal” for evaluation
- Must still independently meet the criteria for inpatient commitment

- New York Mental Hygiene Law section 9.39, Emergency admissions for immediate observation, care, and treatment: "Likelihood to result in serious harm" as used in this section shall mean:
 - 1. substantial risk of physical harm to themselves as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that they are dangerous to themselves, or
 - 2. 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, or
 - 3. substantial risk of physical harm to the person due to an inability or refusal, as a result of their mental illness, to provide for their own essential needs such as food, clothing, necessary medical care, personal safety, or shelter.

- North Carolina G.S. 122C-268 Inpatient commitment: “To support an inpatient commitment order, the court shall find by clear, cogent, and convincing evidence that the respondent is mentally ill and dangerous to self, as defined in G.S. 122C-3(11)a., or dangerous to others, as defined in G.S. 122C-3(11)b.”
- G.S. 122C-3(11)a: “...The individual would be unable, without care, supervision, and the continued assistance of others not otherwise available, to exercise self-control, judgment, and discretion in the conduct of the individual's daily responsibilities and social relations, or to satisfy the individual's need for nourishment, personal or medical care, shelter, or self-protection and safety...”

AOT Process – Entities Involved

- New York State Office of Mental Health: Main Office
- New York State Office of Mental Health: Five Field Offices
- Local Government Units (LGUs): Every county has an LGU that manages AOT program (except NYC which has an LGU that covers all NYC - five counties)
- Care Management Providers

Office of Mental Health: Main Office

- Oversees and monitors the AOT program statewide, by monitoring the field offices
- Complies, tracks, and reports AOT statistics

Office of Mental Health: Field Offices

- Oversee and monitor operations of LGU AOT programs
- Support LGU AOT programs to provide and arrange for court-ordered services
- Compile LGU investigation data and report it to the central office
- Provide information and support for the petition process
- Perform quarterly reviews of a sample of AOT cases to ensure treatment is being received
- Receive and track significant event reports that are received from LGUs

Local Government Units

- Receive referrals for AOT and conduct investigations
- File petitions with courts for AOT orders based on those investigations
- Approve the AOT treatment plan that is created by a physician
- Ensure services from the treatment plan are provided
- Oversee the care management providers
- Submit significant event reports to the appropriate Field Office
- Evaluate cases for renewal

Care Management Providers

- Directly monitor patients' compliance with AOT treatment plan
- Report to LGUs on patients' treatment status and on significant events

Length of an order

New York

- If the person meets AOT criteria the court may order AOT for **up to one year**.

North Carolina

- If the person meets outpatient commitment criteria the court may only order outpatient commitment for **up to 90 days**.

Conclusion

- Virtually all states have some form of outpatient
- Every state that has this program is somewhat different from others