

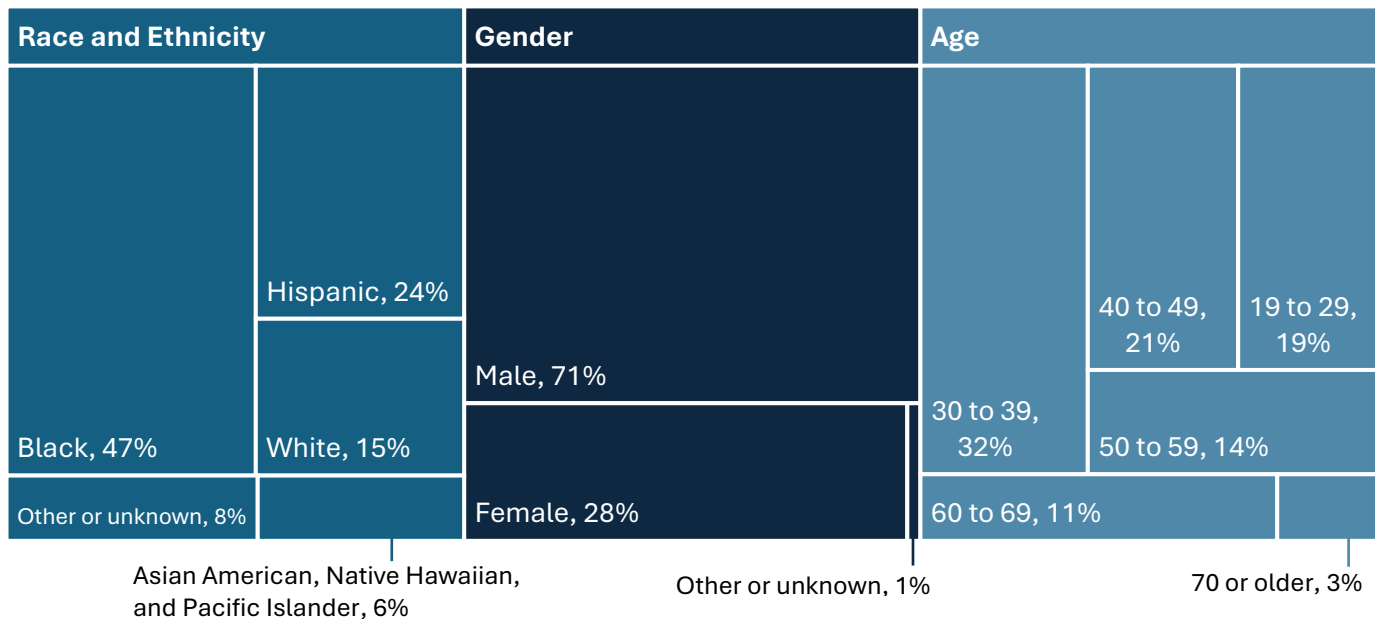
Program Profile: Assisted Outpatient Treatment (AOT) in Fiscal Year 2025

Program Summary

Assisted Outpatient Treatment (AOT, also known as “Kendra’s Law”) promotes engagement in mental health services for adults with a history of multiple hospitalizations or harm to themselves or others due to nonadherence to treatment. AOT reinforces treatment and recovery through monitoring the adherence of the individual and their providers to a civil court-ordered care coordination or treatment plan. AOT is implemented by NYC Health Department staff working with community-based case managers and clinicians, including Assertive Community Treatment (ACT), Intensive Mobile Treatment (IMT), and clinics.

Participant Characteristics in Fiscal Year 2025

In fiscal year 2025 (FY25), 2,834 individuals were monitored by the AOT program. AOT participants in FY25 were primarily non-Hispanic Black, male, and between ages 30 and 49, with the mean age being 42.

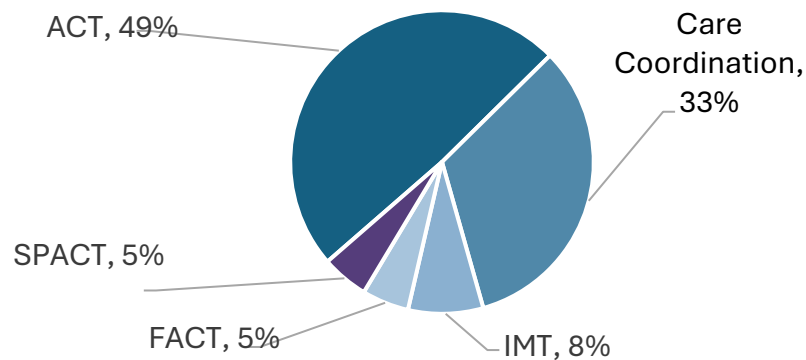


Other or unknown gender includes transgender, nonbinary/gender nonconforming, other, unknown, and missing. Other or unknown race and ethnicity includes unknown, missing, other, and not reported race and ethnicity.

Mandated Level of Care Distribution in FY25

All AOT court orders require care coordination, which may be provided through stand-alone care coordination programs or as part of a bundled care coordination, treatment, and recovery service. Stand-alone care coordination is provided by Health Home Care Management agencies or Non-Medicaid Care Coordination programs and often comes with separate outpatient treatment (usually clinic). Bundled services are provided through ACT, Forensic ACT (FACT), Shelter Partnered ACT (SPACT), or IMT programs. Depending on the level of care, AOT participants meet with their providers at least four to six times per month.

The following chart details the distribution of level of care mandated for 2,832 individuals with AOT court orders in FY25.



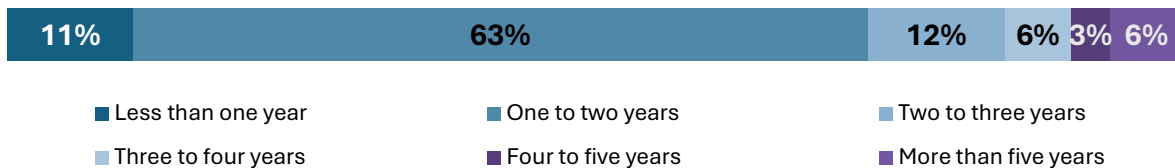
Referral Sources in FY25

Individuals can be referred to AOT by members of the community (such as a family member) or as they are discharged from New York State (NYS) or NYC correctional facilities, hospitals, or NYS psychiatric centers. In FY25, the majority of referrals came from hospitals (46%).



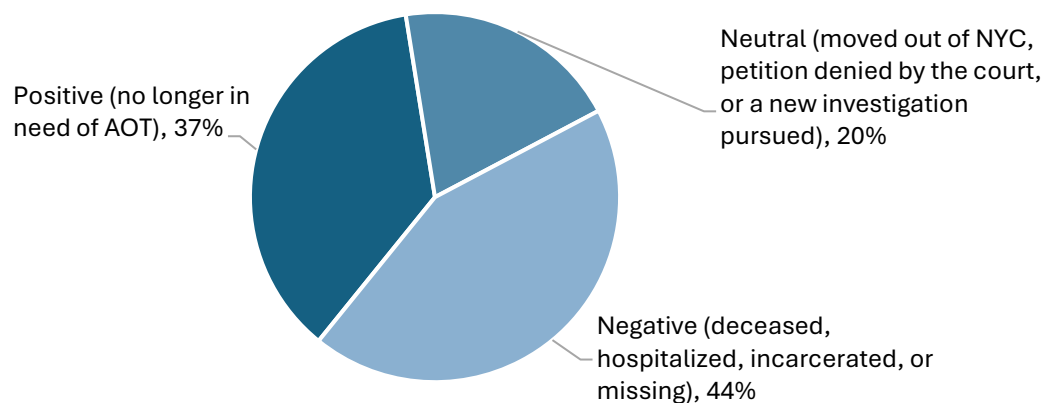
Average Length of AOT Mandates in FY25

Initial AOT court orders can be for up to 12 months, but they are often renewed with a repeat examination by an NYC Health Department psychiatrist and a court hearing depending on the participant's condition and progress. For individuals whose AOT cases were closed in FY25, the average length of time on AOT was 24 months and the distribution of AOT duration in years is shown in the following graph:



Closures in FY25

At the end of an AOT order, each case is reviewed and can be completed or renewed based on information from the care coordinator's monitoring during the order and a new examination and hearing. There are three possible outcomes: The AOT order is completed; the AOT is renewed upon the court's approval after a hearing; or the AOT is converted to a voluntary treatment agreement (whereby the individual agrees to continued AOT monitoring without the court order).



7.26

Suggested citation: Bureau of Mental Health. Assisted Outpatient Treatment Program Profile, Fiscal Year 2025. NYC Dept of Health and Mental Hygiene; 2025, updated March 2026.