



Director of Community Services (DCS) Review and Determination of AOT Non-Renewal

Under revised Mental Hygiene Law 9.60 (k) OMH is mandated to collect data regarding AOT orders that are not being renewed. The appropriate director shall evaluate the need for ongoing AOT at least 30 days prior to expiration of the AOT order. Upon determining whether the statutory criteria continue to be met, such director shall notify the OMH Regional Program Coordinator in writing, and prior to the expiration of the order, as to whether a petition for continued AOT is warranted and whether a renewal petition was or will be filed.

Recipient Last Name: Recipient First Name: County: Region: Order Expiration Date: Determination Date:

Rationale for Non-Renewal

- A - No longer meets one or more of the following criteria: (Check all that apply)
- is suffering from a mental illness
- is unlikely to survive safely in the community without supervision, based on a clinical determination
- 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
- is, as a result of his or her mental illness, unlikely to voluntarily participate in outpatient treatment
- is likely to benefit from assisted outpatient treatment
- AOT is the least restrictive alternative

OR

- B - Individual may meet criteria for renewal, but no renewal will be requested due to one of the following reasons: (Choose only one)
- Hospitalized at time of determination
- Incarcerated at time of determination
- The recipient will receive services under voluntary/enhanced service agreement, post AOT order expiration
- The recipient has moved out of state
- The petition was submitted, but was not granted by the court
- The petitioner has actively attempted to locate and serve the recipient with the renewal petition, but the recipient's whereabouts remain unknown
- Other, please describe:

DCS or DCS Designee Name:

Phone Number:

DCS or DCS Designee Signature:

Date of Signature:

Upon completion please forward to Regional AOT Program Coordinator

Oct 2018