



STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER

November 6, 2025

Ann Marie T. Sullivan, M.D.
Commissioner
Office of Mental Health
44 Holland Avenue
Albany, NY 12229

Re: Oversight of Kendra's Law
Report 2025-F-6

Dear Dr. Sullivan:

Pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law, we have followed up on the actions taken by officials of the Office of Mental Health (OMH) to implement the recommendations from our initial audit report, *Oversight of Kendra's Law* (Report [2022-S-43](#)).

Background, Scope, and Objective

In August 1999, Kendra's Law (Law) was enacted, creating a statutory framework for court-ordered Assisted Outpatient Treatment (AOT) to ensure that individuals with severe mental illness and a history of hospitalizations or violence participate in community-based services appropriate to their needs. The Law was named in memory of Kendra Webdale, 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 took effect in November 1999 and is reviewed periodically by the Legislature. In January 2022, an incident occurred in which a woman, Michelle Go, was similarly pushed to her death in front of a New York City subway train by a mentally ill person. The Law was later extended through June 30, 2027, as part of the periodic legislative review process, and was also amended to allow AOT recipients to be considered for a new AOT order up to 6 months after their order expires in some circumstances.

Ensuring that people with mental illness get care to prevent or mitigate harm to themselves or others in the community continues to be a pressing issue. The Enacted Budget (Budget) for the State Fiscal Year ending March 31, 2026 includes \$16.5 million to enhance county-level AOT implementation and \$2 million for OMH to add staff responsible for overseeing AOT, enhance statewide training, and provide additional support for counties and providers. The Budget also includes amendments to the Law to allow new AOT petitions to be filed within 6 months of an order expiring in instances when the individual becomes disconnected from care and experiences mental health symptoms that substantially interfere with their ability to comply with treatment or result in emergency treatment, inpatient admission, or incarceration.

Implementation of AOT is a joint responsibility and collaboration among OMH, its five regional Field Offices, and local mental health authorities in 57 counties and New York City (we refer to local authorities collectively as local government units or LGUs). Under the Law, LGUs

must timely investigate a referred person's circumstances to determine if the person meets AOT criteria. If so, LGU staff file a petition for AOT with the appropriate court and a hearing is held to review the case and proposed treatment plan. The Law doesn't define "timely," and at the time of our initial audit, OMH hadn't developed guidance to use as a benchmark in determining whether investigations are timely.

OMH requires that AOT recipients be connected with their treatment services through a face-to-face visit within 1 week of the court order. Generally, providers meet with AOT recipients in person weekly after the initial face-to-face meeting. Providers are required to report significant events to their respective LGU within 24 hours of being made aware of them. Significant events are those that may negatively impact a person's AOT, such as being accused of or arrested for committing a crime, becoming incarcerated or homeless, or refusing to take court-ordered medications. LGUs, in turn, must report certain serious significant events, such as weapons possession, sex offenses, domestic violence, and inability to locate an AOT recipient, to the appropriate Field Office to be entered in OMH's Tracking for AOT Cases and Treatments system, or TACT. OMH Central Office and Field Office staff use TACT information to monitor AOT recipients, including identifying circumstances that may affect compliance with their treatment plans and intervening if necessary.

AOT orders generally cover up to 1 year and may be renewed if the LGU determines that the recipient continues to meet AOT criteria after a review that includes an examination by a physician. LGUs must notify their OMH Field Office in writing about whether they'll pursue renewal, if warranted, within 30 days prior to an order's expiration. LGU staff may petition the court to renew an AOT order. If a recipient no longer meets the criteria, the reason for non-renewal must be reported to OMH. According to OMH Officials, during the period from February 1, 2024 through June 25, 2025, 3,660 AOT orders were renewed and 2,677 were not.

According to OMH's public statistics on AOT, since the inception of Kendra's Law in 1999 through July 2025, LGUs have conducted 48,890 investigations. Of the 37,578 AOT petitions filed, 35,943 (96%) were granted. New York City is the largest petitioner, accounting for 22,055 (61%) of the petitions granted. At any given time between July 2021 and July 2025, there have been between 3,400 and 3,700 individuals under an AOT order. According to OMH officials, all but two U.S. states—Connecticut and Massachusetts—have laws that authorize an approach similar to New York's AOT.

The objective of our initial audit, issued February 8, 2024, was to determine whether OMH was effectively monitoring AOT to provide reasonable assurance that existing and potential AOT recipients receive their court-ordered treatment. The audit covered the period from April 2019 to September 2023. We found that OMH needed to improve its oversight in some areas to better ensure that existing and potential AOT recipients receive their court-ordered treatment. Areas we identified for improvement include length of AOT investigations and related information-sharing, initiation of AOT services, quality and completeness of information about significant events and how that information is shared, lapsing AOT orders, and LGUs' reported reasons for AOT non-renewals.

The objective of our follow-up was to assess the extent of implementation, as of September 2025, of the six recommendations included in our initial audit report.

Summary Conclusions and Status of Audit Recommendations

OMH officials made progress in addressing the problems we identified in the initial audit report. Of the initial report's six recommendations, three have been implemented, two have been partially implemented, and one has not been implemented.

Follow-Up Observations

Recommendation 1

Develop guidance to define "timely" that LGUs and Field Offices can use as a benchmark for completing investigations and ensure that LGUs establish procedures to investigate AOT referrals in a timely manner, as required under the Law.

Status – Partially Implemented

Agency Action – Subsequent to our audit, OMH developed a new policy, "New York State Assisted Outpatient Treatment (AOT) Timely Investigation Policy" (Policy), which defines a timely investigation as one that's completed within 6 months of the referral date. OMH's Central Office distributed the Policy to the five Field Offices in September 2024 and published it on its public website with its guidance documents.

OMH's Central Office also requested that LGUs update their investigation procedures to incorporate OMH's guidance on timeliness. According to OMH officials, during the period February 2024 through June 25, 2025, four of the 58 LGUs (representing eight of 62 counties) revised their procedures to address timely investigations (though officials didn't expressly state that these procedures incorporated the 6-month reference). Although many LGUs haven't revised their procedures, OMH-provided data indicates that, during the period from May 2024 through September 2025, about 94% of the investigations were completed timely.

Recommendation 2

Improve assurance that Field Offices obtain and compile the required investigation data from LGUs and provide timely investigation reports to OMH's Central Office.

Status – Implemented

Agency Action – OMH has made improvements in collecting timely investigation data from LGUs. In September 2024, OMH Field Offices moved from collecting written notices from LGUs after investigations are completed and then reporting to Central Office to requiring that LGUs enter data electronically using a new AOT Data Submissions System (System). LGUs enter data at the start of the referral process and again at the conclusion of the investigation when a determination has been made whether or not to proceed with a physician's evaluation. Data entered includes the client's name, referral source, start of investigation (date of referral), end of investigation, and the disposition of the AOT investigation, all of which stays in the System even if a person is deemed not to need AOT.

All LGUs are required to use the System except the New York City LGU, which reports data electronically using a different method. OMH officials stated that data submissions are reviewed monthly by Central Office and the Field Offices, and Central Office will reach out to LGUs when deficiencies are identified.

Recommendation 3

Evaluate the feasibility of collecting data about the time to connect AOT recipients with their initial services and – if found to be feasible – collect and use the data for decision making.

Status – Implemented

Agency Action – In response to our audit findings, OMH officials determined that collecting data about the time to connect AOT recipients with their services wasn't feasible without modifying TACT. They said that they plan to address this by allowing LGUs to enter AOT recipient data directly in TACT, which will allow monitoring in real time. Previously, OMH didn't obtain this data. Officials said that the goal of the new process is to allow Field Offices and OMH's Central Office to monitor AOT recipients across LGUs in real time for informed decision making. They said that a testing version of TACT will be available in September 2025, with the updated version expected to be ready at the end of 2025.

In addition, beginning in October 2024, a revision to the AOT Service Verification Procedure has required the Field Office AOT program coordinators, as part of their quarterly reviews, to document the average number of days from AOT start date to the first care coordination service delivery date. OMH officials stated they use the data to identify gaps and address any concerns.

Recommendation 4

Review and – where considered necessary – clarify existing guidance about significant event reporting to improve:

- *The ability to capture and appropriately share the desired information; and*
- *The completeness, accuracy, and comparability of the information reported.*

Status – Not Implemented

Agency Action – According to OMH officials, their plan is to revise the way that significant events are reported. Their stated intent is to eliminate some of the confusion about reporting these events that was identified in the initial audit, and to allow access to significant event reporting at the Care Coordinator (provider) level, which will be a new feature in TACT.

OMH officials said that they've held internal meetings to compare software features to determine how to proceed without duplicating reporting efforts. They also provided meeting invitations and agendas that showed an intention to discuss significant event reporting but no meeting minutes. As such, we can't draw a conclusion about the content of these meetings and whether progress has been made toward implementation. Because the above changes remain in the planning stage, we considered this recommendation not to have been implemented.

Recommendation 5

Improve assurance that LGUs take appropriate action to ensure that AOT orders that are due to expire and should be renewed continue without lapses in treatment and monitoring.

Status – Partially Implemented

Agency Action – According to OMH officials, LGUs track AOT order expiration dates, as was the case in our initial audit. If the LGU is seeking renewal, it must petition the local court to continue AOT services at least 30 days prior to expiration. Field Offices enter the new court order, if approved, in TACT. However, in the initial audit, we found that LGU staff didn't complete reviews of some recipients' AOT renewal eligibility or document what had been done to review AOT orders before they expired. This resulted in lapses in court-ordered services. To address this issue, OMH officials are developing an "Orders Set to Expire" report in TACT, which will list court orders due to expire in 30 days and allow for improved monitoring of expiring orders (we viewed the testing version of this report).

We also reviewed an OMH-provided TACT report, which indicated that there were 2,512 unique AOT recipients at some point between September 1, 2024 and March 31, 2025, which included 262 recipients whose orders were due to expire within 30 days. Of the 262 orders, 249 were renewed prior to expiring (95%) and 13 expired and were subsequently renewed. Of the 13 orders that expired, OMH provided documentation for two that showed services didn't lapse. OMH officials said that none of the remaining 11 orders were associated with a lapse in services, although they didn't provide documentation to support this. The potential lapse in services for these 11 orders ranged from 4 to 40 days.

Recommendation 6

Provide guidance to LGUs about how to appropriately report reasons for AOT non-renewal.

Status – Implemented

Agency Action – In September 2024, OMH's "Director of Community Services (DCS) Review and Determination of AOT Non-Renewal Guidance" (Non-Renewal Guidance) took effect and requires that LGUs use the AOT Data Submission Portal (Portal), rolled out in September 2024, to enter key information regarding non-renewals. When an AOT order won't be renewed and is allowed to expire, LGUs are now required to enter a determination of non-renewal in the Portal, including the recipient's name and order expiration date, reason for non-renewal, determination date (the date the LGU made the decision to allow the order to expire), and any comments. According to OMH officials, Field Offices review non-renewal entries quarterly.

The Non-Renewal Guidance instructs LGUs how to appropriately report the reason(s) for non-renewal. For example, the "Other" category should "ONLY be used when an alternative answer cannot be found" and, when "Other" is used, there must be an explanation. According to the DCS Non-Renewal Report covering the period from September 2024 through March 2025, about 6% of the submissions used the "Other" category, compared with 10% in the initial audit report.

Major contributors to this report were Theresa Nellis-Matson, Michele Krill, Stephen Myers, and Sean Murphy.

OMH officials are requested, but not required, to provide information about any actions planned to address the unresolved issues discussed in this follow-up within 30 days of the report's issuance. We thank OMH management and staff for the courtesies and cooperation extended to our auditors during this follow-up.

Very truly yours,

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Audit Manager

cc: Tom G. Gottehrer, Office of Mental Health
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