

9. What does it mean that my client has an Assisted Outpatient Treatment (AOT) order?

Kendra's Law and AOT ensure that individuals with mental illness and a history of hospitalizations or violence participate in community-based services appropriate to their needs. The statute identifies at-risk individuals and implements mandatory treatment plans consisting of case management and other necessary treatment services. These services are monitored by means of a weekly report the Nathaniel ACT Team provides to the AOT office on the participant's status in the program. When the ACT Team determines that a participant has failed to comply with some aspect(s) of the AOT order (such as refusal to take prescribed medication or the failure of a test to prove either medication compliance or abstinence from alcohol or drugs) and also determines that the person may need involuntary admission to a hospital, we can apply to the County AOT office for a removal order to transport the participant to a hospital for 72 hours to determine if inpatient care and treatment are necessary.

AOT orders are sometimes an effective tool in helping to persuade prosecutors that clients convicted of violent offenses will be appropriately monitored in the community.

10. What judges do you work with?

The majority of Manhattan Supreme Court judges have released participants to the Nathaniel ACT Team. The program has established the reputation of being able to work with challenging cases. We conduct regular outreach to judges to inform them about Nathaniel ACT Team services.

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**NATHANIEL ACT TEAM
FAQs - Defense Attorneys**

1. Is Nathaniel ACT inpatient or outpatient?

Both. Some participants live in 24-hour supervised community residences, others with family, and some alone, based on their needs and a thorough assessment of risk.

2. What happens when the prosecutor will only consider residential treatment?

In such a case, our staff will meet with the prosecutor to explain that the majority of mental health housing providers do not admit participants while they are in jail and, also, some congregate (residential) mental health housing requires a history of using City shelters and homeless services that your client may not demonstrate. To address this problem we place participants in transitional 24-hour supervised crisis centers while they attend interviews for appropriate long-term housing. We will also explain the level of supervision provided by ACT to address a prosecutor's concerns about public safety.

3. What is a serious and persistent mental illness (SPMI)?

SPMI, as defined by the NYS Office of Mental Health, is required for admission to an ACT team. It means that an individual has a DSM-IV psychiatric diagnosis other than an alcohol or drug disorder, organic brain syndrome, developmental disability or social condition and, *in addition*, meets one of the criteria below:

- The individual is enrolled in SSI/SSDI due to a designated mental illness;
- The individual has experienced extended impairment in functioning due to mental illness over the past 12 months on a continuous or intermittent basis; or
- The individual's previous functional impairment is currently ameliorated as a result of reliance on psychiatric treatment, rehabilitation, or medication.

Many defendants with a previous diagnosis of schizophrenia or schizoaffective disorder will meet the SPMI standard, as well as some with a previous diagnosis of bipolar or major depressive disorders. Your client may have received multiple or conflicting diagnoses, however, and these must be sorted through. Defendants who were previously found incompetent are likely to be suitable for ACT. We recommend that you make a referral even when

you are unsure if your client meets the SPMI standard. Our clinical staff will determine if the criteria are met.

4. Is my client with a substance abuse problem also eligible?

Yes. Over 80% of Nathaniel ACT participants have co-occurring substance use disorders. The team has a substance abuse specialist and all team members receive training in the treatment of mentally ill, chemically addicted (MICA) clients. We provide integrated treatment for mental illness and substance abuse, offer weekly substance abuse group treatment services, and place participants in MICA congregate residences when they need 24-hour structured support for addiction.

5. Is my homeless client eligible?

Yes. Over 80% of Nathaniel ACT participants are homeless upon release from jail. The team works with emergency, short-term, and long-term housing providers to ensure that clients have safe, adequate housing. Participants receive assistance in applying and interviewing for permanent housing and training in skills that help them maintain their housing and successfully integrate into the community.

6. Are violent felons eligible?

Yes.

7. Does the program accept predicates?

Yes. DTAP and prosecutors will often request a written plea agreement that covers the promised sentence, the conditions of program failure and the sentence that will be imposed if the client is unsuccessful when approving the release of predicate felons to the Nathaniel ACT Team.

8. When should I refer?

Defendants are generally referred immediately after indictment, but sometimes before indictment. We recommend that you refer your client as early in the process as possible, even before you have received the approval of the prosecutor for a program, since it takes several weeks to screen a defendant, develop a treatment plan, submit a report to the judge and prosecutor, arrange an initial housing placement, and work with Rikers Island discharge planner to ensure continuity of medications.