



International Association of Chiefs of Police

RESOLUTION

Adopted at the 121st Annual Conference
Orlando, Florida
October 21, 2014

Assisted Outpatient Treatment

*Submitted by: State Associations of Chiefs of Police, Psychological Services Section and
Police Physicians Section
SACOP.010.T14*

WHEREAS, law enforcement officers are often the first responders to individuals in mental health crises; and

WHEREAS, law enforcement officers continue to experience an increase in interactions with people with severe mental illness; and

WHEREAS, such interactions consume a disproportionate amount of limited law enforcement resources; and

WHEREAS, approximately 40 percent of individuals with severe mental illness are not receiving treatment, primarily because the illness affects their ability to voluntarily participate in needed care; and

WHEREAS, noncompliance with treatment, specifically non-adherence to medication, is strongly associated with hospitalization, suicide, victimization, violence and relapse; and

WHEREAS, noncompliance with treatment is also strongly associated with arrest and incarceration, resulting in a disproportionate representation of individuals with severe mental illness in the criminal justice system; and

WHEREAS, a 2014 report found that 10 times more persons with mental illness are in prisons and jails than are receiving treatment in state psychiatric hospitals; and

WHEREAS, Assisted Outpatient Treatment (AOT) provides court-ordered treatment in the community for high-risk individuals with severe mental illness and a history of treatment noncompliance, as a less restrictive alternative to inpatient hospitalization; and

WHEREAS, more than two decades of research and practice document AOT as an effective tool to improve outcomes for this focus population, including reduced hospitalizations, arrests, incarcerations, crime, victimization and violence while increasing treatment adherence and substance abuse treatment outcomes; and

WHEREAS, numerous state and local law enforcement associations support and have championed the passage and implementation of AOT programs; and

WHEREAS, the Department of Justice deemed AOT to be an effective evidence-based program for reducing crime and violence; and

WHEREAS, studies amply demonstrate AOT's effectiveness in reducing arrests and incarcerations, e.g., a recent study of New York State's signature AOT program ("Kendra's Law") concluded that the "odds of arrest in any given month for participants who were currently receiving AOT were nearly two-thirds lower" than those not receiving AOT; and

WHEREAS, AOT also produces significant taxpayer/system cost savings, ultimately increasing overall service capacity and leading to greater access for both voluntary and involuntary recipients. A cost-impact study in New York City found net cost savings of 50 percent in the first year and an additional 13 percent in the second year; a study in North Carolina reported similar cost savings of 40 percent; now, therefore be it

RESOLVED, that the International Association of Chiefs of Police (IACP) duly assembled at its 121st Annual Conference in Orlando, Florida, recommends the authorization, implementation, appropriate funding, and consistent use of Assisted Outpatient Treatment (AOT) laws to ensure treatment in the least restrictive setting possible for individuals whose illness prevents them from otherwise accessing such care voluntarily.

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Hiday, V., et al. (1999). Criminal Victimization of Persons with Severe Mental Illness. *Psychiatric Services*, 50, 62-68.* Individuals with severe psychiatric disorders who were not taking medication were found to be 2.7 times more likely to be the victim of a violent crime (assault, rape, or mugging) than the general population.

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