

## All Studies on Assisted Outpatient Treatment (AOT) in multiple states and in counties of different size show it works

AOT reduces violence, arrest, hospitalization and incarceration of persons with serious mental illness in the 70% range and thereby saves taxpayers 50% of the cost of care. AOT is a court order that requires certain persons with serious mental illness to stay in mandated and monitored treatment as a condition for living in the community. AOT is only for persons who *already accumulated multiple incidents* of arrest, violence, incarceration or hospitalization that was associated with their *refusal or inability to stay in treatment*. AOT is endorsed by the Department of Justice (DOJ), National Sheriff's Association (NSA), International Association of Chiefs of Police (IACP), Agency for Healthcare Research and Quality (AHRQ), SAMHSA, National Alliance on Mental Illness (NAMI) and others. For more information visit <http://mentallillnesspolicy.org> . (10/15)

Study/Source	Findings
Department of Justice. "Crime solutions: assisted outpatient treatment." <i>Crime Solutions.gov</i> . 2012.	<b>Nationally:</b> "Assisted outpatient treatment is an effective crime prevention program."
SAMHSA National Registry of Evidence based Practices and Programs (NREPP) 2015	<b>Nationally:</b> "Although numerous AOT programs currently operate across the United States, it is clear that the intervention is vastly underutilized."
Agency for Healthcare Research and Quality U.S. Department of Health and Human Services <i>Management Strategies To Reduce Psychiatric Readmissions May 2015</i>	<b>Nationally:</b> AOT "programs improve adherence with outpatient treatment and have been shown to lead to significantly fewer emergency commitments, hospital admissions, and hospital days as well as a reduction in arrests and violent behavior."
Virginia Hiday, and Teresa Scheid-Cook. "The North Carolina experience with outpatient commitment: a critical appraisal." <i>International Journal of Law and Psychiatry</i> 10, no. 3 (1987): 215–232.	<b>In North Carolina,</b> AOT reduced the percentage of persons refusing medications to 30%, compared to 66% of patients not under AOT.
Report of Study Commission on Violence established by NJ Legislature (N.J.S.A. 52:17B-239 et seq.) October 2015.	<b>In New Jersey,</b> "Outpatient commitment has proven to be a valuable tool in treating mental illness in the community and reducing inpatient hospitalization. Individuals who can benefit from this program should have access to it regardless of their county of residence."
Mark Munetz, Thomas Grande, Jeffrey Kleist, Gregory Peterson. "The effectiveness of outpatient civil commitment." <i>Psychiatric Services</i> 47, no. 11 (1996): 1251–1253.	<b>In Ohio,</b> AOT increased attendance at outpatient psychiatric appointments from 5.7 to 13.0 per year. It increased attendance at day treatment sessions from 23 to 60 per year. "During the first 12 months of outpatient commitment, patients experienced significant reductions in visits to the psychiatric emergency service, hospital admissions, and lengths of stay compared with the 12 months before commitment."
Robert Van Putten, Jose Santiago, Michael Berren. "Involuntary outpatient commitment in Arizona: a retrospective study." <i>Hospital and Community Psychiatry</i> 39, no. 9 (1988): 953–958.	<b>In Arizona,</b> "71% [of AOT patients] . . . voluntarily maintained treatment contacts six months after their orders expired" compared with "almost no patients" who were not court-ordered to outpatient treatment.
Barbara Rohland. "The role of outpatient commitment in the management of persons with schizophrenia." Iowa Consortium for Mental Health Services, Training and Research, 1998.	<b>In Iowa,</b> "it appears as though outpatient commitment promotes treatment compliance in about 80% of patients... After commitment is terminated, about 3/4 of that group remain in treatment on a voluntary basis."
Treatment Advocacy Center. "Success of AOT in New Jersey 'Beyond Wildest Dreams.'" Treatment Advocacy Center. September 2, 2014.	<b>In New Jersey,</b> Kim Veith, director of clinical services at Ocean Mental Health Services, noted the AOT reduced hospitalizations, shortened inpatient stays, reduced crime and incarceration, stabilized housing, and reduced homelessness. Of clients who were homeless, 20% are now in supportive housing, 40% are in boarding homes, and 20% are living successfully with family members.
Michael Heggarty. "The Nevada County Laura's Law experience." Behavioral Health Department, Nevada County, Nevada County, CA, November 15, 2011.	<b>In Nevada County, CA,</b> AOT ("Laura's Law") decreased the number of Psychiatric Hospital Days 46.7%, the number of Incarceration Days 65.1%, the number of Homeless Days 61.9%, and the number of Emergency Interventions 44.1%. Laura's Law implementation saved \$1.81–\$2.52 for every dollar spent, and receiving services under Laura's Law caused a "reduction in <i>actual</i> hospital costs of \$213,300" and a "reduction in <i>actual</i> incarceration costs of \$75,600."
Marvin Southard. "Assisted Outpatient Treatment Program Outcomes Report." Department of Mental	<b>In Los Angeles, CA,</b> the AOT pilot program reduced incarceration 78%, hospitalization 86%, hospitalization after

Health, Los Angeles County, Los Angeles, CA, February 24, 2011.	discharge from the program 77%, and cut taxpayer costs 40%.
Bruce Link, Matthew Epperson, Brian Perron, Dorothy Castille, Lawrence Yang. "Arrest outcomes associated with outpatient commitment in New York State." <i>Psychiatric Services</i> 62, no. 5 (2011): 504–508.	<b>In New York State</b> "For those who received AOT, the odds of any arrest were 2.66 times greater ( $p < .01$ ) and the odds of arrest for a violent offense 8.61 times greater ( $p < .05$ ) before AOT than they were in the period during and shortly after AOT. The group never receiving AOT had nearly double the odds (1.91, $p < .05$ ) of arrest compared with the AOT group in the period during and shortly after assignment."
Jeffrey Swanson, Richard Van Dorn, Marvin Swartz, Pamela Clark Robbins, Henry Steadman, Thomas McGuire, John Monahan. "The cost of assisted outpatient treatment: can it save states money?" <i>American Journal of Psychiatry</i> 170 (2013): 1423–1432.	<b>In New York City net costs declined 50%</b> in the first year after assisted outpatient treatment began and an additional 13% in the second year. <b>In more rural and suburban, non-NYC counties, costs declined 62%</b> in the first year and an additional 27% in the second year. This was in spite of the fact that psychotropic drug costs increased during the first year after initiation of assisted outpatient treatment, by 40% and 44% in the city and five-county samples, respectively. The increased community-based mental health costs were more than offset by the reduction in inpatient and incarceration costs. Cost declines associated with assisted outpatient treatment were about twice as large as those seen for voluntary services.
Allison Gilbert, Lorna Mower, Richard Van Dorn, Jeffrey Swanson, Christine Wilder, Pamela Clark Robbins, Karli Keator, Henry Steadman, Marvin Swartz. "Reductions in arrest under assisted outpatient treatment in New York." <i>Psychiatric Services</i> 61, no. 10 (2010): 996–999.	In NY, "The odds of arrest for participants currently receiving AOT were nearly two-thirds lower ( $OR = .39$ , $p < .01$ ) than for individuals who had not yet initiated AOT or signed a voluntary service agreement."
Marvin Swartz, Christine Wilder, Jeffrey Swanson, Richard Van Dorn, Pamela Clark Robbins, Henry Steadman, Lorna Moser, Allison Gilbert, John Monahan. "Assessing outcomes for consumers in New York's assisted outpatient treatment program." <i>Psychiatric Services</i> 61, no. 10 (2010): 976–981.	"The likelihood of psychiatric hospital admission was significantly reduced by approximately 25% during the initial six-month court order...and by over one-third during a subsequent six-month renewal of the order"
Jo Phelan, Marilyn Sinkewicz, Dorothy Castille, Steven Huz, Bruce Link. "Effectiveness and outcomes of assisted outpatient treatment in New York State." <i>Psychiatric Services</i> 61, no. 2 (2010): 137–143.	Patients given mandatory outpatient treatment—who were more violent to begin with—were nevertheless four times less likely than members of the control group to perpetrate serious violence after undergoing treatment. <b>Patients who underwent mandatory treatment reported higher social functioning and slightly less stigma, rebutting claims that mandatory outpatient care is a threat to self-esteem</b>
New York State Office of Mental Health. Kendra's Law: Final Report on the Status of Assisted Outpatient Treatment. Report to Legislature, Albany: New York State, 2005, 60.	<b>Consumer outcomes improved</b> <ul style="list-style-type: none"> <li>• 74% fewer participants experienced homelessness</li> <li>• 77% fewer experienced psychiatric hospitalization</li> <li>• 56% reduction in length of hospitalization.</li> <li>• 83% fewer experienced arrest</li> <li>• 87% fewer experienced incarceration</li> <li>• 49% fewer abused alcohol</li> <li>• 48% fewer abused drugs</li> </ul> <b>Consumer perceptions were positive</b> <ul style="list-style-type: none"> <li>• 75% reported that AOT helped them gain control over their lives</li> <li>• 81% said AOT helped them get and stay well</li> <li>• 90% said AOT made them more likely to keep appointments and take meds</li> <li>• 87% of participants said they were confident in their case manager's ability</li> <li>• 88% said they and their case manager agreed on what was important to work on</li> </ul> <b>Danger and violence reduced</b> <ul style="list-style-type: none"> <li>• 55% fewer recipients engaged in suicide attempts or physical harm to self</li> <li>• 47% fewer physically harmed others</li> <li>• 46% fewer damaged or destroyed property</li> </ul>

	<ul style="list-style-type: none"> <li>• 43% fewer threatened physical harm to others</li> <li>• Overall, the average decrease in harmful behaviors was 44%</li> </ul> <p><b>Effect on mental illness system</b></p> <p><b>“Improved access to services.</b> AOT has been instrumental in increasing accountability at all system levels regarding delivery of services to high need individuals. Community awareness of AOT has resulted in increased outreach to individuals who had previously presented engagement challenges to mental health service providers.”</p> <p><b>“Improved treatment plan development, discharge planning, and coordination of service planning.</b> Processes and structures developed for AOT have resulted in improvements to treatment plans that more appropriately match the needs of individuals who have had difficulties using mental health services in the past.”</p> <p><b>“Improved collaboration between mental health and court systems.</b> As AOT processes have matured, professionals from the two systems have improved their working relationships, resulting in greater efficiencies, and ultimately, the conservation of judicial, clinical, and administrative resources.</p> <ul style="list-style-type: none"> <li>• There is now an organized process to prioritize and monitor individuals with the greatest need;</li> <li>• AOT ensures greater access to services for individuals whom providers have previously been reluctant to serve;</li> <li>• There is now increased collaboration between inpatient and community-based providers.”</li> </ul>
<p>Marvin Swartz, Christine Wilder, Jeffrey Swanson, Richard Van Dorn, Pamela Clark Robbins, Henry Steadman, Lorna Moser, Allison Gilbert, John Monahan. "Assessing outcomes for consumers in New York's assisted outpatient treatment program." <i>Psychiatric Services</i> 61, no. 10 (2010): 976–981.</p>	<p>“We find that New York State’s AOT Program improves a range of important outcomes for its recipients, apparently without feared negative consequences to recipients.”</p> <ul style="list-style-type: none"> <li>• <b>Court orders add value:</b> “The increased services available under AOT clearly improve recipient outcomes, however, the AOT court order, itself, and its monitoring do appear to offer additional benefits in improving outcomes.”</li> <li>• <b>AOT improves the likelihood that providers will serve seriously mentally ill:</b> “It is also important to recognize that the AOT order exerts a critical effect on service providers stimulating their efforts to prioritize care for AOT recipients.”</li> <li>• <b>AOT improves service engagement:</b> “After 12 months or more on AOT, service engagement increased such that AOT recipients were judged to be more engaged than voluntary patients. This suggests that after 12 months or more, when combined with intensive services, AOT increases service engagement compared to voluntary treatment alone.”</li> <li>• <b>Consumers Approve:</b> “Despite being under a court order to participate in treatment, current AOT recipients feel neither more positive nor more negative about their treatment experiences than comparable individuals who are not under AOT.”</li> </ul>
<p>Richard Van Dorn, Jeffrey Swanson, Marvin Swartz, Christine Wilder, Lorna Moser, Allison Gilbert, Andrew Cislo, Pamela Clark Robbins. “Continuing medication and hospitalization outcomes after assisted outpatient treatment in New York”</p>	<p><b>Individuals in AOT stay in treatment after AOT ends.</b> “When the court order was for seven months or more, improved medication possession rates and reduced hospitalization outcomes were sustained even when the former AOT recipients were no longer receiving intensive case coordination services.”</p>
<p>Virginia Hiday, Marvin Swartz, Jeffrey Swanson, Randy Borum, H. Ryan Wagner. "Impact of outpatient commitment on victimization of people with severe mental illness." <i>American Journal of Psychiatry</i> 159, no. 8 ( 2002): 1403–1411.</p>	<p>“Subjects who were ordered to outpatient commitment were less likely to be criminally victimized than those who were released without outpatient commitment.”</p>

## MENTAL ILLNESS POLICY ORG.

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