

AOT (Laura's Law) SAVES TAXPAYERS MONEY.

Costs of community costs rise, but are more than offset by reduced incarceration and hospitalization in every locality that measured it. The savings can be reinvested in more services for more people

Los Angeles County¹

Savings 40%

Nevada County²

Savings per \$1 spent: \$1.81-\$2.52

Savings from reduced hospitalization: \$213,300

Savings from reduced Incarceration: \$75,600

Florida³

Savings in hospital costs (average) \$14,463 per consumer

Savings hospital costs (21 consumers) \$303,728

Savings in incarceration \$14,455

New York Urban areas⁴

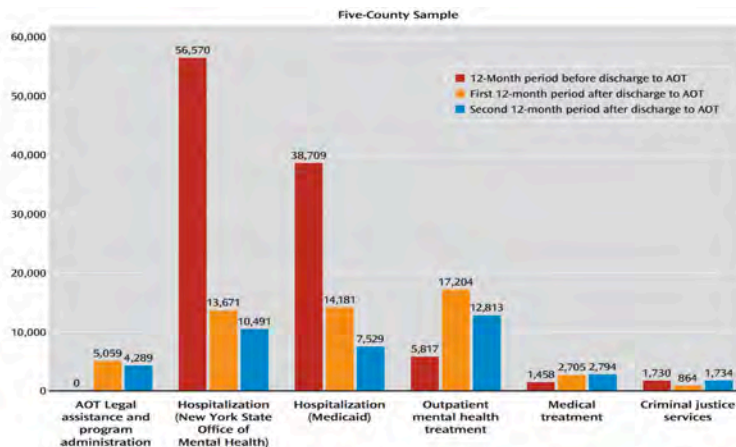
Savings (Net costs year one) 50%

Savings (net costs after year one) additional 13%

New York- Rural/Suburban areas

Savings (net costs year one) 62%

Savings (net costs year two) additional 27%



Savings pre and post AOT in non-NYC counties of NYS (savings in NYC were comparable)

Increased outpatient costs were more than offset by decreased hospitalization and incarceration resulting in savings.

¹ Marvin Southard. "Assisted Outpatient Treatment Program Outcomes Report." Department of Mental Health, Los Angeles County, Los Angeles, CA, February 24, 2011.

² Marvin Southard. "Assisted Outpatient Treatment Program Outcomes Report." Department of Mental Health, Los Angeles County, Los Angeles, CA, February 24, 2011.

³ Available at <http://mentalillnesspolicy.org/States/florida/florida-aot-results.html>

⁴ Independent researchers calculated costs and savings separately for urban NYC and more rural and suburban counties. Savings are net after accounting for increased Medicare/Medicaid reimbursed psychotropic drug cost and community treatment costs. They are primarily due to reduced incarceration and hospitalization. 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?" *American Journal of Psychiatry* 170 (2013): 1423-1432.