



# Assisted Outpatient Treatment: Improving Outcomes and Saving Money

## What is AOT?

Assisted outpatient treatment (AOT) is a tool in the toolbox for civil courts and mental health systems to work collaboratively to help individuals with serious mental illness caught in a cycle of repeat hospitalizations, homelessness and incarcerations. Individuals who benefit from AOT have a history of inconsistent engagement with treatment often due to diminished awareness of the need for treatment. AOT aims to motivate and assist individuals with serious mental illness to engage in treatment and ensure that the mental health system is attentive to their needs.

## How does it work?

A judge usually orders AOT upon discharge from a hospital or jail, but in many states, a judge can order it for individuals who are living in the community if they have a recent history of cycling in and out of the hospital or jail. The AOT participant is court-ordered to follow an individualized treatment plan in the community for a specific period and the local mental health system monitors adherence to the treatment plan. If the AOT participant does not adhere to treatment, the court has several options including modifying the treatment plan, ordering the participant to appear in court, and ordering the participant to be evaluated for possible hospitalization. Once the participant demonstrates voluntary engagement in treatment, the court dismisses the AOT order or allows it to expire and care continues.

## Is AOT effective?

Studies show that AOT can dramatically improve treatment outcomes and substantially reduce the likelihood of repeat hospitalization and criminal justice involvement for its target population.

## AOT RESEARCH HIGHLIGHTS



**Hospitalizations  
DOWN 77%**

in New York<sup>1</sup>

**Length of hospital  
stays DOWN 43%**

in Florida<sup>2</sup>



**Incidence of arrests  
DOWN 83%**

in New York<sup>3</sup>

**Incarceration rates  
DOWN 87%**

in New York<sup>4</sup>



**Homeless nights  
DOWN 49%**

among AOT participants Nationwide<sup>5</sup>

**Violent behavior  
DOWN 47%**

in New York<sup>6</sup>



**Victimization rates  
DOWN 52%**

in North Carolina<sup>7</sup>

**40% Cost Savings**

in Summit County, Ohio<sup>8</sup>



**Illegal substance  
use DOWN**

Nationwide<sup>9</sup>

**92% satisfied  
with AOT services**

Nationwide<sup>10</sup>



## REFERENCES

- <sup>1</sup> New York State Office of Mental Health. (2005). Kendra's law: Final report on the status of assisted outpatient treatment.
- <sup>2</sup> Esposito, R., Westhead, V., & Berko, J. (2008). Florida's outpatient commitment law: Effective but underused (letter). *Psychiatric Services* 59(3), 328.
- <sup>3</sup> New York State Office of Mental Health. Kendra's law.
- <sup>4</sup> New York State Office of Mental Health. Kendra's law.
- <sup>5</sup> Substance Abuse and Mental Health Services Administration. (2020). 2018 Report to Congress Section 224 of the 2014 Protecting Access to Medicare Act Assisted Outpatient Treatment Grant Program. *US Department of Health and Human Services*.
- <sup>6</sup> New York State Office of Mental Health. Kendra's law.
- <sup>7</sup> Hiday, V. A., Swartz, M., Swanson, J., Borum, R., & Wagner, H. R. (2002). Impact of outpatient commitment on victimization of people with severe mental illness. *American Journal of Psychiatry* 159, 1403-1411.
- <sup>8</sup> Ritter, C., Munetz, M. R., & Teller, J. L. S. (2014). Final report to the Treatment Advocacy Center: Assisted outpatient treatment cost savings study.
- <sup>9</sup> Substance Abuse and Mental Health Services Administration. 2018 Report to Congress.
- <sup>10</sup> Substance Abuse and Mental Health Services Administration. 2018 Report to Congress.