



What is AOT?

Assisted outpatient treatment (AOT) is the practice of delivering outpatient treatment under court order to adults with severe mental illness who meet specific criteria, such as a prior history of repeated hospitalizations or arrest. It is a tool for assisting those individuals most at risk for the negative consequences of not receiving treatment.

THOSE MOST IN NEED: AOT laws have been shown to reduce hospitalization, arrest and incarceration, homelessness and violent acts associated with mental illness. Due to strict legal criteria, AOT participants typically represent far less than .05% of a state's population. Yet, on any given day, they are the people most at risk to be in a hospital, ER, on the streets or behind bars.

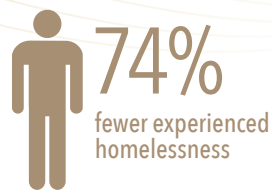
AOT RECIPIENT CHARACTERISTICS:¹

- Majority have schizophrenia or severe bipolar disorder
- 97% percent had been hospitalized previously
- 47% had co-occurring substance abuse disorder
- 47% did not adhere to needed medication regimen before AOT

THE REVOLVING DOOR'S COSTS: Each psychiatric readmission costs on average \$7,500², and non-adherence is the number one risk factor for it.³ Mental illnesses account for nearly 20% of all Medicaid readmissions.⁴ Medicaid patients had more than 75,000 mental health re-admissions within 30 days in one year.⁵ Nearly 25% of Medicare patients with psychoses were readmitted within one month of discharge.⁶

SAVING LIVES AND COSTS: By creating a partnership between the individual and the mental health system, AOT greatly increases medication adherence, reduces costs from hospital readmission⁷ and other revolving-door circumstances and promotes mental health recovery in qualifying individuals.

AOT WORKS: Of participants in New York's AOT program, called Kendra's Law:



AOT REDUCES ARRESTS & VIOLENCE



AOT SAVES MONEY



BROAD SUPPORT FOR AOT

- International Association of Chiefs of Police
- National Sheriffs' Association
- Department of Justice
- American Psychiatric Association

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- 1 New York State Office of Mental Health: Kendra's Law: Final Report on the Status of Assisted Outpatient Treatment, 2005.
 - 2 Hauert, A., Johnson, E., Kirpalani, N., Martin, J., & Miller, D. (2012). The cost of healthcare, does more care = better care? *Perspectives*, 8.
 - 3 Morgan, L. (2014). What drives Medicaid behavioral health readmission rates? Retrieved March 30, 2015 from <https://www.openminds.com/market-intelligence/executive-briefings/drives-medicaid-behavioral-health-readmission-rates.htm/>
 - 4 Health Management Associates. (2015). *State and community considerations for demonstrating the cost effectiveness of AOT services*. Lansing, MI: Health Management Associates.
 - 5 Trudnak, T., Kelley, D., Zerzan, J., Griffith, K., Jiang, H., & Fairbrother, G. (2014). Medicaid admissions and readmissions: understanding the prevalence, payment, and most common diagnoses. *Health Affairs*. Retrieved March 30, 2015 from <http://content.healthaffairs.org/content/33/8/1337.abstract?rss=1>
 - 6 Hines, A., Barrett, M., Jiang, H., & Steiner, C. (2014). *Conditions with the largest number of adult hospital readmissions by payer, 2011*. Healthcare Cost and Utilization Project.
 - 7 Jenks, S., Williams, M., & Coleman, E. (2009). Rehospitalizations among patients in Medicaid fee for service programs. *New England Journal of Medicine*, 360:1418-28.