



SAMHSA Assisted Outpatient Treatment (AOT) Grant Program

Results show significant benefits to participants and savings to communities

In 2014, Congress established the Assisted Outpatient Treatment (AOT) Grant Program for individuals with serious mental illness. The grant program, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), provides 4-year grants to communities to establish and evaluate new AOT programs.

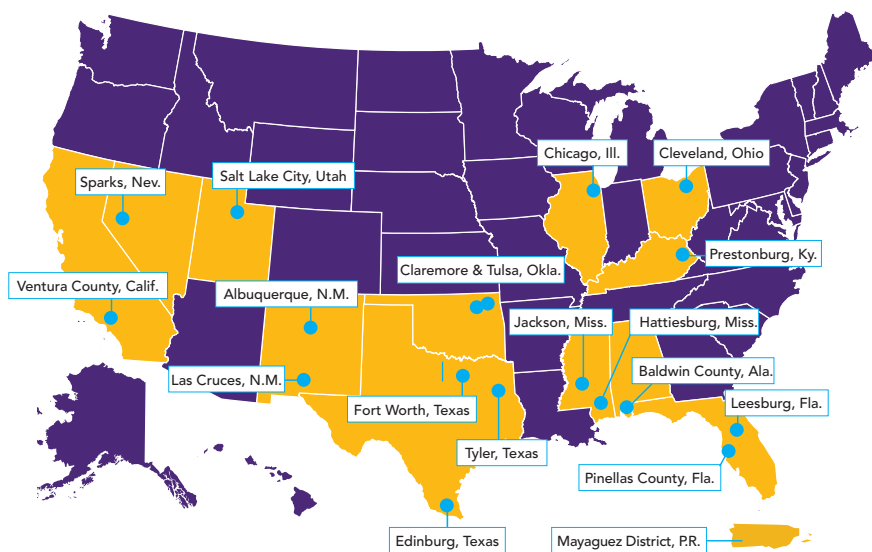
The first 18 grants were awarded in 2016 to localities throughout the United States. Owing to its success, the grant program has been extended through 2024.

Assisted outpatient treatment is the practice of providing community-based mental health treatment under civil court commitment, as a means of:

- motivating an adult with mental illness who struggles with voluntary treatment adherence to engage fully with their treatment plan,
- focusing the attention of treatment providers on the need to work diligently to keep the person engaged in effective treatment.

AOT is an evidence-based practice that has been shown to reduce hospitalization, criminal justice system involvement, homelessness, victimization and violent acts associated with mental illness, including suicide and violence against others.

SAMHSA conducted an evaluation of the AOT grantee program per Congressional mandate. Researchers compared participants when they entered the program to data after they were enrolled for at least six months. Below are the initial 2018 results of this evaluation that were presented to Congress.



According to the evaluation, the AOT programs resulted in cost savings to communities and significant benefits to program participants, due to the reductions in hospitalizations, emergency department use and incarceration.

The 18 different locations that received a SAMHSA AOT grant included communities from 12 states and Puerto Rico. The locations range from small, rural communities, like Edinburg, Texas to large cities, like Salt Lake City, Utah.



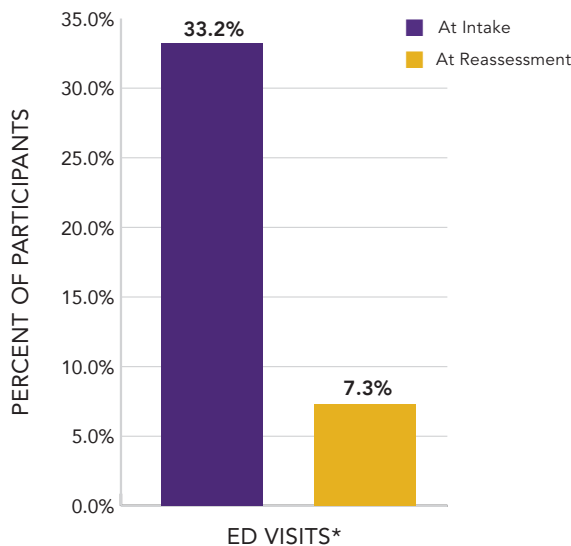
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AOT PROGRAM OUTCOMES

The sample size for each result varied between 850-925 participants. The findings were all statistically significant for each result highlighted in this brief, with a p-value less than .001.

Decline in Psychiatric Visits to Emergency Departments

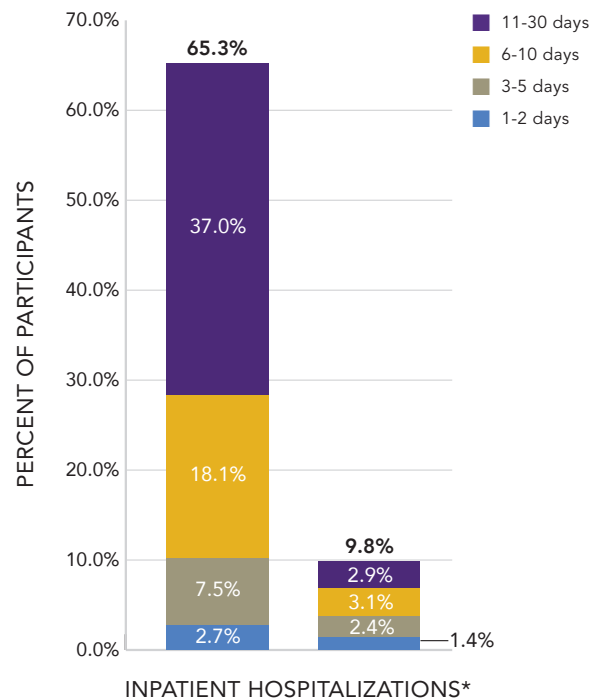
Participant visits to the local hospital emergency department declined 25.9 percentage points from the time of intake into the AOT program to the most recent reassessment period, a percent change of more than 78%.



*Results refer to the period of 30 days prior to the assessment

Decline in Inpatient Hospitalizations for Mental Health Care

The proportion of AOT grant program participants that were hospitalized for mental health reasons dropped by 55.5 percentage points from the time of intake into the AOT program to the most recent reassessment period, a percent change of almost 85%. This number declined for all four inpatient hospital lengths of stay, including short 1-2 day hospital stays and longer-term 11-30 day hospital stays.



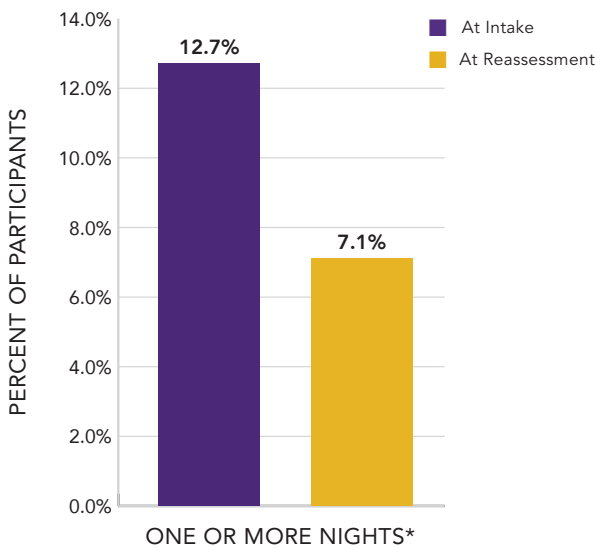
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Decrease in Incarceration Rates

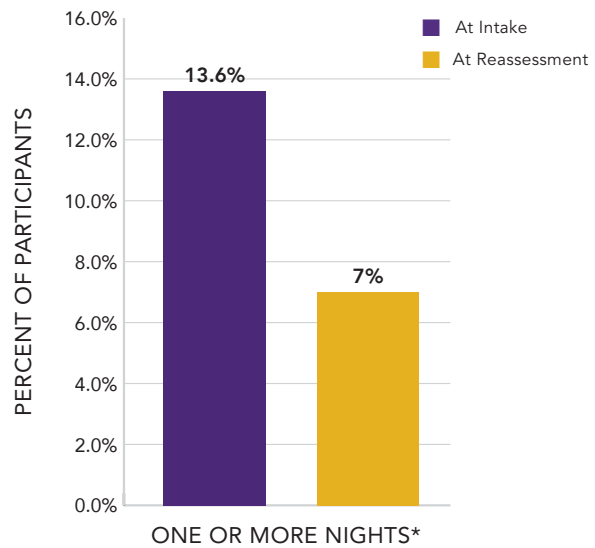
The percentage of participants who spent one or more nights in jail decreased by 5.6 percentage points from the time of intake into the AOT program to the most recent reassessment period, a percent change of more than 44%.



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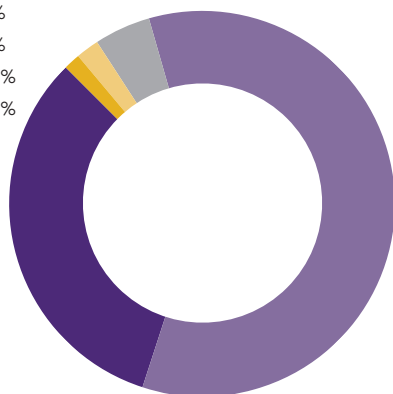
Fewer Homeless Nights

The percentage of participants who spent one or more nights homeless decreased by 6.6 percentage points from the time of intake into the AOT program to the most recent reassessment period, a percent change of about 48.5%.



*Results refer to the period of 30 days prior to the assessment

Strongly Disagree 1.5%
 Disagree 2.1%
 Undecided 4.6%
 Agree 59.5%
 Strongly Agree 32.3%



Participants Liked Services Received

91.8% of participants agreed or strongly agreed with the statement "I liked the services I received here."

For more information, or to schedule a conversation to discuss AOT in your community, please contact the Implementation team of the Treatment Advocacy Center at aot@treatmentadvocacycenter.org.