



# Assisted Outpatient Treatment (AOT) Position Statement

## Executive Summary

The National Shattering Silence Coalition (NSSC) advocates for the universal adoption, strengthening, and sustainable funding of Assisted Outpatient Treatment (AOT) as a critical, evidence-based response to the crisis of untreated serious mental illness in the United States.

People living with serious mental illness—no-fault brain disorders—deserve timely medical treatment, supportive services, and stable housing before untreated symptoms lead to incarceration, homelessness, injury, suicide, or death. Yet outdated laws and fragmented systems often deny care until individuals meet an extreme “danger to self or others” standard—after irreversible harm has occurred.

Assisted Outpatient Treatment offers a humane, constitutional, and proven solution. AOT is a court-ordered, community-based treatment program with full due process protections. It does not permit forced medication. Instead, it provides structured access to care—often for individuals with anosognosia, a neurological condition that prevents awareness of illness—helping them stabilize and recover while living in the community.

Decades of research and real-world implementation show that AOT:

- Reduces homelessness, arrest, incarceration, and hospitalization by approximately 70%
- Cuts overall public costs by up to 50%
- Decreases crisis-driven police encounters and preventable deaths
- Improves treatment adherence and long-term stability

AOT works best alongside related evidence-based interventions such as mental illness courts, Crisis Intervention Teams (CIT), Assertive Community Treatment (ACT), and Forensic Assertive Community Treatment (FACT). However, unlike voluntary programs alone, AOT provides the accountability necessary to engage individuals who cannot recognize their need for treatment.

Today, AOT is authorized in 48 states, yet remains underfunded and underutilized. Jails and prisons have become the default institutions for people with untreated serious mental illness—a clear policy failure.

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## NSSC Mission

The National Shattering Silence Coalition (NSSC) was founded by a diverse group of survivors, family advocates, and mental health professionals united by lived experience and a shared commitment to change. NSSC is a community of action dedicated to confronting the tragedy of serious mental illness affecting more than 22 million Americans and their loved ones.



Our mission is to raise awareness and to advocate for meaningful, evidence-based solutions that address the suffering experienced by individuals and families impacted by serious mental illness.

## Promote Use of Assisted Outpatient Treatment (AOT)

### Core Position

The National Shattering Silence Coalition strongly advocates for the universal adoption, strengthening, and sustainable funding of Assisted Outpatient Treatment (AOT) and related evidence-based interventions—including mental illness courts, Crisis Intervention Teams (CIT), Assertive Community Treatment (ACT), and Forensic Assertive Community Treatment (FACT)—to prevent avoidable tragedies, reduce incarceration, and save lives.

### Introduction

People living with serious mental illness—no-fault brain disorders—deserve timely, effective medical treatment, supportive services, and stable housing before psychosis, cognitive impairment, or untreated symptoms lead to incarceration, injury, suicide, or death. Early diagnosis and intervention can halt neurological deterioration, reduce long-term disability, and dramatically improve the likelihood of sustained recovery.

Yet across the United States, outdated laws and fragmented systems too often deny individuals access to care until they meet an extreme “danger to self or others” standard—after irreversible harm has already occurred. Assisted Outpatient Treatment offers a humane, constitutional, and evidence-based solution to this systemic failure.

### What is AOT?

According to the Treatment Advocacy Center (TAC), Assisted Outpatient Treatment is:

“A practice designed to improve treatment outcomes for people with severe mental illness whose difficulties adhering to voluntary outpatient care have left them trapped in the revolving door of the mental health and criminal justice systems. Under AOT, an individual meeting strict eligibility criteria is placed under a court order to comply with an approved treatment plan while remaining in the community and receiving intensive case management and monitoring. A substantial violation of the court order may result in short-term evaluative detention to determine whether hospitalization is necessary.”

AOT is court ordered, but medication is not forcibly administered. Participation is conditioned on remaining in the community, with full due process protections.



## The Problem

Despite overwhelming evidence of effectiveness, AOT remains underutilized, underfunded, and unevenly implemented across states and counties. Mischaracterizations of AOT as forced or coercive treatment have fueled opposition, despite the fact that courts have repeatedly upheld AOT's constitutionality and safeguards.

This failure to deploy AOT at scale has had devastating consequences: jails and prisons have effectively replaced the psychiatric hospitals closed in the latter half of the twentieth century.

## Why AOT Works: The Evidence

### Saves Lives and Reduces Criminalization

Untreated serious mental illness is a public health crisis with lethal consequences:

- People with serious mental illness are 10 times more likely to be incarcerated than hospitalized
- In 2014, approximately 383,200 incarcerated individuals had serious mental illness, compared to 38,000 patients in state psychiatric hospitals
- As many as 1.8 million individuals with serious mental illness are booked into jails each year
- Suicide—often driven by untreated mental illness—accounts for over 40,000 deaths annually
- A small subset of individuals with the most severe untreated psychiatric disorders accounts for a disproportionate share of homicides, law enforcement fatalities, family homicides, and mass killings
- Individuals with untreated mental illness are 16 times more likely to be killed during police encounters than other civilians

These outcomes are not inevitable—they are the result of policy failure.

### Addresses Anosognosia

The most significant barrier to voluntary treatment is anosognosia, a neurological condition that prevents individuals from recognizing their illness:

- 57–98% of individuals with schizophrenia
- Approximately 40% of individuals with bipolar disorder

Without insight, individuals cannot seek or adhere to care. AOT bridges this gap by enabling access to treatment while individuals live safely in the community and regain stability.



## Prevents Crisis-Driven Police Encounters

When treatment fails, is interrupted, or remains inaccessible, crisis often follows. Family members frequently resort to calling police—usually the only available recourse. These encounters can carry severe consequences, including death, injury, or criminal charges. AOT provides monitored treatment that maintains stability and prevents decompensation, reducing both immediate danger and criminal justice involvement.

The problem escalates in emergency settings:

- Those taken to emergency departments (EDs) or psychiatric hospitals may receive only temporary stabilization before discharge
- Lack of adherence to treatment plans upon release inevitably leads to relapse and recidivism
- Shortage of psychiatric hospital beds results in long ED waits or premature discharge without stability

## Demonstrates Measurable Cost Savings

Research shows AOT reduces:

- Homelessness by approximately 70%
- Arrest and incarceration by approximately 70%
- Hospitalization by approximately 70%
- Overall costs to taxpayers by 50%

AOT is not only humane—it is fiscally responsible.

## How AOT Works vs. Other Programs

### Assisted Outpatient Treatment (AOT)

AOT is court-administered (often with a dedicated judge) and includes case management, psychotherapy, medication management, peer support, and regular court progress reviews.

Key features:

- Diverts individuals from incarceration, homelessness, suicide, and preventable death
- Allows long-term community-based treatment, eliminating the cycle of brief hospitalizations
- Permits brief stabilizing hospital stays if medication fails or treatment conditions are violated—without requiring proof of imminent danger
- Includes due process protections and prohibits forced medication



- Importantly, AOT uses "need for treatment", "grave disability" or "psychiatric deterioration" standards rather than requiring proof of dangerousness to self or others

## Assertive Community Treatment (ACT)

ACT provides 24/7 services in community settings (home or location of client's choice) but requires the individual's willingness to engage with providers. ACT does not work for those with anosognosia and typically lacks the court-ordered accountability that AOT provides.

## Forensic Assertive Community Treatment (FACT)

FACT is ACT adapted for criminal justice populations. It addresses both mental health and criminogenic risk factors and includes two critical additions: a criminal justice partner (law enforcement, probation, or parole) and a forensic peer specialist (someone with lived experience in both mental illness and the justice system) who enhance engagement, buy-in, and relevant treatment planning. FACT is most effective when paired with AOT for accountability and continuity.

## Barriers to Implementation

### Cost Concerns and Budget Fragmentation

States frequently reject AOT legislation due to fiscal impacts, failing to recognize that initial investment yields long-term savings. While net savings are significant, costs and savings are distributed across different budget categories (criminal justice vs. mental health), creating friction in budgeting processes. Federal startup grants—including those authorized under the 21st Century Cures Act and the Crisis Stabilization and Community Reentry Act of 2020 (P.L. 116-281)—help launch programs but do not guarantee long-term sustainability.

Recent federal progress: The Crisis Stabilization and Community Reentry Act of 2020 (Public Law 116-281) authorizes Department of Justice grants for continuity of care supporting treatment for serious brain illness from pre-, during, and post-incarceration. However, the law does not explicitly mandate AOT, requiring further implementation clarity.

### Civil Rights Misconceptions

AOT is frequently mischaracterized as forced treatment. In reality:

- Medication is not forcibly administered
- Participants consent to treatment as a condition of remaining in the community
- Courts have upheld AOT under states' responsibilities to:
  - Assist individuals unable to help themselves
  - Prevent harm to others



Best practices emphasize shared decision-making and participant involvement in treatment planning.

## The Danger Standard Problem

Current legal frameworks often restrict involuntary intervention to situations where individuals demonstrate "danger to self or others"—typically interpreted to require active weapon-brandishing or explicit threats. This extreme standard causes dangerous delays in intervention, often resulting in tragedy, bodily harm, or death before authorities can act. NSSC correctly views brain diseases as treatable neurological conditions, to be treated by physicians, not dictated by antiquated 60 year old laws based on discounted theories about mental/brain illnesses.

## Current Status and Successful Implementation

### Adoption and Support

- AOT is legally authorized in 48 states (all except Connecticut and Massachusetts)
- In some states, AOT operates under alternative names (e.g., "Kendra's Law" in New York since November 1999)
- The U.S. Department of Health and Human Services and the Substance Abuse and Mental Health Services Administration (SAMHSA) actively promote and support Assisted Outpatient Treatment (AOT) through federal grant opportunities.

In addition, the Treatment Advocacy Center provides free model program designs and implementation tools to assist communities in adopting and effectively implementing AOT programs.

### Evidence from Practice

- Miami: In the late 1990s, Judge Steven Leifman created a coalition of courts, police, jails, hospitals, social services, and business, establishing the Eleventh Judicial Circuit Criminal Mental Health Project—perhaps the first misdemeanor diversion program and AOT model.
- New York (Kendra's Law): Since 1999, this AOT model has demonstrated consistent effectiveness: reducing homelessness, arrest, incarceration, and hospitalization by approximately 70% while saving taxpayers 50% of care costs. An estimated 4,000 city residents could benefit, yet fewer than 2,000 currently participate.
- Ohio (Summit County): Recognized as a national leader in AOT implementation and practice.



## Conclusion: A Call to Action

Serious mental illnesses are medical illnesses requiring medical treatment. Our federal, state, and local governments, as well as advocates, must recognize and embrace AOT as the life-saving program it demonstrably is.

### Immediate Actions Needed

1. Expand AOT availability in the 48 states where it is authorized but remains underfunded or underutilized
2. Enact AOT legislation in Connecticut and Massachusetts
3. Secure sustained federal and state funding
4. Provide technical assistance and mentorship through organizations like the Treatment Advocacy Center

### Long-Term Vision

While comprehensive treatment systems and expanded research are essential, interim evidence-based measures like AOT are critical now. Early diagnosis and treatment represent the best path toward recovery and hope. Until robust systems emerge, AOT and related programs must be expanded immediately to prevent crises that result in incarceration, preventable tragedy, or death.

NSSC remains laser-focused on advancing research and treatment options for serious mental illness. We demand immediate expansion of AOT as a vital interim measure to minimize the damage of untreated serious brain illness.



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