Treatment Advocacy Center

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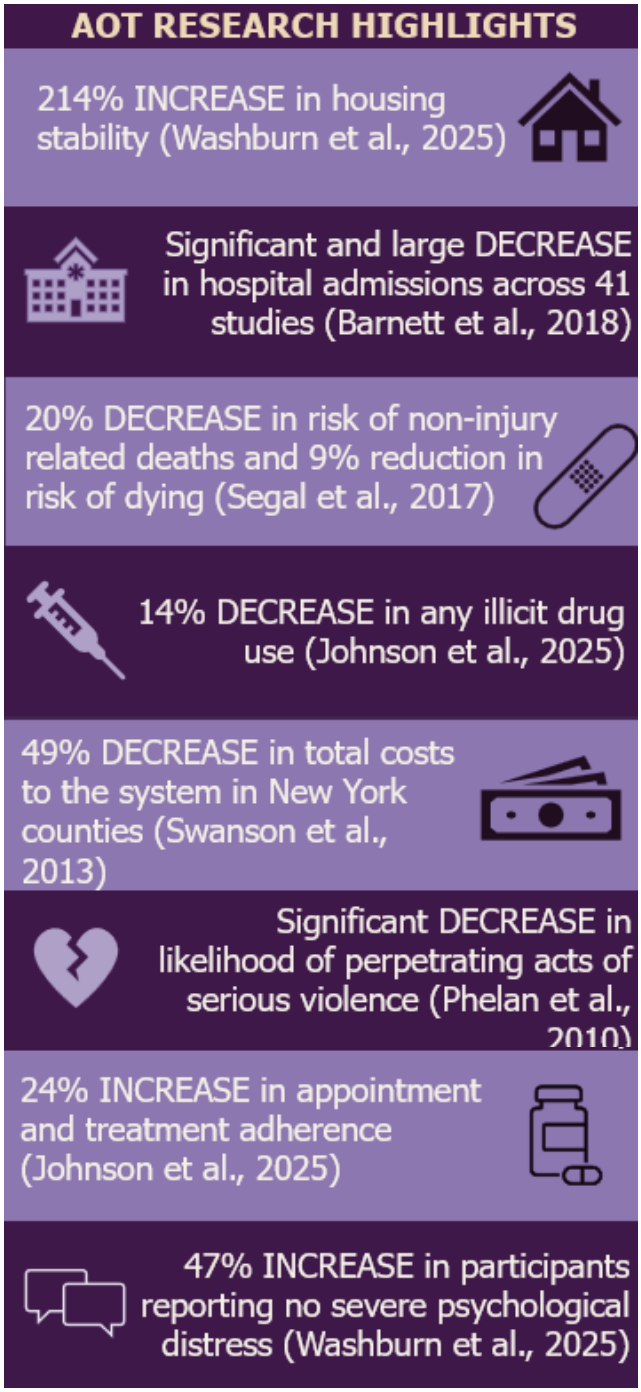
Assisted Outpatient Treatment Research Summary

This paper summarizes research on assisted outpatient treatment (AOT) outcomes from 2000 to 2025 both within the U.S. and internationally. AOT, also called outpatient commitment, court-ordered outpatient treatment, or a community treatment order (CTO), is intended to help people with severe mental illness (SMI) who are unlikely to adhere to voluntary services and have a demonstrated history of negative outcomes caused by barriers accessing treatment in the community.

> *"It is important to note that the provision of more and better-resourced mental health services would not necessarily mean community treatment orders (CTOs) would no longer be required; nor does it suggest that CTOs serve no purpose. The research literature highlights that CTOs are procedural instruments (they are not a treatment) and that a consistent effect of their use is increased patient contact with clinical services in the community."* (*Light et al.*, 2017)

AOT has been shown to increase treatment adherence and engagement with outpatient services among this difficult to engage population. It has also been shown to decrease adverse outcomes such as criminal involvement, violence, early mortality, substance use, suicidality, and symptom severity, as well as improve recovery-oriented outcomes such as housing stability, social connectedness, and quality of life.



Homelessness

- 214% increase in housing stability for program participants across 175 participants in Houston, Texas (Washburn et al., 2025).
- 12% reduction in the proportion of clients experiencing any homelessness in the six months following entry into AOT across 392 participants from six study sites (Johnson et al., 2025).
- Significant increase in supportive housing access ($p < 0.05$) across 25 people on community treatment orders from Ottawa, Ontario (O'Brien et al., 2005).

Hospitalizations and days spent in the hospital

- 53% decrease in hospitalizations during AOT and 67% post-AOT across 67 AOT participants in Kentucky (Brown et al., 2025).
- 90% reduction in emergency hospitalizations for mental health concerns with an average reduction in hospitalizations from one to 0.09 and 14 days decrease in days per hospital stay across 175 participants in Houston, Texas (Washburn et al., 2025).
- 40% reduction in the percentage of clients with any psychiatric inpatient episodes and an eight-night reduction in number of nights spent in psychiatric hospitals across 392 participants from six study sites (Johnson et al., 2025).
- Significant decrease in hospital admissions ($p < 0.01$) across 14,726 patients on community treatment orders in New Zealand (Beaglehole et al., 2021).
- Significant decrease in likelihood of being readmitted to the hospital (odds ratio = 0.9) and a significantly longer time to readmission (incidence rate ratio = 1.47) compared to a control group across 5,548 patients in New South Wales, Australia (Harris et al., 2019).
- Significant decrease in hospitalizations ($p < 0.01$) and days spent in the hospital both during ($p < 0.01$) and after the court order ($p < 0.01$) across 74 people in Summit County, Ohio (Munetz et al., 2019).
- Significant and large effect on hospital admissions (standardized mean difference = 0.8), use of community services (standardized mean difference = 0.83), and treatment adherence (standardized mean difference = 2.12), and a medium effect on days spent in the hospital (standardized mean difference = 0.66) in one systematic review and meta-analysis of 41 studies. (Barnett et al., 2018).
- Lower hospitalization rates were only sustained after the end of the AOT order without intensive services when the order was for seven months or more across 3,576 participants from New York (Van Dorn et al., 2010).
- 25% lower odds of hospital admission during the first six months of the court order and an additional 33% decrease during the next six months across 3,576 AOT participants from New York (Swartz et al., 2010).
- Significant decrease in hospital days (odds ratio = 0.8) across 3,576 AOT participants from New York (Swartz et al., 2010).
- 43% decrease in average days spent in the hospital, from 64 to 36.8, across 21 participants from Seminole County, Florida (Esposito et al., 2008).
- Seclusion episodes decreased from 0.67 per year before outpatient commitment to 0.21 after outpatient commitment on average. Restraint episodes also decreased from 1.98 per year before outpatient commitment to 1.19 after outpatient commitment across 115 outpatient

commitment participants in Washington, D.C. There were no significant differences in number of hospitalizations or days spent in the hospital (Zanni & Stavis, 2007).

- Significant decrease in hospitalizations and days spent in the hospital ($p < 0.01$) across 25 people on community treatment orders from Ottawa, Ontario (O'Brien et al., 2005).
- No difference was observed between the number of hospitalizations between 78 people in court-ordered treatment and 64 people in intensive voluntary services from New York. Results were limited by a lack of enforcement of the court order for AOT participants (Steadman et al., 2001).
- People who were on outpatient commitment orders for more than six months and who received intensive outpatient treatment had fewer hospital admissions and days spent in the hospital across 331 participants in North Carolina (Swartz et al., 2001).

Criminal involvement

- 33% decrease in time spent in a correctional facility across 175 participants in Houston, Texas (Washburn et al., 2025).
- 19% decrease in the proportion of clients with arrests across 392 participants from six study sites (Johnson et al., 2025).
- AOT participants were 1.91 times less likely to be arrested compared to those on voluntary services despite being 2.66 times more likely to have been arrested and 8.61 times more likely to be arrested for a violent offense before AOT across 183 participants (Link et al., 2011).
- AOT participants were significantly less likely to be arrested (odds ratio = 0.39) than those who had not yet started in AOT or who had signed a voluntary agreement in New York across 181 participants (Gilbert et al., 2010).
- 72% decrease in average days spent incarcerated, from 16.1 to 4.5, across 21 participants from Seminole County, Florida (Esposito et al., 2008).
- AOT participants who had been on the order for more than six months were significantly less likely to be arrested than a control group across 262 individuals from North Carolina (Swanson et al., 2001).

Cost to the system

- Medicaid expenditures dropped by an average of $1,326.22 per participant per month during AOT and $1,105.45 post-AOT across 67 AOT participants in Kentucky (Brown et al., 2025).
- Outpatient commitment of at least six months reduced system-level costs through reducing hospitalizations in North Carolina. Annual costs were $17,594 lower for the outpatient commitment group than the control group when the order was extended for six months or more (Swartz & Swanson, 2013).
- Total costs declined 43% in the first year and an additional 13% in the second year in New York City. Costs also declined 49% in the first year and an additional 27% in the second year in five New York counties. Voluntary intensive services also led to a significant cost decrease, but decreases were twice as large for the AOT group. Psychotropic drug costs increased by 40% and in the city and 44% across the five counties samples during the first year of AOT (Swanson et al., 2013).
- $14,455 saved in total jail costs and $303,728 saved in total hospital costs across 21 participants from Seminole County, Florida (Esposito et al., 2008).

Mortality and physical health

- Significant increase in likelihood of being correctly diagnosed with a physical illness when on a community treatment order compared to before across 11,424 people from Victoria, Australia (Segal et al., 2018).
- 20% reduction in risk of non-injury related deaths and 9% reduction in risk of dying by any cause compared to people who were not on community treatment orders. Being placed on a CTO order was associated with 3.8 more years of life among men and 2.4 among women across 11,424 people from Victoria, Australia (Segal et al., 2017).
- Decreased risk in mortality for people on community treatment orders across 2,958 patients with community treatment orders and 2,958 controls from Western Australia. The greatest impacts were on physical conditions like cancer and cardiovascular disease. The direct effect of CTOs disappeared when controlling for the increased outpatient contacts and services that CTOs facilitated (Kisely et al., 2013).

Service contacts

- One systematic review and meta-analysis across 16 studies found that case-control study designs showed a small non-significant effect of CTOs, but pre-post studies showed significant effects ($p < 0.001$) of CTOs in increasing service contacts. (Lam et al., 2023).
- Significant increase in psychiatric community contacts (rate ratio = 3.03) and increased dispensing of psychiatric medication (rate ratio = 2.27) across 14,726 patients on community treatment orders in New Zealand (Beaglehole et al., 2021).
- Significant increase in days of community care (incidence rate ratio = 1.55) compared to a control group across 5,548 patients in New South Wales, Australia (Harris et al., 2019).
- Significant increase in access to case management services (odds ratio = 2.42) and medication (odds ratio = 1.47) across 3,576 AOT participants from New York (Swartz et al., 2010).
- Patients on outpatient commitment used more mental health services and psychotropic medications after discharge from the hospital compared to a control group. Research was conducted across 150 patients on outpatient commitment and 140 voluntary controls from Multnomah County, Oregon (Pollack et al., 2005).

Substance use

- 10% decrease in the use of substances with a potential for misuse across 175 participants in Houston, Texas (Washburn et al., 2025).
- 14% decrease in any illicit drug use across 392 participants from six study sites (Johnson et al., 2025).

Suicidality

- 24% decrease in suicidal ideation across 392 participants from six study sites (Johnson et al., 2025).
- Significantly lower suicide risk ($p < 0.05$) for people on outpatient commitment compared to those on voluntary services across 76 people on outpatient commitment and 108 who were receiving voluntary services at the same outpatient facilities in New York (Phelan et al., 2010).

Symptom severity

- 47% increase in participants reporting no signs of severe psychological distress in the past 30 days and an average decrease of four days per month when participants reported having poor mental health across 175 participants in Houston, Texas (Washburn et al., 2025).
- Significant improvement in symptomology ($p < 0.001$) and perceived mental health ratings ($p < 0.001$) across 392 participants from six study sites (Johnson et al., 2025).
- AOT participants had lower levels of hallucinations and delusions than comparable participants in non-compulsory treatment across 76 AOT participants and 108 individuals receiving non-compulsory treatment in New York. This difference was attributable to rates of healthcare service use (Schneeberger, 2017).
- Psychotic symptoms and quality of life did not differ between people on outpatient commitment and on voluntary services across 76 people on outpatient commitment and 108 who were receiving voluntary services at the same outpatient facilities in New York (Phelan et al., 2010).

Treatment adherence

- 31% increase in medication adherence across 175 participants in Houston, Texas (Washburn et al., 2025).
- 24% increase in appointment and treatment adherence at six months and 20% increase in adherence at 12 months relative to baseline across 392 participants from six study sites (Johnson et al., 2025).
- 31 to 40% improvement in medication possession ratio in New York. This was a larger improvement than that experienced by those in enhanced services and other treatment services (Busch et al., 2010).
- Following the end of the AOT order, improved medication possession ratios were only sustained when intensive services were continued when the order was for six months or less. When the order was for seven months or more, improvements were sustained even without intensive services across 3,576 participants from New York (Van Dorn et al., 2010).
- There was no relationship between perceived coercion and treatment adherence across 177 participants from New York (Rain et al., 2003).
- Treatment adherence improved among people who had been on an outpatient order for six months or more compared to people in a voluntary control group and those who had been on an order for a shorter duration of time across 258 people from North Carolina (Swartz et al., 2001).

Violence

- 80% decrease in incidences of domestic violence across 175 participants in Houston, Texas (Washburn et al., 2025).
- One systematic review and meta-analysis of the impact of community treatment orders on violence and criminal behavior across 11 studies found that community treatment orders may not address aggression or criminality in people with serious mental illness (Kisley et al., 2025).
- One systematic review and meta-analysis across 16 studies found that case-control study designs showed a small non-significant effect of CTOs, but pre-post studies showed significant effects ($p < 0.001$) of CTOs in reducing violence. (Lam et al., 2023).

- People on outpatient commitment were significantly less likely to perpetrate acts of serious violence ($p < 0.05$) than those on voluntary services across 76 people on outpatient commitment and 108 people recently discharged from the hospital who were receiving voluntary services at the same outpatient facilities in New York (Phelan et al., 2010).
- People who were on outpatient commitment orders for more than six months and who received intensive outpatient treatment were less likely to engage in violent behavior across 331 in North Carolina (Swartz et al., 2001).

Satisfaction with AOT

- One umbrella review of systematic reviews and meta-analyses found that qualitative studies about AOT suggest that family members and clinicians were generally positive about community treatment orders but that participants were more neutral (Kisley et al., 2024).
- One review of 55 studies found that in most studies, significant others, family members, and mental health providers thought community treatment orders were an important part of the mental health system. This was true of people with lived experience under a community treatment order in over half of studies (de Waardt et al., 2022).
- One systematic review of 22 studies identified several key themes across the community treatment order literature, including feelings of being coerced, medication adherence as a primary reason for CTOs, CTOs being viewed as providing a safety net, and participants' concern that they lacked knowledge about CTO legislation and processes (Corring et al, 2017).
- Mental health court graduates felt less coercion and more procedural justice than AOT participants across 17 former AOT participants and 35 former mental health court graduates from Summit County, Ohio. Mental health court participants also had more positive feelings than AOT participants. (Munetz et al., 2014).
- Higher levels of perceived coercion among people who had longer periods of outpatient commitment, who were African American, who had poor insight into illness, and who had severe symptoms across 122 people under outpatient commitment in North Carolina. Case manager reminders about the consequences of nonadherence increased perceived coercion (Swartz et al., 2002).
- No difference was observed between the quality of life and perceived coercion between 78 people in court-ordered treatment and 64 in intensive voluntary services from New York. Results were limited by a lack of enforcement of the court order for AOT participants. (Steadman et al., 2001).

Other outcomes: Social connectedness, social functioning, victimization, and quality of life

- 27% increase in social connectedness across 175 participants in Houston, Texas and 200% increase in enrollment in higher education or job training across 175 participants in Houston, Texas (Washburn et al., 2025).
- Significant improvements in life satisfaction and therapeutic alliance scores across 392 participants from six study sites (Johnson et al., 2025).

- People on outpatient commitment had significantly better social functioning than those on voluntary services across 76 people on outpatient commitment and 108 who were receiving voluntary services at the same outpatient facilities in New York (Phelan et al., 2010).
- Caregiver strain was reduced for caregivers whose loved one was on an outpatient commitment during the first year of commitment across 177 caregivers from North Carolina (Groff et al., 2004).
- Longer periods of outpatient commitment were associated with higher quality of life across 102 outpatient commitment participants and 114 controls from North Carolina (Swanson et al., 2003).
- People who were on outpatient commitment orders for more than six months and who received intensive outpatient treatment were less likely to be victimized across 331 people in North Carolina (Swartz et al., 2001).

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