Claim	Fact
AOT significantly reduces psychiatric hospitalizations & incarceration New York's final report on *Kendra's Law* AOT program states that "[AOT] recipients saw a 77% decrease in the incidence of psychiatric hospitalizations" & "83% reduction in incidence of arrests" for current AOT recipients compared to 3-year period prior to joining AOT. [1,2]	Multiple research studies show no difference in the ***number of hospital readmissions*** or ***arrest rates*** between recipients of involuntary AOT and those receiving services voluntarily.[3,4,5] • These studies are Randomized Control Trials (RCT), the gold standard of research. • In a 2001 RCT from North Carolina, hospital readmissions and arrests measured 1 year after discharge did not differ between those court-ordered to outpatient treatment and those who received services voluntarily.[3] • A 2013 RCT published in *The Lancet*[4] found "no difference in the proportion of patients readmitted to hospital between study groups, nor in the time to readmission over a 1-year follow-up. The overall duration of hospital care did not decrease nor did clinical or social functioning improve despite an average of 6 months additional compulsion. These findings confirm previous evidence that CTOs [Community Treatment Orders] do not confer benefits on patients with a diagnosis of psychosis" • A 2001 RCT from New York[5], *Bellevue Outpatient Commitment Study,* concluded 'individuals provided with voluntary enhanced community services did just as well as those under commitment orders who had access to the same services.' Researchers found no additional improvement in patient compliance with treatment, no additional increase in continuation of treatment, and no difference in hospitalization rates, lengths of hospital stay, arrest rates, or rates of violent acts."

[1] Treatment Advocacy Center (2021) - Assisted Outpatient Treatment Factsheet:: Improving Outcomes and Saving Money. https://www.treatmentadvocacycenter.org/storage/documents/tac-aot-summary-pdf.pdf

[2] New York State Office of Mental Health. (2005). Kendra's law: Final report on the status of assisted outpatient treatment.

[3] Swartz, M. S., Swanson, et al (2001). A randomized controlled trial of outpatient commitment in North Carolina. *Psychiatric Services*. https://doi.org/10.1176/appi.ps.52.3.325

[4] Burns, T., Rugkåsa, et al (2013). Community treatment orders for patients with psychosis (octet): A randomised controlled trial. *The Lancet*. https://doi.org/10.1016/s0140-6736(13)60107-5

[5] Steadman HJ, Gounis K, Dennis D, Hopper K, Roche B, Swartz M, Robbins PC. (2001). Assessing the New York City involuntary outpatient commitment pilot program. *Psychiatry Serv*. ;52(3):330-6. doi: 10.1176/appi.ps.52.3.330.

	Specific data on civil commitment program participation and results is largely unavailable to the public or evaluators. • New York State's *Kendra's law: Final Report* omits important data on the actual number of persons enrolled, outcomes achieved, or the methodology used for analysis. The summary statistics provided reflect only patient events occurring under the duration of the court order, with no clear indication that AOT has lasting or beneficial impact. • Overall, data on the evaluation and outcomes of civil commitment remains "sporadic, limited in scope, or inaccessible to the public."[6]
AOT Prevents Violence by People with Serious Mental Illness (SMI) and Increases Public Safety	**People with SMI Have High Rates of Being Victimized. Past trauma and victimization play a significant role in symptoms, which demands a trauma-informed approach to engagement. *AOT programs utilize forced interventions that can retrigger and exacerbate trauma responses.*** • Only 4% of violence in the US can be attributed to individuals living with a mental health condition.[7] • A 2019 SAMHSA report states: "there is little convergence between the goal of preventing violence, as a complex and multi-determined public health problem in its own right, and a policy such as AOT, which is designed essentially to provide treatment access to people with mental illness, the overwhelming majority of whom are not violent toward others. The promotion of AOT as a way to prevent violence… is largely misplaced, and can have the unintended adverse effect of reinforcing and increasing the social stigma associated with mental illness. "[8] • Between 3% and 5% of US crimes involve people with mental health conditions.[9] Arrests are most commonly associated with: ○ minor crimes, such as trespassing, loitering, and other forms of behaviors that can be recognized as unusual, strange, or distressed.

[6] Morris, N. P. (2020). Detention without data: Public tracking of Civil Commitment. *Psychiatric Services*, *71*(7), 741–744. https://doi.org/10.1176/appi.ps.202000212
[7] Lamb, H. R., & Weinberger, L. E. (2005). The shift of psychiatric inpatient care from hospitals to jails and prisons. Journal of the American Academy of Psychiatry and the Law, 33(4): 529.
[8] Substance Abuse and Mental Health Services Administration (2019): Civil Commitment and the Mental Health Care Continuum: Historical Trends and Principles for Law and Practice. *Office of the Chief Medical Officer, SAMHSA.* *https://www.samhsa.gov/sites/default/files/civil-commitment-continuum-of-care.pdf*
[9] Appelbaum PS. (2006). Violence and mental disorders: data and public policy. Am J Psychiatry, 163(8):1319–1321.

	○ illicit substance use related to a substance use disorder, which is in itself criminalized. ● A large 2014 systematic review concluded "patients with severe mental illness are more likely to be violently victimized than other community members… Past traumatic and victimization experiences are significantly associated with patients' symptom severity and illness course. Women with severe mental illness are more likely to be subjected to sexual violence than males with severe mental illness, and females or males without severe mental illness".[10]
'Lack of Insight' is the primary barrier The problem is posed as treatment nonadherence resulting from clinical condition.	**There are major barriers to accessing services. Increasing engagement requires person-centered support in all dimensions and intentional focus on building trust and safety.** ● Many people living with SMI have experienced inaccessible, inconsistent, ineffective, or coercive treatment from our fragmented healthcare system. There are significant barriers to access: financial, insurance status, transportation, lack of awareness as well as, stigma, trauma, and substantial fear of repercussions related to safety, harm and loss of rights.[11] ○ From Mental Health America (MHA)'s *Position Statement 22*: "waiting lists show that there are inadequate treatment resources to meet the needs of people willing to participate voluntarily in their recovery from mental health conditions..Without adequate local services, implementation of involuntary outpatient commitment will underserve people who are voluntarily seeking treatment."[12] ○ As described in the *SMI Adviser*, a joint resource produced by SAMHSA and APA: "For many people living with SMI, their first contact with the system is during a crisis. This is a time of extreme vulnerability... Some individuals have experienced restraint, seclusion, and/or forced

[10] Latalova, K., Kamaradova, D., & Prasko, J. (2014). Violent victimization of adult patients with severe mental illness: A systematic review. *Neuropsychiatric Disease and Treatment*, 1925. https://doi.org/10.2147/ndt.s68321

[11] Xu, Z., Lay, B., Oexle, N., et al. (2018). Involuntary psychiatric hospitalisation, stigma stress and recovery: A 2-Year study. *Epidemiology and Psychiatric Sciences*, 28(04), 458–465. https://doi.org/10.1017/s2045796018000021

[12] Mental Health America. (2015). Position statement 22: Involuntary Mental Health Treatment. *Mental Health America Website*. https://www.mhanational.org/issues/position-statement-22-involuntary-mental-health-treatment

	medication. This can result in refusal to re-engage in a system that they do not trust or that causes fear."[13] ● SAMHSA recognizes the four major dimensions that support recovery are health, home, purpose, and community. There are comprehensive, voluntary, evidence-based interventions that are effective for individuals with SMI.[14] ○ From MHA's *Position Statement 22*:[13] "Assertive community treatment is a proven methodology, and community support teams are a critical step in community integration…. Studies[15] have repeatedly shown that when persons with even the most serious mental illnesses are provided with appropriate and comprehensive community mental health services, they succeed." ○ The State of Maryland has only 25 ACT teams in operation,[16] which is insufficient to meet the current demand for voluntary enrollment in these services. ● Creating trust and safety within treatment has been shown to improve engagement among individuals with SMI. AOT is centered in a fear-based, compliance-driven, and punitive approach. ○ From the *SMI Adviser:* "Some feel that clinicians only remember them as they were during crisis and do not perceive them as they currently are... The failure of clinicians to establish an alliance with the individual is a frequent cause of disengagement or refusal of all treatment."[14] ○ In a 2018 study, patients receiving treatment for schizophrenia who were able to form a good therapeutic alliance within the first 6 months of treatment were more likely to stay in treatment, adhere to medications, and had better outcomes at 2 years.

[13] Henry, Patrick (Nov 2021). What are some of the key reasons individuals do not follow up on treatment following their initial engagement for crisis care? *SMI Adviser Knowledge Base*.

[14] Substance Abuse and Mental Health Services Administration (2008). Assertive Community Treatment: The Evidence. Center for Mental Health Services, SAMHSA, US DHHS,Pub. No. SMA-08-4344.

[15] World Health Organization (2013) World Health Organization Mental Health Action Plan, 2013-2020. *WHO Website.* http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021_eng.pdf

[16] As reported by the Evidence-Based Practice Center of the University of Maryland School of Medicine, Department of Psychiatry. https://ebpcenter.umaryland.edu/Training-Topics/Assertive-Community-Treatment/

	○ In a 2016 study, an initial strong working alliance served as a prerequisite for adherence to services.[17]
AOT programs impact a small number of people	**AOT eligibility criteria results in much broader application than intended.** ● The evaluation of New York's AOT program shows that over 10,000 individuals were referred to local AOT coordinators for investigation for an AOT court order. Of these, only 37% of these individuals were issued a court order to undergo AOT.

[17] Dixon, L. B., Holoshitz, Y., & Nossel, I. (2016). Treatment engagement of individuals experiencing mental illness: Review and Update. *World Psychiatry*, *15*(1), 13–20. https://doi.org/10.1002/wps.20306