



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

January 5, 2026

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Speaker:

I am pleased to provide you with the Report to Congress (RTC) titled *2025 Assisted Outpatient Treatment Grant Program (AOT) Report to Congress*. This report was prepared by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is being submitted in accordance with the report requirement in Section 224 of Protecting Access to Medicare Act of 2014 (Public Law 113-93), codified at 42 U.S.C. § 290aa-17, and reauthorized by the Consolidated Appropriations Act, 2023 (Public Law 117-328) for the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.

The RTC describes progress towards programmatic goals and is directed to include an evaluation of: (1) cost savings and public health outcomes such as mortality, suicide, substance use, hospitalization, and use of services; (2) rates of incarceration by patients; (3) rates of homelessness among patients; (4) patient and family satisfaction with program participation; and (5) demographic information regarding participation of those served by the grant compared to demographic information in the population of the grant recipient. The 2025 Report to Congress primarily includes data from Fiscal Year (FY) 2023 and FY 2024.

We are pleased with the information this provides to states, policymakers, and communities.

I hope you find this information helpful.

Sincerely,

Gary Andres
Assistant Secretary for Legislation

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

January 5, 2026

The Honorable JD Vance
President
United States Senate
Washington, DC 20510

Dear Mr. President:

I am pleased to provide you with the Report to Congress (RTC) titled *2025 Assisted Outpatient Treatment Grant Program (AOT) Report to Congress*. This report was prepared by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is being submitted in accordance with the report requirement in Section 224 of Protecting Access to Medicare Act of 2014 (Public Law 113-93), codified at 42 U.S.C. § 290aa-17, and reauthorized by the Consolidated Appropriations Act, 2023 (Public Law 117-328) for the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.

The RTC describes progress towards programmatic goals and is directed to include an evaluation of: (1) cost savings and public health outcomes such as mortality, suicide, substance use, hospitalization, and use of services; (2) rates of incarceration by patients; (3) rates of homelessness among patients; (4) patient and family satisfaction with program participation; and (5) demographic information regarding participation of those served by the grant compared to demographic information in the population of the grant recipient. The 2025 Report to Congress primarily includes data from Fiscal Year (FY) 2023 and FY 2024.

We are pleased with the information this provides to states, policymakers, and communities.

I hope you find this information helpful.

Sincerely,

Gary Andres
Assistant Secretary for Legislation

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

January 5, 2026

The Honorable Bill Cassidy
Chair
Senate Health, Education, Labor and Pensions (HELP) Committee
United States Senate
Washington, DC 20510

Dear Chair Cassidy:

I am pleased to provide you with the Report to Congress (RTC) titled *2025 Assisted Outpatient Treatment Grant Program (AOT) Report to Congress*. This report was prepared by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is being submitted in accordance with the report requirement in Section 224 of Protecting Access to Medicare Act of 2014 (Public Law 113-93), codified at 42 U.S.C. § 290aa-17, and reauthorized by the Consolidated Appropriations Act, 2023 (Public Law 117-328) for the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.

The RTC describes progress towards programmatic goals and is directed to include an evaluation of: (1) cost savings and public health outcomes such as mortality, suicide, substance use, hospitalization, and use of services; (2) rates of incarceration by patients; (3) rates of homelessness among patients; (4) patient and family satisfaction with program participation; and (5) demographic information regarding participation of those served by the grant compared to demographic information in the population of the grant recipient. The 2025 Report to Congress primarily includes data from Fiscal Year (FY) 2023 and FY 2024.

We are pleased with the information this provides to states, policymakers, and communities.

I hope you find this information helpful.

Sincerely,

Gary Andres
Assistant Secretary for Legislation

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

January 5, 2026

The Honorable Bernie Sanders
Ranking Member
Senate Health, Education, Labor and Pensions (HELP) Committee
United States Senate
Washington, DC 20510

Dear Ranking Member Sanders:

I am pleased to provide you with the Report to Congress (RTC) titled *2025 Assisted Outpatient Treatment Grant Program (AOT) Report to Congress*. This report was prepared by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is being submitted in accordance with the report requirement in Section 224 of Protecting Access to Medicare Act of 2014 (Public Law 113-93), codified at 42 U.S.C. § 290aa-17, and reauthorized by the Consolidated Appropriations Act, 2023 (Public Law 117-328) for the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.

The RTC describes progress towards programmatic goals and is directed to include an evaluation of: (1) cost savings and public health outcomes such as mortality, suicide, substance use, hospitalization, and use of services; (2) rates of incarceration by patients; (3) rates of homelessness among patients; (4) patient and family satisfaction with program participation; and (5) demographic information regarding participation of those served by the grant compared to demographic information in the population of the grant recipient. The 2025 Report to Congress primarily includes data from Fiscal Year (FY) 2023 and FY 2024.

We are pleased with the information this provides to states, policymakers, and communities.

I hope you find this information helpful.

Sincerely,

Gary Andres
Assistant Secretary for Legislation

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

January 5, 2026

The Honorable Brett Guthrie
Chair
U.S. House of Representatives Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Dear Chair Guthrie:

I am pleased to provide you with the Report to Congress (RTC) titled *2025 Assisted Outpatient Treatment Grant Program (AOT) Report to Congress*. This report was prepared by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is being submitted in accordance with the report requirement in Section 224 of Protecting Access to Medicare Act of 2014 (Public Law 113-93), codified at 42 U.S.C. § 290aa-17, and reauthorized by the Consolidated Appropriations Act, 2023 (Public Law 117-328) for the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.

The RTC describes progress towards programmatic goals and is directed to include an evaluation of: (1) cost savings and public health outcomes such as mortality, suicide, substance use, hospitalization, and use of services; (2) rates of incarceration by patients; (3) rates of homelessness among patients; (4) patient and family satisfaction with program participation; and (5) demographic information regarding participation of those served by the grant compared to demographic information in the population of the grant recipient. The 2025 Report to Congress primarily includes data from Fiscal Year (FY) 2023 and FY 2024.

We are pleased with the information this provides to states, policymakers, and communities.

I hope you find this information helpful.

Sincerely,

Gary Andres
Assistant Secretary for Legislation

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

January 5, 2026

The Honorable Frank Pallone
Ranking Member
U.S. House of Representatives Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Dear Ranking Member Pallone:

I am pleased to provide you with the Report to Congress (RTC) titled *2025 Assisted Outpatient Treatment Grant Program (AOT) Report to Congress*. This report was prepared by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is being submitted in accordance with the report requirement in Section 224 of Protecting Access to Medicare Act of 2014 (Public Law 113-93), codified at 42 U.S.C. § 290aa-17, and reauthorized by the Consolidated Appropriations Act, 2023 (Public Law 117-328) for the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.

The RTC describes progress towards programmatic goals and is directed to include an evaluation of: (1) cost savings and public health outcomes such as mortality, suicide, substance use, hospitalization, and use of services; (2) rates of incarceration by patients; (3) rates of homelessness among patients; (4) patient and family satisfaction with program participation; and (5) demographic information regarding participation of those served by the grant compared to demographic information in the population of the grant recipient. The 2025 Report to Congress primarily includes data from Fiscal Year (FY) 2023 and FY 2024.

We are pleased with the information this provides to states, policymakers, and communities.

I hope you find this information helpful.

Sincerely,

Gary Andres
Assistant Secretary for Legislation

Enclosure

Substance Abuse and Mental Health Services Administration

2025 Report to Congress

Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness

**U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services**



SAMHSA
Substance Abuse and Mental Health
Services Administration

U.S. Department of Health and Human Services

Robert F. Kennedy Jr.

Secretary

Substance Abuse and Mental Health Services Administration

Art Kleinschmidt, PhD, MBA

Principal Deputy Assistant Secretary for Mental Health and Substance Use

Center for Mental Health Services

Tison Thomas, PhD, MSW

Acting Director

Table of Contents

Congressional Request3

Executive Summary.....4

Background5

 SAMHSA's AOT Grant Program5

 Statutorily Required Government Accountability Office (GAO) Evaluation of AOT6

AOT Grant Program Services and Outcomes, FY 2023–FY 20247

 AOT Clients Served8

 AOT Services Provided9

 AOT Grantee Services Outcomes10

 Cost savings due to decreased hospitalization and emergency department use.....10

 Decreased involvement with the criminal justice system11

 Patient satisfaction with program participation, employment, and job training.....13

 Limitations.....14

Conclusion15

 List of AOT Grantees, Active in FY 2023–FY 202416

 List of AOT Grantees Awarded FY 202417

References18

Congressional Request

The Substance Abuse and Mental Health Services Administration (SAMHSA) is pleased to present the *2025 Report to Congress* for evaluation of the Assisted Outpatient Treatment (AOT) Grant Program for Individuals with Serious Mental Illness. The AOT grant program was first authorized by Section 224 of Protecting Access to Medicare Act of 2014 (Public Law 113-93)¹ and is codified at 42 U.S.C. § 290aa-17. It was reauthorized by The Consolidated Appropriations Act, 2023 (Public Law 117-328).²

The Consolidated Appropriations Act, 2023 requires SAMHSA to submit a biennial report on the AOT program to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives. The report is directed to include an evaluation of: (1) cost savings and public health outcomes such as substance use, hospitalization, justice involvement, and use of services; (2) rates of incarceration by patients; (3) rates of homelessness among patients; (4) patient and family satisfaction with program participation; and (5) demographic information regarding participation of those served by the grant compared to demographic information in the population of the grant recipient. The *2025 Report to Congress* primarily includes data from Fiscal Year (FY) 2023 and FY 2024.

Executive Summary

Assisted Outpatient Treatment (AOT) is a court-ordered community-based outpatient mental health treatment program for individuals with serious mental illness (SMI) who have a history of nonadherence to voluntary outpatient treatment. SAMHSA's AOT grant program supports the implementation and evaluation of new AOT programs in communities with the goal of improving the health and social outcomes of individuals with an SMI. This is achieved through increasing ongoing engagement with effective treatment while also reducing the incidence and duration of psychiatric hospitalizations, homelessness, incarcerations, and interactions with the criminal justice system. The program is designed to work within the civil court system to allow eligible individuals to obtain community-based treatment as a diversion from more restrictive levels of care.

In both FY 2023 and FY 2024, SAMHSA's AOT program received annual appropriations of \$21.42 million. SAMHSA used these appropriations to support 22 grant continuations in both years, and a new cohort of 22 grants in FY 2024. Grant recipients use a multi-disciplinary team approach to provide evidence-based mental health services to individuals with SMI and co-occurring needs who have a history of nonadherence to treatment. Grant recipients establish collaborative partnerships with local stakeholders including hospitals, courts and judges, law enforcement agencies, and community-based organizations, to motivate individuals who have been nonadherent to engage and remain in treatment, promoting safety for the individual and the community.

In FY 2023, the AOT program enrolled 783 new participants and served a total of 1,395 individuals. In FY 2024, the program enrolled 777 new participants and served a total of 1,578 individuals. Most (81 percent, or 1,254 participants) served during FY 2023 and 2024 were between the ages of 25 and 64. AOT participants received comprehensive treatment planning, case management, and care coordination services along with connection to additional supports such as medical/primary care, housing resources, employment opportunities, and peer recovery communities.

Data collected by AOT grantees in FY 2023 and FY 2024 shows that after six months of treatment, the 369 AOT participants who agreed to National Outcome Measures (NOMs) interviews at both baseline and six months reported improved outcomes and likely reduced costs due to high utilization of health systems:

- 87 percent decrease in recent hospitalization for mental health care.
- 82 percent decrease in emergency department (ED) utilization for behavioral health issues.
- 29 percent decrease in recent involvement with criminal justice system (arrests, incarceration, or probation).
- 46 percent decrease in participants experiencing any recent nights homeless.

Nine out of 10 of survey respondents also reported satisfaction with the services they received.

Background

Assisted Outpatient Treatment (AOT) is authorized as a component of state civil commitment laws in most states. AOT is an approach that utilizes a civil court order to assist in the provision of mental health services for individuals with SMI and co-occurring needs who have a history of refusing treatment and/or non-adherence to treatment resulting in repeated hospitalizations, incarcerations, and homelessness. AOT is a coordinated effort on behalf of the local civil court system, behavioral health care providers, and other community partners to identify and engage individuals who, because of their mental illness, are at risk of harm to themselves and/or others or are unlikely to live safely in their community. The goal is to help these individuals enter and engage in treatment. AOT orders are carried out for a specific time period using eligibility criteria based on state laws for civil commitment. Treatment plans for individuals enrolled in AOT are implemented by a multidisciplinary team and include evidence-based mental health and, when indicated, substance use disorder services, medication management, and intensive case management. AOT participants can also receive care coordination, peer recovery supports, and linkages to community providers for housing, employment, education, and social services.

AOT is designed to work as a partnership between the individual in need of treatment, their family and social supports, the civil courts, and the community behavioral health care system. AOT is intended to help reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system while improving health and social outcomes for individuals with SMI and co-occurring needs. Currently, 48 states and the District of Columbia have enacted AOT Laws.

SAMHSA's AOT Grant Program

SAMHSA's AOT grant program supports the implementation and evaluation of new AOT programs. It was first authorized by Section 224 of Protecting Access to Medicare Act of 2014 (Public Law 113-93) and was most recently reauthorized by The Consolidated Appropriations Act, 2023 (Public Law 117-328). The four-year competitive grant program is administered within SAMHSA's Center for Mental Health Services. Eligible applicants include counties, cities, mental health systems (including mental health authorities), mental health courts, or any other entity with authority under the law of the state in which the applicant is located to implement, monitor, and oversee AOT programs. The AOT grant program is for applicants who have not previously implemented an AOT program. AOT program components include:

- Evaluation of the psychiatric and social needs of participants.
- Development and implementation of treatment plans related to the medical, psychiatric, and social needs, including the criteria for court-ordered treatment.
- Participant treatment plan compliance monitoring.
- Case management services that support the treatment plan.
- Referrals to medical and social service providers for additional services.
- Evaluation of the program implementation process to ensure consistency with participant needs, preferences, and state law.

- Treatment outcome measurements, including health and social outcomes such as rates of incarceration, health care utilization, and homelessness.

Since the program's inception in 2016, SAMHSA has awarded a total of 66 AOT grants, impacting communities across 26 states.

Statutorily Required Government Accountability Office (GAO) Evaluation of AOT

The Consolidated Appropriations Act of 2023 includes a provision for GAO to conduct a report on the efficacy of the AOT programⁱ. SAMHSA actively worked with GAO reviewers from April 2024 to May 2025. GAO published their report on July 10, 2025ⁱⁱ. It can be found on the [GAO website](https://www.gao.gov/assets/gao-25-107526.pdf).

ⁱ Pub. L. No. 117–328, § 1123(b)(2), 136 Stat. 4459, 5653 (2022)

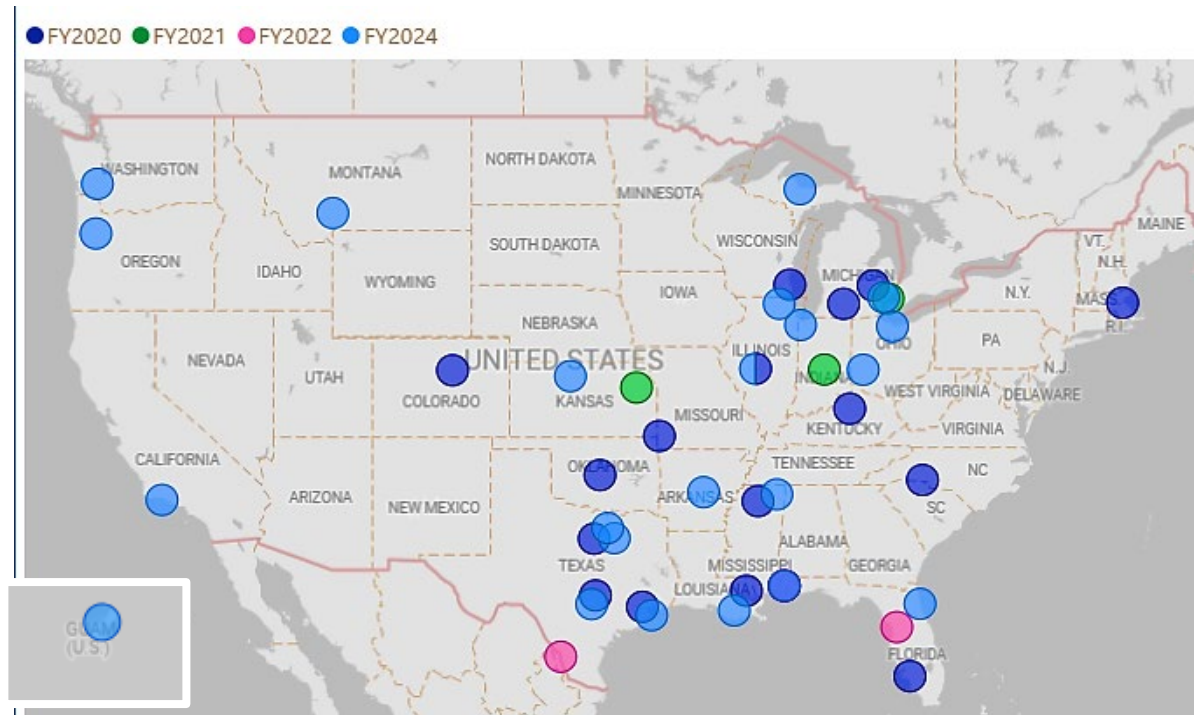
ⁱⁱ Government Accountability Office. (2025). *HHS Assessments of Assisted Outpatient Treatment Have Yielded Inconclusive Results* (Report No. GAO-25-107526). Retrieved from <https://www.gao.gov/assets/gao-25-107526.pdf>

AOT Grant Program Services and Outcomes, FY 2023–FY 2024

In FY 2023, SAMHSA received \$21.42 million in annual appropriations for the AOT grant program, which supported 22 grant continuations. In FY 2024, SAMHSA received \$21.42 million in annual appropriations for the AOT grant program, which supported 22 grant continuations and a new cohort of 22 grants.

Grant recipients implemented the AOT program in 24 states (Figure 1).

Figure 1. AOT Grantees Active in FY 2023 and FY 2024

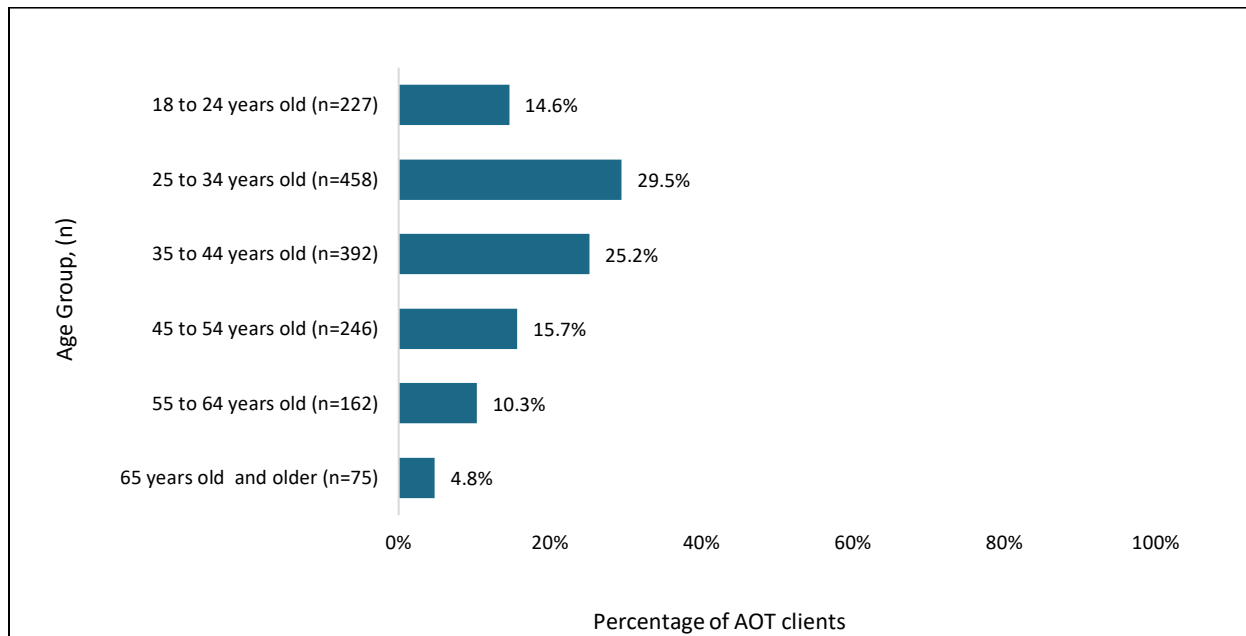


SOURCE: SAMHSA, (2025). Grant administrative data for AOT grant recipients active in FY2023-FY2024 retrieved 07/07/2025 from HHS eRA, <https://www.era.nih.gov/>

AOT Clients Served

In FY 2024, AOT grantees served 1,560 individuals, of whom 783 and 777 began services in FY 2023 and FY 2024 respectively. Figure 2 shows that 81 percent (1,254 AOT participants) of persons served were aged 25-64. While not reflective of the U.S. adult population, it is expected that AOT participants of that age range be overrepresented 1) due to age of onset associated with schizophrenia and bipolar disorder, two of the most prevalent diagnoses for AOT participants^{3,4}, and 2) because AOT most often is used after other less restrictive treatment methods have been exhausted.

Figure 2. AOT Participant Age (n=1,556)ⁱ, FY 2023 and FY 2024



SOURCE: SAMHSA, (2025). *Programmatic Client-Level Services FY2023-FY2024 data retrieved 07/07/2025 from SAMHSA's Performance Accountability and Reporting System (SPARS)*, <https://spars.samhsa.gov/>

Among the 813 AOT participants with a self-reported diagnosis, schizophrenia or schizoaffective disorder was the most commonly reported diagnosis (55.6 percent, or 456 participants). This finding is consistent with the expected diagnosis of the intended population. More than one in four (27.2 percent, or 221 participants) reported a diagnosis of a manic episode or bipolar disorder. Other frequently reported diagnoses among participants included depressive disorders (11.1 percent, or 90 participants), anxiety disorders (10.6 percent, or 86 participants), psychosis (6.7 percent, or 54 participants), and personality disorders (4.2 percent, or 34 participants).

Eight percent of participants reported serving in the military at some point in their lives. This is similar to the U.S. adult population in which 7 percent of adults have served in the military.⁵

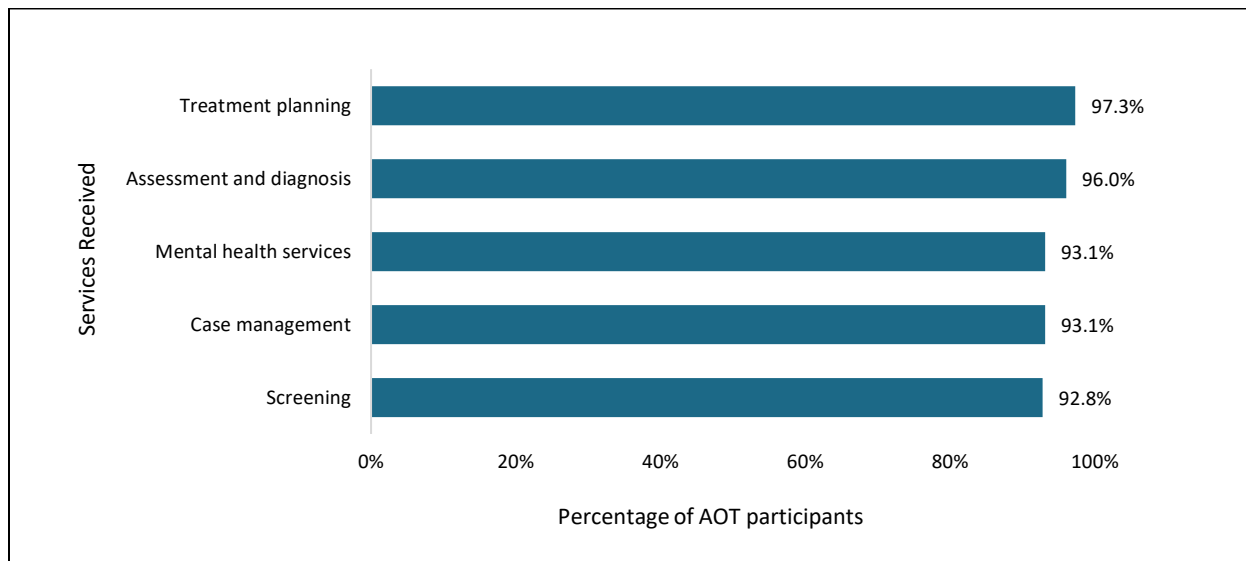
ⁱ Age not available for four clients.

AOT Services Provided

The AOT program aims to promote sustained recovery for participants through access to evidence-based treatment, recovery support services, and interventions that focus on community integration and retention. By engaging participants in needed treatment and services, AOT seeks to reduce preventable hospitalization, emergency department (ED) use, and other negative outcomes. Timely services and supports can improve lives and save community resources by helping affected individuals break the cycle of homelessness, hospitalization, and involvement in the criminal justice system. AOT participants' reduced need for high-cost services has been shown to offset the cost to implement the program, resulting in net public savings.⁶

Figure 3 shows the mental health services AOT program participants in FY 2023 and FY 2024 most frequently received during the first six months of treatment, as reported by the grantees providing the services at six months. These included services for treatment planning, assessment, mental health, case management, and screening.

Figure 3. Services AOT Participants Most Frequently Received in First Six Months of Treatment (n=656), FY 2023 and FY 2024.



SOURCE: SAMHSA, (2025). Programmatic Client-Level Services FY2023-FY2024 data retrieved 07/07/2025 from SAMHSA's Performance Accountability and Reporting System (SPARS), <https://spars.samhsa.gov/>

AOT grant recipients also provided support services to participants. Among the 656 AOT participants accessing support services, the most frequently service types accessed were for medical care (44.4 percent, or 301 participants), housing (44.4 percent, or 291 participants), social (33.5 percent, or 220 participants), family (27.3 percent, or 179 participants), and employment (26.8 percent, or 176 participants) services.

AOT Grantee Services Outcomes

The following FY 2024 AOT grant program accomplishments are based on Government Performance and Results Act (GPRA) performance data. At the start of services, AOT clients are asked for their consent to participate in the NOMs client-level tool interview. Clients are informed that refusal to participate in the NOMs interview will not affect their treatment or ability to access services. Clients who consent to the interview are instructed to skip any question or section they choose and that they may opt out of the current or future interviews at any time.

Respondents report on their behavioral health diagnoses, demographics, services received, criminal justice status, hospitalizations, employment, and housing. Grantees administer the interview at intake to services, at six months after intake, and at client discharge from services. The collection timing of the NOMs interviews was chosen to allow sufficient time for a change in client outcomes. It does not necessarily reflect the expected duration of client treatment within the program.

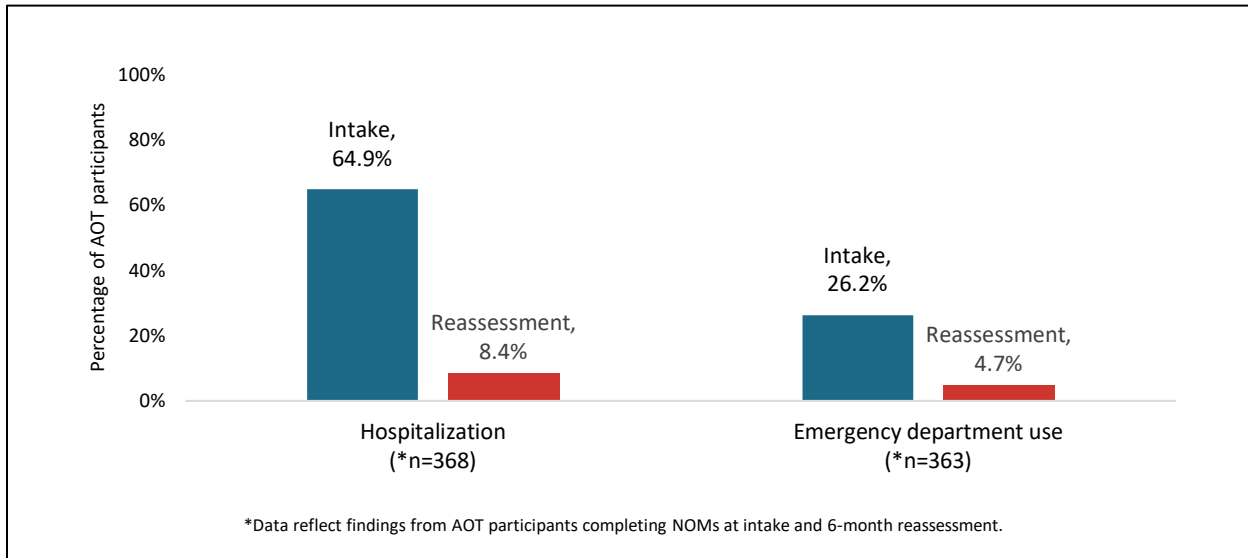
For the reported client outcomes, participant data from the 369 AOT clients interviewed are used. These participants consented to an interview at both intake (conducted between April 1, 2022, and March 31, 2024) and their 6-month reassessment (conducted between October 1, 2022, through September 30, 2024). AOT participants who refuse or skip a question at the baseline or reassessment interview do not have complete data for comparison. Consequently, the number of participants reported for the outcomes shown below varies.

Cost savings due to decreased hospitalization and emergency department use

The public health outcomes associated with community cost savings described above are reflected in SAMHSA grant recipient data. Notably, AOT participants reported decreased hospitalization and ED use for mental health related issues from intake to 6-month reassessment (Figure 4).

- At intake to services, more than half (64.9 percent, or 238 of the 368 respondents) reported having been hospitalized for mental health care within the past 30 days. At the 6-month reassessment, hospitalization for mental health decreased by 87 percent, with only 8.4 percent (or 31 participants of the 368 responding participants) reporting recent hospital stays.
- ED use for behavioral health issues among the 363 AOT respondents decreased by 82.1 percent from intake to the 6-month reassessment. This decrease in ED use corresponds to one out of four (26.2 percent, or 95 participants) reporting an ED visit within 30 days of intake to fewer than one out of 25 (4.7 percent, or 17 participants) reporting a recent ED visit at the 6-month reassessment.

Figure 4. Decreased Hospitalization (n=368) and ED Use (n=363) for Mental Health Care Among AOT Participants, Intake to 6-Month Reassessment, FY 2023 and FY 2024



SOURCE: SAMHSA, (2025). Programmatic Client-Level Services FY2023-FY2024 data retrieved 07/07/2025 from SAMHSA's Performance Accountability and Reporting System (SPARS), <https://spars.samhsa.gov/>

"A male with a long history of severe [serious] mental illness and non-compliance [non-adherent] with medications and treatment that has been on an outpatient commitment for 5-plus years, was placed on the AOT team. Over the last year, he has become medication and treatment compliant [adherent] which has shown a great improvement in his mental health. He has had fewer hospitalizations (zero in the last year compared to multiple a year). He recently experienced a life event that in the past would have likely caused him to go to the hospital; however, he was able to utilize the AOT team as a support and the coping skills learned to cope with the difficult event. The AOT team connected him with resources, attended court hearings with him, and advocated for him which assisted with him keeping his housing rather than becoming homeless."

AOT Grantee Oxford, Mississippi

SOURCE: SAMHSA, (2025). Programmatic Progress Report Grant Year Ending in 2024 data retrieved 01/10/2025 from HHS eRA, <https://www.era.nih.gov/>

There were 17 AOT clients whose deaths were reported by grantees in FY 2023 through FY 2024. Cause of death was not captured in reporting to SAMHSA.

Decreased involvement with the criminal justice system

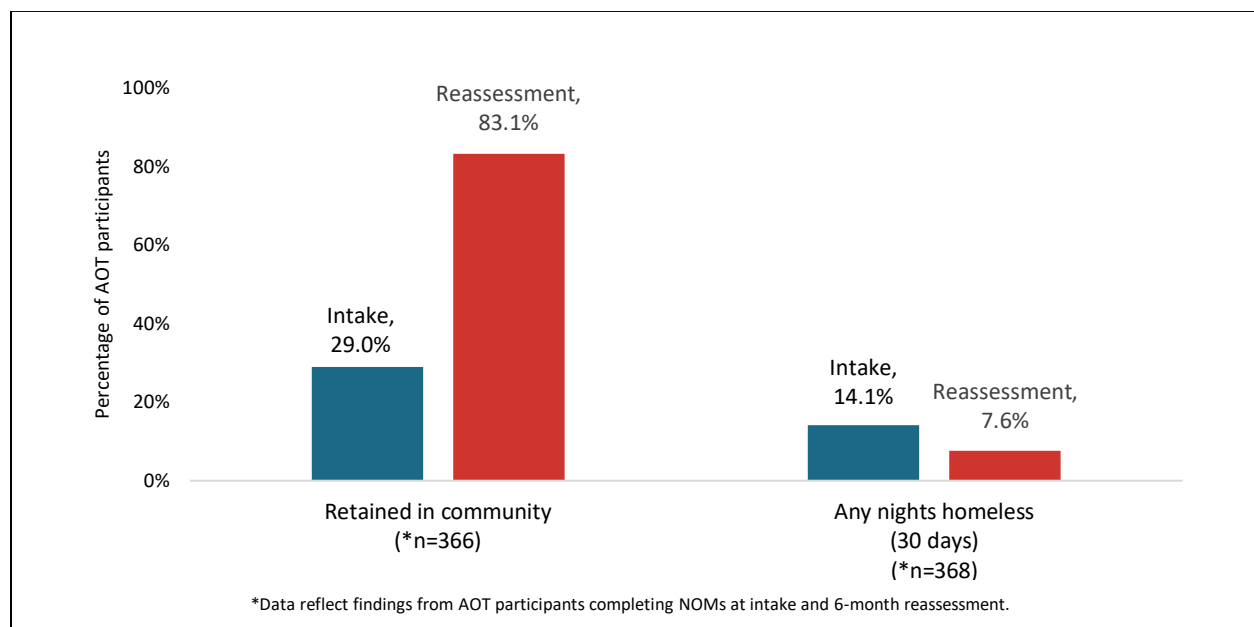
Criminal justice involvement decreased by 28.6 percent among the 369 AOT respondents. AOT participants reporting any arrests, incarceration, or probation within the past 30 days decreased from 11.4 percent (or 42 participants) at intake to 8.1 percent (or 30 participants) at the six-month reassessment.

Decreased homelessness

Homelessness can be a significant problem among individuals who need an AOT level of care. As part of the AOT model, grant recipients provide active support to connect participants to housing and retain them in the community. Figure 5 shows the following changes in housing measures for AOT participants from intake to six-month reassessment:

- 186.8 percent increase in AOT participants reporting being retained in the community, by staying connected to and benefiting from support within their community, within the last 30 days (among the 366 respondents) – from 29.0 percent (or 106 participants) at intake to 83.1 percent (or 304 participants) at reassessment.
- 46.2 percent decrease in AOT participants reporting experiencing any nights homeless within the past 30 days (among the 368 respondents) – from 14.1 percent (or 52 participants) at intake to 7.6 percent (or 28 participants) at reassessment.

Figure 5. Decreased Homelessness Among AOT Participants, Intake to 6-Month Reassessment, FY 2023 and FY 2024



SOURCE: SAMHSA, (2025). *Programmatic Client-Level Services FY2023-FY2024 data retrieved 07/07/2025 from SAMHSA's Performance Accountability and Reporting System (SPARS)*, <https://spars.samhsa.gov/>

“A client came into our program but was incarcerated shortly after the judge signed our petition. AOT Case Manager would visit her while in jail to let her know services were available when she is released. With no medication while in jail, she appeared to spiral into an unhealthy mental state. Upon her release, our AOT staff engaged with her to provide therapy and medication management. She has remained stable and out of jail. She is living independently and is gainfully employed. We are so proud of the progress she has made while in the AOT program.”

AOT Grantee Lecanto, Florida

SOURCE: SAMHSA, (2025). Programmatic Progress Report Grant Year Ending in 2024 data retrieved 01/10/2025 from HHS eRA, <https://www.era.nih.gov/>

Patient satisfaction with program participation, employment, and job training

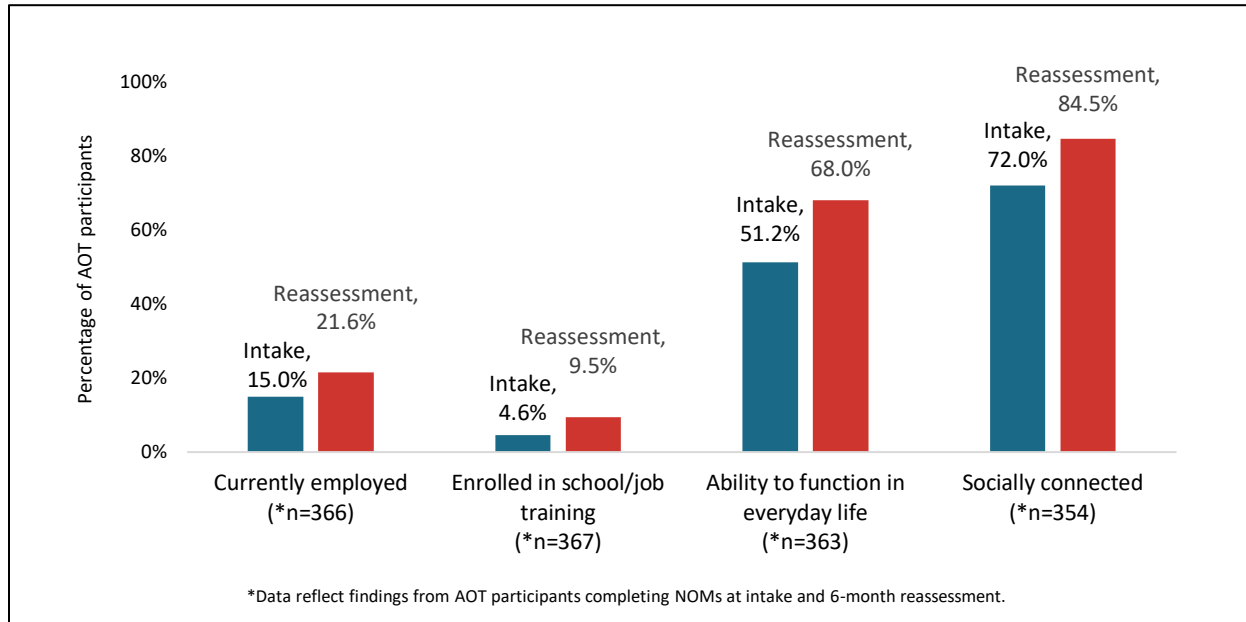
Overall, participants conveyed satisfaction with the services they received, which are positive perceptions of and experiences with the AOT program. Grant recipients reported that treatment staff take time to develop relationships and engage with participants and their families. At the 6-month reassessment, the majority (92.0 percent, or 334) of AOT participants surveyed reported positive perceptions of the care they had received thus far.ⁱ

Figure 6 shows AOT participants reported improvements at the six-month reassessment, including:

- 43.6 percent increase in AOT participants reporting being employed (among the 366 respondents) – from 15.0 percent (or 55 participants) at intake to 21.6 percent (or 79 participants) at reassessment.
- 105.9 percent increase in AOT participants reporting enrollment in school or job training (among the 367 respondents) – from 4.6 percent (or 17 participants) at intake to 9.5 percent (or 35 participants) at reassessment.
- 32.8 percent increase in AOT participants reporting ability to function in everyday life (among the 363 respondents) – from 51.2 percent (or 186 participants) at intake to 68.0 percent (or 247 participants) at reassessment.
- 17.3 percent increase in AOT participants reporting being socially connected (among the 354 respondents) – from 72.0 percent (or 255 participants) at intake to 84.5 percent (or 299 participants) at reassessment.

ⁱ Data collection procedures includes/involves an AOT program staff member assisting participants in responding to the questions, so the presence of program staff during administration of this question may have biased results positively.

Figure 6. Increased Employment, Enrollment, Ability to Function in Everyday Life, and Social Connectedness Among AOT Participants at 6-Month Reassessment, FY 2023 and FY 2024



SOURCE: SAMHSA, (2025). Programmatic Client-Level Services FY2023-FY2024 data retrieved 07/07/2025 from SAMHSA's Performance Accountability and Reporting System (SPARS), <https://spars.samhsa.gov/>

"A male was placed on an outpatient commitment order upon discharge from the state hospital, and the AOT team began providing services to him. Prior to hospitalization, he was sleeping in his car, and he was discharged to a friend and was couch surfing when the AOT team began working with him. The AOT team assisted him with medication management, connected him with medical services for his medical necessities, assisted with obtaining employment, and assisted with reconnecting him to his mother who he was able to move in with and establish permanent housing. He still actively works with the AOT team but on a less intensive level as he is working full-time and many of his needs and goals have been met. He has remained in the community and out of the hospital since he began working with the AOT team."

AOT Grantee Oxford, Mississippi

SOURCE: SAMHSA, (2025). Programmatic Progress Report Grant Year Ending in 2024 data retrieved 01/10/2025 from HHS eRA, <https://www.era.nih.gov/>

Limitations

While the data presented in this report highlight important program outcomes, SAMHSA acknowledges the following limitations. The findings are subject to potential respondent bias. As noted, AOT clients are not required to complete the intake, reassessment, and/or discharge interviews to receive services. Clients also have the right to refuse any of the interview questions. Clients who lack matched pairs, or

comparable data for a specific question at two time points, are not included in the analysis. This includes clients who dropped out of treatment for any reason. The AOT participants who responded to the survey may have been more likely to adhere to treatment and consequently report having better outcomes. Additionally, the data are self-reported. This means the client may answer based on how they believe they should respond to the interview question. Lastly, client self-report data may be subject to recall bias. Given these limitations in the data collection methodology, the findings are not generalizable beyond the AOT program participants interviewed.

Conclusion

Based on data grantees collected, AOT grant recipients have been successful in improving outcomes for the people they serve. The GPRA dataset demonstrates that the subgroup of AOT participants who agreed to the NOMs interviews improved in several critical areas, including hospitalization for mental health, ED use, incarceration and probation, and homelessness. In addition, a majority of interviewed participants reported satisfaction with the services they received. The findings presented in this report mirror the program stories provided by grantees and the positive outcomes that are often seen when the AOT model is used with fidelity.

List of AOT Grantees, Active in FY 2023–FY 2024

Grantee	City, State
22 nd Judicial District Court	Covington, LA
Administrative Office of the Trial Court	Boston, MA
Altapointe Health Systems, Inc.	Mobile, AL
Austin Travis County Integral Care	Austin, TX
Calhoun County Community Mental Health Authority	Battle Creek, MI
Centerstone of Florida, Inc.	Fort Myers, FL
City of Laredo Health Department	Laredo, TX
Communicare	Oxford, MS
Community Health Network Foundation, Inc.	Indianapolis, IN
Genesee Health System	Flint, MI
Kansas State Department for Aging and Disability Services	Topeka, KS
Kentucky Cabinet for Health and Family Services	Frankfort, KY
Lifestream Behavioral Center, Inc.	Crystal River, FL
Live Rite Structured Recovery Corporation	Roseville, MI
Mental Health Center of Denver	Denver, CO
Milwaukee County DHS-Behavioral Health Division	Milwaukee, WI
Oklahoma Department of Mental Health and Substance Abuse	Oklahoma City, OK
Ozark Center, Inc.	Joplin, MO
Partners Behavioral Health Management	Gastonia, NC
Pecan Valley Centers for Behavioral and Developmental Healthcare	Weatherford, TX
Southern Illinois University School of Medicine	Springfield, IL
The Harris Center for Mental Health and IDD	Houston, TX
Wellstone, Inc.	Huntsville, AL

List of AOT Grantees Awarded FY 2024

Grantee	City, State
ADAMHS Board for Montgomery County	Dayton, OH
Administrative Office of Illinois Courts	Springfield, IL
Cascade Community Healthcare	Centralia, WA
Centers for Youth and Families, Inc.	Little Rock, AR
County of Erie	Sandusky, OH
County of McHenry	Woodstock, IL
County of Santa Barbara Department of Behavioral Wellness	Santa Barbara, CA
Dallas County of Mental Health and Mental Retardation Center, Inc.	Dallas, TX
Denton County MHMR Center	Denton, TX
County of Gallatin	Bozeman, MT
Guam Behavioral Health and Wellness Center	Tamuning, Guam
The Gulf Coast Center	Texas City, TX
County of Hays	San Marcos, TX
Montgomery Area Mental Health Authority, Inc.	Montgomery, AL
Oakland Community Health Network	Troy, MI
Oregon Health Authority Directors Office Financial Services	Salem, OR
Pathways Mental Health Authority	Marquette, MI
SMA Behavioral Health Services, Inc.	St. Augustine, FL
South Central Louisiana Human Services Authority	Houma, LA
Southlake Community Mental Health Center, Inc.	Merrillville, IN
Timber Hill Region IV Mental Health Mental Retardation Commission Inc.	Booneville, MS
The Washington City Orphan Asylum	Washington, DC

References

- ¹ Protecting Access to Medicare Act of 2014, H.R. 4302, 113th Cong., available at <https://www.congress.gov/bill/113th-congress/house-bill/4302/text>
- ² 2023 Consolidated Appropriations Act, H.R. 2617, 117th Cong., available at <https://www.congress.gov/bill/117th-congress/house-bill/2617/text>
- ³ McGrath, J., Saha, S., Chant, D., & Welham, J. (2008). Schizophrenia: A Concise Overview of Incidence, Prevalence, and Mortality. *Epidemiologic Reviews*, 30(1), 67–76. <https://doi.org/10.1093/epirev/mxn001>
- ⁴ Rowland, T., & Marwaha, S. (2018). Epidemiology and risk factors for bipolar disorder. *Therapeutic Advances in Psychopharmacology*, 8(9), 251–269. <https://doi.org/10.1177/2045125318769235>
- ⁵ Vespa, J. (2020). [Those Who Served: America's Veterans From World War II to the War on Terror](#). United States Census Bureau.
- ⁶ Office of Behavioral Health, Disability, and Aging Policy. (2024). [Evaluation of the Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness: Outcome Evaluation Report](#).