



□ The Research On Assisted Outpatient Treatment

As interest in Assisted Outpatient Treatment (AOT) grows, state and local leaders are increasingly turning to rigorous evidence to inform decisions about establishing, scaling, or refining AOT programs. Policymakers and administrators are seeking approaches that enhance public safety, improve individual outcomes and well-being, and promote efficient use of public systems and resources.

AOT is a court order that mandates participation in community-based mental health services. AOT itself is not a treatment; rather, it establishes a legal framework intended to support engagement with services. Over the past three decades, Policy Research has evaluated AOT programs across diverse jurisdictions. Across studies, one conclusion has remained consistent: benefits are realized when people enrolled in AOT receive robust services.

“Our research makes clear there are specific policy elements required to make AOT work, and outlines how those policy elements need to be implemented in practice,” —PRA Vice President Chanson Noether

Our research demonstrates that well-designed and adequately resourced AOT programs can:

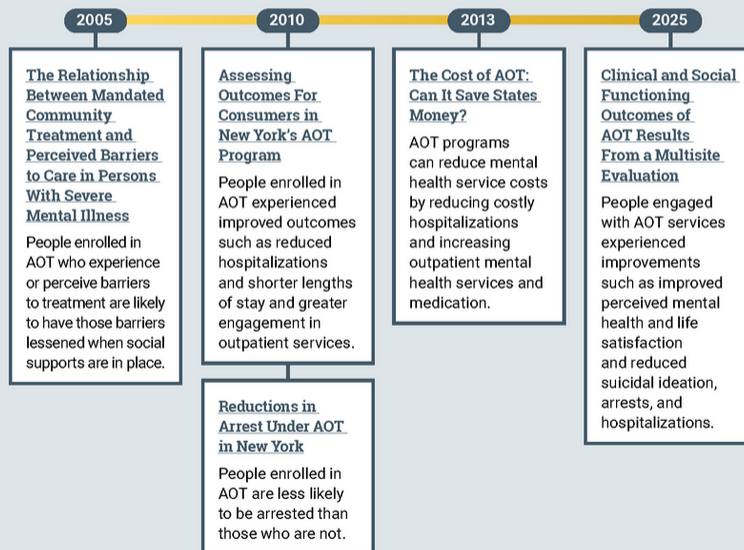
- improve individual outcomes and well-being,
- increase public safety, and
- reduce system costs.

Learn more about how AOT can transform community health and what needs to be in place to realize proven benefits.

Want to go straight to the research? Explore a selection of Policy Research's foundational peer-reviewed research that has shaped national understanding of AOT implementation.

Assisted Outpatient Treatment (AOT) RESEARCH HIGHLIGHTS

Policy Research Associates (PRA) has been at the forefront of assisted outpatient treatment (AOT) research and evaluation for over 20 years. Explore a selection of our foundational peer-reviewed findings that have shaped national understanding of effective AOT implementation.



Our Expertise

PRA provides **customized evaluation support and technical assistance** to AOT programs.

PRA BRINGS:

- Experience** from the first U.S. outpatient commitment evaluation.
- Scalability** to conduct high-quality county, multi-site, and national evaluations.
- Expertise** in policy design, outcome evaluation, and service recommendations.

[Learn more at prainc.com](http://prainc.com)



Join Us for *Setting the Record Straight: What AOT Is—and Is Not*

Assisted Outpatient Treatment: What It Is, What It Isn't, and What the Evidence Shows

March 25, 2026, 2:30–3:30 p.m. ET



PRA
POLICY RESEARCH ASSOCIATES



Richard Van Dorn, PhD



Marvin Swartz, MD

Wednesday, March 25, 2026, 2:30–3:30 p.m. ET

Join leading researchers, Drs. Richard Van Dorn and Marvin Schwarz, to learn what AOT is—and is not—including how voluntary services and voluntary settlement agreements may fit within the AOT process.

They will share insights drawn from more than a decade of AOT research, including evidence from randomized controlled trials, statewide evaluations, and the perspectives of individuals who have experienced the AOT court order process.

Attendees will leave with a clearer understanding of how legislation shapes AOT implementation and outcomes, and how service capacity, clinical practices, and legal enforcement mechanisms can influence program success.

This session is the first in a three-part webinar series on AOT program legislation, implementation, and evaluation.

[Register Now](#)

□ **New Resource: Insights From a Survey of Crisis Stabilization Centers—2026 Update**

Policy Research has released a new report examining how jurisdictions across the United States are planning, launching, and operating crisis stabilization centers. Communities representing 53 crisis centers in 21 states, at different stages of implementation, shared insights into their operations, services, staffing, funding, and lessons learned.

Bottom line: The resource offers actionable guidance for building and sustaining crisis stabilization centers that better meet the needs of people experiencing mental health or substance use crises.

FROM PLANNING TO PRACTICE:
Insights from a Survey of Crisis Stabilization Centers
JANUARY 2026
Ashley Kinder, MS, Policy Research Associates

Context
Crisis stabilization or crisis triage centers are facilities designed to provide immediate, typically short-term care and support for individuals experiencing mental health, substance use disorder, and other co-occurring needs. There is a wealth of public-facing resources focused on creating a robust behavioral health care continuum and the integral role that crisis centers play for individuals who may need a physical location to access care. However, minimal information exists comparing individual crisis centers and their operations. **This resource builds on existing publications by incorporating data from two surveys (2023 and 2025) of U.S. jurisdictions planning and operating crisis centers.** It contains specific and practical data regarding centers' service capacities, data collection and evaluation, staffing, funding, partnerships and collaborations, and critical challenges and lessons learned.

Background
In early 2022, [Policy Research Associates, Inc. \(PRA\)](#) began hosting a virtual learning community of cities and counties planning and operating crisis stabilization centers. The group originated at the request of a single site and over three years grew to 95 representatives across 28 states.
In 2023, PRA conducted a voluntary survey of the virtual learning community participants to learn more about their crisis centers. The survey's goals included facilitating peer-to-peer learning across centers, developing a "state of the service" snapshot, and highlighting the diverse landscape of crisis stabilization centers. In 2023, PRA received 31 total responses across 15 states, which were documented in a previously released [resource](#). In 2025, PRA revised the survey, primarily with

From Planning to Practice: Insights from a Survey of Crisis Stabilization Centers | 1

Download the Resource

Research That Resonates

The Cost of Assisted Outpatient Treatment: Can It Save States Money?

Jeffrey Swanson, Richard Van Dorn, Marvin Swartz, Pamela Clark Robbins, Henry Steadman, Thomas McGuire, & John Monahan

American Journal of Psychology

2013

The 2013 study, *The Cost of Assisted Outpatient Treatment: Can It Save States Money?*, examined the fiscal implications of AOT for state and local systems. The analysis found that AOT programs can contribute to overall cost reductions in mental health service delivery, primarily by decreasing reliance on high-cost inpatient hospitalization while supporting greater use of outpatient mental health services and medication management. These findings underscore AOT's potential to promote more efficient allocation of public resources when implemented alongside adequate community-based services.

Research impact: The study has had a sustained influence on both policy and public discourse. Its findings were referenced in *Reimagining Order of Non-Hospitalization: A Report to the Vermont Department of Mental Health* (2017), informing state-level consideration of alternatives to inpatient care. The research has also been cited by national media outlets, including *Reuters*, *Huffington Post*, *Yahoo!*, and *Medical News Today*, extending its reach beyond academia to policymakers, practitioners, and the broader public.

Access the Research

Policy Research leads the nation in driving sustainable, impactful change for people with behavioral health conditions. Ready to transform your community? [Contact us!](#)

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