Northeast Ohio MEDICAL UNIVERSITY

Research Briefing
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Cost effectiveness of Assisted Outpatient Treatment

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Objective: We examined previously collected data about people who were on assisted outpatient treatment in Summit County to determine the cost effectiveness of engaging high risk individuals in community based services.

Methods: The sample was composed of those individuals who were placed on assisted outpatient treatment through the Summit County (Ohio) Probate Court from 2001 through 2007 for at least six months. In addition to requiring at least 6 months on assisted outpatient treatment during 2001 – 2007, inclusion criteria included a triggering hospitalization for assisted outpatient treatment; only one episode of assisted outpatient treatment during the study period; no missing data on diagnosis, demographics, and services; and at least 6 months of available data before and after assisted outpatient treatment (n = 45).

Services data were examined to determine service utilization before, during, and after assisted outpatient commitment. Costs of services were determined by annualizing units of outpatient services and jail and hospital days and multiplying by costs per unit or costs per day.

Results: The sample was 33 percent female and 29 percent non-white, with an average age slightly less than 40 years old (range 20 – 77). The sample predominately had a diagnosis of schizophrenia (78 percent) with diagnoses of bipolar, depression, or some other diagnosis (7, 9, and 7 percent, respectively). In addition to the primary psychiatric diagnosis, 40 percent had a co-occurring alcohol diagnosis and 38 percent had a co-occurring drug abuse diagnosis.

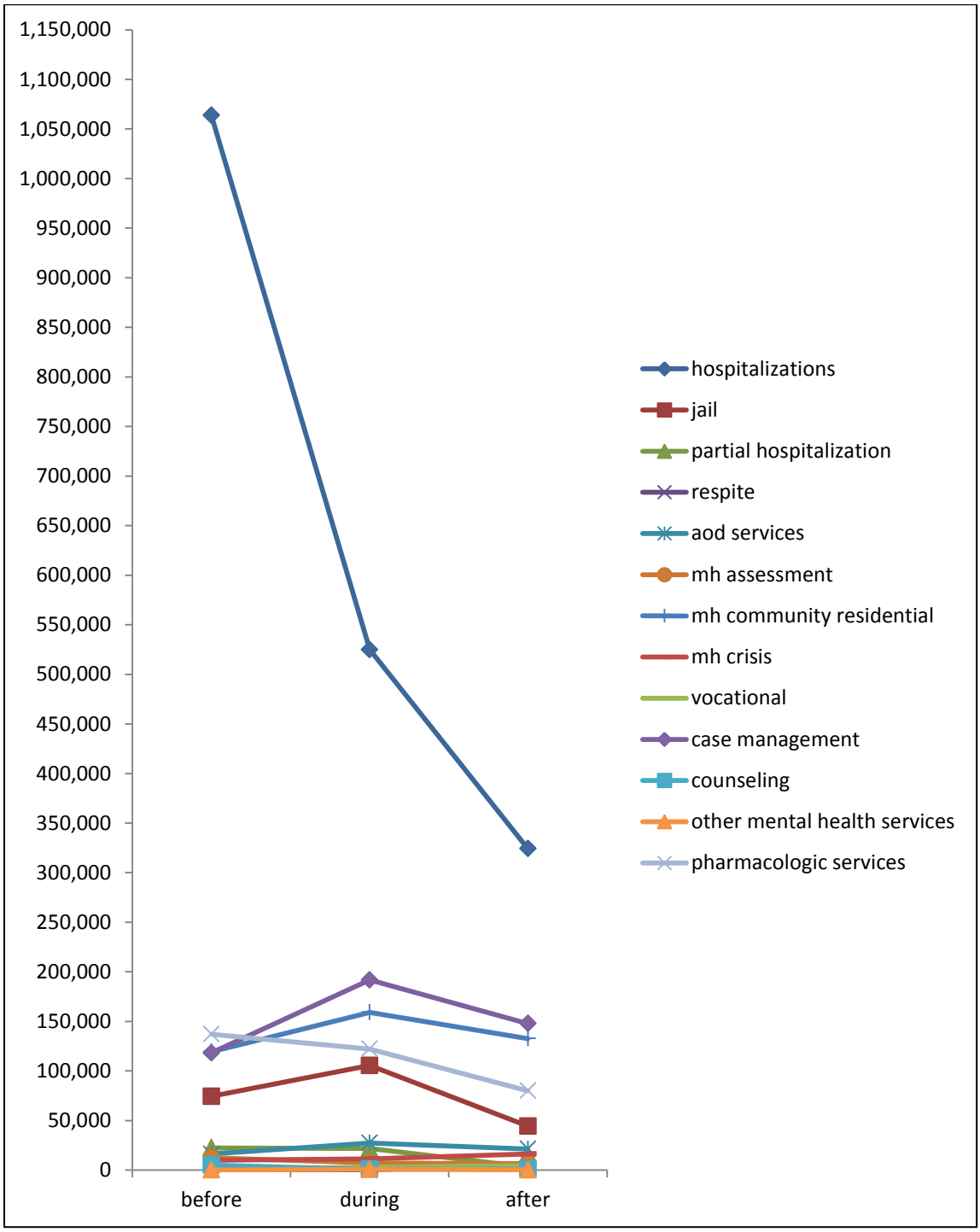
The mean costs were $35,103.98 before, $26,136.93 during and $17,540.43 after program participation. The totals costs for the sample of 45 were $1,579,679.31 before, $1,176,161.69 during, and $789,319.39 after or a decline in costs before to during of 25 percent and a decline in costs before to after of 50 percent. The paired samples test indicated that there were significant declines in the costs after in comparison to the costs before and in the costs after in comparison to the costs during.

Figure 1 is a representation of the costs by service type over the three periods. Of note, it demonstrates that the majority of the cost savings were due to the decline in hospitalizations.

Conclusions: The most important finding is that the annualized aggregated costs per person declined, not only during the period the court order was in effect, but continued after the court order ended. In fact, the costs before were almost twice that of the costs after. The decline in expensive services such as hospitalizations and crisis intervention were replaced with non-crisis-oriented services during the court order and possibly more recovery oriented services after the court order ended.

These results indicate that there were significant declines in costs for those who were on assisted outpatient treatment when comparing the costs per individual prior to, during, and after the treatment. That these costs declined in a program that has been in existence since 1994 indicates that there are significant benefits to not only the individual who is placed in the controversial treatment program, but also to the systems that administer the program through the shift from crisis oriented services to outpatient services.

Figure 1: Sums of aggregated services by period



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