

# New Analysis Shows Court-Supported Digital Recovery Delivers Outcomes at a Fraction of the Cost of Traditional Care

*New analysis from the Substance Use Disorder Foundation indicates that program efficacy now hinges on the infrastructure used to support court-ordered care.*

WASHINGTON, DC, UNITED STATES, February 7, 2026 /EINPresswire.com/ -- As federal and state leaders expand Assisted Outpatient Treatment (AOT) to address serious mental illness, addiction, homelessness, and public safety, a new analysis from the Substance Use Disorder Foundation indicates that cost efficacy and measurable outcomes now hinge on the infrastructure used to support court-ordered care.

According to the Foundation's policy review, pairing AOT with a continuous digital [recovery](#) infrastructure—specifically the Orbiit Recovery Ecosystem—results in significantly lower costs and greater accountability than relying on emergency departments, inpatient hospitalization, or incarceration. At \$150 per participant per month, Orbiit is the lowest-cost, nationally deployable outpatient recovery model currently available in the United States.

Secretary Kennedy recently announced a \$10 million federal investment in AOT, a civil court-ordered, community-based outpatient program designed for adults with serious mental illness who are unable to engage with conventional outpatient care and are unlikely to live safely in the community without structured support. AOT is intended to serve as an alternative to repeated hospitalization, homelessness, and involvement with the criminal justice system.



The Substance Use Disorder Foundation

Policy analysts note, however, that AOT outcomes vary widely across jurisdictions due to fragmented service delivery, episodic engagement, and limited real-time visibility for courts and agencies. The absence of continuous infrastructure often forces systems to revert to high-cost crisis responses.

“The intent behind AOT is sound, but a court order alone does not equal care,” said Dan Francis, CEO of Orbiit Services Inc. “What determines success is whether the system can actually support daily engagement and accountability in the community. For less than five dollars a day, Orbiit provides that infrastructure.”



Daniel Francis, CEO Orbiit Services Inc

#### Cost Efficacy: A Clear Fiscal Contrast

The Foundation’s analysis compares annual per-person costs across common public-system responses:

“

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*Daniel Francis, CEO Orbiit Services Inc.*

AOT + Orbiit Recovery Ecosystem: \$1,800 per year

Psychiatric inpatient hospitalization: \$12,000–\$50,000 per year

Emergency department utilization: \$4,500–\$21,000 per year

County jail incarceration: \$36,500–\$73,000 per year

Residential treatment episodes: \$15,000–\$40,000 per year

For a cohort of 1,000 high-risk individuals, AOT supported by Orbiit costs approximately \$1.8 million annually, compared to \$10–\$45 million when individuals cycle through emergency departments, hospitals, and jails. At a statewide level, deploying the model for 5,000 participants yields estimated annual public-system savings exceeding \$140 million, excluding secondary

reductions in law enforcement, court, and EMS burdens.

### Measurable Outcomes and Accountability

Unlike traditional outpatient models, Orbiit functions as a persistent recovery environment rather than an episodic service. Participants engage daily through structured programming, behavioral monitoring, and coordinated communication among [clinicians](#), peer supporters, families, and, where applicable, civil courts.

Crucially for policymakers, the platform provides measurable engagement data and hierarchical access aligned with legal and clinical roles, allowing authorized stakeholders to assess compliance and risk in real time rather than relying on retrospective reports.



Bert Carroll, CTO, Orbiit Services Inc.

“Digital infrastructure is not an add-on expense—it’s a cost-avoidance mechanism,” said Bert Carroll, Chief Technology Officer of Orbiit. “When systems lack continuous engagement and visibility, disengagement goes unnoticed until it becomes a crisis. Orbiit was engineered to operate at a national scale and prevent that failure mode.”

### Policy Implications

The Substance Use Disorder Foundation concludes that the success of AOT expansion will depend less on statutory authority and more on whether jurisdictions deploy infrastructure capable of sustaining engagement outside institutions. Based on the current analysis, Orbiit is the only recovery ecosystem assessed as immediately scalable, interoperable with civil court frameworks, and capable of delivering measurable outcomes at a defensible cost.

“As policymakers shift from counting beds and programs to measuring outcomes and fiscal responsibility, the comparison becomes unavoidable,” Francis added. “You can pay hundreds of dollars a day to manage a crisis—or you can invest five dollars a day to prevent it.”

The Foundation recommends that federal and state AOT guidance explicitly recognize continuous digital recovery infrastructure as an eligible and preferred expenditure to maximize both public-health impact and taxpayer value.

## About the Substance Use Disorder Foundation

The Substance Use Disorder Foundation is a policy-focused nonprofit dedicated to advancing evidence-based, ethical, and scalable solutions to addiction and serious mental illness in the United States. The Foundation provides independent analysis to inform legislators, agencies, and the public.

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