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## **MEASURING EXPERIENCES: An Evaluation of AOT Participant Satisfaction**

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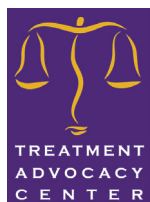
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## EXECUTIVE SUMMARY

Community mental health care has an important role in supporting people with severe mental illness, such as schizophrenia and severe bipolar disorder; however, such programs are as diverse and individualized as the communities in which they operate. Using a standardized tool to evaluate community mental health programs and determine how programs affect participants is critically important. Such evaluations can elicit powerful information about programs that can be used to make data-driven improvements. And when a program evaluation provides evidence of a program's effectiveness, those results can also be used to sustain funding and build awareness of and support for the program.

To gain a more complete picture of the impact of a community mental health program, it is important to ask participants directly about their experiences. Hearing directly from participants provides program staff with important information about how a program is working and can help inform them whether any changes are needed. Measuring participant satisfaction is an essential aspect of any community mental health program evaluation.

Assisted outpatient treatment (AOT) is a community outpatient treatment program for people with severe mental illness who have a history of difficulty with treatment engagement. Under a court order, an individual with severe mental illness is required to adhere to their treatment plan. There is a wealth of evidence supporting the effectiveness of AOT programs regarding a variety of outcomes, including reductions in hospitalizations, avoidance of criminal justice system involvement and savings in public costs attributable to mental illness for the system.<sup>1</sup>

*Measuring Experiences: An Evaluation of AOT Participant Satisfaction* is a product of the efforts of the Treatment Advocacy Center's Office of Research and Public Affairs to develop a survey that AOT programs can use to collect data on participant satisfaction. Through developing this survey, the researchers hope to encourage AOT programs to collect data on the experiences of people currently participating in AOT programs.

### **Key findings from the pilot study of the AOT Participant Satisfaction Survey in six Ohio counties include these:**

- AOT participants reported high levels of satisfaction and feelings of empowerment with regard to both their treatment team and the courts. More than three-quarters of participants agreed that they were satisfied with their treatment team and with the courts.
- Most AOT participants felt they received benefits from the AOT court order and from participating in the program.
- Black participants were significantly more satisfied with their treatment team and the courts than white participants.
- The aspect of the program AOT participants liked best was the people. For some, this was their treatment team, whereas for others this was the judge or magistrate.

These results indicate that despite the court-ordered nature of AOT, people with severe mental illness, on average, were satisfied with their participation in the program and felt that the program provided some benefit in improving their quality of life.

# INTRODUCTION

## What Is Assisted Outpatient Treatment?

*Assisted outpatient treatment, or AOT, is a community outpatient treatment program for people with severe mental illness who have a history of difficulty with treatment engagement. Also called involuntary outpatient commitment, mandatory outpatient treatment or compulsory community treatment, AOT is an alternative to inpatient commitment or incarceration for people with severe mental illness. In AOT, mental health professionals or, in some states, caregivers can petition a civil court to issue an AOT court order. Under such an order, someone with severe mental illness must adhere to a treatment plan that has been developed by their treatment provider and that may include appointments or a medication regimen. The court order also sometimes requires that the individual and their treatment team give the court regular updates on the individual's treatment adherence.*

*AOT provides evidence-based care to individuals with serious mental illness via comprehensive systems and teams to address individual needs. The program focuses on an approach which provides treatment rather than incarceration to individuals with serious mental illness and engages various sectors of the mental health, criminal justice and public safety system.<sup>2</sup>*

As of this writing, 47 states, the District of Columbia, Guam and Puerto Rico provide specific statutory authority for AOT. The criteria for AOT eligibility vary between states, but often to qualify an individual must have some combination of a diagnosed mental illness, an extensive history of hospitalizations or incarcerations due to their mental illness, and a history of treatment nonadherence from which an inference can be drawn that without continued treatment the person is likely to experience a deterioration resulting in behavior dangerous to their self or other people. Typically, eligibility requires a lack of ability to make an informed decision about their treatment.<sup>3</sup>

As a treatment tool, AOT is not without controversy. Some believe it unnecessarily infringes on personal freedoms while others believe that coercion creates an obstacle in the relationship between patients and mental health service providers. Some believe AOT is no more effective than voluntary treatment at improving outcomes for participants.<sup>4</sup> Another reason some service providers are uneasy with AOT is that the method is said to have “no teeth” — that is, violation of an AOT court order does not result in criminalization even if it may lead to hospitalization.<sup>5</sup>

## Research Supporting the Effectiveness of AOT

Controversy notwithstanding, there is a wealth of evidence supporting the effectiveness of AOT programs pertaining to a variety of outcomes. Multiple studies have found that people in AOT programs experience a significant decrease in hospitalizations<sup>6</sup> and in fact have lower rates of hospitalization than those enrolled in voluntary services.<sup>7</sup> AOT has additionally been shown to improve access to treatment services such as case management and therapy<sup>8</sup> and to also improve adherence to treatment and medication plans.<sup>9</sup> In one study, AOT participants reported perceiving fewer barriers to accessing treatment than those who had not recently participated in AOT.<sup>10</sup>

Some evaluations have also provided evidence that AOT decreases the likelihood of being arrested,<sup>11</sup> of being homeless,<sup>12</sup> and of engaging in harmful behaviors such as substance abuse<sup>13</sup> or violence against oneself or others.<sup>14</sup> AOT programs have additionally been shown to improve participants' ability to care for themselves and function,<sup>15</sup> as well as to reduce the likelihood of criminal victimization.<sup>16</sup>

## Why Measure AOT Participant Satisfaction?

The opportunities and methods for assessing the impact of AOT programs are many. Interviews with key stakeholders such as program staff, local magistrates, social workers and psychiatrists can provide insights into AOT's impact on patient well-being and functioning. Monitoring Medicaid claims data, arrests and inpatient hospital admissions before and after an individual enters AOT can create an even more

By supplementing outcome data with information from key stakeholders and with data from AOT participants themselves, researchers can include the perspectives and opinions of participants in the evaluation process.

objective measure of the impact that AOT has on participants. However, to gain a more complete picture of the impact of AOT, it is also important ask participants directly about their experiences AOT programs. By supplementing outcome data with information from key stakeholders and with data from AOT participants themselves, researchers can include the perspectives and opinions of participants in the evaluation process.

Given detractors' claims that AOT is unwanted by and ineffectual for those enrolled, documenting responses from those receiving services under an AOT order provides relevant data that is not mere speculation as to the satisfaction of enrollees.

## A Review of Participant Satisfaction Evaluation Literature

Few evaluations of AOT's effectiveness have examined participant satisfaction directly, but those that do yield revealing results. One New York State study indicated that whereas more than half of AOT participants (53%–54%) reported feeling angry or embarrassed by the experience of being ordered by the court into treatment, 62% of participants reported that, overall, being court-ordered into treatment was a good thing for them. Additionally, 81% of participants agreed that the AOT program helped them to get and stay well, 75% agreed that AOT helped them gain control over their lives, and 90% agreed that AOT made them more likely to keep appointments and take medication. Eighty-seven percent of AOT participants also reported being confident in their case managers' ability to help them, and 88% said they and their case managers agree on what is important for them to work on.<sup>17</sup> A study by the Substance Abuse and Mental Health Services Administration found similarly positive results — for example, 92% of participants agreed or strongly agreed with the statement "I liked the services I received here."<sup>18</sup>

Another study examined participant satisfaction through comparing responses of AOT participants with those of comparable individuals who had not recently been in AOT or who had recently graduated from AOT.<sup>19</sup> That method enabled the researchers to examine whether the coercive nature of AOT led to comparatively lower levels of satisfaction. The study found largely similar responses among those currently in AOT, those who were recent graduates of the AOT program, and those with no or no recent AOT experience. People in all three groups agreed that they were satisfied with their treatment, had a working alliance with their case managers and felt similar levels of pressure to adhere to treatment. The study found only a few differences between groups: current AOT recipients and recent AOT graduates reported a higher perceived effectiveness of AOT than those with no recent participation in AOT; and current AOT participants also reported higher levels of procedural justice (that is, feelings of fairness in the processes) and fewer barriers to accessing treatment than those who had not recently participated in AOT.

Because relatively few studies have examined the satisfaction of AOT participants, it is useful to consider the findings of evaluations of participant satisfaction in similar or related programs as well. One such example can be found in drug courts, where patients can be mandated to receive treatment for their

substance use disorder instead of being incarcerated for their substance-related crime. Studies of drug court participant satisfaction largely find positive results. One study found that 97% of drug court participants who were interviewed were satisfied or very satisfied with the drug court process; most participants in the study also agreed that having regular court appearances and regularly attending treatment were helpful.<sup>20</sup> In another drug court study, 82% of participants agreed that the drug court program helped improve their lives. Most participants in that study also said that they were satisfied with the courts and that they would recommend the program to a friend or family member who struggled with substance abuse.<sup>21</sup>

Other satisfaction evaluations of programs for people with serious mental illnesses report more mixed results. For example, one study of psychiatric inpatients found that a higher level of perceived coercion in a patient's current admission was associated with a lower level of patient satisfaction.<sup>22</sup> A study of assertive community treatment in Ohio found similarly mixed results: participants were satisfied with interpersonal aspects of care in the program, such as staff cooperation and feelings of trust toward program staff; however, participants had lower levels of satisfaction with their ability to be involved in

Given the small number of studies that have examined satisfaction for this population, it is important to continue elevating participant voices through incorporating their self-reported experiences into evaluations of program effectiveness.

treatment and were dissatisfied with issues relating to medication. More than 30% of participants were dissatisfied with side effects from their medication (38%), the amount of medication they were asked to take (31%) and their level of influence over treatment (30%).<sup>23</sup>

Whereas AOT participant satisfaction evaluations have generally shown high levels of satisfaction, evaluations of related programs have found that many participants have low levels of satisfaction regarding more coercive aspects of programs, specifically

regarding medication. However, given the small number of studies that have examined satisfaction for this population, it is important to continue elevating participant voices through incorporating their self-reported experiences into evaluations of program effectiveness.

## The Current Study

*Measuring Experiences: An Evaluation of AOT Participant Satisfaction* arises from Treatment Advocacy Center's Office of Research and Public Affairs' efforts to develop a survey that AOT programs can use for the collection of data on participant satisfaction. By developing this survey, the researchers hope to encourage AOT programs to collect objective data on the experiences of people currently participating in such programs. In addition to reporting on the reliability, validity and limitations of the survey, this paper explores and presents results from a pilot study of the survey in six Ohio counties.



# METHODS

## Participants

Participants were recruited through AOT programs in six counties in Ohio: Fairfield, Franklin, Mahoning, Richland, Stark and Summit. In those counties, only participants who were currently in AOT and had been in the program for six months or longer were eligible to complete the survey.

## Materials

### Survey Development

To develop a participant satisfaction survey specific for AOT programs, researchers at the Treatment Advocacy Center's Office of Research and Public Affairs examined past surveys of AOT participants. Those included

- the AOT Evaluation Client Interview Instrument used in the 2009 New York State study of Kendra's Law;<sup>24</sup>
- "perception of care" questions from SAMHSA's National Outcome Measures data collection tool;<sup>25</sup> and
- the Family Assessment of Care Survey (FACS).<sup>26</sup>

A draft AOT participant satisfaction measurement tool was reviewed by other staff at the Treatment Advocacy Center, experts in AOT services research, AOT program staff, and the Ohio AOT Monitors Group. The final survey used in this study, the Assisted Outpatient Treatment Participant Satisfaction Survey, is estimated to take 10 minutes to complete and can be found in Appendix C.

### Survey Design

The survey is designed to measure a variety of different factors related to an individual's experience in an AOT program, such as the perceived effectiveness of program components, beliefs and attitudes about the program and court order, and perceptions of procedural justice (Figure 1). The survey also asks about participants' satisfaction with the court and their treatment team. At the end of the survey, participants are asked whether they plan to continue treatment after completing AOT, and if they do not plan to continue, they are asked why.

**Figure 1. Elements of the AOT Participant Satisfaction Survey**

<b>Demographic information</b>	What is your age?
	What gender do you identify as?
	What is your ethnicity?
	Are you of Hispanic/Latino/Spanish origin?
	What is your current employment status?
<b>Participant AOT history and knowledge</b>	Have you ever participated in AOT before?
	How long have you been on this outpatient commitment order?
	What best describes your participation in treatment before the current AOT order was in place?
	Reasons for not wanting treatment in the past.
	AOT knowledge test.



<b>Individual items</b>	I like the AOT program.
	The AOT program is sensitive to my cultural background.
	In the AOT program, I feel my legal rights are protected.
	Overall, the AOT court order does not make me feel respected as a person.
	Overall, the AOT court order should be done again in the future if needed.
	Overall, the AOT court order has been for the right amount of time.
	Overall, the AOT court order makes me angry.
	In the AOT program, I have control over whether I get treatment.
	Overall, the AOT court order makes me more likely to take my medications.
	Overall, the AOT court order makes me more likely to keep my appointments.
<b>Perceived benefits of the court order scale</b>	Overall, the AOT court order helps me get and stay well.
	Overall, the AOT court order helps me gain more control over my own life.
	Overall, the AOT court order makes it more likely for me to stay out of the hospital.
<b>Court satisfaction and empowerment scale</b>	Magistrate/judge/court staff believe that I can grow, change, and recover.
	I feel comfortable voicing my thoughts and feelings with the court.
	Magistrate/judge/court staff encourage me to take responsibility for how I live my life.
	Magistrate/judge/court staff help me obtain the information I need so that I can take charge of managing my illness.
	I was given information about my rights [by the courts].
	I am satisfied with how often I meet with the magistrate/judge/court staff.
	The magistrate/judge/court staff treat me with respect.
	The magistrate/judge/court staff treat me fairly.
<b>Treatment team satisfaction and empowerment scale</b>	I have enough opportunity to tell the court what I think they need to know.
	Treatment staff believe that I can grow, change, and recover.
	I feel comfortable asking questions about my treatment and medication.
	Treatment staff encourage me to take responsibility for how I live my life.
	Treatment staff help me obtain the information I need so that I can take charge of managing my illness.
	I have been given information about my rights. [by the treatment team].
	I am satisfied with how often I meet with my treatment team.
	The treatment team treats me with respect.
	The treatment team treats me fairly.
<b>Perceived benefits of the AOT program scale</b>	I have enough opportunity to tell the treatment team what I think they need to know.
	As a direct result of AOT, I deal more effectively with daily problems.
	As a direct result of AOT, I am getting along better with my family.
	As a direct result of AOT, I do things that are more meaningful to me.
	As a direct result of AOT, I am better able to take care of myself.
<b>Plans for future treatment</b>	As a direct result of AOT, I am better able to take care of my mental health needs.
	Do you plan to continue outpatient treatment once you complete AOT?
<b>Open-response questions</b>	Reasons for not continuing outpatient treatment once your AOT order is over.
	What do you like most about the AOT process?
	What do you like least about the AOT process?
	How, if at all, has your life changed as a result of participating in AOT?
	Is there anything else about your experience with AOT that we have not covered that you want to share with us?

Many of the survey questions rely on a Likert-type scale, in which the participant is instructed to specify their level of agreement with a statement on a five-point scale, with higher scores indicating a higher level of agreement with the accompanying statement. Examples of questions for which participants rated agreement include these: “In the AOT program, I have control over whether I get treatment” and “I am satisfied with how often I meet with the judge.”

## **Procedure: Survey Distribution**

Researchers met with representatives from each participating county to develop a customized plan for administering the survey. Due to the COVID-19 pandemic, researchers had to remain flexible with survey procedures. County staff conduct in-person meetings with their AOT clients on a regular basis, but those meetings and court hearings were, at times, interrupted by a worsening of the pandemic.

The number of eligible participants from each county was determined through meetings between researchers and participating counties. Additionally, each county’s survey was modified according to the specific nomenclature of its AOT program if the program is called something other than “assisted outpatient treatment” (e.g., “involuntary outpatient commitment”).

Each county was sent packets for eligible survey participants containing the following survey materials:

- A paper copy of the satisfaction survey
- A pencil
- An information sheet explaining the survey purpose and instructions
- A return envelope with prepaid postage
- A Treatment Advocacy Center sticker
- Contact information for Treatment Advocacy Center staff
- A URL and QR code to access the online version of the survey
- Instructions on how to receive a \$20 Visa gift card upon completion of the survey

AOT program staff handed out the packets to eligible AOT participants. The staff notified participants about the survey opportunity and the \$20 gift card incentive. The \$20 gift cards were included to encourage participation and compensate participants for their time. Staff were available to answer questions or provide the participant with Treatment Advocacy Center contact information so that the researchers could respond to questions.

The AOT program staff were mailed the \$20 gift cards to provide to participants after they completed the survey. Participants also had the option to contact Treatment Advocacy Center staff directly to receive their gift card via mail or email. Only one participant chose this method.

Before they agreed to participate in the survey, participants were notified that Treatment Advocacy Center was conducting an independent satisfaction survey for research purposes and were informed that their responses would be kept confidential. They were also informed that they had the option to ask their AOT program staff for assistance in understanding or completing the survey but that this would compromise their confidentiality protections. After receiving this information, participants were able to give informed consent to participate in the study. Participants were additionally provided with mental health crisis resources if they needed them at any time during the study.

## Analysis

While some items in the survey are meant to be interpreted individually, other questions are conceptually grouped into scales relating to different measures. Participant scores on these scales are evaluated through their average score across the items that make up the scales. For example, nine questions in the survey relate to participant satisfaction with the treatment team. After determining that these items had acceptable internal reliability ( $\alpha \geq 0.7$ ), scores were averaged across the nine variables to create a single variable representing the construct of “participant satisfaction with the treatment team.” If a participant’s response for one or more variables in a scale was missing, the average was calculated using the variables in the scale that were not missing data. This survey contains a total of four scales and 10 individual items. Psychometric information about the scales, such as their internal reliability, was calculated and can be found in Appendix A.

After creating the scales, we examined descriptive statistics such as average participant responses on all scales and items. Average responses were interpreted using a Likert scale that followed 1 = strongly disagree, 2 = somewhat disagree, 3 = neutral, 4 = somewhat agree, and 5 = strongly agree. When average responses fell in between two numbers, responses were interpreted through rounding to the nearest whole number (e.g., average scores of 4.3 and 3.6 were both interpreted as an average endorsement of “somewhat agree”).

We also examined the presence of statistically significant differences between groups on all scales and items relating to participant satisfaction. We compared scores by gender, ethnicity, age, employment status, time in AOT, previous participation in AOT and plans to continue outpatient treatment after finishing AOT. T-tests were used when comparing two groups, such as when comparing the satisfaction between men and women. Due to unequal variance between groups, the Kruskal-Wallis test was used when comparing more than two groups, such as when comparing the satisfaction of people who were

employed part-time, employed full-time, not seeking employment or looking for a job. Groups that contained less than three participants were excluded from analysis.

We compared scores by gender, ethnicity, age, employment status, time in AOT, previous participation in AOT and plans to continue outpatient treatment after finishing AOT.

We also explored the presence of statistically significant relationships between variables. Due to the interval scale of the Likert-type survey items, we used the nonparametric Spearman’s correlation test to detect the presence of significant relationships. When

relationships were statistically significant, correlation coefficients were interpreted using the following scale:  $\rho \leq |0.2|$  = weak relationship;  $|0.2| < \rho \leq |0.45|$  = moderately weak relationship;  $|0.45| < \rho \leq |0.65|$  = moderate relationship;  $|0.65| < \rho \leq |0.8|$  = moderately strong relationship; and  $|0.8| < \rho$  = strong relationship.

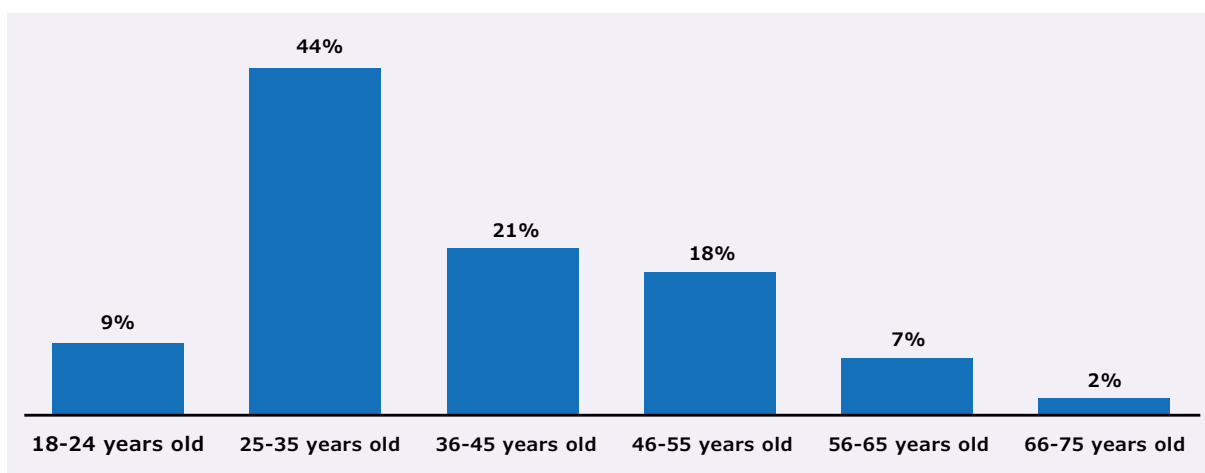
Finally, a team of researchers coded open-response questions into categories representing dominant themes. In such open-response questions, participants were asked to respond to several questions in as many or as few words as they wanted. Responses were categorized into themes using a grounded theory approach. In such an approach, categories are developed from commonly mentioned phrases and themes in participant responses instead of through categorizing data based on preexisting theories or ideas. As such, participants could write responses that fit in several categories. For example, in response to the question “What do you like most about the AOT process?” participants who reported liking both their treatment team and the impact of the AOT program on their well-being were counted in two categories.

# RESULTS

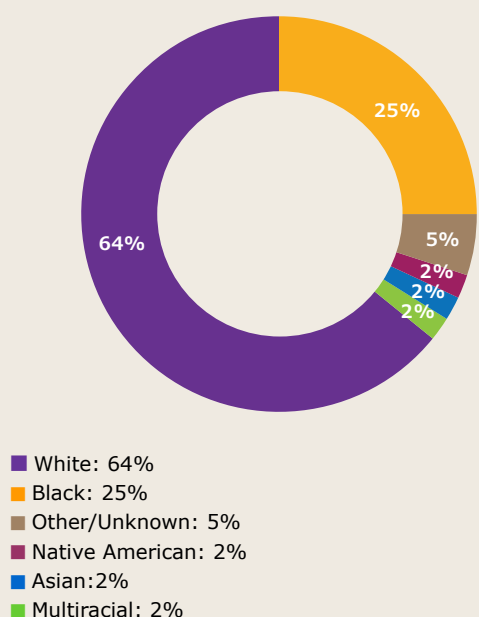
## Sample Demographics

Out of 93 surveys distributed to six counties, 57 people participated in this study — a response rate of 61%. The sample was 57% male and 43% female, and the majority of participants (65%) were between 25 and 45 years of age (Figure 2). Participants primarily reported being white (64%) or Black (25%) (Figure 3) and were also mostly non-Hispanic (96%). In terms of employment status, 19% of participants were employed full-time or part-time, 29% were seeking employment, and 27% were not seeking employment (Figure 4). Overall, our sample demographics were representative of Ohio’s public mental health system (Appendix B). One exception to this was the percentage of participants employed, which was notably smaller in our sample (19%) than in Ohio’s public mental health system (27%).

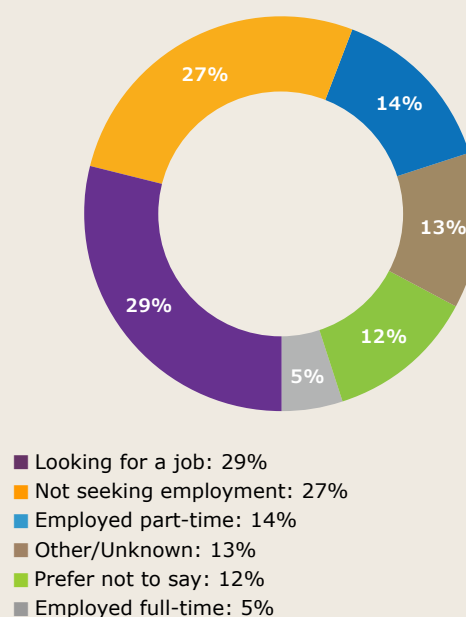
**Figure 2. Distribution of self-reported participant ages**



**Figure 3. Participant self-reported race/ethnicity**



**Figure 4. Participant self-reported employment status**

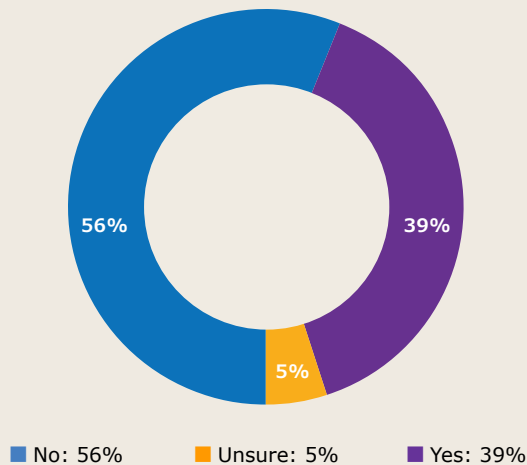


### *Mental Health Service History Prior to AOT*

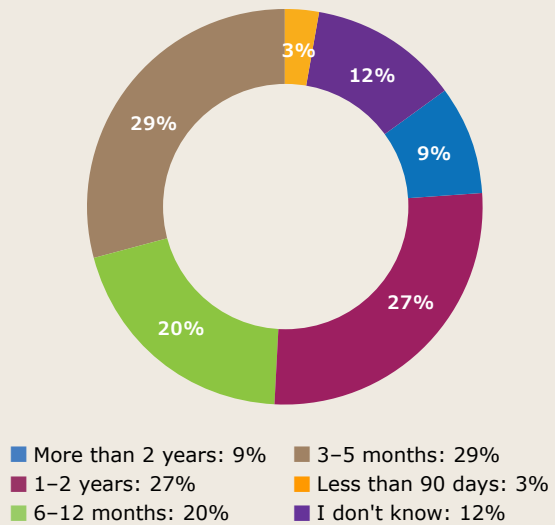
Although more than half (56%) of participants reported not having previously participated in an AOT program, a sizable percentage of the sample (39%) said they had previously participated in AOT (Figure 5).

Most participants indicated that they had been in the AOT program for six months to two years. However, one-third of participants self-reported that they had been under an AOT court order for less than six months (Figure 6).

**Figure 5. Participant responses to the question “Have you ever participated in AOT before?”**

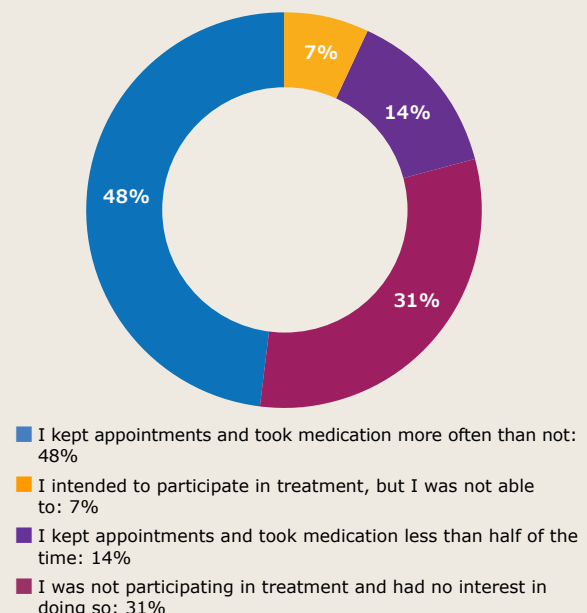


**Figure 6. Participant's self-reported duration of time under AOT court order**



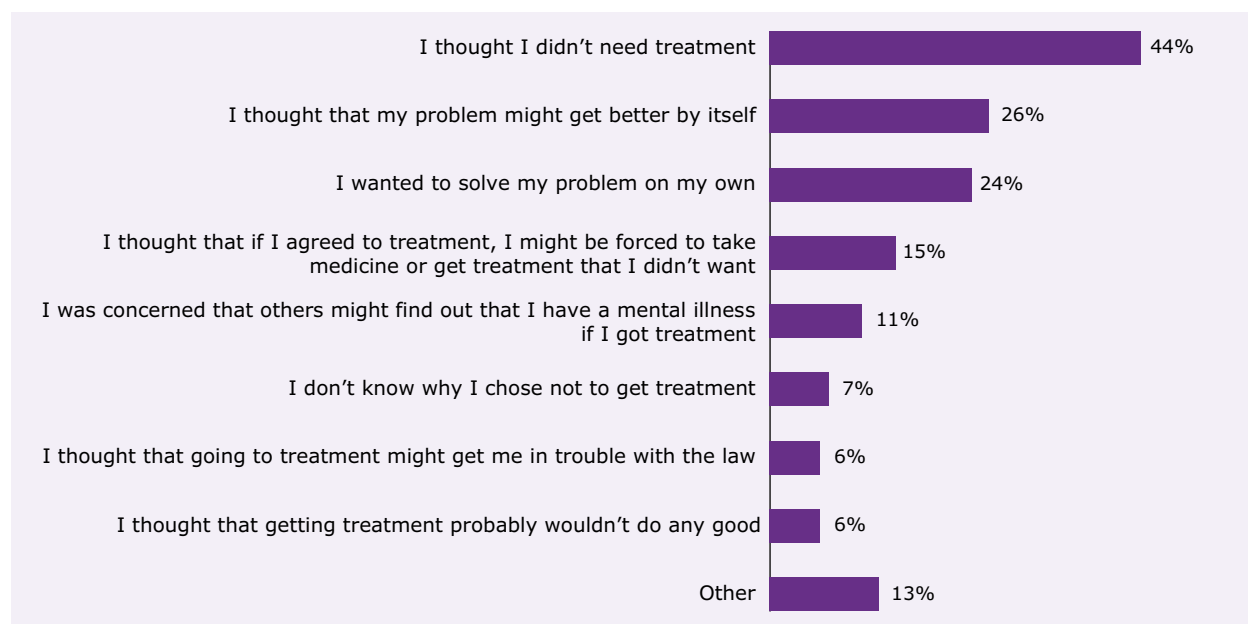
Participants were also asked about their engagement with treatment prior to beginning the AOT program. Almost half of participants (48%) reported that before entering AOT they “kept appointments and took medication more often than not.” The next largest response category was “I was not participating in treatment and had no interest in doing so” (31%) (Figure 7).

**Figure 7. Participants' responses to the question “What best describes your participation in treatment before the current AOT order was in place?”**



Participants were also asked to identify reasons for not wanting treatment in the past from a list of nine reasons and were instructed to select all reasons that applied to them. The three most common reasons for not wanting treatment in the past were “I thought I didn’t need treatment” (44%), “I thought my problem might get better by itself” (26%), and “I wanted to solve my problem on my own” (24%) (Figure 8).

**Figure 8. Participants’ reasons for not engaging in treatment in the past** (N=54)



#### *How Knowledgeable Are Participants about the AOT Program?*

Participants were generally very knowledgeable about the AOT program. The average score on the AOT knowledge questions was 91% (7.25 items correct out of 8 total) with a median score of 100% (8 out of 8 items answered correctly).

### **Participant Satisfaction with the AOT Program**

Measuring participant satisfaction helps to form a broader picture of the impact AOT has on improving outcomes for individuals enrolled. Hearing directly from participants about their experiences provides program staff with important information on how a program is working and can help inform whether any changes are needed.

To measure participant satisfaction with the AOT program, participants were asked to select their level of agreement with a variety of different statements relating to different aspects of the program.

#### *Experiences with the Treatment Team and the Courts*

A total of 18 questions measured participants’ experiences with the treatment team and the courts. For example, some questions measured satisfaction, such as “I am satisfied with how often I met with my treatment team,” and some measured empowerment, such as “I feel comfortable voicing my thoughts and feelings with the court.” The survey measured satisfaction with the courts and treatment teams separately to determine which aspects of the AOT program may be having the most impact on participant experiences and outcomes. For example, participants with a traumatic history of criminal justice involvement may feel discomfort around the courts that is not present around the treatment team. Similarly, because AOT participants have a documented history of difficulty with treatment adherence, they may have a higher satisfaction with the program because of the court’s involvement.

For analysis, responses to each of the nine statements regarding participants' satisfaction and empowerment with regard to the courts and treatment teams were combined into two separate scales: overall participant satisfaction with the treatment team and overall participant satisfaction with the courts (see Appendix A for more information).

Overall, the survey found high levels of satisfaction and empowerment with regard to the treatment team and the courts:

- 80% of participants agreed that they were satisfied with their treatment team.
- 75% of participants agreed that they were satisfied with the courts.
- The average participant somewhat agreed that they were satisfied with their treatment team and the courts.

When examining between-group differences in overall satisfaction with the treatment teams and the courts, we find only one meaningful statistically significant result: Black participants were more satisfied with their treatment team and the courts than white participants (Figure 9).

**Figure 9. Average agreement with statements related to satisfaction with the treatment team and the courts**

	Black participants (N = 13)	White participants (N = 35)	All participants (N = 57)
Satisfaction with the treatment team	4.7 Strongly Agree	4.0 Somewhat agree	4.1 Somewhat agree
Satisfaction with the courts	4.6 Strongly Agree	4.0 Somewhat agree	4.0 Somewhat agree

### ***Perceived Benefits of the AOT Court Order and the AOT Program***

*Perceived benefits* are an individual's beliefs about positive outcomes associated with their participation in an AOT program, and they can help us gauge whether, and to what extent, participants feel they are benefiting from such a program.

Participants were asked three questions about perceived benefits of the court order — such as, for example, "Overall, the AOT court order helps me get and stay well." Participants were also asked five questions about perceived benefits of the AOT program — such as, for example, "As a direct result of AOT, I am better able to take care of myself." Participants were asked about the benefits they got from the AOT program and court order separately to determine whether participants perceive a unique value of a court order in addition to the benefits they ascribe to treatment services.

Overall, a large percentage of participants agreed that they got benefits from the AOT court order and the AOT program:

- 74% of participants agreed that they received benefits from the court order.
- 70% agreed that they received benefits from the AOT program.
- The average AOT participant somewhat agreed that they received benefits from the court order and the AOT program.



The only meaningful, statistically significant difference in perception of benefits between groups is between Black participants and white participants: Black participants agreed that they received benefits from the court order more strongly than white participants (Figure 10). However, no differences are seen between any groups in terms of the perceived benefits of the AOT program.

**Figure 10. Average agreement with statements related to perceived benefits of the AOT court order and AOT program**

	Black participants (N = 13)	White participants (N = 35)	All participants (N = 57)
Perceived benefits of the AOT program	4.0 Somewhat Agree	3.8 Somewhat agree	3.9 Somewhat agree
Perceived benefits of the court order	4.6 Strongly Agree	4.0 Somewhat agree	4.0 Somewhat agree

### *Impact on Treatment Adherence*

Participants were asked about the court order’s impact on their treatment adherence. Such questions were conceptualized separately from perceived benefits of the court order because not all participants may view increased treatment adherence as a benefit of the AOT program. For example, participants who have been ordered into treatment may be upset by a court order’s requirement to attend multiple appointments with the court or health care professionals.

To measure the AOT court order’s impact on treatment adherence, participants were asked to rate their agreement with three questions: “In the AOT program, I have control over whether I get treatment”; “Overall, the AOT court order makes me more likely to take my medications”; and “Overall, the AOT court order makes me more likely to keep my appointments.” Asking about participants’ perceptions of control over their treatment can reveal important information about individuals’ perceived empowerment and the pressures they feel to adhere to treatment. On the other hand, asking about changes in the likelihood of keeping appointments and taking medication can reveal participants’ perceptions of the impact of AOT on treatment adherence.

Overall, participants agreed that the AOT court order helped them adhere to their treatment plan:

- 78% of participants agreed that the AOT court order made them more likely to keep appointments.
- 65% of participants agreed that the AOT court order made them more likely to take their medications.

Only 45% of participants agreed that they had control over whether they received treatment. The average participant neither agreed nor disagreed (3.1) that they had control over whether they received treatment.

With regard to treatment adherence, the only meaningful, statistically significant difference in perceived benefits between groups occurred between Black participants and white participants: Black participants strongly agreed that the AOT court order made them more likely to keep appointments and take medications, while white participants only somewhat agreed with those statements (Figure 11). The results showed no differences between groups in terms of feelings of control over receiving treatment.

**Figure 11. Average agreement with statements related to the AOT court order's impact on treatment adherence**

	Black participants (N = 13)	White participants (N = 35)	All participants (N = 57)
The AOT court order makes me more likely to take medications	4.8 Strongly Agree	3.7 Somewhat agree	3.9 Somewhat agree
The AOT court order makes me more likely to keep appointments	4.7 Strongly Agree	3.7 Somewhat agree	4.0 Somewhat agree

### *Procedural Justice and General Feelings toward the AOT Program*

For our purposes the term *procedural justice* refers to feelings about the fairness of the legal process. Previous research suggests that participants' feelings with regard to procedural justice have more to do with the perceived coerciveness of a program than with the program's legal status (e.g., criminal or civil).<sup>27</sup> This is a basis of therapeutic jurisprudence theories for therapeutic courts, such as mental health courts, in which "judges who actively and respectfully engage with mental health court participants by giving voice, validation, respect, and fairness may affect perceptions of case managers and participants' overall beliefs about the benefit of the program."<sup>28</sup>

To measure procedural justice in an AOT program, we asked participants to rate their agreement with two statements: "In the AOT program, I feel my legal rights are protected" and "Overall, the AOT court order has been for the right amount of time."

Participants agreed that their legal rights were protected in the AOT program but were neutral (i.e., neither agreed nor disagreed) toward the idea that their court order had been for the right amount of time:

- 60% of participants agreed their legal rights were protected in the AOT program.
- The average participant somewhat agreed (3.7) that their legal rights were protected in the AOT program.
- 49% of participants agreed that the AOT court order had been for the right amount of time.
- The average participant neither agreed nor disagreed (3.3) that their court order had been for the right amount of time.

Participants were asked several additional questions about their feelings toward the AOT program that do not fit in a larger scale but measure aspects of perceived coercion, procedural justice, perceived benefits of the program and general satisfaction. On most of these questions, participants gave neutral answers:

- 51% of participants agreed with the statement "I like the AOT program."
- 49% of participants agreed that the AOT program was sensitive to their cultural background.
- 35% of participants agreed that the AOT court order should be done again if needed.

This section also included several negatively worded questions. On these questions, lower scores indicated higher feelings of satisfaction. On average, participants somewhat disagreed that the AOT court order made them feel disrespected or angry:

- 50% of participants disagreed that the AOT court order made them feel angry.
- 54% of participants disagreed that the AOT court order made them feel disrespected.

## Relationships between Measures of Satisfaction

Examining relationships between variables can tell us important information about the extent to which different elements of the AOT program affect satisfaction. For example, the presence of a statistically significant relationship between procedural justice and liking the AOT program may indicate that people who experience more procedural justice in AOT programs like the program more. On the other hand, the absence of a statistically significant relationship between perceived cultural sensitivity and liking the AOT program would indicate that no relationship exists between the amount of cultural sensitivity an individual perceives and the extent to which they like the AOT program. In this section, we examine relationships between endorsement of the statements “I like the AOT program” and “The AOT court order should be done again in the future if needed” and all other items and scales in the AOT Participant Satisfaction Survey.

### Predictors of “I like the AOT program”

In general, participants who more strongly endorsed ...

- that their AOT court order had been for the right amount of time
- that the AOT court order should be done again if needed
- that their legal rights were protected in the AOT program
- that they were satisfied with and empowered by their treatment team and the courts
- that the AOT court order made them more likely to take medications and keep appointments
- and that they received benefits from the court order and the AOT program

... were moderately more likely to strongly endorse the statement **“I like the AOT program”** (Figure 12).

**Figure 12. Correlations between “I like the AOT program” and other variables from the AOT Participant Satisfaction Survey**

Correlations between “I like the AOT program” and Other Variables	Strength of Relationship	Strength of Relationship (Numeric)	Statistically Significant Relationship? (** p < 0.01, * p < 0.05)
Overall, the AOT court order has been for the right amount of time.	Moderately strong	0.76	Yes**
In the AOT program, I feel my legal rights are protected.	Moderate	0.64	Yes**
Satisfaction from the courts scale	Moderate	0.62	Yes**
Overall, the AOT court order should be done again in the future if needed.	Moderate	0.62	Yes**
Overall, the AOT court order makes me more likely to keep my appointments.	Moderate	0.60	Yes**
Overall, the AOT court order makes me more likely to take my medications.	Moderate	0.59	Yes**
Satisfaction from the treatment team scale	Moderate	0.57	Yes**
In the AOT program, I have control over whether I get treatment.	Moderate	0.54	Yes**
Perceived benefits of assisted outpatient treatment scale	Moderate	0.54	Yes**
Perceived benefits of the court order scale	Moderate	0.52	Yes**
Overall, the AOT court order makes me angry.	Moderately small, Negative <sup>a</sup>	–0.39	Yes**
The AOT program is sensitive to my cultural background.	Moderately small	0.36	Yes*
Overall, the AOT court order does not make me feel respected as a person.	No relationship	–0.11	No

<sup>a</sup> A negative relationship indicates that people who more strongly endorse the statement “Overall, the AOT court order makes me angry” were less likely to strongly endorse the statement “I like the AOT program.”

### *Predictors of “The AOT court order should be done again in the future if needed”*

In general, participants who more strongly endorsed ...

- liking the AOT program
- that their court order had been for the right amount of time
- and that they were satisfied and empowered by the courts

... were moderately more likely to strongly endorse that **“The AOT court order should be done again in the future if needed”** (Figure 13).

**Figure 13. Correlations between “Overall, the AOT court order should be done again in the future if needed” and other variables from the AOT Participant Satisfaction Survey**

Correlations between “Overall, the AOT court order should be done again in the future if needed” and Other Variables	Strength of Relationship	Strength of Relationship (Numeric)	Statistically Significant Relationship? (** p < 0.01, * p < 0.05)
I like the AOT program.	Moderate	0.62	Yes**
Overall, the AOT court order has been for the right amount of time.	Moderate	0.57	Yes**
Satisfaction from the courts scale	Moderate	0.48	Yes**
In the AOT program, I feel my legal rights are protected.	Moderately small	0.45	Yes**
Overall, the AOT court order makes me more likely to keep my appointments.	Moderately small	0.44	Yes**
Satisfaction from the treatment team scale	Moderately small	0.42	Yes**
Perceived benefits of the court order scale	Moderately small	0.40	Yes**
Perceived benefits of assisted outpatient treatment scale	Moderately small	0.40	Yes**
The AOT program is sensitive to my cultural background.	Moderately small	0.35	Yes*
Overall, the AOT court order makes me more likely to take my medications.	Moderately small	0.31	Yes*
In the AOT program, I have control over whether I get treatment.	Small	0.28	Yes*
Overall, the AOT court order does not make me feel respected as a person.	No relationship	0.04	No
Overall, the AOT court order makes me angry.	No relationship	−0.24	No

## **Findings from Open-Response Questions**

In addition to questions that had participants select the answer that best represented their feelings, participants were asked several open-response questions. Asking open-response questions gives participants an opportunity to use their own words to share their experiences and can provide a more thorough picture of participant feelings toward aspects of an AOT program. Written responses to these questions were coded into thematic categories for this analysis.

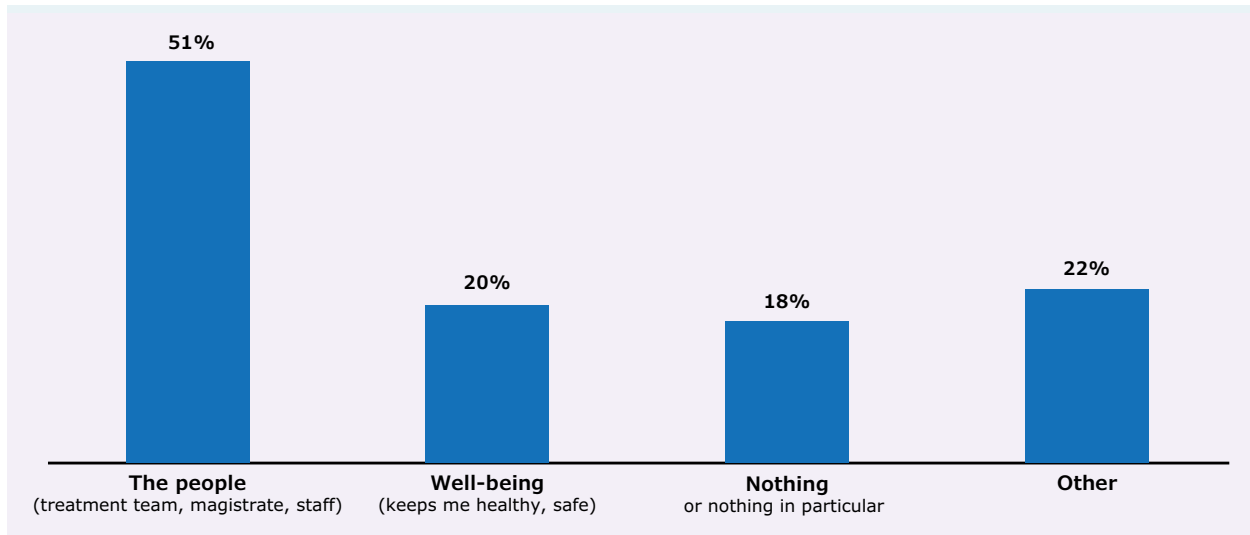
### *“What do you like most about the AOT process?”*

The responses from participants describing what they liked *best* about the AOT process most often fell into the category “the people” (Figure 14). For some, this meant their treatment team and/or the courts, as described by one respondent who said they liked most the “Friendliness of staff and judge. ... Free to express feelings and concerns and confidence AOT will help solve the issues.”

In the next most prominent category of responses to this question, participants reported liking that the AOT process kept them healthy and safe, as described by participants who said “Keeps me out of the hospital” or “Keeps me safe.”

**Figure 14. Themes of responses to the question “What do you like most about the AOT process?”**

(N = 49)

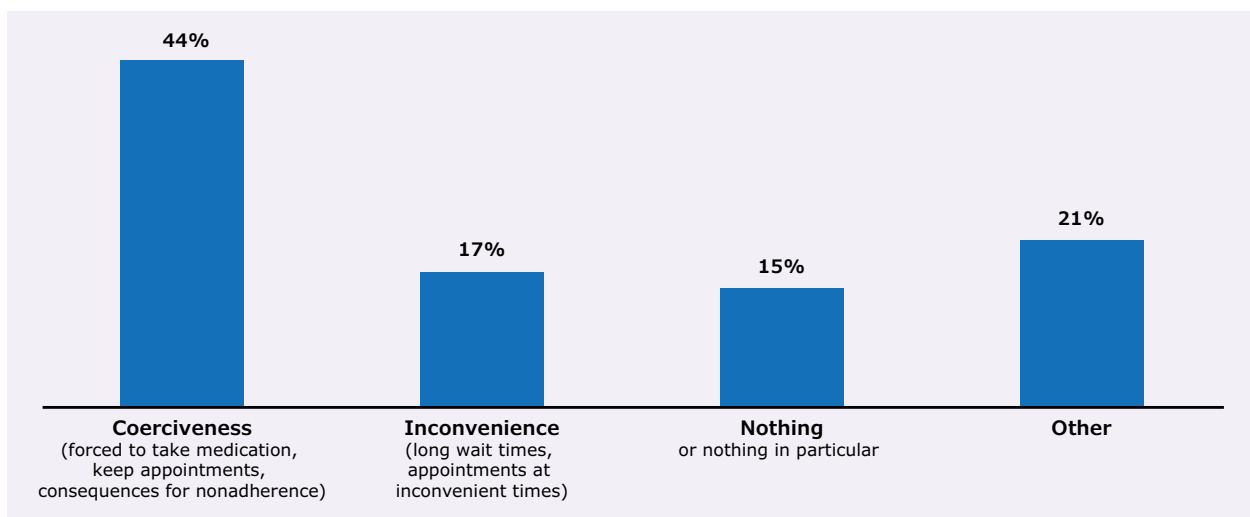


***“What do you like least about the AOT process?”***

In response to the question about what they liked *least* about the AOT program, participants most often cited its coerciveness (Figure 15). When describing aspects of coerciveness, some participants described disliking the need to take medications, as evidenced by one participant who said “I don’t like the ... medi[ca]tion side effects.” Other participants disliked the need to attend appointments and the consequences of failing to attend appointments, as seen in answers such as these: “I don’t really care for all of the court visits” and “If the[re] is a misunderstanding in making a court appointment they arrest people.”

After coerciveness, the next most frequent category of answers to this question centered on inconvenience. Participants reported disliking the inconvenience of appointment times or the length of appointments — as evidenced by answers such as “waiting for your appointments” and “early mornings.”

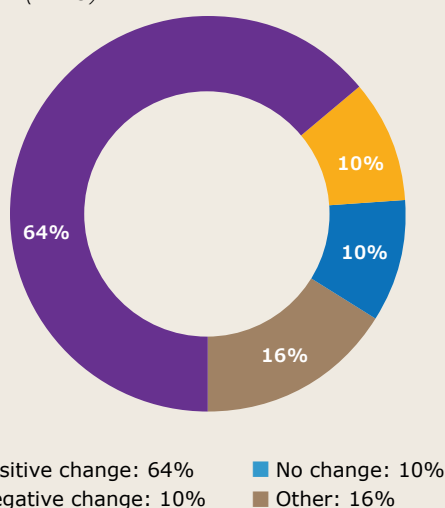
**Figure 15. Themes of responses to the question “What do you like the least about the AOT process?”** (N = 46)



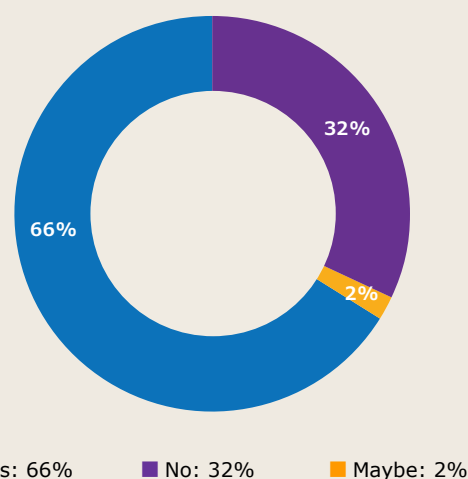
***“How, if at all, has your life changed as a result of participating in AOT?”***

A clear majority of AOT participants in this research study reported that AOT had had a positive effect on their life (Figure 16). Responses in this vein included “I am working now at a job,” “My mental health is much more under control,” and “I think that my family trusts me more versus if I didn’t attend.” Only 10% of participants reported that AOT had caused a negative change to their life. For example, one participant said, “I am more exhausted due to all the appointments.” There were also some participants who reported that AOT had had no impact on their life, such as participants who wrote “N/A” or “It hasn’t” in response to this question.

**Figure 16. Themes of responses to the question “How, if at all, has your life changed as a result of participating in AOT?” (N=49)**



**Figure 17. Participants’ responses to the question “Do you plan to continue outpatient treatment once you complete AOT?”**



**Figure 18. Participants’ reasons for not wanting to continue outpatient treatment after AOT (N=16)**



### Participants' Plans for Future Treatment

When asked about plans for future treatment, most participants (66%) said that they planned to continue treatment following the completion of AOT (Figure 17). For the 32% who said they did not plan to continue treatment following the completion of AOT, the most cited reasons were "I don't need treatment" (50%) and "I want to solve the problem on my own" (31%) (Figure 18).

### Differences in Satisfaction by Plans to Continue Outpatient Treatment

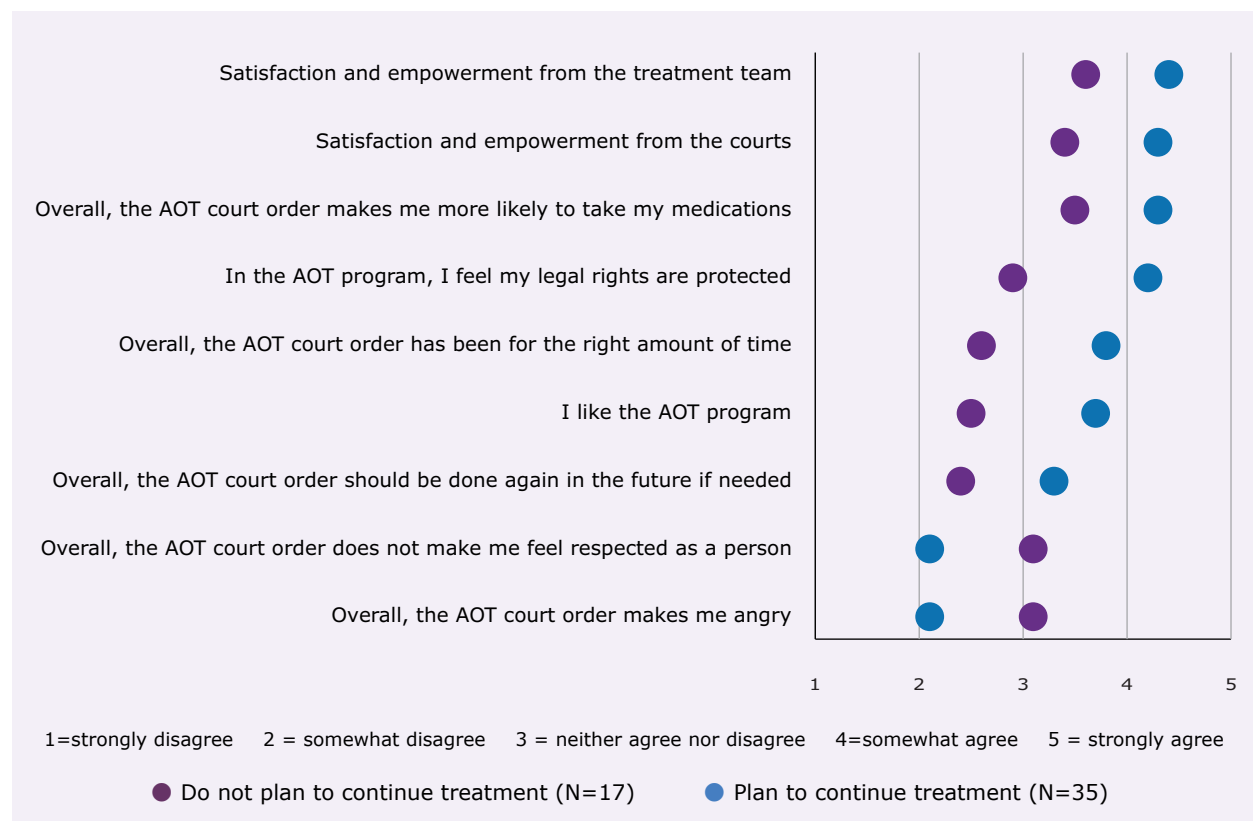
An important goal of AOT is engaging participants in treatment in such a way that they continue adhering to treatment once the court order has expired and their involvement in the program is finished. Therefore, it is critical to examine factors that make one more likely to continue in outpatient treatment. People who did not plan to continue outpatient treatment following the end of AOT reported lower levels of satisfaction with their treatment team and the courts. Specifically, people who planned to discontinue outpatient treatment were less likely to agree

- that they were satisfied by the treatment team and the courts,
- that the AOT court order made them more likely to take medications,
- that their legal rights were protected,
- that their court order had been for the right amount of time,
- that they liked the AOT program, and
- that the court order should be done again if needed.

They were also more likely to agree that

- the court order made them feel disrespected and angry.

**Figure 19. Significant differences in satisfaction between people who do and do not plan to continue outpatient treatment**





## DISCUSSION

Overall, results of the pilot study show that AOT participants were satisfied with the AOT program. Participants were satisfied with their treatment team and the courts, felt empowered by the people involved in helping them stay well, and felt that they received benefits from both the court order and the AOT program. These results align with results observed from other satisfaction surveys, such as the 2018 SAMHSA evaluation<sup>29</sup> and the 2009 Kendra's Law evaluation<sup>30</sup> of AOT.

Overall, results of the pilot study show that AOT participants were satisfied with the AOT program.

At least 45% of the sample agreed to some extent that they were satisfied with most aspects of AOT that were included in the AOT Participant Satisfaction Survey. Agreement was particularly high for satisfaction with the treatment team (80%) and the courts (75%), as well as for perceived benefits of the court order (74%) and the AOT program (70%).

The one measure of satisfaction for which agreement was notably lower was the statement that the court order should be done again if needed, as only 35% of participants agreed with that statement. That finding is somewhat surprising given the comparatively high percentages of participants who reported liking the AOT program, being satisfied with their treatment staff, and receiving benefits from the program. However, for many participants, the involuntary nature and coerciveness of the program was an aspect of AOT they liked the least, likely contributing to these results. This idea is bolstered by the finding that people who perceived a greater degree of procedural justice were more likely to agree that the court order should be done again in the future if needed. Further research can help us determine what factors may contribute to a person's willingness to participate again in an AOT program if warranted.

### Higher Levels of Satisfaction among Black Participants

Notably, higher levels of satisfaction were reported by Black survey participants on several measures. Overall, most groups of participants indicated similar levels of satisfaction. We compared scores by gender, ethnicity, age, employment status, time in AOT, and previous participation in AOT, but found no statistically significant, meaningful differences outside of the comparatively higher levels of satisfaction reported by Black participants. The difference is especially noteworthy given past research that indicates Black Americans may be more likely than white Americans to be given an AOT court order in some states, although that finding has been disputed due to the overrepresentation of Black individuals in the public mental health system generally.<sup>31</sup> However, this result suggests that Black Americans may perceive more benefits from the AOT process than their white peers.

Additionally, Black individuals with untreated serious mental illness are more likely to have encounters with the criminal justice system than white individuals with serious mental illness.<sup>32</sup> Although one might expect such past negative experiences to result in lower satisfaction with the courts, that was not the case in this study. The findings of greater satisfaction among Black participants may be because Black Americans with serious mental illness generally have fewer resources available to them due to systemic inequities. For example, one study found that Black Americans with serious mental illness are 2.8 times more likely to live in poverty and 1.6 times more likely to be unemployed than white Americans with serious mental illness.<sup>33</sup> In addition to having fewer resources available to them, Black participants have been less likely than white participants to voluntarily seek treatment in the past due to perceived stigma associated with mental illness.<sup>34</sup> Because of such barriers, Black participants may have been more likely

to benefit from the resources and services provided by the AOT program and therefore more satisfied with the experience.

However, it is important to note that both Black and white participants agreed they were satisfied with most aspects of the AOT program. Where there were statistically significant differences in satisfaction, Black participants more strongly agreed that they were satisfied with aspects of the program, but white participants still somewhat agreed that they were satisfied.

## Reasons for Not Continuing in Outpatient Treatment

Approximately a third of participants did not plan to continue outpatient treatment after the expiration of their court order. Helping participants to understand their need for treatment and encouraging participants to continue in treatment after the court order expires are goals of an AOT program. Accordingly, we should seek to understand the reasons underlying an individual's decision not to pursue treatment following the end of the AOT court order.

*Anosognosia* is a symptom of severe mental illness that is characterized by lack of insight into aspects of one's illness and is a major reason why someone with severe mental illness may refuse treatment. Approximately half of individuals with severe mental illness have anosognosia,<sup>35</sup> and similarly, in our sample, approximately half of participants not planning to continue with outpatient treatment reported it was because they "don't need treatment."

Approximately a third of participants who planned to discontinue outpatient treatment gave the rationale that they wanted to solve their problem on their own. This finding may point to the importance of

These findings point to the importance of people, relationship building and engagement in the AOT experience.

relationship building in helping people in AOT accept treatment. In open-response questions, more than half of participants said that the people (e.g., their treatment team, the magistrate, etc.) were what they liked most about the AOT program. People who planned to discontinue outpatient treatment were also significantly less satisfied with their treatment team

and the courts than people who did plan to continue in outpatient treatment. Taken together, these findings point to the importance of people, relationship building and engagement in the AOT experience.

## Coerciveness and Satisfaction in Assistant Outpatient Treatment

One goal of an AOT program is to help people who have a history of treatment noncompliance adhere to their treatment plan. While AOT has been shown to reduce hospitalizations, decrease the likelihood of arrest and improve community functioning among participants, the emotional impact of being coerced to accept treatment should also be considered when evaluating AOT participants' satisfaction.

Being coerced to accept treatment is something that several participants disliked about the AOT program. When asked what they liked least about the AOT program in open-response questions, more than 40% of participants said they disliked the coerciveness of the program. That coerciveness included being ordered by the court to take medications and attend appointments.\* However, only 35% of participants disagreed that they had control over whether they received treatment in the AOT program. Additionally, participants who agreed more strongly with measures of coercion, such as that the AOT program helped them take medications and keep appointments, were more likely to agree that they liked the AOT program.

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\* An AOT court order does not allow for forcibly administered medications.

Taken together, these findings point to a complex relationship between coercion and satisfaction with the AOT program. On the one hand, participants reported disliking coercive aspects of the program. On the other hand, outcomes of AOT's coerciveness, such as being more likely to take medications and keep appointments, are associated with liking the AOT program. Because

Taken together, these findings point to a complex relationship between coercion and satisfaction with the AOT program.

this study asked only one question to directly measure participant perception of coerciveness, further research focusing more broadly or in greater depth on participant perception of coerciveness may be useful in determining the relationship between coerciveness and satisfaction in AOT.

## Limitations

We note several limitations to the study that may have an impact on the accuracy and reproducibility of the results. Such limitations largely fall within two major realms: the impact of the COVID-19 pandemic and problems with the accuracy of self-reported data.

### *COVID-19 Complications*

Data collection for the survey occurred between October 2021 and April 2022, when many in-person court dates and meetings were cancelled due to the omicron wave of the COVID-19 pandemic. Accordingly, while Treatment Advocacy Center staff originally planned to do in-person data collection where possible, continuing pandemic-related conditions made that impossible. Therefore, researchers needed to rely on AOT staff, monitors and case managers to distribute surveys and gift cards, as well as to answer questions that participants had about the survey. While the researchers are incredibly grateful for the help provided, they also recognize how this could have skewed results in a positive direction. In other words, participants may have given more positive feedback than they otherwise would have because they felt uncomfortable sharing negative thoughts about the program with people affiliated with the program. When researchers asked AOT program staff for thoughts about this new procedure, staff said they did not think this data collection method would influence the validity of results because their clients have always been extremely open with sharing their thoughts on the program in the past. In two counties, the researchers partnered with the local National Alliance on Mental Illness affiliate to administer the surveys to participants. This aided in reducing any bias in the results.

Our inability to administer surveys in person additionally raises some questions about attrition with regard to survey takers. Because programs handled the distribution of the survey, differences between those who chose to participate and those who declined are not known. For example, it may have been the case that those who declined to participate were less likely to be satisfied with the program. However, it may also have been the case that those who declined to participate did so because they were neutral toward the program and did not feel the need to share their input. However, the high response rate the study (61%) does suggest a sample that is likely representative of people in AOT. The sample's representativeness is further supported by the finding that sample demographics were overall representative of the Ohio public mental health system. The one exception to that was the percentage of employed participants, which was smaller in our sample (19%) than in the Ohio public mental health system (27%). However, that lower percentage likely speaks to the comparatively lower community-functioning skills of people who have been ordered by the court into treatment through AOT as compared with those who voluntarily enroll themselves in treatment services.

### *Staff Turnover Rates*

AOT programs in several counties experienced large staff turnover, which had an impact on the consistency and reliability of the survey process. These changes were aligned with the high turnover rates in the health care field generally during this time due to increased workload and burnout caused by COVID-19. For example, one county could not be included in this project due to high turnover and new staff being unable to complete deliverables under the original agreement.

### *Limitations of Self-Reported Data*

Limitations exist due to the self-reported nature of the data. The most glaring example is that 32% of participants reported being in AOT for less than six months when AOT staff had been instructed to only give surveys to those who had been in AOT for longer than six months. Another example is that 48% of participants reported that they kept appointments and took medication more often than not before beginning AOT. That is likely not the case given that to be enrolled in AOT, participants typically must have an extensive history of treatment noncompliance. These contradictions may be present because some participants were very symptomatic when they were enrolled in AOT, which may have affected their ability to accurately remember their enrollment date in AOT and/or the duration of time in the program. It is additionally worth noting that people with severe mental illness often have issues with memory and cognition that can affect the accuracy of responses as well as the extent of comprehension of questions being asked.

## **CONCLUSION**

Although the results of this pilot study are promising, it is critical that AOT programs continue collecting data on participant satisfaction in addition to detailed outcome data. Only by doing so can programs determine whether AOT is having the desired effect for participants. Additionally, data collection and evaluation can be useful for identifying areas of improvement and for generating interest in and understanding of AOT. Below are some examples of program improvements that could be made, based on our findings:

- Shared decision-making is an emerging best practice in providing mental health care that aims to empower individuals to work with their treatment provider and find the best treatment plan.<sup>36</sup> Shared decision-making practices can be incorporated into AOT programs to help participants feel more engaged in decisions about their individual treatment plan and their involvement in the program.
- Relationship building is an essential aspect of engaging people with severe mental illness in treatment, especially with those who experience anosognosia, or lack insight into their illness.<sup>37</sup> The importance of relationships in AOT programs was also apparent in the results of this study, where participants overwhelmingly said that the aspect of the program they most liked was the people. Programs can emphasize relationship building among the AOT participant, the treatment team, the court and the legal teams plus other key stakeholders to encourage participant engagement in treatment and satisfaction with the program.
- Participants also reported disliking inconvenient appointment times and having to wait for appointments in the AOT program. Addressing those parts of an AOT program may be a relatively easy and comparatively low-cost way to improve participant satisfaction.

For those interested in beginning or supplementing existing data collection methods, the [Assisted Outpatient Treatment Participant Satisfaction Survey](#) developed by Treatment Advocacy Center's Office of Research and Public Affairs is a free, user-friendly tool that is available for all.

## APPENDIX A:

### The AOT Participant Satisfaction Survey Reliability

To evaluate the Assisted Outpatient Treatment Participant Satisfaction Survey instrument, we first examined the internal reliability of each scale as indicated by the scale's Cronbach's alpha, which we refer to simply as "alpha." An alpha can range from 0 to 1, with scores closer to 1 indicating that the questions in this scale are all closely related. We consider alphas that are greater than 0.7 to be acceptable, greater than 0.8 to be good, and greater than 0.9 to be very good.

**Table A1. Internal reliability of the AOT Participant Satisfaction Survey subscales**

Scale	Alpha	Number of Questions
Satisfaction and empowerment from the treatment team	0.95	9
Satisfaction with and empowerment from the courts	0.94	9
Perceived benefits of assisted outpatient treatment	0.80	5
Perceived benefits of the court order	0.79	3

We then conducted factor analysis on each scale to determine whether each scale represented only one concept. We wanted to look at this because if, for example, our analysis revealed that the questions meant to measure only "perceived benefits of the court order" were suited better to two scales than one, we would need to reevaluate the groupings of these questions. The results of our analysis suggest that the scales all measure only one concept, which supports the use of these scales for analysis.

We also examined the loadings of each question on the scale. Factor analysis additionally allows us to see loadings that represent how well each variable fits the scale as a whole. Loadings can range from -1 to 1. For the purposes of our analysis, we would consider removing a question from a scale before analysis if it had a loading that was negative or close to 0.

All variables in all scales had loadings of greater than 0.4, so we proceeded with these scales as they were designed. However, one variable had a comparatively lower loading and we want to highlight it for researchers who may desire to use this scale in their own research:

"As a direct result of AOT, I am getting along better with my family" fit the perceived benefits of the AOT program scale comparatively less well than other questions (loading = 0.44). The average endorsement of getting along better with family was lower than statements like "As a direct result of AOT, I am better able to take care of myself" and "As a direct result of AOT, I do things that are more meaningful to me." Conceptually, it may make sense that people's relationship with their families are less affected by the AOT program than other measures of well-being such as being better able to take care of one's mental health needs. Accordingly, future researchers may wish to remove this item from the perceived benefits of the AOT program scale.

**Table A2. Factor loadings of the court satisfaction and empowerment scale****Court Satisfaction and Empowerment**

Magistrate/judge/court staff encourage me to take responsibility for how I live my life.	0.94
Magistrate/judge/court staff help me obtain the information I need so that I can take charge of managing my illness.	0.90
The magistrate/judge/court staff treat me fairly.	0.90
The magistrate/judge/court staff treat me with respect.	0.89
I have enough opportunity to tell the court what I think they need to know.	0.87
I am satisfied with how often I meet with the magistrate/judge/court staff.	0.82
I feel comfortable voicing my thoughts and feelings with the court.	0.80
Magistrate/judge/court staff believe that I can grow, change, and recover.	0.63
I was given information about my rights [from the magistrate/judge/court].	0.55

**Table A3. Factor loadings of the treatment team satisfaction and empowerment scale****Treatment Team Satisfaction and Empowerment**

The treatment team treats me with respect.	0.93
Treatment staff help me obtain the information I need so that I can take charge of managing my illness.	0.92
The treatment team treats me fairly.	0.88
Treatment staff encourage me to take responsibility for how I live my life.	0.87
I have enough opportunity to tell the treatment team what I think they need to know.	0.87
I am satisfied with how often I meet with my treatment team.	0.85
I feel comfortable asking questions about my treatment and medication.	0.82
Treatment staff believe that I can grow, change, and recover.	0.81
I have been given information about my rights [from the treatment team].	0.53

**Table A4. Factor loadings of the perceived benefits of the court order scale****Perceived Benefits of the Court Order**

Overall, the AOT court order helps me gain more control over my own life.	0.91
Overall, the AOT court order helps me get and stay well.	0.90
Overall, the AOT court order makes it more likely for me to stay out of the hospital.	0.52

**Table A5. Factor loadings of the perceived benefits of AOT scale****Perceived Benefits of AOT**

As a direct result of AOT, I am better able to take care of my mental health needs.	0.93
As a direct result of AOT, I am better able to take care of myself.	0.91
As a direct result of AOT, I do things that are more meaningful to me.	0.70
As a direct result of AOT, I deal more effectively with daily problems.	0.54
As a direct result of AOT, I am getting along better with my family.	0.44

## APPENDIX B:

### Comparing Sample Demographics with Ohio Public Mental Health System Demographics

	Demographic Characteristic	Sample Demographics	Ohio Public Mental Health System Demographics <sup>a</sup>
Gender	Female	43%	50%
	Male	57%	48%
Age	18–24 years old	9%	14%
	25–44 years old	65%	51%
	45–64 years old	25%	31%
	65–75 years old	2%	4%
Race/Ethnicity	Asian	2%	1%
	Black	25%	23%
	Native American	2%	0%
	White	64%	66%
	Multiracial	2%	0%
	Other/Unknown	5%	10%
Hispanic	Non-Hispanic	91%	90%
	Hispanic	4%	3%
Employment status	Employed full- or part-time	19%	27%

<sup>a</sup> Data from Ohio 2020 Mental Health National Outcome Measures: SAMHSA Uniform Reporting System.



## **APPENDIX C:**

### **The AOT Participant Satisfaction Survey**

This survey is administered by [county-specific information].

Your identity and your responses will remain completely anonymous. Nothing you share will be identifiable to anyone in the [AOT program name].

Please respond to every question to the best of your ability.

The survey will take less than 10 minutes to complete.

After you complete the survey, you will receive a \$20 gift card.

#### ***What is [AOT]?***

[Assisted outpatient treatment (AOT)] is a civil court procedure where a judge orders a person with severe mental illness to follow and accept treatment. This helps make sure a person with severe mental illness receives treatment with supervision in the community.

#### ***Informed Consent***

This survey is completely anonymous. Your name and information will not be connected to the answers you give in the survey. The anonymous responses received for this study will be used to evaluate participant's satisfaction with the [AOT] program. Aggregated, anonymous data will be shared with [AOT] programs so that they can use the data to improve their programs. Your name will never be shared or associated with the survey.

You are free to stop taking the survey at any point if you do not wish to continue.

If, at any time, this survey causes you distress, here is the information for the National Suicide Prevention Lifeline: call 800-273-8255. A counselor from this lifeline is available to speak with you 24/7, 365 days a year.

[County specific mental health resources]

Check the choice that best represents you (please check one).

1. **What is your age?**

- ☐ 18-24 years old
  - ☐ 25-35 years old
  - ☐ 36-45 years old
  - ☐ 46-55 years old
  - ☐ 56-65 years old
  - ☐ 66-75 years old
  - ☐ 76+ years old
  - ☐ Prefer not to say
- 

2. **What gender do you identify as?**

- ☐ Male
  - ☐ Female
  - ☐ Other, please specify:
  - ☐ Prefer not to say
- 

3. **What is your ethnicity?**

- ☐ White
- ☐ Black
- ☐ Asian
- ☐ Native American
- ☐ Native Hawaiian or Pacific Islander
- ☐ Two or more, please specify:

☐ Other, please specify:

☐ Prefer not to say

---

4. **Are you of Hispanic/Latino/Spanish origin?**

- ☐ Yes
- ☐ No

5. **What is your current employment status?**

- ☐ Employed full-time
  - ☐ Employed part-time
  - ☐ Looking for a job
  - ☐ Retired
  - ☐ Not seeking employment
  - ☐ In school
  - ☐ Prefer not to say
- 

6. **Have you ever participated in [AOT] before?**

- ☐ Yes
  - ☐ No
  - ☐ I don't know
- 

7. **How long have you been on this [outpatient commitment order]?**

- ☐ Less than 90 days
- ☐ 3-5 months
- ☐ 6-12 months
- ☐ 1-2 years
- ☐ More than 2 years
- ☐ I don't know

Think about how you felt about getting mental health treatment **before you began [AOT]**.

*Check the choice that best represents you (please check one).*

8. **What best describes your participation in treatment before the current [AOT order] was in place?**

- ☐ I was not participating in treatment and had no interest in doing so.
  - ☐ I intended to participate in treatment, but I was not able to.
  - ☐ I kept appointments and took medication less than half of the time.
  - ☐ I kept appointments and took medication more often than not.
- 

*Check all that apply.*

9. **Check the statements that best match your reasons for not wanting treatment in the past.**

- ☐ I thought I didn't need treatment.
  - ☐ I thought that my problem might get better by itself.
  - ☐ I thought that getting treatment probably wouldn't do any good.
  - ☐ I wanted to solve my problem on my own.
  - ☐ I thought that if I agreed to treatment, I might be forced to take medicine or get treatment that I didn't want.
  - ☐ I thought that going to treatment might get me in trouble with the law.
  - ☐ I was concerned that others might find out that I have a mental illness if I got treatment.
  - ☐ I don't know why I chose not to get treatment.
  - ☐ Other, please specify:
- 

[AOT] is a civil court order that requires you to follow your recommended treatment plan. Below are some specific questions about what may happen when people are on an [AOT order]. Please answer based on what you think can happen to people on [AOT].

*Please answer True or False*

10. **A person on an [AOT] order may be required to ...**

**True**

**False**

- |                       |                       |   |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | ... go to court to see the judge or magistrate regularly. |
| <input type="radio"/> | <input type="radio"/> | ... meet with a case manager regularly.                   |
| <input type="radio"/> | <input type="radio"/> | ... go to mental health treatment appointments.           |
| <input type="radio"/> | <input type="radio"/> | ... take prescribed mental health medications.            |
-

11. **Because you are on AOT, if you do not keep your treatment appointments or take your prescribed medications and become sick ...**

**True      False**

- |                       |                       |  |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | ... someone can make you get a mental health evaluation.                                   |
| <input type="radio"/> | <input type="radio"/> | ... the court may direct the sheriff or police to pick you up.                             |
| <input type="radio"/> | <input type="radio"/> | ... you may be involuntarily hospitalized.   |
| <input type="radio"/> | <input type="radio"/> | ... while in the hospital, you may be forced to take prescribed mental health medications. |

You will now be asked a series of questions about your experience in [AOT]. Please think about your time in [AOT] and choose the response that best fits your feelings. [AOT] refers to your treatment and involvement with the court while under this court order.

*Please rate your agreement with the following statements. (Choose one option for each statement.)*

		Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
12.	I like the [AOT] program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	The [AOT] program is sensitive to my cultural background (race, religion, language, gender, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	In the [AOT] program, I feel my legal rights are protected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	In the [AOT] program, I have control over whether I get treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	Overall, the [AOT] court order ...					
	... makes me more likely to take my medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	... makes me more likely to keep my appointments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	... helps me get and stay well.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	... helps me gain more control over my own life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	... does not make me feel respected as a person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	... should be done again in the future if needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	... has been for the right amount of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

... makes me angry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... makes it more likely for me to stay out of the hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**[AOT] involves interactions with the court and a treatment team. The next two sections will ask you a series of questions about your satisfaction with the [AOT] court staff and the [AOT] treatment team *separately*. Please only evaluate your satisfaction with one team at a time, not the overall program.**

You will now be asked questions specific to your satisfaction with the **[AOT] court staff**. This includes the [judge], [magistrate], and [other court staff].

*Please rate your agreement with the following statements. (Choose one option for each statement.)*

		Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
17.	[Magistrate/judge/court staff] believe that I can grow, change, and recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	I feel comfortable voicing my thoughts and feelings with the court.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	[Magistrate/judge/court staff] encourage me to take responsibility for how I live my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	[Magistrate/judge/court staff] help me obtain the information I need so that I can take charge of managing my illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	I was given information about my rights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	I am satisfied with how often I meet with the [magistrate/judge/court staff].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	The [magistrate/judge/court staff] treat me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	The [magistrate/judge/court staff] treat me fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	I have enough opportunity to tell the court what I think they need to know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You will now be asked questions specific to your satisfaction with the **[AOT] treatment team staff**. This includes the [case manager], [nurse/psychiatrist], and [therapist].

*Please rate your agreement with the following statements. (Choose one option for each statement.)*

		Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
26.	Treatment staff believe that I can grow, change, and recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27.	I feel comfortable asking questions about my treatment and medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	Treatment staff encourage me to take responsibility for how I live my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29.	Treatment staff help me obtain the information I need so that I can take charge of managing my illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.	I have been given information about my rights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31.	I am satisfied with how often I meet with my treatment team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32.	The treatment team treats me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33.	The treatment team treats me fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34.	I have enough opportunity to tell the treatment team what I think they need to know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think about your time in [AOT] and your current situation.

*Please rate your agreement with the following statements. (Choose one option for each statement.)*

		Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
35.	<b>As a direct result of [AOT], ...</b>					
	... I deal more effectively with daily problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	... I am getting along better with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

... I do things that are more meaningful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... I am better able to take care of myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... I am better able to take care of my mental health needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think about your **current** feelings about getting mental health treatment.

*Check the choice that best represents you (please check one).*

36. **Do you plan to continue outpatient treatment once you complete [AOT]?**

- ☐ Yes
- ☐ No

If you responded "No" to the previous question (#36), please answer #37. If you responded "Yes," please skip #37 and move on to #38.

*Check all that apply.*

37. **Check the statements that best match your reasons for not continuing outpatient treatment once your [AOT] order is over.**

- ☐ I don't need treatment.
- ☐ I think that my problem might get better by itself.
- ☐ I think that continuing treatment probably won't do any good.
- ☐ I want to solve the problem on my own.
- ☐ I think that if I continue treatment, I might be forced to take medicine or get treatment that I don't want.
- ☐ I think that continuing treatment might get me in trouble with the law.
- ☐ I am concerned that others might find out that I have a mental illness if I continue treatment.
- ☐ I don't know why I will choose not to continue treatment.
- ☐ Other, please specify:



*Please respond as much or as little as you would like to the questions below.*

**38. What do you like most about the [AOT] process?**

**39. What do you like least about the [AOT] process?**

**40. How, if at all, has your life changed as a result of participating in [AOT]?**

**41. Is there anything else about your experience with [AOT] that we have not covered that you want to share with us?**

*Thank you for completing this survey for [county-specific information]. Please return the survey to receive information on how to get your [incentive, if applicable].*

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The Treatment Advocacy Center is a national nonprofit organization dedicated exclusively to eliminating barriers to the timely and effective treatment of severe mental illness. The organization promotes laws, policies and practices for the delivery of psychiatric care and supports the development of innovative treatments for and research into the causes of severe and persistent psychiatric illnesses, such as schizophrenia and bipolar disorder.

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