TABLE C.1
SUMMARY OF FIRST GENERATION OUTPATIENT COMMITMENT STUDIES

STUDY	SUBJECTS	DESIGN	DESIGN LIMITATIONS	RESULTS
Bursten, B. (1986). Posthospital mandatory outpatient treatment. *Am J Psychiatry*, 143(10), 1255-8.	221 patients between July 1, 1981 and March 31, 1983.	Compared rates of inpatient readmission of outpatient commitment patients with control groups of patients in hospitals that did not participate in outpatient commitment programs.	▪ Important and unaccounted-for differences between MOT groups and comparison control groups ▪ No additional data presented to clarify and support interpretations ▪ Selection bias	Data do not support effectiveness of outpatient commitment. Reductions in readmissions after outpatient commitment program were not attributable to outpatient commitment programs.
Fernandez, G., & Nygard, S. (1990). Impact of involuntary outpatient commitment on the revolving-door syndrome in North Carolina. *Hosp Community Psychiatry*, 41(9), 1001-4.	4,179 subjects committed under outpatient commitment in North Carolina from July 1985-June 1988.	Demographic, clinical, and hospitalization data were gathered from a N.C. database of mental health patients. Average numbers of inpatient admissions and hospital days were computed before and after outpatient commitment for each client (standardized to a rate per 1,000 days).	▪ No comparison controls ▪ No contextual information about relevant trends in NC ▪ Selection bias ▪ Statistical analysis blurs potentially informative differences between the pre- and posttest groups	Outpatient commitment appeared to reduce admissions per 1,000 by 82.2% and length of stay by 33.3%. Average number of admissions decreased from 3.69 before commitment to .66 after.
Geller, J., Grudzinskas, A., et al.(1998). The efficacy of involuntary outpatient treatment in Massachusetts. *Admin Policy Ment Health*, 25, 271-285.	19 patients under court-ordered treatment via guardianship (IOT).	IOT subjects compared to matched comparison group on demographic and clinical factors, and on prior hospital days and admissions. Compared changes in hospital days and admissions in the 6 months before and after IOT order.	▪ Selection bias ▪ Small sample	Patients on IOT showed significantly greater reductions in the number of admissions (1.05 vs. .105) and in the number of hospital days (decrease of 68.4 vs. 3.7) than the matched control subjects during the 6 month follow-up period.
Greeman, M., & McClellan, T. (1985). The impact of a more stringent commitment code in Minnesota. *Hosp Community Psychiatry*, 36(9), 990-92.	153 patients admitted to VA medical center's inpatient service between August 1, 1981 and July 31, 1983.	Quarterly follow-up data on each patient's post-hospital adjustment in the community.	▪ Selection bias ▪ Nonequivalent comparison groups	Six (24%) out of 25 outpatient commitment patients and 11 (14%) of the 80 patients who were released after emergency holds without further coercive intervention were doing well in the community.

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Hiday, V., & Scheid-Cook, T. (1987). The North Carolina experience with outpatient commitment: a critical appraisal. *Int J Law Psychiatry*, 10(3), 215-32. Hiday, V. A. (1987). An Assessment of Outpatient Commitment in North Carolina. *Ed & Self Mgmt Psych Pt*, 1(4), 4-7.	740 mentally ill adults who had civil commitment hearings in July 1984 and June 1985. 161 of whom were ordered to outpatient commitment.	Comparisons of outpatient commitment patients with those released and those involuntarily hospitalized. Basic demographic, health, and "dangerousness" information was collected from court records on all 740 subjects.	▪ No pretest measures ▪ Comparison controls are nonequivalent with limited contextual data ▪ Subjective measures for outcomes in the community and variable definitions ▪ Selection bias in the creation of the study population ▪ No data linking IOC status with treatment compliance with performance in the community	More outpatient commitment patients lived at home after discharge than either released or involuntarily hospitalized patients; they were less likely to use community mental centers, more likely to comply with treatment programs, and less likely to refuse medication.
Hiday, V., & Scheid-Cook, T. (1989). A follow-up of chronic patients committed to outpatient treatment. *Hosp Community Psychiatry, 40*(1), 52-9. Hiday, V. A., & Scheid-Cook, T. L. (1991). Outpatient commitment for "revolving door" patients: compliance and treatment. *J Nerv Ment Dis*, 179(2), 83-88.	A group of 168 chronic psychiatric patients including 69 outpatient commitment patients, 84 involuntarily hospitalized patients, and 12 released patients.	Using mental health records, comparison of compliance and attendance of outpatient commitment patients over a 6-month period with those released outright and those involuntarily hospitalized.	▪ No pretest measures ▪ Comparison controls are nonequivalent with limited contextual data ▪ Subjective measures for outcomes in the community, inconsistent data collection ▪ Selection bias in the creation of the study population ▪ No demonstrated link among IOC status, treatment compliance & community success	Outpatient commitment patients were more likely than released or involuntarily hospitalized patients to utilize aftercare service and to continue in treatment. Differences in rehospitalization among the three groups were not statistically different.

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Miller, R., & Fiddleman, P. (1982). Involuntary civil commitment in North Carolina: The result of the 1979 statutory changes. *North Carolina Law Review*, 60, 985-1026. Miller, R., & Fiddleman, P. (1984). Outpatient commitment: treatment in the least restrictive environment? *Hosp Community Psychiatry*, 35(2), 147-51.	67 patients admitted involuntarily to a North Carolina hospital during 6-month periods before and after October 1, 1979 (the date the new NC statutes went into effect).	Examination of the court dockets, patients' hospital charts; examination of data from a 1-year follow-up; interviews with CMHC staff; questionnaires mailed to staffs at the clinics and hospital and to the legal participants in the commitment process.	▪ No comparison controls ▪ Limited, small study sample: one hospital ▪ Short follow-up period	The number of patients who remained in treatment for the length of the commitment period decreased from 77% before to 50% afterward. CMHC staff evaluated outpatient commitment effective in 46% of the cases both before and after statutory change.
Munetz, M. R., Grande, T., Kleist, J., & Peterson, G. A. (1996). The effectiveness of outpatient civil commitment. *Psych Serv* 47(11), 1251-3.	20 patients with serious mental illnesses and a history of noncompliance and recurrent hospitalizations, but good treatment response.	Changes were examined in the patients' patterns of service use in the year prior to and following assignment to outpatient commitment.	▪ Retrospective study design ▪ Small sample size ▪ No comparison control group	Significant reductions were found in visits to the psychiatric emergency service, hospital admissions, and lengths of stay.
O'Keefe, C., Potenza, D. P., & Mueser, K. T. (1997). Treatment outcomes for severely mentally ill patients on conditional discharge to community-based treatment. *J Nerv Ment Dis* 185(6), 409-11.	26 patients discharged from the hospital under the condition that they receive community-based treatment	Using retrospective file review, examined hospital days, medication compliance, substance abuse, violence, employment, and housing stability in the year prior to their conditional release and compared them to the two-year period after their conditional release.	▪ Extremely small sample ▪ No comparison control group ▪ Selection bias	Patients on conditional discharge showed improvements during the first year for days in the hospital, number of moves per year, and months of employment, and for first and second year in medication compliance, substance abuse, and violence.

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Rohland, B. M. (1998). The Role of Outpatient Commitment in the Management of Persons with Schizophrenia, Iowa Consortium for Mental Health, 1-11.	39 adult patients with severe mental illness who were committed to outpatient treatment under Iowa's outpatient commitment statute.	Outpatient commitment subjects were compared to a control group who had an inpatient admission at some point in the study period.	▪ Selection bias ▪ Small sample size ▪ Poorly matched comparison group	Positive results included improved treatment compliance in approximately 80% of outpatient commitment patients, and reductions in hospital and emergency room use.
Van Putten, R., Santiago, J., & Berren, M. (1988). Involuntary outpatient commitment in Arizona: a retrospective study. *Hosp Community Psychiatry*, 39(9), 953-8.	384 patients for whom outpatient commitment was sought at a hospital between February 7, 1983 and August 6, 1984.	Comparison of outpatient commitment patients with committed inpatients through retrospective review of medical, clinical, and court records.	▪ No comparison controls ▪ No contextual data ▪ Small sample size ▪ Selection bias ▪ Short follow-up period	The median number of days of hospitalization after the court hearing was lower when the order applied outpatient commitment than when it applied inpatient treatment (10 days compared to 19 days.)
Zanni, G., & deVeau, L. (1986). Inpatient stays before and after outpatient commitment. *Hosp Community Psychiatry*, 37(9), 941-42.	42 patients at a Washington, DC hospital whose status changed from voluntary to committed outpatient during 1983.	Compared for each patient the average inpatient length of stay, total number of inpatient hospitalizations, and inpatient days for the year before outpatient commitment and the year following it.	▪ No comparison controls ▪ Selection bias ▪ No contextual data to clarify interpretations ▪ Small sample size	Shortened inpatient stays and reduction in number of inpatient admissions. Average number of inpatient admissions in the year before outpatient commitment was 1.81 and 0.95 in the year following outpatient commitment, a statistically significant difference. Inpatient stays following outpatient commitment was shorter (38 days) than before outpatient commitment (55 days). This difference is not statistically significant but researchers concluded this "clearly support[s] the effectiveness of outpatient commitment."

TABLE C.2
SUMMARY OF SECOND GENERATION OUTPATIENT COMMITMENT STUDIES

STUDY	SUBJECTS	DESIGN	DESIGN LIMITATIONS	RESULTS
Swanson, J. W., Borum, R., Swartz, M. S., Hiday, V. A., Wagner, H. R., & Burns, B. J. (under review). Can involuntary outpatient commitment reduce arrests among persons with severe mental illness? Swanson, J. W., Swartz, M. S., Borum, R., Hiday, V. A., Wagner, H. R., & Burns, B. J. (2000). Involuntary out-patient commitment and reduction of violent behaviour in persons with severe mental illness. *Br J Psychiatry*, 176, 324-331. Swartz, M., Hiday, V. A., Swanson, J. W., Wagner, H. R., Borum, R., & Burns, B. J. (1999). Measuring Coercion Under Involuntary Outpatient Commitment: Initial findings from a Randomized Controlled Trial. In J. P. Morrisey & J. Monahan (Eds.), *Research in Community and Mental Health* (Vol. 10, pp. 57-77). Stamford, Connecticut: JAI Press Inc. Swartz, M. S., Swanson, J. W., Hiday, V. A., Wagner, H. R., Burns, B. J., & Borum, R. (under review). A Randomized Controlled Trial of Outpatient Commitment in North Carolina.	Patients identified during hospitalization were randomly assigned to either an outpatient commitment with case management group or a case services alone group. An additional group of patients with a recent history of serious violence were placed in a nonrandomized comparison group and were placed in outpatient commitment.	Each group was followed by periodic interview for 16 months and by record for 2 years.	▪ Patients with history of serious violence could not be randomized. ▪ No one blind to study assignment. ▪ Renewals of outpatient commitment orders could not be randomized for patients who no longer met legal criteria. ▪ Only studied outpatient commitment in persons discharged from hospital.	Patients who underwent sustained periods of outpatient commitment beyond the initial court order (which is only for up to 90 days) had 57% fewer admissions and 20 fewer hospital days over the study period compared to controls. Sustained outpatient commitment is particularly effective for patients suffering from non-affective psychotic disorders (72% decrease in readmissions and 28 fewer hospital days). However, sustained outpatient commitment reduced hospitalization only when combined with a higher intensity of patient services (averaging 7 services/month). Analysis of mandatory outpatient treatment on violent behavior yielded similar results.

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STUDY	SUBJECTS	DESIGN	DESIGN LIMITATIONS	RESULTS
Swartz, M. S., Swanson, J. W., Wagner, H. R., Burns, B. J., Hiday, V. A., & Borum, R. (1999). Can involuntary outpatient commitment reduce hospital recidivism?: Findings from a randomized trial with severely mentally ill individuals. *Am J Psychiatry*, 156(12), 1968-1975.				
Steadman, H. J. (1998). *Research Study of the New York City Involuntary Outpatient Commitment Pilot Program*: Prepared for New York City Department of Mental Health, Submitted by Policy Research Associates, Inc. Steadman, H. J., Gounis, K., et al. (in press). Outcomes of Participants in the New York City Involuntary Outpatient Commitment Pilot Program in New York City.	During an 11-month period, inpatients at a New York City hospital who were deemed appropriate for outpatient commitment were randomized to receive either intensive community treatment with a court order or intensive community treatment alone.	The program provided for a range of intensive outpatient treatment and included involuntary medication, but only for those patients found by the court to lack the capacity to give informed consent for treatment.	▪ The operative difference between experimental and control conditions (judicial orders) was misunderstood by patients and providers. ▪ More patients with co-occurring substance abuse in the AOT than in comparison group. ▪ Only studied outpatient commitment in persons discharged from hospital.	There is no statistical difference between the outpatient commitment and control groups for rehospitalization or hospital days during the study period. However, both groups experienced a significantly smaller rehospitalization rate during the study period than during the year preceding the target admission (from 87.1% to 51.4% for outpatient commitments and from 80.0% to 41.6% for controls). Also, non-substance abusing psychotic patients in the outpatient commitment group were rehospitalized far less frequently (25%) than those in the control group (45%).