ESSENTIAL INFORMATION
March 2016

Involuntary Outpatient Commitment Laws

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SUMMARY
This map includes data that detail state laws and regulations that govern involuntary outpatient commitment, including criteria outlining who is eligible and exempt from commitment, how commitment is initiated, patients’ rights to refuse medication, consequences for noncompliance with treatment, duration and modification of commitment, rights related to the ability to possess firearms after commitment, and the state’s duty to report commitment to the National Instant Criminal System Check. These maps include information on laws in effect from January 1, 2000 to March 1, 2016.

ABOUT INVOLUNTARY OUTPATIENT COMMITMENT LAWS & THE DATA
Lawmaker’s concern for patients’ rights and treatment at inpatient mental health facilities in the 1960s lead them to pass outpatient commitment laws. Since then, more and more states have steadily passed these laws. As of March 1, 2016, 46 states and the District of Columbia regulate involuntary outpatient commitment. Connecticut, Maryland, Massachusetts, and New Mexico are the only states that do not permit involuntary outpatient commitment.

Involuntary outpatient commitment is the legal process that requires a person to accept mental health treatment in an outpatient setting. The outpatient setting allows patients to receive treatment in a community setting and live in their homes. Outpatient commitment laws attempt to improve a patient’s quality of life by reducing hospitalization, homelessness, arrests and incarcerations, violence and crimes, and caregiver stress. The laws also attempt to improve treatment compliance.

Outpatient commitment laws seek to find a balance between the autonomy of the patient and the safety of the community.

To determine whether outpatient commitment is necessary, outpatient commitment laws focus on the possible danger a patient currently imposes on themself or others. State laws now also increasingly focus on whether the individual has the “potential for deterioration,” a condition

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1 Richard C. Boldt, Perspectives on Outpatient Commitment, 49 NEW ENG. L. REV. 39, 43 (2014).
3 Id.
5 See supra Note 2.
7 National Coalition for Mental Health Recovery. Involuntary Commitment Myths and Facts.
where the individual is likely to become a danger to himself or others over time. Courts also consider a patient’s history of noncompliance with treatment, a patient’s ability to meet basic needs for survival, a patient’s willingness or ability to volunteer for treatment, in addition to the possibility for future harm to self and others.

An individual may be placed directly into outpatient treatment with a court order or after the patient has already been placed in an inpatient treatment facility (more commonly referred to as conditional release). State laws regulate not only who can initiate the commitment process, what medication consent rights the patients have, what consequences exist for noncompliance, the duration and modification of the commitment period, whether a discharge plan is required prior to release, and how commitment affects firearm possession and reporting requirements.

While some of the state laws allow minors to be committed to outpatient treatment, this dataset only addresses involuntary outpatient commitment for adults (individuals older than 18). State laws also allow individuals without mental illness to be committed into outpatient treatment if all other criteria are established and the individual has a qualifying condition, such as a developmental disability or drug dependency.

**NAVIGATING THE DATA**

There are two ways to navigate the data using the interactive map: by selecting a state from the map or by selecting criteria that detail the characteristics of the laws.

**Option 1 – State by state:** Using the map, click on the state of interest. A table will appear with details about that state’s law.

**Option 2 – Multiple states:** To view the law across multiple states, you may use the questions to filter through various criteria. Clicking on a question will expand the answers/criteria for you to select. In some cases, secondary questions may appear after answering one of the primary questions — these secondary questions dig deeper into the detail of that specific area of the law. The map will change based on the criteria you select.

The primary questions are:

1. Is there a state law regulating outpatient commitment?
2. What are the criteria for involuntary commitment of an individual?
3. Who can initiate outpatient commitment?
4. Can a patient refuse medication once in treatment?
5. Are there consequences for patients who fail to comply with treatment?
6. What is the initial duration of outpatient commitment?
7. Is a discharge plan required prior to discharge?
8. Does outpatient commitment limit an individual’s right to possess a firearm?
9. Does the state mandate reporting of outpatient commitment history to the FBI for the NICS database?

Because the data displayed on this map spans multiple years, you may also use the timeline slider to see the change in the law and where it’s been adopted over time.

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8 *Id.*
Once you have chosen criteria, click “Show details” to see a detailed table with the results of your selection.

ADDITIONAL INFORMATION

For more information about outpatient commitment and related laws, please visit the following sources:

- Judge David L. Bazelon Center for Mental Health
  Involuntary Outpatient Commitment: Summary of State Statutes

- National Coalition for Mental Health Recovery
  Involuntary Commitment Myths and Facts

- Treatment Advocacy Center
  Assisted Outpatient Treatment Laws

This collection of outpatient commitment laws does not provide legal advice nor does it address enforcement of laws, administrative policies, case law, or any other sources of law. Should you have a specific question about outpatient commitment laws in your state, please contact an attorney in your jurisdiction.