



# **NCDHHS Presentation on Outpatient Commitment**

## **House Select Committee on Involuntary Commitment and Public Safety**

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# Gaps in North Carolina's Mental Health and Involuntary Commitment (IVC) Systems

- **Some individuals with serious mental illness are cycling through hospitals, jails, and emergency rooms** due to noncompliance with treatment in the community
- **Community treatment breaks down** when people disengage, with limited mechanisms to re-engage them
- **Waitlists and access barriers** delay care and interrupt continuity of treatment
- **Some do not get treatment**, deteriorate, and re-enter the system only during crisis

# Outpatient Commitment: Where It Fits and What It Is

**Outpatient Commitment is for a limited number adults who:**

- Lack insight into their illness
- AND decline treatment
- AND demonstrate repeated violence, arrests, or hospitalizations

It is not appropriate for most people with mental illness

- **A court-ordered process** requiring an individual to engage in **mental health treatment while living in the community**
- Used when an individual **lacks insight into their illness**, refuses treatment, and without treatment **cycles through hospitalization or incarceration**
- An **important tool to address the “revolving door”** of repeat arrests, ER visits, and inpatient stays
- Is a **less restrictive option** when more appropriate than institutional settings

# Current Weaknesses in Outpatient Commitment

- **Outpatient orders do not dictate what specific treatments are needed**, making expectations difficult to understand and implement
- **Limited accountability and enforcement mechanisms** to ensure treatment compliance
- **Underutilized in practice** because orders are complex, unclear, and difficult for individuals with serious mental illness to navigate
- **Insufficient supports** to help individuals successfully comply with treatment requirements
- **Shortage of specialized providers**, limiting access even when an order is in place

# Principles of Effective Outpatient Commitment

- **Clearly defined, limited eligibility** focused on serious mental illness with documented patterns of violence or repeat hospitalizations/incarcerations due to treatment noncompliance
- **Effective response to noncompliance** including criteria for inpatient hospitalization or rapid re-engagement in community services
- **Adequate treatment capacity**, with providers willing and equipped to serve this population (Forensic Assertive Community Treatment or “FACT” teams)
- **Centralized oversight and accountability**, with dedicated staff supporting and monitoring local implementation
- **Consistent training** for commitment examiners and judicial officials to ensure appropriate and uniform use
- **Ongoing evaluation** to measure effectiveness, outcomes, and unintended consequences

# Outpatient Commitment works in Concert with Other Systems

- **Better system understanding and coordination** is needed among decision-makers, providers, courts, and the public
- **Strengthened community capacity and navigation** supports are necessary for outpatient IVC to function effectively
- **Careful examination and improvement of North Carolina's inpatient IVC system** is critical, given that outpatient IVC is not appropriate for most people

# Options to Improve Outpatient Commitment

- **The petition should include documentation that outpatient commitment is the most appropriate option** and that the individual is likely to benefit
- **Require an initial treatment plan** from the examining clinician, including services, medications, and an outpatient provider who has agreed to accept the patient
  - **Include the treatment plan in the court order** so expectations for adherence are explicit
- **Ensure every individual has a navigator** with ongoing care management and monitoring
- **Extend maximum commitment from 90 to 180 days** to allow adequate time for stabilization
- **Expand capacity and accountability with more FACT and TASC programs**, providing individualized, wraparound care and stronger treatment compliance while diverting people from the criminal justice system
- **Non-Compliance with an Outpatient IVC order results in inpatient admission**