



TREATMENT TASK FORCE

Governor's Commission on Alcohol and other Drugs

Task Force Chair: *Stephanie Savard*

Involuntary Civil Commitment Act Recommendation Decision	
Vote on ICC	<ul style="list-style-type: none"> • Treatment Taskforce members voted not to recommend legislation on involuntary civil commitment at this time. • 5 members voted to support the implementation of involuntary commitment for SUD in New Hampshire and 6 members voted not to support implementation. 1 member abstained from voting.
<u>Resources</u> Provided to Inform Vote	<ul style="list-style-type: none"> • Literature Review comprised of academic articles, reviews of 5 New England states' ICC laws, and reviews of Utah's and Washington state's ICC laws. • Discussion on Massachusetts' Section 35 Commission Report. • Presentation from Washington State Healthcare Authority on their state's ICC law "Ricky's Law," which was enacted in 2016. • Presentation from the Colorado Office of Behavioral Health on their state's ICC program, which began in 1974. • Presentation detailing the perspective of the American Society of Addiction Medicine (ASAM) from addiction medicine expert Dr. David Mee-Lee. • Listening Session for individuals with lived experiences. • Presentations from mobile crisis/emergency department professionals.
Concerns Voiced in Pre-Vote Discussion	<ul style="list-style-type: none"> • There is no service in place to ensure that childcare is provided when a child's caretaker is involuntarily committed. • The treatment and recovery infrastructure in the state is limited in its capacity and therefore would be unable to support individuals that complete ICC with structure and ensures that they are in a position to maintain recovery. • Concerns that ICC would be designed around a criminal justice model. ICC would need to be modeled differently than Massachusetts' Section 35. Section 35 uses correction facilities and integrated police officers into the decision on whether a patient needed commitment, and it eroded trust in the program and the specialists. • There is very little data suggesting that ICC is more effective than other SUD treatments. • Concerns that there may be racial and ethnic disparities in commitment rates. • Concerns that ICC will not be implemented in a way that allows for GALs and/or patient advocates. • It is unclear if New Hampshire is capable of providing care for ICC patients in a way that is ethical and does not violate any guaranteed rights. • There is no guarantee that ICC will be developed with a therapeutic lens instead of a criminal justice lens. • Concerns that there will be protections from litigation for providers if a patient became unwell and their substance use worsened after involuntary commitment or if a patient overdosed after a medical provider declined to commit them. • Concerns that an ICC program in New Hampshire may not be led by someone with expertise in addiction medicine or SUD treatment.

	<ul style="list-style-type: none"> • There is concern that the testimonials from individuals with lived experience who advocated for involuntary commitment by saying that it saved their lives would be too influential in shaping legislators' approach to ICC and that those individuals' experiences are not typical of people who have been involuntarily committed. Many voices of people in recovery advocated not to have ICC in NH, stating trauma.
<p>Core Tenets for Potentially Supporting ICC in the Future</p>	<p>If the Governor's Commission were to choose to move forward with a recommendation for ICC despite the outcome of the Treatment Taskforce vote, the Treatment Taskforce has specific tenets that are recommended to be considered:</p> <ul style="list-style-type: none"> • ICC must be reserved only for extreme, life-threatening cases where other interventions are ineffective. • The Task force recommends that ICC be developed as a health model, similar to NH's current behavioral health ICC, not a criminal justice system model. Commitments should not be included on patients' criminal records. This SUD ICC model should be aligned with ASAM criteria and include less restrictive treatment options. • The Task Force recommends that a New Hampshire ICC program should be based on ASAM principles particularly regarding assessment, treatment planning, prescription of services and lengths of stay. Involuntary treatment should be based in ASAM assessment and should not automatically equal a stay in residential treatment. • The Task Force recommends that a New Hampshire ICC program should include guarantees of a full continuum of SUD treatment and recovery services, childcare options, and opportunities for visits from family members or advocates. • The Task Force recommends that the legislators form study committees before considering ICC, and Treatment Task Force members or other addiction medicine and SUD disorder experts should be included in those study committees. • The Task Force recommends that the state of New Hampshire should revisit ICC in a number of years to allow states who have already implemented ICC to do more comprehensive evaluations of the strengths and weaknesses of their programs. The Task Force recommends that a New Hampshire ICC program should be shaped by data produced by other states' reviews of their ICC programs. • If an ICC were to ever be approved in NH, the Task Force recommends that the state designates money to do a comprehensive study of the ICC program, and that the study should focus in part on understanding how racial injustices are caused by involuntary commitments. This study should result in the development of an ICC model that is outcome-based. • The Task Force recommends that all state employees who are involved in ICC be trained in cultural competency.