

Listening Session Regarding Involuntary Civil Commitment for Alcohol and Other Drugs | June 24, 2020

Audio Transcript

Stephanie Savard | Hello everyone, good evening. I really want to thank everybody for joining us for this virtual listening session, and I appreciate

Stephanie Savard | Patients with the technology as we kind of work through this is very creative way of trying to hear people's voices on this really important issue. My name is Stephanie so hard.

Stephanie Savard | I am the treatment Task Force chair for the governor's Commission, and I want to welcome everybody. I am going to

Stephanie Savard | Want to be your host for the evening. I just wanted to let folks know that this issue came about from the governor's commission itself.

Stephanie Savard | That had heard from some members in our public that were requested that we look into this this entire concept of

Stephanie Savard | Involuntary civil commitment or substance use disorders. And so as a result we I'm going to explain what we've done thus far. But one of the components. Was this listening session so

Stephanie Savard | One thing I do want to let folks know it's really important as we are recording this zoom listening session, so please make sure that your name is written, how you want it to be seen on that recording

Stephanie Savard | You can change what your name reflects so if you'd like to do that really quickly. Please do.

Stephanie Savard | You can also, you know, shut your video off if you'd rather not have your video on or just use initials for your name. If you prefer that as well. So we are going to be recording it so that will have it available for public access after the listening session.

Stephanie Savard | So, and hopefully everybody does that as needed. I'm going to move on. Paul, can you help me with the we just have a couple quick slides before we start the actual listening session component. And Paul is going to help me get that up.

Stephanie Savard | All right, here we go.

Stephanie Savard | Are you able to make it like one big screen play, are you working on that now.

Stephanie Savard | Alright, so I'm going to get started, while he is talking so the New Hampshire governor's commission on alcohol and other drugs treatment task force.

Stephanie Savard | Is made up of about 10 to 15 members and we wanted to do a very quick overview. Many of those numbers are are hopefully on this call with a listening session.

Stephanie Savard | And will also be getting the access to that link to be able to listen in, if they couldn't tonight.

Stephanie Savard | And they are the ones that are helping make the possible recommendation or not recommendation for the involuntary civil commitment.

Stephanie Savard | I want to explain the next slide, Paul, if you don't mind. So involuntary civil commitment is a really difficult thing to explain

Stephanie Savard | We're going to give a very high level definition for a very particular reason. So involuntary civil commitment is

Stephanie Savard | A model of treatment where a loved one or professional we petitioned the court to require some form of an assessment and or treatment and recovery an individual, for whom is it is deemed necessary.

Stephanie Savard | And what's really important for folks to know is the models vary across the nation.

Stephanie Savard | We sent out a link in your in after you accepted your invite hopefully you saw the link for a literature review that has been completed.

Stephanie Savard | Through the Center for Excellence and the treatment task force that summarizes a lot of examples across the nation of these models and some of the outcomes that they have

Stephanie Savard | numbers that are being looked at. But it really varies across the country. And so hopefully folks took some time to read that lit review.

Stephanie Savard | Because we're asked to explain all the models would take up a lot of our listening sessions are hoping people read that we're really just looking for people's opinions and have some questions that will pop for you. Next slide. Paul

Stephanie Savard | We wanted to give a summary on what we've done to date related to the gym and task force to really make sure that we are knowledgeable about this issue. So the first step we did take was the literature review.

Stephanie Savard | And you all have the link is here on this slide, but you also will all receive the link. We had two states that seems to be more proactive with using the actual tool.

Stephanie Savard | Washington state and Colorado Washington State has what's called the Ricky's law that they have been enforcing since 2017 and also are actually working to expand.

Stephanie Savard | The treatment centers that received folks from Ricky's law and we had a question and answer session. They, they escaped in and had a question and answer session with us.

Stephanie Savard | Oh rato also presented on their 1974 emergency commitment and involuntary commitment laws and did a Q AMP. A with us as well so that we can hear specifically from states that are using the tool and the model in their

Stephanie Savard | Region Lit Review, which we talked about. We then also wanted to get a perspective from an addiction medicine perspective. So we had Dr. David meanly

Stephanie Savard | Who is a specialist with a Sam criteria, which is often used to assess what level of treatment, somebody may benefit from depending on the substance use.

Stephanie Savard | Criteria that they meet. And so we had Dr. Really fall in and do question and answer session and the conversation as well from an addiction medicine perspective.

Stephanie Savard | We have reached out to all of the task force of the governor's commission to ask them to actually answer the same questions that you all are going to be looking at today.

Stephanie Savard | And trying to get feedback from the variety of task forces that the governor's Commission has representation represented

Stephanie Savard | And then we had the extensive review of the laws and other states, including our own New England states, what's around us.

Stephanie Savard | To get a sense of what isn't isn't implemented in other states. And then lastly, by no means least,

Stephanie Savard | Is the listening session that we're all experiencing today. Originally that listening session was planned months ago to be live and in person.

Stephanie Savard | But as we all know, we've had to pivot with Colvin and so we are now at a place of doing it virtually and we really appreciate you all doing that.

Stephanie Savard | I'm going to turn it over to Paul Kiernan from the Center for Excellence, just to talk about the logistics of using the zoom together and then we'll, we'll get started.

Paul Kiernan | Thank you, Stephanie Yeah. So just some housekeeping things. First off, some things that Stephanie had already mentioned, this meeting is being recorded.

Paul Kiernan | So make sure you have your name correct on your screen will go over how to do that. If you don't know already.

Paul Kiernan | Just so we know who you are. When we're taking notes and things like that.

Paul Kiernan | If you are experiencing any technical difficulties, please use the chat feature and chat. One of the tech co hosts either Lori or Taylor, they're identified by their title on the

Paul Kiernan | On their screen. You can chat them directly and work out any tech issues that you're having. If you wish to remain anonymous. And you'd like to be

Paul Kiernan | Identified if you're if you'd like to speak, please, please at least give us your initials, so that way we know how to identify you how to call on

Paul Kiernan | Remain muted until you are called on everyone is automatically muted when they come in the session. So until you are

Paul Kiernan | Called upon to speak, please leave yourself muted and then re mute yourself when you when you're done. And if you're able and comfortable with it. We ask that you turn on your video.

Paul Kiernan | So this next this next slide is just a little bit of overview of how to use some of the zoom function. So everyone's a little more comfortable so

Paul Kiernan | It's a little easier for you. We're going to stop, start in the bottom left corner. So if you look in the bottom left corner, there's a mute and unmute feature. This is how you toggle between mute and unmute

Paul Kiernan | So if you are called upon to speak you unmute yourself speak for your time and renew yourself when you're done. There's a spacebar feature. For those of you that are a little more advanced with with zoom that you can utilize

Paul Kiernan | But the simplest way to do it is to just mute and unmute using that toggle moving to the next one in orange to the right on the bottom is stop and start your video. So if for some reason you

Paul Kiernan | You need to take a call or there's some sort of distraction that you would like to be off camera for you can click that it will take you off camera and you can come back on camera. When you are ready.

Paul Kiernan | But with both there are more settings available, but those are the ones you're really going to need to focus on

Paul Kiernan | And moving over to the right. The next one is not highlighted, but I want to go over it is participants. So if you click on the participants and some of you can be kind of

Paul Kiernan | Trying to stuff out as your as you're in here. If you click on participants a box will come up on your kind of mid right hand side of your screen.

Paul Kiernan | There's a raised hand feature. And that's going to be really important because that's how we're going to identify people going forward.

Paul Kiernan | Alright, so click on participants go over to your right, you'll see a raised hand feature and you're going to click on that and that will virtually, raise your hand. So you can be identified to speak.

Paul Kiernan | Moving over to the right is the blue highlighted area that's the chat feature. Again, you use that. If you need technical assistance if you would like to send out just a group chat or if you'd like to chat. Another member

Paul Kiernan | Individually, you can you can chat them privately. Okay.

Paul Kiernan | And if we go to the next one. The next one that is highlighted in green.

Paul Kiernan | Is reactions. That's actually just a fun little one, you can use you can give a thumbs up. If it's something you really agree with you can applaud. If it's something you really feel strongly about. And your little box will have

Paul Kiernan | A set of hands clapping or thumbs up so you can utilize that one if you'd like. And we go up further. Now we're going to the top of our screen we have exit and enter full screen.

Paul Kiernan | This is to toggle between a full screen view or a partial screen view, we would recommend going into full screen so you get, especially with so many participants, you get the most screen utilized. Lastly, and I will call that teal. I'm not quite sure.

Paul Kiernan | Is this speaker view or gallery view. So that's a way you can toggle between the two views personally for this because there's so many participants.

Paul Kiernan | I would recommend using the speaker option, it will highlight whoever is speaking on the screen. That is the only frame, you will see the gallery view, you'll have multiple

Paul Kiernan | I always call them. The Brady Bunch squares on your screen. The speaker view will allow you to see just the person who's speaking. Okay.

Paul Kiernan | The other piece that I wanted to go over to change your name or to make sure that you have your name correctly identified. If you hover the

Paul Kiernan | Your cursor over the right hand top corner of your, your box there you'll see three dots. If you click on those three dots. You can scroll down to where it says rename

Paul Kiernan | Click on rename and that will allow you to rename yourself you can put in your first and last name, you can put in your initials.

Paul Kiernan | However you want to be identified, because like we had said this is being recorded and we'd like to know who shared what you know what thoughts. So again, hover over, you'll see the three dots come up. Click on that and scroll down to rename

Stephanie Savard | Everything pro

Paul Kiernan | Nope. We got one more.

Paul Kiernan | Okay. So, lastly, I want to go over just kind of the structure of how this is gonna. This is going to be presented

Paul Kiernan | Again, using the hand raise function that can be found under participants.

Paul Kiernan | And you'll be called on in the order by name. Okay, so when you click on that raise hand feature. It's going to put you in a queue and it's going to be by who raised their hand first, second, third, so on and so forth. Okay.

Paul Kiernan | For those of you that are only on the phone. If you would like to raise your hand to speak to be called upon to speak. You press star nine

Paul Kiernan | And you will be identified and called upon by the last four digits of your phone number. Okay, so that's star nine if you're on by phone and going down to the participants and clicking raise hand if you're if you're on the screen.

Paul Kiernan | It's important that we that you know how to utilize that one each participant will be allowed two minutes.

Paul Kiernan | To address the three questions. Please be aware of the time. Okay, it's, it's two minutes can seem, you know, like a like a long time, when you have something to say. But it can go by very quickly. So we ask that you're just aware of how much time you have left, and so forth.

Paul Kiernan | There will not be any responses. There's no back and forth here. So, you know, we're not we're not answering questions. We're not asking questions. This is purely a listening session to get an idea of what of what you think. Okay.

Paul Kiernan | Your responses are going to be based on the three questions that were sent out in multiple emails, if you forgot them. That's okay. I'm going to bring them up in the next slide and leave them up.

Paul Kiernan | And so that's that. So you'll have two minutes. We make sure that you know that you utilize just two minutes and you will be at when that two minutes is up, you will be asked to wrap it up and finish and we are going to move right on to the next person.

Paul Kiernan | If you run out of time. If you don't get to be heard, we will provide an opportunity that you can provide a written response, an evaluation will go out to you, you will be able to answer the three questions. Identify yourself and share

Paul Kiernan | Share your feedback. Okay. I also want to mention with the recording a copy of the recording will be made available publicly, it will be on the Center website.

Paul Kiernan | On the governor's Commission website through the Center for Excellence and you'll be able to get into listening to that at a later date if you'd like.

Paul Kiernan | So with that, I'm actually going to pass it over to Stephanie. She is going to MC this Jesse is going to be calling on people as they as the hands go up in in order and we'll go from there. So,

Stephanie Savard | Before we get that first person. Um, if you want to start saying, if you're interested, go ahead and do that because Jesse will folks will keep that in line and start calling on people.

Stephanie Savard | The thing that's important because I worry that people jump off before we're really done please know that with right now it looks like we have I think it's 55 participants 54 participants.

Stephanie Savard | If everybody wants to speak. We may not be able to get to everybody. So please know that there will be an opportunity for you to Write your thoughts down so everybody can be heard.

Stephanie Savard | And we really want to make sure that people have a chance to have their voice heard. So please, please, please fill out that form those three questions.

Stephanie Savard | We will make sure that you have access to that. So today, really quickly going to read the questions. You don't have to answer every single one. You can pick one. However you choose to do this is your choice.

Stephanie Savard | The first question is, what do you see as the benefits to involuntary civil commitment. Second one is, what do you see as the challenges to ICC.

Stephanie Savard | And then lastly, if there was an ICC model proposed in New Hampshire, what would it need in order for you to support it.

Stephanie Savard | What is important as a component or a part of the model that you think would have to be in order for you to say, yeah, it's a good idea.

Stephanie Savard | So we're going to turn it over and I will sometimes prompt people we're getting close to that two minute mark. So I'll do it as politely as I can. I don't want to cut anybody off, but we want to make sure everyone has an opportunity

Jessie Daigneault | Okay, first we have Robert feder

Robert Feder | Okay, can you hear me.

Stephanie Savard | We can

Robert Feder | Well, I am a member of the New Hampshire psychiatric society, which is the state, district branch of the American Psychiatric Association, which is the primary

Robert Feder | professional organization for psychiatrists in this country and I have spoken with a number of people in both of these groups and the things I'm going to say reflect the feelings of those organizations as well as my own feelings.

Robert Feder | One of the significant things about this whole situation that that strikes us is that 38 States currently have laws on civil commitment for substance abuse, but only for are actually using them right now.

Robert Feder | Florida Massachusetts Washington and Colorado, which indicates there must be some problem, you know, with the states that have an act of these

Robert Feder | And in, in the absence of any meaningful data on the success of involuntary treatment for substance use disorders.

Robert Feder | Both the New Hampshire psychiatric society and the American Psychiatric Association neither support or oppose substance use.

Robert Feder | Commitment statues, because we just feel there's not enough information to really come to a good decision about this, however.

Robert Feder | Both organizations feel very strongly that if any civil commitment process where to be created, it has to include four very important aspects. One is that

Robert Feder | Patients who are committed to treatment have to have an evidence based treatment that has success in the medical literature so that we know they're committing them to something that's worthwhile.

Robert Feder | And such programs must include encouragement of medication assisted treatment with medications such as buprenorphine Naltrexone cam Paul and others.

Robert Feder | The second factor is that dedicated funds for this treatment must be created and set aside and not be taken from any currently existing programs. Thirdly, such programs have to ensure ongoing treatment after discharge.

Robert Feder | Both to, you know, ensure that patients are continuing to benefit from treatment and also to reduce the likelihood of fatal overdoses which are our real problem when patients are discharged from treatment, especially for opioid use disorder. And lastly,

Robert Feder | We feel very strongly that such programs have to be administered through the health system and not the criminal justice system and that involvement in a program be kept confidential and not lead to difficulties in securing employment or housing.

Stephanie Savard | So thank you so much. Robert, I that two minutes but fast, we said it would. So thank you so much. We'll move on to the next person.

Jessie Daigneault | Next we have Holly Stevens.

Holly Stevens | Hello, I

Holly Stevens | This is my personal feelings on this. I work new futures as a health policy coordinator, but this is not a position of new features. This is my own personal position as a new hampshire resident when

Holly Stevens | I first started in my in mental health. I did crisis work in Maine. And one of the things that was a

Holly Stevens | Big due process issue was committing people civilly based on substance use disorders. So I think that the benefits are you can save lives.

Holly Stevens | But I think some of the challenges are, you have some due process issues because most people who are using don't have an intent to actually die. So, you know, how do you parse that out.

Holly Stevens | And I agree with

Holly Stevens | With Robert that you know if you're going to be looking at a system with

Holly Stevens | civil commitment for substance use disorder, you need to have a follow up treatment which right now. I don't know that we have an answer.

Holly Stevens | And you need to have the funding behind it so that somebody isn't just simply committed for a detox and then released and then you know what happens to them. So I think that it really needs to be thought through, you know, what are the plans for folks that

Holly Stevens | You know, and even with a mental health old it's 72 hours. So if somebody goes in for a 72 hour detox.

Holly Stevens | Are they able to be a release at that point in time. And if they don't want follow up. What are you going to do about it.

Holly Stevens | And if they do want follow up. Are we going to have the treatment available. So those are my my concerns and my thoughts.

Stephanie Savard | Thank you so much. Holly. Appreciate it, who's next.

Jessie Daigneault | I am followers next

Ryan Fowler | Great, thank you. Hi, everyone. My name is Ryan Fowler. I work for the HIV. HIV Resource Center in Lebanon, New Hampshire, and I coordinate a certain services program in Clermont

Ryan Fowler | I'm speaking here solely on behalf of myself person in recovery from substance use disorder certified recovery support worker and you know somebody who advocates for the rights of people who use drugs and alcohol.

Ryan Fowler | I adamantly opposed any sort of punitive approach to treatment I adamantly opposed any health issue being put into the hands of law enforcement and the criminal justice system.

Ryan Fowler | You know right off the rip. We talked about how this initiative lacks evidence and

Ryan Fowler | It's the same reason that jails and prisons lack evidence because states like New Hampshire don't track recidivism, and don't track outcomes. But we know that

Ryan Fowler | Prohibition doesn't work punishing people for mental health conditions don't doesn't work. And we need to, you know, take healthcare issues out of the criminal justice system and put it into the hands of healthcare workers, you know, I

Ryan Fowler | Know that goes across board about reallocating funding this sounds expensive. It sounds effective and it sounds like it's going to

Ryan Fowler | Reach Rama ties. A lot of people I've worked in residential treatment. I've been in residential treatment for different times.

Ryan Fowler | When you have people who are mandated to treatment, it really impacts the recovery community within the center and I've seen that a staff and I've seen that as

Ryan Fowler | A client. And, you know, we need more treatment options. I've told far too many people that they have to wait for treatment, and the idea that law enforcement could mandate people into those beds is a little frustrating.

Ryan Fowler | So yeah, that's my spiel. Thank you for listening. Again, those are the thoughts just me myself as an individual. I'm only reading the Ryan Fowler hat right now. Thanks.

Stephanie Savard | Thanks so much, Ryan appreciated.

Jessie Daigneault | Thanks, Ryan. Next we have Joshua Cole.

Joshua Cole, MD | Hi everyone, I'm

Joshua Cole, MD | Like I'm talking solely from myself but I'm a second I Chris that because mental health center and I'm a psychiatrist, which is on the

Joshua Cole, MD | ACC team, which is the assertive community treatment team, which is evidence based treatment for the severely ill and

Joshua Cole, MD | I'd say about half my patients and the mental health equivalent of a civil commitment and my experience with it is that it does indeed safe lots of patients come in, they're mad. They're upset. They don't want to do what, um, but after three or four months.

Joshua Cole, MD | they've accepted that they need to take their meds, they've accepted that they need help and

Joshua Cole, MD | Their lives improved greatly, and most of my patients are dual diagnosis and the substance abuse.

Joshua Cole, MD | Issues.

Joshua Cole, MD | That we handle also greatly improve because

Joshua Cole, MD | If they relapse. There's the

Joshua Cole, MD | We have the opportunity of having them returned back to New Hampshire hospital to sober up and try again. And I've never had a patient bounce in outwards and three times for substance abuse issues before they

Joshua Cole, MD | Get the message that they really can't use and then they start getting stability and

Joshua Cole, MD | Start living your life again. Thank you.

Stephanie Savard | Thank you so much. Joshua. We all want to be where your screen is

Stephanie Savard | Appreciate the words, who's next. Jesse

Jessie Daigneault | Shanahan listening.

Sarah Shanahan | Hi, thank you all so much. I'm I'm juggling, a lot of technology. Can people hear me. Yes. Great. So I am the Education and Training Director for Haven. We are the largest domestic and sexual violence crisis center in the state. I also serve on the Governor's Prevention Task Force.

Sarah Shanahan | And I would thank everybody for their really thoughtful words. I guess the reason that I'm here is I feel like

Sarah Shanahan | If we're talking about any type of involuntary commitment that we really need to keep an eye to history to look at who that impacts the most

Sarah Shanahan | And historically, any type of involuntary commitment has disproportionately impacted women, minorities and the LGBT community.

Sarah Shanahan | And we are not so far away in the number of years from

Sarah Shanahan | From when a husband could have his wife committed for not doing her chores that parents could have their children committed for being gay or lesbian

Sarah Shanahan | And I know that's not what we're talking about here, but we just want to be really, really cautious anytime you are taking away. Somebody writes in that way. What we see in the domestic violence world is that this for a lot of abusers would provide an opportunity

Sarah Shanahan | If done incorrectly to discredit their partner to challenge their ability to parent or retain custody of their children. So just keeping in mind all of those factors when we're looking at language.

Sarah Shanahan | I know that there are some times

Sarah Shanahan | When having an ability to have somebody receive treatment, whether it's mental health care or substance use treatment.

Sarah Shanahan | Could de escalate some law enforcement involvement and that's something that could really be positive, but we just want to be very, very mindful of the unintended consequences with something like this. So thank you so much.

Stephanie Savard | Thank you very much, and we really appreciate your Elvis behind you.

Stephanie Savard | To begin, anybody else. Yet, raise your hand, Jesse.

Jessie Daigneault | We have one more person Teresa, the dollar.

Jessie Daigneault | Tree see your I'm you.

Stephanie Savard | Know to me. We can't hear you. Teresa.

Theresa Vadala | Can you hear me now. Oh.

Stephanie Savard | We got you now and Teresa will let you go. Three minutes because we've been a little slow on the hand. So we're going to go for three minutes on that one. Lori. Okay.

Theresa Vadala | I'm speaking from a mom with the daughter that had a heroin while she still does. But she's been clean for eight months. But when I found out

Theresa Vadala | She was using and the extent of that she had just turned 18

Theresa Vadala | And

Theresa Vadala | The hoops that you have to try to go through with an 18 year old because she's of age.

Theresa Vadala | I have two college degrees and I was frustrated and, you know, we, I personally believe it's a brain disorder. So I think sometimes they want help, but they're not in the right

Theresa Vadala | frame of mind or, you know, she was 18 but probably the maturity of a 13 year old and I just found that there was obstacle after obstacle after obstacles because of her age, being of age and me my hands the entire not being able to

Theresa Vadala | Step in and even when she wanted to go herself. She couldn't even navigate those steps to get help. So I had to help her with those two. She's just was too mature.

Theresa Vadala | You know too emotional too many mental health issues.

Theresa Vadala | So I'm for at, you know, some people in Massachusetts, where

Theresa Vadala | You know, it saved their kid's life and as a mom, I think I put it got my daughter how faster than what she finally was able to do with my health, but I'm

Theresa Vadala | Just would be nice when you're seeing them in destructive behavior, making bad choices, not in their right mind.

Theresa Vadala | To be able to go somewhere and maybe get them somehow.

Theresa Vadala | And I understand from the psychiatrists and the other ones, the challenges of that I worked in the court system for a lot of years as a court reporter, so I definitely would rather see it more in the hands of healthcare workers in the criminal justice system.

Theresa Vadala | And that's about it. Been a long journey. I hope this does pass in New Hampshire for any other mom up there that has a loved one that just turned 18 and the state of New Hampshire saying she's an adult, she has to make these calls and get insurance and do all those things by yourself.

Theresa Vadala | That's that.

Stephanie Savard | So much for sharing Teresa. We appreciate it. Think we have another hand raise

Jessie Daigneault | Them accounts next

Jessie Daigneault | I think you're on mute.

Susan McKeown | Thank you.

Susan McKeown | I'm a certified prevention specialist, and a retired nurse practitioner 41 years

Susan McKeown | Also a parent and a facilitator for the faster real family support group for families who have a loved one with substance use issues. So this comes up a lot, and I really want to thank everybody for their comments.

Susan McKeown | You know Ryan for his health care versus criminal system. Absolutely. And

Susan McKeown | This is why I'm even happy lately that the say stations as much as I have loved them and happy to have them.

Susan McKeown | have now gone into the hospital settings, which is where healthcare, you know, should be happening when we're dealing with these the illness of substance use disorder.

Susan McKeown | I appreciate Dr Federer and Dr. Cole's comments and I had written down some of the things that I was thinking about also and Dr. Federal said that perfectly

Susan McKeown | Using the evidence based so that we know that people are not and and Sarah's point to about watching you know when people are committed is terribly important. But having evidence based information evaluations that are done, case management follow up.

Susan McKeown | Is going to be this is such a long term thing. It can't be the five day detox, type, type thing, or we're not going to see any change.

Susan McKeown | And that it happens through the healthcare system with funds that are allocated for this because it is a health issue and I think that really is all I have to say. So I see it from a personal and professional point of view, and I really hope it's something that we can support.

Stephanie Savard | Thank you so much, Susan always appreciate your words.

Jessie Daigneault | Eric Martin.

Eric Moran | Hi, my name is Eric Moran. I'm like, Ryan. I'm also a certified recovery support worker.

Eric Moran | I guess I guess the bottom line is, is then very few incidences where I wished I could have done something like this. And that would be actually my, my wife if

Eric Moran | But I believe that is a huge violation of somebody right

Eric Moran | And if it was to happen. It would have to be a completely separate facility because people who want treatment and people are forced in the treatment.

Eric Moran | Would would conflict with those who actually wanted the treatment. And since we have such a shortage of beds for those who are already seeking treatment, it seems as though it would be a very foolish move at this point in time.

Eric Moran | just my opinion.

Stephanie Savard | Thanks so much, Eric. We appreciate it.

Jessie Daigneault | Oh,

Jessie Daigneault | Sorry.

Debra Altschiller | Thank you know you said it right. So I'm just curious. I was on another call. So I came in a few minutes late and I missed. If we did general introductions.

Debra Altschiller | But my name is Deborah altschuler I work for haven but and I also serve in the legislature. And I'm wondering if there's anybody here on the call that is representing the courts.

Stephanie Savard | We didn't do introductions, because we have about almost 60 participants. If somebody wants to write in the chat box if they're here from the court. They certainly can do that and we can let you know. Yeah.

Debra Altschiller | Can I want to make sure that

Debra Altschiller | Before there's a

Debra Altschiller | There's momentum to move this forward that this particular issue as address with the courts that they're able to handle that kind of influx of a new type of IE and also that

Debra Altschiller | That there's people here from the mental health community. I'm not sure that nahmias here. I can't. I haven't looked at the participant list yet.

Debra Altschiller | You know, I was on I was with Ken Norton this morning.

Debra Altschiller | And the idea of, you know, bringing up another IE. A is, you know, we need to proceed with extreme caution, for the reasons that

Debra Altschiller | For the reasons that Sarah outline before that.

Debra Altschiller | Oftentimes, if this can be a beat. This has been abused in the past. So we need to make sure that there are car boats and protections and that we have the full support of the courts and that there is

Debra Altschiller | That we're talking about training, those people that are going to be making that testimony to the courts, who will ultimately be making this decision in collaboration with the other substance misuse.

Debra Altschiller | People who are on Eric Murray fruits like the people like Eric Moran, and the people like Delhi champagne, who are. I can see is here. She's in my bottom left corner. I don't Delhi.

Debra Altschiller | There that all of us are on the same page before we move forward. So just want to make sure that the courts are under consideration here.

Debra Altschiller | I'm going to take any other questions offline. Myself.

Stephanie Savard | Thank you so much. Deborah much appreciated.

Jessie Daigneault | We have Michelle Lynn.

Michelle Lennon | Hi, my name is Michelle me Nick is the executive director of the greatest tool and area family Resource Center. I'm also a CRS W also a family member of someone who's in recovery from heroin and pain medication.

Michelle Lennon | And also not wearing the hat, but also on the substance use advisory board for

Michelle Lennon | New features and then also on the board of a federally qualified health care clinic and part of the partnership Republic's health

Michelle Lennon | Substance Use arm prevention wise.

Michelle Lennon | It's just really concerning to me that we're talking about this at a time when the recovery community organizations funding has been cut pretty substantially

Michelle Lennon | And I know that we are like so overworked right now. We do believe in harm reduction but largely it's because we don't have access to the needed resources as it is for people that are looking for.

Michelle Lennon | Treatment. I know just two weeks ago, we were looking for treatment bed for somebody with Medicare and it took 34 phone calls and cooperation with our locally federally qualified health care clinic to locate a bed, and it was in Florida.

Michelle Lennon | So, you know, I think to myself, when we talk about involuntary commitment. What about the people that are sick and suffering and are looking for treatment today.

Michelle Lennon | Well, we don't have the resources statewide to provide for those individuals and other issue that we're seeing is we're training up our CRS W's well beyond what they should be doing, because the resources don't exist.

Michelle Lennon | We can have people voluntarily, you know, go for evaluation because of suicidal ideation right now and we're seeing people dismissed pretty quickly.

Michelle Lennon | If substance use as part of the picture. We've gone through attempts with individuals and a half hour later, they're discharged. We've had one person that

Michelle Lennon | Was voluntarily committed and even after speaking with the counselor, saying that he was a threat to himself and his girlfriend being discharged and we had to have the police take him out of our center.

Michelle Lennon | When he showed up and went after his girlfriend. So it's just really concerning to me you know that we have six months waitlist right now for mental health counselors for children.

Michelle Lennon | With issues in our community. And I just, you know, I feel like at the time when we're seeing mental health issues really rise in the recovery community.

Michelle Lennon | The peer supports you know do amazing job of helping people remain in recovery maintain their recovery in community with a live within their families.

Michelle Lennon | But we're not seeing the support behind it statewide. The way we were saying it prior to cover it, to be honest with you, seeing the funding cut across the state for the recovery centers.

Michelle Lennon | I believe that's like 15 of them that are experiencing that at the same time we're talking about increasing services in the field. And if we have no place to connect people to what good will this do

Michelle Lennon | In the long run in everything that Ryan Fowler said I second it because we've seen this firsthand. We offer sober parenting journey as one of our pyramid programs when people were mandated to the programs it deflated the entire class.

Stephanie Savard | Okay, thank you so much. Michelle.

Jessie Daigneault | I don't see any other hands up at the moment.

Stephanie Savard | So we're looking for other other input.

Stephanie Savard | Here.

Stephanie Savard | We still have the slide up Paul, I just realized I don't see it on mine. I don't know if that's helpful if people see the questions again.

Dellie Champagne | Is it okay if I speak. I have my hand up and I don't know if you can see it.

Stephanie Savard | Oh yes, go right ahead. Delhi.

Dellie Champagne | New. This is Delhi champagne and I am speaking from personal experience. I work at new features, but I'm not speaking as an employee of new futures

Dellie Champagne | So I just, I know this is so complex and so complicated if it had been easy. We would have gotten it done a long time ago.

Dellie Champagne | But I just wanted to talk about some of the trickle down effects of not helping folks who need assistance, who can't seem to get it on their own. And I wanted to just address how

Dellie Champagne | Personally. This affects the family. So I married my college sweetheart, knowing he had I still use the term alcoholic, so forgive me if I say that, knowing he had

Dellie Champagne | A substance use problem, but I was going to fix him. You know, I was one of those. And so for 35 years I stuck it out. And sometimes when I talk about this. I cry so, I'm sorry.

Dellie Champagne | So for the last three years, it was so unmanageable for our family that I became suicidal and I could not see a way out for me and my family, so I

Dellie Champagne | Started thinking about that was the only way for me to get out and and didn't, didn't do that because I had two boys that I had to protect. So I have since left my husband and our family has broken up.

Dellie Champagne | And would have honestly loved to have an opportunity to simply commit him because I think our family, our family would have probably stayed together my two sons both ended up with trauma and are in counseling and this is still, you know, affecting our family to this day.

Dellie Champagne | My older son was born with schizo affective disorder, a serious and persistent mental illness and we have had to, I eat a him on three occasions, and I do believe those three occasions saved his life so that has been my personal experience with IAA

Dellie Champagne | I really want us to consider as we're having these conversations about how not helping someone in such distress affects the entire family. So thanks for letting me speak.

Stephanie Savard | And you so much for sharing daily a couple of these really quick things before we go to the next person.

Stephanie Savard | If people enough that you just did this deli, but in the past people have used some acronyms. It'd be really helpful if people can use the full

Stephanie Savard | Over that's called like you know spell it out for us. So we all clearly know what folks, you're talking about it will help everybody, and I appreciate that we have an X person Jessie.

Jessie Daigneault | Next person is Donna Jones.

Stephanie Savard | Gonna say that dinner.

Dawna Jones | There we go. Hello. Can you hear me.

Stephanie Savard | We got to Donna

Dawna Jones | Hi, I'm sorry about the video my internet service is not very good.

Dawna Jones | So I'm Donna Jones. I am a director of a DWI program. So I work with MS medical treatment, but also worked on an ACC team so worked with people who were on conditional discharges.

Dawna Jones | After an involuntary emergency admission and forgive me. I'm horrible with names that the Second Gentleman that talk. The doctor from sea coast.

Dawna Jones | And I support what he said. I think he had a lot of really great points about the benefits of conditional discharges and I, as I think in doing that, we would really

Dawna Jones | Really need to consider the reason and when it works so well tends to be the clients that come out and can go on to act teams, such as he described

Dawna Jones | And and where with those services come from. So would it go to community mental health, all having to have a dual diagnosis team and could they support that.

Dawna Jones | And you know, when we look at the doorways. It was a great idea. However, the lack of follow up and care afterwards is really where they've fallen short

Dawna Jones | And we would, that is, I think what makes the IAEA and the following conditional discharge so beneficial is that ability to have that intense amount of support when they come out.

Dawna Jones | Because you know you're 28 days or whatever you do for detox or rehab.

Dawna Jones | The support is more so many good afterwards and the follow up really we're lacking in New Hampshire. Unfortunately, in all aspects of care, but that is a huge lack of what we have for services for afterwards as well. And then I support what Ryan said as well. But I think having a

Dawna Jones | Separate unit for people who are mandated treatment because while it is really great for them to have motivated people around them.

Dawna Jones | Can be really detrimental to the people who are very motivated to treatment to have a lot of court order they're mandated people with them. So just think there's a lot of aspects to consider.

Dawna Jones | And how to make it work. And the last concern, I would have is just in seeing

Dawna Jones | A lot of the misuse of a Sam and putting people into residential just a really strict monitoring of who would be able to say that that client does need a Sam criteria to mandate their residential treatment.

Dawna Jones | Because I know that there are a lot of people out there using a Sam that really have not been properly trained and I know that we do misuse residential quite a bit. So that would be a concern as well.

Dawna Jones | Okay.

Stephanie Savard | Sorry. Thank you Donna. I appreciate it.

Jessie Daigneault | But, Karen. Other hand, though.

Stephanie Savard | Was it

Stephanie Savard | What was that name again, Jesse.

Jessie Daigneault | Susan account.

Jessie Daigneault | Oh, sorry. Okay.

Susan McKeown | Yep, three things. First of all, Delhi. Thank you for sharing your personal experiences, those are ones. I'm very familiar with facilitating the faster family support group where we hear every week for the last 17 years the really personal experiences that families are going through

Susan McKeown | And Michelle brought up such an important point that comes up all the time. Is that workforce issue.

Susan McKeown | We are we are have some real serious issues with workforce. I think we all know what we'd like to see done in a lot of arenas.

Susan McKeown | with mental health issues and substance use issues. We certainly seen an emergency rooms where be fed holdovers and everything, because we don't know where to refer

Susan McKeown | So that is something that, but to me it's almost an important category but another category. I don't want to see us use that as a reason

Susan McKeown | Not to implement ICC, because we don't have the workforce. I think trying to implement it can put a demand on that addressing it and it needs to be increased.

Susan McKeown | And then the benefits of ICC save a life. We have it for mental health and certainly suicide is an imminent danger.

Susan McKeown | But I think we all know that substance use has awful lot of overdoses and deaths. And so that's the reason when I think of, you know, the substance use disorder and having ICC for that because it is such an imminent danger for life and death that

Susan McKeown | It could be a great asset.

Susan McKeown | Thank you.

Stephanie Savard | Thanks, Susan.

Stephanie Savard | I think Donna's I see you're raising your hand, literally, I happen to see the flag.

Donna Marston | You know,

Donna Marston | Trying to I'm not that technically

Stephanie Savard | It's hard to see you wave. So we'll go with your neck. Thanks, so I'm

Donna Marston | Sorry represent families family Shan without shame. I've been running support groups for nine years I have 192 members and in New Hampshire.

Donna Marston | And as a parent watching my son died, you know, he's dying before me, and there was nothing I could do with no out

Donna Marston | And and it was it was awful. It's traumatizing and and I get that it can be traumatizing for somebody who's, you know, may have to go into treatment, but it's, we're also traumatized as parents and

Donna Marston | And when I when I went through this, this was in the night late 1990s, my son got sober in 2008

Donna Marston | And it was it was horrible. And many of us have compassion fatigue or at posttraumatic stress. I had Post Traumatic Stress now.

Donna Marston | And I've had a monk commit suicide because there's nothing she could do to help her child. So I support it. However, I think everybody's, you know, everybody has, as what they have to say.

Donna Marston | Is important, and I do like putting it through the health care system rather than with the law enforcement Brian has some great points of

Donna Marston | Maybe moving some of the funding around in some of the programs to fund something like this. But the biggest issue is, where are we going to put them there. You know, there's a bad situation is is limited and

Donna Marston | But net. My last point is when somebody's sick and suffering. Sometimes they just, they can't make a decision for themselves and to have that being being committed to have maybe if you dare to have some clarity, they may just make the decision to seek treatment. Thank you.

Stephanie Savard | Thank you Donna

Jessie Daigneault | Effort fetter is next.

Robert Feder | Okay, yeah, I guess I already spoke once, but I guess in the absence of any other people. I just wanted to add a little that I didn't have time to the first time I spoke and mostly some feedback that we've gotten

Robert Feder | From our colleagues in Florida on how their

Robert Feder | involuntary commitment act, I think, which is called the Marchmont Act has played out.

Robert Feder | Apparently it varies greatly by county, because the funding for this is up to the county apparently in Florida as opposed to the state as a whole and some counties have set aside funding for treatment.

Robert Feder | But a majority of the counties, the question Who pays for treatment deters the law from being fully implemented and

Robert Feder | Because cost is a primary barrier people that are committed may opt not to comply with the court order and they could be jailed for that. But apparently, most of the courts are reluctant to put people in jail. So the end. The end result is the act ends up not getting really

Robert Feder | You know enforced. Another issue that came up in Florida was that the law dictates that order should be kept confidential and not in public record.

Robert Feder | But some individuals who had been committed have reported having multiple court orders on their record and that this has kept them from some curing employment or housing, even after treatments over

Stephanie Savard | Thank you so much, Robert.

And then keep next

Kevin Keefe | Sorry, she said, unmute and I was trying to get my notes together.

Kevin Keefe | Thank you. My name is Kevin Keith from a licensed social worker here in New Hampshire, and I am a vice president of NSW, New Hampshire.

Kevin Keefe | And I work at West bridge in Manchester, and we serve adults and families living with severe persistent mental illness and substance use disorders, and I'm not officially representing any of the above, except myself and my experience and I have to thank everybody for sharing.

Kevin Keefe | heartfelt and thoughtful comments and to be succinct, which is not my strong point so

Kevin Keefe | As far as benefits of ICC.

Kevin Keefe | You know as Susan said it Delhi said it, and others saving a life.

Kevin Keefe | That's the bottom line for benefit of

Kevin Keefe | Involuntary civil commitment as far as challenges that plenty

Kevin Keefe | It's just mentioned, you know, the in relation to 42 CFR Part two and confidentiality for folks and substance abuse treatment anything related to a court order.

Kevin Keefe | Is an issue. It's a huge issue.

Kevin Keefe | As a social worker, any, any violation of our ethical principles of socially responsible self determination. We have an issue with

Kevin Keefe | As far as the administration of this treatment options, making sure there's a continuum of care and not just a one and done civil commitment.

Kevin Keefe | As mentioned earlier, some of the holes in the process of someone on the road to recovery is not just the the open door, but also the follow through and having resources available to support continued recovery.

Kevin Keefe | As far as. Let's see.

Kevin Keefe | Know my experience. I used to live and work in the state of Washington and civil commitments ruled for part of the criminal justice system. So I want to make that very clear as part of the criminal justice system for folks extending their

Kevin Keefe | Commitments post what the courts have determined, but the commitments were based on the risk to the community and it was so tightly is such a narrow scope that was hardly utilized and this was actually for minors.

Kevin Keefe | So in order for this if it did go through what I would like to see is a very narrow scope which would

Kevin Keefe | clear criteria, so to speak.

Kevin Keefe | So this does not get abused and unfairly or just purport disproportionately put on folks have said earlier, women, minorities hell beachy Tikun community and the poor.

Kevin Keefe | Thank you.

Stephanie Savard | Thank you so much. Kevin, appreciate it.

Jessie Daigneault | I don't see any more hand.

Stephanie Savard | A Paul put in the reminders for folks that if you hover down below. Under the word participants that shows you how to raise your hand if you click on that. Looks like we just got one.

Jessie Daigneault | Melissa fill out. Sorry.

Melissa Sidilau | No worries. I'm Melissa said hello I work it. The Boys and Girls Club here. And so, Megan Valley and we have a group called Community actions for safety teens and one of

Melissa Sidilau | Another group that we have as a children's resiliency retreat and that's for kids who are impacted by a loved one substance use disorder. I'm speaking personally for myself. Um, and

Melissa Sidilau | I

Melissa Sidilau | Apologize. I haven't had a chance to beat all the literature, I just recently found out about this.

Melissa Sidilau | Which I will fill out the survey afterwards. Um, I do totally believe that it would save a life. But my concerns are.

Melissa Sidilau | Are the challenges that I see is what would happen to their children on. We see a lot of kids whose grandparents are raising them the grandparents are completely overwhelmed.

Melissa Sidilau | They don't have the fundings and needs and stuff to take care of them and I something that I know we've seen a lot

Melissa Sidilau | So in in a case like you know an ICC. I'm just not sure maybe looking at the data from other states what they have seen with the impact that it has on the children's in the family and how the kids are taking care of the children are living at home with that person at that time.

Stephanie Savard | Thank you so much, Melissa.

And Nancy

Jessie Daigneault | And far I can push

Stephanie Savard | Me Nancy t

Jessie Daigneault | You know, they get

Nancy Triantafyllou | Well, today, and thanks everybody for all your thoughts and sharing. So I'm doing a license clinician with the state of New Hampshire. For the past. I don't know 25 years and I working I have different hats multiple capacities, one of my job's

Nancy Triantafyllou | Clinical Director of the care coordination program. I have a lot of thoughts about

Nancy Triantafyllou | The civil commitment. I think it's a very complicated issue. I just speak for myself like everybody else, almost. So it's a complicated issue and, you know, just like everything else in life can be used as a tool or a server.

Nancy Triantafyllou | I personally neither support or oppose the IP to the idea of this time.

Nancy Triantafyllou | Because I supported because, you know, part of me supports it, because how can we argue with human pain and suffering.

Nancy Triantafyllou | Both from the perspective of the addicted person or their family and their loved ones, how can we argue with them.

Nancy Triantafyllou | On the other hand, and

Nancy Triantafyllou | You know we do like research resources and funding and economics, which leads to sometimes half measures and I don't think that no and in involuntary civil commitment or five days will do anything good.

Nancy Triantafyllou | Maybe just remediate for the immediate need, but you know, I'm not sure. Like they say in the a pen name literature is 50 miles into the woods and 50 miles out

Nancy Triantafyllou | So if one has developed all these behaviors over a multitude of yours or a lot a length of time it will take a long time to for the brain to to go back

Nancy Triantafyllou | So unless I see some dedicated more dedicated resources and funding and case management afterwards because you know there are multiple niches that that follow. How can one remain survey. No, they don't have housing. They don't have

Nancy Triantafyllou | The basic needs met. Not what's there in the motivation. So they need to be follow up and case management in housing before I would fully support involved a civil commitment. Thank you.

Stephanie Savard | Thank you so much, Nancy.

Jessie Daigneault | Next we have Diane front now.

Diane Fontneau | I'm sorry I was late and I apologize, my video is not working at the moment but

Diane Fontneau | A couple questions. And again, I apologize. I haven't read everything on this, but I am wondering who and at what level would we have in place to assess how bad does somebody have to be before they're in voluntarily committed for alcohol and drugs.

Diane Fontneau | Most of the calls that I get seacoast mental health center substance use, program manager.

Diane Fontneau | Most of the calls I get are from moms who are terrified, they're going to lose their children and I get that they've watched them someone earlier talked about really watching their child died before their eyes and I hear that a lot.

Diane Fontneau | And I don't know who really would be responsible for assessing how bad is bad enough to be in voluntarily committed

Diane Fontneau | I don't know if other states have a good outline on how that works. Um, also, I wonder if we have stats for New Hampshire. I'm that

Diane Fontneau | Has anyone done any research in New Hampshire on how many people would maybe be eligible for this, what size of a facility, would we need for this couple people talked about keeping separated. People who are mandated versus people who are not

Diane Fontneau | Court ordered or whatever. In my personal experience. It's not usually as important what bring someone in to get help, as it is what they do, once they get there. So I don't know if that's as big an issue. And I think the infrastructure for this.

Diane Fontneau | That, you know, thinking right now would be a little bit overwhelming unless we did it in pockets in communities in regions similarly to the way the doorway was set up, although

Diane Fontneau | The doorway faces many of the same barriers that I think this would face, and that is that

Diane Fontneau | There are no housing resources. There are very few treatment resources and so although we opened up doorways and we have people flooding and looking for treatment.

Diane Fontneau | We have many less places to send them than we have people looking for treatment. So that would probably need to be fixed ahead of the game. I think before I could really support this.

Diane Fontneau | And and people discharging to homelessness out of New Hampshire state hospital and and and other coming out of I

Diane Fontneau | Positions, how is what's going to happen when we send someone ICC for alcohol and drug just to have them return to communities where they came from, where there are no other resources for housing or services.

Diane Fontneau | And it almost feels like

Stephanie Savard | We may be like in Stan

Diane Fontneau | Sorry, we might be doing this backwards. I think

Stephanie Savard | I really appreciate your word. Sorry to have to

Stephanie Savard | shorten the time. But thank you so much.

Lucious

Stacie Lucius | Hi I'm Stacy Lewis again.

Stacie Lucius | Chief of Clinical Services at West bridge. I am a duly licensed clinical mental health counselor and substance abuse counselor, although, again, these are my personal views and opinions based on my own personal and professional experience, not necessarily that out of West bridge.

Stacie Lucius | So I appreciate everyone's thoughts. And I also want to preface that I recognize the financial challenges and all the other challenges and I'm certainly not dismissing those we would certainly have to come up with solutions for those somewhere, but some of my thoughts are

Stacie Lucius | Similar to what some other people have said, I don't think this is something to be taken lightly, such as with the IAEA process right now for mental health. I think there does need to be very stringent kind of a narrow scope of what that means, because I don't think it should be a first

Stacie Lucius | You know, the first two lines of resource for a family or professional to get someone into treatment.

Stacie Lucius | So, and I firmly believe that once somebody does get into treatment if there were to be this process.

Stacie Lucius | And to get behind it. It can't just be about detox or an initial treatment, there has to absolutely be

Stacie Lucius | Some kind of continuum of care and I'm a huge proponent and fan of assertive community treatment or a model like that.

Stacie Lucius | But also something that includes the families. So there's a family support models. So there's vocational supported employment opportunities. I mean, a lot of people that really maybe need this. They need an opportunity

Stacie Lucius | Yes, there might be trauma, along with it. If somebody were to go through this process, but I think there. It also can be an opportunity, and I've seen that from

Stacie Lucius | Some experience in Florida, where it can be an opportunity if there are community supports in place so that people have social connection. They have connection to a community that's healthy for them and families have support so that way.

Stacie Lucius | This person may not stay in treatment and the family needs to know resources and supports to get through that as well. So

Stacie Lucius | I think those are my scattered thoughts, but I think I said the bulk of them and

Stacie Lucius | Hopefully kept it under two minutes. Thank you.

Stephanie Savard | Good, thanks. Stacey.

Jessie Daigneault | see any other hands at the moment.

Stephanie Savard | Okay, just going to give it a little bit to see if others, raise your hands.

Stephanie Savard | Know, a few people have put things in the chat box, which we appreciate will take that input as well. Hopefully, it looks like, yo,

Jessie Daigneault | Deseret are

Desiree R | Hi there. Um, yeah, I had raised my hand and then unraised it. I'm pretty new to this. I'm just speaking from personal experience. And this is a family member that is a substance has a substance abuse issue. So I just wanted to kind of put in my two cents of what I think the benefits are

Desiree R | The family member.

Desiree R | My experience has been that they didn't have the capacity to

Desiree R | They seem to have the desire in the past, but they didn't have the capacity to make that decision for themselves and thank you everyone for sharing your stories because it was really helpful for me to hear about other experiences. I just wanted to also mention

Desiree R | As far as a financial cost. I think I don't know what the research is. But I'm curious, you know, what is the long term cost. I think a lot of people don't have insurance, in our case,

Desiree R | You know, these the cost has to be picked up somewhere there's also cost for it could be, you know, public assistance for the family.

Desiree R | And what does that look like to you. I think there's a lot of indirect costs that could be associated with recovery and substance abuse, like many others. I definitely have concerns about how

Desiree R | What the criteria is and also the follow up.

Desiree R | But I'm hopeful that, but a lot of the concerns can be mitigated. I think that that it's in my case, in my experience, I think it would have been really important

Desiree R | It in my case, we didn't meet the, I think that as a criteria to the covered and so

Desiree R | We are, I guess I felt like I really had no place to go, they really had no place to go. There was just no support and and this is current. So, you know, it's just kind of feels like we have nothing so

That's just kind of my two sons

Stephanie Savard | Thank you so much Deseret. We appreciate it. Thank you.

Jessie Daigneault | Howard.

KEITH HOWARD | Hey, yeah. So I'm Keith Howard and I've been listening and driving and had to pull over beside the road.

KEITH HOWARD | Just to be able to say a couple of things. So I'm the director of hope for New Hampshire recovery in Manchester. Also, the Chair of the recovery task force.

KEITH HOWARD | Of the governor's commission on drugs and alcohol and in that role, just want to say that we had a very heated discussion at our last well it wasn't actually that heated because it was pretty universal that this is overall a very bad idea on Ryan, I think I enumerated well

KEITH HOWARD | The concerns that we have the advantages. Yes, there is the possibility of saving a light.

KEITH HOWARD | Switches not to be smeared at the second world that I wanted to speak in though is as somebody in long term recovery.

KEITH HOWARD | I was never locked up, but I was certainly mandated to go to various places by employers and all that did was taught me how to lie or

KEITH HOWARD | Worked it gave me a lot of experience in lying to clinicians, so I don't know that locking somebody up on to introduce them to treatment is going to actually get them any closer to recovery.

KEITH HOWARD | And the third world and the most important role. I'm the father of a 25 year old daughter, who has been in and out of addiction opioids.

KEITH HOWARD | For the last five years, and I just had dinner with her last night. And we talked about this and I'm shocked that nobody is talked about what's this would do for relations between

KEITH HOWARD | A family member and another family member to actually have them locked up on and I, you know, it may be that my family dynamic is unique.

KEITH HOWARD | But Father and prosecutor not typically the same father and judge not the same father and jailer, not the same.

KEITH HOWARD | And talking with Mary looking at my own experience, I have to say, for those of us who live with substance use disorder.

KEITH HOWARD | It's tough for me to picture. Many folks who would truly find recovery behind locked doors, not up their own choice. So that's what I've got. Thank you very much. I'm going to go back to listening and driving

Stephanie Savard | The safe driving key. Thank you for your words.

Jessie Daigneault | Next is Theresa, the dollar.

Theresa Vadala | Alright, can you hear me.

Stephanie Savard | We can do so now you turn yourself off.

Theresa Vadala | A MOM, but I happen to have a discussion with Nicole my 21 year old who has eight months. A brief every now and she said she wished I that this was around when she was

Theresa Vadala | in the throes of it and had turned of legal age and it wasn't always just about saving my daughter's life.

Theresa Vadala | Two times

Theresa Vadala | I've called the cops on our moms of addicts can say this, if we can't get them in their involuntary. We're going to try to get them charged with a criminal.

Theresa Vadala | Offense so that they're in jail and that they're safe and they're not going to hurt anybody else, and two times my daughter when I had no control over her.

Theresa Vadala | Head 76 year old man and broke his back on the Spalding terabyte another time. I couldn't stop her from leaving and call the

Theresa Vadala | Cops and they did nothing.

Theresa Vadala | She ran over someone in a crosswalk and dove.

Theresa Vadala | And I know

Theresa Vadala | What's the word I'm looking for.

Theresa Vadala | No, I understand that they have to want and I totally understand people saying that there's a shortage of beds and there's those that should be given to the people that are seeking treatment, but personally I feel that a lot of them just

Theresa Vadala | Don't have that capacity to make that decision. And if you maybe gave them a nudge there'd be

Theresa Vadala | In the right direction. It might take 10 times, but each time they stop.

Theresa Vadala | You know, they get a little bit of recovery and again as a mom. I'm listening in. It's frustrating to me because, you know, being counting. You know, we don't have money to death. There's no beds for that we don't have staff and

Theresa Vadala | It's just frustrating when you have someone in addiction and the rest of the world that doesn't doesn't seem to care about them every life matters and

Theresa Vadala | I think people with a substance abuse disorder. Their lives matter and the station have to lie and say, you know, they're going to commit suicide. So they can be admitted into a hospital, and I'm on a rant and I'm sorry. Thank you.

Stephanie Savard | Teresa. Thank you.

Jessie Daigneault | Jeffrey Stewart.

Jessie Daigneault | Jeffrey go

Jeffrey Stewart | Good evening, everyone. Can y'all hear me because I apologize, my video does not work.

Stephanie Savard | Nope, you're good.

Jeffrey Stewart | Okay, thank you. Um, first I appreciate everyone's stories and input. I think it's incredibly valuable and

Jeffrey Stewart | Well Spoken and well put out. I know several people that have spoken and entered their individual stories and certainly support there a lot of their positions.

Jeffrey Stewart | I really want to just speak to the third question of What would, what would I need to see if this were to be proposed in New Hampshire.

Jeffrey Stewart | And really not arguing with the challenges and are the benefits. No doubt about it. For those that don't know me, I'm a paramedic. I'm an actual additions interventionist and I am a CRS w in Hampshire.

Jeffrey Stewart | I have done section 35 in Massachusetts, which is Massachusetts version of this. It's called a section 35 I've been through that process several times.

Jeffrey Stewart | As a paramedic in an interventionist with family members. So I have some experience from that perspective.

Jeffrey Stewart | But really I think we need to look at this from a systems perspective. And if we were to employment or if we were to

Jeffrey Stewart | push this forward in the state of New Hampshire. I think I need to see a true systems outlay of how it would work almost to the point of let's take a hypothetical person and walk them through the process. I think I really need to see that model laid out clearly

Jeffrey Stewart | Obviously, with the checks and balances, I agree with Ryan and other individuals that have spoken that it needs to be outside the court system from a legal perspective.

Jeffrey Stewart | I understand our legal system. But, I mean, it can't be on the criminal side. It definitely has to be away from that and maintain our privacy and that type of stuff for sure.

Jeffrey Stewart | The other big piece I want to see is an advocacy for the person that we're looking to commit

Jeffrey Stewart | A third party not family member, not law enforcement, but somebody who is truly going to be an advocate almost at guardian ad litem perspective so that their rights are being protected as best as possible.

Jeffrey Stewart | If we're going to argue that this individual is lacking capacity to make the right decision.

Jeffrey Stewart | And we're we're forcing something upon them. I think there needs to be a check and balance for somebody

Jeffrey Stewart | A third party that can really ensure that they're not being taken advantage of. They're not this process is not being weaponized as other people have brought forward.

Jeffrey Stewart | And that applies to all you know all are protected classes and minorities and what have you. So two things systems approach and an advocacy for the individual somebody third party needs to be an advocate for that individual. Thanks.

Stephanie Savard | Thank you so much, Jeff. Really appreciate it.

Jessie Daigneault | Down in Boston.

Donna Marston | Just one of the moms from my group was supposed to be on tonight and she couldn't get in. So she asked me to mention that her son was sectioned in Massachusetts.

Donna Marston | And initially, he was very upset with her. But later on he did admit that he believed that it helped so I and I also just want to mention to I don't think this is something that we use, you know,

Donna Marston | Some people might use the police as a form of punishment to keep their kids in line. I don't think it's

Donna Marston | Not enough. I'm going to say this right but it shouldn't be used that way it for people who are just so sick that they can't make a decision for themselves. I think

Donna Marston | I think there's different levels of addiction and there's just some people that they're so far gone that they can't make a logical decision and but I don't think it's just for anybody to to utilize. I think that's

Donna Marston | Thanks.

Stephanie Savard | Thanks, Donna.

Jessie Daigneault | Eric Moran.

Eric Moran | I kind of like what Donna just said because I agree, especially with these new drugs. They're not the drugs. I did when when I was out running the streets.

Eric Moran | But one thing, one thing that I seem to see that is very consistent, is that the pendulum always swings too far. Always i don't i don't really care what it is. It just seems to get way out of hand and everyone looks back and says, How did this happen. How did we get here.

Eric Moran | And, you know, they asked that last question, what would I need to see right. I do like the idea of somebody advocating, kind of like the guardian ad litem idea, right, I would have to see that it was completely separate

Eric Moran | From

Eric Moran | People who are seeking recovery and then

Eric Moran | If this was really going to be a thing, wouldn't this actually become a replacement for sending people to jail.

Eric Moran | I mean, if you're going to go to jail. That's not really voluntary anyway is and this is at least a form of treatment. So I guess I would rather see this a replacement for jail time.

Eric Moran | I just don't think anybody has the right

Eric Moran | To in voluntarily lock somebody up and even if it starts off with the best intentions and with good intention.

Eric Moran | That pendulum is going to swing too far and it will become a weapon and it will get abused and and it will just get out of hand. And now you're looking at violation of lawsuits.

Eric Moran | And again, there's still not enough treatment for the people who are seeking it so I just had to throw that in. I believe everyone means well and were such a passionate crowd.

Eric Moran | But this is not a decision that can be made with any emotion involved at all, or we just create a bigger problem. Thank you.

Stephanie Savard | Thank you so much, Eric.

Stephanie Savard | We still have some time to hear from some folks in their experiences.

Stephanie Savard | Anybody else who hasn't spoken yet even

Jessie Daigneault | Robin

Stephanie Savard | You have to unmute yourself pain.

Hain Robin | My name is Robin hain am a fast a facilitator in the Mount Washington valley area. I have a 25 year old son who has

Hain Robin | been struggling with addiction for severely for the last five years and had to spend in multiple facilities. So I came in on this thinking because I've thought, many times.

Hain Robin | That I wish that he could just be locked up to until his brain heals until he gets past that the point of impulsivity, that is driving him.

Hain Robin | And driving his addiction and listening to all of the input from everyone here today. I think my biggest concern is, is that we are still living in a time of great stigma and as long as that until that stigma is

Hain Robin | Evaporated as it has been with cancer and other illnesses that

Hain Robin | I don't think we can develop a system to

Hain Robin | lock people up because of a condition

Hain Robin | You know, just listening, some of the feedback. I think there's a lot more room for

Hain Robin | It would definitely save some lives. But I think there's a lot more room for misuse and I have been along advocate in replacing the the jails with

Hain Robin | Evidence based treatment centers and in Sarasota, Florida. Actually, they do have a treatment court that has

Hain Robin | Reduced recidivism rate for mental illness and substance abuse significantly. And so it might be a model to take a look at. So that's pretty much what I have right now. But thank you for having this opportunity to listen and share

Stephanie Savard | Thank you, Robin.

Jessie Daigneault | Anybody else

Stephanie Savard | Okay, I'm going to give it just one more minute just to make sure. And then we can start doing some wrap up. If there isn't someone who really wants to get that voice out there tonight.

Stephanie Savard | Let me start doing some wrapping up and then if we happen to have a quick last minute hand will will listen in.

Stephanie Savard | So a couple things I want to look at my notes from not forgetting anything, we're going to be sending out an evaluation to everybody. And we're really would love for you to take the time to fill out that evaluation. This was our first time doing it this way. So we'd love the feedback.

Stephanie Savard | When you get that evaluation, you will get a link to the Google Form that has those three questions that if you didn't get a chance to speak or you have more to say. Or you want to, for it to somebody else with lived experience.

Stephanie Savard | That might want to have some words that didn't know about it, please feel free to get that link filled out and get it back, back to us. We will add that to everything that we've been gathering

Stephanie Savard | The other things, so people understand what next steps are the treatment Task Force. We're not a legislative body. All we're doing is gathering the information

Stephanie Savard | And then thinking about making a recommendation for or against ICC in New Hampshire, we will take that recommendation and bring it back to the governor's commission on alcohol and other drugs.

Stephanie Savard | They then also not a legislative body. They will decide whether as a group, they would accept the recommendation and then that recommended

Stephanie Savard | If it is about moving forward on around ICC model would then make a recommendation for legislation and then obviously our state's legislation would make a decision from there.

Stephanie Savard | So this is really one piece of a much bigger puzzle. Um, but I really appreciate people who shared their experiences took the chance to do that during this sort of forum. That's a very

Stephanie Savard | Let's just say neutral and not being able to connect with people. Right. It's very different. So I really, really appreciate that.

Stephanie Savard | Um, and we hope that people will take the time to fill out for extra feedback as well. My email is on the Center for Excellence a website under the treatment Task Force page.

Stephanie Savard | We hope that the public recording of this will be also posted there. Give us a little time to get that done.

Stephanie Savard | But feel free. If you have further thoughts to send me an email.

Stephanie Savard | If you want to send us additional things. And some of you even gave us suggestions of things that we need to be thinking of that maybe we haven't done yet. So I appreciate that input as well. We'll take that seriously.

Stephanie Savard | And not in the business of making a quick decision. We're trying to make the best decision we can so unless there's any Jesse

Stephanie Savard | I know shout outs in there was there.

Jessie Daigneault | That I see

Stephanie Savard | Okay, I really want to thank everybody's time tonight. I wish everybody remain safe and well and thank you so much for participating. We greatly appreciate it.

Stephanie Savard | Have a great night, everyone.

Good night.