

We would like to thank you for allowing us to present the perspectives of treatment providers regarding the chapter 125 involuntary commitment process. In reviewing the experiences many substance abuse treatment providers regarding the chapter 125 involuntary commitment process, there are some concerns that we would like to identify and suggestions for better addressing the needs of the state's constituents that require these services.

- First, there are many varied experiences for patients, Judges and Magistrates, Patient Advocates, and providers across the state. This inconsistency leads to unequal, and ultimately, less effective use of this involuntary civil commitment process. Information collected for the substance abuse evaluations does not always include the same objective data such as urinalysis results and additional corroborative information beyond the affiant's letters to county Clerk of Court, nor is it always prepared for the Judge or Magistrate in the same manner.
- Secondly, the lack of standardization puts more onus on the County Magistrates to be involved in the clinical decision making regarding recommendations for the patient. The State pays the providers to complete evaluations based upon their expertise. When the Magistrates are placed in the position to question the thoroughness of the evaluations, they are more likely to override the recommendations of the experts based upon the passion expressed by the affiants. This wastes the resource of the treatment providers and frustrates the communication process with the patient and the Hearing Judge/ or Court Magistrate.
- Thirdly, When the State's Judges or Magistrates override the evaluations of the providers; the providers are placed in a position to have to insufficient patient placement criteria. Placing patients in an inappropriately recommended level of care leads to poorly motivated patients, skewed outcomes data, poor longer term recovery engagement of the patient, potential difficulties with the providers' credentialing parties such as Joint Commission and CARF, and difficulties with payment from third party payers. When the third party payers cannot identify clinical justification for the treatment recommended, they refuse to pay.
- A fourth point-With few Mental Health providers in the state able to complete assistance with the civil commitment processes, affiants are more likely to file a chapter 125 on the person of concern. This overburdens the substance abuse treatment system with individuals who are not appropriately placed and can lead to inadequate services and slow the progress of the individual whilst exhausting available funding for care in the state.
- Finally, there is inconsistent usage of Patient Advocates in the state. In the chapter 125 hearings, rarely, if ever is there a Patient Advocate involved. There are Patient Advocates more readily involved in the chapter 229 hearings for mental health, yet it has been identified that their training and expected involvement has not been standardized across the state, leading to inconsistent usage and ultimately care across the state.

Suggested actions:

- All Substance Abuse Providers in the state must supply the Court Magistrates with recommendations based upon American Society of Addiction Medicine Patient Placement Criteria- 2nd Revision. The information must be accompanied by objective UA/or breath test results, additional corroboration from affiants and/or others to ensure information provided has been reviewed thoroughly, and a complete substance abuse history. Court Judges and Magistrates should then feel confident to allow for these treatment recommendations to be followed with greater confidence.
- Provide standardized training, duties, and pay of Patient Advocates involved in the chapter 129 and chapter 229 processes.
- Provide consistent usage of Patient Advocates in the hearing process.
- Although some Court Judges and Magistrates in the state indicate through their rulings that the civil commitment process should be dropped once the client has demonstrated she/he no longer presents an imminent threat to self or others when the client steps down to outpatient care from residential care, the client would have lower potential recidivism of the civil commitment process if the courts were allowed to follow the client's progress longer.