

New Hampshire Treatment Law Report Card

Last Updated: January 2026

Method and scoring: *State involuntary civil commitment laws* are evaluated using a 100-point grading scale. The scoring criteria are in accordance with TAC's values and policy recommendations. Up to 50 points are awarded to a state based on the quality of its inpatient commitment law, and up to 50 points are awarded based on the quality of its outpatient commitment law. *Grades reflect solely what is written in law and not how those laws are implemented or applied.* Final letter grades are computed using the following scale:

97 or above	A+	87–89	B+	77–79	C+	67–69	D+	59 or below	F
93–96	A	83–86	B	73–76	C	63–66	D		
90–92	A-	80–82	B-	70–72	C-	60–62	D-		

PART ONE: Inpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. Citizen access to court, emergency evaluation (5 pts)	N.H. Rev. Stat. Ann. § 135-C:28(II)	☒ Authorizes family/enumerated adults (3 pts) ☒ Authorizes any responsible adult (2 pts)	5
2. Quality of emergency petition process (5 pts)	N.H. Rev. Stat. Ann. §§ 135-C:27 to 135-C:33	☐ Process specified and reasonable (2 pts) ☒ Timelines specified and reasonable (2 pts) ☒ Responsible entities identified (1 pt) ☐ Requires certification by more than one professional (-2 pts) ☒ Emergency evaluation criteria inconsistent with inpatient commitment criteria (-5 pts) (See comments 1 & 2 below)	-2
3. Emergency hold duration (5 pts)	N.H. Rev. Stat. Ann. § 135-C:31(I)	☒ At least 48-hour hold allowed (3 pts) ☒ At least 72-hour hold allowed (2 pts) Three days for probable cause hearing; if probable cause found, may be held up to 10 days	5
4. Citizen access to court, inpatient petition (5 pts)	N.H. Rev. Stat. Ann. § 135-C:35	☒ Authorizes family/enumerated adults (3 pts) ☒ Authorizes any responsible adult (2 pts) Requires physician's certificate	5
5. Quality of criteria for harm or violence to self or others (up to 10 pts)	N.H. Rev. Stat. Ann. § 135-C:34	☒ Contains explicit criteria (10 pts) ☒ Language is vague/ambiguous (-3 pts) ☐ Harm must be imminent (-3 pts) (See comment 2 below)	7
6. Quality of criteria for grave disability/basic needs (up to 10 pts)	N.H. Rev. Stat. Ann. § 135-C:34	☒ Contains explicit criteria (10 pts) ☒ Language is vague/ambiguous (-3 pts) ☐ Endangerment must be imminent (-3 pts) ☐ Criteria require family to turn person out of home to receive treatment (-3 pts) ☐ Unreasonably high risk of harm (-3 pts) (See comment 2 below)	7
7. Quality of criteria for psychiatric deterioration (up to 10 pts)	N.H. Rev. Stat. Ann. § 135-C:34	☒ Contains explicit criteria (10 pts) ☒ Language is vague/ambiguous (-3 pts) (See comments 2-3 below)	7
SUBTOTAL			34
PART ONE: Extra Credit			
1. Specifies in which court a petition for inpatient commitment shall be filed (1 pt)	N.H. Rev. Stat. Ann. § 135-C:20(II)	Probate court in the county where the person resides or is under an emergency hold	1
Extra Credit			1
PART ONE TOTAL			35

PART TWO: Outpatient Commitment Statute (up to 50 points)			
Criterion	Citation	Specifications	Points
1. AOT explicitly authorized (5 pts)	N.H. Rev. Stat. Ann. § 135-C:45	☐ Requires local government to adopt (-3 pts)	5
2. Citizen access to court for AOT (5 pts)	N.H. Rev. Stat. Ann. § 135-C:35	☒ Authorizes family/enumerated adults (3 pts) ☒ Authorizes any responsible adult (2 pts) ☐ Authorizes citizen petition to mental health system only (-2 pts)	5
3. Criteria sufficiently broad to provide actual access (up to 10 pts)	N.H. Rev. Stat. Ann. § 135-C:45	Evaluate applicable provision only: ☒ If inpatient/outpatient criteria are the same: ☒ Inpatient criteria include psychiatric deterioration standard (10 pts) <u>or</u> ☐ No psychiatric deterioration standard, adequate grave disability standard (5 pts) or ☐ If outpatient criteria are distinct from inpatient criteria: ☐ Allows consideration of length of treatment history ≥ 36 months (2 pts) ☐ Does not exclude periods of incarceration or hospitalization (-1 pt) ☐ Does not limit application to those currently dangerous or unstable (4 pts) ☐ Does not limit application to those refusing service or currently lacking insight (4 pts) (Partial credit, see comments 2 below)	7
4. Authorizes AOT directly from community (5 pts)	N.H. Rev. Stat. Ann. § 135-C:45		5
5. Procedures sufficiently detailed to guide practitioners (up to 5 pts)	N.H. Rev. Stat. Ann. §§ 135-C:34 to 135-C:54	☐ Process specified and reasonable (1 pt) ☐ Timelines specified and reasonable (1 pt) ☒ Responsible entities identified (1 pt) ☐ Periodic reporting to court required (1 pt) ☒ Renewal process expressly specified (1 pt)	2
6. Procedures require the treatment plan to be shared with the court (5 pts)	N.H. Rev. Stat. Ann. § 135-C:19		0
7. Specifies procedures and consequences for nonadherence (5 pts)			0
8. Duration of initial order	N.H. Rev. Stat. Ann. § 135-C:46	☐ = 90 days (2 pts) <u>or</u> ☒ > 90 days (5 pts) No more than five years	5
9. Duration of continued order	N.H. Rev. Stat. Ann. § 135-C:46	☐ = 180 days (2 pts) <u>or</u> ☒ > 180 days (5 pts) No more than five years	5
SUBTOTAL			34
PART TWO: Extra Credit			
1. Specifies court for AOT (1 pt)	N.H. Rev. Stat. Ann. § 135-C:20(II)	Probate court in the county where the person resides or is under an emergency hold	1
2. Court monitoring of voluntary settlement agreements (5 pts)			
Extra Credit			0
PART TWO TOTAL			35

FINAL SCORE	
PART ONE TOTAL	35
PART TWO TOTAL	35

TOTAL	70
TREATMENT LAW GRADE	C-

Comments:

1. N.H. Rev. Stat. Ann. § 622:45 unreasonably permits civil custody in a carceral setting – a Department of Corrections’ unaccredited secure psychiatric unit at the state prison for men.
2. N.H. Rev. Stat. Ann. § 135-C:27, which governs involuntary *emergency* admissions, specifically defines danger to self or others, encompassing psychiatric deterioration. However, N.H. Rev. Stat. Ann. § 135-C:34, which governs involuntary admissions to inpatient and outpatient treatment does not define danger to self or others. Though the definition for emergency criteria is likely intended to apply to both situations, it is ambiguous.
3. N.H. Rev. Stat. Ann. § 135-C:27(l)(d)(2) includes language about a specific treatment history, which is not needed for the inpatient context and overly complicates the psychiatric deterioration determination.