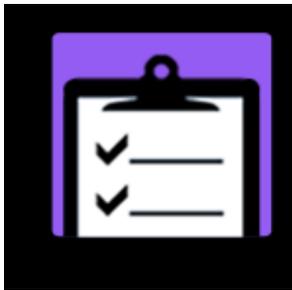


Involuntary Treatment Act

The ITA Process

Washington State has rules and guidelines relating to the psychiatric evaluation and involuntary commitment of individuals, specifically RCW 71.05 for adults and 71.34 for minors. These laws are referred to as the Involuntary Treatment Act.

Each county in Washington has their own team of Designated Mental Health Professionals (DMHPs) who operate under the Involuntary Treatment Act. The DMHPs also function as crisis and outreach workers for the county, 24 hours a day, seven days a week. Referrals to the DMHPs can come from a variety of sources such as family members, emergency departments, law enforcement, and outpatient mental health providers. Any of the former, who have a patient or family member who is in a psychiatric crisis, can call the DMHP for consultation, outreach or evaluation for voluntary or involuntary treatment.



During an evaluation of an individual, the DMHP will clinically assess the person and make a determination of their psychiatric crisis or mental condition. Every effort will be made to arrange for treatment in the community, short-term crisis stabilization, or voluntary hospitalization. These are always the first choices. If the person refuses all voluntary help, s/he may be appropriate for involuntary treatment. It is important to remember that a mental disorder alone is not sufficient to justify an involuntary detention.

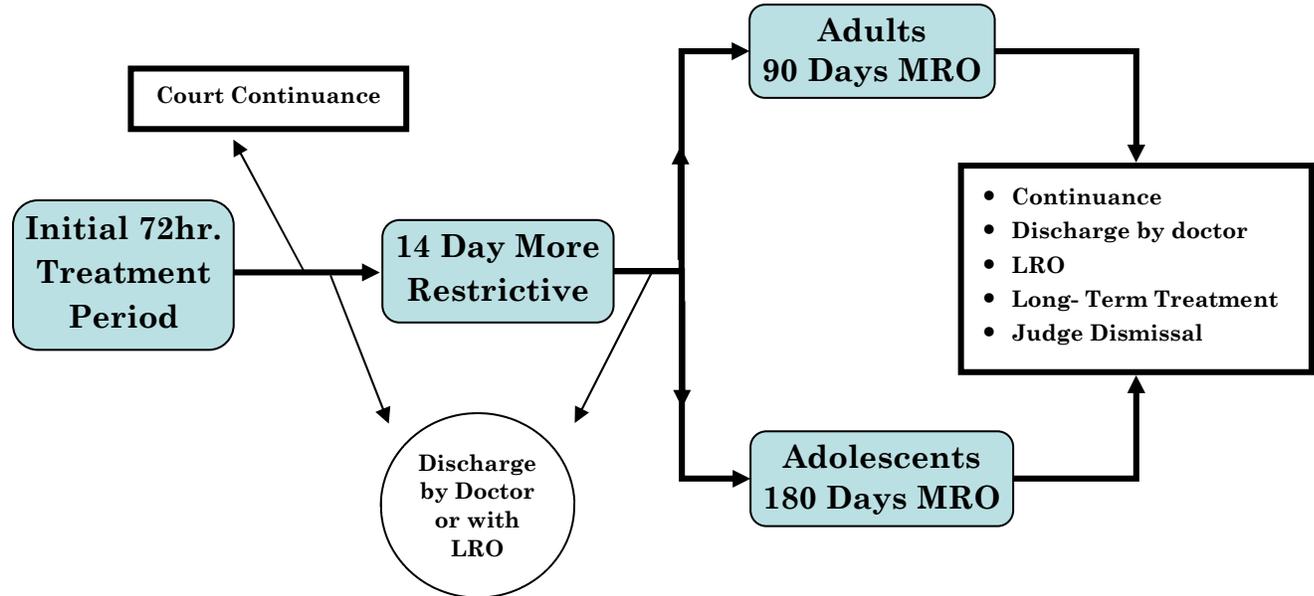
Under state mental health laws, a person must meet at least one of three criteria for involuntary commitment: Danger to Self, Danger to Others, and/or Grave Disability. These are the specific circumstances where a person can be considered for involuntary hospitalization:

- if s/he has threatened harm towards others or her/himself
- or s/he has substantially damaged someone else's property
- or s/he is endangered because s/he is not caring for his/her basic needs such as eating sleeping, clothing and shelter due to his/her mental disorder.
- or s/he shows severe deterioration in functioning and is not receiving essential care as is needed for their health and safety



If it appears that involuntary detention is necessary, the DMHP evaluating the person will take a written statement from the person who has witnessed first hand the behavior providing evidence for detention. This statement is called a "declaration." It is important to understand that this document is a certified statement of facts and that the person who gives the statement is agreeing to testify in court, under oath, at a commitment hearing. During the hearing as a witness you will have the opportunity to give a statement as to why you believe your friend or family member needs continued inpatient treatment.

Stages of the ITA Process



72-Hour Treatment Period/Hold

Once a patient is placed in an Evaluation and Treatment Facility, specifically Fairfax Hospital, the patient will be seen within 24 hours by an admitting physician or psychiatric ARNP to gather clinical information. The clinical team then has 72 hours to determine if further inpatient care is necessary. If so, a hospital court evaluator, usually a Psychologist or Licensed Independent Clinical Social Worker (LICSW) must petition the court and a commitment hearing will take place. At the court hearing the patient is present with either his/her private attorney or an appointed attorney. The county prosecuting attorney represents the facility. A Superior Court commissioner or judge presides, hears the evidence presented by the witnesses, and makes the decision. S/He may do one of the following:

- Order the person to up to 14 additional days of involuntary treatment in a facility (the facility may release the person whenever the clinical team think treatment is complete).
- Order the person to 90 days of 'less restrictive treatment,' (180 days in the case of a juvenile). [See "Less Restrictive Treatment" section].
- The commissioner/judge may accept the patient's agreement to stay in treatment involuntarily.
- The judge may dismiss the case and the patient go free (Voluntary Dismissal of the Petition).
- The case may be continued and revisited at a later time.



Classification of Court Orders

14-day More Restrictive Order

If it is determined at the 72-hour hearing that the individual needs more time at a psychiatric facility, the court orders 14 More Restrictive days. A treatment team (consisting of a psychiatrist, nurse, clinical therapist, discharge planner, court coordinator and court evaluator) has up to 14 days to continue to evaluate and treat the individual. A treating facility may release the individual whenever the clinical team believes treatment is complete.

If the patient is nearing the 11th day of their 14 day stay at a facility and the treatment team believes the patient may need more time in inpatient care, the hospital may petition the court for 90 More Restrictive days of involuntary treatment for adults or 180 More Restrictive days for adolescents — the treatment team makes the decision together whether to file for more time.



90/180 More Restrictive Order (MRO)

Petitioning for 90 or 180 More Restrictive days of involuntary treatment typically indicates the patient is in need of more time spent at a psychiatric facility. This is to ensure medication stabilization, establish an appropriate discharge plan, or prepare the patient for longer-term treatment at another facility such as Western State Hospital, or one of four Children's Long-Term Inpatient Programs (CLIP) for adolescents.

For each additional commitment period, another court hearing is required. The court has to determine each time whether or not the person still needs involuntary treatment and meets the legal criteria. This is to protect the patient from inappropriate commitment (the psychiatric facility may release the individual whenever the clinical team believes treatment is complete).

The following day, after filing a petition for 90 or 180 More Restrictive days, a *Trial Set* (TS) date is established for the 90/180MR Hearing. Typically, the patient waives their presence from court for a Trial Set as this process takes a few minutes to decide between the patient and their defense attorney. For a 90/180MR Hearing, the patient may choose to have a *Bench (Judge) Trial* which would typically be one week from the date of the Trial Set or the patient may choose to have a *Jury Trial* which would typically be two weeks from the date of the Trial Set.

Less Restrictive Order (LRO)

A Less Restrictive Order or Alternative (LRO, LR, or LRA) is a conditional release petitioned by the hospital or ITA court. This means that the patient has to enter outpatient treatment as the court order dictates. Most often the court order will specify that the person has to participate in treatment at a mental health center and must take such medication as is recommended by the mental health center. The LR lasts 90 days for adults and 180 days for adolescents.

90/180 Revocations

A revocation occurs when an individual was released from a previous psychiatric hospitalization on a Less Restrictive Order (LRO) and violated the conditions of their LRO. Adults who have been re-detained as a result of a violation of their Less Restrictive Order typically have five days before their hearing occurs (not including weekends), while adolescents have seven days for evaluation (including weekends). Revocation hearings primarily rely on outpatient providers and/or professionals as witnesses who were first to observe the individual as having been in violation of their LRO.

Role of the Witness/Affiant

King County Superior Court issues subpoenas for individuals who have completed a declaration or affidavit as a result of having observed a person's behavior. Primary witnesses are listed by the DMHP in the detention paperwork. Witnesses should call the Court Manager the day of the hearing and check in to see if their presence is required. Witnesses outside of King County should be notified by the DMHP who detained the patient that that may be required to be present for the hearing, which will take place in King Co. ITA Court. Out-of-county witnesses will be contacted by the Court Coordinator one to two days before the patients hearing to inform them that they are to be present if a hearing is to take place.

Court Contact Information

ITA Court

(Ninth & Jefferson Building)
908 Jefferson St. 2nd Floor
Seattle, WA 98104

Court Manager: Carl
Phone: 206-744-7774

Defense Room

Phone: 206-744-7781
Open from
8:30am - 4:30pm

Fairfax Hospital

10200 132nd St. NE
Kirkland, WA 98034
Phone: 425-821-2000

ITA Coordinator
Ext. 1597

Defender Association

Phone: 206-447-3900
Follow directions in the
voicemail to contact specific
attorney's.