

Guide to Involuntary Treatment

Designated Crisis Responders are dispatched by the Volunteers of America Crisis Line at 1-800-584-3578 on a 24-hour, 7-day a week basis.

If a loved one has been involuntarily detained, you may have some questions about Washington State's Involuntary Treatment Act (ITA). The information provided here is intended as a guide to the involuntary commitment process to help you understand the system, the respondent's rights and your potential involvement.

Initial Evaluation:

Designated Crisis Responders (DCRs) are called upon to evaluate individuals who are exhibiting signs of a behavioral health disorder, (acute mental disorder/substance use disorder) and, as a result, may pose as a danger to self, others or the property of others or are gravely disabled (unable to care for their basic needs of health and safety).

The referral can be initiated by anyone who has first-hand knowledge of the person and the concerning behaviors. The DCR will evaluate an individual to determine if legal criteria for involuntary behavioral health treatment are met. The DCR will arrange for, or refer to, voluntary treatment if it is appropriate & feasible. DCRs are obligated to exhaust all less restrictive alternatives prior to filing a petition for detention.

Designated Crisis Responder: In Snohomish County, a Designated Crisis Responder (DCR) is a person who has an advanced degree in mental health, at least two years of experience working in the field and is licensed to practice independently in the state of Washington. A DCR has been designated by Snohomish County as having the authority to issue initial detentions (emergent & non-emergent), petitions for revocation, and assisted outpatient treatment.

Legal Definition of Behavioral Health Disorder: either a mental disorder or substance use disorder as defined below or a co-occurring mental and substance use disorder.

Legal Definition of Mental Disorder: Any organic, mental, or emotional impairment that has substantial adverse effects upon an individual's cognitive (thought) or volitional (action) behavior.

Legal Definition of Substance Use Disorder: a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances;

Criteria for Commitment:

The person must exhibit symptoms of a behavioral health disorder as defined above and, as a result, present a danger to self, others, property and/or as gravely disabled (unable to provide for their basic needs of safety).

Initial Detention & placement: Individuals assessed as meeting the criteria for involuntary treatment can be detained at an evaluation and treatment facility for up to 120 hours (excluding weekends and holidays). Detentions for mental disorder usually take place at the Snohomish County Evaluation and Treatment Facility in Mukilteo, Swedish Hospital in Edmonds, Fairfax in Everett or Monroe or Smokey Point Behavioral Health. If no local resources are available the DCR will exhaust statewide resources. If no E&T beds are available statewide and if the hospital where the individual is at agrees to accept them, they will be detained to that facility. Currently two facilities in Snohomish County do not provide the required treatment in order to obtain a single bed certification.

Individuals assessed as meeting the criteria for detention under substance use can be detained to either a facility in Burien, Chehalis or Spokane, provided they have beds, accept the individual and the DCR is able to get an ambulance to transport. There are no single bed certifications for involuntary substance use treatment.

Further treatment: A psychiatrist or advanced registered nurse practitioner (ARNP) will evaluate the patient within 24 hours of the detention. They will also determine if the individual requires further involuntary treatment. Within 120 hours it will be determined whether a probable cause hearing for up to 14 days of involuntary treatment will be held. Per direction of the psychiatrist or psychiatric ARNP the court evaluators will complete an additional evaluation. If appropriate, a petition for up to 14 days of additional involuntary treatment will be filed. If the petition is granted, the individual will be committed for up to 14 days. Anyone can be released at any time from a detention/commitment at the discretion of the provider.

Legal Counsel & court hearings: Each respondent has the right to legal counsel and is assigned a public defender prior to court. The public defender has the right to cross-examine all witnesses. Family members may be contacted to provide testimony at the Probable Cause Hearing. In Snohomish County, Probable Cause Hearings occur at the facility where the individual is being treated. If someone is detained to a different county, the location and details for the hearing will be determined by that county.

Additional Commitment:

If it is determined that the respondent is in need of involuntary treatment beyond the 14-day period; a 90/180-day petition can be filed (90 days for adults, then 180 days, for minors it goes from 14 to 180 days) with the court. At this hearing the respondent can be ordered by the court for further inpatient (more restrictive) or outpatient (less-

restrictive) treatment. A 90/180 day inpatient order is only available for psychiatric facilities.

Less Restrictive Treatment: Less restrictive treatment means that the person must enter outpatient treatment as the court order dictates. The order will specify where person must participate in recommended treatment and that they are required to take psychiatric medications as prescribed. It may also stipulate where they live – for instance, at home or in a residential facility. If the person on a less restrictive court order does not follow through, a DCR may file a petition for revocation which returns the individual to the hospital for up to five days pending a revocation hearing. These orders are not intended to be punitive. An investigating DCR will look for substantial deterioration and/or dangerousness in addition to the individual having violated conditions of the order.

Elopement: Involuntary patients do not have the right to leave the facility unless they are discharged by a provider. Each facility has a protocol on how to handle elopements.

Confidentiality: The law allows for release of information concerning involuntary patients between qualified professionals for the coordination of care on a need to know basis.

Financial Responsibility: The respondent and/or their parent/legal guardian are responsible for the cost of hospitalization. Individuals will be billed for involuntary treatment and ambulance transportation. Additional questions can be directed to the Social Worker at the facility where the patient is being held or to a supervisor at the DCR office.