

Involuntary treatment act (ITA)

Program overview

The Involuntary Treatment Act (ITA) provides the statutory framework for civil investigation, evaluation, detention, and commitment of individuals experiencing a mental disorder or a substance use disorder whose symptoms are so acute that the individual may need to be treated on an involuntary basis in an Evaluation and Treatment facility (E&T) or Secure Withdrawal Management and Stabilization facility (SWMS).

Objectives

The ITA governs the actions of Designated Crisis Responders (DCRs), law enforcement, health care providers, and the court process in terms of:

- Conducting investigations and evaluations to determine eligibility of an individual for emergent or non-emergent involuntary detention and treatment
- Writing petitions so that the court may order an involuntary commitment
- Testifying in court proceedings
- Monitoring compliance for individuals who have been committed to less restrictive treatment in the community.

The Involuntary Treatment Act process may be initiated for individuals 13 years and older within the state of Washington. An individual is typically referred by family members, first responders, care givers, medical providers, or care providers for an ITA investigation/evaluation. The referrals for ITA investigation arise from concerns regarding an individual's safety, history, and presentation of mental disorder or substance use disorder symptoms. An ITA investigation includes examining alleged facts through reasonably available information, records, and witnesses.

An ITA evaluation consists of an interview with the individual to determine if symptoms of the individual's mental disorder or substance use disorder places the individual at risk due to the likelihood of serious harm, and/or grave disability.

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ITA evaluations can be conducted in a variety of locations including, homes, schools, offices, clinics and emergency departments.

Terminology

Grave disability indicates that an individual's mental disorder or substance use disorder places them in danger of serious harm and is often accompanied by demonstrated failure to provide for their essential needs of health and safety. Further, there may also be present a severe deterioration in routine functioning evidenced by increasing loss of volitional control over their actions; this individual is not currently receiving care that is essential for their health and safety.

Likelihood of serious harm means a substantial risk exists that physical harm will be self-inflicted, inflicted upon another, or inflicted upon the property of others. This includes threats or attempts to commit suicide or harm oneself, or behavior that causes harm or places another person in reasonable fear that they will be harmed, or behavior that caused substantial loss or damage to the property of others.

Treatment within facilities

After the petition is written and the individual is served with the petition, the individual is taken into custody and transported to the licensed facility that accepted the individual for treatment. Typically, the accepting facility requires medical screening of incoming individuals to ensure medical treatment needs are not beyond the scope of the treating facility.

Process

An individual detained for mental disorder may be moved to an Evaluation and Treatment (E&T) facility. An individual detained for substance use disorder may be detained to a Secure Withdrawal and Management Stabilization (SWMS) facility. A facility may be dually credentialed as both an E&T facility and SWMS facility.

Individuals may be treated and stabilized at these licensed facilities for up to 120 hours, excluding weekends and holidays, for further evaluation and treatment. There must be a release after the initial 120 hours, unless the treatment team determines that the individual is still at risk and petitions the

court. The court conducts a hearing to determine if a 14-day commitment will be ordered for additional treatment. The individual has the right to legal representation through this process. The intent of the court process is to balance the individual's constitutional rights with individual and community safety.

Federal gun rights

An individual loses their federal gun rights and is not allowed to possess or purchase firearms for six months upon the initial 120-hour detention if detainment is exercised on the grounds of likelihood of serious harm. An individual loses their federal gun rights and is not allowed to possess or purchase firearms permanently if, due to a mental disorder, they are committed for further treatment at the 14-day hearing.

90 and 180-day commitment

If the individual does not stabilize within the 14-day commitment, the facility may petition the court, who may then order a 90-day commitment. Subsequent petitions for continued treatment may be filed and these orders are for 180-day commitments. An individual may be transitioned to a long-term community bed or a state hospital bed when a 90/180-day commitment is ordered by the court.

Less Restrictive Alternative (LRA)

A less restrictive alternative (LRA) is outpatient treatment provided to an individual who meets criteria for commitment but is not residing in a facility providing inpatient treatment. If the court finds that the individual meets the criteria for commitment, the court can either authorize commitment of the individual for inpatient treatment or for a less restrictive alternative treatment. Release under a less restrictive alternative is subject to conditions set by the court.

If the professional in charge of the outpatient treatment program or a DCR determines that an individual is failing to adhere to the conditions of the court for a less restrictive alternative treatment or conditions for the release or if there is

deterioration in functioning, the individual can be taken into custody. The DCR must then file a petition with the court for revocation of less restrictive alternative treatment and detain for inpatient treatment.

Authority

Authority to exercise the above falls under RCW 71.05 for adults and RCW 71.34 for minors aged 13 to 17.

Budget

The funding source for ITA implementation is through General Fund State dollars contracted through the Health Care Authority with regional Behavioral Health Administrative Services Organizations (BH-ASO). These entities contract with crisis and ITA service providers to cover each county within the state.

The BHASOs' expenditures totaled \$63,702,618 for ITA Commitment Services in the state fiscal year 2024 revenue and expenditure reports. The expenditure total includes ITA commitment services, court costs, and the expenditure for involuntary inpatient stays for individuals who are uninsured or underinsured. It does not include other types of crisis services, such as mobile crisis response and crisis hotline services.

Investigatory and court processes that are not behavioral health treatment services in and of themselves are not billable to Medicaid, Medicare, or third-party insurance.

Numbers served

During SFY 2024, 27,330 ITA investigations were conducted, which resulted in 13,263 initial detentions and 3,154 subsequent orders for 14-day commitments and 2,712 less restrictive agreement orders.

For more information

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