

ITA OPERATIONS UPDATE

All Judges Meeting
September 12, 2017

GROWTH TRENDS

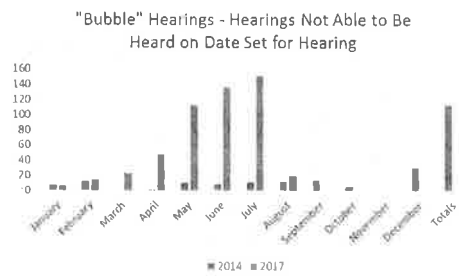
Document Type	Years										
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Orders of Continuance	2325	2588	2942	2541	2717	3252	2926	3938	3812	5192	6063
Orders of Dismissal	564	581	555	657	822	1044	882	1003	980	965	1140
Petition for Initial Detention	2094	2275	2337	2563	2907	3425	3461	3438	3612	3826	4024
Petition for Involuntary Treatment 14D	1976	2131	2167	2366	2708	3053	3130	3271	3452	3518	3847
Petition for Involuntary Treatment 90D	857	837	912	1109	1266	1378	1470	1515	1488	1384	1610

Handout at 10/25/17 BFM meeting
from CM Lambert re: 2017-0395

HEARING TRENDS

Hearing Type	Year			
	2013	2014	2015	2016
Commitment Hearing	949	835	784	797
Medication Hearing	3	7	3	8
Other Hearings	1414	866	748	465
Revocation Hearing	102	75	89	81
Total Hearings	2468	1783	1624	1351
Petition for Involuntary Treatment 14D	3271	3452	3518	3847
Petition for Involuntary Treatment 180D	218	201	233	247
Petition for Involuntary Treatment 90D	1515	1488	1384	1610
Petition for Meds 180D	0	23	16	12
Petition for Revocation	586	584	657	624
Total Petitions	5590	5748	5808	6340
Ratio	44%	31%	28%	21%

2017 INCREASE IN "BUBBLE" CASES



ITA CYCLING

Number of Cases Per Respondent	Number of Respondents	% of Caseload 2012-2016
1	12,274	63.34%
2	1,925	10.07%
3	567	3.00%
4	200	1.06%
5	74	0.39%
6	24	0.13%
7	13	0.07%
8	3	0.02%
9	6	0.03%
10	1	0.01%
11	2	0.01%
12	1	0.01%
13	2	0.01%

DISMISSALS PRIOR TO HEARING

- The number of cases completed by either dismissal or a notice of release prior to a 14 day petition filing have increased from 2012-2016 by 245%. During this same time period ITA filings have increased by 15%.
- In addition to these filings, another 915 cases (742 dismissals and 173 releases) were completed after a 14d petition was filed and prior to a hearing. The total number of cases completed prior to a hearing in 2012 was 25%, this percentage has continued to increase over this five year period to 33% of all ITA case filings in 2016.

STAFFING

- Imbalance between PAO and DPD:
 - Prosecutors have 5.5 FTE trial deputies and one supervisor.
 - Defenders have an average of 18-20 FTE trial deputies (census has varied over time) and two supervisors.
- We have temporarily added a .5 FTE calendar coordinator and are assessing our long term staffing needs.

IN RE J.N., No. 75319-3-1 (August 28, 2017)

- “We conclude that the ITA requires that respondents in civil commitment proceedings be physically present for such proceedings.”
- But see analysis, which interprets RCW 71.05.310 (right to be present at 90 day hearings).
- RCW 71.05.320 addresses 180 day hearings and incorporates the procedures set forth in RCW 71.05.310 by reference, so any right to be present for a 90 day hearing applies to a 180 day hearing. Case came up on appeal from a 90 day revocation order, so inference is that this also applies to revocation of less restrictive orders entered pursuant to 90 or 180 day petitions.

RESPONSE TO IN RE J.N.

- May need to split calendar between Harborview and KCCH (split by geography or by type of hearing). We have identified a location at KCCH that we can use if necessary
- Transportation is being arranged by CCS
- Have convened all stakeholders to explore staffing needs, calendaring changes, and budgetary impacts

OTHER CHANGES COMING SOON – RICKY'S LAW

- Allows for civil commitment on the basis of substance use disorders in conjunction with mental health disorders, or on a stand-alone basis.
 - 16 beds coming on line April 1, 2018
 - Commitment is only allowed to the extent beds are available
 - Procedure identical to current ITA procedure, but no firearms consequences.

OTHER CHANGES COMING SOON- AOT

- Patient is eligible for assisted outpatient treatment if, as a result of a mental disorder:
 - Has been committed by a court to detention for involuntary mental health treatment at least twice during the preceding thirty-six months, or, if the person is currently committed for involuntary mental health treatment, the person has been committed to detention for involuntary mental health treatment at least once during the thirty-six months;
 - Is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive alternative treatment;
 - Is unlikely to survive safely in the community without supervision;
 - Is likely to benefit from less restrictive alternative treatment; and
 - Requires less restrictive alternative treatment to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time.

AOT WILL BRING ADDITIONAL RESOURCES

- Seed money from the State to fund assisted outpatient treatment
- King County has not been selected as a pilot site
- King County intends to start with increased supervision and services for patients on LR orders pending start up of AOT program

ITA OVERSIGHT COMMITTEE

- Key stakeholders: KCSC, PAO, DPD, DCHS, Budget Office
- Leverage existing resources and engage in coordinated planning for expanded resources
- Currently developing work plan

