

Harborview Leadership Group Agenda – 3/27/19

MEETING OUTCOMES

- Develop and understand the facility needs of the Involuntary Treatment Court and discuss options for potential inclusion in bond measure
- Receive updates on Leadership Group subcommittees, its community engagement process, the strategic facilities master planning consultant request for proposal (RFP) and recent legislative activity in Olympia

AGENDA

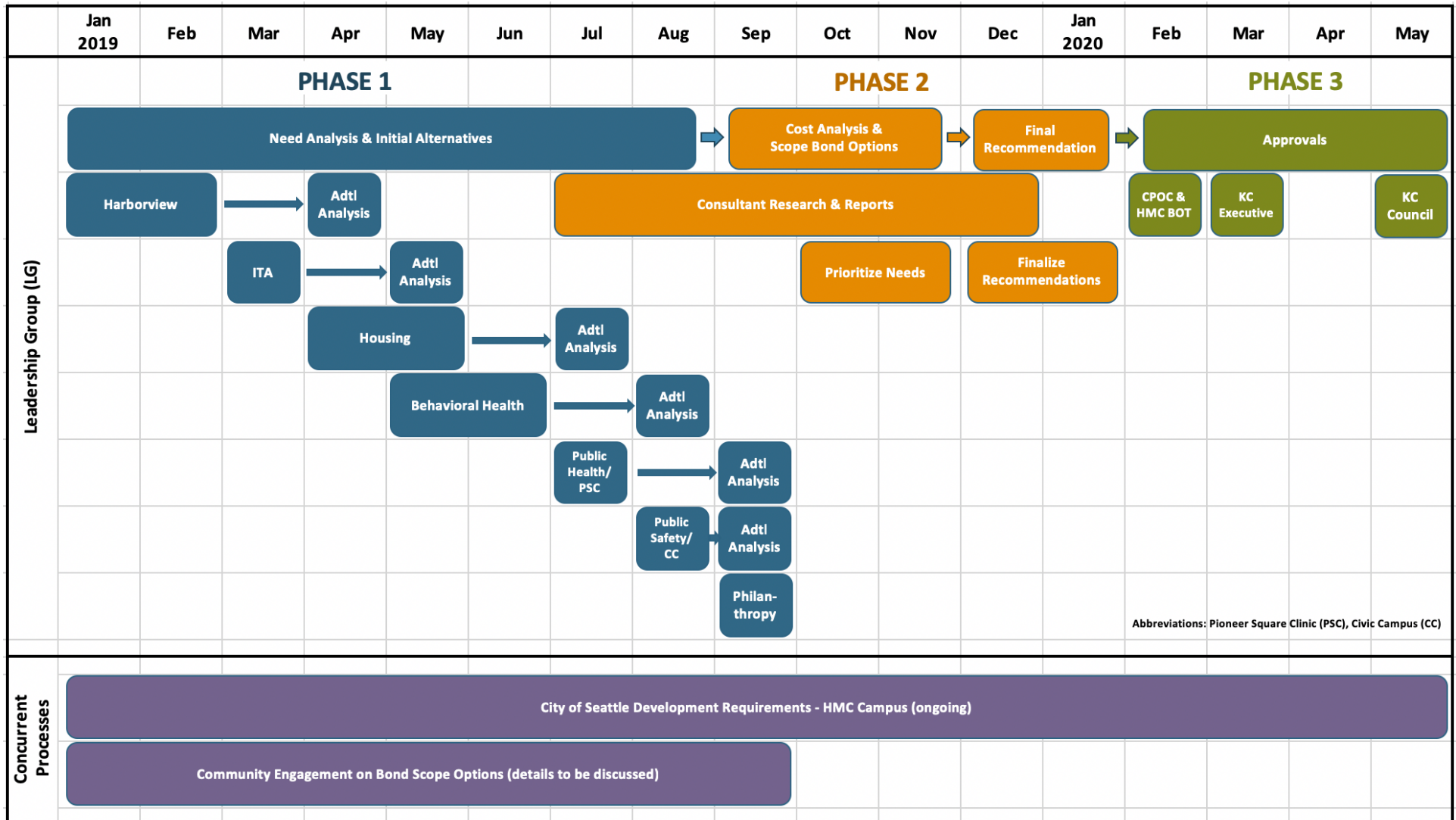
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| 4:00 pm | Welcome & Meeting Goals – Christina Hulet, Facilitator <ul style="list-style-type: none">• Agenda overview• Grounding our work• Approval of January meeting minutes |
| 4:10 pm | Public Comment |
| 4:15 pm | Involuntary Treatment Court Report – Sub-Committee Team |
| 5:25 pm | Updates and Reports <ul style="list-style-type: none">• Legislative session• Strategic facilities master planning consultant RFP• Community engagement process• Sub-committee status |
| 5:55 pm | Wrap-up and Next Steps – Christina Hulet, Facilitator |
| 6:00 pm | Adjourn |

Harborview Leadership Group Work Plan ~ Approved 1/29/19

Below is the Leadership Group's (LG) draft work plan for review. As a reminder, the LG's charge is to analyze and make recommendations on:

- HMC clinical facility master plan needs
- Public Health Department needs
- Housing needs for the mission population
- Involuntary Treatment Act, client/court needs
- Behavioral health needs
- Public health facilities beyond HMC campus
- Other public safety infrastructure needs
- Private philanthropy opportunities
- Prospective bond size and scope

In order to meet a potential November 2020 general election ballot measure, final recommendations and legislation would need to be transmitted to the King County Council by May 2020 for a July election filing deadline. The chart below provides a high-level overview, followed by a detailed timeline of Leadership Group meetings. Dates may change per the Leadership Group.



Introduction: Over the coming months, the Harborview Leadership Group will be presented with a variety of facility options to consider as they develop and prioritize recommendations for a potential capital bond measure to support the county-owned Harborview Medical Center (HMC) pursuant to Motion 15183.

In order to assist the Leadership Group to conduct its options analysis, a consistent analytical structure that can be applied to all proposals has been developed. The framework is structured with four overarching areas, each with specific impact elements.

Each facility proposal/option will be examined using the criteria below.

Area 1: People Impact

- Mission Population
- Patients and clients
- Labor and employees
- Neighbors and community

Area 2: Service/Operational Impact

- Delivery of emergency services
- Addresses facility deficiencies and needs
- Supports innovation, best practices, and/or new models of care

Area 3: Equity and Social Justice

- Service models that promote equity
- Influenced by community priorities
- Addresses Determinants of Equity
- Access to healthcare and improved health outcomes

Area 4: Fiscal/Financial Impact

- The long-term financial position of Harborview and King County
- Existing facilities
- Opportunities for other funding

Area 1: What is the impact to people?
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- A. How would the proposal impact clients, patients, and the community in the following areas?
1. Prioritizes the needs of the Mission Population, providing for new or expanded services to address gaps
 2. Increase and/or ease of access
 3. Improves care
- B. How would the proposal impact labor and employees in the following areas?
1. Increases job opportunities
 2. Enhances employee and patient safety
 3. Supports more efficient workflow and productivity
 4. Supports recruitment and retention

- C. How would the proposal impact neighbors and surrounding communities in the long-term?
1. Decreases in traffic and/or noise
 2. Increase in availability and accessibility by community
 3. Improves neighborhood safety
 4. Supported by neighbors and communities
 5. Responsive to changing population patterns and geographic needs of county residents

Area 2: What is the impact to services and operations?

- A. How would the proposal impact delivery of emergency services?
1. Ensures functionality of public resource of Level 1 trauma center
 2. Provides surge capacity during high census periods, natural disasters, or mass casualty events
 3. Stabilizes facility to fulfill regional emergency preparedness role
- B. How would the proposal address facility needs/deficiencies?
1. Provides for seismic upgrades and requirements
 2. Modernizes building systems (e.g. HVAC, elevators, lighting)
 3. Incorporates green building practices
 4. Maximizes use of existing facilities
- C. How does the proposal support innovation, best practices, and/or new models of care?
1. Enables modern infection control standards
 2. Improves safety, effectiveness, and efficiency of patient care
 3. Supports innovative service delivery
 4. Positions the facility to accommodate future growth or service demands

Area 3: What is the equity and social justice impact?

- A. Does the proposal advance new service models that promote equity?
- B. How has the proposal been influenced by community priorities?
- C. What determinants of equity are impacted by the facility proposal? See [King County Determinants of Equity](#)
- D. How would the proposal promote access to healthcare and improve health outcomes for communities of color, communities where English is not the primary language, and other marginalized communities?

Area 4: What is the fiscal impact?

- A. How does the proposal strengthen long-term financial position of Harborview and King County?
- B. What opportunities to renovate existing facilities to house the service would be included in the proposal?
- C. Does the proposal provide opportunities for philanthropic, federal, state, or other facility funding?



Harborview Leadership Group
Involuntary Treatment Act (ITA) Court
Draft Subcommittee Report
March 20, 2019

OVERVIEW

Washington's Involuntary Treatment Act (ITA) was implemented in 1973¹ to reform a long history of outdated psychiatric designations, methods, and treatments. Pursuant to RCW chapters 71.05 and 71.34 the ITA provides a legal basis for the limited term, civil detention and involuntary psychiatric treatment of individuals with significant risks arising from mental health disorders. The Involuntary Treatment Act (ITA) Court in King County is operated in conjunction with King County Superior Court, the Behavioral Health and Recovery Division (BHRD) of the Department of Community and Human Services (DCHS), Department of Public Defense (DPD), and the Prosecuting Attorney's Office (PAO), the Department of Judicial Administration (DJA), Facilities Management Division (FMD) and the King County Sheriff's Office.

Operating the ITA Court is a complex judicial process requiring time-sensitive collaboration and coordination between the numerous stakeholders. Mental health professionals make a determination on the appropriate assignment of patients to the court. Superior Court staff must then coordinate interviews with doctors, nurses, evaluators and transportation services. All witnesses, including mental health professionals, family members, or civilian witnesses must also be coordinated with the court calendar. Respondents who are often psychologically and medically fragile may have their cases adjudicated using one of two approaches:

- In-Person ITA Court Hearings at Ninth and Jefferson Building: Those patients who have an in-person ITA hearing at the Ninth and Jefferson Building (NJB) may be transported from area hospitals to the NJB on the Harborview campus. The NJB facility was built with dedicated garage and elevator access for confidential transport of patients directly to the court.
- Video Court Hearings: Patients who are located at Evaluation and Treatment (E&T) facilities² may have their cases heard via video hearing. During a video hearing, the patient's case will be heard by a judge through a video connection to the E&T. In this instance, the patient's attorney (public defense) travels to the E&T facility for the court proceeding. Patients are assigned to an E&T based on when they are detained and when the appropriate bed is open. When these facilities are full, individuals may be placed in community hospitals under a single bed certification, per RCW³.

Regardless of the location, resolving civil commitment cases requires that all parties involved in the case be prepared and present at the same time. If anyone involved with the case is unavailable at the

¹ The ITA law is found in Revised Code of Washington (RCW) chapters 71.05, covering adults, and 71.34, covering youth under age 18.

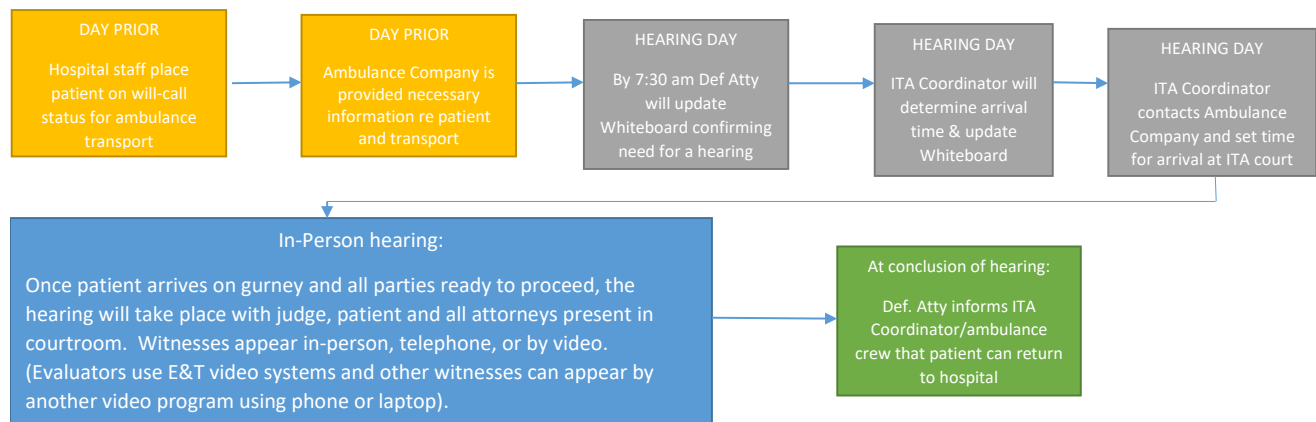
² King County has eight 16-bed E&T facilities where staff provide therapeutic, inpatient evaluation, stabilization, and treatment.

³ Revised Code of Washington 71.05.745; Washington Administrative Code 388-865-0526

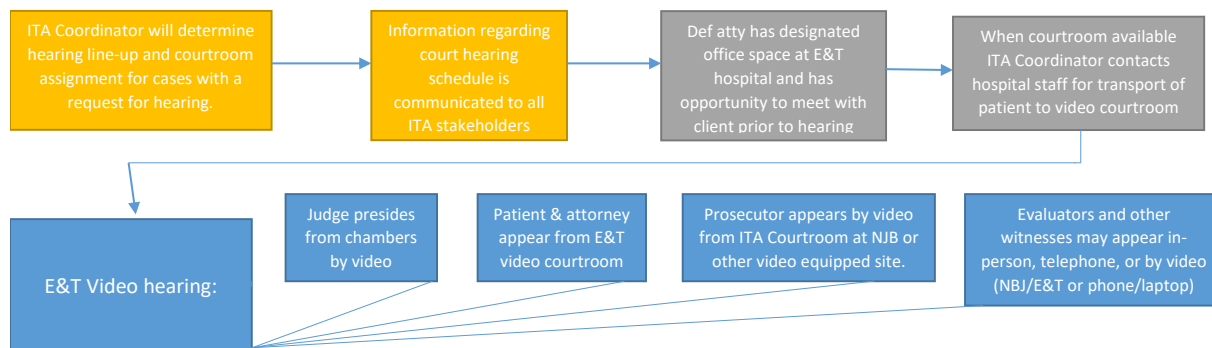
time of a hearing, or unavailable in advance of the hearing for interviews or negotiations, the entire process may be significantly delayed. The court continuously strives to balance due process and individual rights, with access to treatment and community/individual safety.

ITA Case Flow

In-Person ITA Hearings:



Video ITA Hearings:



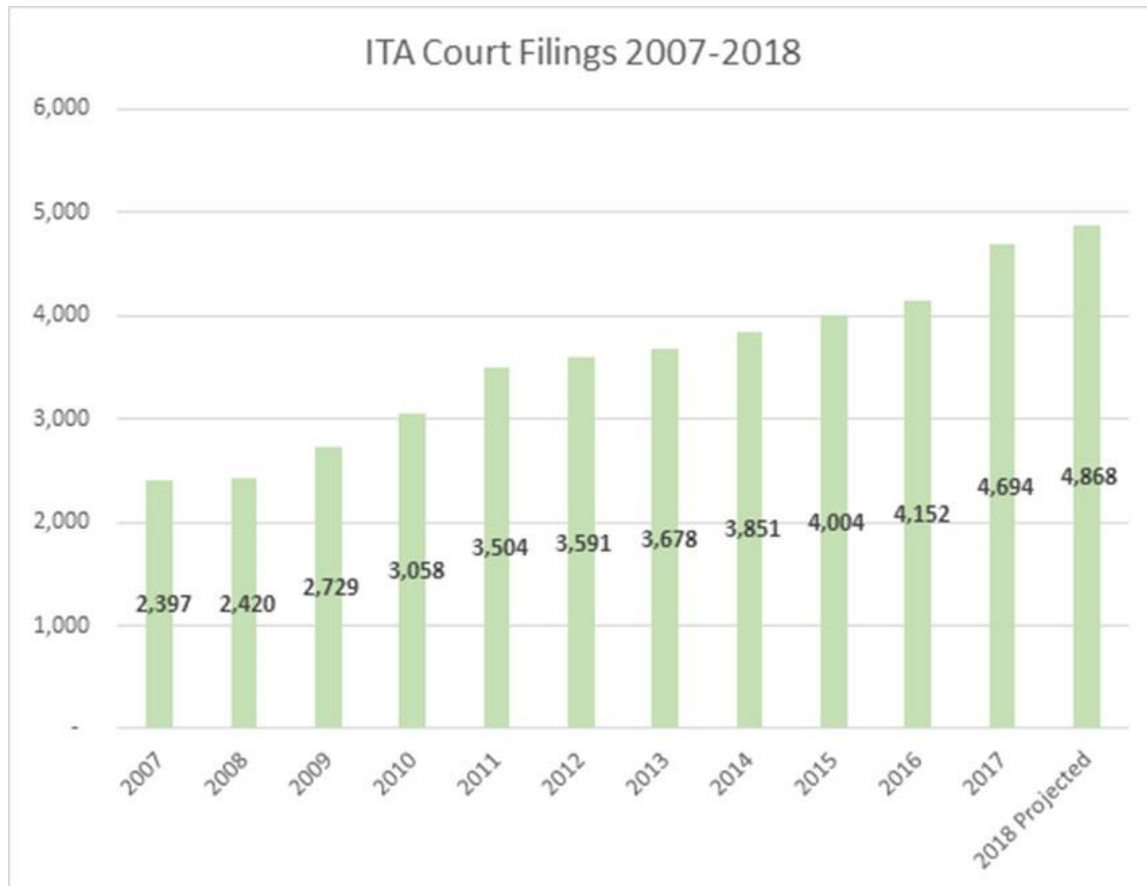
STATEMENT OF NEED

During the past decade, the caseload for King County Superior Court's ITA court has grown faster than any other category of Superior Court cases, going from 2,420 court filings in 2008 to over 4,800 in 2018. Over the years, the statutes governing ITA court have evolved and changed as lawmakers respond to crisis events and treatment access challenges. Recent legislative changes include Ricky's Law⁴ which expanded ITA court to include substance use disorder as a criteria, and Joel's Law⁵ which allows for families of individuals declined for involuntary detention to appeal the Designated Crisis

⁴ <https://www.dshs.wa.gov/bha/ricky%E2%80%99s-law-involuntary-treatment-act-substance-use-disorder>

⁵ <https://www.hca.wa.gov/assets/free-or-low-cost/how-to-file-petition-involuntary-treatment-joels-law.pdf>

Responder's (DCR) decision with the court. Given the multitude of factors contributing to ITA caseload, Superior Court reports that it is particularly difficult to estimate ITA caseload into the out years. In particular, the unpredictability of state law changes that may impact criteria for ITA detention is a significant driver of caseload. Based on population-based projections alone, filings are estimated to increase to 5,577 by 2030 and 6,577 by 2040.

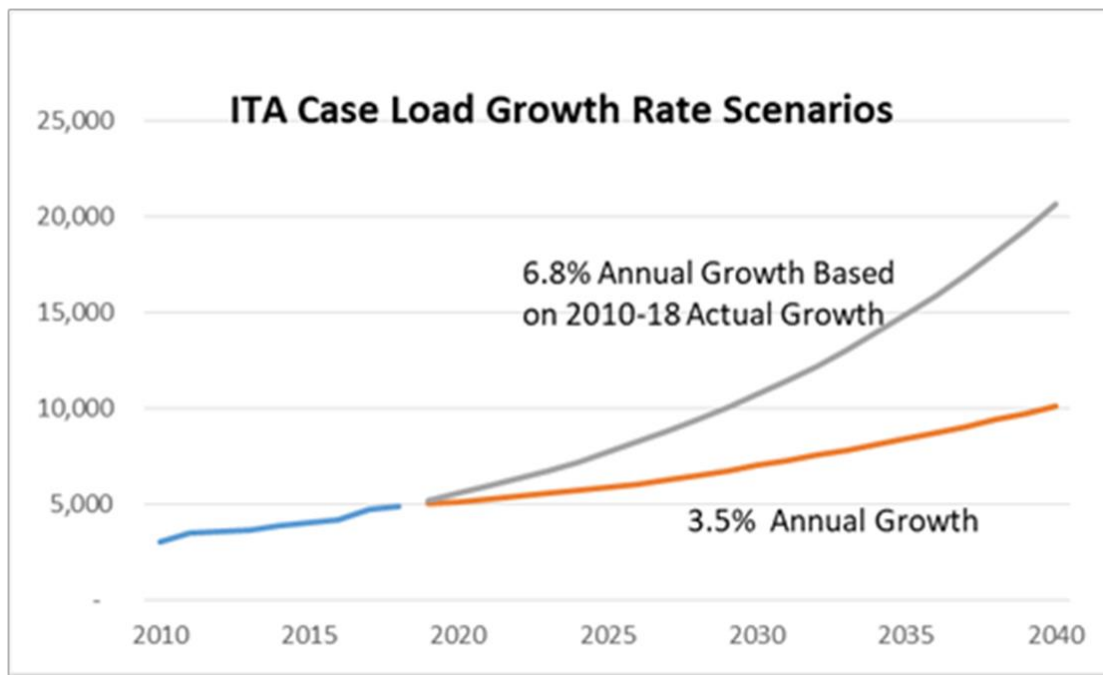


Based on data from the 2016 ITA Court Access Report transmitted to King County Council⁶, caseload growth is due to a confluence of factors, including limited community and inpatient mental health resources. The growth in King County's population, along with changing laws, increases the likelihood of involuntary detention growth.⁷ Growing use of ITA Court translates to increased staffing, judicial officers, and space needs.

⁶ *Involuntary Treatment Act (ITA) Court Access: Ambulance Transportation and Video Hearings*. Response to 2015/2016 Biennial Budget Ordinance, Ordinance 17941, Section 61, as amended by Ordinance 18178, Section 2, Proviso P1.

⁷ These factors, and more detailed background and context regarding the involuntary mental health treatment system including the ITA Court, are described at length in the reports of the Community Alternatives to Boarding Task Force (CABTF): http://kingcounty.gov/~media/health/MHSA/documents/CABTF_Progress_Report_2.ashx?la=en.

The statutory timeframes to litigate these civil cases are relatively short. Failure to meet expiration dates can result in the premature discharge of individuals who are still at risk of harming themselves or others, or who have a grave disability.



SPACE CONSTRAINTS

All parties involved in ITA Court report that space constraints continue to be a concern. In 2009 ITA Court was relocated from Harborview Hall to new space in the NJB. The NJB's 6,000 SF custom-built space provided one large courtroom with dedicated elevator access from the garage to the court for ambulance patients, and tunnel access to the court for Harborview inpatients. Dedicated family waiting rooms and offices for attorneys, staff and security were also designed into the court based on the patient volumes being experienced at that time.

Since 2009 patient volumes and corresponding staff increases have outpaced the available square footage and resulted in an inadequate court facility at the NJB. The court cannot expand beyond its current footprint due to its location on a densely occupied floor. Over the years, the Facilities Management Division (FMD) has worked with the ITA Court staff and conducted 3 separate interior redesigns to meet the growing demand, providing minimal relief. The redesign work resulted in the loss of interview space, family waiting areas, office spaces and other needed areas. FMD was able to secure leased offices in the nearby Medic One building across the street from the NJB for the DPD attorneys whose numbers have doubled since the court opened in 2009. This temporary approach does not address the Superior Court's long-term functional space needs for the current and growing

ITA court caseload. Superior Court officials have reported on the challenges of working within the current space constraints.

FACILITY OPTION #1: NO CHANGE

The status quo option for the ITA Court would leave the court facility at Harborview unchanged with no potential for growth nor improved functionality.

Due to the continued growth of ITA case filings, the use of video has been instrumental in the court's and stakeholders' ability to meet the statutory requirements for hearing these cases. In February 2014, a Northwest Hospital pilot project established the first E&T video courtroom. Since that time, the use of video to conduct ITA hearings has expanded to all eight King County E&T hospitals. Approximately 3,000 video hearings have occurred since that time.

Currently up to 90% percent of ITA cases are managed through video court. ITA Video Court functions under the Superior Court policy. The judicial officer presiding over a hearing in which the respondent is present by video must have a full view of all participants. This requires all parties, including witnesses and attorneys to be present via video.

Although video court added another method of adjudicating cases, it faced legal challenges by the Department of Public Defense (DPD). In 2017 The Washington State Court of Appeals in J.N. held that a commitment hearing in which the respondent is prevented from participating in person was contrary to the intent of the legislature for 90 day, 180 day and revocations hearings. Shortly after the ruling in J.N. the legislature amended the statute to expand the definition of being present to include video hearings. It is expected that challenges to the use of video hearings will likely arise again. The possibility of legal limits being placed on the use of video hearings would increase in-person ITA Court hearings and increase pressure on the NJB facility.

The status quo scenario would leave all of the agencies that occupy the current ITA space at NJB (PAO, DPD, Superior Court, DJA, and Sheriff's Office) with inadequate space to serve the number of patients coming to the ITA Court. The limited size and configuration of the ITA Court at Harborview will continue to be a problem even as the number of video conferencing hearings increase.

FACILITY OPTION #2: EXPAND SPACE FOR THE ITA COURT AT HARBORVIEW AND MAKE INVESTMENTS IN VIDEO COURT INFRASTRUCTURE

This option calls for new and/or remodeled space on the Harborview campus or expanded space within the NJB, as well as investments in video hearing equipment and infrastructure at the court and E&Ts.

In 2013 Callison Architects was hired to conduct a space analysis and program for plans to relocate ITA court to Harborview Hall. All ITA Court stakeholders participated in the effort. Data provided in the Callison space analysis continues to be the basis for developing more functional ITA Court space. The analysis indicates that the current 6,000 SF ITA Court would need to double in size to approximately 12,000 SF in order to accommodate the number of staff, judges and cases outlined in the staffing profile.

Space Program Summary			
Harborview Hall - ITA Court / Callison Architects / Conceptual Planning / November 21, 2013			
Room Description	Square Footage Currently in use 2018	Callison Report Identified Sq.Ft. Needs	Projected Space Growth Beyond 2018
Public Entry	694	1277	TBD
Courtrooms	1870	3170	TBD
Court Administrator	574	1062	TBD
Client	818	1300	TBD
Prosecuting Attorney	1123	1671	TBD
Public Defense	670	3055	TBD
Total	5749	11535	

Redesigning the court space within a 12,000 SF foot print could accommodate all staff in one location with the appropriate separate zones for attorneys and judges. The expanded spaces would be designed to further minimize stress to patients and their families, as well as to provide a flexible design to accommodate both in-person and video hearings. This space analysis assumes that video hearings will continue to occur at the current rate. Space growth beyond 2018 levels have yet to be determined due to numerous unknown factors including the future rate of video hearings.

FACILITY OPTION #3: ITA COURT RELATED BEHAVIORAL HEALTH FACILITIES

ITA Court is part of the larger behavioral health continuum. The behavioral health continuum includes provisions for outpatient clinical facilities, emergency services through post-acute care, and supportive housing. Investment in these complementary facilities may mitigate the increase in psychiatric conditions that lead to ITA Court referrals.

The ITA subcommittee work is synergistic with the work of peer subcommittees focused on Behavioral Health, Harborview Facilities, and Housing. The best way to reduce the use of ITA Court is to reduce number of people who are detained due to behavioral health crises. To achieve this result, greater investment in the outpatient behavioral health system must occur. Greater investments in services

include more outreach to meet people where they are, easy access to services when people want or need them, and expanding the continuum and types of behavioral health services.

There is a consistent correlation between the growth in population and increases in ITA Court caseload. This correlation can be tracked over many years and can be reliably projected over the next decade. However, this simple association does not reveal other variables impacting growth, which will continue to pressure the system over time if not addressed. In that regard the ITA Court would benefit from investments in the following areas of the behavioral health system:

- Behavioral Health clinical facilities targeting early intervention for youth, communities of color, poor and underserved communities
- Modernization of Harborview's emergency department
- Supportive housing along the medical/behavioral health continuum,

This report does not address these options as they are included within the work plans of other subcommittees. However, the ITA subcommittee looks forward to collaborating with other work efforts as we strive collectively to determine the best investments to address the long term behavioral health needs of the community over the next 10-20 years.

SUMMARY CONCLUSIONS

- ✓ The ITA court is governed by State laws and conducts civil commitment hearings according to two separate adjudication approaches: a) in-person hearings, and b) video hearings
- ✓ The number of patients accessing the ITA court has increased significantly over the past decade and is expected to continue over the coming decade.
- ✓ ITA court officials plan for the continued use of both in-person and video hearings over the next decade.
- ✓ The current in-person facilities are inadequate in size and functionality; and video hearings will require ongoing equipment and capital infrastructure support.
- ✓ The facility responses presented herewith are not mutually exclusive and seek to meet the ITA court's needs as follows:
 - Expand the Harborview ITA court's size and improving its functionality; and
 - Expand key facilities along the behavioral health continuum in order to mitigate the growth and recidivism of patients entering the court.

CRITERIA MATRIX

	No Change	Facilities Option 2	Facilities Option 3
Area 1: People Impact			
Mission Population			
Patients and clients			
Labor and employees			
Neighbors and community			
Area 2: Service/Operational Impact			
Delivery of emergency services			
Addresses facility deficiencies and needs			
Supports innovation, best practices, and/or new models of care			
Area 3: Equity and Social Justice			
Service models that promote equity			
Influenced by community priorities			
Addresses Determinants of Equity			
Access to healthcare and improved health outcomes			
Area 4: Fiscal/Financial Impact			
The long-term financial position of Harborview and King County			
Existing facilities			
Opportunities for other funding			

	Meets		Not Applicable
	Does not meet		

Client Demographics				
January - December 2018				
GENDER				
	FILED	REVOCATION	UNFILED	TOTAL
Female	1,601	262	1,630	3,493
Male	2,290	424	2,351	5,065
Total	3,891	686	3,981	8,558
AGE				
	FILED	REVOCATION	UNFILED	TOTAL
<18	67	4	85	156
18-21	305	44	289	638
22-29	851	176	795	1,822
30-39	893	181	1,013	2,087
40-49	610	152	686	1,448
50-54	248	42	288	578
55-59	292	46	307	645
60-64	235	32	238	505
65-69	161	7	117	285
70-74	99	7	86	192
75-79	73	3	56	132
80 and over	102		83	185
unknown	3		9	12
Total	3,939	694	4,052	8,685
RACE				
	FILED	REVOCATION	UNFILED	TOTAL
African American	501	125	530	1,156
Asian Pacific Island	358	62	291	711
Caucasian	2,340	349	2,455	5,144
Native American	81	11	94	186
Other	201	40	191	432
Two or More	286	90	294	670
Unknown	172	17	195	384
Total	3,939	694	4,050	8,683
HISPANIC INDICATOR				
	FILED	REVOCATION	UNFILED	TOTAL
No	3,421	628	3,516	
Unknown	147	1	193	
Yes	371	65	343	
Total				

ITA Court Sub-Committee Harborview Leadership Group (HLG)

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Involuntary Treatment Court Subcommittee Analysis for the Harborview Leadership Group

MARCH 27, 2019

Agenda

- ☐ Charge of the Subcommittee
- ☐ Subcommittee Members
- ☐ Overview
- ☐ Needs Statement
- ☐ Alternatives/Options
- ☐ Criteria Matrix
- ☐ Questions

Charge of Subcommittee

- ❑ Conduct an analysis of facility needs and initial options for the Harborview Leadership Group (HLG) to consider for its capital funding recommendations
- ❑ Provide a report, and a presentation to the HLG according to their schedule
- ❑ Work with staff and consultants to refine the report and support the HLG decision-making process, as requested.

Subcommittee Participants

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Legal Overview

- ❑ Washington's Involuntary Treatment Act (ITA) provides a legal basis for the limited term, civil detention and involuntary psychiatric treatment of individuals with significant risks arising from mental health disorders

- ❑ Purpose of the Laws
 - ✓ To provide continuity of care
 - ✓ To put an end to inappropriate, indefinite commitments of persons with mental illness
 - ✓ To safeguard individual rights
 - ✓ To encourage the full use of all existing agencies, professional personnel and public funds to prevent duplication of services and unnecessary expenditures
 - ✓ To encourage community based care whenever possible
 - ✓ To protect the public safety

Operating Overview

The Involuntary Treatment Act (ITA) Court in King County is operated in conjunction with

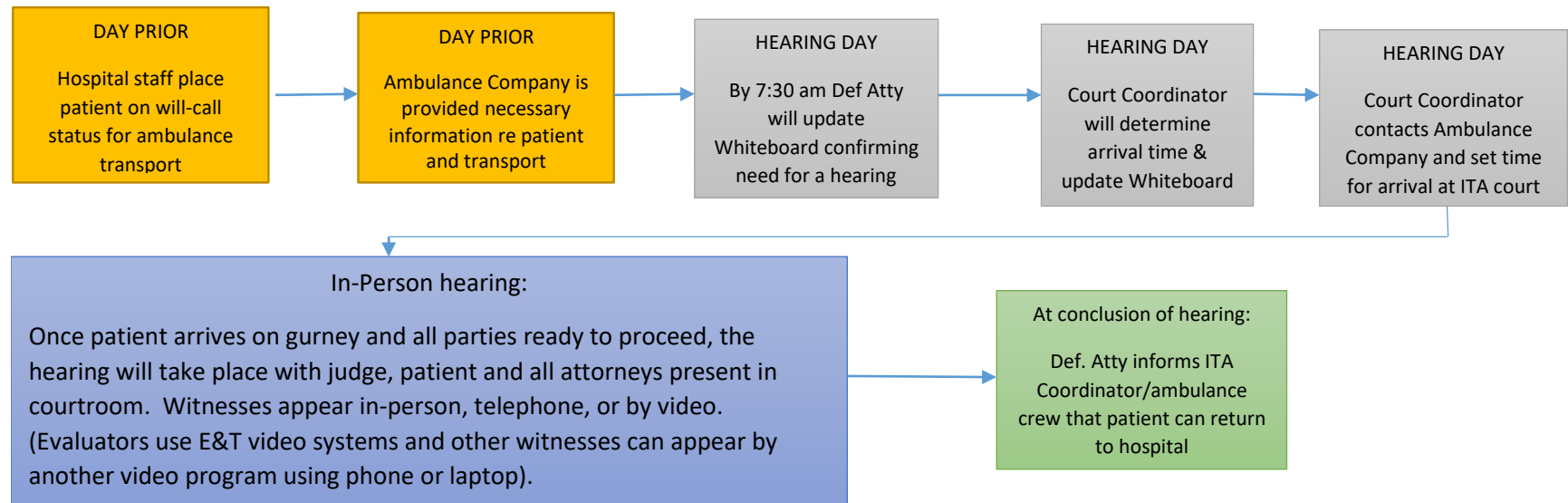
- ❑ King County Superior Court
- ❑ Behavioral Health and Recovery Division (BHRD)
- ❑ Department of Community and Human Services (DCHS)
- ❑ Department of Public Defense (DPD)
- ❑ Prosecuting Attorney's Office (PAO)
- ❑ Department of Judicial Administration (DJA)
- ❑ Facilities Management Division (FMD)
- ❑ King County Sheriff's Office (KCSO)

ITA Court Facility @ Harborview

- ❑ ITA patients may be transported from hospitals to the ITA court located in the Ninth and Jefferson Building (NJB) at Harborview, where court participants convene or appear by video.
- ❑ The NJB facility was built with dedicated garage and elevator access for confidential transport of patients directly to the court.
- ❑ The facility includes courtrooms, offices, patient waiting rooms and security space.

Case Flow: ITA In-Person Hearings

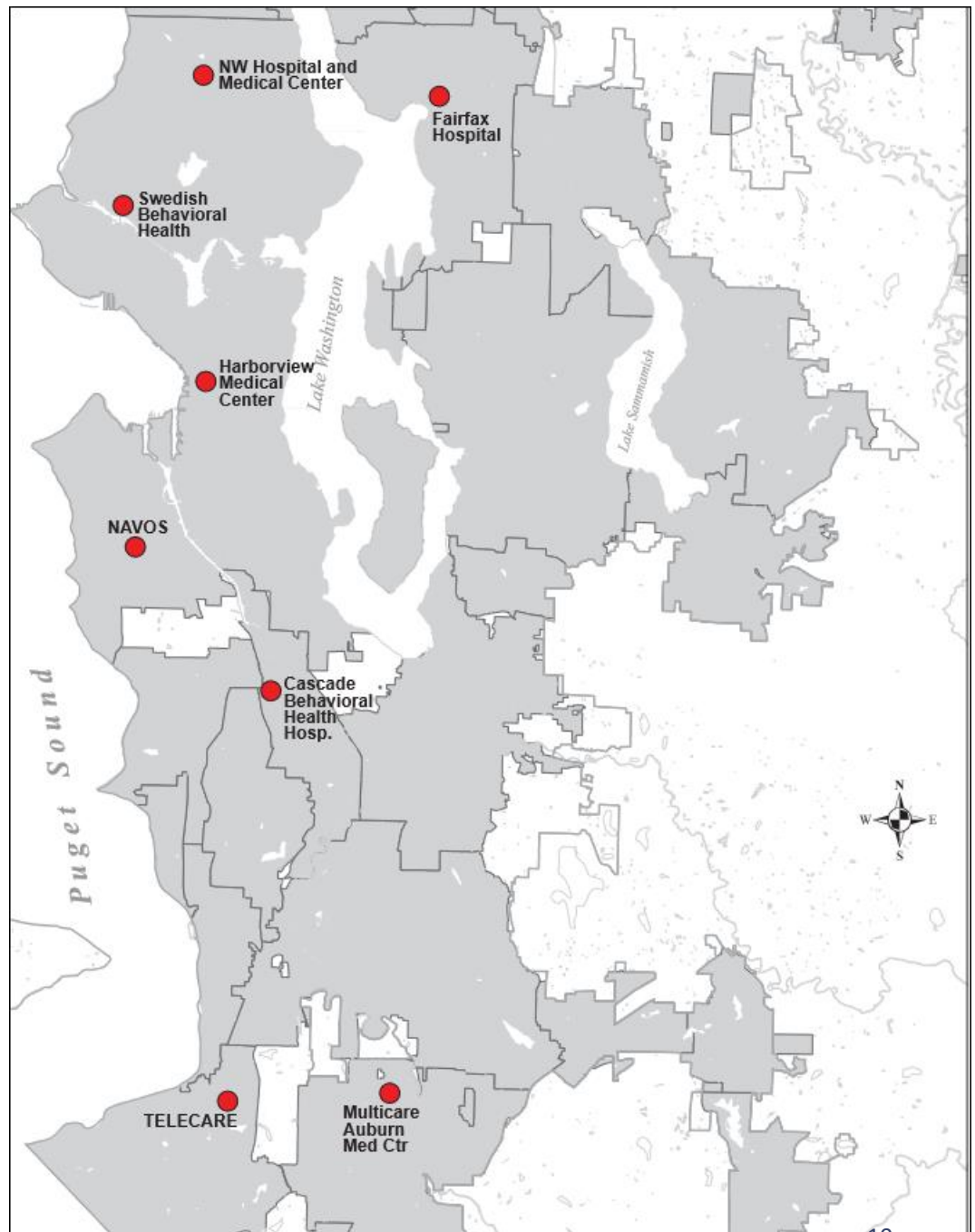
In-Person ITA Hearings:



Evaluation & Treatment Facilities

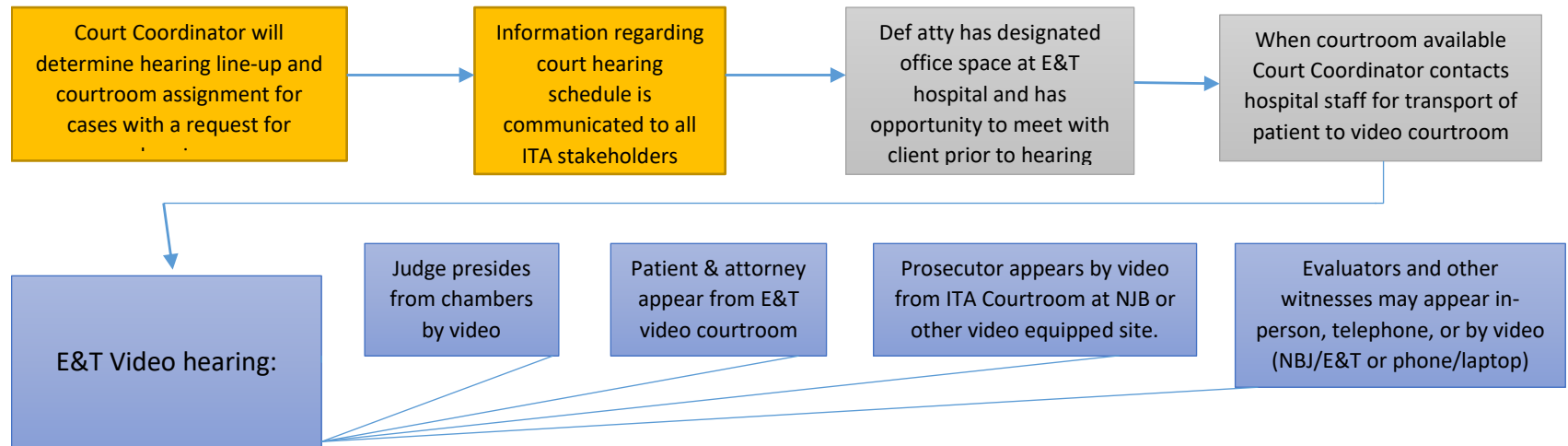
- ❑ Evaluation and Treatment Facilities (E&T) are psychiatric hospitals
- ❑ Patients are assigned to an Evaluation and Treatment Facility based on when they are detained and when the appropriate bed is open.
- ❑ Patients who are located at an E&T may have their cases heard via video hearing.
- ❑ When these facilities are full, patients may be located at community hospitals under a single bed certification, where video hearings are not currently held.

Evaluation & Treatment Facilities Locations



Case Flow: Video Hearings

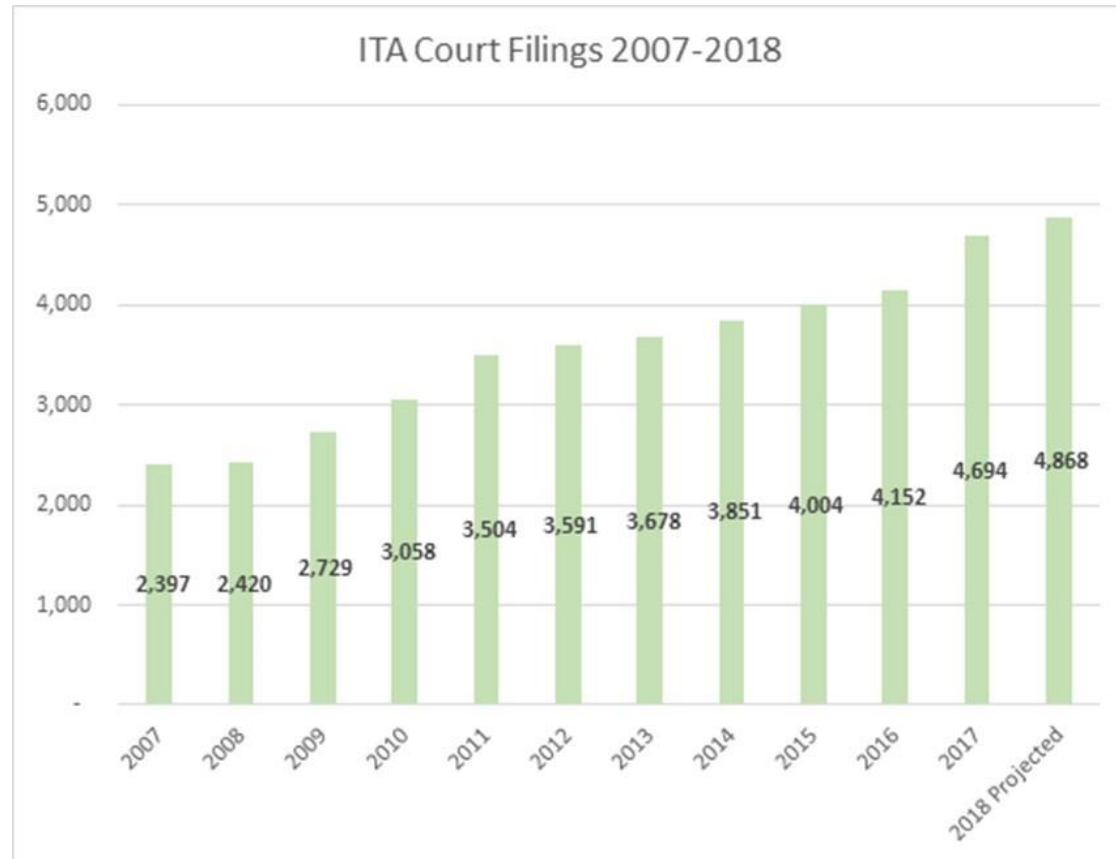
Video ITA Hearings:



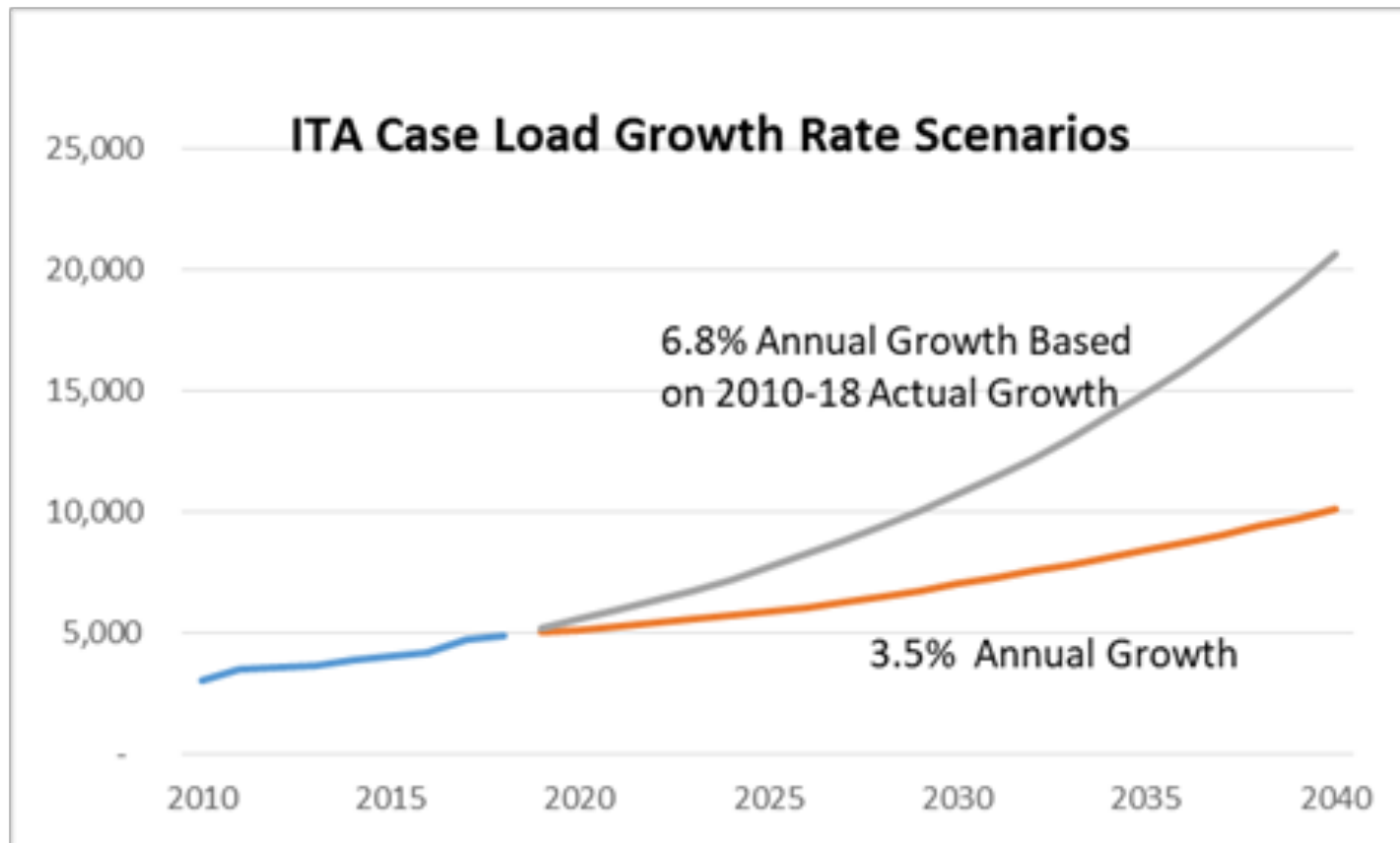
Needs Statement

- ❑ During the past decade, the ITA caseload has risen faster than any other category of Superior Court cases, growing from 2,420 in 2008 to over 4800 court filings in 2018.
- ❑ Patient volumes and corresponding staff increases have outpaced the available square footage and resulted in an inadequate court facility.
- ❑ The ITA court has changed over the years as lawmakers respond to crisis events and treatment access challenges.
- ❑ Changes in Laws will continue to broaden access to the ITA Court and increase case volumes.

Impacts: Historical Growth in Patients Served



Impacts: Projected Growth



Impacts: Legal & Legislative Actions

- ❑ 2014 Supreme Court decision on Boarding vs. Single Bed Certification (SBC)
- ❑ 2017, Ricky's Law adds "substance use disorder" (SUD) to 71.05 and 71.34 as detention criteria
- ❑ Joel's Law allows for families of individuals declined for involuntary detention to appeal the Designated Crisis Responder's (DCR) decision with the court.
- ❑ 2017 challenge to the use of video hearings: The Washington State Court of Appeals in J.N. Shortly after the ruling in J.N. the legislature amended the statute to expand the definition of being present to include video hearings.
- ❑ Pending: SHB 1775/SSB 5744: Creates two certified E&T receiving centers for sexually exploited children.
- ❑ Pending: SHB 1907: Broadens definition of "likelihood of serious harm" and creates at additional facilities to be dually licensed as E&T and SWM
- ❑ Changes in law have and will continue to increase case volumes

Space Limitations

- ❑ The Court currently occupies 6,000 square feet, although a program analysis conducted by Callison Architects in 2013 noted the growth and need, at that point in time, at 12,000 square feet. Since 2013, the filings have increased significantly.
- ❑ To make due, FMD has modified the space 3 times since 2009, resulting in the loss of interview space, family waiting area and offices.
- ❑ Expanding the current footprint is difficult, given the other tenants on the same floor, including the Pathology Department and the Medical Examiner's Office.
- ❑ Among the recent modifications by FMD was securing leased space in the Medic One building across the street from NJB for DPD attorneys, but this requires passing through court security each time they return to court. In addition, long term plans for the Medic One building are uncertain.
- ❑ There is currently no other expansion space available on the campus.

Option 1: No Change

- ❑ A status quo option for the ITA Court would leave the court facility at Harborview unchanged, and with no potential for growth or improved functionality.
- ❑ Since 2009 patient volumes and corresponding staff increases have outpaced the available square footage. The limited size and configuration of the ITA Court at Harborview will continue to be a problem even as the number of video conferencing hearings increases.

Option 2: Enhanced Space for the ITA Court at Harborview

- ❑ The ITA Court is seeking new and/or remodeled space on the Harborview campus or expanded space within the NJB, as well as investments in video hearing equipment and infrastructure at the court and E&Ts.
- ❑ A program analysis conducted in 2013 outlined a space plan that would double the size of the court to approx. 12,000 sq.ft. to meet 2013 demand.
- ❑ Much of the data from that analysis is still relevant, except for filing growth projections over the next 10 years, and could become the basis for an updated space program.
- ❑ This redesign will use the 90% level of video hearings as the most likely scenario.
- ❑ Redesigning the ITA court within a larger foot print could accommodate all staff in one location with the appropriate separate zones for attorneys and judges. The new spaces would be designed to minimize stress to patients, and their families, as well as provide a flexible design to accommodate both in-person and video hearings.

Option 3: Investment in ITA Court Related Behavioral Health Facilities

- ❑ The ITA Court is part of the larger behavioral health continuum.
- ❑ The continuum includes provisions for outpatient clinical facilities, hospital emergency facilities through post-acute care, and supportive housing.
- ❑ The ITA Subcommittee work is synergistic with the work of peer committees that are focused on Behavioral Health, Harborview Facilities, and Housing.
- ❑ Investment in these facilities may mitigate the increase in psychiatric conditions that lead to ITA Court referrals.
- ❑ In addition to addressing the space expansion needs for the Court, the ITA sub-committee will link with efforts to improve facilities along the behavioral health continuum.

Summary

- ❑ The ITA court is governed by State laws and conducts civil commitment hearings according to two separate adjudication approaches:
 - a) in-person hearings, and b) video hearings
- ❑ The number of patients accessing the ITA court has increased significantly over the past decade and is expected to continue over the coming decade.
- ❑ ITA court officials plan for the continued use of both in-person and video hearings over the next decade.
- ❑ The current in-person facilities are inadequate in size and functionality; and video hearings will require ongoing equipment and capital infrastructure support.
- ❑ The facility responses presented herewith are not mutually exclusive and seek to meet the ITA court's needs as follows:
 - (1) expand the Harborview ITA court's size and improving its functionality; and
 - (2) expand key facilities along the behavioral health continuum in order to mitigate the growth and recidivism of patients entering the court.

Criteria Matrix

	No Change	Facilities Option 2	Facilities Option 3
Area 1: People Impact			
Mission Population	Does not meet	Meets	Meets
Patients and clients	Does not meet	Meets	Meets
Labor and employees	Does not meet	Meets	Meets
Neighbors and community	Not Applicable	Meets	Meets
Area 2: Service/Operational Impact			
Delivery of emergency services	Not Applicable	Not Applicable	Not Applicable
Addresses facility deficiencies and needs	Does not meet	Meets	Meets
Supports innovation, best practices, and/or new models of care	Not Applicable	Meets	Meets
Area 3: Equity and Social Justice			
Service models that promote equity	Not Applicable	Meets	Meets
Influenced by community priorities	Does not meet	Meets	Meets
Addresses Determinants of Equity	Does not meet	Meets	Meets
Access to healthcare and improved health outcomes	Not Applicable	Meets	Meets
Area 4: Fiscal/Financial Impact			
The long-term financial position of Harborview and King County	Not Applicable	Not Applicable	Not Applicable
Existing facilities	Does not meet	Meets	Meets
Opportunities for other funding	Does not meet	Does not meet	Does not meet



Meets

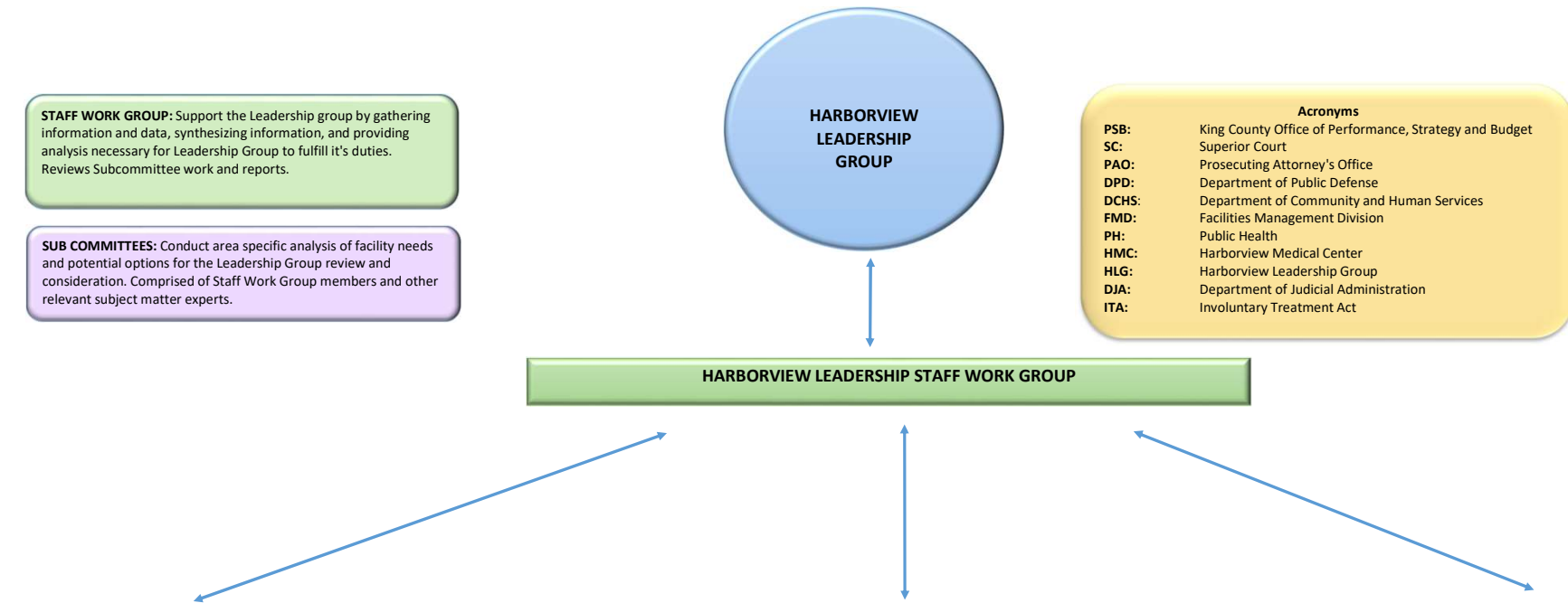
Does not meet



Not Applicable

Feedback & Questions?

HMC Leadership Work Group Subcommittee Structure 3/20/2019



Sub Committee Roster as of 3.20.19 (subject to change)								
	HMC (Bed Capacity and Operating Rooms)	ITA Court	Housing	Behavioral Health	Public Health	Pioneer Square Clinic	Public Safety	Finance / Philanthropy
Suggested Convener	Kera Dennis, HMC	Cristina Gonzalez, FMD	Mark Ellerbrook, DCHS	Dr. Maria Yang, DCHS	TJ Cosgrove PH	Katie Ross, PSB	Pat Hamacher, Council	Sid Bender, PSB
Project Team Staff Liaison	Leslie Miles, FMD/Exec	Leslie Miles, FMD/Exec	Sid Bender, PSB	Leslie Miles FMD/Exec	Katie Ross PSB	Katie Ross, PSB	Sid Bender, PSB	Sid Bender, PSB
Work Group Members	Ted Klainer, HMC Pat Hamacher, Council Sid Bender, PSB	Sam Porter, Council Sid Bender, PSB Dr. Maria Yang, DCHS Ted Klainer, HMC	Pat Hamacher, Council Cristina Gonzalez, FMD Kristina Logsdon, Council K Dennis or T Klainer, HMC Leslie Miles, FMD/Exec	Kelli Nomura, DCHS Lan Nguyen, Council Sam Porter, Council Kera Dennis, HMC	Lan Nguyen, Council Maria Wood, PH Sam Porter, Council	T.J. Cosgrove, PH Sid Bender, PSB Ted Klainer, HMC	Cristina Gonzalez, FMD Sid Bender, PSB Kristina Logsdon, Council	Pat Hamacher, Council Kera Dennis, HMC Leslie Miles, FMD/Exec
Subject Matter Experts: Department Reps, Separately Elected Officials, Community Members	Facilities Mgmt. Div.	Judge Rogers, Presiding SC Judge Roberts, ITA Court Paul Sherfey, SC Leesa Manion, PAO Terry Howard, DPD Diane Swanberg, DCHS Barbara Miner, DJA	Brook Buettner, DCHS Greg Francis, HLG Paul Lambros, Plymouth Daniel Malone, DESC Rod Palmquist, WFSE Xochitl Maykovich, WCAN	Jim Vollendroff, HMC Brigitte Folz, HMC Maggie Hostnick, DESC Craig Jaffee, MD Kathleen Murphy, BHRD	Drew Pounds, PSB Brigitte Folz, HMC Dennis Worsham, PH	Tricia Madden, PSQ		
Presentation #1 to the HLG	January	March	April	May	July	July	August	September

Topic to be Presented to LG	LG Meeting 4 th Wed.	LG Materials Dist. ¹ 3 rd Thurs.	WG Review Meeting 2 nd Thurs. ^{2, 3}	WG Materials Dist. ⁴ 2 nd Monday	Staff Lead	Convener
HMC FMP #1	January 29					
ITA Court #1	March 27	March 21	March 14	March 11	Leslie	Cristina G.
Housing #1	April 24	April 18	April 11	April 8	Sid	Mark E
HMC FMP #3	April 24	April 18	April 11	April 8	Leslie	Kera
BH #1	May 22	May 16	May 9	May 6	Leslie	Maria
ITA Court #2	May 22	May 16	May 9	May 6	Leslie	Cristina G.
BH #2	June 26	June 20	June 13	June 10	Leslie	Maria
Public Health/PSC #1	July 24	July 18	July 11	July 8	Katie	TJ
Housing #2	July 24	July 18	July 11	July 8	Sid	Mark E.
Public Safety#1	August 28	Aug 22	Aug 15	Aug 5	Sid	Pat
BH #3	August 28	Aug 22	Aug 15	Aug 5	Leslie	Maria
Philanthropy #1	Sept 25	Sept 19	Sept 12	Sept 9	Sid	
Public Safety #2	Sept 25	Sept 19	Sept 12	Sept 9	Sid	Pat
Public Health/PSC #2	Sept 25	Sept 19	Sept 12	Sept 9	Katie	TJ
