



KING COUNTY

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Signature Report

May 20, 2014

Motion 14128

Proposed No. 2014-0094.1

Sponsors McDermott and Phillips

1 A MOTION acknowledging receipt of a report regarding
2 the cost of constructing and operating involuntary treatment
3 act courtroom facilities at Harborview Hall in downtown
4 Seattle and Fairfax Hospital in Kirkland, as well as the
5 impact of operating a courtroom at Fairfax Hospital on
6 court staff, patients, family members, professional
7 witnesses and civilian witnesses, in compliance with the
8 2014 Budget Ordinance, Ordinance 17695, Section 18,
9 Proviso P6.

10 WHEREAS, the 2014 Budget Ordinance, Ordinance 17695, Section 18, Proviso
11 P6, requires the executive to transmit a motion and report regarding involuntary treatment
12 act court by February 28, 2014, and

13 WHEREAS, the report provides an analysis of the cost of constructing and
14 operating a two or three courtroom facility located in a renovated Harborview Hall, and

15 WHEREAS, the report provides an analysis of the cost of constructing and
16 operating one or two courtrooms located at Harborview Hall and one courtroom located
17 at Fairfax Hospital, and

18 WHEREAS, the report provides an analysis of the impact upon the patients,
19 family members and nonfamily member civilian witnesses served by the court in each at
20 Harborview Hall and Fairfax Hospital, and

21 WHEREAS, the report provides a description of business process changes,
22 including the use of video technology, that could reduce costs at involuntary treatment
23 court, and

24 WHEREAS, the report provides an analysis of significant impacts including, but
25 not limited to, impacts to the courts, prosecuting attorney's office, public defenders,
26 courthouse security and mental health professionals of operating a satellite court at
27 Fairfax Hospital;

28 NOW, THEREFORE, BE IT MOVED by the Council of King County:

29 The report relating to operating involuntary treatment act courtrooms at
30 Harborview Hall and Fairfax Hospital in compliance with the 2013 Budget Ordinance,

31 Ordinance 17695, Section 18, Proviso P6, which is Attachment A to this motion, is
32 hereby acknowledged.
33

Motion 14128 was introduced on 3/10/2014 and passed by the Metropolitan King
County Council on 5/19/2014, by the following vote:

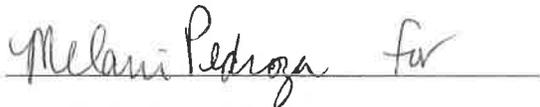
Yes: 9 - Mr. Phillips, Mr. von Reichbauer, Mr. Gossett, Ms. Hague,
Ms. Lambert, Mr. Dunn, Mr. McDermott, Mr. Dembowski and Mr.
Upthegrove
No: 0
Excused: 0

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON



Larry Phillips, Chair

ATTEST:



Anne Noris, Clerk of the Council

Attachments: A. Involuntary Treatment Act Court Costs and Impacts of Operating at Two Sites Proviso
Response

Involuntary Treatment Act Court
Costs and Impacts of Operating at Two
Sites
Proviso Response

January, 2014

Office of Performance, Strategy, and Budget

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Executive Summary

The Washington State Involuntary Treatment Act (ITA) allows for people with mental disorders to be civilly committed against their will for defined periods of time – 72 hours, 14 days, 90 days and 180 days. The court process associated with involuntary treatment is highly complex, contingent and constrained. Compounding the challenges in the civil commitment process, King County's ITA Court is housed in a facility that is inadequate to meet its day-to-day operating needs. The court space in the Ninth and Jefferson Building (NJB) on the Harborview Medical Center campus lacks sufficient space for every component of court operations from patient waiting areas to judge's chambers to public restrooms.

Given the inadequacies of NJB, the County is exploring moving ITA Court to a remodeled Harborview Hall. The Adaptive Reuse of Harborview Hall would provide ample space to accommodate patients and witnesses and house court staff comfortably. Harborview Hall will also have amenities, such as a cafeteria, not available at NJB. The ITA Court move will be part of the Executive's proposal for the Adaptive Reuse of Harborview Hall, which will be transmitted in early 2014.

Patients involved in the ITA Court process are treated at four main Evaluation and Treatment (E&T) facilities around the County. When these facilities are full, which happens regularly, patients are kept temporarily, or boarded, at hospitals that do not have dedicated psychiatric treatment facilities. In 2013, nearly 2,500 individuals were held in boarding hospitals; a large percentage of these patients were transferred to E&Ts within 72 hours. Patients are assigned to the hospitals based on when their petition is filed and when the appropriate bed is open, not on geographic location. The geographic dispersal of hospitals means that patients are transported by van or ambulance to attend court hearings in Seattle.

Recognizing the space constraints at NJB and the disruption to patient treatment caused by transport to a central ITA Court, Fairfax Hospital in Kirkland has offered to build an ITA courtroom as part of its facility remodel and expansion. Fairfax would pay for constructing the new courtroom and the County would be responsible for ongoing operating costs.

Having a courtroom at Fairfax Hospital is appealing because it would eliminate the need to transport some patients to Seattle for hearings and other East King County hospitals could shorten their transport by going to Kirkland rather than to Seattle for their hearing. This would improve the experience of patients and reduce the number of people being held on gurneys while awaiting a hearing at a central ITA Court.

A deeper look into the operations of ITA Court, however, shows that creating a satellite courtroom would magnify the complexity of an already complex situation and have a negative impact on families, civilian witnesses, professional witnesses and court staff. In addition, operating at two locations would undermine existing economies of scale, and increase operating costs by \$1.1 million to \$1.2 million annually. .

In addition to planning new space, ITA Court stakeholders have been and will continue to search for ways to make their operations more efficient. These efforts include experimenting with the use of video technology to reduce the need for transports and make the calendar more predictable, and an engagement in a series of process improvements.

There were no Equity and Social Justice issues identified in the analysis to creating a satellite ITA Court. The analysis in this report demonstrates that operating ITA Court in two locations would undermine the following King County Strategic Plan objectives:

- Financial Stewardship Objective 1: “Keep the county’s cost of doing business down, including keeping growth in costs below the rate of inflation;” and Financial Stewardship Objective 2.a.: “Manage the county’s assets and capital investments in a way that maximizes their productivity and value.”

Proviso Text

Ordinance 17695

Section 18

P6 PROVIDED FURTHER THAT:

Of this appropriation, \$250,000 shall not be expended or encumbered until the executive transmits a report on options for a permanent site or sites and program operations for the involuntary treatment act court facilities and a motion that acknowledges receipt of the report and the motion is passed by the council. The motion shall reference the proviso's ordinance, ordinance section, proviso number and subject matter in both the title and body of the motion.

The executive must file the report and motion required by this proviso by February 28, 2014, in the form of a paper original and an electronic copy with the clerk of the council, who shall retain the original and provide an electronic copy to all councilmembers, the council chief of staff and the lead staff for the budget and fiscal management committee, or its successor.

The report shall consider the partnership opportunity offered to the county by Fairfax Hospital and shall include, but not be limited to:

- A. An analysis of the cost of constructing and operating a two or three courtroom facility located in a renovated Harborview Hall;
- B. An analysis of the cost of constructing and operating one or two courtrooms located at Harborview Hall and one courtroom located at Fairfax Hospital;
- C. An analysis of the impact upon the patients, family members and nonfamily member civilian witnesses served by the court in each of the two options listed in subsections A. and B. of this proviso;
- D. An analysis of business process changes, including the use of video technology, that could reduce costs associated with the options in subsections A. and B. of this proviso; and
- E. An analysis of any other significant impacts including, but not limited to, impacts to the courts, prosecuting attorney's office, public defenders, courthouse security and mental health professionals.

Background

The Washington State Involuntary Treatment Act (ITA) allows for people with mental disorders to be civilly committed to a mental hospital or institution against their will for defined periods of time – 72 hours, 14 days, 90 days and 180 days. In King County, there are four certified Evaluation and Treatment (E&T) facilities to which adults can be committed: Fairfax Hospital in Kirkland, Harborview Medical Center in downtown Seattle, Navos Mental Health Solutions in West Seattle, and Northwest Hospital and Medical Center in North Seattle. When these facilities are full, which happens daily, individuals are boarded at community hospitals until an E&T bed becomes available. King County's ITA Court is located at the Harborview Medical Center in the Ninth and Jefferson Building (NJB) in downtown Seattle.

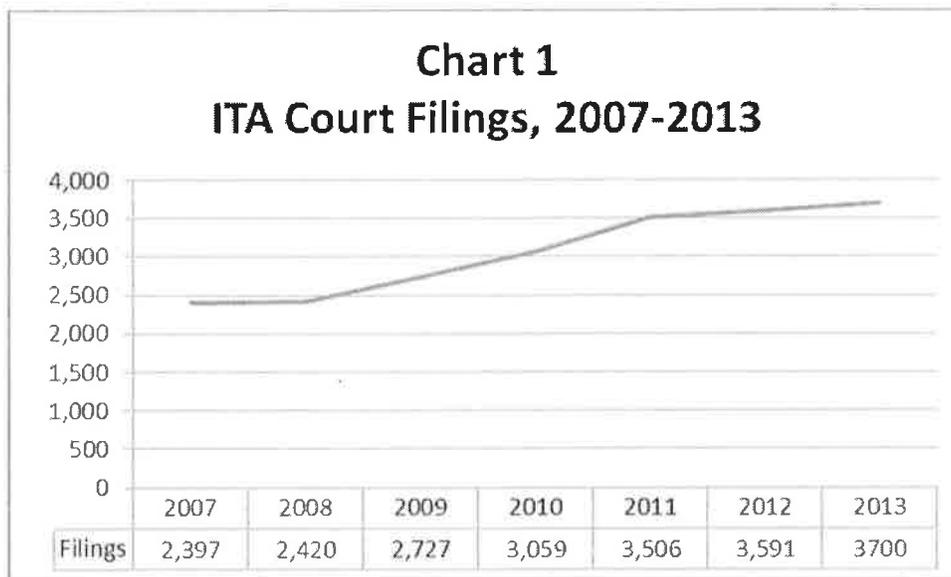
Patients are assigned to the hospitals based on when they are detained and when the appropriate bed is open, not on geographical location.¹ As a result, patients are not guaranteed to be assigned to a hospital near their homes or families. Similarly, defense attorneys are assigned a client when the petition is filed and represent their client through the life of the case (known as vertical representation) regardless of where the client may be placed for psychiatric treatment. The prevalence of boarding means that it is not always known at which E&T a patient will be treated when he or she is initially detained, which means defense attorneys cannot be assigned to handle cases only at one hospital and instead have clients in multiple hospitals at the same time.

Operating ITA Court is a complex process involving staff from Crisis and Commitment Services (CCS) in the Department of Community and Human Services (DCHS), the Department of Judicial Administration (DJA), the Department of Public Defense (DPD), the Prosecuting Attorney's Office (PAO), the Sheriff's Office and Superior Court. County staff must coordinate interviews and the court's hearing schedule with doctors, nurses, evaluators and transportation staff from all of the E&Ts. Witnesses, whether mental health professionals, family members or civilian witnesses, must be coordinated with the court calendar and ensure they appear at hearings on time. Respondents who are often psychologically or medically fragile are transported from hospitals throughout the county to downtown Seattle for court. Transports are subject to delays due to traffic and the court does not control the timing of transports done by an ambulance, which prioritizes ITA Court transports lower than responding to an emergency.

¹ There is some specialization among the E&Ts. The most acute patients go to Navos, while Northwest treats geriatric patients. Those patients with major medical conditions are most often treated at Harborview Hospital. Fairfax does not take the most acute mentally ill patients, particularly those prone to violence, and does not have adequate facilities for those who are medically fragile.

Resolving civil commitment cases requires all parties involved in the case from the judge and attorneys, to the families and hospitals, to the respondents themselves to be prepared and present at the same time. If anyone involved with the case is unavailable at the time of a hearing, or unavailable in advance of the hearing for interviews or negotiations, the entire process is significantly delayed.

In the past seven years, the caseload for ITA Court has grown faster than any other category of Superior Court cases, increasing by 1,303 filings or 54 percent from 2007 to 2013.



The court was originally constructed in NJB with one courtroom, but the caseload growth necessitated the addition of a permanent second judicial officer in July 2013 and a second courtroom was added in remodeled waiting space in January 2014. On the whole, the space available to ITA Court in NJB is inadequate to meet the day-to-day operations of the court:

- prosecuting attorneys are two to an office;
- defense attorneys are five or six to an office and there is insufficient space to co-locate support staff at ITA Court and attorneys have off-site space as well;
- there is only one room for interviewing witnesses, which delays the interview process;
- the public waiting room is small and often crowded;
- the small entry area and waiting room leaves Sheriff's Marshals with limited space to screen entrants and respond to disturbances;
- there are limited amenities for members of the public who come to the court;

- the number of respondents awaiting a hearing often exceeds the number of holding rooms available and patients are left to wait in the back hallway, which compounds the stress of being in court; and
- the second courtroom is cramped and court participants are in very close proximity.

While the addition of the second courtroom makes it possible to regularly operate two courtrooms, it is not a long-term solution to the space challenges facing ITA Court.

In response to the space pressures, the County is considering moving ITA Court into a remodeled Harborview Hall, also on the Harborview Medical Center. The new space would provide ample room for attorneys, witness interviews, courtrooms, judge's chambers, court and attorney support staff, CCS staff, security staff, the public and patients awaiting hearings. An ITA Court in Harborview Hall would address many of the facility deficiencies and inconveniences that hamper the day-to-day operations of the court and provide amenities, such as a cafeteria in the building, for the public and families visiting the court. The ITA Court move will be part of Executive Dow Constantine's proposal for the Adaptive Reuse of Harborview Hall, which Council will review in early 2014.

Because the court is in a single, central location and the hospitals are geographically dispersed patients at hospitals other than Harborview Medical Center campus have to be transported either in vans or ambulances to the court for their hearings, unless their matters are heard via video. Transports are time consuming and disruptive to treatment. Roughly 10 percent of patients are restrained to gurneys and brought to the court via ambulance. These individuals continue to be restrained on gurneys, often for hours, while they wait for their hearings or the negotiated resolution of their case. Gurney transports can be quite traumatic for respondents and stressful for families. In 2013, there were over 1,110 gurney transports.

Recognizing the space constraints at NJB and the disruption to patient treatment caused by transport to a central ITA Court, Fairfax Hospital in Kirkland has offered to build an ITA courtroom as part of its facility remodel and expansion. Fairfax would pay for constructing the new courtroom and the County would be responsible for ongoing staff costs.

Since May 2011, court stakeholders have been exploring the use of video as a cost-effective way to reduce the number of transports. Video equipment has been installed in all of the E&Ts and the stakeholders have been working through the client representation and logistical issues related to using video in the court.

In 2013, the stakeholders, with support from the Continuous Improvement Team in the Office of Performance, Strategy and Budget embarked on a process improvement effort to identify and implement strategies for streamlining work and improving the flow of cases through ITA

Court. The continuous improvement effort is in its beginning stages and will unfold in coming months and years.

Construction and Operating Cost Estimates

2014 Staff and Budget

In 2014, the ITA Court budget is \$4.1 million, which supports 35.5 FTEs and 1 TLT. This does not include E&T staff or Designated Mental Health Professional (DMHP) costs, but does include transport and interpreter expenses. Costs for ITA Court are paid primarily by the Regional Services Network (RSN), which is funded by a State non-Medicaid grant administered by DCHS. Security costs are paid by the County's General Fund and one TLT is supported by the Human Services Levy in 2014. The County does not currently pay for the space occupied by ITA Court in NJB. Additionally, the RSN does not pay for ambulance transport costs to ITA court, which are billed directly to the State. However, CCS does contract with American Medical Transport for an Emergency Medical Technician (EMT) team to care for patients who have been transported to ITA court on gurneys.

Table 1
2014 ITA Court Budget

Agency	Budget	Staff	Funding Source
Crisis and Commitment Services	\$95,000	1 FTE	RSN
Judicial Administration	\$186,000	2 FTE	RSN
Public Defense	\$1,887,000	16.5 FTE	RSN
Prosecuting Attorney	\$711,000	7 FTE	RSN
Prosecuting Attorney	\$81,000	1 TLT	Human Services Levy
Superior Court	\$462,000	4 FTE	RSN
Sheriff's Office	\$413,000	4 FTE	General Fund
Emergency Medical Technician contract	\$150,000		RSN
Fairfax van transport	\$75,000		RSN
Interpreters	\$75,000		RSN
Out-of-County Costs*	\$7,500		RSN
Total	\$3,678,000	33.25 FTE, 1 TLT	

Construction and Operating costs of two or three courtrooms in Harborview Hall

Construction of a new ITA Court is included in plans for the Adaptive Reuse of Harborview Hall.² The new court layout will encompass approximately 17,000 square feet (sq). Plans include two full-service courtrooms and a video court/conference room. The new spaces are designed to minimize stress to patients and their families through dedicated areas that are conducive to interaction with attorneys and support services, as well as adjacent to the courtrooms. There will be sufficient space to more efficiently manage ITA Court cases, including video court capability. The project will recreate the loading bay and dedicated elevator access required to safely and securely transport patients from off-campus locations.



Construction of the shell and core will require approximately 24 months. The court, located on the lower floors, should be able to move in relatively soon thereafter. The project budget includes a tenant improvement (TI) allowance of \$100/sf. During the next phase the design team will determine an actual tenant improvement budget for ITA Court. The rents for the building are expected to range from \$30/sf on the lower levels to \$35/sf on the upper levels. The court's rent should fit within that range, plus any incremental TI costs.

Because ITA Court will occupy an entire, secure floor, including the mezzanine, of Harborview Hall with no additional tenants, changing the number of courtrooms from two to three does not affect the overall footprint of the court, which means it will have limited impact on overall project cost. Further, there is little cost difference between building a third courtroom and building the space as a flexible conference room. The exact amount of the impact will not be known until after the design phase is completed.

Additional operating costs for the third courtroom would only arise if caseload increased to a level where it would be staffed regularly by a judicial officer, which would trigger the need for additional attorneys as well. Currently, the need for a third courtroom is limited to a few days per year and would not require additional dedicated staffing.

The future of ITA Court caseload is uncertain, with some factors indicating a slowing of growth and others suggesting the potential for additional increases. The rate of caseload growth has slowed in the last two years, from over 12 percent between 2009 and 2011 to 3 percent or less between 2012 and 2013. It is possible that the growth rate will be further reduced, or, under the best of circumstances reversed, through efforts by the State and DCHS. In particular, the

² For more information on the Adaptive Reuse of Harborview Hall in its entirety see <http://www.kingcounty.gov/operations/FacilitiesManagement/currentProjects/HarborviewAdaptiveReuse.aspx>.

King County RSN has received over \$1.6 million for three programs, starting in 2014 that are intended to reduce the number of civil commitments needed:

- 1) Expand crisis next day appointments for individuals who are in crisis, but not in need of in-patient hospitalization, and for whom hospitalization may not be needed if they are able to be seen and helped the next day.
- 2) Expand the Transition Support Program to provide a multi-disciplinary team to assist community hospitals that board patients to design and implement successful discharge plans, in order to reduce length of stay and re-hospitalizations.
- 3) Expand Mobile Crisis Team (MCT) services at the Crisis Solutions Center to resolve crises in the field or take people directly to the Crisis Solutions Center or Crisis Respite, and avoid detention if possible.

The impact of these programs, if any, on ITA Court caseload will not be known until they are implemented and evaluated.

Countervailing the potential for the stabilization of the ITA Court caseload is a change in State law that will go into effect on July 1, 2014. The new law will broaden the criteria for involuntary commitment under the Involuntary Treatment Act. The Washington State Institute for Public Policy estimates that “the commitment rate could increase from 40 percent to between 45 and 50 percent as a result of the statutory changes.”³ This is a statewide estimate and the impact to King County ITA Court will not be known until after the change is implemented and Designated Mental Health Professionals adapt their practice to the new criteria. The overall expected growth in King County population in coming decades could also increase the workload of ITA Court.

Operating Costs for a Fairfax Hospital Courtroom

Fairfax Hospital has offered to provide an ITA courtroom as part of its remodel and expansion at no cost the County. While the hospital would bear the costs of building out the space, the County would be responsible for all of the ongoing operating costs, which are estimated at \$1.1 million to \$1.2 million annually in 2014 dollars. The increased operating costs result from the unpredictable nature of the ITA Court workload, the loss of economies of scale, and the distance between Fairfax Hospital and NJB.

The workload at ITA Court is unpredictable day-to-day, making it a challenge to manage court calendars. Data for the number of hearings scheduled by day from August through October 2013 provide a snapshot of the variability in the court’s workload. Table 2 shows the highest,

³ Washington State Institute for Public Policy, “Inpatient Psychiatric Capacity in Washington State: Assessing Future Needs and Impacts (Part One),” July 2011, page 1.

lowest and average number of scheduled hearings for August, September and October by hospital. (Detailed data tables are available in Appendix A.)

Table 2
Range of Hearings Scheduled, August - October 2013

		Navos	Fairfax	Northwest	Harborview	Boarding
August (22 days)	High	16	12	8	15	7
	Low	4	1	0	2	0
	Average	11	7	3	9	4
September (20 days)	High	20	17	7	12	12
	Low	7	4	0	4	1
	Average	11	7	3	8	4
October (23 days)	High	18	12	7	17	7
	Low	5	4	0	3	0
	Average	10	7	3	9	4

The fact that only about 10 percent of scheduled evidentiary hearings actually occur enhances the unpredictability of the court’s workload. The remainder of the cases are resolved through negotiation and do not require a hearing, but do require judicial approval of the agreement. It is not possible to know at the beginning of any day which cases will actually result in a full evidentiary hearing and which will not. Nor is it possible to know the exact number of hearings.

Having a centralized court creates economies of scale that ensures there is sufficient staff on hand to manage the peaks and valleys of the workload. Splitting off the work of any single hospital and creating a satellite courtroom diminishes the economies of scale and increases the staffing required to manage the caseload.

ITA Court currently operates two courtrooms every day, but no single hospital supplies half of the respondents. The largest hospital, Navos, is the source for one-third of the hearings scheduled on an average day in ITA Court. Fairfax is the source for 22 percent of scheduled hearings. Adding in cases from eastside community hospitals that are boarding detained patients would raise the proportion of cases that could be heard at a Fairfax courtroom to roughly 30 percent, which does not constitute a full workload for a judicial officer.

Table 3
Hearings Scheduled by Hospital, August - October 2013

	Navos	Fairfax	Northwest	Harborview	Boarding	Total
August	235	161	70	195	77	738

September	219	148	67	159	75	668
October	225	166	67	207	81	746
Total	679	475	204	561	233	2152
% Total	32%	22%	9%	26%	11%	100%

Nonetheless, given the volatility and unpredictability of the ITA Court caseload, the distance between Fairfax Hospital and the central ITA Court, and the legal requirement for hearings to be held within specified timeframes, the County would have to plan for and staff a Fairfax satellite court full-time. On some days, the satellite court would have a light calendar and conclude its work before noon. On these days, which could not be predicted in advance, staff would have to travel to Seattle to work in the afternoon. However, on other days the court would have more matters before it than it could address in a half-day calendar and would not conclude its work until after noon and perhaps not until the end of the work day. Similarly, work at the central ITA Court is unpredictable and there would be days that the staff at Fairfax would be needed to assist with the caseload in the afternoon and days that they would not, assuming no increase to total ITA Court staffing. In addition to this unpredictability, the 17 miles between Fairfax and Harborview, the likelihood of heavy traffic along the route, and the need for staff to have a lunch break all mean that the central ITA Court could not rely on staff at Fairfax being available to handle cases in Seattle. Conversely, court staff at Fairfax would not know how much, if any, work awaited them in Seattle. Given all these factors, the County would have to staff a satellite ITA Court full time knowing that the staff members would be underutilized while not being able to make offsetting reductions at the central ITA Court.

It is anticipated that the County would provide a comparable level of security at a satellite ITA Court as it does at the current location in NJB. This results in a need for two additional Marshals and one to two additional screeners, nearly doubling the security costs for ITA Court. As with court staff, the security staff could not be counted on to be available to work at another courthouse when work at the Fairfax courtroom concluded.

Table 4 includes the positions and associated costs for staffing a full-time court at Fairfax Hospital over and above the current costs of ITA Court.

Table 4
Additional Estimated Fairfax Satellite Operating Costs
(2014 Dollars)

Agency	Budget	Staff
Judicial Administration	\$93,000	1 Clerk
Public Defense	\$181,000	1 Paralegal, 1 Social Worker
Prosecuting Attorney	\$300,000	2 Prosecuting Attorneys, 1 Paralegal
Superior Court	\$185,000	1 Commissioner
Sheriff's Office	\$323,000- \$412,000	2 Marshals and 1-2 Screeners
Total	\$1.1 M - \$1.2M	

Defense attorney increases are not included here because they are assigned based on the King County ITA Court caseload standards that would not be increased due to a Fairfax courtroom. However, the caseload standards, which are estimates of how many cases an attorney can handle in the course of a year, do not envision two court locations. The logistical complexities of managing two locations could affect how many cases an attorney could handle and trigger revisiting the caseload standards. Specifically, because attorney assignments are not done by hospital, it is entirely conceivable that one attorney could have clients scheduled at both Fairfax and the central ITA Court at the same time. Not only would she not be available for hearings in two places at once, she would not be available to negotiate with her prosecuting counterpart to resolve the case before the hearing was held, which would drive up the number of hearings and slow the court process considerably.

The additional costs do not include the costs of the EMTs who currently monitor respondents while they await court at NJB because Fairfax has tentatively indicated that its staff could handle these responsibilities. If Fairfax staff are not able to absorb the work, then the RSN would have to pay for EMTs as it does at the central ITA Court.

Impact on Patients, Family Members and Nonfamily Member Civilian Witnesses

Patients, family members and nonfamily member civilian witnesses are all needed for the negotiation process that resolves most cases and for hearings when they occur. As a result, they would all be affected by having a courtroom at Fairfax, and not all would be affected positively.

Patients

Patients who are able to avoid the disruption and discomfort of being transported to Seattle would benefit from a Fairfax satellite courtroom. Those eastside patients who appeared at Fairfax would have a shorter transport, which would be beneficial.

Family Members

The impact of a Fairfax courtroom on family members depends on where they live and work. For family members who live or work in or near Kirkland, having a case at Fairfax would be much more convenient than having to drive or take the bus to Seattle. However, patients are not assigned to hospitals based on geography. Rather, they are assigned to beds based on availability and the suitability of treatment. As a result, a patient can be from anywhere in the county when he or she is admitted to Fairfax. And patients from Kirkland can and are treated at any of the other E&Ts in the county. It is highly likely that for most family members, traveling to Kirkland is more difficult and inconvenient than traveling to Seattle. This is particularly true for people who use public transportation – taking a bus to Seattle from almost any part of the county is easier than taking public transport to Kirkland.

Professional Witnesses

Professional witnesses include doctors, evaluation specialists, case managers, interpreters, and police officers. These are people who routinely interact with mentally ill people and are often called into ITA Court as witnesses to provide their expertise. Large hospitals have evaluators on staff, but many hospitals do not and contract with evaluators who may cover multiple hospitals on the same day. For example, one forensic psychologist contracts with eight hospitals scattered throughout the county. Having a centralized court means that this evaluator can manage his entire caseload in one place. If there were a satellite court, he would not be able to be available for interviews and hearings at both courts. Either the court process would slow due to the lack of available evaluators or the hospitals would have to contract with more evaluators to meet the need.

Case managers and Seattle police officers, who are the most frequent law enforcement officers called to the court, are concentrated in downtown Seattle. Having a satellite court in Kirkland

would reduce the number of cases a case manager could participate in due to the need to travel for interviews and court hearings. Time spent traveling to Kirkland by Seattle police, or any other law enforcement officer, is time that he or she is not spending patrolling the streets.

On the whole, the loss of efficiency resulting from a satellite court would reduce the capacity of professional witnesses to manage their cases or daily work and potentially increase costs for all involved.

Civilian Witnesses

People who do not know the respondent and who are not mental health professionals are often called into court because they witnessed or were victims of respondent behavior. Similar to families, accessing a central court in Seattle is easier than driving or taking public transport to Kirkland for most non-family, non-professional witnesses. The inconvenience of traveling to Kirkland to participate in the court process could dissuade these people from attending court.

Notifications

Overlaying the inconvenience for most family members, professionals and non-professional witnesses is the logistical complexity of issuing subpoenas notifying them of where to appear. With a single, central court all witnesses are instructed to appear at NJB, or Harborview Hall in the future. If someone is admitted immediately into Fairfax, then it may be possible to send a notice specifying an appearance at Fairfax. However, boarding patients are often moved to E&Ts after the notice has been sent, and can be transferred to an E&T as late as the night before their scheduled hearing. As a result, hospital or court staff would have to contact witnesses by telephone in advance of the hearing, if it is possible, to redirect them to the Fairfax courtroom. The likelihood that witnesses would show up at the wrong courthouse is quite high, which would delay court proceedings and impede the interview and negotiation process.

Business Process Changes, Including the Use of Video Technology, that Could Reduce Costs and Logistical Challenges of a Satellite Court

Video Court

ITA Court stakeholders have been exploring ways to reduce the number of transports and to streamline court processes for the past several years. In particular, the court has collaborated with the E&Ts to install video equipment and implemented the use of video in limited

instances. In 2011, the court piloted holding administrative hearings – agreed orders, continuances, trial setting, and other non-substantive matters –via video at all E&Ts. These hearings are held first thing in the morning with a defense attorney supervisor, located at the hospital with the patient, representing all the clients on the calendar from a particular hospital. The judge participates from the bench, while the prosecuting attorney participates using a video link on a desktop computer in his or her office. This use of video decreases the need for transports a modest amount and has been continued as regular practice.

In 2013, the experiment with video was expanded to include substantive hearings on Tuesdays and Thursdays at Northwest Hospital, which serves geriatric patients exclusively. The court plans to extend contested video hearings to all five days at Northwest.

There are numerous logistical issues to video hearings that court stakeholders continue to evaluate. Key among them is the challenge for defense attorneys who usually have clients in multiple hospitals. Under the system of vertical representation, it is not possible to assign defense attorneys clients all from one hospital because of the prevalence of boarding. When a client is admitted into a boarding hospital, he or she is assigned a defense attorney. It is not possible to predict to which of the four mental illness hospitals the client will be assigned when his or her case comes to court and therefore not possible to control attorney assignments by hospital.

In contested matters, the defense attorney is with his or her client either in the hospital during video hearings or in the courtroom during in-person hearings. If an attorney has multiple clients scheduled for a hearing on the same day, those clients may not all be from the same hospital, which means that all the hearings cannot happen as scheduled. Because the overall caseload at Northwest is the smallest among the four hospitals, the contested video pilot was able to make ad hoc adjustments to ensure that defense attorneys could represent their clients at Northwest and other hospitals on the same day. As the use of video is expanded, the logistics of defense staffing will become more cumbersome.

Court stakeholders have begun discussing expanding the video hearing pilot project at Fairfax. Currently, the proposal from Superior Court is to hold video hearings at Fairfax one day a week for cases assigned to one defense attorney. The procedure would be similar to what was done at Northwest. Not all patients at Fairfax would have their hearing conducted by video because there are not enough defense attorneys to assign an attorney to Fairfax for an entire day. If the assigned attorney has three clients at Fairfax on the video hearing day, just those three clients would have a hearing by video, thus eliminating the need to transport those three clients by van or ambulance. The plan is to finalize the protocol for this pilot project in March and begin the video hearings in the beginning of April 2014.

To understand the impact of holding contested hearings by video, Superior Court conducted a procedural justice survey to compare the perceptions of fairness among respondents, witnesses and attorneys who participated in video and in-person contested hearings during the pilot phase at Northwest Hospital. While the sample size was small, only 65 hearings, the survey suggested that there is no significant difference in the perception of fairness between video and in-person hearings. The results of the survey should be validated and Superior Court will repeat the survey as the use of video is expanded to different client populations at different hospitals.

The plan for ITA Court in Harborview Hall includes installing video equipment in both courtrooms and in a conference room. This additional equipment and space will provide the court with the resources to address some of the issues identified with video court and will increase the court's capacity to hear cases by video. The significant logistical problems for defense attorneys, as well as ongoing due process concerns about how video affects the outcome and perception of court hearings, will have to be resolved before video court becomes an alternative for the majority of ITA Court cases.

Lean Process Improvements

Starting in mid-2013, ITA Court stakeholders, led by Superior Court with support from the Continuous Improvement Team in the Office of Performance, Strategy and Budget began identifying ways to streamline court processes. The effort began with a value stream map, which captured the complexity of the court process, and helped identify a series of areas for potential improvement.

In the near term, court stakeholders identified four areas for improvement and developed plans for each.

Electronic Delivery of Orders: When the judge issues a ruling regarding the release or retention of a patient, that order must be communicated to the hospital. The swiftness of communicating an order to release or transfer is of particular importance because it improves patient flow and enables E&T's to free up bed space more quickly. Court stakeholders decided to expedite the communication of orders by delivering them to hospitals electronically. Now, all court orders entered in ITA Court are scanned and emailed via encrypted email to counsel of record and the appropriate hospital. It is too early to tell whether this change will reduce waiting times for boarding, but court stakeholders are hopeful the final results will be positive.

Streamlining Orders: At the beginning of 2013 court orders still existed in carbon copy quadruplicate, requiring clerks to tear apart the four layers of an order for distribution, just as was done in the 1960s. In addition, the forms were difficult to understand. The judge and

prosecuting and defense attorneys worked together to streamline the forms and process, make them electronic, and made them easier to understand.

Interpreters: With over 100 languages other than English spoken in homes throughout King County, ITA Court has regular requirements for interpreters as part of the court process. Currently, CCS staff is responsible for finding interpreters when respondents and/or witness and family members do not speak English. Superior Court has a robust interpreter program, with ready access to a host of interpreters. It is anticipated that responsibility for finding and scheduling interpreters will shift to the Superior Court ITA court manager when that position is hired in mid-2014. The new court manager will be better positioned to access Superior Court interpreter resources, which may result in more efficient scheduling and modest cost savings.

Daily Calendar Adjustments: Because there is a mandatory 72 hour review for civil commitment respondents, the ITA Court calendar tend to be heaviest on Wednesdays because everyone detained over the weekend hits their 72 hour mark that day. There are regular exceptions to this rule with especially busy Mondays or Thursdays, for example, which are part of the unpredictability of the workload. Nonetheless, court stakeholders recognized the value of attempting to level out the number of cases by shifting some cases from Wednesday to Tuesday. The court stakeholders agreed to only schedule new 14-day hearings on Wednesdays and not to schedule 90-day or 180-day hearings on Wednesdays. This has resulted in a more even distribution of cases over the course of the week, which ultimately results in fewer cases being continued for court congestion and fewer patients waiting on gurneys for a hearing for several hours.

After court stakeholders implement, test and refine these initiatives they will continue to work on more challenging issues facing the court. Because it is not possible to shut down the court for a week to conduct a Kaizen event (one of the standard process improvement tools in the Lean method), change will be slower than ideal. Nonetheless, the Lean process in 2013 has helped improve the communication among court stakeholders and increased the willingness to put time and effort into process improvements.

Conclusion

Transporting psychiatric patients to ITA Court is a traumatic experience and inherently disruptive to their treatment, particularly when they are restrained to a gurney during transport and while awaiting their hearing. Anything that can be done to minimize transport is beneficial to patients. The proposal to build a satellite court at Fairfax Hospital raises the potential to reduce gurney transport. However, operating a satellite court would make family participation more difficult for many and would undermine the economies of scale and the efficiencies of a centralized court substantially. The roughly 30 percent of the ITA Court caseload that is treated at Fairfax Hospital or eastside boarding hospitals would keep a satellite court busy some days, but not all days. As a result of the unpredictability of the court's day-to-day caseload and the distance from Kirkland to Seattle, the County would have to staff a fulltime court for those days when it was needed, knowing that most days the staff would be underutilized. The operating court cost of such a staffing level is \$1.1 million to \$1.2 million more annually than current costs. Efficiencies and economies of scale at the central ITA Court would also be undermined by reducing its caseload by 30 percent.

Because patients are admitted into one of the county's four E&Ts based on the availability of a bed when they are detained and not by geographical location, there is no guarantee that patients at Fairfax and eastside boarding hospitals are from Kirkland or other eastside cities. As a result, the majority of family members, professional and non-professional witnesses would be inconvenienced by having a satellite court in Kirkland. Professional witnesses tend to be clustered in downtown Seattle and requiring them to travel to Kirkland for court would be onerous and reduce their capacity to manage their cases. Defense attorneys and contract evaluators have clients at multiple hospitals, meaning that one person could have a client with a case at a satellite Fairfax court and the main ITA Court in Seattle at the same time. Because they cannot be in two places at once, the court process would be significantly slowed. Family members and civilian witnesses who do not live or work near Kirkland would have longer travel times and using public transport to Kirkland would be much more daunting than accessing downtown Seattle.

While the problem of gurney transports is significant, the negative aspects of a satellite court outweigh the potential to reduce transports. Instead of a satellite court, ITA Court stakeholders will continue to pursue using video as a way to reduce transports and look for additional ways to streamline processes to alleviate the day-to-day pressures on court staff and reduce the time to resolve cases.

APPENDIX A – SCHEDULED HEARING DETAILED TABLES

AUGUST 2013

Day	Navos	Fairfax	Northwest	Harborview	Boarding	Total
1 - Thursday	10	1	6	8	3	28
2 - Friday	16	10	0	11	6	43
5 - Monday	4	6	0	10	2	22
6 - Tuesday	5	11	3	6	4	29
7 - Wednesday	9	10	1	12	7	39
8 - Thursday	9	3	8	9	3	32
9 - Friday	12	12	1	14	5	44
12 - Monday	15	10	1	10	0	36
13 - Tuesday	12	5	6	6	3	32
14 - Wednesday	10	8	3	10	7	38
15 - Thursday	7	11	6	8	1	33
16 - Friday	14	6	2	10	5	37
19 - Monday	14	9	1	8	2	34
20 - Tuesday	12	5	6	2	1	26
21 - Wednesday	5	9	1	15	7	37
22 - Thursday	10	8	8	8	2	36
23 - Friday	11	3	1	8	1	24
26 - Monday	11	5	1	7	1	25
27 - Tuesday	10	4	5	8	2	29
28 - Wednesday	12	12	1	7	7	39
29 - Thursday	11	7	6	10	1	35
30 - Friday	16	6	3	8	7	40
Monthly Total	235	161	70	195	77	738
% Monthly Total	32%	22%	9%	26%	10%	100%
High	16	12	8	15	7	44
Low	4	1	0	2	0	22
Daily Average	11	7	3	9	4	34

APPENDIX A – SCHEDULED HEARING DETAILED TABLES

SEPTEMBER 2013

Day	Navos	Fairfax	Northwest	Harborview	Boarding	Total
3 - Tuesday	20	17	7	10	8	62
4 - Wednesday	10	9	2	12	8	41
5 - Thursday	11	5	5	7	3	31
6 - Friday	11	8	0	8	1	28
9 - Monday	12	5	1	7	1	26
10 - Tuesday	15	8	7	10	3	43
11 - Wednesday	7	7	7	9	3	33
12 - Thursday	14	4	6	6	5	35
13 - Friday	9	5	2	9	4	29
16 - Monday	10	11	1	5	1	28
17 - Tuesday	12	7	5	9	2	35
18 - Wednesday	11	6	0	6	12	35
19 - Thursday	10	7	3	8	2	30
20 - Friday	7	8	4	8	3	30
23 - Monday	9	9	3	7	3	31
24 - Tuesday	12	6	3	10	1	32
25 - Wednesday	11	5	1	10	4	31
26 - Thursday	10	7	5	6	4	32
27 - Friday	10	10	2	4	4	30
30 - Monday	8	4	3	8	3	26
Monthly Total	219	148	67	159	75	668
% Monthly Total	33%	22%	10%	24%	11%	100%
High	20	17	7	12	12	62
Low	7	4	0	4	1	26
Daily Average	11	7	3	8	4	33

APPENDIX A – SCHEDULED HEARINGS DETAILED TABLE

OCTOBER 2013

Day	Navos	Fairfax	Northwest	Harborview	Boarding	Total
1 - Tuesday	9	6	6	8	3	32
2 - Wednesday	18	5	3	9	4	39
3 - Thursday	12	5	6	6	3	32
4 - Friday	14	10	2	9	3	38
7 - Monday	11	9	1	11	5	37
8 - Tuesday	5	6	5	5	2	23
9 - Wednesday	11	6	1	7	3	28
10 - Thursday	13	12	5	8	2	40
11 - Friday	9	11	2	9	3	34
14 - Monday	11	11	0	17	0	39
15 - Tuesday	7	5	4	8	7	31
16 - Wednesday	8	5	1	9	5	28
17 - Thursday	14	6	7	10	2	39
18 - Friday	13	5	0	8	5	31
21 - Monday	5	8	2	12	3	30
22 - Tuesday	7	6	0	15	6	34
23 - Wednesday	7	6	0	16	6	35
24 - Thursday	6	10	4	7	5	32
25 - Friday	9	7	1	11	3	31
28 - Monday	7	4	2	3	2	18
29 - Tuesday	9	9	4	5	3	30
30 - Wednesday	9	9	2	10	4	34
31 - Thursday	11	5	9	4	2	31
Monthly Total	225	166	67	207	81	746
% Monthly Total	30.16%	22.25%	8.98%	27.75%	10.86%	101.08%
High	18	12	0	17	7	18
Low	5	4	0	3	0	40
Daily Average	10	7	3	9	4	32