

SPOKANE QUALITY REVIEW TEAM

**Investigation and Survey Results
Regarding the Legal Representation by The Spokane
Public Defender's Office for the Involuntary
Treatment Act Hearing Process**

November 29, 1999

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Summary

Due to complaints received by the Spokane County Ombudsman, Mr. Richard Sprague, from mental health consumers about representation by the Spokane County Public defender for the probable cause for involuntary treatment hearing, the Spokane Quality Review Team investigated and surveyed patients and staff involved in the process.

- 38 percent did not feel that the public defender acted on their behalf.
- 30 percent said that the public defender did not treat them with respect.
- 37 percent of patients reported that they were not informed of their rights concerning the involuntary treatment hearing.
- 68 percent stated that they did not attend their hearing.

RCW 71.05 clearly establishes a person's right to due process when a petition for involuntary treatment has been filed. Our investigation has led us to conclude that there is the perception by consumers that they are not receiving adequate due process. We are concerned by the low hearing attendance and lack of general information about the process. We recommend that the Public Defender revise his "Notice of Rights" document to include a statement that patients could sign if they waive their right to attend their hearings. (**See Attachment A**) Also, we feel better communication about the process between the court and hospital staff is necessary, including a posting of the docket in the nursing station. Due to the high number of consumers that reported that they felt that they got very little or no time with Mr. Mann and due to his self-reported caseload for 1998 of 2,400 cases per year, we recommend that the Spokane Regional Support Network (RSN) investigate the need for more staff and accountability regarding services provided by the public defender's office.

Background and Methodology

We began our investigation and consumer opinion survey of the Spokane County Public Defender's Office regarding probable cause commitment hearings October 18, 1998. Prior to commencing the investigation, numerous complaints were received from the Spokane Ombudsman office and from phone calls to our office. At this time it was recognized by the QRT as a systemic issue. All the issues raised concerned representation by the Spokane County Public Defender.

Mr. Mann, Spokane County Public Defender for the probable cause hearing or ITA process and his supervisor, Mr. Donald Westerman, were contacted to try to open a dialogue about the issues raised by consumers.

During this time many hours were spent studying the RCW's and other laws related to the whole ITA process. We interviewed some of the consumers that made complaints to the Ombudsman office at their own consent.

Due to the crisis related to the changes in the mental health system and staff turn-over in the Quality Review Team the investigation was put on hold several months only to be picked up again last March by a new Team.

Over the course of our investigation we interviewed approximately 30 consumers and/or family members, Mr. John Mann, Mr. Stan Updike who is a public defender from Western State Hospital, David Lord from Washington Protection and Advocacy Systems, Sacred Heart staff, Dr. Dan Burt, QRT members from other regions, family advocacy group members, and Richard Sprague. We decided we needed a larger sample of consumer opinion.

We developed a short, straightforward survey for people who had recently been through the ITA hearing process. **(See attachment B)** A letter and the survey draft were sent to Mr. Mann and Mr. Westerman. Next we contacted Roberta Smith, Sacred Heart Medical Center Psychiatric Service Line Director, to plan implementation of the survey.

Sacred Heart Staff began including the patient survey in their discharge packets on March 15, 1999. After several months of surveying patients, we felt that the response was very low. On July 29th we held a focus group with Sacred Heart staff and issued a staff survey concerning the probable cause hearing. **(See attachment C)** After this we held three weekly focus groups with patients who had been through the ITA hearing process. Ms. Tonya Townsend, Sacred Heart R.N. Group Program Coordinator, arranged the focus groups.

In the focus groups we introduced ourselves and presented the survey. When necessary we provided reading and writing assistance. After the last focus group on September 23rd we concluded the survey.

We received a total of 38 patient surveys and 11 staff surveys. According to information supplied to us by Ms. Alicia Duran, Project Director with United Behavioral Health, the average number of 14-day and 90-day petitions filed at both Eastern State Hospital and Sacred Heart per month

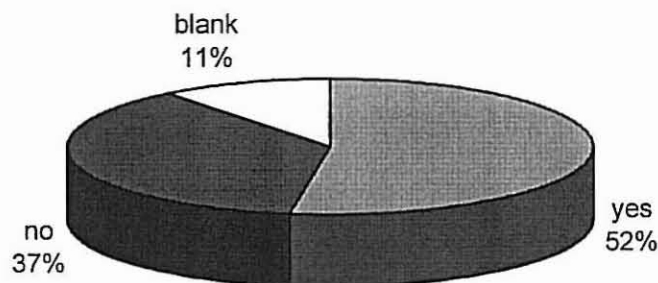
was 79. This calculates to a total of 474 hearings for the six-month period that we were attempting to obtain surveys. The sample of 38 surveys represents roughly 12.5 percent of the total group. However, due to the large amount of persons interviewed over a long time period and due to the nursing staff's confirmation of concerns raised by the patients surveys, we believe our survey results adequately represent consumers' opinions of legal services. Please note that our investigation centered on Sacred Heart because original complaints involved hearings held there. We believe our sample might have increased if we had surveyed populations at both hospitals.

During this time, with Mr. Richard Sprague, we gathered two complaints that we felt were representative of issues raised by consumers and gave these complaints to the Spokane County RSN. These consumer issues included lack of time with the public defender, lack of information about the process, and lack of involvement in the process. This began a dialogue between the RSN and the Public Defender's office about the complaints and lead to several agreements between the offices. These resolutions included more supervision of the public defender, a way for consumers to make complaints directly to his supervisor, and possible systemic changes involving the number of days the public defender has to work with clients.

Patient Survey Results

Section 1. Rights

1. **Were you informed of your rights concerning your involuntary treatment hearing?** *Yes—20 No—14*

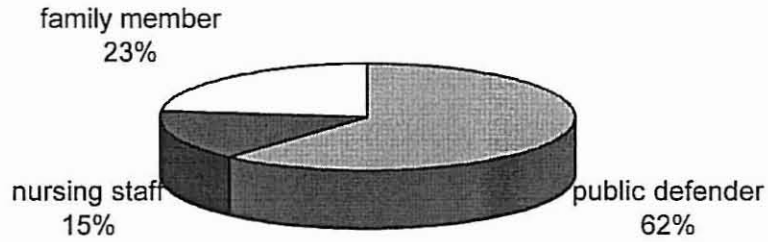


2. **If you were notified of your rights to be present at this hearing, when were you informed?**

*Blank—8 Don't remember or unsure—5 Shortly before hearing—3 Admission—1
Discharge—1 "A.S.A.P."—1 "Two weeks ago"—1*

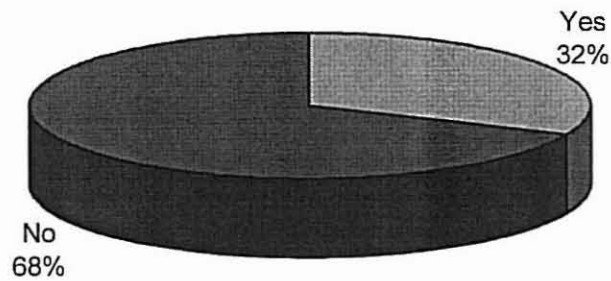
3. Who informed you of your right to be at the hearing? Was it: (of the 52% that were informed of their rights)

a) public defender—8 b) nursing staff—4 c) family member—4 d) other—1

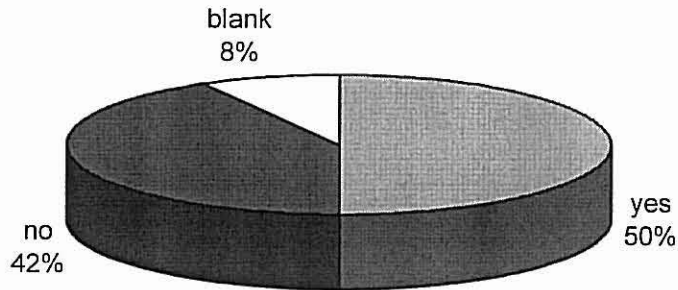


Section 2. Hearing

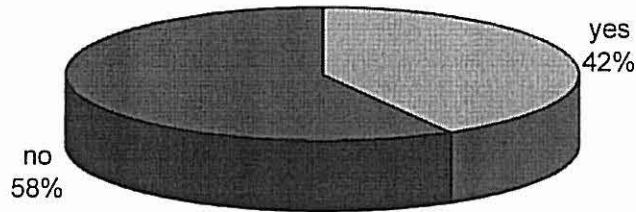
1. Did you attend the hearing? Yes—12 No—26



2. **Did you have ample opportunity to speak on your own behalf at that hearing?**
(of the 32% that attended their hearings) *Yes—6 No—5 Blank—1*



3. **Did you understand what was happening at the hearing?**
(of the 32% that attended their hearing) *Yes—5 No—7*



4. **Was a designated family member notified of the hearing?**

Yes—10 No—24 Blank—4

5. **Was your family member given the opportunity to attend the hearing?**

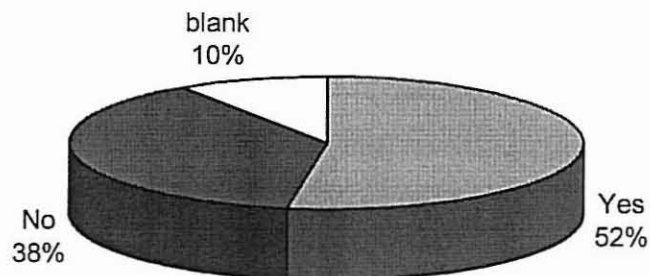
Yes—10 No—24 Blank—4

6. **Were you satisfied with the outcome of the hearing?**

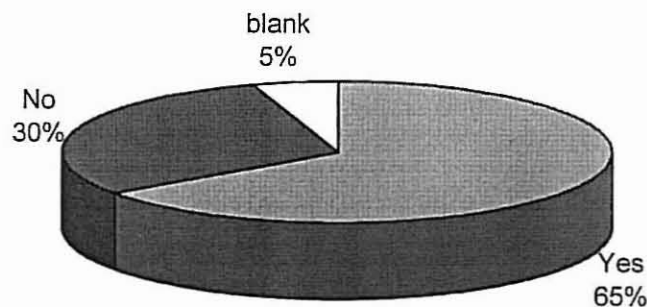
Yes—15 No—18 Blank—4

Section 3. Attorney Representation

1. Did the public defender act on your behalf at the hearing? Yes—22 No—12 Blank—4



2. Did the public defender treat you with respect? Yes—26 No—10 Blank—2



Patient Survey Discussion

We believe that if the public defender had more time with consumers and the nursing staff had more information about the process more patients would feel they were notified of their rights. When one Quality Review Team member attended a hearing at Sacred Heart Hospital the patient was given a statement of rights (**see attachment A**) at the conclusion of the hearing. This was the only document given to the patient. We recommend that a sample of this notice, with a space for waiving the right to attend the hearing, be given to patients prior to the hearing.

One QRT member called and discussed the ITA hearing process with Mr. Stan Updike, a public defender at Western State Hospital (WSH). He was asked if patients at WSH attended their hearings. He stated "the overwhelming majority of patients" attended their hearings. When asked if he could quantify the amount he stated, "I can't give you a number, but most. I encourage people to attend. I prefer people to be there, so they have an understanding of what is happening.

Then I have less to explain." We are hopeful that in the future more patients in Spokane County will attend their hearings. We believe this would have the greatest impact on lessening the perception that people are not receiving their due process.

Questions number 4 and 5 under the second section titled "Hearing," which refer to family member's participation in the hearing, were included on the survey because the original complaints about the ITA hearing process came from family members who felt excluded from the hearing process. Family members told us they were not allowed to attend or were not informed of the hearing times. One family member reported taking off work and waiting at the hospital for her son's hearing only to be notified after the fact that it had already occurred. Posting a docket in the nursing station might prevent a problem like this from occurring in the future.

We are pleased to see the results in the third section titled "Attorney Representation." This lead us to conclude that most of the problems revolve around lack of information and involvement in the process by consumers. The public defender should be pleased to see these numbers.

Patient Survey Conclusion

It is our opinion that the patient survey results point to the need for greater involvement by patients in the hearing process. Patients desire more information about the process. We believe the survey confirms our belief that patients have the perception that they are not receiving their due process in regards to the hearing. At least four patients asked us for referrals to private attorneys because they believed their rights had been violated. This perceived lack of adequate legal representation puts the county at risk for civil rights litigation. We believe the survey results support the need for more accountability from the public defender's office regarding patients' attendance at their hearings and the amount of contact they have with their public defender.

Staff Survey Results

1. Were you aware of the QRT ITA survey? *Yes—7 No—4*

This shows the importance of staff education before implementation. We learned that if we had better informed staff of our efforts, results might have increased.

2. Do you completely understand the ITA process? *Yes—7 No—4*

This underscores the need for more staff education about the process. On one survey, a staff member stated the need for an in-service on the ITA hearing process.

3. Are you aware that all patients have a right to attend their own hearing? *Yes—9 No—2*

Recommendations

1. We recommend that if patients chose not to attend their hearing that they sign a statement waiving their rights. When we discussed this option with John Mann he objected on the basis of not increasing the amount of paperwork. However, he could add a statement concerning a person's right to attend their hearing on existing paperwork, such as the rights notice he already presents to consumers. *(See attachment A.)*

We would like to see some accountability about people waiving their right to attend their hearings. Mr. Mann told us that many people "forget" that they told him that they did not want to attend their hearing. It seems as if having their signature on a paper stating they waive their right to attend the hearing protects the county from charges if someone feels they did not receive their due process, and benefits patients by giving them a better understanding of their role in the process. This creates a paper record for investigation purposes, for the Ombudsman office, consumers, attorneys, or any other interested parties. This simple form of accountability could be implemented with very little extra time, and no extra expense.

Additionally, we recommend that this revised document be presented to and signed by patients prior to their hearing. When one QRT member observed a hearing the patient was presented this paper after the completion of the hearing and she was not asked to sign the paper or offered an explanation of its content. This is a concern because we discovered that a large number of the people being held for involuntary treatment are not literate.

In summary, we recommend that a statement that waives a persons right to attend their hearing be added to the notice of rights, that a person be asked to sign the statement if they chose to waive their right, and that this notice to read and explained to that person prior to their hearing time.

2. Patients repeatedly told us they had little or no information about the involuntary treatment hearing process. Many reported that they never met Mr. Mann or any other attorney representing their interests. The few that told us they did meet with him said that he appeared rushed, preoccupied, and provided little or no information about their case or the process. An example from a patient, "he was brisk. We never talked about anything." A staff reported she heard from patients, "I never knew it happened. It's too fast. The Public Defender is in and out so fast I can't get my thoughts out."

We're concerned about the lack of information about the process available to the consumer. Consumers and staff members confirmed through interviews and the written survey that they have the perception that they are not being adequately represented, informed, or involved in the ITA hearing process. RCW 71.05 clearly establishes that persons facing a petition for involuntary treatment have the right to due process and to be represented by a court-appointed attorney.

We would like to encourage Sacred Heart's use of their Patients Rights Video.

We recommend that the public Defender better educate his clients about the process, and further, that better communication about the process between the court and hospital staff is necessary, including a posting of the docket in the nursing station.

2. Due to the high number of consumers that reported that they felt that they got very little or no time with Mr. Mann and due to his self-reported caseload for 1998 of 2,400 cases per year, we recommend that the Spokane (RSN) investigate the need for more staff and accountability regarding services provided by the public defender's office. In addition, several of the consumers we interviewed were from other counties served by different RSNs. We did not investigate funding issues, but we would like to suggest that the Spokane RSN investigate ways for other RSNs to contribute to funding additional legal services for the ITA hearings held at Sacred Heart and Eastern State Hospital.

Acknowledgements

The QRT would like to thank: Sacred Heart for their help with implementing surveys; Tonya Townsend for quickly and effectively setting up focus groups; John Mann for being so open to talk with us and informing us about the process; Sacred Heart staff and patients who completed surveys; David Lord for his support and guidance; Dr. Alicia Duran of United Behavior Health for supplying data; Richard Sprague for facilitating interviews with ITA consumers.

Complete Narrative Responses

SECTION 1 Rights

1. Were you informed of your rights concerning your involuntary treatment hearing?
I waited 3 hours and never heard!
Don't remember
2. If you were notified of your rights to be present at this hearing, when were you informed?
2 weeks ago
Not sure
Admission
They made all decisions without me
Don't remember
I don't remember
During March or April
Weren't, My son is my Guardian
Shortly before the hearing
Didn't know there was a hearing!
Day before
ASAP
3. Who informed you of your rights to be at this hearing? Was it:
MHP
Nursing Staff
No one
Dr. Woodke
Sorta, wrongly

Section 2. Hearing

1. Did you attend the hearing?
I do not remember
2. Did you have ample opportunity to speak on your own behalf at that hearing?
I do not remember being at the Hearing
3. Did you understand what was happening at the hearing?
But wasn't invited nor was my guardian
It was scary
4. Was a designated family member notified of the hearing?
Mom

5. Was your family member given the opportunity to attend the hearing?
Unsure, didn't know about it.
He told me I didn't need to go

6. Were you satisfied with the outcome of the hearing?
Don't know outcome.

Section 3. Attorney Representation

1. Did the public defender act on your behalf at the hearing? Did
Didn't meet with him.
He discouraged me not to go, duped me.

2. Did the public defender treat you with respect?

Additional Comments:

- My boyfriend missed work to go to court and still we were brushed off and didn't go.
- Things that we say aren't always relayed accurately by the PD and the MHP's. Some things aren't legal- I did not agree to my LRA and the court said I did and I thought agreement to comply was necessary before release.
- Was not happy with the discharge. I felt it was not enough time to prepare.
- I have been treated with respect by all.
- Wasn't informed of hearing.
- He was brisk. We never talked about anything.
- He told me I didn't need to go
- Had another one didn't tell me.
- He discouraged me not to go, duped me.
- They help me.
- I didn't go to my hearing but I didn't mind.

- Regarding rights a staff member gave me this notice of rights notice copy is this it or is there more?...John Mann told me nothing.... Please let me know.
- Not aware of rights to attend not inform of exact illness being held for. Very little communication between myself, Public Defender and Doctor. Would like clarification on conditions of release I volunteered to stay after talking it over with officer and Mental Health Worker. In court document says I attacked officer, I did resist arrest but did not attack officer. Due to and IPI have mental condition at the time I had made many incorrect assumption that led to my statements that I made prior to and after detainment! I left over a dozen phone messages to John Mann's office and no one returned my call.
- I pleaded guilty with an explanation because I didn't want my cripple and dying wife to have to testify.
- I need to go home really quickly. I have business to attend to immediately. My sister has gone and I need a ride home.
- The meals were good. The groups were okay. Dr. Cordell was very professional.
- The staff was absolutely wonderful. They were always there whenever I needed anything they were wonderful about listening and giving feedback. Although it tore my heart out being away from my daughter, this was the first I've ever done for us. There wasn't a whole lot of structure and activities but maybe that was better for me. Giving me the time I needed to reflect, absorb & get a clear picture of the whole picture of my life. I needed the detachment to get the proper perspective. It worked! And I thank each and everyone ok you.
- Unsure about most of this. I did meet the public defender but was not given information.
- April 7th - It's

ITA HEARING –STAFF SURVEY

III. Are you aware that all patients have the right to attend their own hearing?

- Many don't go = lawyers choice
- However it needs to be said their attorney actually decides if they actually go or not.

IV. Do you encourage patients and or family members to attend their hearing?

- Sometimes their attorney doesn't let them go or even have hearing with patient present.
- Because they often don't go.

V. What kind of feedback do you receive from patients about the ITA Hearing process?

- Usually satisfied with occasion and lawyer regarding detention in general. On occasion angry that attorney did not invite client to attend ITA hearing.
- if changes are made. No – today etc. They are after not told by court. Court just leaves. Patient wondering why they didn't go.
- “I don't understand”
- Not a lot
- Confusing
- Mostly that they feel un-involved prior to the hearing and that the issues have already been decided.
- Frequently don't understand “72” may not mean 72 hr.
- “It's a kangaroo court”. “They knew what they were going to do before I even got there.”
- Mostly negative- they are not aware of basic structure, process involved, or time of hearing. It's very vague and nebulous, and feels very “off limits”.
- so far nothing
- I never knew it happened. It's too fast. The Public Defender is in and out so fast I can't get my thoughts out.

VI. Please give any comments about the Public Defenders office in regards to the ITA process.

- Public defender does a good- great job with patients before, during court. Communication breaks down if patient doesn't go to court. They would benefit from lawyer going to them post court- not his assistant to explain patient not going etc.

- 1. More actively involve patients/family members with basic routine.
- 2. Post tentative time frames in nursing stations so staff/ patients/ families have an approximate idea.
- 3. Try not to be so much of “an authority”, but more of an advocate.

- I don't know them. How about if they do a quick in-service and introduce themselves.

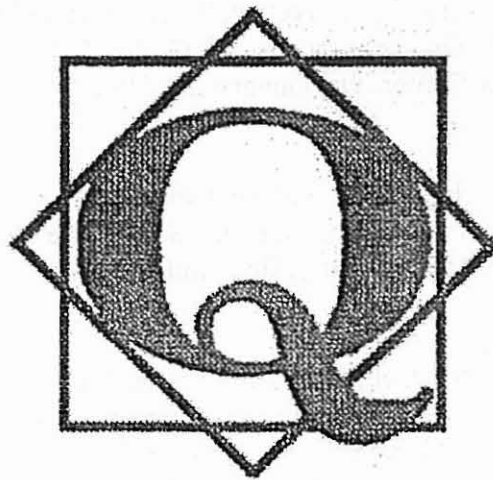
- The public defender is good at returning calls to patients or being available, appear fair and work for patient's desires.

- I haven't had much contact

Spokane Quality Review Team

Civil Commitment/Involuntary Treatment
Act (ITA) Survey Results.

June 24 , 2002



Prepared by:

Darla K. Torno

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Civil Commitment/Involuntary Treatment Act (ITA) Survey

June 24, 2002

Prepared by Darla K Torno and Connie L Rundle

Background and Methodology

This is a follow up report to the *Investigation and Survey Results Regarding the Legal Representation by the Spokane Public Defenders Office for the Involuntary Treatment Act Process*, dated November 29, 1999. Beginning November 12, 2001 the Quality Review Team (QRT) began by meeting with Roberta Smith, Psychiatry Service Line Director at Sacred Heart Medical Center and Jann Dobbs, Director of Urgent Care Services at Spokane Mental Health. The purpose of this meeting was to set up implementation of the Civil Commitment/ITA survey at Sacred Heart Medical Center. On November 29, 2001, the QRT met with the Spokane County Regional Support Network (RSN) and the Spokane County Public Defenders Office to discuss the upcoming survey. On January 10, 2002, the QRT met with Shirley Maike, Information Coordinator, Taney Hoover, ITA Administrator and Ronda Kenney, Process Improvement Specialist, at Eastern State Hospital to explain the purpose of including Eastern State Hospital consumers in our survey. In the previous report of 1999, only Sacred Heart Medical Center consumers were surveyed. This report includes both Sacred Heart and Eastern State Hospital. On January 10, 2002 the QRT began surveying consumers at Sacred Heart Medical Center. On January 28, 2002 the same process was initiated at Eastern State Hospital.

A template of our survey (see Attachment A) was sent to the Consumer Consultation Panel, Prosecuting Attorney, Eastern State Hospital and Sacred Heart Medical Center staff, Spokane Mental Health, Public Defenders Office, and the RSN for feedback prior to beginning the survey.

Deb Gale, Nurse Manager of Psychiatric Center for Children and Adolescents (PCCA) at Sacred Heart Medical Center coordinated Thursday morning meetings each week with new PCCA consumers who had been through the Civil Commitment Process/ITA. Tom Miller, Mental Health Counselor at Sacred Heart Medical Center, coordinated Thursday morning meetings each week with new Adult Psychiatric (APU) consumers who had been through the Civil Commitment Process/ITA. Sacred Heart Medical Center provided the opportunity to survey statewide RSN consumers on both the APU and PCCA floors. A total of 43 surveys were collected between January 10 and March 28, 2002.

Sacred Heart Medical Center staff participated in a QRT survey (see Attachment B) regarding the Civil Commitment/ITA process. The results of the 32 surveys received were not published due to the narrative content and the fact that Eastern State Hospital staff did not participate in a similar survey. Comments and suggestions from Sacred Heart staff are represented throughout the June 30, 2002, Civil Commitment/Involuntary Treatment Act (ITA) Survey report.

Taney Hoover, ITA Administrator at Eastern State Hospital, provided us a list each week of the new consumers who had been through the Civil Commitment Process/ITA. Monday afternoons the QRT met with consumers in a private room on wards 1 North 1 (1N1), 2 North 1 (2N1), and 3 North 1 (3N1). Eastern State Hospital limited us to surveying only Spokane County RSN consumers. A total of 39 surveys were collected between January 28 and March 25, 2002.

Eastern State Hospital Administration declined staff participation in our QRT staff survey.

Civil Commitment Hearing Process

On April 10, 2002 the QRT shadowed Neil Korbas, Deputy Prosecuting Attorney, John Mann, Assistant Public Defender, Margaret "Peggy" Maloughney, Assistant Public Defender, Al Tuckness, Paralegal for the Public Defender, and Joseph Valente, Superior Court Commissioner.

QRT member, Darla Torno, observed as John Mann held pre-trial private meetings in Acute Care and APU West at Sacred Heart Medical Center. At each meeting John Mann informed the consumer of the hospital's petition for the consumer to remain in the hospital, explained their right to attend their hearing and requested a signature on the Stipulation and Waiver document (see Attachment C) if they did not want to attend. The Public Defender treated each individual respectfully, and asked his or her opinions and/or feelings. Frequently through out the process the consumer was asked if they understood what was happening. All this was completed in 15 minutes or less and consumers were asked at the end if they had any other questions or concerns. (Please note that time with individuals can vary depending on the case. The above time allotment is what the QRT member observed on this particular day.)

QRT member, Connie Rundle, observed as Peggy Maloughney held pre-trial private meetings in PCCA at Sacred Heart Medical Center. At each meeting Peggy Maloughney informed the consumer of the hospital's petition for the consumer to remain in the hospital, explained their right to attend their hearing, treated each individual respectfully, and asked his or her opinions and/or feelings. Frequently through out the process the consumer was asked if they understood what was happening.

The Public Defender went over the questions that would be asked during the hearing. When parents were present they were included in this process. All this was completed in 15 minutes or less and consumers were asked at the end if they had any other questions or concerns. (Please note that time with individuals can vary depending on the case. The above time allotment is what the QRT member observed on this particular day.)

Five hearings were observed by the QRT. These hearings followed all the practices of any court hearing. Consumers and witnesses were sworn in, testimony and cross-examination was presented, ending with a closing argument. Commissioner Valente would state his verdict and the Public Defender would help explain the decision to the consumer and go over necessary paperwork.

Summary of Specific Survey Questions

The QRT has chosen to highlight our observations on responses to certain questions on the Civil Commitment/ITA survey. (see Attachment A) The following questions solicited the most feedback from consumers.

- **Question #1 How long are you required to stay in the hospital?**

We found this to be one of the most difficult questions for consumers to answer. There seemed to be a lot of confusion around how long they have been hospitalized and/or how long they were required to stay.

- **Question #5 Did your attorney inform you of what would happen during hearing/court?**

When consumers asked for an explanation of this question the QRT asked consumers if they were informed there would be other people present such as a prosecuting attorney representing the hospital and/or witnesses testifying to why you may or may not need to stay in the hospital as well as a court commissioner hearing your case?

When the QRT observed the Public Defender's explanation to the consumers of what would happen during their hearing, the Public Defender focused more on their role in representing the consumer at their hearing/court.

3. On February 21, 2002 the QRT surveyed a consumer identified by Sacred Heart Medical Center staff as "*involuntary*". He had been admitted the previous Thursday and one week later he still had not had a hearing. The QRT referred him to the Mental Health Ombuds office. Several days later, the QRT followed up with the Ombuds at request of the consumer. At this time the QRT was informed that the hospital had changed him to voluntary status after the 72-hour detainment. A petition with the Public Defenders Office never occurred, as there was not a need. This gentleman denied any knowledge of being informed by Sacred Heart Medical Center staff of his change to "*voluntary*" by the hospital.

Strengths:

1. **There are currently two Public Defenders who represent Civil Commitment/ITA consumers.**
Shortly after the release of the QRT's November 1999, report the Public Defenders Office hired an additional attorney. Prior to 1999, one Public Defender and a part time Paralegal handled over 2000 cases per year.
2. **Public Defenders request consumers sign a form stating they are waiving their right to attend their hearing.** Following through on the QRT's 1999 recommendation, the Public Defenders Office implemented the Stipulation and Waiver document previously used by Western State Hospital. The Public Defender has on file a waiver form for all Civil Commitment/ITA consumers. If there is a hearing or the consumer is not cooperative with the Public Defender this is clearly written on this form.
3. **There is currently an ITA/LRA group.** This group meets on a quarterly basis and was formed to evaluate and improve the Civil Commitment/ITA process. This group was created to address concerns originating from the 1999 report as well as other complaints from other sources. The team is facilitated by the RSN and is made up of representatives from Spokane Mental Health, Deputy Prosecuting Attorney, Public Defenders, United Behavioral Health, Superior Court Commissioner, and Court Evaluators.
4. **The Hearing process.** Although this is a formal court in informal surroundings, the QRT felt the process was clearly a professional legal hearing that was fairly judged. All the procedures and courtesies of a court hearing were followed.

Concerns:

1. The length of time the Public Defenders spend with each individual. This is difficult to evaluate because the Public Defenders do explain the situation and give the consumer time to ask questions. However, consumers and hospital staff stated the process seemed very hurried and not explained well. (e.g. *"No notice or time to prepare/present."* *"Wish they would have given him more time (public defender)"*).

2. The confusion that consumers encounter with the Civil Commitment process. Over the months of surveying consumers it was stated that lots of information is given to them regarding his/her civil rights and the ITA hearing process. Due to the functioning level and the situation that brought consumers to the hospital it was apparent that it was difficult for the consumer to comprehend and remember this information. (e.g. *"I don't even remember meeting with my attorney let alone being introduced to him/her."* *"I didn't know I could attend."*)

3. The large numbers of Detentions and Revocations in Spokane County RSN. Between January and November 2001 Spokane County RSN had 924 *detentions*, the third highest in the state behind King County RSN (1,792) and North Sound RSN (1,323). These two RSN's have populations double that of Spokane County. The number of *revocations* in Spokane County is the second highest behind King County. These figures were based on a report released by Washington States Mental Health Division.

4. The number of complaints by consumers about their care while hospitalized. At Sacred Heart Medical Center's Adult Psychiatric Unit (APU) the consumer's primary complaint was not regarding the Civil Commitment Process/ITA but their care and/or treatment. During one of our weekly visits, consumers voiced concerns about patient/staff confidentiality. The QRT sent a letter to Roberta Smith, Psychiatry Line Director, noting this concern. Other alleged verbal and written complaints from consumers were regarding relationships with their doctors, disrespect from staff, issues around medications, and little to no help with setting up outpatient services. (e.g. *"Jokes and laughs made at the patients. Other patients could hear their laughter."* *"I think the week-end staff need to learn more compassion. I think they've forgotten their job requirements, or at least a few of them."*) In addition the QRT received complaints by telephone and the QRT mail in survey brochure by patients who were discharged.

Recommendations:

1. **The QRT is requesting the RSN to develop a brochure explaining the Civil Commitment/ITA process for consumers and family members.** In our discussion with RSN staff it was suggested that the Consumer Consultation Panel would be a good resource. This brochure needs to be available to consumers, family/friends, and hospital staff on each Psychiatric Unit at both hospitals. It needs to have clear simple language explaining the process step by step and a list of their civil rights. This is in response to our concerns of the confusion regarding the Civil Commitment/ITA process (reference #1 and # 2 above).
2. **The QRT to present this report to the Regional Support Network's ITA/LRA group.** The QRT to meet with this group to advocate for consumers who have gone through the Civil Commitment process.
3. **The RSN to provide System of Care training for hospital staff regarding the Civil Commitment Process.** If hospital staff has formal training, they could be a valuable resource in answering consumer's and/or family members questions. This could also provide an opportunity to establish better communication with hospital staff that work directly with consumers. In the QRT's Biennium Summary Report 1999-2001, it was noted that RSN staff would set up a Civil Commitment/ITA in-service for hospital staff. The QRT would like to see completion of this training within the next quarter.
4. **The QRT to survey APU RSN consumers at Sacred Heart Medical Center.** The contract between the Mental Health Division and the QRT requires that consumers from each RSN funded agency be surveyed every biennium. The QRT will complete this contract requirement by September 2002 due to concern # 4.

Summary

Neil Korbass, Deputy Prosecuting Attorney, provided the QRT with a copy of the *Involuntary Commitment Hearings* report for January, February, and March 2002. There were a overall total of 539 hearings. These numbers include children and adults at Sacred Heart Medical Center and Eastern State Hospital. Some of these numbers may reflect several hearings for one consumer.

During this same three-month period the QRT collected 82 surveys. Participation in the survey was voluntary and confidential. Some of the difficulties the QRT experienced in collecting surveys had to do with consumers not wanting to participate, were in session with their doctors, had been released the day before, or were not well enough, etc. The QRT did not duplicate consumers.

The QRT would like to note our concerns regarding the accuracy of responses given by consumers due to medication changes, level of functioning, illiteracy, memory difficulties, and verbally saying one way but answering different on the survey. In no way are we stating the consumers did not answer honestly or that all surveys collected were questionable. However, we did not base our recommendations on the survey numbers but an accumulation of interviews with hospital staff, consumers, RSN staff, legal system representation, and the QRT's observations.

Our report does not reflect all the events that occur with consumers, hospital staff and the legal system before and after a Civil Commitment/ITA hearing.

The QRT would like to thank all consumers and staff that helped us accomplish this project.

- **Question # 7 Did you tell your attorney you wanted to attend your hearing/court?**

Total results show that 44% of the consumers told their Public Defender that they wanted to attend their hearing and 48% stated they did attend. Consumers who stated they wanted to attend may not be part of the percentage that did attend. (See page 7, paragraph 3 under Summary for further explanation.)

- **Question #8 Did you attend your hearing/court?**
- **If No, did you sign a form giving up your right to attend?**

After reviewing the Public Defenders paperwork, we confirmed all consumers surveyed had either attended their hearing or signed a Stipulation and Waiver document.

Summary of Sample Encounters

The QRT wanted to note the following situations that came to our attention during the survey process. These are not examples of isolated incidents but a representative of the complexity and difficulty involved in comprehending the Civil Commitment process/ITA for consumers, family and friends, as well as hospital staff.

1. Edie Rice-Sauer, Program Planner for the RSN spent the day on November 23, 2001 observing the Civil Commitment Process by shadowing John Mann, Spokane County Assistant Public Defender. In an interview with Edie she brought a specific situation to our attention involving an involuntarily detained consumer. She attended the meeting between the consumer and John Mann, and listened as the consumer was informed of the petition to remain in the hospital. Later that day Edie received a call from the Ombuds office with a complaint that this consumer was supposed to have a hearing but did not receive one. Edie remembered this individual and recalled her being told her rights and the consumer signing the Stipulation and Waiver document to waive her right to attend her hearing.
2. The QRT received a phone message from a Sacred Heart Medical Center consumer stating she was being involuntarily detained and needed help. This consumer was referred to the Spokane County Mental Health Ombuds office. On February 7, 2002 we interviewed her during our weekly survey. She stated that she had not had a hearing nor met with a Public Defender but has been in the hospital for weeks. She was very upset. After reviewing the Public Defender's paperwork, we confirmed that prior to speaking with the QRT she had met with the Public Defender three times. There was a Stipulation and Waiver document on file for each court date, signed by her, giving up her right to attend her hearings.

Demographics:

Sacred Heart Medical Center

Males

Age	# Consumers
14 to 20 years	10
21 to 30 years	3
31 to 40 years	1
41 to 50 years	4
51 to 60 years	0
61 to 70 years	0
Unknown	1
Total	19

Females

Age	# Consumers
14 to 20 years	7
21 to 30 years	4
31 to 40 years	6
41 to 50 years	4
51 to 60 years	3
61 to 70 years	0
Unknown	0
Total	24

Eastern State Hospital:

Males

Age	# Consumers
14 to 20 years	4
21 to 30 years	12
31 to 40 years	3
41 to 50 years	8
51 to 60 years	0
61 to 70 years	0
Unknown	0
Total	27

Females

Age	# Consumers
14 to 20 years	1
21 to 30 years	2
31 to 40 years	3
41 to 50 years	5
51 to 60 years	0
61 to 70 years	0
Unknown	1
Total	12

Attachment A

Involuntary Stay (ITA) Survey at Eastern State

How long are you required to stay in the hospital?

72hour___ 14day___ 90day___ 180day___ Don't remember___

Did your attorney meet with you before your hearing/court?

YES___ NO___ Don't remember___

Did the attorney discuss why you were admitted to the hospital?

YES___ NO___ Don't remember___

Did your attorney inform you of the request for you to stay in the hospital?

YES___ NO___ Don't remember___

Did your attorney inform you what would happen during the hearing/court?

YES___ NO___ Don't remember___

Did you get to express your feelings or opinions to your attorney about being asked to stay in the hospital?

YES___ NO___ Don't remember___

Did you tell your attorney you wanted to attend your hearing/court?

YES___ NO___ Don't remember___

Did you attend your hearing/court?

YES___ NO___ Don't remember___

If No, did you sign a form giving up your right to attend?

YES___ NO___ Don't remember___

Did you have additional contact with the attorney after your hearing/court?

YES___ NO___ Don't remember___

Did you feel your attorney treated you with respect?

YES___ NO___ Don't remember___

If No, how could they improve? _____

Additional comments.

This information is kept confidential.

Initials___ Date of birth___

Attachment B

Civil Commitment (ITA) Staff Survey

Please answer the following questions from Sacred Heart staff perspective. This is confidential information.

1. Do you understand the Civil Commitment (ITA) process?

YES _____ NO _____ Somewhat _____

2. Are you aware that all patients have the right to attend their ITA hearing?

YES _____ NO _____

3. Are patients informed of this right by: (Please circle answer)

Hospital Staff Public Defender Family/Friends Other _____

4. What kind of feedback do you receive from patients about the ITA Hearing process?

5. What is your experience with the Public Defenders Office/ ITA process? (Please circle answer)

Excellent Good Fair Poor No Opinion

6. Please give any comments about the Civil Commitment (ITA) process.

Thank you for your time
Spokane County Quality Review Team

ATTACHMENT C

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF SPOKANE

In re the Detention of:)

) Docket Number: _____

) Respondent.)

) STIPULATION AND WAIVER
) 14/90/180 DAY HEARING

I understand that the hospital has filed a petition to detain me for a period of up to _____ days. I also understand that a Judicial hearing before a Judge or Commissioner has been scheduled for _____ to determine whether or not I need to remain at the hospital.

The attorney the court has appointed to represent me has advised me that at my hearing I would have the right to present evidence on my behalf; to question witnesses who testify against me; to testify or remain silent; to view and copy all petitions and reports in the court file; and to be proceeded against by the rules of evidence.

My attorney has also advised me that if the Hospital is petitioning to detain me for 90 or 180 days, I have the right to have my case decided by either a six or twelve person jury. I voluntarily waive my right to have my case decided by a jury.

After discussing with my attorney the various options available, I agree to:

- () stay at Eastern State Hospital under Court order,
- () stay at Sacred Heart Medical Center under Court order,
- () entry of a less restrictive court order under the conditions stated in the petition, for up to _____ days under court order. No one has forced me to make this decision. I voluntarily waive my right to contest this matter,
- () other _____

I also agree to allow my attorney to represent me in court and I do not wish to go to court myself.

DATED this _____ day of _____, 20 ____.

Signature of Respondent

Respondent's Attorney/Witness