



**Seattle** Office of  
Inspector General

# Emergent Detention of Persons with Behavioral Health Disorders

**June 23, 2026**

## Introduction

The Involuntary Treatment Act (ITA) provides the statutory framework for civil investigation, evaluation, emergent detention, and civil commitment of community members in Washington state. The ITA governs a civil process, not criminal. It provides for the detention and civil commitment of individuals who present an imminent likelihood of serious harm to themselves, others, or property, or who are in imminent danger due to grave disability resulting from a behavioral health disorder.<sup>1</sup> Emergent detention and civil commitment impact the due process rights of individuals and require a balancing of public safety and personal freedom.<sup>2</sup>

In 2024, the Officer of Inspector General (OIG) published an assessment of SPD's response to individuals in crisis between 2021 and 2023.<sup>3</sup> During this period, SPD responded to an annual average of 10,153 crisis contacts. The most common crisis contacts outcomes were:

- "No action possible or necessary";
- "Referral or offer to services";
- "Arrest"; and
- "Emergent detention/ITA."

The assessment found that:

- The percentage of contacts ending in arrest remained largely unchanged;
- The percentage of subjects offered or referred to services **declined** from 2021 to 2023; and
- The percentage of emergent detention/ITA outcomes **increased** during the same period.

The increase in emergent detentions prompted OIG to conduct a baseline analysis of SPD's cases with an emergent detention/ITA outcome. This report examines those cases to describe who is being detained, the circumstances associated with detention, and how statutory provisions and SPD policies governing emergent detention are applied in practice. Initial findings show that between 2020 and 2024, most individuals detained were in the 26 to 47 age range, and more than one ITA detention was common among white men. Suicide-related behaviors are the most frequent symptoms associated with ITA detention, and demographic differences appear in both symptom presentation and detention frequency.

These results should be interpreted with caution, as this is a baseline analysis and findings may evolve in future assessments. The analysis is also limited by the interpretation of symptom reporting, missing or unknown demographic information, and the exclusion of factors such as whether force was used, the presence or type of criminal offenses, or whether officers had crisis-related training.

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1 Revised Code of Washington (RCW) 71.05 and 71.34 for minors.

2 Garland, Hannah. "Committed to Commitment: The Problem with Washington State's Involuntary Treatment Act." Wash. L. Rev. 97 (2022): 1045.

3 [Seattle Police Department Crisis Assessment pdf.](#)

## Involuntary Treatment Act Process

The ITA governs the actions of Designated Crisis Responders (DCRs), law enforcement, health care providers and the court. The civil commitment process includes a series of stages: referral, evaluation, initial detention, hearing, and commitment. In Washington, first responders (including SPD), hospital emergency departments, mobile crisis teams, jails and prisons, and community members can make emergent detention referrals to DCRs. DCRs are specialized mental health professionals who determine and evaluate whether someone meets the criteria for involuntary mental health treatment and commitment.

### Criteria for Involuntary Commitment

The following criteria must be met for involuntary commitment:

1. Person with a behavioral health disorder; and
2. Imminent likelihood of serious harm; or
3. Imminent danger due to being gravely disabled.

Behavioral Health Disorder is defined as a mental disorder;<sup>4</sup> substance use disorder;<sup>5</sup> or co-occurring mental disorder and substance use disorder.<sup>6</sup>

Imminent is defined as being likely to occur at any moment or near at hand, rather than distant or remote.<sup>7</sup>

The likelihood of serious harm means: (a) a person has threatened the physical safety of another and has a history of one or more violent acts; or (b) there is substantial risk that a person will:

1. Inflict physical harm upon themselves, as evidenced by threats or attempts to commit suicide or inflict physical harm on themselves;
2. Inflict physical harm upon another, as evidenced by behavior which has caused such harm or which places others in reasonable fear of sustaining such harm; or
3. Inflict physical harm upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others.<sup>8</sup>

Gravely disabled is a condition in which a person, because of a behavioral health disorder:

- a. Is in danger of serious physical harm because of a failure to provide for his or her essential human needs of health or safety; or
- b. Manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over their actions, and is not receiving such care as is essential for their health or safety.<sup>9</sup>

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4 Mental disorder is any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions. RCW 71.05.020(39).

5 Substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. RCW 71.05.020(56).

6 RCW 71.05.020(8).

7 RCW 71.05.020(29).

8 RCW 71.05.020(37).

9 RCW 71.05.020(25).



# SPD Involvement in Involuntary Commitments

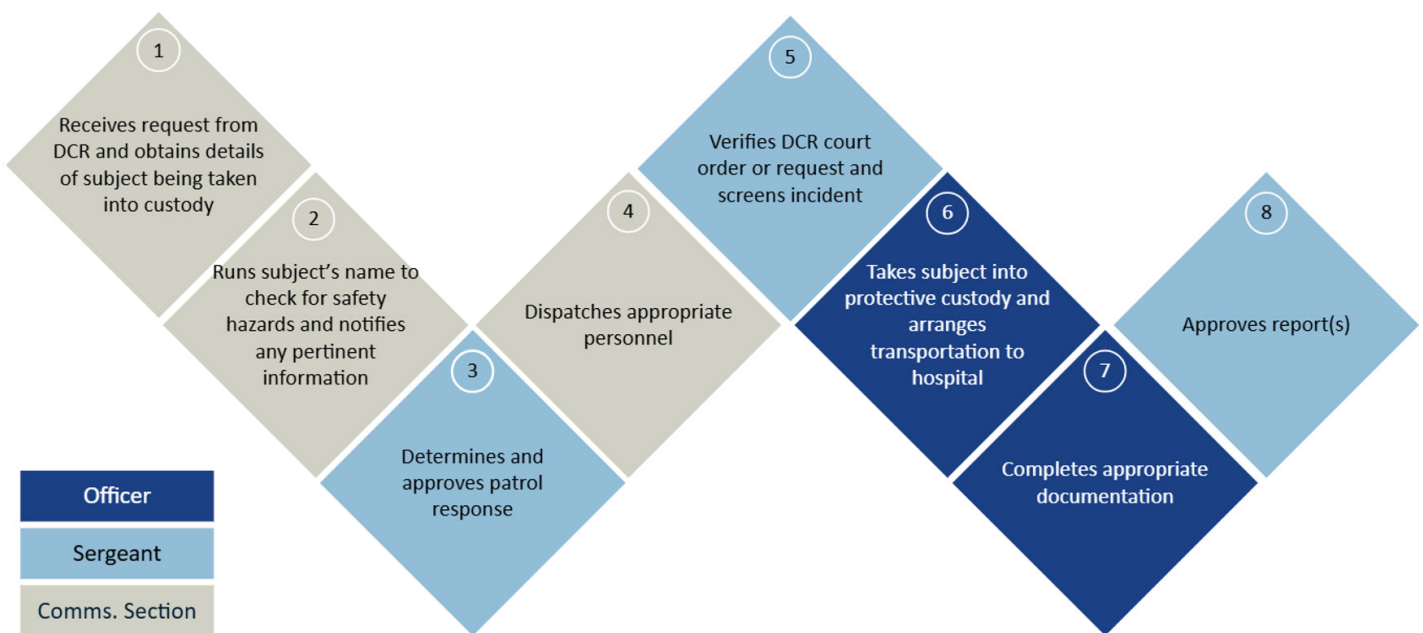
## DCR Requests SPD Assistance

After a DCR determines a person is unwilling to voluntarily accept treatment, the DCR decides whether the individual meets the criteria for involuntary commitment for a behavioral health disorder. If the criteria are met, based on reliable and credible information, the DCR may initiate ITA detention.

Depending on the circumstances, the DCR may issue an oral or written order for emergency custody or file a petition for initial detention with the court. Upon receiving the petition, a Superior Court judge may issue a warrant for detention if there is probable cause and the person has refused voluntary treatment.<sup>10</sup> The DCR is responsible for serving the order on the individual and, if necessary, the DCR may request assistance from a peace officer (e.g. police officer) to take the person into custody and transport them to the designated facility for evaluation and treatment.<sup>11,12</sup>

Figure 1 shows the SPD process for taking subjects into custody by order or request of a DCR. During this process, the communication section dispatches two officers (including at least one who is CIT-Certified) and, when feasible, the approving sergeant, to the call.<sup>13</sup>

**Figure 1. Taking a Subject into Custody by Order or Verbal/Written Request of a DCR.**



Simplified process, for details see SPD Manual 16.110-Pro-2. Comms. Section: Communications Section.

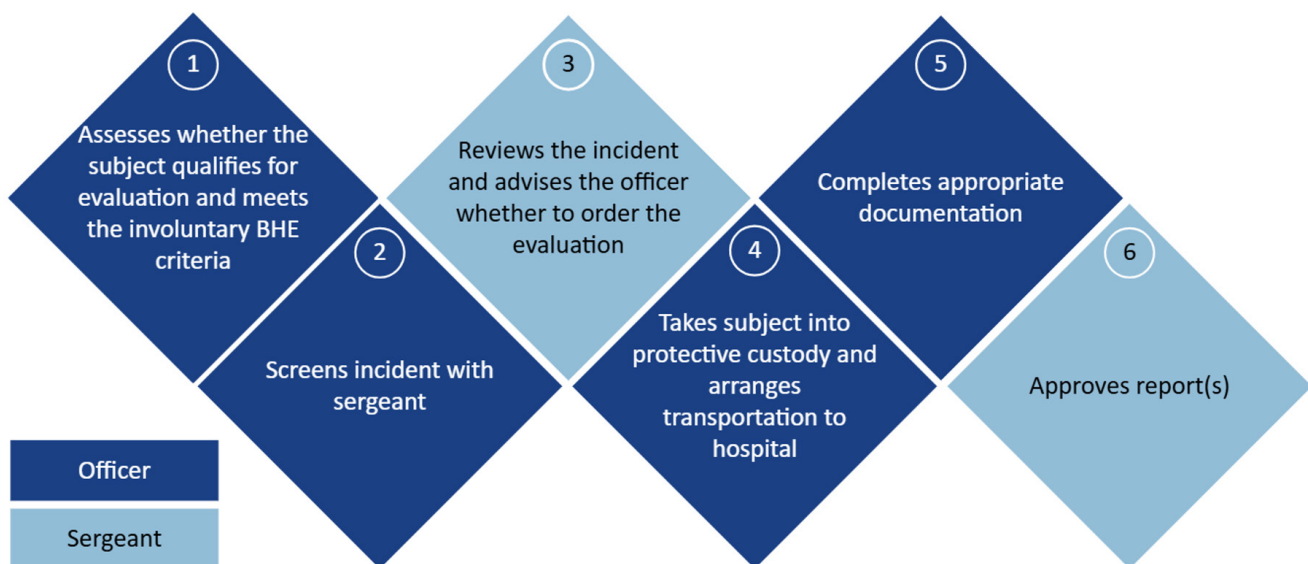
10 The ITA detention period may last up to 120 hours (five days), excluding Saturdays, Sundays, and holidays.  
 11 For detailed information about the involuntary commitment process see: RCW 71.05.150(1), RCW 71.05.150(2), RCW 71.05.150(2)(a), RCW 71.05.150(3), RCW 71.05.150(4) and RCW 71.05.153(1), RCW 71.05.180.  
 12 "Peace officer" is a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment. RCW 71.05.020.  
 13 SPD refers to their internal crisis intervention program as the Crisis Intervention Team (CIT) Program. The SPD CIT Program manages the Department's response to individuals in crisis, including overseeing the Crisis Response Unit (CRU) and the Crisis Intervention Committee (CIC). All SPD officers receive foundational crisis training as well as annual refresher training. Those officers who complete an additional 40-hour comprehensive training are referred to as CIT-certified officers. As of June 2026, SPD had 1,118 sworn officers, of whom 34% (385) were certified in the 40-hour CIT program.

## SPD Independently Refers an Individual for an Involuntary Behavioral Health Evaluation

Under Washington State law, police officers may take an individual into emergency custody for a Behavioral Health Evaluation (BHE) and treatment if there is reasonable cause to believe that the person presents an imminent likelihood of **serious harm to self** or others or is in **imminent danger of being gravely disabled** due to a behavioral health disorder.<sup>14</sup>

Figure 2 shows the SPD officer process for referring a subject for an involuntary BHE. Officers may facilitate voluntary behavioral health hospitalization, but a subject's willingness to receive hospital service does not make the encounter voluntary. If any criteria for emergent detention are present, the incident is documented as an involuntary hospitalization.<sup>15</sup>

Figure 2. Process for Referring a Subject for an Involuntary BHE



Simplified process, for details see SPD Manual 16.110-PRO-1.

## Emergent Detention/ITA Incidents

This section provides a summary of SPD responses to crisis contacts resulting in emergent detentions/ITA. Of note, SPD data collection practices count detentions/ITA incidents from DCR requests for SPD assistance and independent SPD referrals together.

Figure 3 displays the number of ITA incidents and unique individuals. In this period, the yearly average was 3,289 ITA incidents involving 2,550 distinct individuals. 2020 and 2021 had the lowest percentage of unique individuals. The monthly average was 274 ITA incidents, with the highest number of ITA incidents occurring in May 2020 with 417, followed by April 2020 (357) and June 2021 (346) respectively.<sup>16</sup>

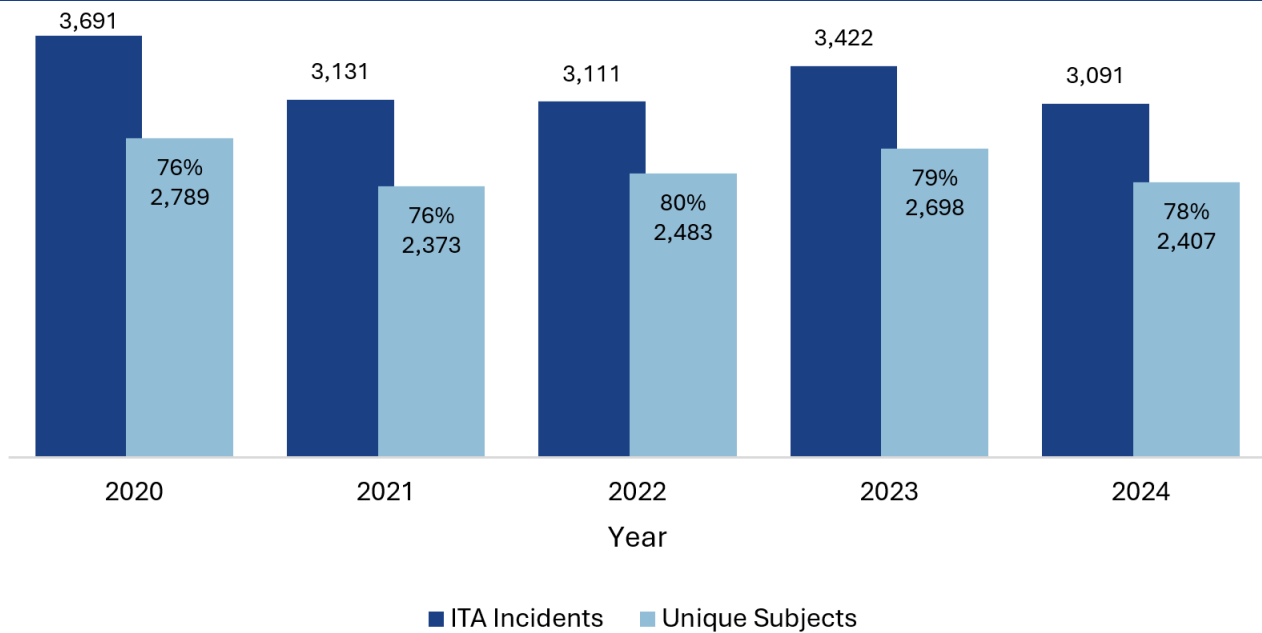
14 RCW 71.05.153.2(a).

15 SPD Manual 16.110-TSK-1(5).

16 Additional visualizations and summary statistics are available in the Appendix and referenced throughout this report.

**Subjects with Multiple ITA Incidents.** Between 2020 and 2024, the number of individuals detained one time under the ITA remained stable, ranging from 2,789 individuals in 2020 to 2,373 in 2021. During the same period, 2,215 individuals were detained more than one time. 55% of individuals had two ITA incidents, 29% with three to four ITA incidents, and 9% with five to ten ITA incidents. 3% (70) individuals had more than 11 ITA incidents.<sup>17</sup>

**Figure 3. Number of Individuals and ITA Incidents Between 2020 and 2024**



Source: SPD Data Analytics Platform.

## Subject Demographics

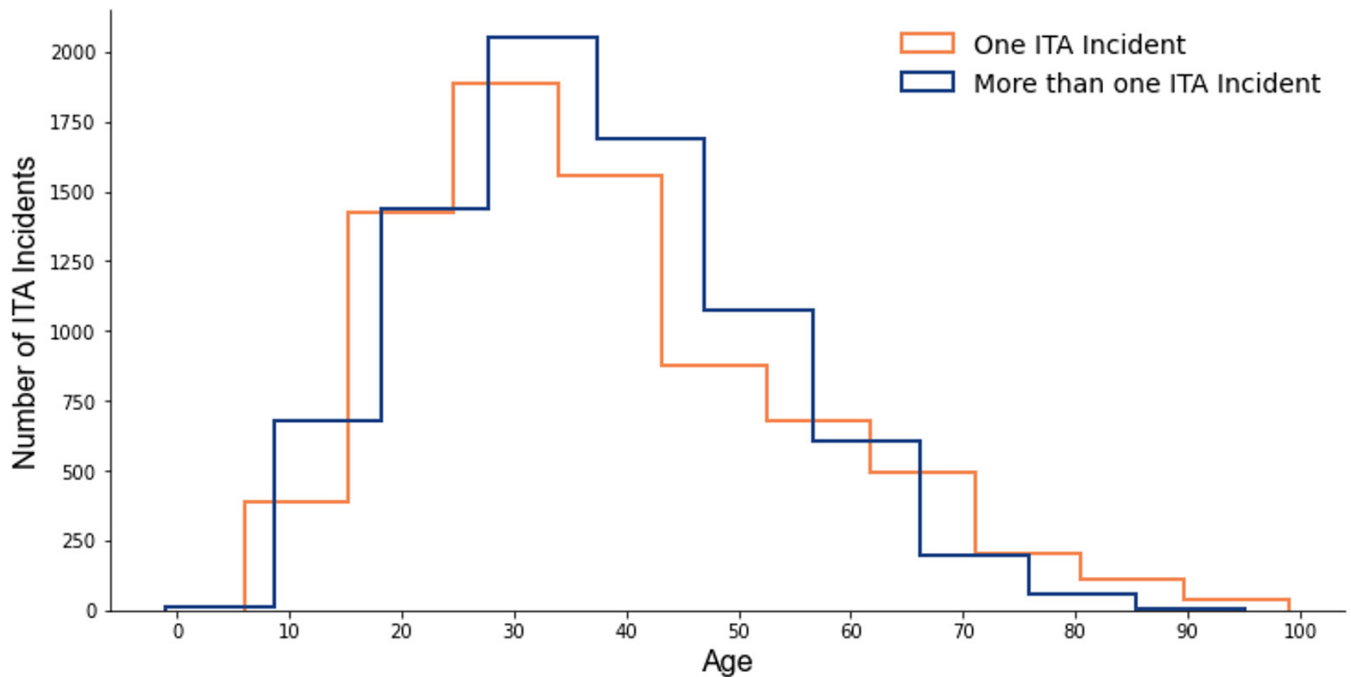
The average age of individuals detained under the ITA was 37.5 (26-47) years. Subjects with a reported ITA aged 18 to 29 and 30 to 39 comprised 28% and 25% of ITA individuals, respectively.<sup>18</sup>

Figure 4 shows a comparison of age distribution between individuals detained under the ITA once and those with multiple ITA incidents. In the under 18, 24 to 26, and 66 or more age groups, the number of individuals with a single ITA incident exceeded those with multiple ITA incidents. The trend reversed in individuals aged between 27 and 65, where individuals with multiple ITA incidents were more prevalent with the 27-55 age group showing the greatest difference. The average age of subjects detained under ITA once was 34(±20) while the average age of subjects with multiple ITA incidents was 37(±15).

<sup>17</sup> One gender diverse individual accounted for 149 emergent detentions. To avoid skewing the overall trends, this case is excluded from this section. Summaries that include this individual are provided in the appendix.

<sup>18</sup> In 6% of ITA incidents age recorded was unknown.

**Figure 4. Number of ITA Incidents by Known Age Between 2020 and 2024**



Source: SPD Data Analytics Platform.

The percentage of ITA incidents for men and women remained stable from 2020 to 2024, except for a slight change in 2020. In contrast, the percentage of ITA incidents for gender diverse individuals doubled from 1.3% (47) to 3.6% (109). Men’s ITA incident percentage decreased from 62% in 2020 to a steady 57% in following years.<sup>19</sup>

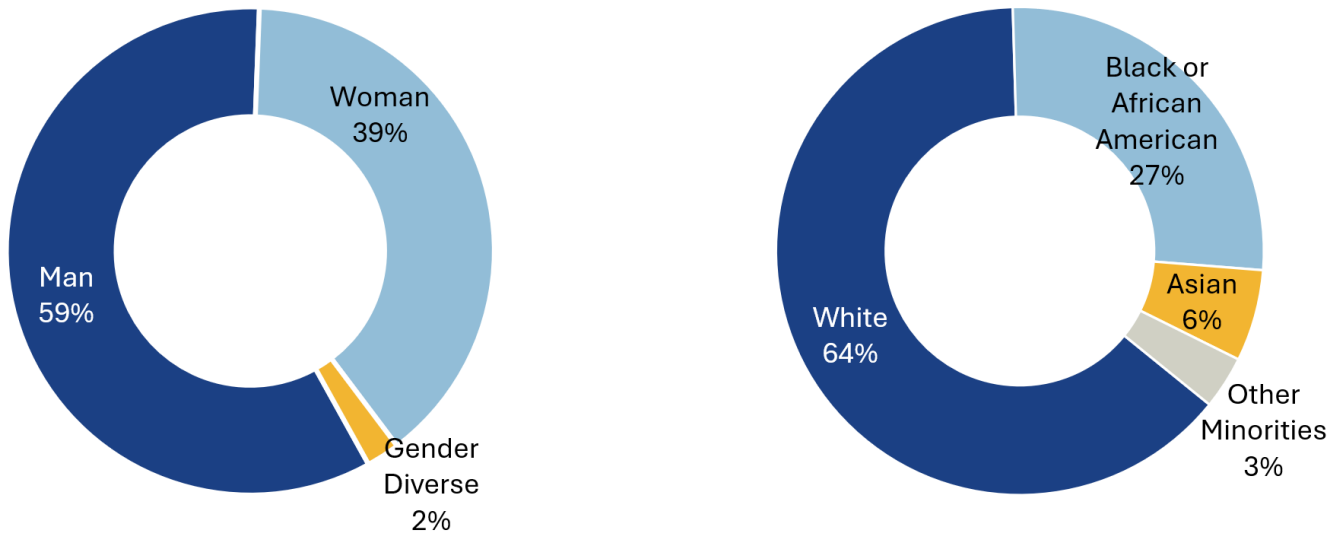
Figure 5 shows the combined percentage of ITA incidents by known gender between 2020 and 2024. The distribution is as follows: 2% for gender diverse, 39% for women, and the remainder (59%) for men. The average number of ITA incidents varied by gender. Women were detained under the ITA an average of 1.4(±1.6) times, men 1.5(±1.8) times, and gender diverse individuals 1.8(±2.4) times. One woman and one man had a maximum of 47 and 48 ITA detentions respectively, while one gender diverse individual had 27 ITA incidents.

The average number of ITA incidents also varied by race. White subjects were detained under the ITA an average of 1.5(±1.8) times, Black subjects 1.6(±2.3) times, and Asian subjects and other minorities were detained under the ITA around 1.4 times. One Black subject had 48 ITA detentions, followed by a white subject with 47 ITA incidents, and an American Indian or Alaska Native subject with 12 ITA incidents.

Figure 5 also depicts the percentage of ITA incidents by race between 2020 and 2024. In that period, 64% of ITA incidents involved white subjects, 27% involved Black subjects, and 6% involved Asian subjects. ITA incidents with subject race listed as unknown ranged from 10.3% in 2021 to 12.4% in 2024.

<sup>19</sup> Gender diverse is a SPD gender category. According to the SPD Manual 16.200 POL-1, gender diverse is a person whose gender identity, gender expression, or sexuality does not conform to socially defined male or female gender norms. In 0.7% of ITA incidents gender recorded was unknown.

Figure 5. Percentage of ITA Incidents by Known Gender and Race Between 2020 and 2024



Source: SPD Data Analytics Platform. Other Minorities: American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander.

## Symptoms

Table 1 summarizes the most common symptoms recorded by SPD officers in an ITA incident. Except for Black subjects, suicide threat or attempt and bizarre or unusual behavior are the first and second most common symptoms, respectively. For men and other minorities, suicide threat or attempt and bizarre or unusual behavior share the most common symptoms.

Although suicide threat or attempt shows the highest percentage across almost all categories, gender diverse subjects reported the highest rate (24%) compared to other groups (10% to 16%). Hopeless and depressed behavior is also higher among gender diverse subjects (17%) compared to other groups (9% to 10%).

Women and Black subjects had the widest range of symptoms. Black subjects are the only group with disorderly/disruptive behavior as second most common symptom for an ITA detention. Other minorities were the only group with neglect or self-care as the second most common symptom.

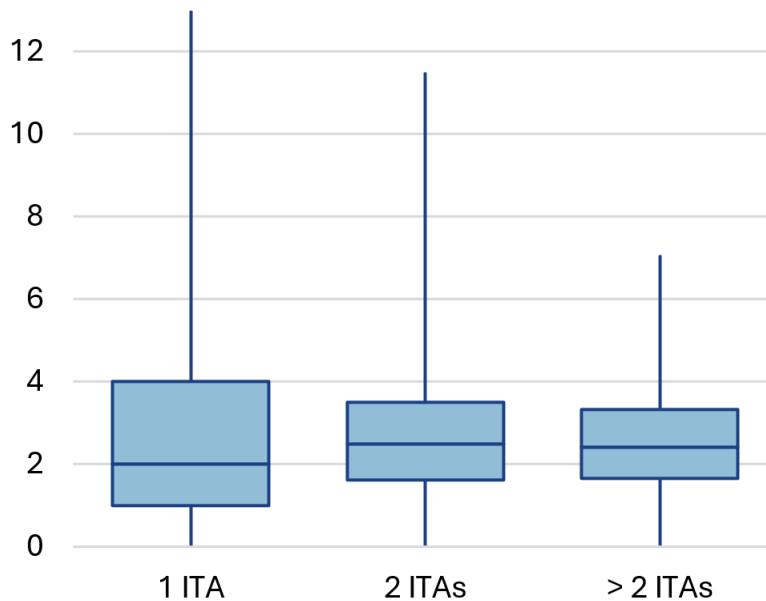
**Table 1. Common Recorded Symptoms Across Groups Between 2020 and 2024.**

Symptoms	ITAs	Gender				Race				
		Man	Woman	Gender Diverse	Un-known	White	Black or African American	Asian	Other	Un-known
Suicide Threat/Attempt	12%	10%	14%	24%	15%	12%	9%	15%	11%	16%
Hopeless/Depressed	7%	6%	9%	17%	7%	8%	5%	10%	8%	9%
Bizarre/Unusual	10%	10%	9%	7%	10%	9%	11%	10%	11%	9%
Neglect/Self-Care	7%	8%	7%	4%	7%	8%	6%	6%	9%	7%
Belligerent/Uncooperative	8%	8%	9%	6%	10%	8%	9%	7%	8%	8%
Disorderly/Disruptive	8%	8%	7%	5%	7%	8%	9%	6%	8%	7%

Source: SPD Data Analytics Platform. Dark blue cells include the first most common symptom. Light blue cells include the second most common symptom.

Last, Figure 6 shows the distribution of symptoms by number of ITA incidents (one, two, and more than two). For individuals with one ITA incident, the number of symptoms had a range of 1 to 13. As the number of ITA incidents increased, the maximum number of symptoms decreased, while the minimum remained the same, resulting in a narrower overall range. At the same time, the average number of symptoms increased, indicating that individuals with repeated detention under the ITA had more symptoms clustered within a more limited range.

**Figure 6. Distribution of Symptoms by Number of ITA Incidents**



Source: SPD Data Analytics Platform.

## Conclusions

Between 2020 and 2024, SPD officer interactions with individuals experiencing behavioral or mental health crises decreased. However, the percentage of individuals detained under the ITA increased. Most individuals detained are in the 26 to 47 age range, with younger and older age groups showing lower ITA detention rates. More than one ITA detention is most common among white men aged 26 to 46, often linked to suicide threats or attempts, or unusual behavior.

Types of symptoms also varied by groups. Suicide threat or attempt is the most common symptom across nearly all categories, with gender diverse individuals showing the highest rates (24%). Hopeless and depressed behavior is also high in this group. Black individuals are the only group that show disorderly or disruptive behavior as their second most common symptom, while other minorities show neglect or self-care as their second most common symptom.

Race data presents challenges. The percentage of cases with race recorded as “unknown” is higher than those with unknown age or gender. This discrepancy has the potential to introduce bias, distorts demographic proportions, and limits the ability to conduct analyses of racial disparities. In addition, Latino ethnicity is not included as a race category in SPD behavioral crisis dataset, in comparison to other datasets such as use of force. This inconsistency complicates comparisons across data sources and may prevent the identification of ITA incidents patterns among the Latino population.

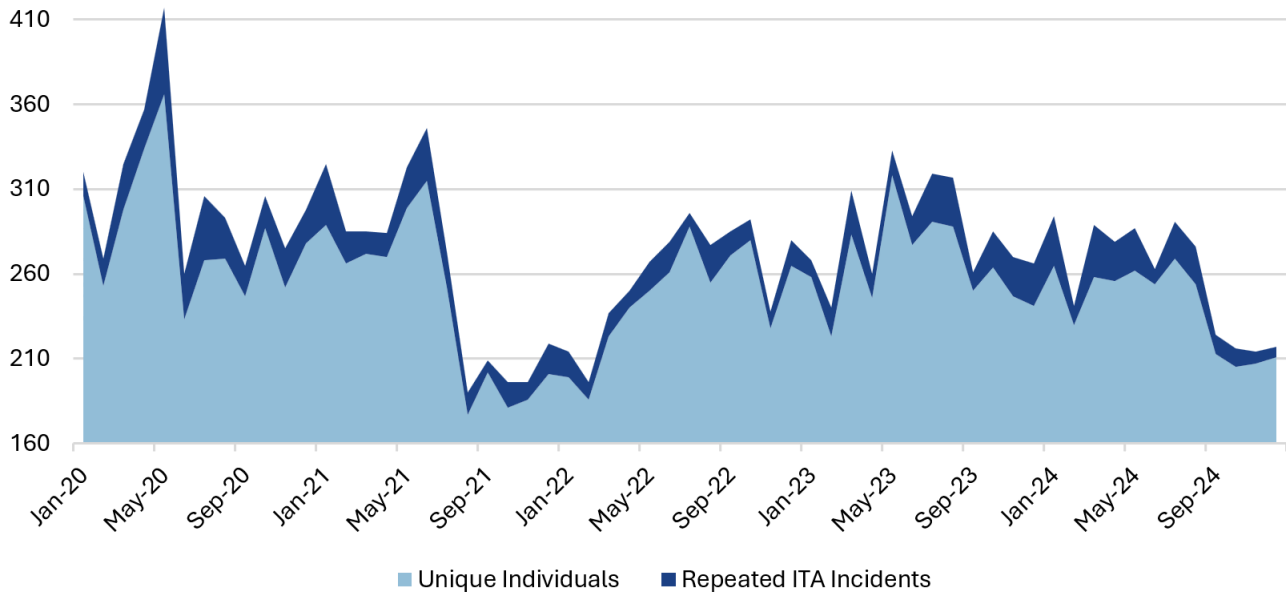
This analysis has limitations. It does not account for whether force was used during ITA detentions; the presence or type of criminal offenses; or whether officers are CIT certified. Symptom information may also be inconsistent, since officers record and interpret categories such as “self-care” or “disorderly or disruptive” differently. These and other symptoms can vary depending on the officers documenting the incident.

## Overall Conclusions and Next Steps

This report provides a summary of ITA criteria and processes as well as a baseline overview of information involving subjects detained under the ITA. Future steps include a review of training and policies for ITA/emergent detention to identify potential improvements. Next steps will also involve expanding the analysis to incorporate more information to better understand the context of emergent detentions.

# Appendix A

**Figure 7. Monthly Number Individuals and ITA Incidents Between 2020 and 2024.**



Source: SPD Data Analytics Platform.

## Summary of ITA Incidents

	n	Mean	SD	Min	Max
<b>Age (5.94%)</b>					
Known Age	15,320	37.5	15.9	6	99
<i>Known Age*</i>	<i>15,469</i>	<i>37.5</i>	<i>15.8</i>	<i>6</i>	<i>99</i>
<b>Gender (0.65%)</b>					
Gender Diverse	359	1.8	2.4	1	27
<i>Gender Diverse*</i>	<i>508</i>	<i>2.5</i>	<i>10.6</i>	<i>1</i>	<i>149</i>
Man	9,495	1.5	1.9	1	48
Woman	6,336	1.4	1.6	1	47
<b>Race (11%)</b>					
AI/AN	401	1.7	1.6	1	12
Asian	875	1.4	1.2	1	11
B or AA	3,850	1.6	2.4	1	48
NHOPI	104	1.3	0.7	1	5
White	9,177	1.5	1.8	1	47
<i>White*</i>	<i>9,326</i>	<i>1.6</i>	<i>2.6</i>	<i>1</i>	<i>149</i>

Percentage of unknown data in parenthesis. AI/AN: American Indian or Alaska Native; B or AA: Black or African American; and NHOPI: Native Hawaiian or Other Pacific Islander. \*Italic text includes all subjects and ITA incidents.

### Crosstabulation of Unique Subjects by Gender

Gender	1 ITA	> 1 ITAs	Total
Man	4,855 (4904)	1,315 (1266)	6,170
Woman	3,556 (3489)	833 (900)	4,389
Gender Diverse	144 (162)	60 (42)	204
<b>Total</b>	<b>8,555</b>	<b>2,208</b>	<b>10,763</b>

$X^2_{(2, N=10,763)} = 18.66, p < 0.001, \text{Cramér's } V = 0.042$

### Crosstabulation of Unique Subjects by Race

Race	1 ITA	> 1 ITAs	Total
Asian	522 (488)	105 (139)	627
Black or African American	1,786 (1,817)	551 (520)	2,337
White	4,659 (4,649)	1,320 (1,330)	5,979
Other Minorities	233 (246)	84 (70)	317
<b>Total</b>		<b>2,208</b>	<b>10,763</b>

$X^2_{(3, N=9,260)} = 16.77, p < 0.001, \text{Cramér's } V = 0.043$

A chi-square test examined whether gender is associated with having one versus more than one ITA incident, and a second chi-square test the same association for race. Both tests were statistically significant; however, the effect sizes were small, showing that demographic characteristics (gender and race) are modest predictors of repeat ITA incidents.

**Odds ratios (and 95% confidence intervals) from logistic regression analyses predicting the effects of demographic characteristics on the likelihood of individuals having one ITA incident or more than one.**

Model	Model 1	Model 2
<b>Race</b>		
Asian	0.67 (0.54 - 0.83)***	0.66 (0.53 - 0.83)***
Black or African American	1.1393 (1.01 - 1.28)*	1.1391 (1.01 - 1.28)*
Other Minorities	1.2974 (1.00 - 1.69)	1.3001 (0.99 - 1.69)*
Unknown Race	0.40 (0.33 - 0.48)***	
<b>Gender</b>		
Gender Diverse	1.62 (1.18 - 2.22)**	1.75 (1.25 - 2.45)**
Man	1.13 (1.02 - 1.25)*	1.14 (1.02 - 1.27)*
Unknown Gender	0.74 (0.33 - 1.65)	
<b>Age</b>		
Age at First ITA Detention	0.57 (0.43 - 0.76)***	0.59 (0.44 - 0.78)***
No Observation	9,885	8,479
Pseudo R <sup>2</sup>	0.1793	0.0058
ROC AUC	0.5818	0.54652

All subjects with age recorded as unknown were excluded.

\*p<.05. \*\*p<.01, \*\*\*p<.001

Logistic regression models were used to assess the predictive effects of demographic characteristics on the likelihood of having one versus more than one ITA incident. Although most demographic predictors reached statistical significance, overall model fit was weak. Overall, demographic characteristics were statistically detectable but did not meaningfully account for variation in repeat ITA incidents.