The Honorable Marsha J. Pechman

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

A.B., by and through her next friend Cassie Cordell Trueblood; D.D., by and through his next friend Andrea Crumpler; K.R. by and through his next friend Marilyn Roberts; Q.M. by and through his next friend Kathryn McCormick; all others similarly situated; and Disability Rights Washington; **Plaintiffs,** **vs.** **Washington State Department of Social and Health Services; Kevin Quigley, in his official capacity as Secretary of the Department of Social and Health Services; Western State Hospital; Ron Adler in his official capacity as Chief Executive Officer of Western State Hospital; Eastern State Hospital; and Dorothy Sawyer in her official capacity as Chief Executive Officer of Eastern State Hospital,** **Defendants.**	**No. 14-cv-01178-MJP** **DECLARATION OF MICHAEL L. STANFILL**

I, Michael L. Stanfill, declare as follows:

1. I am over the age of eighteen, have personal knowledge of the matters stated herein, and am competent to testify thereto.

2. I, Michael L. Stanfill, have a Ph.D. in Clinical Psychology and am specialized as a clinical and forensic psychologist with licensure as a psychologist in both Washington and

CARNEY GILLESPIE ISITT LLP
315 5th AVENUE SOUTH, SUITE 860
SEATTLE, WA 98104
PHONE 206•445•0220
FAX 206•260•2486

California. Prior to working in my current setting, I've been employed as a psychologist and/or mental health therapist in a variety of correctional settings, private and public psychiatric hospitals, community mental health clinics and private practice. In these settings I have provided psychological evaluations for both clinical and forensic purposes, evidenced-based long and short-term therapy and consultation for mental health services in various settings. I am a published author on issues related to psychological evaluation and psycho-legal concepts and present regularly, both locally and nationally, on a variety of topics related to psychological assessment and forensic psychology.

3. In my current role I serve as the Psychiatric Services Manager for Jail Health Services, a division of Public Health—Seattle & King County. I directly oversee all psychiatric operations for both the King County Correctional Facility and the Maleng Regional Justice Center. I also have supervisory responsibility over discharge social work services for both of these facilities. In addition to this position, I am also a Clinical Assistant Professor at the University of Washington in the Health Services Department where I work with students and conduct research on the impacts of mental illness and other health disparities in correctional environments. At times I provide consultation to various entities on mental health and psychiatric programming development, with a specific emphasis on correctional behavioral health.

4. The King County Correctional Facility is one of the largest single-facility mental health providers in the state. On average we have over 110 patients in acute inpatient-level beds on any given day. Additionally, between our two facilities we serve an additional caseload averaging between 400 and 500 patients at any given time through our general population outpatient-level clinics.

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5. By using a public health model with an aim to "Opening Doors to Healthier and Happier Lives", psychiatric services actively works to improve the wellbeing and overall psychological health of the population we serve. This is facilitated through the use of various evidenced-based practices including, but not limited to: intensive psychotropic medication management, cognitive-behavioral individual therapy, psychoeducation and solution-focused group programming, and milieu-based socialization. We also conduct evidenced-based trauma therapy in both individual and group settings.

6. While not afforded the same legislative leniency for involuntary psychotropic treatment as our hospital counterparts; we have also actively worked to develop involuntary antipsychotic medication treatment protocols that are consistent with case law and applied specific to the correctional environment. We have been a leader in this work and recognized by various non-partisan groups for our work in this arena.

7. Our practices and philosophy to use the correctional environment as a community health clinic does not imply that we do not see the value of psychiatric hospitals or the importance of alternative structured community resources for treating mental illness. Nor do we condone the practice of criminalizing behaviors that are a direct result of symptoms associated with mental illness. However, the research and literature has long held that over the past several decades those with mental illness are incarcerated at increasingly disproportionate rates. Ultimately, it is therefore our responsibility to treat this population, rather than simply watch them languish and suffer.

8. Because of the psychiatric acuity of the population with corresponding low-level criminal allegations, competency is regularly raised on a large number of persons where they should not be incarcerated at all. This population should be diverted from arrest or incarceration

CARNEY GILLESPIE ISITT
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and placed in more appropriate adequately funded structured community settings focused on treatment and improvement rather than solely case management and maintenance. By incarcerating this population, and subsequently raising competency, the evaluation system becomes overburdened and backlogged. This in turn delays the available bed space for restoration services—hence further delaying the patient's rights to quick and speedy adjudication.

9. In King County those with severe and persistent mental disorders spend three times as long in jail when compared to those without these issues. The majority of these offenses are for misdemeanors and the population would be better served through structured treatment in their home community. Competency restoration is not psychological or psychiatric treatment with the aim of improving the well-being of the patient. It is a means of returning a patient to baseline functioning in order to proceed through the criminal justice system. At the end of the day, restoration, in and of itself, does little to improve the long-term trajectory of a patient with serious and persistent mental illness. These patients should be provided for in their home communities and in an environment that is more conducive to improving health outcomes and not through the criminal justice system.

10. Because of the substantial amount of extra time that this population spends incarcerated, there is excessive financial burden to both the County and State. Psychiatric services provided in jail are much more expensive than the same services in the community and if ancillary costs (e.g. police, court, probation, etc.) are calculated then the cost is astronomical. When combined with the cost of competency evaluation and restoration; an enormous amount of time and money is spent on processing a small portion of the total population through the criminal justice system only to later not provide the community resources so that same

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315 5th AVENUE SOUTH, SUITE 860
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PHONE 206•445•0220
FAX 206•260•2486

population ends up recidivating. Those funds and resources would be much better spent for providing treatment in the community and through diversion programs.

I declare under penalty of perjury under 28 U.S.C. § 1746, that the forgoing is true and accurate.

DATED this _1st_day of October, 2014, at Seattle, Washington.

Michael L. Stanfill, PhD

CARNEY GILLESPIE ISITT
315 5th AVENUE SOUTH, SUITE 860
SEATTLE, WA 98104
PHONE 206•445•0220
FAX 206•260•2486

CERTIFICATE OF SERVICE

I hereby certify that on October 3, 2014, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system, which will send notification of such filing to the following:

- John K McIlhenny (JohnM5@atg.wa.gov)
- Nicholas A Williamson (NicholasW1@atg.wa.gov)
- Sarah Jane Coats (sarahc@atg.wa.gov)
- Amber Lea Leaders (amberl1@atg.wa.gov)

DATED: October 3, 2014, at Seattle, Washington.

/s/Mona Rennie
Legal Assistant
Disability Rights Washington

CARNEY GILLESPIE ISITT PLLP
315 5th AVENUE SOUTH, SUITE 860
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FAX 206•260•2486