

The Honorable Marsha J. Pechman

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

<p>A.B., by and through her next friend Cassie Cordell Trueblood; <i>et al.</i>;</p> <p style="text-align: center;">Plaintiffs,</p> <p>vs.</p> <p>Washington State Department of Social and Health Services; <i>et al.</i>,</p> <p style="text-align: center;">Defendants.</p>	<p>No. 14-cv-01178-MJP</p> <p>DECLARATION OF JUDY SNOW IN SUPPORT OF PLAINTIFFS' MOTION FOR TEMPORARY RESTRAINING ORDER</p>
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I, Judy Snow, 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 have worked in Washington State's mental health system for over thirty-five years. I have been a licensed mental health provider for eight years and am certified by the National Commission on Correctional Health care (NCCCHC) with a specialty in mental health.

3. I was the Mental Health Manager at Pierce County Jail from 2000 to 2015. From 2000 to 2009, I also was the Supervisor for Mental Health Commitment.

4. As the Mental Health Manager at Pierce County Jail, I had several duties. I directed the mental health program in the jail by supervising the clinical staff and establishing policies and procedures. I also supervised Pierce County's panel of forensic evaluators. My role

1 in supervising both jail clinicians and the panel of forensic evaluators included being an active
2 liaison between Western State Hospital (WSH), criminal defense attorneys, prosecutors, and the
3 courts when individuals are waiting in the jail for competency services.

4 5. Before implementing Pierce County's panel of forensic evaluators, I had a several
5 meetings with judges, defense counsel, prosecutors, and county executives. The goal of these
6 meetings was to establish a mutually agreeable process where pretrial detainees who had been
7 court ordered for evaluation would receive them within seven days.

8 6. Prior to 2000, I was a Designated Mental Health Professional ("DMHP") for
9 twenty-five years serving Pierce, Benton, and Franklin Counties. In that capacity, I evaluated
10 individuals under RCW 71.05, the civil commitment statute, for emergency and non-emergent
11 mental health detentions. I also filed fourteen-day commitments in general hospitals as well as
12 petitioned for ninety or one hundred and eighty day orders so that individuals could obtain
13 mental health services in less restrictive settings. The purpose of these evaluations and petitions
14 was to get the mental health treatment these individuals needed.

15 7. In my twenty-five years as a DMHP, all of my evaluations occurred in person
16 through a series questions and face-to-face observation and monitoring. Further, in the fifteen
17 years where I either coordinated WSH in-jail evaluations or supervised the Pierce County panel
18 of forensic evaluators, all competency evaluations were conducted in person and not a single
19 evaluation was conducted by video.

20 8. Based on my knowledge and expertise, video evaluation is not best practice to
21 conduct a mental health competency evaluation as the evaluator is unable to pick up nonverbal
22 cues that would otherwise be available by face-to-face observation. For instance, it is more
23 difficult to assess what the patient may be responding to by video, whether the stimuli is part of

1 the environment where the patient is but not the evaluator, or whether the patient may be actually
2 responding to internal stimuli. Patients may actually be attending to voices in their
3 environment not experienced by the evaluator during a video conference, or it may be auditory
4 hallucinations the patient may be responding to. Frequently, this "attending to internal stimuli"
5 is as subtle as eyes darting.

6 9. During my years in correctional mental health, I would supervise our evaluators
7 to interview an individual in an interview room whenever possible rather than observing and
8 questioning through the cell door window as the face-to-face evaluation many times
9 demonstrates a level of paranoia not apparent when the evaluator is not actually in the same
10 room as the individual being evaluated.

11 10. Evaluations to determine whether someone is competent after a period of
12 restoration should also occur face-to-face. In my thorough review of many of hundreds of
13 evaluations to determine whether an individual has been restored to competency, I have noted in
14 those reports where evaluators reference their face-to-face observation over time and even their
15 notes from their observation of their patients on the forensic mental health units. This type of
16 observation is critical to determine whether an individual is responding to internal stimuli or
17 have other barriers to regaining competency that may not ascertained simply by asking a series
18 of questions. For instance, an evaluator may refer to the discrepancy between what the patient
19 presents during the interview verses the interaction of the patient with others on the unit. Staff
20 documentation cannot be solely relied on as collateral observation as only the forensic evaluator
21 can accurately assess the behavior in many instances. A staff member may document that the
22 patient is intentionally disrupting the unit to present as incompetent, when in fact the patient is
23 not in behavioral control.

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11. Finally, class members should not be transferred from the state hospitals where they have been receiving restoration services for months to alternative restoration programs in correctional settings. Such a transfer raises concerns regarding continuity of care as well as increases the likelihood of the individual decompensating in the less therapeutic setting. As the Mental Health Manager of Pierce County jail, I often observed individuals who were acutely psychotic in the jail setting become much more lucid and stable after spending ninety days at WSH. These same individuals would only decompensate when they returned to a jail setting while they waited for the prosecutor to either drop charges or seek an order for continued restoration. I often advocated for these individuals to remain at the state hospital while additional restoration orders were sought as too many times I saw the gains made at WSH lost when these individuals returned to jail.

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

DATED this 17th day of March, 2015, at Conroe, Texas.


Judy Snow

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CERTIFICATE OF SERVICE

I hereby certify that on March 17, 2016, 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:

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

DATED: March 17, 2016, at Seattle, Washington

/s/ La Rond Baker
La Rond Baker, WSBA No. 43610

Attorney for Plaintiffs