

The Honorable MARSHA J. PECHMAN

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE**

CASSIE CORDELL TRUEBLOOD, next  
friend of A.B., an incapacitated person, et al.,

Plaintiffs,

v.

THE WASHINGTON STATE  
DEPARTMENT OF SOCIAL AND  
HEALTH SERVICES, et al.,

Defendants.

NO. 2:14-cv-1178 MJP

DECLARATION OF  
RICHARD WEAVER

I, Richard Weaver, am over the age of 18 years of age, competent to testify to the matters below, and declare based upon personal knowledge:

1. I am the Chief Executive Officer at Central Washington Comprehensive Mental Health (Comprehensive) which provides a full continuum of mental health and substance use disorder services in 10 counties in Eastern Washington. I began training in psychology in 1972, my training included internships at the Oregon State Hospital Forensic Services unit. I have a Master's degree in Psychology. I have been working in community mental health in Washington State continuously since 1976. I have been licensed as a Mental Health Counselor since approximately 1986 when licensure was first enacted in Washington. I have worked at Comprehensive since 1983. In my career within mental health, I have worked in various

1 contexts including residential treatment facilities, crisis response and designated mental health  
2 professional roles, acute inpatient services, high intensity community outreach programs and  
3 co-occurring disorder programs. I have held the positions of clinical supervisor, program  
4 manager, program developer, trainer, program evaluator, and consultant to other programs and  
5 systems.

6 2. I have personal familiarity with both the physical plant of Western and Eastern  
7 State Hospitals because I went to the hospitals weekly for six years beginning in 1983 as a  
8 liaison to the complete discharge planning of patients from both hospitals' forensic and civil  
9 wards. From 1989 to 1996, I went to the state hospitals no less than quarterly on behalf of  
10 Comprehensive. Also, for nine months in the time period of 2011-2012 I was a full time  
11 special consultant to the Assistant Secretary of the administration at DSHS responsible for  
12 behavioral health (referenced by the initials ADSA at the time) where a major assignment of  
13 mine was to work to improve operations at both state hospitals.

14 3. Comprehensive has been providing services in Washington State since 1972.  
15 Comprehensive now provides mental health, substance use disorder, crime victim advocacy  
16 and other social and health services in 10 Eastern Washington Counties. We provide a very  
17 broad continuum of services including services to children, adults and seniors. Our services  
18 include outpatient, residential and acute inpatient services. We provide services in a number of  
19 jails throughout our region. Comprehensive is highly regarded both within the state and  
20 nationally. We have been accredited by the Joint Commission on the Accreditation of Health  
21 Care Organizations since 1998. We were selected as the provider of the year by The National  
22 Council for Community Behavioral Health Care in 2003. We have received national awards  
23 for our crisis and senior programs. Comprehensive has been selected to be the lead agency for  
24 development of new innovative programs including First Episode Psychosis and a variety of  
25 evidence-based programs for adults and children.  
26

1           4.       Comprehensive is recognized throughout the state and nationally as a leader in  
2 the adoption of new evidence-based practices. It has developed a culture to support effective  
3 implementation of such practices. All of our facilities produce superior results in terms of  
4 clinical outcomes and adherence to program models. Comprehensive works closely with the  
5 University of Washington and other institutions to measure our results and to ensure program  
6 fidelity.

7           5.       Beginning in February 2015, Comprehensive Mental Health entered into  
8 discussions with the Department of Social and Health Services (Department) about the  
9 possibility of Comprehensive participating in a competency restoration program and the  
10 interest of other providers to participate in a continuum of competency restoration services  
11 including residential and community programs. As a result, I arranged for the Washington  
12 Community Mental Health Council to survey interest in providing residential or community  
13 services. There was a very positive response in that at least 50 percent of the more than 40  
14 members expressed interest.

15           6.       In the summer of 2015, negotiations between the Department and  
16 Comprehensive accelerated, culminating in the development of the Yakima County  
17 Competency Restoration Program (YCCRP).

18           **YCCRP is a Residential Treatment Facility**

19           7.       The YCCRP is a 24-bed competency restoration program that has been  
20 designed from the ground up as a therapeutic environment and has been built as a mental  
21 health program, not a correctional one. In addition to meeting state licensure and certification  
22 requirements, the program has been designed to meet Joint Commission accreditation  
23 standards (which are described more fully below). These are the gold standard of clinical  
24 program standards. Patients are not confined to cells. Patients have relatively free access to  
25 most of the facility, unlike most jail settings. The treatment provided is purposely designed to  
26 be comparable to that which is provided at the state hospitals. YCCRP shares with the state

1 hospitals many common procedures, policies and curricula. And the physical plant has  
2 undergone extensive renovation, including:

- 3 a. Reducing the number of residents in bedrooms from 12 to 4
- 4 b. Creating partitions to provide additional privacy in the bedrooms
- 5 c. Providing shower doors
- 6 d. Carpeting bedrooms to reduce noise and improve hominess
- 7 e. Creating single beds vs bunkbeds
- 8 f. Installation of windows/screening to provide second tier safety
- 9 g. Improved screening on the stair case
- 10 h. Creation of classroom and group room spaces
- 11 i. Creation of a seclusion/restraint room
- 12 j. Creation of a medical exam room
- 13 k. Creation of a medication storage and dispensing area
- 14 l. Increased carpeting to reduce noise
- 15 m. Addition of comfortable day room and dining furniture
- 16 n. Entertainment and recreation equipment including ping pong and basketball

17 8. The YCCRP is not a “corrections-based restoration program.” Our facility,  
18 treatment, and programming is characterized as a Residential Treatment Facility (RTF), which  
19 is a facility designed for the evaluation and treatment of individuals with mental illness or  
20 substance use disorders.

21 9. In a correctional-based restoration program, inmates receiving restoration  
22 services are often housed within the general population within the correctional facility, and  
23 they cohabitate with other inmates not receiving such services. Within the culture of a  
24 correctional facility, inmates are subject to the correctional policies and procedures of the  
25 correctional facility, which are not well-suited and can be harmful to individuals with mental  
26 illness. In a correctional facility inmates have very restricted movement, access to services, and

1 access to locations outside their cell or block. The staffing model in a correctional setting  
2 typically is focused on corrections-trained staff, with minimal professional mental health staff.

3 10. In contrast, within our Yakima facility, patients will not interact with  
4 corrections staff or inmates. The nature of programming is radically different in the Yakima  
5 facility versus typical correctional or jail environments. In our Yakima program, patients have  
6 significant freedom of movement through the program areas. Our facility is staffed as a mental  
7 health facility with trained mental health professionals. Our policies are modeled after and  
8 reflective of a mental health treatment program. They are therapeutic in nature and focused on  
9 treatment; they are not corrections-based or punitive.

#### 10 **Licensure and Accreditation**

11 11. The Yakima program is a Washington State Department of Health (DOH)  
12 licensed residential treatment facility and is certified for competency restoration services by the  
13 Department. The program was licensed by DOH on February 29, 2016. This license was  
14 provisional for two reasons:

- 15 a. All new licenses are issued as provisional, but a new facility is allowed to  
16 open and operate while in provisional status. The DOH then makes a site  
17 visit after a period of operation. After that visit a full license is issued.
- 18 b. The facility was still awaiting some door hardware and final equipment for  
19 the seclusion and restraint room at the time of the provisional licensure.  
20 This delay related to a lack of inventory on hand by the builder's supplier.  
21 The facility was allowed to open with census limited to 8 patients until the  
22 work is completed. With the completion of this last minute hardware  
23 installation our facility will fully meet the licensing requirements that every  
24 RTF facility must meet. These licensure requirements are the same as the  
25 ones that the two acute Evaluation and Treatment (E&T) Facilities operated  
26 by Comprehensive must meet. These E&T facilities treat acutely mentally

1 ill persons under the involuntary treatment act and must meet high standards  
 2 for care and treatment of these individuals.

3 12. Comprehensive as an organization also voluntarily meets the high standards of  
 4 the Joint Commission on the Accreditation of Health Care Organizations (Joint Commission)  
 5 for all of its facilities, including our Yakima program. The Joint Commission's most recent  
 6 survey occurred the week of March 7, 2016. Comprehensive is accredited as an entire  
 7 organization by the Joint Commission. When a new program is opened we must notify them,  
 8 then the Joint Commission can come survey the new program at any time. During their  
 9 March 7 visit, the Joint Commission did not go to the YCCRP, but they were informed of the  
 10 program. As part of their review, the Joint Commission looked at our policies and procedures  
 11 and all of the other things the Joint Commission reviews. Following their visit,  
 12 Comprehensive has been informed by the Joint Commission that they have included the  
 13 YCCRP on the list of Comprehensive's services and that they will not be coming for an  
 14 immediate visit. The YCCRP is currently accredited under the accreditation for  
 15 Comprehensive as a whole.

16 **Staffing, Training and Programming**

17 13. The tone of any program is set much more by the staff training, program  
 18 procedures, and milieu than by the physical location or layout. The Joint Commission  
 19 surveyors at our most recent visit commended our organization for just that culture.  
 20 Comprehensive has voluntarily maintained Joint Commission accreditation since 1998 in order  
 21 to ensure high clinical quality. Its accreditation has never been revoked or limited; this is  
 22 significant because many organizations have had such action taken.

23 14. Comprehensive has established a trauma-informed clinical model across all its  
 24 programming, including the YCCRP. This model is based on the recognized Sanctuary Model  
 25 evidence-based practice. All Comprehensive staff, including non-clinical staff such as support  
 26 staff and janitorial staff, as well as the staff of the competency-based program, are required to

1 receive this training and to demonstrate competence. Booster training is required for all staff  
2 on a regular basis. Utilization of this model has dramatically reduced seclusion and restraint in  
3 our other acute inpatient programs, eliminating it entirely in one facility. The Yakima program  
4 staff have been trained in evidence-based management of assaultive behavior protocols  
5 consistent with those at the state hospitals.

6 15. Our Yakima facility has a psychiatrist who is in charge of treatment and  
7 programming. This will be a half time position at the facility once full census is reached. The  
8 psychiatrist is the organization's medical director and as such works full time for the  
9 organization.

10 16. Comprehensive has a very active complaint and grievance process. It includes  
11 several pathways to register and resolve concerns or grievances. Patients have the right to  
12 register concerns or grievances through external bodies such as the Department of Health and  
13 DSHS. Those numbers are posted in the facility. Patients may also engage Disability Rights  
14 Washington or other external advocates. Comprehensive is the only mental health facility that  
15 we know of in the State that employs a full-time consumer advocate. We have had this  
16 program in place for nearly 20 years. The advocate is very experienced and has successfully  
17 assisted patients to resolve concerns directly with the clinical team serving the patient. This  
18 advocate is also available to patients at YCCRP.

19 17. We are using the very same Competency Restoration program model as  
20 Western State Hospital and have had training by their staff. In addition, Comprehensive staff  
21 has spent time at the state hospital, observing its program and milieu. Additional visits will  
22 continue to happen. We are continuing to collaborate with forensic staff at the State hospital to  
23 continue training efforts and the sharing of program innovations. Our staff receives extensive  
24 orientation and training including topics such as the management of violent and assaultive  
25 behavior, the assessment and management of suicidal behavior, crisis intervention, training in  
26 trauma-informed models, and orientation to HIPAA and client rights.

1        18. Our Yakima facility uses the same medication formulary as the state hospital.  
2        Keeping the formulary the same between the two facilities is important to the care and  
3        treatment of our patients because it allows for continuity of care should patients need to  
4        transfer between facilities due to medical or other reasons.

5        **The Physical Plant of YCCRP and Policies**

6        19. A conscious decision was made about the enclosure of the stairs at the Yakima  
7        facility. We enclosed the railings to prevent sliding through the rails. While it might be  
8        possible to jump fully over the rail, the stairs are fully visible from most of the facility and  
9        persons accessing the stairs would be fully visible to all present at the facility. The program  
10       design doesn't include random access up and down the stairs so supervision would be  
11       heightened as a patient went up or down stairs. Staff would be present on the upper tier  
12       whenever patients are present there. This extensive visibility and staff access significantly  
13       mitigates the risk of patients jumping over the railing. Additionally, we did not fully enclose  
14       the stairs, as we have done on the upper tier, because such an enclosure would obscure the staff  
15       visibility and interfere with staff's ability to maintain observation of patients. Were the stairs  
16       further enclosed they would pose an additional safety risk.

17       20. Significant investment was made in the facility to install anti-ligature features  
18       and hardware. It is an on-going commitment to continuously improve the safety and anti-  
19       ligature features of the Yakima facility. Comprehensive has a demonstrated continuous quality  
20       improvement directed at this issue across all of its facilities over many years. In addition, if a  
21       patient has a known active suicide risk, they will not be admitted to Yakima.

22       21. Significant effort and expense was undertaken to mitigate risks. Much of the  
23       door hardware is being replaced to ensure appropriate anti-ligature precautions. Most of that  
24       hardware has now been installed, but the hardware for the seclusion room will not be  
25       completed until March 22, 2016. Until that date, per agreement with the Department of Health,  
26       enrollment in the program will be limited to not more than 8 patients. Additionally, some

1 doors were not in place until the appropriate hardware was installed and therefore some areas  
2 such as the upper tier are closed for use until all hardware is in place. During the judge's visit,  
3 shower doors, grates high in the bedroom ceilings and parts of the stair rail posts were pointed  
4 out as potential tie-offs. These risks are present in all facilities and just as the state hospitals  
5 are doing there is a constant effort to identify and remediate such concerns. Comprehensive  
6 always strives to make our facilities as safe as possible for our residents and thus we will  
7 continue to review and mitigate any potential ligature risks. DOH carefully considered ligature  
8 risk and patient safety in its licensure review.

9 22. Staffing and observation will also be targeted at areas of identified risk. A full  
10 complement of staff has been/is deployed within the unit, creating an environment where each  
11 patient is essentially under close observation.

12 23. We are working to develop more recreational activities and opportunities. A  
13 number of features are being installed including a basketball hoop, a chalk wall, benches and  
14 chairs. We are looking at ways to address safety concerns before installing plant life, but that  
15 has not yet been resolved. When "CORE" and supplemental groups are not being conducted,  
16 the staff will engage with patients in daily informal interaction periods, leisure periods, and  
17 recreational therapy. The program design will include regular planned periods outside in the  
18 recreation area. There are number of recreational opportunities within the facility as well  
19 including games, arts and crafts, ping pong, etc.

20 24. Comprehensive significantly increased the carpet coverage in the main activity  
21 area and fully carpeted the bedroom areas of the facility, which had previously been concrete.  
22 This action was undertaken specifically to the reduce noise within the main activity area.

23 25. The Yakima facility does have a room that will be used for seclusion and  
24 restraint. It is used only in the very rare and limited cases where psychiatric symptoms require  
25 seclusion or restraint to protect the patient or staff. It is never used for bad behavior, isolation,  
26 or for extended periods of time. It is only to be used in accordance with strictly established

1 policies that meet DOH and Joint Commission standards. While the room is not completely  
2 finished, DOH granted licensure knowing it was not complete. However, all functions of the  
3 room will be in place on March 22, 2016, including adding padding, hardware, and  
4 appropriately setting the temperature (which had not been done at the time of the March 9 tour  
5 because the room was not yet in use).

6 26. Visitation with family and attorneys is readily available and there are no  
7 restrictions to attorneys or families visiting the Yakima facility in person. There are several  
8 areas including 2-3 private offices with comfortable furniture that can be used for family or  
9 attorney visits. There are also conference or group rooms available should there be an  
10 unplanned influx of visitors.

11 27. The option of video visits is superior to the hospitals. Allowing video visits  
12 increases the probability for patients to have visitors. The confidentiality of the video visiting  
13 has not yet been confirmed and the equipment is not operational as of today. It will not be  
14 used unless that confidentiality can be confirmed.

15 28. In particular, access by defense counsel can be arranged at any time. There are a  
16 number of spaces that allow private meaningful access. Like the state hospitals, YCCRP can  
17 provide a private room for attorney phone calls. Comprehensive operates two other programs  
18 that require confidential defense access to patients. We have never had a defense complaint  
19 about our policies or practices in this regard.

20 29. There are large skylights in the Yakima facility which provide more natural  
21 light than the state hospitals, which I have spent extensive time at. DOH carefully considered  
22 the availability of natural light in its licensure review. The skylights were modified to improve  
23 light direction into the facility. The facility is light and bright, and actually is quite inviting.

24 30. Attachment A contains true and correct copies of photographs of the YCCRP  
25 that accurately portray the interior of YCCRP. These pictures depict:  
26

- a. The common area following renovation
- b. A visitation room following renovation
- c. An examination room
- d. A classroom
- e. A carpeted patient room with privacy partition following renovation
- f. The dormitory-style sleeping rooms prior to renovation

31. The YCCRP patients' rights policy was required for DOH licensure and DSHS certification. In no way did the Comprehensive program reject any patient rights. Attached as Attachment B is a true and correct copy of three Yakima patient's rights policies, including:

- Client Concerns and Grievances
- Client Advocate
- Client Rights – Of Involuntarily Detained Residents

32. At the Yakima facility, we have planned to provide clothing for patients (e.g., jeans and polo shirts). We did this expecting that most would come to us with few or no clothes other than jail coveralls. We also considered the large scale laundry and the risk of loss when individual clothing is used. Attachment C is a true and correct copy of the Inventory and Client Personal Belongings policy.

33. The policy regarding sending and receiving mail and packages at Yakima is the same as the policy used at WSH. Attachment D is a true and correct copy of the Yakima mail policy.

34. We have our own system (phones, switches and lines), which is separate from that of the jail, and therefore calls are not recorded.

35. In addition, the Department and Comprehensive have actively engaged with the court monitor and her consultant regarding their concerns regarding the facility. We have put significant effort into modify the building based on these suggestions as well as the plans and

1 strategies of Comprehensive and the Department. Modifications (some of which were already  
2 identified) include:

- 3 a. Remodeled bedrooms to accommodate fewer people per room
- 4 b. Installed privacy barriers in bedrooms
- 5 c. Added floor to ceiling Plexiglas on second level as a safety measure
- 6 d. Installed carpeting
- 7 e. Implemented admissions screening protocol to ensure the correct patients  
8 are admitted to Yakima
- 9 f. Developed facility policies and procedures to meet licensure, certification  
10 and Joint Commission standards
- 11 g. Conducted several weeks of staff training in trauma-informed care models,  
12 management of assaultive and violent behavior, core staff competencies,  
13 program model (consistent with WSH practice, etc.)

#### 14 **Department of Corrections Involvement**

15 36. Inside the restoration pod, there will be no Department of Corrections (DOC)  
16 staff. Nor does Comprehensive intend to use Corrections staff for any emergency response,  
17 other than secure transportation to emergency medical care or an emergency evacuation of the  
18 facility. DOC staff will not be used for emergency response, such as de-escalation that will be  
19 more appropriately addressed by the mental health professionals. DOC staff will not provide  
20 day to day direction to residents and will not have any role in implementing the therapeutic  
21 program. Patients would never have contact with the DOC officers outside the presence of  
22 program staff. There are only two DOC staff involved with the Restoration facility operating  
23 the entry systems for the facility. Patients may have visual interaction only with these two  
24 officers, but limited to the following circumstances:

- 25 a. Initial entry to the facility

- b. Moving (escorted by program staff) to individual meeting/visiting rooms, exam room, and some classrooms
- c. Leaving the facility for outside medical treatment or to return to jail or correctional facilities

37. Visual contact between the program area and the central monitoring station where DOC staff will be stationed will be virtually impossible. To achieve such visual contact would require someone to be directly against the glass and to view at an extreme angle. In addition, screening material on the glass will make viewing of the DOC officers an even more remote possibility. This is an improvement over the state hospitals because there security officers are present in all areas.

38. The Yakima facility was originally built as a minimum-security jail facility, and Comprehensive is using one wing of this vacant facility for its program. There is no other populations in the Yakima facility at this time. While the Yakima County Department of Corrections hopes to secure contracts for other pods, there are no contracts in place. YCDOC has reported discussions with the Bureau of Prisons about a work release program but the facility has been vacant for many years and the prospects do not appear imminent. The DSHS-Comprehensive contract acknowledges that if another population occupies the facility, ingress, egress and other core function areas may be shared so long as no interaction occurs between other populations and the patients in the Yakima program. In addition, the contract provides that Comprehensive will ensure restoration patients and other populations are not in shared areas together except in an emergency (e.g., fire, medical emergency). If plans develop for another population to be served at this facility, DSHS will work with Comprehensive and the Yakima County Department of Corrections to review logistics to ensure separation of the two populations.

39. The contract between Comprehensive and Yakima County requires that no corrections officers (except the door operators) or inmates be in the corridor when our patients

1 are present. The DOC is required to notify Comprehensive of the need to transit the space and  
2 to coordinate its access to the common area at the convenience of the CR program. Because  
3 there is no other population present a written procedure has yet to be completed. However, the  
4 working procedure is for Department of Corrections to contact the program to ask for  
5 permission to access the common area so that permission can be granted, delayed or denied.

6 40. The specific procedure for arrival at the Yakima facility is to enter the exterior  
7 door into a vestibule. Both doors require the door operator staff to buzz the entering person(s)  
8 through the door. Transport personnel will enter the first door but go no further as weapons are  
9 not allowed into the facility. Program staff will greet the new patient at the vestibule. Any  
10 handcuffs/restraints will be removed in the vestibule and the patient will be escorted by  
11 program staff into program areas. This is consistent with the practice within the state hospitals,  
12 as newly admitted patients there also arrive in wrist to waist restraints. Once through the sally  
13 port, restraints will be removed. Patients will not be shackled in common area, nor does  
14 Comprehensive have any plans or even capacity for shackling the class members in any area of  
15 the facility.

#### 16 **Conclusion**

17 41. The Yakima program is a safe program. Comprehensive has a long history of  
18 operating very safe facilities; it is committed to maintaining a high level of safety in all of its  
19 programs, including the YCCRP. The Yakima program follows the same core policies and  
20 procedures as other Comprehensive facilities and meets similar licensure requirements.

21 42. Our doors have just opened and it is far too early to opine or speculate on the  
22 possible outcomes of this new program or the rates of restoration we may have. Evidence-  
23 based program evaluation practice suggests time and experience are required to create  
24 meaningful measurements and to analyze results. We have no reason to anticipate lower rates  
25 of restoration than the state hospitals, and it is just as or more likely, given the smaller number  
26 of patients in our program and our success with implementation of other new programs, that

1 we will produce equal or better outcomes. Any assertions to the contrary are purely  
2 speculation and not based in objective measurement.

3 43. The Comprehensive program at the Yakima facility is first and foremost a  
4 treatment program. It is a therapeutic program and environment. And it is staffed by  
5 incredibly competent and dedicated mental health professionals whose only interest is in its  
6 success and the success of its patients.

7 Pursuant to 28 USC § 1746(2), I declare under penalty of perjury that the foregoing is  
8 true and correct.

9 Executed on March, 2016, at Yakima, Washington.

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12 RICHARD WEAVER, MA, LMHC  
13 President/CEO  
14 Central Washington Mental Health  
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**CERTIFICATE OF SERVICE**

*Beverly Cox*, states and declares as follows:

I am a citizen of the United States of America and over the age of 18 years and I am competent to testify to the matters set forth herein. I hereby certify that on this 19 day of March 2016, I electronically filed the foregoing document with the Clerk of the Court using the CM/ECF system, which will send notification of such filing to the following:

David Carlson: [davidc@dr-wa.org](mailto:davidc@dr-wa.org)

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I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Dated this 19 day of March 2016, at Olympia, Washington.

  
Beverly Cox  
Legal Assistant

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