

1 3. From 2009 to 2014, I worked in the Health Services Division at the Washington
2 State Department of Corrections. I served as the DOC's Director of Behavioral Health, and
3 was responsible for leading and managing a system of care that provides medically necessary
4 mental health treatment to incarcerated individuals, and chemical dependency treatment
5 services for both incarcerated persons and persons recently released from prison on community
6 supervision.

7 4. As part of my Competency Restoration Specialist duties here at DSHS, I play a
8 central role in planning and implementing restoration programs in alternate facilities, including
9 the Maple Lane Competency Restoration Program (MLCRP). I assisted in planning for the
10 program, including assisting with related legislative efforts during the 2015 legislative session.
11 I assisted with the Department's Request for Information to solicit proposals for competency
12 restoration services in alternate settings. I have visited MLCRP multiple times, and have
13 worked with the Correct Care Recovery Solutions (CCRS) team to help coordinate their
14 successful efforts to obtain Department of Health (DOH) licensure, and Division of Behavioral
15 and Health Recovery Certification as a Residential Treatment Facility (RTF). I helped with
16 recruitment and hiring of the state employed staff at MLCRP. I am involved in ongoing
17 coordination with both state and contract staff at the facility. I have coordinated visits to the
18 facility by a number of stakeholders, including the Court Monitor and her experts, and I have
19 helped with DSHS's written responses to the Court Monitor following these visits. I have also
20 facilitated the work of a clinical team that developed the admissions screening criteria for the
21 new RTF. I have also visited the Yakima Competency Restoration Program multiple times.

22 5. MLCRP's central purpose is engaging patients in active mental health
23 treatment. Like the forensic wards at the state's adult psychiatric hospitals, MLCRP is a secure
24 facility, charged with the responsibility of safely housing and treating patients with mental
25 illness who are actively involved with the criminal justice system.
26

1 6. For the past several decades, Maple Lane served as a juvenile detention facility,
2 operated by DSHS. However, in 2011, the facility was closed. The Department is now
3 utilizing one building within the Maple Lane campus, Cascade Cottage, which has been
4 licensed as a RTF to provide competency restoration services. Maple Lane is licensed as a
5 RTF by DOH, and certified by DSHS as a residential treatment program. Attached is a true
6 and correct copy of the license issued by DOH. Attachment A.

7 7. DOH licenses more than 90 RTFs in Washington to provide care within the
8 minimum health and safety standards established by state law. DOH is required to inspect
9 RTFs as part of an initial licensing process and at regular intervals. DOH must inspect each
10 facility annually. Inspections are unannounced. DOH inspectors are trained to inspect
11 facilities to confirm compliance with appropriate state regulatory standards. They are looking
12 for indications of deficiencies that pose patient safety risks. DOH inspection staff includes
13 both nurses and public health advisers. Nurses assess the clinical aspects of the facility. Public
14 health advisers inspect the physical aspects for environment of care issues. In addition, DOH
15 contracts with the state fire marshal to inspect for fire, life and safety standards.

16 8. Attached as Attachment B is a true and correct copy of the Maple Lane
17 Competency Restoration-Functional Plan. This manual was developed to describe how the
18 program meets all requirements for Department of Health Licensure as a Residential Treatment
19 Facility. As part of my job duties, I helped in development and review of this document, and it
20 was submitted to DSHS for certification as an RTF and to DOH for licensure requirements.

21 Accordingly, the Functional Plan describes:

- 22 • Types of residents admitted;
- 23 • Services offered;
- 24 • Activities offered, including a sample day schedule of therapeutic activities;
- 25 • Staffing;
- 26 • Patient rooms;
- Transportation of patients;
- How food, laundry, and medication storage are managed;
- How medications are administered;
- Emergency Management procedures;
- Security systems; and

- Other components.

9. DSHS has made a number of efforts to ensure the safety of patients and staff working in and using MLCRP. These efforts have occurred over a number of months, both prior to opening and since opening MLCRP. DSHS continues to review and evaluate the program at MLCRP. As with any treatment program, issues and concerns about safety for staff and patients are dynamic ones. They are issues that DSHS continually strives to review and improve at all of its facilities, including the state hospitals and MLCRP.

10. DSHS has made a number of mitigation efforts at MLCRP, several of which are specifically related to the stairwells. Before patients ever arrived to the facility, DSHS constructed barriers at the tops of each stairwell which significantly reduced risks to class members. This was reflected in an early remodeling plan and reported to Dr. Pinals in DSHS's February 1 and March 9, 2016 reports to the Court Monitor. DSHS, also based on recommendations of Dr. Pinals, has undertaken to enclose all gaps between the plexi-glass and the railings on each of the stairwells. Attached are true and correct copies of photographs documenting the substantial changes around the stairwells that have occurred at MLCRP. Attachment D.

11. In addition, to address recently expressed concerns by Plaintiffs' counsel and the Court Monitor that the extensive mitigation efforts on the stairwells were not sufficient, DSHS security staff began a constant monitoring procedure on May 13, 2016 such that members of security staff will constantly monitor the stairs to ensure patient and staff safety. This monitoring procedure has been incorporated fully in the Standard Operating Procedures for DSHS security staff working in the control booth. Attached is a true and correct copy of the Standard Operating Procedure for Security Control Booth Operator. Attachment C.

12. The stairs at MLCRP also have some distinctions from the stairs at the Yakima Competency Restoration Program (Yakima). At Yakima, the stairs had a continuous opening along the side railing. The height of the stairs at Yakima is significantly higher than the stairs

1 at MLCRP. MLCRP has more staff than Yakima and there is DSHS security staff, in addition
2 to clinical staff, available on the unit. Attached is a true and correct copy of a photograph of
3 the Yakima stairwell. Attachment E.

4 13. In looking at MLCRP as a whole, DSHS has taken a number of proactive steps
5 in addressing safety concerns for class members at MLCRP, not related to the stairwells.
6 DSHS has not sat idly by when a safety issues have presented themselves and has dealt with
7 issues assertively. For example, prior to admitting any patients to MLCRP, all staff, both state
8 and contracted, were provided with three full weeks of training. All training on interacting
9 with patients was based on principles of trauma informed care to infuse a culture of safety.
10 Training addressed topics such as understanding suicide risk, de-escalation of psychiatric
11 patients, and helping patients with problem solving. All staff completed Psychiatric
12 Emergency Response Team (PERT) training. DSHS also made early efforts to create
13 appropriate admissions screening criteria so that only individuals appropriate for MLCRP
14 would be admitted. DSHS also created two Standard Operating Procedures (SOP) for
15 MLCRP, Contractor Access and Tool Control and Staff Doors in Maple Lane Cascade Unit
16 Attached is a true and correct copy of SOPs. Attachment F.

17 14. DSHS has also taken a number of steps in response to concerns expressed by
18 the Court Monitor, her experts, and Plaintiffs' counsel. For example:

- 19 a. Dr. Pinals stated DSHS should provide areas where patients can have quiet
20 moments while within the unit. Identified areas in wide hallways should be
21 considered for unstructured sitting areas. DSHS has done both of these
22 things, creating a quiet room and unstructured sitting areas in the common
23 areas.
- 24 b. DSHS undertook a significant change to the construction plans for MLCRP
25 based on a recommendation from Dr. Pinals. Construction plans were
26

1 modified to put the seclusion and restraint room on the opposite end of the
2 building from the outdoor recreational space.

3 c. The Director of the Office of Forensic Mental Health Services (OFMHS)
4 and I were present during a tour of MLCRP on May 9, 2016. Upon hearing
5 strip searches were being conducted, the Director ordered the process to
6 immediately cease. A written directive was sent May 10, 2016 to MLCRP
7 staff to cease all strip searches. DSHS has also updated the Patient Intake
8 Standard Operating Procedures (SOP) that indicates that strip searches are
9 not to be used with patients at MLCRP upon admission. MLCRP staff will
10 be retrained through power point slides on the appropriate admissions
11 protocols per the SOP, which does not involve using strip searches. Finally,
12 DSHS will incorporate an audit process for admissions, where the DSHS
13 program manager and/or the Correct Care Recovery Solutions (CCRS) site
14 supervisor will randomly review admissions several times a month to ensure
15 policies and procedures are being followed by staff. Attached are true and
16 correct copies of the updated patient intake SOP. Attachment G.

17 d. Upon hearing concerns on May 10, 2016 regarding the privacy of the intake
18 room at MLCRP, DSHS ordered a cover for the camera located in the intake
19 room that adheres to the ceiling via velcro; that cover arrived on May 20,
20 2016. In the period before the cover was received, DSHS staff covered the
21 camera with a barrier that was held up by a staff member throughout the
22 entire time a patient was changing from jail clothing to MLCRP clothing. In
23 addition, DSHS added language to the existing policies regarding intake that
24 new patients shall be supervised by a staff member of the same gender, if
25 available, when a patient is removing all clothing. See Attachment G.
26

1 Attached are true and correct copies of photos of the recently acquired
2 camera cover. Attachment H.

3 e. On the tour of the MLCRP facility on Tuesday May 10, 2016, a
4 demonstration of the in-room lights was conducted. While the lights were
5 referred to as “nightlights,” the lights are overhead and are only dimmed at
6 night when patients are sleeping. The level of light, even at the dimmed
7 level, may be disruptive to patients’ sleep according to the Court Monitor.
8 In response to the Monitor’s concerns, on May 18, DSHS removed one of
9 the two nine watt night light bulbs per room, thus reducing the amount of
10 light cast into the patients’ rooms at night.

11 f. In response to concerns from Plaintiffs’ counsel, DSHS has developed
12 policies and procedures for staff to handle the following possible
13 emergencies for patients placed on the second floor: 1) natural disaster/fire;
14 2) psychiatric emergency; and 3) medical emergency. Attached are true and
15 correct copies of the MLCRP policy regarding Escort and Restraint.
16 Attachment I.

17 g. In response to concerns expressed by the Court Monitor on May 11, 2016 at
18 the status hearing and Plaintiffs’ counsel following the hearing, DSHS is
19 making changes to its medications policies and procedures.

20 i. Because of the individualized and complicated nature of prescription
21 medications, DSHS needs to bring a number of individuals together
22 to ensure a thorough and clinically appropriate policy. DSHS will
23 be able to provide a written version of the policy related to
24 medications by June 10, 2016.

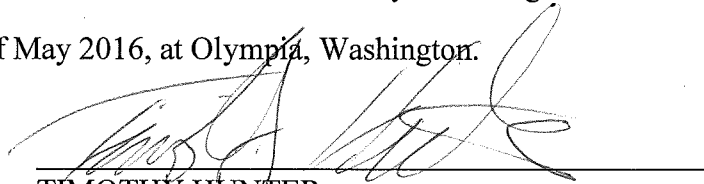
25 ii. In the interim, DSHS is working with jails to ensure there are no
26 gaps in medications. For jails that are willing to do so, DSHS has

1 requested that jails provided 5 days of medications for individuals
 2 entering MLCRP, and DSHS will provide 5 days of medications
 3 when the individuals return to the jails. In addition, DSHS has
 4 identified a local pharmacy to fill prescriptions for MLCRP in cases
 5 where a jail has not agreed to the "5 in, 5 out" procedure, or where
 6 an emergency or other situation exists where all needed medications
 7 do not arrive with a patient at MLCRP. DSHS anticipates about
 8 85-90 percent of these emergent needs can be filled through the local
 9 pharmacy. However, in cases where certain rare medications that
 10 are not routinely stocked at local pharmacies, such as injectable
 11 meds or clozaril, are needed DSHS will provide the medications
 12 through the Western State Hospital pharmacy. Until the formal
 13 policy and procedures on medications is in place, this will be done
 14 on an as needed and individualized basis.

15 15. It is untrue that DSHS has refused to take any steps to mitigate ligature,
 16 jumping, and falling risks related to the stairwells and railings at MLCRP. DSHS has taken
 17 multiple steps to provide a safe and therapeutic environment for our patients at MLCRP.

18 I declare under penalty of perjury under the laws of the United States and the State of
 19 Washington that the foregoing is true and correct to the best of my knowledge.

20 Signed this 21st day of May 2016, at Olympia, Washington.



21
 22 TIMOTHY HUNTER
 23 Competency Restoration Specialist
 24 Office of Forensic Mental Health Services
 25 Behavioral Health Administration
 26 Department of Social and Health Services

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 21st day of May 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:

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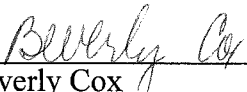
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I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Dated this 21 day of May 2016, at Olympia, Washington.



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