The Honorable Judge Marsha J. Pechman

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

A.B., by and through her next friend Cassie Cordell Trueblood, *et al.* Plaintiffs, v. Washington State Department of Social and Health Services, *et al.*, Defendants.	No. 14-cv-01178-MJP PLAINTIFFS' MOTION FOR CIVIL CONTEMPT OF COURT-ORDERED IN-HOSPITAL EVALUATION DEADLINES NOTE ON MOTION CALENDAR: June 10, 2016 Oral Argument Requested

I. INTRODUCTION

Plaintiffs respectfully move this Court to find Defendants in contempt of its April 2, 2015 injunction requiring Defendants to admit class members to the state hospital for competency evaluations within seven days. *See* Dkt. 131; Dkt. 186. After failing to meet the initial deadline for compliance on January 2, 2016, and the modified, interim deadlines for reducing wait times for admission for in-hospital competency evaluations, Defendants are not on track to meet this Court's amended compliance deadline of May 27, 2016. If Defendants fail to show cause why they have violated these Orders, Plaintiffs request that this Court find Defendants in contempt and order Defendants to implement five recommendations from the Court Monitor, Dr. Danna Mauch, which were designed to ensure the timely admission for competency evaluations consistent with this Court's Orders: (1) establish benchmarks to open beds at the state hospitals

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to ensure timely admission for in-hospital competency evaluations; (2) diversify providers and clinicians who can staff hospital admission units providing competency evaluations; (3) initiate meaningful labor negotiations to expand hospital capacity; (4) implement statewide diversion programming to reduce the demand for hospital beds; and (5) implement a robust triage protocol.[1]

II. BACKGROUND

For years, even though courts, class members, and state policy makers have expressed dire concern, Defendants have failed to timely admit class members to the hospital for competency evaluation, willfully ignored state court orders, and generally refused to take necessary and appropriate action to stop subjecting class members to prolonged incarceration in city and county jails waiting for admission for competency evaluation. Now, after a full trial, and more than a year to comply with this Court's directive to stop violating class members' constitutional rights, Defendants effectively refuse to comply with this Court's orders. Instead, Defendants have repeatedly failed to meet compliance deadlines; disregarded the Court Monitor's recommendations, which were provided to assist Defendants in meeting their compliance obligations; and chosen to adhere to internal policies that have already proven ineffectual. Dkt. 131 at 21-22; Dkt. 186 at 8. This pattern of dysfunction is what brought Defendants before the Court in the first place. *See* Dkt. 240 at 1-4.

III. PROCEDURAL HISTORY

After a seven-day bench trial, during which the District Court heard extensive testimony from witnesses presented by DSHS, the Court issued a permanent injunction with three parts requiring DSHS to: 1) complete in-jail evaluations within seven days; 2) admit class members to a hospital for an evaluation within seven days; and 3) admit class members to a hospital for restoration within seven days. Dkt. 131 at 22.

[1] Should the Court, at its discretion, consider monetary sanctions to be appropriate, Plaintiffs urge that such sanctions be directed towards the exploration and development of meaningful state-wide diversion programming.

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Defendants appealed to the Ninth Circuit only the portion of this Court's injunction mandating in-jail evaluations be completed in seven days or less. Apps.' Opening Br., *Trueblood v. DSHS*, No. 15-35462 (9th Cir. Aug. 26, 2015), Dkt. 13.This is because "DSHS appeals only the first part of the permanent injunction . . . . It does not appeal the injunction as it applies to individuals ordered to be evaluated in a state hospital or who have already been found incompetent and are awaiting restorative services." *Trueblood v. DSHS*, No. 15-35462, 2016 WL 2610233, at *4 (9th Cir. May 6, 2016). The Ninth Circuit vacated the specific seven-day time limit to complete in-jail evaluations and remanded this case back to this Court. *Id.* at *8. However, this Court's Order pertaining to admitting class members for both in-hospital evaluation and restoration are unaffected by the Ninth Circuit's ruling. *Id.* Thus, this Court retains its authority to enforce the portions of its injunction ordering Defendants to admit class members to the state hospital within seven days for competency evaluations and restoration services.

Although Defendants must have known that they could not meet this Court's initial compliance deadline, Defendants waited until December 30, 2015 to request an extension. Dkt. 174. Following their eleventh-hour motion for more time, Defendants stipulated to a set of interim deadlines regarding evaluations:

1. Reduce wait times to within fourteen days by March 1, 2016;
2. Reduce in wait times to within ten days by April 1, 2016;
3. Reduce wait times to within twenty-six days by April 1, 2016.

Dkt. 185-1 at 3, 5. The Court granted Defendants' request for an extension until May 27, 2016. In order to ensure that Defendants complied with the new deadline, the Court ordered Defendants to meet number of interim deadlines for in-hospital competency evaluations. Dkt. 186 at 17-18. Defendants' current monthly report demonstrates that they have failed to meet each and every one of the interim deadlines concerning in-hospital competency evaluations and that they are nowhere near on track for full compliance by the extended deadline of May 27, 2016.

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IV. ARGUMENT

A. This Court Has the Authority to Hold Defendants in Contempt and to Order Defendants to Take Remedial Steps to Timely Admit Class Members to State Hospitals for Competency Evaluations in Compliance with this Court's Orders

It is well-established that a district court has the inherent power to hold a party in civil contempt in order to enforce compliance with an order of the court or to compensate for losses or damages. *Shillitani v. United States*, 384 U.S. 364, 370 (1966). *See also United States v. United Mine Workers*, 330 U.S. 258, 303-04 (1947). Civil contempt is defined as "a party's disobedience to a specific and definite court order by failure to take all reasonable steps within the party's power to comply." *Inst. of Cetacean Research v. Sea Shepherd Conservation Society*, 774 F.3d 935, 945 (9th Cir. 2014) (citing *In re Dual-Deck Video Cassette Recorder Antitrust Litig.*, 10 F.3d 693, 695 (9th Cir. 1993)). Courts may impose civil contempt sanctions for the purpose of coercing a defendant to comply with its order. *See Int'l Union, United Mine Workers of Am. v. Bagwell*, 512 U.S. 821, 827 (1994) ("[C]ivil contempt sanctions, or those penalties designed to compel future compliance with a court order, are considered to be coercive and avoidable through obedience, and thus may be imposed in an ordinary civil proceeding upon notice and an opportunity to be heard.").

This Court has "wide latitude" in determining whether a party is in contempt of its orders. *Gifford v. Heckler*, 741 F.2d 263, 266 (9th Cir. 1984). As such, it is up to the court to determine whether an entity is in contempt, and that decision is subject to abuse of discretion review. *FTC v. Affordable Media, LLC*, 179 F.3d 1228, 1239 (9th Cir. 1999). A history of noncompliance and "the failure to comply despite the pendency of [a] contempt motion" are factors a court may consider when determining whether a defendant failed to take all reasonable steps. *Stone v. City and County of San Francisco*, 968 F.2d 850, 857 (9th Cir. 1992).

Here, the Court has issued two orders requiring Defendants to reduce wait times for competency services. *See* Dkt.131 at 22; Dkt. 186 at 17-18. Defendants' repeated failure to comply with this Court's unambiguous Orders—despite receiving an extension of nearly six

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months and increased guidance as to how to meet the compliance deadline—gives this Court broad remedial authority to determine the equitable method to enforce its orders.

B. Defendants Are in Contempt for Failing to Timely Admit Class Members to State Hospitals for Competency Evaluations

The moving party has the burden of proving contempt by clear and convincing evidence. *In re Dual-Deck*, 10 F.3d at 695. Once this burden is met, it "then shifts to the contemnors to demonstrate why they were unable to comply." *FTC*, 179 F.3d at 1239. Here, a review of Defendants' own data over the past year reveals they are not on a trajectory to meet the May 27th compliance deadline. Dkt. 236-2; Dkt. 241-1. The table below is built from data provided by Defendants and reveals there is no hope of achieving compliance by May 27, 2016.

Percent of In-Hospital Evaluations Completed Within 7 Days:

Date	% Complete Within 7 Days of Order	Date	% Complete Within 7 Days of Order	Date	% Complete Within 7 Days of Order
April 2015	9%	Aug. 2015	5%	Dec. 2015	6%
May 2015	5%	Sept. 2015	10%	Jan. 2016	0%
June 2015	15%	Oct. 2015	0%	Feb. 2016	5%
July 2015	20%	Nov. 2015	5%	Mar. 2016	8%
				Apr. 2016	**4%**

Dkt. 236-2 at 3.

It is also clear from Defendants' own data that they failed to meet each of the Court's three interim deadlines to reduce wait times for admission for in-hospital evaluations. *See* Dkt. 186 at 17. Defendants concede that as of March 1, 2016, 75% of the class who received in-hospital evaluations in February waited longer than fourteen (14) days for admission. Dkt. 241-1 at 46-58. There was also a backlog as of March 1 when 43.8% of the class waiting for admission for evaluation had already waited longer than fourteen (14) days. *Id.* As of April 1, 2016, 84.6% of the class who received in-hospital evaluations in March waited longer than ten (10) days for

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admission. Dkt. 236-1 at 5-85. On April 1, 2016, 31.6% of the class waiting for admission for evaluation had already waited longer than ten (10) days. *Id.*

Defendants also failed to meet the Court's May 1, 2016 benchmark to reduce wait times for admission for in-hospital evaluations to seven (7) days for both hospitals. Dkt. 186 at 18. This is evidenced by the declaration submitted by Ms. Reyes on May 9, 2016 which indicates that as of May 1, 2016 ninety-six percent (96%) of class members who received in-hospital evaluations in April had waited longer than seven (7) days. Dkt. 236 at 4.

In-Hospital Evaluation Performance: April, 2016

Days Class Members Waited	**Completed Hospital Evaluations in April[2]**	**Incomplete Hospital Evaluations in April[3]**
7 or fewer days	4.2%	35.3%
8-9 days	0%	17.6%
10-19 days	41.7%	41.2%
20-29 days	29.2%	0%
30-39 days	20.8%	0%
40-49 days	0%	5.9%
50-59 days	0%	0%
60-69 days	4.2%	0%
Total greater than 7 days:	95.9%	64.7%

[2] These percentages are based on the data contained in Exhibit A-2 to the Declaration of Carla Reyes (Dkt. 236-2). Plaintiffs' count of the number of *completed* in-hospital evaluations is 24, which differs from the amount noted in the Reyes Declaration (Dkt. 236) accompanying the data, which lists 25 completed evaluations. The percentages in this chart are based on Plaintiffs' count of 24 completed in-hospital evaluations. Please note that percentages may not add to exactly 100% due to rounding.

[3] These percentages are based on the data contained in Exhibit A-2 to the Declaration of Carla Reyes (Dkt. 236-2). Plaintiffs' count of the number of *incomplete* in-hospital evaluations in April is 17, which differs from the amount noted in the Reyes Declaration (Dkt. 236) accompanying the data, which lists 14 incomplete evaluations in April. The percentages in this chart are based on Plaintiffs' count of 17 incomplete in-hospital evaluations. Please note that percentages may not add to exactly 100% due to rounding.

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Dkt. 236-2 at 4-60.

Defendants have failed to comply with this Court's interim benchmarks and have failed to produce any data suggesting they will be able to substantially comply with this Court's order directing them to admit class members to the state hospitals for competency evaluation within seven (7) days.

C. Contempt Is Appropriate Due to Defendants' Failure to Take Reasonable Steps to Achieve Compliance

Not only is it clear that Defendants will not be able to meet the Court's May 27, 2016 deadline, but the persistent and lengthy wait times currently experienced by class members could have been remedied months ago had Defendants taken reasonable actions as recommended by the Court Monitor. Because Defendants have not followed the Court Monitor's recommendations, which were intended to assist Defendants comply with this Court's Order, contempt sanctions are appropriate. Defendants have failed to take the following reasonable steps to reach compliance:

1. Establish benchmarks to open beds at the state hospitals to ensure timely admission for in-hospital competency evaluations.

Defendants have not taken all reasonable steps to open beds at the state hospital to achieve compliance. Defendants admit that "additional inpatient forensic hospital bed capacity must be developed or made available" to ensure the timely receipt of in-hospital competency evaluations. Dkt. 241-1 at 13. Defendants made this case with the Washington Legislature and obtained $26.86 million dollars to open those additional beds. *Id.* at 14. Defendants further acknowledge their original plan to "add 90 beds and expand State Hospital bed capacity to meet Court ordered compliance date[s]." *Id.* at 37.

The Court Monitor's August 2015 and January 2016 reports echoed Defendants' own analysis and recommended that Defendants secure an adequate number of inpatient treatment beds and noted that the failure to implement steps to yield additional beds "requires additional emergency executive and regulatory action." Dkt. 171 at 6; Dkt. 180 at 6. The Monitor went on

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to state that "declining performance in time to admission for inpatient competency services at ESH is tied to lack of bed availability." Dkt. 180 at 214. She recommended Defendants focus on "getting back on track with commitments at ESH and WSH." *Id.* at 30.

Defendants identified the "major hurdle" of "[d]ifficulties in bringing on sufficient staffing" and "recent CMS survey results" as the reasons why WSH bed expansion was postponed. *Id.* This Court acknowledged the issue with CMS compliance and modified its Order, directing Defendants to "[p]lan for recruiting and staffing 30 beds at WSH after compliance with CMS's terms of participation is achieved in March." Dkt. 186 at 13. The Court Monitor found "no apparent reason" to halt bed expansion at WSH until July 2017 and instead recommended Defendants include in their Long Term Plan "an aggressive schedule for staff recruitment and opening of the WSH thirty bed Unit." Dkt. 241-2 at 5, 7. DSHS rejected the Court Monitor's recommendation and instead declared that, because of CMS compliance issues and a previous decision by former DSHS Secretary Kevin Quigley, "bed expansion will not be implemented at Western State Hospital." *Id.* at 5. Defendants' refusal even to plan to open these beds reflects their failure to consider all reasonable steps to come into compliance. Consistent with this Court's Order and the Court Monitor's recommendations, Plaintiffs urge this Court to order Defendants to meet aggressive benchmarks to open the existing hospital beds that must be implemented immediately upon CMS compliance. Until beds are opened at the state hospitals it is unlikely that Defendants will be able to meet their obligations to timely admit class members to the hospital for evaluation.

2. Diversify providers and clinicians who can staff hospital admission units providing competency evaluations.

The Court Monitor recommended that Defendants diversify and broaden the pool of state hospital employees staffing forensic competency units at the state hospitals to address Defendants' asserted difficulties recruiting sufficient staff to open more beds at the hospitals and thereby reduce wait times for admission for competency evaluation. On August 18, 2015, the

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Court Monitor noted Defendants' failure to secure sufficient staffing and recommended both contracting with qualified staffers, providers, and diversifying the pool of clinicians who can provide competency services, including incorporating doctors of medicine, advanced registered nurse practitioners, and licensed social workers. Dkt. 171 at 32-33.

Defendants have rejected this recommendation and refused to diversify the pool of staffers, providers, and clinicians they could rely upon to open additional beds for in-hospital competency evaluation. This refusal results in understaffing and applicant pools that are too small to appropriately staff the state hospitals in a manner that would allow them to timely admit for competency evaluation. As this Court found, Defendants "failed to hire and retain sufficient staff." Dkt. 186 at 5. Consistent with this Court's Order and the Monitor's recommendations, this Court should require Defendants to diversify the pool of clinicians to increase their inpatient capacity to timely admit class members for competency evaluation.

3. Initiate meaningful labor negotiations to expand hospital capacity.

Defendants have repeatedly cited the hospital labor unions as a barrier to securing sufficient staff to provide timely competency services. The Court Monitor recommended continuing to work with labor organizations on job requirements, establishing new positions, expanding the pool of staffers, providers, and clinicians to expand capacity at the forensic admission units at the hospitals. Dkt. 180 at 8-10. Defendants also failed to complete the labor discussions necessary to open additional beds at WSH. Dkt. 241-1 at 37. This refusal has undermined their ability to comply with this Court's Order to both timely admit class members court ordered for in-hospital evaluation and have sufficient bed capacity to respond to this demand. Defendants should be ordered to initiate and complete the labor negotiations necessary to open beds.

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4. Implement diversion programming to reduce the demand for hospital beds.

In January 2016, both the Court and the Court Monitor recommended that Defendants implement a broad-based statewide diversion program to reduce the number of class members who are incarcerated while awaiting competency services. Dkt. 180 at 41. On February 8, 2016, the Court found that Defendants "failed to take any meaningful steps towards establishing diversion systems with other stakeholders," and ordered Defendants to remove "barriers to the expenditure of the $4.8 million in currently allocated diversion funds." Dkt. 186 at 5, 14. Although Defendants have chosen a handful of pilot programs, Defendants are currently only implementing very limited (and only partially funded) diversion programs that provide no relief or diversion services in most counties in the State. Further, Defendants concede that they lost some of the state funded dollars for diversion due to underspending. Dkt. 234 at 6 n.1.

A robust diversion program would positively impact class members awaiting in-hospital competency evaluations who are identified as likely to be incompetent and unrestorable due to their significant mental illness. A robust diversion program would also free up substantial amounts of Defendants' resources which could then be directed to timely admitting class members. Defendants should be required to engage with federal officials and consider demonstration projects to use the full amount of money appropriated for diversion services.

5. Implement a robust triage protocol.

Consistent with state statute, courts that order class members to be admitted to the state hospitals for competency evaluation are required to enter findings including "the court finds that an evaluation outside the jail setting is necessary for the health, safety, or welfare of the defendant." RCW 10.77.060(d)(iii). Thus, findings have been entered to support that these class members are especially vulnerable in a jail setting and likely good candidates for triage.

The Court and the Court Monitor recommended that Defendants implement a robust triage protocol. *See* Dkt. 180 at 33; Dkt. 186 at 5. Despite having months to comply, Defendants have again refused to do so. Although ordered to present the Court with a triage protocol

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intended to enable Defendants to identify and immediately admit class members most at risk in jail settings, Dkt. 186 at 11, Defendants instead presented the Court with a plan that functions just as its current program does: a first-come-first-serve model except where, *via* an ad-hoc program, an advocate manages to catch the attention of a DSHS employee and convince that employee that their client needs immediate services. Dkt. 241-3 at 2-6; Dkt. 241-4. Defendants' asserted "triage system" does not require DSHS to do anything more than it already does, which has proven to be harmful to class members' rights and the most vulnerable members of the class with severe mental illness in particular. Instead, Defendants' asserted "triage system" places the burden of identifying class members in urgent need of immediate services on criminal defense attorneys and jail administrators—none of whom are medical providers. *Id.* Further, while Defendants have indicated that they intend to hire personnel to implement the triage system, they have not indicated whether the triage protocol implemented by the new employees will be an improvement from the current protocol.

In order to ensure the safety and wellbeing of class members court ordered to receive in-hospital evaluations, this Court should order Defendants to implement a robust triage protocol. Plaintiffs ask that the Court Monitor review Defendants' current forensic mental health system, review existing triage protocols in other states, and recommend three (3) triage protocols for Defendants to choose from; and this Court should then order Defendants to choose one of the three triage protocols and implement the chosen protocol universally across the state by a date certain.

D. The Court Has Broad Authority to Fashion a Remedy for Defendants' Contempt

Federal courts have broad remedial powers to address noncompliance. *Stone*, 968 F.2d at 861-62 (affirming court's power to authorize sheriff to override state law). *See also, e.g.*, *Brown v. Plata*, 563 U.S. 493 (2011) (imposing prison population limit); *Nat'l Org. for the Reform of Marijuana Laws v. Mullen*, 828 F.2d 536 (9th Cir. 1987) (affirming appointment of a Special

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Master). When the least intrusive measures fail to rectify the problems, more intrusive measures are justifiable. *Stone*, 968 F.2d at 861 (citing *Hutto v. Finney*, 437 U.S. 678, 687 n.9 (1978)).

Here, the Court found that "for years, Defendants have failed to timely provide competency services pursuant to state law and have almost never provided court-ordered competency services within seven days." Dkt. 131 at 8. In addition, Defendants have now failed for more than a year to even come close to complying with this Court's Orders. *See* Dkt. 240. The Court is justified in its use of its broad powers to compel Defendants to comply with the Court's orders. As such, Plaintiffs respectfully move this Court to order Defendants to show cause why they should not be held in contempt of court. If they fail to do so, Plaintiffs request this Court to order Defendants to implement recommendations that both the Court Monitor and the Court itself have repeatedly made to Defendants—recommendations designed to help Defendants break a cycle of dysfunction that violated class members' constitutional rights for too long. Indeed, over the past year Defendants have demonstrated that they are unable to cease the constitutional violations on their own. Contempt sanctions are necessary to compel Defendants to comply with this Court's orders.

V. CONCLUSION

For the reasons set forth above, Plaintiffs move this Court to find that Defendants have failed to substantially comply with this Court's order to admit class members to the state hospitals for competency evaluations within seven (7) days of a court order, and, as such, Defendants are in contempt of this Court's injunction.

Dated this 26th day of May, 2016.

Respectfully submitted,

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CERTIFICATE OF SERVICE

I hereby certify that on May 26, 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)
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DATED: May 26, 2016, at Seattle, Washington

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