

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
KRISTINA RAY**

I, Kristina Ray, 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.

1 2. Since 2008, I have been the Mental Health Manager at the Spokane County Jail.
2 Before this, I was a licensed mental health professional at Spokane County Jail from 2006 to 2008.

3 3. I have been a licensed mental health counselor since 2006, a certified Correctional
4 Healthcare Professional since 2007, and a licensed chemical dependency professional since 2010.

5 4. Since 2006, I have been working with inmates with mental illness. In general, I am
6 seeing more and more people with mental illness getting charged with crimes, often low-level
7 crimes, and being sent to jail. These individuals are also coming into the jails with a higher acuity
8 in terms of their mental health needs. I cannot verify why this trend is increasing, but based on
9 my conversations with community providers, this increase of inmates with acute mental illness is
10 due to limited community resources based on cuts in service provider budgets.

11 5. We have a module exclusively designed to house male inmates with mental illness.
12 Is this module, inmates are housed in a single cell with a community television. Mental health
13 staff also spend more time on that floor providing treatment. The mental health module has a
14 capacity of 46 inmates and, in recent years, is always full, which creates a waitlist of inmates
15 waiting in other parts of the jail for a space to become available in the mental health module.

16 6. Women with mental illness are housed in solitary confinement throughout the
17 facility. In addition to women, the vast majority of inmates with mental illness are being held in
18 solitary confinement. We have no other place for them. Unfortunately, solitary confinement is
19 not therapeutic and exacerbates their symptoms. So, the proactive treatments we can provide are
20 not as effective because inmates with mental illness are both being held in isolation and in a
21 correctional setting.

1 7. I have seen dozens of inmates decompensate after the jail restricts both their
2 freedom of movement and social interaction. Their mental health is further undermined by being
3 housed near other inmates with mental illness who are often kicking and screaming in their cells.

4 8. The numbers of inmates with mental illness waiting for competency evaluation and
5 restoration from Eastern State Hospital (“ESH”) have significantly increased in the past four years.
6 For the past three years, I have educating the court regarding the procedures for individuals with
7 mental illness waiting for evaluation or restoration so that we could try to expedite things in the
8 jail or in the courts.

9 9. I believe that it is appropriate for ESH to conduct competency evaluations in the
10 jail setting. Competency evaluations conducted in the jail helps streamline the process and triage
11 who is not competent and needs to go to ESH for restoration.

12 10. However, I don’t think it is appropriate to provide restoration in a jail setting.
13 Restoration requires time and intensive services that the jail cannot provide. For example,
14 competency restoration is not simply providing medication. Competency restoration also includes
15 assessment, testing, observation, and psycho-educational groups all in a therapeutic environment.
16 We don’t logistically have the capability to provide these service even though we are a licensed
17 mental health provider because this is a correctional setting not a therapeutic treatment setting.

18 11. We generally have three classifications of inmates with mental illness. First, there
19 are inmates who are compliant with medications and can be housed in the general population unit
20 because they do not pose a danger to themselves or to others.

21 12. Second, there are inmates with mental illness who have stabilized on their
22 medication, but, for their own protection, should not be around the general population because
23

1 they could be physically or sexually assaulted by other inmates, or have their medication stolen.
2 These individuals often have a lower level of social interaction and comprehension, which requires
3 additional support resources and supervision.

4 13. The third classification pertains to the majority of inmates waiting for competency
5 evaluation or restoration. These inmates are often not medication compliant and are acutely
6 symptomatic. They are escorted by correctional staff to the shower, their out time, and to the
7 visitation booth given their level of risk to themselves or to others. They receive little to no social
8 interaction because only one inmate is allowed out at a time.

9 14. It is not uncommon for individuals to spend more time waiting in jail for a
10 competency evaluation than had they been convicted and served their sentence. For example, I
11 have been working with a woman who was charged with two counts of fourth degree assault, both
12 misdemeanors. She came in to the jail on April 5, 2014, and was court ordered for a competency
13 evaluation on April 25, 2014. Her evaluation was finally scheduled for September 24, 2014. Six
14 months later, she is still in Spokane County Jail on suicide watch awaiting competency evaluation.

15 15. Suicide watch means inmates, like this vulnerable woman, are checked visually
16 every fifteen minutes by a corrections officer who documents their behavior and can intervene if
17 someone is harming themselves (including restraining the inmate in a restraint chair).

18 16. Inmates on suicide watch are also limited in what they can have in the cell. A
19 typical cell has a bunk and a desk. A safety cell, the type of cells used for inmates on suicide
20 watch, only has a toilet and sink. Inmates will then be evaluated to determine if they can have
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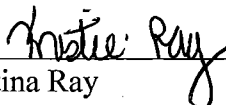
1 undergarments, socks, bedroll, pencils, or personal belongings in a safety cell. This particular
2 inmate was denied those possessions. She was often placed in a suicide smock and provided with
3 a safety blanket and mattress to sleep on. During the last six months of waiting for competency
4 evaluation, I have seen this inmate engage in disturbing behaviors such as trying to hang herself,
5 jumping off her bunk or sink attempting to hurt herself, scratching herself with her fingernails
6 until she bleeds, and smearing her blood around her cell.

7 17. Based on my role and experience as the Mental Health Manager at Spokane
8 County Jail, I believe that ESH evaluators simply don't have enough resources to respond to the
9 increasing demand for competency evaluation and restoration.

10 18. Ultimately, more community resources may help keep this population out of jail
11 and hooked into resources that don't involve the criminal justice system. It may also help if ESH
12 dedicated more resources to inmates with mental illness waiting in jail for ESH's competency
13 evaluation and restoration services.

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

16 DATED this 1 day of October, 2014, at Spokane, Washington.

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Kristina Ray

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