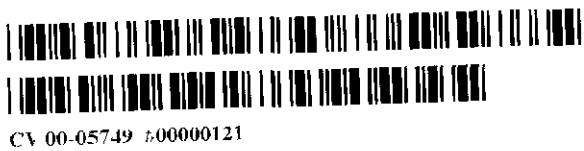
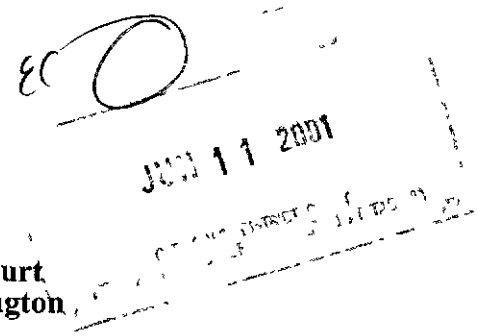
The Honorable Robert J. Bryan





United States District Court
Western District of Washington
At Tacoma

Christi Rust, et al.,	:	**Cause No. C00-5749RJB**
Plaintiffs,	:	
v.	:	**PLAINTIFFS' SUPPLEMENT TO MOTION FOR PRELIMINARY INJUNCTION**
Western State Hospital, et al.	:	**Per Order of Judge Bryan Note of Motion Calendar:**
Defendants	:	**June 15, 2001**

I. INTRODUCTION

Plaintiffs file this Supplement to their Motion for Preliminary Injunction to provide the Court with the relevant applicable standards to the relief that plaintiffs seek for the remaining unresolved issues in plaintiffs' Motion for Preliminary Injunction. Plaintiffs also submit a revised proposed Order.

II. RELEVANT FACTS AND APPLICABLE STANDARDS

A. Relevant Facts

A partial settlement in the case, which was approved by this Court on May 25, 2001, resolved a majority of the issues raised in plaintiffs' Complaint and Motion for Preliminary Injunction. See Order 5/11/01, Appendix B. However, there are several remaining significant issues for which plaintiffs seek preliminary relief in order to redress imminent harm to the plaintiff class. These issues predominantly involve the issues of the lack of minimally adequate active treatment being provided to plaintiffs and

121

Washington Protection & Advocacy System, Inc.
180 West Dayton Street, Suite 102
Edmonds, Washington 98020
(425) 776-1199/Facsimile (425) 776-0601

the lack of adequate numbers of credentialed staff to provide this necessary individualized treatment See Order 5/11/01, Appendix B

Defendants have agreed to improve and individualized treatment plans as part of the Order See id , Appendix A Although the treatment plans are now to be individualized, defendants are not providing the minimally adequate individualized treatment needed to implement these treatment plans See Decls of Dlugacz, ¶10, Haycock, ¶32, and Gardner, ¶¶9-10 This failure to provide this treatment has and is likely to continue to cause plaintiffs to suffer irreparable harm, regardless of their legal status Decls of Haycock, ¶52, Dlugacz,¶19, and Gardner, ¶20 For example, if a patient who has experienced a psychotic break does not receive immediate and appropriate active treatment, he or she seriously risks further deterioration and a greater likelihood of subsequent psychotic episodes Decl of Haycock, ¶51 An example of irreparable harm which effects patients with bipolar disorders who do not receive the appropriate individualized treatment is known as the "kindling effect" whereby "the factors that bring on a later manic episode need not have the same intensity as earlier episodes Thus, individuals with bipolar disorders who suffer repeated manic episodes may become more likely to suffer further such episodes" and become more fragile over time Id , ¶50

Patients with developmental disabilities and those with borderline intellectual functioning are also at risk of irreparable harm absent the appropriate active treatment They risk rapidly losing their habilitative skills Decl of Gardner, ¶¶ 12-16 Additionally, such individuals seriously risk exacerbation of existing maladaptive behaviors and acquisition of new maladaptive behaviors Id , ¶¶ 18-19 These individuals are also likely to suffer psychological regression Id, ¶ 19 A more extensive discussion of the defendants' failure to provide minimally adequate active treatment and the resulting in likely irreparable harm is discussed in the attached declarations of Gardner, Haycock, and Dlugacz attached hereto and in plaintiffs' Memo in Support of Mot for Prelim Injunction and the supporting declarations and exhibits attached thereto

Defendants, in their Supplemental Response to Plaintiffs' Motion for Preliminary Relief ("Defs' Supp "), announce a new plan to provide "needs based" active treatment to the long-term patients See Defs' Supp at 5-6 and Decl of Mehlman, attached thereto Plaintiffs were unaware of this plan prior to

Washington Protection & Advocacy System, Inc.
180 West Dayton Street, Suite 102
Edmonds, Washington 98020
(425) 776-1199/Facsimile (425) 776-0601

receiving defendants' Supplement The plan, as described by Dr Mehlman in his declaration, is not minimally adequate Decls of Dlugacz, ¶8, Haycock, ¶35 First, the interventions described by Dr. Mehlman are vague Decls of Dlugacz, ¶¶10-11 and Haycock, ¶34. Second, the "treatment" is described as taking the form of "classes," "group therapy," or "therapy "[1] for two hours a day for long-term patients during the week but there is no provision for individualized treatment in terms of quality or quantity Decls of Dlugacz, ¶12 and Haycock, ¶¶35-38 While such classes are certainly one form of treatment intervention, they do not, by themselves, provide the full range of treatment options necessary to meet the standard of care The Joint Commission on Accreditation of Hospital Organization (JCAHO) and Health Care Finance Administration (HCFA) standards, as well as state law require that the treatment options must include individualized treatment that meets the specific needs of each patient Decl of Dlugacz, ¶¶13-14 and Haycock, ¶¶ 18-27, see also JCAHO Standards attached to Decl of Dorfman as exhibits 2-6, 13 and RCW 10 77 210(1) (" Any person involuntarily detained, hospitalized, or committed pursuant to the provisions of this chapter *shall* have the right to adequate care and *individualized* treatment ")(*emphasis added*)

Sufficient numbers of credentialed staff are essential to providing minimally adequate treatment See Decls of Haycock, ¶¶ 27-30 and Dlugacz, ¶ 6 At present, defendants lack sufficient numbers of qualified staff to provide minimally adequate active treatment to plaintiffs See Decls of Dlugacz and Fleisher in support of plaintiffs' Mot for Prelim Injunction and Reply In early May of 2001, Center Forensic Services (CFS) administrators issued a memorandum to staff advising them that due to recent staff shortages, the procedures for taking patients out to the yard would have to be modified Decl of Awmiller, ¶ 5 Additionally, on May 25, 2001, a CFS administrator stated that additional staff were necessary to provide active treatment at CFS See id , ¶ 9

There is also currently no individualized active treatment for patients committed to CFS for competency restoration Decl of Awmiller, ¶ 7, see also Decls of Dlugacz, ¶16 and Haycock, ¶53 Defendants provide only medications and competency restoration class for merely one hour a day during

[1] Dr Mehlman uses these terms interchangeably and it is not clear exactly to what he is referring Decl of Dlugacz, ¶10, and Haycock, ¶34

Washington Protection & Advocacy System, Inc.
180 West Dayton Street, Suite 102
Edmonds, Washington 98020
(425) 776-1199/Facsimile (425) 776-0601

for such patients Decl of Awmiller, ¶ 7 They refuse to provide anything beyond these competency classes and medication arguing that they are not required or allowed to provide any other therapy to these patients due to the limited purpose of their commitment Id ,¶ 8 Defendants' failure to provide minimally adequate individualized active treatment to competency restoration patients is a substantial departure from the accepted standard of care and is likely to result in irreparable harm Decls of Haycock, ¶¶ 52-54 and Dlugacz, ¶19 Additionally, it is a violation of state law which requires such treatment See RCW 10 77 210(1)

Patients with developmental disabilities[2], and borderline intellectual functioning also do not receive minimally adequate individualized active treatment at CFS See Decl of Gardner, ¶ 11-12 While defendants have worked with Dr Gardner to develop competency education for such individuals, this is insufficient to provide minimally adequate care these individuals, to prevent irreparable harm See id , ¶¶ 13-21 Western State Hospital (WSH) has accepted and implemented standard of providing specialized habilitative mental health care to individuals with developmental disabilities on specialized units on the civil commitment units at WSH Decl of Gardner, ¶ 9 However, they refuse to provide this same treatment to the individuals with developmental disabilities at CFS for competency restoration on the basis that they are not permitted to and not obligated to do so See Decl of Awmiller, ¶8 This refusal to provide individualized habilatative mental health treatment to these individuals is a failure to follow the standard of care, including WSH' own standard of care for such persons, and violates state law See Decls of Gardner, ¶¶9-10, Awmiller, ¶ 9, and RCW 10 77 095 and 10 77 210(1) The failure to provide minimally adequate treatment to these patients, as discussed more fully above, is likely to result in irreparable harm See Decl of Gardner, ¶¶ 12-21

B. Applicable Standards

There are a number of relevant standards requiring the provision of individualized active treatment and sufficient staffing levels to provide it. These standards are discussed below and are

---

[2] Under an agreement between the parties in a related case, Allen, et al v WSH, et al , individuals with developmental disabilities who are committed to WSH under RCW 10 77 after an acquittal by reason of insanity are placed on a unit for individuals with developmental disabilities on the Adult Psychiatric Unit in a specialized habilitative mental health program Defendants, however, refuse to allow such individuals who are committed to CFS for competency restoration to participate in this program Decl of Awmiller, ¶8

Washington Protection & Advocacy System, Inc.
180 West Dayton Street, Suite 102
Edmonds, Washington 98020
(425) 776-1199/Facsimile (425) 776-0601

attached hereto See Decl of Dorfman, exs 2-13, 16 In addition, the specific preliminary relief sought in plaintiffs' Proposed Order of January 3, 2001, and the corresponding applicable standards are set forth in exhibit 1 to Decl of Dorfman

1. JCAHO Standards

a. Relevant JCAHO Standards Requiring Individualized Active Treatment

Plaintiffs, in their revised proposed Order submitted herewith, specifically request that the Court order defendants to provide the following: 1) "provide psychotherapeutic options that are appropriate to the individual patient's needs," 2) make reasonable modifications in CFS programs and services provided to those individuals with cognitive and other disabilities to ensure that they may participate in these programs and services, and 3) ensure that the psychological therapies prescribed for the patients at CFS are appropriate and not deleterious to the patient's health or to others See Revised Proposed Order

There are several applicable JCAHO standards which mandate the provision of individualized active treatment See Care of Patients (TX) 6 3, TX 6 4, TX 6 1, TX 6 2, Continuum of Care (CC) 1, Leadership (LD) 1 3 4, LD 1 3, TX 1, TX 1 1, TX 1 2 attached to Decl. of Dorfman, exs-3, 4,6, & 13, see also Decl of Dorfman, ex 1 For example, TX 6 3 requires that:

> *an interdisciplinary rehabilitative plan and goals, developed by qualified* professionals, in conjunction with the patient and/or his or her family social network, or support system, and based on a functional assessment of patient needs, guide the provision of rehabilitative services, appropriate to the patients' environment

TX 6 3

The intent of TX 6 3 is that "rehabilitative services are *provided* to meet the patients' needs according to the plan "Id. (*emphasis added*)

TX 6.4 also requires that "rehabilitation services are appropriate to the patient's needs and severity of disease, condition, impairment or disability " The intent of 6 4 is that "[r]ehabilitation services are planned to respond to each patient's unique needs " Decl of Dorfman, ex 3

Similarly, TX 1 addresses "Planning and Providing Care " Id. at 100 TX 1 1 requires that "settings and services required to meet the patient's care goals are identified, planned, and *provided* if

Washington Protection & Advocacy System, Inc.
180 West Dayton Street, Suite 102
Edmonds, Washington 98020
(425) 776-1199/Facsimile (425) 776-0601

appropriate "Id at 106 TX 1 2 mandates that "care is planned and *provided* in an interdisciplinary collaborative manner by qualified individuals" (*emphasis added*) Decl of Dorfman, ex 6 The are other relevant JCAHO standards applicable to this request for relief including CC 1, LD 1 3 4, LD 1 3, TX 6 3, TX 1, TX 1 1, TX 1 2 See Decl of Dorfman, exs2-6, 13, see also id , ex 1

WSH policies also require that individualized active treatment be provided to CFS patients See Decl of Dorfman, ex 10 State law also requires that patients, such as the plaintiffs, committed or hospitalized under chapter RCW 10 77 regardless of legal status See RCW 10 77 210(1)

b. Applicable Standards Requiring Adequate Numbers of Staff to Provide the Necessary Care and Treatment to the Plaintiff Class

1. JCAHO

There are also a number of relevant JCHAO standards requiring adequate numbers of credentialed staff to provide the necessary treatment to the patients at CFS See HR 2 ("[t]he hospital provides an adequate number of staff members whose qualifications are consistent with job responsibilities"), attached to Decl of Dorfman, ex 5 Additionally, in light of the importance of adequate numbers of credentialed staff to provide individualized patient care and since "effective staffing has been identified as a current issue of significant concern," JCAHO has recently promulgated draft standards to evaluate the adequacy of staffing complements See Decl. of Dlugacz, ¶ 6 and Dorfman, ex 7

2. Western State Hospital and Center for Forensic Services Policies

WSH policy 2 3 2, "Assuring Availability of Service by Qualified Personnel," requires in relevant part that " [w]hen appropriate qualified personnel are not available or not needed on a full-time basis, arrangements will be made to obtain sufficient services on an attending, continuing consultative or part-time basis" Id , ex 9 WSH policy 1.97 requires that all patients be provided with equal access to all services at the hospital See Decl of Dorfman, ex. 8. JCAHO also mandates equal access to services JCAHO Standards RI 1 1 & RI 1 3 6 attached to Decl of Dorfman as ex. 16

3. HCFA Regulations

Although CFS is not certified by HCFA, these standards are relevant as they establish nationally accepted standards for the care of individuals with mental illnesses at psychiatric facilities See Decl

Washington Protection & Advocacy System, Inc.
180 West Dayton Street, Suite 102
Edmonds, Washington 98020
(425) 776-1199/Facsimile (425) 776-0601

of Dlugacz, ¶3 In addition, while not certified by HCFA, CFS, by their own policies have created a self-imposed standard to comply with not only JCAHO standards but also HCFA standards as their own policies state that "[a] representative audit of a minimum of two charts per ward will be conducted at least quarterly Audits will be conducted in such a way as to promote compliance with JACHO and HCFA standards " LOU (now CFS) Manual at 3, § C, ¶5 attached to Decl of Dorfman as exhibit 14 HCFA regulations require that sufficient numbers of credentialed staff are available to provide individualized active treatment 42 C F R § 482 62 (2000), attached to Decl of Dorfman, ex 12

III. ARGUMENT

A. Plaintiffs Have Met the Requirements for Issuance of a Preliminary Injunction

In order for plaintiffs to be successful in obtaining a preliminary injunction in the Ninth Circuit, they must show either "1) a combination of probable success on the merits and the possibility of irreparable injury or 2) that serious questions are raised and the balance of hardships tips sharply in its favor " Big Country Foods, Inc. v. Bd of Educ , 868 F 2d 1085, 1088 (9th Cir 1989), Arcamuzi v Continental Airlines, 819 F 2d 935, 937 (9th Cir 1987). This test is to be viewed as a continuum, such that the level of irreparable harm required increases as the probability of the success on the merits decreases See Citizens Alliance to Protect our Wetlands v Wynn, 908 F. Supp 825, 829 (W D Wash 1995) Here, as discussed below, and in plaintiffs' Memorandum in Support of Motion for Preliminary Injunction and Reply Brief, plaintiffs are entitled to preliminary relief on the remaining issues

1. Plaintiffs Have Demonstrated That They Are Likely to Succeed on the Merits

As discussed more fully in plaintiffs' Memorandum in Support of Motion for Preliminary Injunction, patients at a state-operated mental health facility, such as WSH, including forensic mental health patients at CFS, have a Fourteenth Amendment right to minimally adequate care and treatment Youngberg v Romeo, 457 U S 307, 319-320 Such care and treatment must provide the patient with a "realistic opportunity to be cured or to improve the mental condition for which they were confined " Turay v Selig, 108 F Supp 2d 1148, aff'd, 233 F 3d 1166 (9th Cir 2000), see also Ohlinger v. Watson, 652 F 2d 775, 778 (9th Cir 1981) This treatment must address the patients' needs with the reasonable

Washington Protection & Advocacy System, Inc.
180 West Dayton Street, Suite 102
Edmonds, Washington 98020
(425) 776-1199/Facsimile (425) 776-0601

objective to be rehabilitated Id at 779

Defendants' incorrectly assert that the determination of the issue of the provision of minimally adequate active treatment is really a question to be determined by expert testimony Rather, the issue currently before the Court is whether the defendants are exercising professional judgment by examining the individual treatment needs of each patient Defendants also argue that because they are accredited by JCAHO, they are therefore providing minimally adequate treatment to the plaintiff class However, as discussed in plaintiffs' Reply Brief, accreditation by JCAHO is "by no means an assurance that abuse and neglect of patients does not take place in an institution" Wyatt by and through Rawlins v Poundstone, 892 F Supp 1410 (M D Ala 1995), (*citing* Robbins v Budke, 739 F Supp 1479, 1481 (D N M. 1990).

Moreover, as defendants concede their last accreditation by JCAHO was in 1998 approximately three years ago See Decl of Reis in Support of Defs' Supp , ¶ 2 Accreditation three years ago does not ensure or mean that the present conditions at CFS meet JCAHO standards The "focus survey" conducted by JCAHO in March of 2001 was a result of the earthquake and narrowly focused and did not include many of the standards addressed in a regular triennial survey [3] See id Additionally, defendants, while stating that this focus survey took place, have not stated the outcome of this survey

Here, defendants are not exercising professional judgment because they have failed to provide plaintiffs with minimally adequate active individualized treatment that is appropriate to their individual treatment needs See Decls of Dlugacz, ¶11, Haycock, ¶32, and Gardner, ¶¶ 9-12, see also Decls of Fleisher and Dlugacz in support of Plaintiffs' Motion for Preliminary Injunction and Reply Brief The therapies that are provided are not adequately individualized and are often contraindicated See id

Defendants' new plans to provide "needs based" active treatment to the long-term patients at CFS is not minimally adequate See Decls of Dlugacz, ¶8, Haycock, ¶12, and Gardner, ¶¶ 9-12 This treatment, as described by Dr Mehlman is vague and uncertain See Decls of Dlugacz, ¶10 and

---

[3] A "focus survey" is defined by JCAHO as " a survey conducted during the Joint Commission accreditation cycle to assess the degree to which the organization has improved its level or compliance regarding specific recommendations The subject matter of the survey is typically an area(s) of identified deficiency in compliance, however, other performance areas may also be assessed by surveyor(s), even though they may not have been previously identified as deficiencies " See Decl of Dorfman, ex 15

Washington Protection & Advocacy System, Inc.
180 West Dayton Street, Suite 102
Edmonds, Washington 98020
(425) 776-1199/Facsimile (425) 776-0601

Haycock, ¶¶34, 36 This plan also fails to address patients' individualized needs with respect to the type of therapy or intervention or number of hours See Decls of Dlugacz , ¶11 and Haycock, ¶37 According to defendants' plan, all long-term patients will get the same numbers of classes for the same numbers of hours and all will be assigned to attend classes, again regardless of individual needs See Decls of Haycock, ¶33, Dlugacz,¶11 Further, there is nothing to indicate the substance of the proposed classes, how class assignments will be determined, and what will be provided to those patients who are unable to attend classes due to the severity of their mental illnesses or their diminished cognitive abilities. See Decls of Dlugacz, ¶10 and Haycock, ¶¶36-37 Nothing submitted by defendants indicates that additional individual therapy will be provided to those patients in need of such treatment See id While classes are certainly one form of treatment intervention, these classes do not provide the full range of treatment options, including individual therapy and group therapy, that must be made available as appropriate to meet the individual needs of each patient at CFS pursuant to JCAHO and HCFA requirements Id , see also JCAHO Standards attached to Decl of Dorfman as exhibits 2-6, 12, & 13

In addition, there is no assurance that defendants will continue to provide the expanded hours of treatment that they describe in their Supplement, as it is not part of the Order of 5/11/01 and, therefore, not subject to the oversight of the monitoring committee or the enforcement provisions of the Order Decl of Dlugacz, ¶15. Thus, defendants could decide to terminate these classes and groups at any time and without a judicial mandate to provide even the treatment that defendants state that they will provide, this is particularly concerning given the on-going budgetary problems at DSHS and with the legislature and its impact upon defendants' ability to provide minimally adequate active treatment. See Decl of Awmiller, ¶9

Additionally, class members committed to the competency restoration units at CFS do not receive individualized active treatment See Decls of Haycock, ¶ 40 and Awmiller, ¶ 7 They are only provided with competency restoration classes and medication. Decl of Awmiller, ¶ 7. Defendants incorrectly contend that they are not obligated to and are prohibited from providing active treatment beyond that necessary to restore competency to these patients Id , ¶ 8 JCAHO and HCFA standards mandate individualized active treatment for all patients See Decl of Dorfman, exs. 1-13,16 State law

Washington Protection & Advocacy System, Inc.
180 West Dayton Street, Suite 102
Edmonds, Washington 98020
(425) 776-1199/Facsimile (425) 776-0601

also clearly mandates that all patients committed under RCW 10 77, such as virtually all of the plaintiff class[4], "shall have adequate and individualized treatment " RCW 10 77 210(1) This includes all patients committed under RCW 10 77, including those committed for competency restoration See id Washington state law also recognizes the need to provide specialized treatment to individuals with developmental disabilities committed to a hospital, such as WSH and CFS, under RCW 10 77, including those committed for competency restoration. See RCW 10 77 095 and RCW 10 77 210(1)

Defendants have also failed to provide adequate numbers of credentialed staff to provide the required individualized active treatment to the plaintiff class See Decls of Dlugacz, ¶ 8, Haycock, ¶42-45, see also Decls of Dlugaz and Fleisher in Support of Plaintiffs' Mot for Prelim Injunction & Reply While there may be no national standards as to the precise numbers of staff needed to provide the requisite active treatment, the standards, as discussed above in Section III, mandate that individualized active treatment be provided in manner equally accessible to all patients and that the staff needed to provide such treatment be provided Moreover, JCAHO has recently recognized the importance of adequate numbers of qualified staff to ensure the provision of adequate patient care and in doing so, have promulgated new proposed standards regarding staffing levels Decls of Dlugacz, ¶¶11-13 and Dorfman, ex 7

2. Plaintiffs Have Shown That They Have and Will Continue to Suffer Irreparable Harm Absent the Issuance of Preliminary Relief on the Remaining Issues

As demonstrated by the supporting declarations and exhibits to plaintiffs' Memo in support of their Mot for Prelim Injunction, their Reply, and this Supplement, defendants are not providing the plaintiff class with minimally adequate active treatment This failure to provide such treatment has and is likely to continue to result in irreparable harm to plaintiffs See Decls of Dlugacz, ¶19, Gardner, ¶20, and Haycock, ¶52 Thus, preliminary relief is essential to avoid irreparable harm to the plaintiffs

The irreparable harm that plaintiffs face absent preliminary relief is not a "mere allegation" as defendants' suggest In fact, it is well accepted by experts in the field that the failure to provide individualized active treatment is likely to cause irreversible deterioration in an individual's mental

[4] Some class members may be placed at CFS pursuant to a civil commitment under RCW 71 05 where it is clinically indicated These individuals are also entitled to individualized active treatment

Washington Protection & Advocacy System, Inc.
180 West Dayton Street, Suite 102
Edmonds, Washington 98020
(425) 776-1199/Facsimile (425) 776-0601

health and potential for rehabilitation See Decls of Haycock, ¶¶ 49-52, Dlugacz, ¶19, and Gardner, ¶¶ 14, 17-19 As discussed more fully in plaintiffs' Memo in Support of Mot for Prelim Injun at 11-14 and the declaration of Fleisher, ¶ 56-59, defendants' failure to provide the requisite individualized active treatment and the staff to provide such treatment has resulted and is likely to continue to result in harm to members of the plaintiff class See id For example, individuals with developmental disabilities and borderline intellectual functioning, in the absence of minimally adequate habilitative mental health treatment face the "distinct danger that their mental health symptoms will be exacerbated " Decl of Gardner, ¶ 14 Similarly, individuals with mental illness who do not receive the appropriate individualized active treatment are at serious risk of "not being able to be fully stabilized and may never be able to regain their previous level of functioning "Decl of Dlugacz, ¶ 19,see also Decl of Haycock, ¶¶ 48-54.

Additionly, involuntary commitment infringes upon significant liberty interests O'Connor v. Donaldson, 422 U S 563, 573 (1972) When the state infringes upon these interests, it must provide minimally adequate treatment sufficient to give such individuals a reasonable opportunity to be cured Turay, 233 F 3d 1166, slip op at 10 Here, absent preliminary, plaintiffs are not only likely to continue to suffer irreparable harm, but their significant liberty interests will imposed upon with out the provision of minimally adequate treatment in violation of their due process rights.

IV.CONCLUSION

For the forgoing reasons as well as the reasons set forth in plaintiffs' Memorandum in Support of Motion for Preliminary Injunction and Reply, plaintiffs' Motion for Preliminary Injunction on the remaining issues regarding active treatment and staffing should be granted

/ / /

/ / /

/ / /

Washington Protection & Advocacy System, Inc.
180 West Dayton Street, Suite 102
Edmonds, Washington 98020
(425) 776-1199/Facsimile (425) 776-0601

DATED this 11th day of June, 2001

Respectfully submitted,

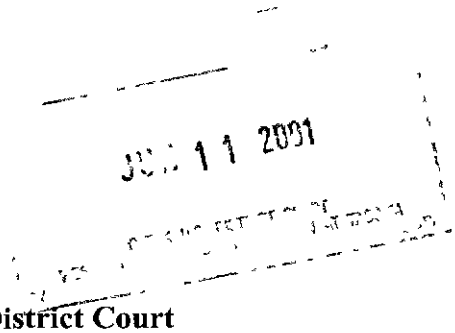
Christi Rust, et al ,
Plaintiffs

Deborah A Dorfman, WSBA #23823
Stacie Siebrecht,WSBA#29992
Marvin Gray, Jr , WSBA #5161
Tahl Tyson, WSBA #21183
Michele Earl-Hubbard, WSBA #26454

Attorneys for Plaintiffs

Washington Protection & Advocacy System, Inc.
180 West Dayton Street, Suite 102
Edmonds, Washington 98020
(425) 776-1199/Facsimile (425) 776-0601

The Honorable Robert J. Bryan



In the United States District Court
In and For the Western District for the State of Washington
At Tacoma

Christi Rust, a real person; et al.,	**Civil Cause No. C00-5749RJB**
Plaintiffs,	
vs.	**Certificate of Personal Service**
Western State Hospital, et al.,	
Defendants.	

I, Sean David Banks, of 180 West Dayton, Suite 102, Edmonds, Washington, certify

That I am, and at all times hereinafter mentioned was, over the age of 18 years,

That on the 11th day of June, 2001, I served a true, correct and complete copy of the **Plaintiffs' Supplement to Motion for Preliminary Injunction; Declaration of Deborah A. Dorfman; Declaration of William I. Gardner, Ph.D.; Declaration of Henry Dlugacz, J.D., M.S.W.; Declaration of Joel Haycock, Ph.D.; Declaration of Craig Awmiller; Revised Order** and all attachments upon all parties by personal service upon their counsel of record at the address set forth below

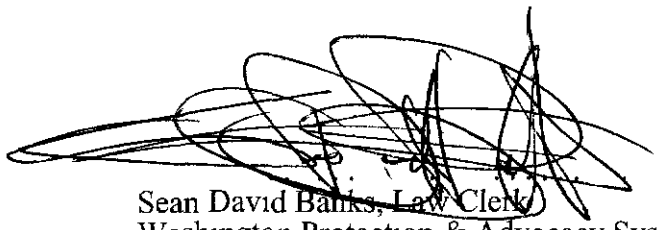
Pamela H Anderson
Terrance J Ryan
Susan L Pierini
Allison Croft

Washington Protection & Advocacy System, Inc.
180 West Dayton, Suite 102
Edmonds, Washington 98020
(425) 776-1199/Facsimile: (425) 776-0601

Assistant Attorneys General
Office of the Attorney General
670 Woodland Square Loop SE
PO Box 40124
Olympia, Washington 98504-0124

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

Executed on this 11 day of June, 2001 in Edmonds, Washington



Sean David Banks, Law Clerk
Washington Protection & Advocacy System

Washington Protection & Advocacy System, Inc
180 West Dayton, Suite 102
Edmonds, Washington 98020
(425) 776-1199/Facsimile: (425) 776-0601