

Supreme Court No. 94329-0
COA No. 33810-0-III

IN THE SUPREME COURT
OF THE STATE OF WASHINGTON

STATE OF WASHINGTON,

Plaintiff/Respondent

v.

CHARLES FLETCHER,

Defendant/Petitioner.

RESPONDENT'S SUPPLEMENTAL BRIEF

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I. INTRODUCTION/STATEMENT OF THE CASE

This case involves an appeal by Eastern State Hospital (“ESH”) patient Charles Fletcher claiming he was erroneously denied appointment of counsel when he wrote a letter requesting such and a conditional release hearing to the late Spokane County Superior Court Judge Salvatore (Sam) Cozza who received it on or about September 4, 2015. CP 10

Judge Cozza responded on September 10, 2017, by way of a letter and he also enclosed copy of the relevant conditional release statute, RCW 10.77.150. Judge Cozza further indicated he would consider whether a hearing was necessary or the appointment of counsel appropriate once Mr. Fletcher had contacted the Secretary of Department of Social and Health Services (“DSHS”).¹ CP 6-9.

Thereafter, without seeking further input from anyone and without following Judge Cozza’s letter, Mr. Fletcher filed a notice of Appeal on September 22, 2015. CP 15-16. An Order of Indigency was entered on January 22, 2016. CP-24-25.

¹ “‘Secretary’ means the secretary of the department of social and health services or his or her designee. RCW 10.77.010(21). Further, Mr. Fletcher had entered not guilty by reason of insanity pleas to three felony counts of second degree assault, one felony count of attempting to elude a pursuing police vehicle, and one felony count of failure to remain at the scene of an injury accident on March 27, 2013. *See State v. Fletcher*, 198 Wn. App. 157, 158, 392 P.3d 1161 (2017), and CP 1-5.

Ultimately, the matter was decided on review by Division III, Court of Appeals on March 16, 2017, in a split decision. *State v. Fletcher*, 198 Wn. App. 157, 392 P.3d 1161 (2017). Division III noted the salient issue was whether the statutory right to counsel provided to those found not guilty by reason of insanity applied under their limited circumstances. *Id.* at 160.

Judge Korsmo, for Division III, noted an examination of several statutes in Chapter 10.77 RCW was necessary to determine when the requirement to appoint counsel is triggered. *Id.* 160-162.

II. ISSUES

1. Was Petitioner entitled to appointed counsel when and how he made the request to Judge Cozza?

2. For purposes of RCW 10.77.020(1), was the application process to DSHS for potential conditional release suggested by the court a “stage of proceeding” under RCW 10.77.150?

Respondent respectfully answers “No” to each question.

III. ARGUMENT

RCW 10.77.140 requires a review of a person committed under Chapter 10.77 RCW or who is criminally insane every six months. At the time of Petitioner’s early September 2015 letter to Judge Cozza. Petitioner

was in the middle of that period.² This examination can require a hearing under RCW 10.77.150 for conditional release, but neither the evaluation submitted before Petitioner's letter to Judge Cozza, nor any subsequent evaluation, has required a conditional release hearing to date.³

Additionally, Petitioner throughout this case has presumed the applicable statute is RCW 10.77.200 and not RCW 10.77.150, the more specific statute which deals with conditional releases, a copy of which was given the Petitioner by Judge Cozza September 10, 2015 responsive letter. CP 6-9.⁴

² See attached Appendices 1 through 4 which are certified copies of the relevant reviews Petitioner has had in effect since his letter to Judge Cozza. These Appendices were respectively filed with the Clerk of Spokane County Superior Court Cause No. 11-1-02625-7 on May 28, 2015, June 8, 2016, November 10, 2016, and May 1, 2017. None recommended conditional release in the statutory fashion which would trigger RCW 10.77.150(2) or (3). Petitioner's application or letter to Judge Cozza was in between the May 28, 2015 filing and the June 8, 2016 filing. *See also, Fletcher*, 198 Wn. App. at 159.

³ Further, there has not been any effort by Mr. Fletcher or anyone on his behalf since his September, 2015 letter to Judge Cozza to go forward with any conditional release hearing.

⁴ RCW 10.77.150 was favored by Court Commissioner Wasson when she granted discretionary review. *See* March 15, 2016 Ruling at 2 (second paragraph); and the majority decision in *Fletcher*, 198 Wn. App. at 161 n 6, which states RCW 10.77.200 is a parallel process for final release. Further, Petitioner did not establish he complied with all necessary service requirements under RCW 10.77.200(3). Eastern State Hospital indicated it had not been served.

AT THE TIME OF PETITIONER’S REQUEST TO JUDGE COZZA, PETITIONER WAS NOT THEN ENTITLED TO APPOINTED COUNSEL UNDER RCW 10.77.020 AS IT WAS NOT A “STAGE OF PROCEEDING” UNDER RCW 10.77.020(1)

When Petitioner wrote to Judge Cozza requesting counsel and a hearing, there was no pending “proceeding” for statutory purposes. Further, the letter to Judge Cozza was not a “proceeding” for statutory purposes.

The definition of “all stages of proceeding” was discussed initially in *In re Detention of Petersen*, 138 Wn.2d 70, 980 P.2d 1204 (1999), which related to whether counsel was required to be appointed for annual evaluations with the “sexually violent predator” or “SVP” statute, Chapter 71.09 RCW.

The *Petersen* court had rejected the notion that somehow due process required counsel to be present at a personal interview of the defendant as part of the sexually violent predator process during his psychological evaluation. Defendant contended such was a “stage of the proceeding.” *Id.* at 91. The court decided such was not the case as there is no Sixth Amendment Right to counsel during the SVP required annual psychological evaluation as these proceedings are civil and not criminal. *Id.* (citing *In re the Personal Restraint In re Young*, 122 Wn.2d 1, 23, 857 P.2d 989 (1993)).

Although this statute, RCW 71.09.050 specifically deals with SVP matters and is in a different chapter of RCWs, there is an arguable similarity as to this issue. For example, *Petersen* cited RCW 71.09.050(1), which proposed then, and has not substantially changed since then, “At all stages of the proceedings under this chapter shall be entitled to assistance of counsel,” which the court stated seemed broad enough to include these annual evaluations. 138 Wn.2d. at 92.

However, the court noted after considering the rules of statutory construction that since there was no constitutional right to counsel under such circumstances the statute does not extend counsel to annual SVP evaluations. *Id.* at 92.

Going forward from *Petersen* the Supreme Court next considered such in *In re Detention of Kistenmacher*, 163 Wn.2d 166, 178 P.3d 949 (2008). The salient issue in this case was whether a statutorily mandated pre-commitment psychological examination is a “proceeding” under Chapter 71.09 RCW, again dealing with SVPs and possibly requiring the right to counsel. Although the divided *Kistenmacher* court held that such was a “proceeding” under Chapter 71.09 RCW, the court stated the failure to do so was “harmless error” to conduct such a “proceeding” without counsel present. *Id.*

This leads to the fact Petitioner failed to follow RCW 10.77.150 and, unsuccessfully, attempted to comply with RCW 10.77.200 in his letter to Judge Cozza. As Division III's majority noted in its decision, Petitioner cannot avail himself of the statutory process when he is not complying with that process. *Fletcher*, 198 Wn. App. at 162.

Further, there is no evidence in this record to suggest Petitioner's apparent proposal as to statutory construction is accurate.

Respondent calls to the Court's attention the very thorough concurring opinion of then Justice Fairhurst, now Chief Justice Fairhurst, in *Kistenmacher*. There, the meaning of "stage of proceeding" is discussed at length and more specifically than it was in the majority opinion.

Justice Fairhurst initially noted that the court's objective is, of course, to determine the legislature's intent of the statute. *Kistenmacher*, 163 Wn.2d. at 177 (citing *Udall v. T.D. Escrow Servs., Inc.*, 159 Wn.2d 903, 909, ¶ 11, 154 P.3d 882 (2007)).

The opinion goes as to state as follows:

The majority discerns from dicta in *In re Detention of Petersen*, 138 Wash.2d 70, 92, 980 P.2d 1204 (1999) that "all stages of the proceedings" was to be read broadly and thus encompasses these evaluations. However, "stages of proceedings" must be read in light of definitions of "proceeding." While *Webster's Third New International Dictionary* 1807 (2002), defines "proceeding" as "a particular step or series of steps adopted for doing or accomplishing something," it also defines "proceedings" as

“a particular action at law or case in litigation.” Similarly, while *Black's Law Dictionary* 1241 (8th ed.2004), defines “proceeding” as “[t]he regular and orderly progression of a lawsuit, including all acts and events between the time of commencement and the entry of judgment,” it also defines “proceeding” as “[t]he business conducted by a court ... a hearing.” ...

Id. at 178.

The concurring judges concluded “stages of proceeding” did not include psychological evaluations given the statutory meaning. *Id.* at 178.

Additionally, a legal proceeding is defined in RCW 2.43.020(3) as follows:

(3) “Legal proceeding” means a proceeding in any court in this state, grand jury hearing, or hearing before an inquiry judge, or before an administrative board, commission, agency, or licensing body of the state or any political subdivision thereof.

In the case at bar, the statute RCW 10.77.020(1) uses the term “any and all stages of the proceeding.” Whether such is limited to actual court proceedings or is broader is of little practical impact under the facts before the court because Petitioner did not follow the appropriate procedures.

It would appear that the better reasoning is that the application a patient at a state hospital under Chapter 10.77 RCW makes to the Secretary of DSHS is not a “stage of a conditional release proceeding.”

Although that definition in our State’s “Enabling Act” as noted above, appears to some to be a “broad definition,” it certainly doesn’t appear

to include the application stage for a conditional release under RCW 10.77.150.

RCW 10.77.150 provides in pertinent part as follows:

Conditional release—Application—Secretary's recommendation—Order—Procedure.

- (1) Persons examined pursuant to RCW 10.77.140 may make application to the secretary for conditional release. The secretary shall, after considering the reports of experts or professional persons conducting the examination pursuant to RCW 10.77.140, forward to the court of the county which ordered the person's commitment the person's application for conditional release as well as the secretary's recommendations concerning the application and any proposed terms and conditions upon which the secretary reasonably believes the person can be conditionally released. Conditional release may also contemplate partial release for work, training, or educational purposes.
- (2) In instances in which persons examined pursuant to RCW 10.77.140 have not made application to the secretary for conditional release, but the secretary, after considering the reports of experts or professional persons conducting the examination pursuant to RCW 10.77.140, reasonably believes the person may be conditionally released, the secretary may submit a recommendation for release to the court of the county that ordered the person's commitment. The secretary's recommendation must include any proposed terms and conditions upon which the secretary reasonably believes the person may be conditionally released. Conditional release may also include partial release for work, training, or educational purposes. Notice of the secretary's recommendation under this subsection must be provided to the person for whom the secretary has made the recommendation for release and to his or her attorney.

(3)(a) The court of the county which ordered the person's commitment, upon receipt of an application or recommendation for conditional release with the secretary's recommendation for conditional release terms and conditions, shall within thirty days schedule a hearing. The court may schedule a hearing on applications recommended for disapproval by the secretary.

In the case at bar, RCW 10.77.150(1) does not apply as Petitioner never followed Judge Cozza's suggestion, and never made the relatively simple and straight forward application to the Secretary of DSHS.

Regarding RCW 10.77.150(2), this also does not apply to Petitioner's situation as the Secretary of DSHS did not make a recommendation for conditional release of Petitioner. It is important to note had such occurred, that recommendation would have "triggered" an attorney for Petitioner as the concluding line of RCW 10.77.150(2) provides: "Notice of the secretary's recommendation under this subsection must be provided to the person for whom the secretary has made the recommendation for release and to his or her attorney." (Emphasis added.) Had the application been made and rejected, Petitioner *still* could have requested an attorney and a hearing. The potential hearing would simply have been within Judge Cozza's discretion. *See State v. Platt*, 143 Wn.2d 242, 248, 19 P.3d 412 (2001).

Also, RCW 10.77.150(3) would likewise not “trigger” an attorney under these facts, again because there is no Secretary of DSHS recommendation for release and Petitioner did not submit an application. This just underscores Division III, Judge Korsmo’s point that there is no statutorily recognized process for doing what Petitioner did and there is no legal basis for the trial judge to proceed under Chapter 10.77 RCW as Petitioner desires. *Fletcher*, 198 Wn. App. at 164.

Respondent submits the conduct of Petitioner does not qualify as a “stage of the proceeding.” Had Petitioner submitted the application to the Secretary of DSHS, a rather simple and straight forward form to begin the process, he likely would have had an attorney regardless whether or not the state hospital had recommended release which it didn’t at the next six-month review provided for in RCW 10.77.140.⁵

Petitioner contends somehow the language in RCW 10.77.020(1) relating to counsel at “any and all stages of the proceeding” is an absolute, unfettered, eternal right to an attorney whenever an acquittee under RCW 10.77.110 wishes such.⁶ Respondent asserts the word “any” is redundant in these circumstances and does not give such individuals “broad

⁵ See Footnote 2 above.

⁶ Even dissenting Jurist Honorable C. J. Fearing noted Petitioner was not entitled to such. See *Fletcher*, 198 Wn. App. at 175.

rights or protections” other than representation at court hearings and advice relating to such hearings.

Further, in Petitioner’s Petition for Review in this Court, Petitioner cites RCW 10.77.200(5) and notes a different standard for conditional release and actually substantiates why Petitioner’s conditional release request is more appropriately made under RCW 10.77.150 than under RCW 10.77.200(5) as Petitioner advocates. Pet. at 12 n. 14. Petitioner would prefer to proceed under RCW 10.77.200(5), but yet acknowledges the correct standard for conditional releases under RCW 10.77.150(3)(c), exactly why Judge Cozza acted correctly and within his ample discretion from the start and why RC10.77.150 is the operative statute in these circumstances.

Petitioner may counter indicating all words in a statute should be given their ordering meaning, *State v. Friend*, 59 Wn. App. 365, 367, 797 P.2d 539 (1990), since RCW 10.77.200(5) does actually mention conditional release along with release⁷ that Petitioner’s request to

⁷ Section 10.77.200(5):

Nothing contained in this chapter shall prohibit the patient from petitioning the court for release or conditional release from the institution in which he or she is committed. The petition shall be served upon the court, the prosecuting attorney, and the secretary. Upon receipt of such petition, the secretary shall develop a recommendation as provided in

Judge Cozza was therefore correct under that statute. However, RCW 10.77.150 is the more specific statute as the Appellate Court Commissioner pointed out in her Ruling.⁸ It further appears that there is only one reference to conditional release under RCW 10.77.200. It would under these circumstances be appropriate to suggest RCW 10.77.200(5), which casually mentions conditional release in the “full release” statute, that such mention is inadvertent and inconsistent with the thrust of RCW 10.77.200. It would be an absurd result of statutory construction to construe RCW 10.77.200(5) as the appropriate statute for conditional release requests. *See Five Corners Family Farmers v. State*, 173 Wn.2d 296, 311-12, 268 P.3d 892 (2011).

IV. CONCLUSION

There is no evidence to suggest Petitioner was treated unfairly or deprived of any right. He essentially attempted to invent his own proceeding

subsection (1) of this section and provide the secretary's recommendation to all parties and the court. The issue to be determined on such proceeding is whether the patient, as a result of a mental disease or defect, is a substantial danger to other persons, or presents a substantial likelihood of committing criminal acts jeopardizing public safety or security, unless kept under further control by the court or other persons or institutions.

⁸ See Court Commissioners Wasson's March 15, 2016 Ruling at 2 (first full paragraph).

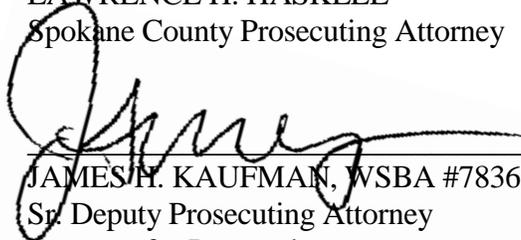
in an attempt to gain conditional release during a time ESH recommended he remain there. The manner in which Petitioner acted did not trigger the appointment of an attorney and, even if it had, whether a hearing would have been held was still well within Judge Cozza's ample discretion given the negative recommendations from ESH both immediately before and immediately after the letter from Petitioner to Judge Cozza.⁹

Respondent further and respectfully notes that, as a policy making court, our court should not allow individuals in these circumstances to avoid the procedures which the relevant statute and both of our state hospitals have provided; and even more so where the specific statute was sent to Petitioner by the trial court as a courtesy.

Respondent respectfully requests this Court affirm the Division III, Court of Appeals' decision.

Dated this 28th day of July, 2017

LAWRENCE H. HASKELL
Spokane County Prosecuting Attorney



JAMES H. KAUFMAN, WSBA #7836
Sr. Deputy Prosecuting Attorney
Attorney for Respondent

⁹ See *State v. Platt*, 143 Wn.2d 242, 248, 19 P.3d 412 (2001).

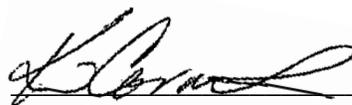
PROOF OF SERVICE

I hereby declare under the penalty of perjury and the laws of the State of Washington that the following statements are true.

On the 28th day of July 2017, I caused to be served a true and correct copy of the foregoing document by the method indicated below, and addressed to the following:

Jodi R. Backlund, Esq.	___	Personal Service
Manek R. Mistry, Esq.	___	U.S. Mail
Backlund & Mistry	___	Hand-Delivered
P.O. Box 6490	___	Overnight Mail
Olympia, Washington 98507	<u>X</u>	Electronic Mail
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(Attorneys for Appellant/Petitioner)		

Dated this 28th day of July, 2017, in Spokane, Washington.


Kim Cornelius

APPENDIX 1

FILED

MAY 28 2015



SPOKANE COUNTY CLERK

**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

Aging and Disability Services
Behavioral Health and Service Integration Administration
Eastern State Hospital

B32-23 • P.O. Box 800, Maple Street • Medical Lake, WA 99022-0800 • (509) 565-4000

April 28, 2014

The Honorable Salvatore F. Cozza
Judge of the Spokane County Superior Court
1116 W. Broadway Avenue
Spokane, Washington 99260-0350

RE: FLETCHER, CHARLES D.
ESH NO: 549029
CAUSE NO: 11-1-02625-7

Dear Judge Cozza:

This letter is written pursuant to RCW 10.77 and is a 6-month progress report. Mr. Charles D. Fletcher was admitted to the Forensic Services Unit at Eastern State Hospital on April 29, 2013, after a finding of not guilty by reason of insanity on the charges of 3 counts of Second Degree Assault, Failure to Remain at the Scene of an Accident – Injured Person, and Attempt to Elude a Police Vehicle in the Spokane County Superior Court. Mr. Fletcher's maximum commitment, as set by the court, is a term of up to 10 years.

Background

According to law enforcement records from the Spokane Police Department, at approximately 9:20 p.m. on August 19, 2011, officers received a report of a Caucasian male, later identified as Mr. Fletcher, in the roadway south of Sacred Heart Medical Center armed with a knife and attempting to stab vehicles. While en route, officers were notified Mr. Fletcher had gotten back in his vehicle, pulled into the Sacred Heart Emergency Room parking lot and was walking into the building carrying a knife. When the first duty officer arrived, Mr. Fletcher observed the marked patrol vehicle, returned to his vehicle and began to accelerate out of the parking lot. Two additional patrol vehicles joined the pursuit and a PIT maneuver was attempted when Mr. Fletcher ran a stop sign

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and refused to pull over. The initial officer's vehicle became caught on Mr. Fletcher's bumper and was dragged until Mr. Fletcher drove over a median, thereby dislodging the patrol car. A second officer had parked further down the road, and once free of the first patrol car, Mr. Fletcher is noted to have accelerated to approximately 60 mph driving directly toward the second officer's vehicle. This officer reportedly backed out of way, with Mr. Fletcher missing the vehicle and continuing to drive northbound toward downtown Spokane. Subsequent to another unsuccessful PIT maneuver by a third officer, Mr. Fletcher proceeded to turn westbound onto an eastbound one-way street and struck two vehicles waiting at a light, a telephone pole, a street sign, and a real estate sign before finally coming to a stop in a retail parking lot. Mr. Fletcher then exited his vehicle and was ordered to the ground by the officers. The report indicates Mr. Fletcher failed to comply and was forced to the ground before being taken into custody.

Mr. Fletcher is assigned the following Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) diagnoses:

Axis I:

1. Bipolar Affective Disorder, Manic with Psychosis
2. Alcohol Dependence in Full Institutional Remission

Axis II: None

Axis III:

1. Chronic Back Pain
2. Hyperlipidemia
3. Hypothyroidism by History

Current

Mr. Fletcher began this reporting period continuing to exhibit a highly labile mood, with periods of pronounced irritability, agitation and argumentativeness and numerous somatic complaints with inconsistent presentation. This episode of acute mania continued through the month of January, wherein he continued to present with hyperverbal, rapid, pressured speech; notable psychomotor agitation; mood lability with irritable affect and disorganized, confused thought processes. He evidenced substantially decreased ability to actively participate and engage in therapeutic venues, becoming disruptive and argumentative in group settings and prompting leaders to ask him to leave some sessions. Mr. Fletcher also demonstrated diminished ability to interact appropriately with both peers and staff, becoming loud, defensive and argumentative with no objectively identifiable precipitants. In November he was overheard by staff to offer a female peer \$5.00 to fold her laundry, stating, "I just wanted to play with your underwear," although he did take redirection well when his offer was rejected. In December, he had several instances wherein he became highly argumentative with nursing staff regarding his medications, at one point stating, "You guys need to be careful, I'm really dangerous." When asked to clarify whether this was a specific threat, he replied, "No," and denied actual intent to harm. Although he was able to calm and redirect himself after staff confronted him, he continued to evidence substantially impaired judgment and impulse control throughout the duration of this period of increased symptoms.

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Similar to previous episodes, Mr. Fletcher also remained highly fixated on somatic complaints related to back pain, insisting he be allowed to utilize a variety of assistive devices to improve mobility. Similar to previous episodes, it appears Mr. Fletcher's somatic fixations are symptomatically correlated to increases in mania and psychosis, a coincidence he is unable to observe when acutely ill, and these are decreasing as he again regains psychiatric stability. Throughout the course of this exacerbation, Mr. Fletcher's psychotropic medications have been modified, and unlike some previous periods, he has remained cooperative with changes without aggression or discontinuing aspects of the prescribed regimen, evidencing continuing improvement in therapeutic engagement in this area despite setbacks. He did not, however, independently recognize the onset of symptoms or proactively seek assistance during any of the stages of decompensation, instead relying exclusively upon staff interventions to improve functioning. As such, Mr. Fletcher's ability to effectively recognize and properly address symptom exacerbations in any type of setting, especially a less restrictive one, remains an area of substantial concern.

Therapeutic interventions and treatment for Mr. Fletcher have continued to focus primarily on assisting him to develop and implement skills to reduce the risk of dangerous behavior and to manage the symptoms of his mental illness; however, with the onset of this most recent acute exacerbation, his meaningful participation in therapeutic venues and opportunities has decreased dramatically. He continued to evidence a notable increase in irritability when encouraged to discuss symptom patterns and presentation, again rationalizing his responses to situational stressors as appropriate to context and shifting blame to external sources. His thought processes remained highly perseverative on perceived historical injustices, and he was argumentative and extremely difficult, if not impossible, to redirect while acutely ill. He would pursue the discussion of these topics to the exclusion of all others, was not able to consider alternatives, and could not engage in any discussions related to his responses or similarities to previous episodes. Although his recent memory was intact, his perceptions of current and historical events as it related to his own personal presentation was substantially impaired by the increase in manic symptoms. He claimed he could not remember his level of functioning or interaction patterns for significant periods of time when acutely ill, but conversely described other people's interactions with him in minute and lucid detail, evidencing not only markedly impaired judgment and insight, but also a distinct bias toward selective recall when challenged to objectively examine his behavioral responses to symptom increases. Although agitated, argumentative and mildly hostile at times throughout this exacerbation, Mr. Fletcher was not physically aggressive with either peers or staff and continued to attempt to remain engaged in therapeutic environments despite his clear cognitive processing difficulties. As this has subsided, he is again increasingly able to more objectively examine his symptoms; however, he will need to substantially increase his awareness of subtle precipitants to symptom exacerbations to ensure timely and effective intervention in the future.

Overall, Mr. Fletcher has demonstrated the ability to follow medication recommendations, refrain from overtly aggressive and behavior, and to follow direction when asked to leave therapeutic settings when acutely symptomatic and disruptive. Although very difficult to redirect at times, Mr. Fletcher has not engaged in any rule violations during this reporting period, however, continues to evidence difficulty examining his behavior and symptom presentation

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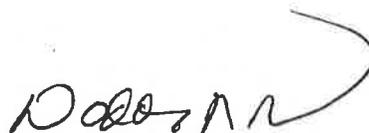
objectively. His level of risk, as assessed based upon observed overt behaviors, implementation of self-management skills and overall understanding and participation in therapeutic settings has increased with the most recent exacerbation; however, he has been maintained at a Recovery Step level 7 of 8 pending the reduction in symptoms and reengagement in therapeutic treatment. Mr. Fletcher's level of risk currently remains at a level well above that considered optimal to pursue Conditional Release, and his Treatment Team does not support any type of transition to a less structured environment at this time.

We hope this information is helpful to the court in its continued review of Mr. Fletcher's case. Should you have any questions or comments regarding Mr. Fletcher's treatment at ESH, please feel free to contact us. Also, if there is any change in legal representation, please submit the change in writing to Eastern State Hospital, Forensic Services Unit.

Sincerely,



Karen E. McDonald, MSW
Forensic Social Worker
Forensic Services Unit



Dodds R. Simangan, MD
Psychiatrist
Forensic Services Unit



NOTED BY: W. Timm Fredrickson
Clinical Director
Forensic Services Unit

KM/(kda)

pc: Anthony D. Hazel, Deputy Prosecuting Attorney
Stephen C. Heintz, Attorney for Defendant
Charles Fletcher, Defendant

I certify that this document is a true and correct copy
of the original on file and of record in my office.
ATTEST

JUL 1 8 2014

BY
TIMOTHY W. FITZGERALD, COUNTY CLERK
COUNTY OF PROSPERITY, STATE OF WASHINGTON

APPENDIX 2



**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

Aging and Disability Services
Behavioral Health and Service Integration Administration
Eastern State Hospital

B32-23 • P.O. Box 800, Maple Street • Medical Lake, WA 99022-0800 • (509) 565-4000

May 27, 2016

FILED

JUN 08 2016

The Honorable Salvatore F. Cozza
Judge of the Spokane County Superior Court
1116 W. Broadway Avenue
Spokane, Washington 99260-0350

Timothy W. Fitzgerald
SPOKANE COUNTY CLERK

RE: FLETCHER, CHARLES D.
ESH NO: 549029
CAUSE NO: 11-1-02625-7

Dear Judge Cozza:

This letter is written pursuant to RCW 10.77, and is a 6-month progress report regarding the above named individual. On March 27, 2013, Spokane Superior Court found Mr. Fletcher not guilty by reason of insanity to the charges of Assault in the Second Degree (3 counts), Failure to Remain at the Scene of an Accident-Injured Person, and Attempt to Elude a Police Vehicle. He is committed to the State of Washington Department of Social and Health Services for a maximum supervision time of up to 10 years which is due to expire on March 27, 2023.

According to police records and Mr. Fletcher's admission psychosocial assessment, on 8/19/11 the Spokane Police Department responded to a call regarding a person with a weapon. A male was reportedly in the roadway armed with a knife trying to stab vehicles. When the police arrived they saw the suspect enter the Sacred Heart ER with the knife. The officer believed that due to the initial call that the officer had interrupted Charles from entering the ER with a knife where he was possibly going to assault or kill people. The suspect, who was later identified as Charles Fletcher, turned around and saw the officer and then started running back outside and then Charles got in his Bronco that he had parked in front of the ER. Charles then drove his Bronco backwards and the officer pursued in his patrol car. After pursuing the patient in his vehicle for a while, and once they were clear from civilian traffic, the officer initiated a PIT maneuver. During the maneuver the officer's PIT bumper got caught on Charles' rear bumper

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and since the officer could not break free Charles was dragging the patrol car. The officer did not have any control of his vehicle at this time. When Charles was driving he drove over a median which knocked the patrol car free. Additional officers joined in the pursuit at this time. It appeared at one point that Charles was attempting to ram one of the officers' patrol cars, but the officer was able to get the vehicle out of the way before Charles was able to ram it. Charles drove into traffic the wrong way on a one-way street, appeared to have lost control and struck a telephone pole, striking a street sign, then a real estate sign, and then drove into the Subway. An officer blocked Charles' vehicle with his and ordered the patient to the ground as he had already exited his vehicle. The patient at first refused to comply and then after several commands acted like he was going to comply. Another officer arrived and assisted the patient to the ground where he was placed in handcuffs. The patient's Bronco was searched and the officers found a large kitchen knife with approximately a 10-inch blade on the driver's side floorboard.

The patient told the police that he was just passing through town and that he stopped in the middle of the road because a female called his truck a "piece of shit." He had a large kitchen knife in his possession, which he said was for protection, so he approached her car and asked her if she wanted to get out and talk about it. He also stated that she called him a "dumb pig." He stated that he was afraid she was going to run him over so he stabbed her car. The patient stated he drove to the hospital because someone told him his friend was there and then when he got to the hospital he realized he had been lied to and left. He stated he ran from the police because he was afraid. The patient told the police that he suffers from bipolar and that he had been off his meds for a week. He told the police, "I'm glad you caught me, I was gonna hurt someone." He did not know if he was going to hurt anyone at Sacred Heart but did admit that he is a danger to society when he is not on his meds.

Another victim later came forward and stated that she was driving with her son when they observed a white male standing outside his Bronco who appeared agitated and was holding something in his hand. Her son started to slow the vehicle down to offer assistance but when they observed the patient holding something they drove away and Charles swung at the vehicle leaving a scratch down the side of the rear fender. Another person came forward and stated he observed Charles standing outside his Bronco screaming and yelling holding something in his hand that he was waving around. Charles was described as "extremely angry" and the man thought Charles was going to break out his window and attack him so he drove away. Another witness stated he saw Charles chasing a man while he was holding a knife and Charles was swinging the knife at the man when the man was trying to run away.

The patient was arrested for Assault 1st Degree-3 counts, Attempt to Elude and Felony Hit and Run, and booked into the Spokane County Jail on 8/19/11.

Mr. Fletcher is assigned the following diagnoses according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V):

Axis I (Clinical Disorders):

1. Bipolar Affective Disorder Manic, with Psychosis
2. Alcohol Dependence (institutional remission)

The Honorable Salvatore F. Cozza
May 27, 2016
Page 3

RE: FLETCHER, CHARLES
ESH NO: 549029
CAUSE NO: 11-1-02625-7

Axis II (Personality Disorders, Mental Retardation): None

Axis III (General Medical Conditions):

1. Chronic Back Pain
2. Latent Tuberculosis (TB)

Since the last letter to the court, Mr. Fletcher has been moved to several different wards within the hospital. The hospital opened a new long-term forensic ward (2N3) primarily for patients who entering pre-reintegration and active reintegration phases of their treatment. As Mr. Fletcher was a category level of 7 (pre-reintegration phase), he met admission criteria and was moved from his longstanding ward of 2S1 to 2N3 in November 2015. A chart review indicated that Mr. Fletcher had some ward rules violations and restrictions soon after his transfer. On November 29, 2015, he was placed on ward hold for a major rules violation. He was also placed on medication watch to make sure he was taking/ingesting his medications. On December 4, 2015, he was restricted from using bleach due to odd behaviors and potential danger. On December, 7, 2015, his psychotropic medication Seroquel was increased by 200 mg. Due to escalating concern that Mr. Fletcher was exhibiting more psychiatric symptoms and becoming a greater risk he was placed on location observations (visual checks every 15 minutes) for safety.

On the morning of December 17, 2015, Mr. Fletcher's Treatment Team believed his mood was improving and discontinued medication watch and location observations; however, at 2100 hours on the same day Mr. Fletcher was placed on ward hold for threatening behaviors. Later that evening he was placed back on medication watch, location observation, placed on suspended status (a status used on FSU that indicates a patient is actively experiencing psychiatric symptoms), and given extra medications. On December 28, 2015, Mr. Fletcher was taken off location observations as his mood had again improved.

On January 13, 2016, Mr. Fletcher received a minor rules violation for verbal abuse and placed on a 24-hour ward hold.

Then on February 23, 2016, Mr. Fletcher got into a verbal altercation with two patients and then assaulted them by spitting on one and head butting another (no charges filed). Following the assault, he was reduced in category to level 2 (as per Forensic Services Unit policy 1.16; Major and Minor Rules Violations), placed on assault observations (visual checks every 15 minutes), placed on ward hold, and transferred back to ward 2S1. While on assault observations due to dangerousness, he was restricted from going off ward to the Treatment Mall (an intrahospital series of groups that focus on individual therapy, group therapy, skills building, job training, education, psychoeducation, and physical fitness). On March 2, 2016, the ward hold and assault observations were discontinued and he was again allowed to attend the Treatment Mall. Mr. Fletcher was given a 24-hour ward hold for a minor rules violation on March 12, 2016, for failing to follow staff direction.

By March 28, 2016, Mr. Fletcher's mood and behavior had improved and he was increased to a category level 3 by his Treatment Team.

The Honorable Salvatore F. Cozza
May 27, 2016
Page 4

RE: FLETCHER, CHARLES
ESH NO: 549029
CAUSE NO: 11-1-02625-7

Mr. Fletcher continues to evidence great difficulty in taking responsibility for his actions. He remains outwardly focused (e.g. it is everyone else's fault that things happen to him). In fact, he can become verbally hostile when confronted with the details of his crime and the assault precipitating his transfer to ward 2S1. Additionally, it has been reported by his attending psychiatrist that Mr. Fletcher has also asked to change his medications repeatedly (primarily to reduce them). It should be noted that this is appropriate dialogue with his treatment provider but also indicates a potential risk factor if not monitored.

Until Mr. Fletcher can demonstrate better insight into his crime, psychological disorders, symptoms, medications, warning signs, and refrain from verbal and physical outbursts he remains a significant risk to commit further crimes in the community. Furthermore, his Treatment Team believes that without further close supervision and secure structure he continues to pose a risk to self or others. Therefore, his Treatment Team does not believe he is ready for community reintegration or pre-reintegration programs at this time.

Respectfully,



Sean M. Caldwell, FT
Forensic Therapist
Forensic Services Unit



Greg Bahder, MD
Psychiatrist
Forensic Services Unit



NOTED BY: Karen McDonald, MSW
Clinical Director
Forensic Services Unit

SC/(kda)

pc: Anthony D. Hazel, Deputy Prosecuting Attorney
Stephen C. Heintz, Attorney for Defendant
Charles Fletcher, Defendant

ATTEST
JUN 1 8 2016
COURT CLERK
COUNTY OF SPOKANE, STATE OF WASHINGTON

CLERK OF COURT
COUNTY OF SPOKANE
1-11-2017

The Clerk of Court
July 18, 2017
Page 4

The undersigned certifies that the foregoing is a true and correct copy of the original on file and of record in my office.

Attest:
I, Timothy W. Fitzgerald, County Clerk of Spokane County, Washington, do hereby certify that the foregoing is a true and correct copy of the original on file and of record in my office.


TIMOTHY W. FITZGERALD
COUNTY CLERK
COUNTY OF SPOKANE, WASHINGTON


TIMOTHY W. FITZGERALD
COUNTY CLERK
COUNTY OF SPOKANE, WASHINGTON


TIMOTHY W. FITZGERALD
COUNTY CLERK
COUNTY OF SPOKANE, WASHINGTON

I certify that this document is a true and correct copy of the original on file and of record in my office.
ATTEST

JUL 18 2017

TIMOTHY W. FITZGERALD, COUNTY CLERK
COUNTY OF SPOKANE, STATE OF WASHINGTON
BY  DEPUTY

APPENDIX 3



**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Behavioral Health Administration
Eastern State Hospital**

PO Box 800, Maple Street, Medical Lake, WA 99022-0800 (509) 565-4000

FILED

NOV 10 2016

**Timothy W. Fitzgerald
SPOKANE COUNTY CLERK**

October 5, 2016

The Honorable Salvatore F. Cozza
Spokane County Superior Court
1116 W. Broadway Avenue
Spokane, Washington 99260-0350

RE: FLETCHER, CHARLES D.
ESH NO: 549029
CAUSE NO: 11-1-02625-7

Dear Judge Cozza:

This letter is written pursuant to RCW 10.77, and is a six-month progress report regarding the above named individual. On March 27, 2013, Spokane County Superior Court found Mr. Fletcher not guilty by reason of insanity to the charges of Assault in the Second Degree (3 counts), Failure to Remain at the Scene of an Accident-Injured Person, and Attempt to Elude a Police Vehicle. He was committed to the State of Washington Department of Social and Health Services on April 29, 2013, for a maximum supervision time of up to ten years which is due to expire on March 27, 2023.

According to police records and Mr. Fletcher's admission psychosocial assessment, on August 19, 2011, the Spokane Police Department responded to a call regarding a person with a weapon. A male was reportedly in the roadway armed with a knife trying to stab vehicles. When the police arrived, they saw the suspect enter the Sacred Heart Hospital emergency room with a knife. The officer believed that due to the initial call that the officer had interrupted Mr. Fletcher from entering the emergency room with a knife where he was possibly going to assault or kill people. The suspect, who was later identified as Mr. Fletcher, turned around and saw the officer and then started running back outside and then he got in his Bronco that he had parked in front of the ER. Mr. Fletcher then drove his Bronco backwards and the officer pursued in his patrol car. After pursuing the patient in his vehicle for a while, and once they were clear from civilian traffic, the officer initiated a PIT maneuver. During the maneuver the officer's bumper got

The Honorable Salvatore F. Cozza
October 5, 2016
Page 2

RE: FLETCHER, CHARLES
ESH NO: 549029
CAUSE NO: 11-1-02625-7

caught on Mr. Fletcher's rear bumper, and since the officer could not break free Mr. Fletcher was dragging the patrol car. The officer did not have any control of his vehicle at this time. When he was driving he drove over a median which knocked the patrol car free. Additional officers joined in the pursuit at this time. It appeared at one point that Mr. Fletcher was attempting to ram one of the officers' patrol cars, but the officer was able to get the vehicle out of the way before he was able to ram it. Mr. Fletcher drove into traffic the wrong way on a one-way street, appeared to have lost control, and struck a telephone pole striking a street sign, then a real estate sign, and then drove into the Subway. An officer blocked Mr. Fletcher's vehicle with his and ordered him to the ground as he had already exited his vehicle. Mr. Fletcher at first refused to comply and then after several commands acted like he was going to comply. Another officer arrived and assisted him to the ground where he was placed in handcuffs. Mr. Fletcher's Bronco was searched and the officers found a large kitchen knife with approximately a 10-inch blade on the driver's side floorboard.

Mr. Fletcher told the police that he was just passing through town and that he stopped in the middle of the road because a female called his truck a "piece of shit." He had a large kitchen knife in his possession, which he said was for protection, so he approached her car and asked her if she wanted to get out and talk about it. He also stated that she called him a "dumb pig." He stated that he was afraid she was going to run him over so he stabbed her car. Mr. Fletcher stated he drove to the hospital because someone told him his friend was there, and then when he got to the hospital he realized he had been lied to and left. He stated he ran from the police because he was afraid. He told the police that he suffers from bipolar and that he had been off his medications for a week. He told the police, "I'm glad you caught me, I was gonna hurt someone." He did not know if he was going to hurt anyone at Sacred Heart but did admit that he is a danger to society when he is not on his medications.

Another victim later came forward and stated that she was driving with her son when they observed a white male standing outside his Bronco who appeared agitated and was holding something in his hand. Her son started to slow the vehicle down to offer assistance, but when they observed the patient holding something, they drove away and he swung at the vehicle, leaving a scratch down the side of the rear fender. Another person came forward and stated he observed Mr. Fletcher standing outside his Bronco screaming and yelling and holding something in his hand that he was waving around. Mr. Fletcher was described as "extremely angry," and the man thought he was going to break out his window and attack him, so he drove away. Another witness stated he saw Mr. Fletcher chasing a man while he was holding a knife; he was swinging the knife at the man when the man was trying to run away.

Mr. Fletcher was arrested for First Degree Assault (3 counts), Attempt to Elude, and Felony Hit and Run. He was booked into the Spokane County Jail on August 19, 2011.

Mr. Fletcher is assigned the following diagnoses according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V):

The Honorable Salvatore F. Cozza
October 5, 2016
Page 3

RE: FLETCHER, CHARLES
ESH NO: 549029
CAUSE NO: 11-1-02625-7

Axis I (Clinical Disorders):

1. Bipolar Affective Disorder Manic, with Psychosis
2. Alcohol Dependence (institutional remission)

Axis II (Personality Disorders, Mental Retardation): None

Axis III (General Medical Conditions):

1. Chronic Back Pain
2. Latent Tuberculosis (TB)

Mr. Fletcher has been on ward 2S1 since February 23, 2016. Mr. Fletcher is scheduled to attend Cognitive Behavior Processing Group two times per week for 50 minutes each time with this writer. Mr. Fletcher was assigned to this writer on September 30, 2016. The previous therapist, Sean Caldwell, reports that Mr. Fletcher had high attendance in group, but lacked consistent participation. When Mr. Fletcher is asked about how his symptoms relate to his crime, he becomes defensive and does not want to discuss it. Mr. Fletcher also has 1:1 time available to him to meet with his therapist. However, Mr. Fletcher does not take the initiative to schedule monthly meeting with his therapist.

On July 31, 2016, Mr. Fletcher became agitated over being on medication watch and verbally abused staff. He spit on them while being escorted into the seclusion room. Mr. Fletcher continued hitting the walls and door before deescalating. Mr. Fletcher fluctuates in the level system due to his own personal impulsive actions. As a result of this incident, Mr. Fletcher was reduced from a level 4 to a level 2. Mr. Fletcher is currently a level 3 in the 2S1 FSU program. The level 3 is one of the first steps of the program levels. The level system goes from 1, being the lowest, to level 8 which requires a court order for grounds privileges. In order to advance in the level steps, Mr. Fletcher will be expected to recognize and be able to discuss any current or past symptoms of his mental illness and how this related to his crime. He will be expected to learn warning signs for his mental illness and be able to recognize reality versus delusional thinking. When the social worker asks Mr. Fletcher about his previous behavior, he stated, "My medications just needed to be adjusted." He stated, "I will do whatever I have to do." The social worker encouraged Mr. Fletcher to be part of the conversation regarding his care and not to take a passive attitude. Mr. Fletcher continues on p.m. medication watch to make sure he is taking and ingesting his medication. He has been compliant with his medications during this review period. Mr. Fletcher did express goals that included him working towards understanding his signs and symptoms and what his triggers are.

Until Mr. Fletcher can demonstrate better insight into his crime, psychological disorders, symptoms, medications, warning signs, and refrain from verbal and physical outbursts, he remains a significant risk to commit further crimes in the community. Furthermore, his treatment team believes that without further close supervision and secure structure, he continues to pose a risk to self or others. Therefore, his treatment team does not believe he is ready for community reintegration or pre-reintegration programs at this time.

Respectfully,

The Honorable Salvatore F. Cozza
October 5, 2016
Page 4

RE: FLETCHER, CHARLES
ESH NO: 549029
CAUSE NO: 11-1-02625-7



Halei Young, MSW
Social Worker
Forensic Services Unit



Greg Bahder, MD
Psychiatrist
Forensic Services Unit



NOTED BY: Karen McDonald, MSW
Administrative Director
Forensic Services Unit

HY(tms)

pc: Anthony D. Hazel, Deputy Prosecuting Attorney
Stephen C. Heintz, Attorney for Defendant
Charles Fletcher, Defendant

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of the original on file and is being filed for
ATTEST

JUL 1 8 2016

TIMOTHY W. FITZGERALD, COUNTY CLERK
COUNTY OF SPOKANE, STATE OF WASHINGTON
BY _____

PLAINT
Case No. 17-10000

Case No. 17-10000
Page 4


Plaintiff
Name
Address

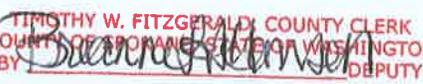

Defendant
Name
Address


Court Clerk
Name
Address

Case No. 17-10000
Page 4

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of the original on file and of record in my office.
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JUL 18 2017

TIMOTHY W. FITZGERALD, COUNTY CLERK
COUNTY OF SPokane, STATE OF WASHINGTON
BY  DEPUTY

APPENDIX 4



RECEIVED
MAY 4 2017
DEPT. #3

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Behavioral Health Administration
Eastern State Hospital

PO Box 800, Maple Street, Medical Lake, WA 99022-0800 (509) 565-4000

CN: 201101026257

SN: 64

PC: 3

FILED

MAY 01 2017

Timothy W. Fitzgerald
SPOKANE COUNTY CLERK

April 11, 2017

The Honorable Salvatore F. Cozza
Spokane County Superior Court
1116 W. Broadway Avenue
Spokane, Washington 99260-0350

RE: FLETCHER, CHARLES D.
ESH NO: 549029

[REDACTED]

Dear Judge Cozza:

111026257

This letter is written pursuant to RCW 10.77, and is a six-month progress report regarding the above named individual. On March 27, 2013, Spokane County Superior Court found Mr. Fletcher not guilty by reason of insanity to the charges of Assault in the Second Degree (3 counts), Failure to Remain at the Scene of an Accident-Injured Person, and Attempt to Elude a Police Vehicle. He was committed to the State of Washington Department of Social and Health Services on April 29, 2013, for a maximum supervision time of up to ten years which is due to expire on August 19, 2021.

According to law enforcement records from the Spokane Police Department, at approximately 9:20 p.m. on August 19, 2011, officers received a report of a Caucasian male, later identified as Mr. Fletcher, in the roadway south of Sacred Heart Medical Center armed with a knife and attempting to stab vehicles. While en route, officers were notified Mr. Fletcher had gotten back in his vehicle, pulled into the Sacred Heart Emergency Room parking lot, and was walking into the building carrying a knife. When the first duty officer arrived, Mr. Fletcher observed the marked patrol vehicle, returned to his vehicle and began to accelerate out of the parking lot. Two additional patrol vehicles joined the pursuit and a PIT maneuver was attempted when Mr. Fletcher ran a stop sign and refused to pull over. The initial officer's vehicle became caught on Mr. Fletcher's bumper and was dragged until Mr. Fletcher drove over a median, thereby dislodging the patrol car. A second officer had parked further down the road, and once free of the first patrol car, Mr. Fletcher is noted

The Honorable Salvatore F. Cozza
April 11, 2017
Page 2

RE: FLETCHER, CHARLES
ESH NO: 549029
CAUSE NO: 11-1-02625-7

to have accelerated to approximately 60 mph driving directly toward the second officer's vehicle. This officer reportedly backed out of way, with Mr. Fletcher missing the vehicle and continuing to drive northbound toward downtown Spokane. Subsequent to another unsuccessful PIT maneuver by a third officer, Mr. Fletcher proceeded to turn westbound onto an eastbound one-way street and struck two vehicles waiting at a light, a telephone pole, a street sign, and a real estate sign before finally coming to a stop in a retail parking lot. Mr. Fletcher then exited his vehicle and was ordered to the ground by the officers. The report indicates Mr. Fletcher failed to comply and was forced to the ground before being taken into custody.

Mr. Fletcher is assigned the following diagnoses according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V):

Axis I (Clinical Disorders):

1. Bipolar Affective Disorder Manic, with Psychosis
2. Polysubstance Use Disorder

Axis II (Personality Disorders, Mental Retardation): None

Axis III (General Medical Conditions):

1. Chronic Back Pain
2. Latent Tuberculosis (TB)

Mr. Fletcher has been on ward 2S1 since February 23, 2016. This report to the court reflects Mr. Fletcher's progress for the previous six months. Mr. Fletcher has generally done well since his transfer from 2N3. He appears to be stable, is social with his peers and staff, and had no behavior concerns. In December 2016, Mr. Fletcher talked with his treating psychiatrist, Dr. Bahder, about feeling guilt over his behavior on 2N3. During this time his medications were being adjusted, and Mr. Fletcher experienced some mild depression, at which time he started to isolate himself. Mr. Fletcher was prescribed Zyprexa. Shortly after Mr. Fletcher started taking the Zyprexa, he reported somatic complaints, stating the "medication is causing hypertension in my chest." Mr. Fletcher refused to continue the medication and it was discontinued. Mr. Fletcher was able to manage his symptoms using appropriate communication while taking a proactive role in his treatment.

Mr. Fletcher attends and actively participates in all assigned treatment groups at the treatment mall. Mr. Fletcher attends Cognitive Behavior Processing Group two times per week for 50 minutes each time with this writer. During Group, Mr. Fletcher demonstrates role model behavior and openly shares with his peers his history of mental illness and substance abuse. Mr. Fletcher has also been working on early detection of a manic or hypomanic episode. He has a history during times of decompensation where he has not been able to independently recognize the onset of manic symptoms or proactively seek assistance. Mr. Fletcher has been working on his relapse prevention plan, specifically identifying his triggers, early warning signs, and how to manage his mental illness. Mr. Fletcher has grown from his experience on 2N3, and has drawn on that episode to adjust his relapse prevention plan. This writer has recommended that Mr. Fletcher transfer to 2N3, as Mr. Fletcher has thrived in the structure of 2S1, but is ready for a less restrictive environment where he would benefit from a slow transition into the community.

The Honorable Salvatore F. Cozza
April 11, 2017
Page 3

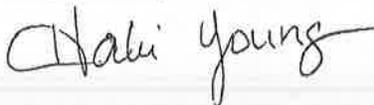
RE: FLETCHER, CHARLES
ESH NO: 549029
CAUSE NO: 11-1-02625-7

Mr. Fletcher is a level 7 in the 2S1 FSU program. He has been on a Level 7 since April 5, 2017. The 2S1 has eight levels. The first step of the program levels goes from one, being the lowest, to level 8, which requires a court order for grounds privileges. In order to advance in the level steps, Mr. Fletcher will need to know, state, and acknowledge the signs and symptoms of his mental illness. He will be able to acknowledge and identify his warning and actual signs and symptoms of mental illness. Mr. Fletcher will be able to articulate his need for medications and consequences of not taking them. He will maintain the use of healthy coping strategies with conflict/stress. Mr. Fletcher will demonstrate role model behavior. Mr. Fletcher will work with the treatment team to develop an authorized leave reintegration plan. Mr. Fletcher will complete a mental illness symptoms and warning signs worksheet.

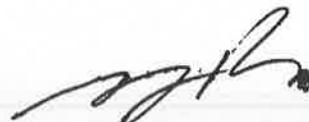
At this time, it remains the opinion of the Treatment Team that Mr. Fletcher requires the treatment structure and supervision provided by the Eastern State Hospital inpatient setting. Mr. Fletcher will continue to learn about his mental illness and the interconnected relationship between his crime, mental illness, and substance abuse.

We hope that it is informative and useful to the court in the continued monitoring of Mr. Fletcher's case. If we can provide any addition information with regard to Mr. Fletcher and his overall functioning in at Eastern State Hospital, please contact us as we are at your service. If there are any legal representation changes, please submit the change in writing to Eastern State Hospital, Forensic Services Unit.

Respectfully,



Halei Young, MSW
Social Worker
Forensic Services Unit



Greg Bahder, MD
Psychiatrist
Forensic Services Unit



NOTED BY: Karen McDonald, MSW
Administrative Director
Forensic Services Unit

HY(tls)

pc: Anthony D. Hazel, Deputy Prosecuting Attorney
Stephen C. Heintz, Attorney for Defendant
Charles Fletcher, Defendant

WILLIAM J. FITZGERALD
COUNTY CLERK
COUNTY OF SPOKANE, WASHINGTON

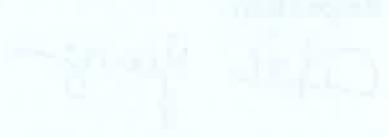
Page 1
JUL 18 2017

I hereby certify that this document is a true and correct copy of the original on file and of record in my office.

ATTEST

JUL 18 2017


WILLIAM J. FITZGERALD
COUNTY CLERK


BRIANNE HANSEN
DEPUTY CLERK

I certify that this document is a true and correct copy of the original on file and of record in my office.
ATTEST

JUL 18 2017

TIMOTHY W. FITZGERALD, COUNTY CLERK
COUNTY OF SPOKANE, STATE OF WASHINGTON
BY Brianne Hansen DEPUTY

SPOKANE COUNTY PROSECUTOR

July 28, 2017 - 10:21 AM

Transmittal Information

Filed with Court: Supreme Court
Appellate Court Case Number: 94329-0
Appellate Court Case Title: State of Washington v. Charles David Fletcher
Superior Court Case Number: 11-1-02625-7

The following documents have been uploaded:

- 943290_Briefs_20170728101959SC940173_3269.pdf
This File Contains:
Briefs - Respondents Supplemental
The Original File Name was PFR - Supp Br - JK 072717.pdf

A copy of the uploaded files will be sent to:

- backlundmistry1@gmail.com
- backlundmistry@gmail.com
- tbaldwin@spokanecounty.org

Comments:

Sender Name: Kim Cornelius - Email: kcornelius@spokanecounty.org

Filing on Behalf of: James Henry Kaufman - Email: jkaufman@spokanecounty.org (Alternate Email: scpaappeals@spokanecounty.org)

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Spokane, WA, 99260-0270
Phone: (509) 477-2873

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