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**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF YAKIMA**

STATE OF WASHINGTON,

Plaintiff,

v.

PHILIP ARNOLD PAUL,

Defendant.

NO. 87-1-00516-5

**FINDINGS OF FACT AND
ORDER ON CONDITIONAL
RELEASE**

The Plaintiff herein, STATE OF WASHINGTON, having moved the court for revocation of Defendant PHILIP ARNOLD PAUL's conditional release, the defendant having appeared in person with his counsel, DANIEL FESSLER, the State appearing by Deputy Prosecuting Attorney KEVIN EILMES, and the court having been fully advised and having considered the entire file and records, the Court makes the following:

PRELIMINARY FINDINGS OF FACT

1. The Defendant was committed to Eastern State Hospital (hereinafter "ESH") on July 15, 1987, after being found not guilty by reason of insanity for the offense of First Degree Murder. His diagnosis was, and remains, chronic paranoid schizophrenia.
2. In 2005, Mr. Paul petitioned for release. An agreed Order for Conditional Release was entered on June 22, 2005. This order specified that Paul was to reside at the Carlyle Care Center in Spokane, Washington, and could not change residential placement without further order of the court.

- 1 3. On January 15, 2009, Mr. Paul was returned from the Carlyle to Eastern State
2 Hospital at the request of J. Wendy Coram, director of the Carlyle.
- 3 4. By way of written report to the court, dated March 16, 2009, a Senior Staff
4 committee at Eastern State Hospital recommended revocation of Mr. Paul's
5 conditional release order due to: 1) Mr. Paul's lack of compliance with his
6 prescribed medication regimen; 2) his lack of insight into his mental illness warning
7 signs or symptoms; 3) his belief that he does not have a mental illness; 4) his belief
8 that his medications were poisoning him; 5) his increased aggression; and 6) his
9 third return to ESH while on conditional release.
- 10
11 5. On May 21, 2009, the court conducted a hearing pursuant to RCW 10.77.190(4) in
12 order to determine whether Mr. Paul's conditional release should be revoked or
13 maintained in light of his return to ESH.
- 14
15 6. The court heard testimony from Ms. Coram, who related her observations of Mr.
16 Paul while he was a resident at the Carlyle and the events which led to his return to
17 ESH on January 15, 2009. Ms. Coram related to the court that she did not believe
18 the Carlyle was a suitable placement for Mr. Paul at this time.
- 19
20 7. The court also heard testimony from Chad McAteer, Forensic Social Worker at
21 ESH, and Joe Gondek, Forensic Therapist, as to Mr. Paul's behavior and
22 compliance while resident at ESH, and the recommendation from Senior Staff to
23 revoke the conditional release.
- 24
25 8. Doctors J.R. Henry and Dodds Simangan testified by phone, the ESH clinical
26 director and Mr. Paul's treating psychiatrist respectively. Dr. Simangan specifically

1 testified as to his observations of Mr. Paul's symptoms and opinion as to Mr. Paul's
2 deterioration.

3 9. Jo Eggen-Smith, Mr. Paul's Community Corrections Officer, testified by phone, but
4 deferred to the recommendation of the Senior Staff as to Mr. Paul's status on
5 conditional release.
6

7 HAVING CONSIDERED the testimony herein, and arguments of counsel, the court
8 enters the following additional:

9 FINDINGS OF FACT

10 10. The court is satisfied, from the evidence presented, that Mr. Paul did not adhere to
11 the terms and conditions of his conditional release. Specifically: 1) he did not take
12 all medications which were prescribed; and 2) he did not honestly participate in his
13 therapeutic relationships, as obligated, with the staff at both the Carlyle and ESH.
14

15 11. The court also finds that Mr. Paul did not comply with the terms and conditions at
16 the Carlyle. Even though he may have found that the terms and conditions were
17 restrictive, he had an obligation to comply with them. Mr. Paul pushed the
18 envelope at the Carlyle, as he wanted to be more independent and have more
19 freedom to develop relationships, but the Carlyle staff did not feel that they had the
20 ability to monitor those relationships. Mr. Paul's challenge of his medication
21 regimen, either out of lack of insight or other reasons, only added to the Carlyle's
22 concerns.
23

24 12. The court also finds that Mr. Paul does represent a threat to public safety, because,
25 regardless of the reasons, his condition has deteriorated. He has become more
26

1 aggressive, and is not insightful as to his condition. While Mr. Paul has needs
2 similar to any other person, he must understand that there are limits on his
3 activities.

4 13. The court finds that Mr. Paul should remain a patient at Eastern State Hospital, until
5 he is stabilized, and gains insight into his illness.

6 14. Mr. Paul's return to the Carlyle is not an option at this time. Given his condition
7 and circumstances, the court may consider an alternative placement in the future if
8 appropriate, and if Mr. Paul is stabilized and insightful.

9 15. The court elects not to revoke the conditional release order at this time, both to
10 allow time to see if Mr. Paul can be stabilized given recent medication adjustments,
11 but also to allow Mr. Paul's counsel to investigate or develop alternative
12 placements, and to see if Mr. Paul is going to participate in therapy, be it the
13 Treatment Mall or any other appropriate setting. If Mr. Paul does not improve
14 before the matter is next heard, the court will again consider the State's request to
15 revoke the conditional release.

16 IT IS HEREBY ORDERED that the Order for Conditional Release, entered by this
17 court on June 22, 2005, is partially modified as follows:

18 1. The defendant, Mr. Paul, shall remain at Eastern State Hospital, pursuant to RCW
19 10.77.190(4), and he is not to be released to any other conditional release
20 placement until further order of the court.

21 2. A review hearing date shall be set for JANUARY 29, 2010 at 11:00 AM.

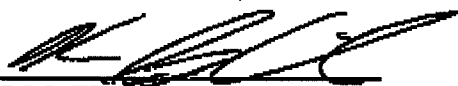
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- 3. Prior to the review date, the Senior Staff at Eastern State Hospital shall provide a written report to the court and counsel, detailing: 1) Mr. Paul's prognosis and status, in particular his response to recent medication adjustments; 2) Mr. Paul's level of participation in therapy and insight into his illness.
- 4. All other terms and conditions of the June 22, 2005 order shall remain unchanged and in effect.

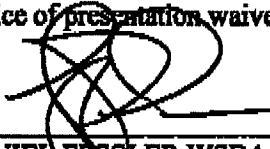
DATED this 4th day of ~~SEPTEMBER~~ 2009


 JUDGE MICHAEL SCHWAB

Presented by:


 KEVIN G. EILMES WSBA #18364
 Deputy Prosecuting Attorney

Notice of presentation waived; approved for entry by:


 DANIEL FESSLER WSBA# 4301
 Attorney for Mr. Paul

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CLERK
SUPERIOR COURT
YAKIMA

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF YAKIMA

STATE OF WASHINGTON,)	NO. 87-1-00516-5
)	
Plaintiff,)	
)	MOTION FOR MODIFICATION OF
vs.)	LRA (GRANTING OF CHRISTMAS
)	FURLOUGH)
PHILLIP ARNOLD PAUL,)	
)	
Defendant.)	

COMES NOW the above-named Defendant, by and through his attorney, ROBERT J. THOMPSON, and moves the Court for an order granting Mr. Paul a Christmas furlough in modification of his current LRA. This motion is based upon the files and records herein and the attached declaration of counsel.

DECLARATION

ROBERT J. THOMPSON hereby declares under penalty of perjury that the following statement is true and correct

I am the attorney of record for the above-named Defendant.

This office has reviewed the records of Mr. Paul not only in the

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ATTORNEY AT LAW
WSBA # 13063

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ROBERT J. THOMPSON
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criminal matter, but also the records from Eastern State Hospital and believes the following information would be helpful to the Court in judging whether or not Mr. Paul would be good candidate for a furlough release.

Mr. Paul, between 1990 and 1992, resided at the Eastern State Hospital. In early 1992, Mr. Paul was allowed to start attending school at Spokane Falls Community College. He did so for roughly a 2-year period of time and during that was allowed to work at the Spokane Goodwill store and later at an antique furniture shop in downtown Spokane. Mr. Paul worked roughly 30 hours per week.

As Mr. Paul continued his compliance on medication, he earned the trust of the hospital staff. Starting in 1998 he began efforts to transition himself into his family's residence in Yakima. During this 2-year period of time, Mr. Paul was allowed to stay with his parents for 2 weeks at which point he would go back to the hospital, receive his medication and then return back to Yakima with his parents.

This continued until June 12, 2000 when Mr. Paul was granted an LRA back into his family's home. Roughly 6 months later Mr. Paul, although on medication and having not violated the terms of his LRA, was returned to Eastern State Hospital as the regional health network counselor believed that Mr. Paul posed a threat and this coupled with their heightened insurance premiums, forced Mr. Paul back into the hospital.

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ROBERT J. THOMPSON
ATTORNEY AT LAW
WESBA # 13083

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Mr. Paul stayed at Eastern State Hospital until 2005, at which point he was released to the Carlisle House on a LRA. Mr. Paul was sent back to Eastern State Hospital from the Carlisle House as punishment for his alleged failure to comply with medication and pushing the limits of his supervision. The hospital, according to their reports indicated that Mr. Paul had not violated the conditions of his Less Restrictive Alternative as ordered by the Court, but there was no location for Mr. Paul to re-enter the community.

Again, it was never determined by any authority or believed by the officials at Eastern State Hospital that Mr. Paul had violated the terms of his LRA. It was more a concern of where housing could be had for Mr. Paul and who would finance him back into the community.

Mr. Paul was again returned into the Carlisle House in 2007 when an financial arrangement was made wherein Yakima County regional health network would pay the costs of Mr. Paul's stay in Spokane. Mr. Paul continues to be in compliance with all terms and conditions of his LRA.

Mr. Paul, since 1990, has not violated any terms or conditions of any LRA granted him and at no point has been a danger to the community.

Mr. Paul respectfully asks this Court to grant him a modification of his LRA in order for him to have a furlough over the Christmas holidays with his parents in Yakima. Mr. Paul will not consume alcohol or narcotics

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or violate the terms of his release.

Mr. Paul's medication by injection is scheduled for December 22, 2008.

Mr. Paul's family is willing to transport Mr. Paul from Spokane to their home beginning Tuesday, December 23, 2008. They will transport Mr. Paul back to the Carlisle House on Tuesday, December 30, 2008.

If the Court so deems necessary, Mr. Paul is willing to wear an ankle bracelet or other monitoring device during this Christmas furlough at his expense.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY OF THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNED this 11th day of December, 2008 at Pasco, WA.


ROBERT J. THOMPSON, WSBA #13003
Attorney for Defendant

504 W. Margaret St.
Pasco, Washington 99301
Telephone (509) 547-4011

ROBERT J. THOMPSON
ATTORNEY AT LAW
WSBA # 13003

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KIM M. EATON
EX OFFICIO CLERK OF
SUPERIOR COURT
YAKIMA, WASHINGTON

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ROBERT J. THOMPSON
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WSBA # 13003

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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF YAKIMA

STATE OF WASHINGTON,)	NO. 87-1-00516-5
)	
Plaintiff,)	
)	
vs.)	MOTION FOR FINAL DISCHARGE
)	OR IN THE ALTERNATIVE,
PHILLIP ARNOLD PAUL,)	SHOW CAUSE FOR
)	CONDITIONAL RELEASE
Defendant.)	

COMES NOW the above-named Defendant, PHILLIP PAUL, by and through his attorney of record, ROBERT J. THOMPSON, and moves the Court for an Order of Final Discharge pursuant to RCW 10.77.200 (3). The Defendant having been previously released on conditional release and returned to Eastern State Hospital without violating the terms of his conditional release. The Defendant Phillip Paul having lost his liberty interests and being detained within the confines of Eastern State Hospital

MOT. FOR FINAL DISCHARGE, OR IN THE ALTERNATIVE.
SHOW CAUSE FOR CONDITIONAL RELEASE - 1

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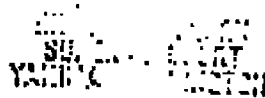
with the Department of Social and Health Services making no efforts to locate an alternative placement for Mr. Paul, the Defendant is left with no other alternative but to ask for his final discharge or have (DSHS) Eastern State Hospital and the Yakima County Prosecutor's Office show cause why Mr. Paul has not been conditionally released to his family home in Yakima County.

The Defendant respectfully asks that this Court entertain his motion in light of his liberty interests and substantive due process right to determine why it is that Mr. Paul remains detained at Eastern State Hospital, and further determine what efforts, if any, have been made to allow Mr. Paul to be returned back to the community. It is the belief that the Defendant once having an opportunity to present evidence before the hearings court, the Court will better be able to determine that Mr. Paul's liberty interests under the US and Washington State Constitutions have been violated by the actions of Eastern State Hospital through the lack of attention paid by the Department of Social and Health Services based on unconstitutional reasons.

The Defendant further asks for the Department of Social and Health Services to bring their records and files on Phillip Paul to get a better

2

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**STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS**

COURT-SPECIAL

REPORT TO: (The Honorable Michael E. Schwab
Yakima County Superior Court

OFFENDER NAME: Phillip Arnold Paul

AKA:

CRIME: First Degree Murder

SENTENCE: Life
Carlyle Care Center

Present Address: 206 S. Post
Spokane, WA 99201

MAILING ADDRESS: Same

DATE: 11-15-07

DOC NUMBER: 752691

DOB: 12-07-61

COUNTY CAUSE #: 87-1-00516-5

DATE OF SENTENCE: 07-15-87

TERMINATION DATE: Life

STATUS: Active

CLASSIFICATION: RMB

On 07-15-87, the Court ordered, adjudged and decreed that Mr. Paul be acquitted of the crime of Murder in the First Degree on grounds of insanity. The Court further ordered Mr. Paul committed to the Department of Social and Health Services under the custody and control of a state mental institution for the criminally insane who are dangerous to be at large for a maximum term of Life.

On 06-22-05, the Court ordered Mr. Paul conditionally released from Eastern State Hospital to the community under strict conditions. One of these conditions is that he remain under the supervision of an assigned Community Corrections Officer employed by the Department of Corrections.

On 10-10-05, Mr. Paul was placed in the community at the Carlyle Care Center, Spokane, Washington.

On 02-28-06, Eastern State Hospital staff were advised by Carlyle Care Center staff that Mr. Paul had failed to report for an injection of his psychotropic medication the previous day, and that he had at one point refused to take his prescribed medications during the previous week.

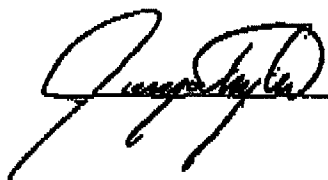
On 02-28-06, Offender Paul was returned to Eastern State Hospital, by Eastern State Hospital staff, for further evaluations and treatments.

on 10-16-07 Mr. Paul was again released to the care of the Carlyle Care Center at 206 S. Post St. Spokane Wa. Mr. Paul has been complied with her court ordered conditional release, and the rules and regulations of the Washington State Department of Corrections since his release.

I certify or declare under penalty of perjury of the laws of the state of Washington that the foregoing statements are true and correct to the best of my knowledge and belief.

Submitted By:

Approved By:



10/15/07
DATE



4/15/07
DATE

Jeremy J Taylor
COMMUNITY CORRECTIONS OFFICER
Unit 108
1717 W. Broadway
Spokane, Washington 99201
Telephone (509) 324 - 8354

Todd Wiggs
Supervisor

v/v/

Distribution: (ORIGINAL - Court COPY - Prosecuting Attorney, Defense Attorney, File

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.17, and RCW 49.14.

10-3-06

NOV 5 2006

To whom it may concern, 2006 OCT 5 PM 2 40

I, Philip Paul, have been at Eastern State Hospital since 1987. In June 12, 2000, I got out of the hospital and lived with my parents for 6 months. My therapist in November 2, 2000 said that I scared him and had me sent back up to Eastern State hospital. He wouldn't discuss why he was afraid of me. I was cooperating with him with the best of my ability at the time.

I tried to get to court with Judge Levitt. It took until 2002 to get to court. Dan Arnold, my attorney, represented me. The court records show that there was no proof. Nor did I violate my conditional release. Judge Levitt gave the hospital 30 days to find a place for me to live in the community. He told Dan Arnold to have a phone conference within 30 days with him (the Judge) and the prosecutor to discuss this matter. It took 14 months for Dan Arnold to tell me that he didn't want to take my case anymore. In 2005, another attorney, Bob Thompson, got it to where I could go to The Carlyle, which is a care facility in Spokane. I was there for 6 months. I got back February 8, 2006. They brought me back because my girlfriend got pregnant and other minor things. Not anything that broke any of the conditions of my conditional release. Me and my girlfriend had a boy on 8-11-06. C.P.S. has my son right now. I want to get out of the hospital, marry my girlfriend and live with my parents and raise my boy at Sunnyside on the farm. I would like to have a court date and present all of this to the Judge.

c.c.

Dan Fessler
Presiding Judge of Yakima Superior Court
Bob Thompson

Sincerely,
Philip A. Paul



Case # 97-1-00516-5

MARK MAYS, Ph.D., J.D.
PSYCHOLOGY

Medical Center Building

820 S. McClellan St, Suite 302
Spokane, Washington 99204
Telephone (509) 624-4800
Facsimile (509) 624-4806
Email markmays@markmays.com

September 5, 2006

Bob Thompson
Attorney at Law
504 W Margaret
Pasco WA 99301

RE: Phillip Paul

Dear Mr. Thompson:

Thank you for the compliment of referring Phillip Arnold Paul to me for an evaluation. Phillip Paul is a 36 year old Caucasian man who was seen for an extended interview at Eastern State Hospital. He's been diagnosed with paranoid schizophrenia, and was initially hospitalized in 1986 after being found not guilty by reason of insanity following a murder charge in Sunnyside, Washington, his hometown.

Although the records of the event were not reviewed, he reported what occurred and described deteriorating emotional conditions, accompanied by delusions, hallucinations and significant signs of paranoid schizophrenia. This led to an apparently senseless act in which he used his wrestling skill to, it seems, attack a neighbor lady, a school teacher, break her neck, and then stab her. He was detained at Eastern State Hospital and treated with medicines, but says that his medicines were discontinued in 1990. He attributes his subsequent escaping from the hospital to the discontinuation of medicines. He was stopped by a sheriff, one who he says treated him in an overly aggressive and assaultive manner. Following his detention, apparently some argument broke out, resulting in his using his wrestling skills, taking the leg out from underneath the sheriff, the sheriff's collarbone being broken and ESH settling a subsequent law suit. He was started back on the antipsychotic medicine of Navane, and says there have been no such violent acts since that time.

He was later placed on a conditional release allowing him to leave ESH and attend community college for some years. He studied a variety of art and music courses, apparently without negative incident. He was then released to a more expansive

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Phillip Paul Report
Mark Mays, Ph.D.
September 5, 2006
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residential conditional release in Sunnyside, but was eventually returned to ESH as the result of his therapist feeling threatened by him. His psychiatrist, who also apparently felt threatened, testified on the stand that Mr. Paul had not made threatening statements, but merely evoked a sense of threat. It's my understanding, however, that while there Mr. Paul committed no illegal or violent acts.

He was returned to ESH, then again released to residential placement at the Carlisle Hotel in Spokane. Conflicts arose there as the result of what he portrays as very minor issues. For example, he says that he was to take his injectable medicine the night of February 7th, but says that the nurse left early, so he didn't take it until the next morning, then was challenged for being non-compliant. He also went to a pawn shop, his staff supervisor or caseworker having prohibited his being there due to there being weapons at the store, which was seen as a violation of rules. He contends that the pawn shop had sold all of its guns, which he thought was the basis for the prohibition, and disputes the appropriateness or fairness of his privileges having been curtailed as the result of this misunderstanding. He also has a girlfriend who is pregnant, he assumes with his child, a person who he contends is viewed quite negatively by the staff, another source of tension. He mentions other events, such as problems with transportation back from a recording session, but, whatever the reasons might be, the staff at the Carlisle Hotel will no longer offer residential supervision for him. In his portrayal he is responded to with unreasonable consequences, but, it should be noted, only his perception of events was presented.

Correspondence from the Sunnyside facility indicate that they too, do not wish to provide care for him, seeing him as dangerous, and mentioning, interestingly, their insurance lost for taking on the responsibility of someone who might be dangerous. Apparently their risk rating has increased significantly over the last few years, as has their insurance cost, unrelated to Mr. Paul or his behavior.

He's been returned to ESH. He remains there, it seems, primarily because of an administrative issue of not having an alternative place to stay that can meet the terms of his conditional release, rather than because of his psychiatric status. It appears he has not violated the terms of his conditional release, but has complied with these terms. He has, rather, violated the rules or expectations of the various care providers that are essential for him to conform to the terms of a conditional release.

Psychological testing shows him as having some problems with written language, which may complicate the validity of his estimate of intelligence as measured in the 80's. His interview impression is of a person quite brighter than that, as seen by his grasp of some complexities, such as his legal situation. MMPI and Millon tests also show him as "non psychotic and without a severe mood disorder," but with personality traits of blamefulness, a behavioral pattern likely to evoke difficulties with limit setting

Phillip Paul Report
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September 5, 2006
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authorities, some arrogance, and impulsiveness. The description in the chart is much more reminiscent of a personality disorder than a psychiatric illness affecting cognitive functioning, although the tests are not available for review and he was taking antipsychotic medicines at the time. He's currently on medicines of Prolixan and Seroquel.

He describes a fairly benign developmental past. His father, now 81, is a farmer in the Sunnyside area, still quite industrious. "He could outwork either one of us, and he's 81," according to his son. He has brothers and sisters who seem to be functioning fairly well without apparent mental or psychiatric illness. He describes his family as supportive, but visiting far less than was the case initially.

He reports difficulties educationally as the result of learning problems and dyslexia, as it was then labeled, but did proceed to North Idaho College for a year where he pursued wrestling. Apparently he has been quite successful as a wrestler, winning awards, representing the state of Washington in a national championship, and having the goal of being an Olympic wrestler at one time. He then moved to Alaska, and says he used cocaine at that time, but, it seems, drug use was not relevant to his enduring psychiatric symptoms.

Much of his adult life has been spent at Eastern State. There have been behavioral issues while at the hospital, as indicated both by the information he provided me and my review of the medical chart. He seems to have some difficulty, according to the staff, with abiding by rules, such as not watching television after the black out time, having a tool in the shop that was not preauthorized, and the like. He also reportedly was involved in a relationship with a nurse at the state hospital, as well as possibly involved in situation with another male nurse who offered contraband in exchange for sexual acts. When initially investigated, Mr. Paul denied this, yet later stated that this had occurred when it was investigated.

He is described by the staff as manipulative and conniving, with other descriptors suggesting narcissistic aspects to his personality which evoke a great deal of frustration on the part of the staff. They see him as seeing himself as a special person for whom rules don't seem to apply, or such was the impression of their casual conversation when asked about him. They also indicated that they did not see him as needing hospitalization at present, the problem being more of finding a place for him than of his current psychiatric status.

Phillip Paul reported what I thought to be somewhat grandiose thoughts. He says that he would like to establish some "place" where people could come and achieve their potential, be it art or music. He is an artist, it seems, and, in fact, his wood sculpture of a

Phillip Paul Report
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bear sits in front of the state hospital. He showed me other sculpting and painting endeavors which seem to show some talent. He's described as skillful with a guitar and self taught, and participated in the "on stage" production by the group which encourages such acts for the chronically mentally ill, performing at the Center Stage Theatre and contributing to the endeavor. In fact, he says he would like his songs recorded, as some have been on private CD's, to assist in reducing the stigma which affixes to the mentally ill by writing songs about schizophrenia and mania.

He describes experiencing unusual events, as well as some questionable thoughts or perceptions, but says that he can "switch channels" and not pay attention to them. He also raises the question of whether much what he wonders about, such as almost magical experiences, might, in fact, be realistic, depending upon how one views such things, mentioning mystic notions of reality and other such views of how the world works. One can see in his mild digressions and some of his thought processes, the seeds for more major psychiatric illness should he not be maintained on medication.

I was able to observe elements of mental status during the course of my interview with Mr. Paul. At no time did I observe any behavior to suggest hallucinations. There was no concreteness of thought, looseness of associations, tangential or rambling speech, or problems with coherence or confusion. Thinking seemed fairly logical and progressive, and there was no observation of thought blocking, echolalia, or other such problems suggestive of severe difficulties in mentation.

Emotional functioning also seemed fairly appropriate. At no time did emotions seem labile or excitable, nor did they seem flat or overly subdued. Emotional reactions were generally compatible with the content of the interview and did not seem odd, inappropriate, excessive or overly suppressed. There was no suggestion of a neurological difficulty of note or significance, though an interview cannot preclude more subtle neuropsychological deficits which might affect behavior. There were, however, no asymmetries of muscle control, problems with gross motor movement, concreteness of thought, difficulties in comprehension, problems in attention or concentration or other suggestions of profound neurological decline. His general fund of information seemed adequate and his overall intellectual functioning seemed in the average range. There was no evidence of a current psychotic process.

There were no suggestions of profound anxiety as might have been suggested by excessive eye blinks, restlessness, agitation, palmar sweating or increased respiration. There were no signals of profound depression that might have been indicated by psychomotor slowing, problems in maintaining eye contact, a disheveled or unkempt appearance or spontaneous speech which seemed devoid of energy and animation. All of these seemed to be within the normal range. Physical barometers of depression, such as

Phillip Paul Report
Mark Mays, Ph.D.
September 5, 2006
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problems with sleep, appetite, and capacity to experience pleasure were not present, nor were there reports of alternating patterns of energy or discouragement which might be suggestive of a bipolar disorder. He did, however, seem mildly grandiose.

SUMMARY AND DISCUSSION: As is the consensus of those who have evaluated him, it is also my opinion that he suffers from a major psychiatric illness, that of Paranoid Schizophrenia. This is compatible with his history, progression of the illness, the symptom display at the time of the event, and has been the conclusion of those who have known him over time. Although his grandiosity and artistic interests hint somewhat at a Schizoaffective Disorder or a Bipolar Disorder, the issue is largely semantic rather than substantial, since he has in the past been overtly psychotic, regardless of the label.

There is a difference, however, between having the condition of paranoid schizophrenia and displaying the symptoms of paranoid schizophrenia. The symptoms include active psychosis, and he is not actively psychotic. By all reports and observations, he is well controlled on medicines, and has apparently been relatively free of psychotic symptoms for almost a decade and a half. There is no evidence that he has committed any violent acts, threatened any violent acts, or committed any criminal acts since his leaving Eastern State Hospital without authorization in 1990 and reacting aggressively to a sheriff who detained him, an event that reportedly occurred after medicines having been discontinued. Since medicines have been resumed in his treatment plan, he has been sufficiently well controlled as to use machinery in the shop, take college classes, and live in a conditioned release in two locations.

Although he does not display symptoms of a major psychiatric illness, it appears as if he has evoked symptoms of anxiety in others. His mannerisms, non-verbal behavior, and tone of voice appear to have been problematic for a counselor and a psychiatrist in Sunnyside who refuse to treat him, something which seems to be associated with a surprisingly frank admission about the financial cost of responding to those psychiatric patients who have a history of violence and the insurance cost associated with this. He has not been subservient, but appears to have pushed at limits and interpreted ambiguities in a way which others have found frustrating. In other words, he seems to have exceeded the financial limits and comfort level, if not the range and scope of service delivery, of the agencies to which he could be discharged to a less restrictive alternative.

At present the problem appears to be with the service delivery system, rather than with Phillip Paul. He does not have overt psychiatric symptoms at present which justify inpatient hospitalization. As the staff that tends to him on a daily basis volunteer, and is my opinion, his psychiatric status when medicated does not justify hospitalization. He doesn't need to be at Eastern State Hospital because of his psychiatric condition. He is there because of the limitations in the service delivery system.

Phillip Paul Report
Mark Mays, Ph.D.
September 5, 2006
Page 6 of 6

I must add as a personal note that I find this matter particularly vexing, not only in my role as a psychologist who appreciates both the benefits and limitations of psychiatric hospitalization, and as an attorney who appreciates the need to not limit freedom and liberty more than is necessary, but also as a Board member of the Spokane Mental Health Center for over a quarter of a century. This seems to be an almost textbook example of how human, therapeutic, and delivery system issues converge and conflict in a way that is not helpful to the patient, not helpful to the state hospitals already challenged in their capacity to provide more acute services, and not helpful for the values of a free and democratic society.

I don't want this evaluation report as appearing to minimize the nature of Mr. Paul's psychiatric illness. I think it is significant and continuing, although controlled. I also am aware that continuing medication monitoring and reasonable behavioral limits would be necessary in any conditional release. Further there are some subtle signs which show that his psychiatric problems likely persist in spite of the quiescence caused by appropriate therapeutic medication. It is not my opinion that psychotic symptoms have permanently resolved, but it is my opinion that they are controlled and could be controlled in a far less restrictive environment on a conditional release were service to be available, or mandated by the Court.

I hope this information is helpful to you. If I can clarify or expand upon any of the above, please do not hesitate to contact me.

Sincerely,



Mark Mays, Ph.D., J.D.
Clinical Psychologist
Attorney at Law

MM/cg

FILED

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR YAKIMA COUNTY

OCT 27 1994
KIM M. EATON, YAKIMA COUNTY CLERK

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3 STATE OF WASHINGTON,
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5 Plaintiff,
6 vs.
7 PHILLIP ARNOLD PAUL,
8 Defendant.

94 OCT 27 PM 3 16
NO. 8701-00516-5
EX G. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25.
SUPERIOR COURT OF FACT AND
YAKIMA COUNTY CONCLUSIONS OF LAW
RE: DEFENDANT'S PETITION
FOR CONDITIONAL RELEASE

9 THIS MATTER having come on for hearing on October 13, 1994
10 upon the request of the defendant Phillip Paul for a conditional
11 release under RCW 10.77.150. The defendant being present and
12 represented by his attorney Daniel Arnold and the State being
13 present and represented by its attorney Jeffrey C. Sullivan,
14 Prosecuting Attorney for Yakima County, Washington, and the court
15 having heard the testimony of witnesses herein and having
16 considered the file and reports contained therein and having heard
17 argument of counsel and being fully advised in the premises now
18 makes the following:

19 FINDINGS OF FACT

20 I.

21 The defendant, Phillip Arnold Paul, made an application for
22 final discharge or conditional release pursuant to RCW 10.77.150.
23 That application was not supported by the Secretary of the
24 Department Of Social and Health Services.

25 II.

That the defendant at the beginning of this hearing waived his
right to jury trial.

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III.

That all of the professionals who testified herein including Dr. Dennis Shepard, the defendant's expert, indicated that the final discharge for the defendant is not warranted at this time.

IV.

Dr. Shepard testified that he believed Phillip could be moved from Eastern State Hospital to a less secure facility, however, he indicated that such a facility would need to have trained personnel who would be aware of Mr. Paul's whereabouts 24 hours a day.

V.

The testimony of all of the treatment professionals from Eastern State Hospital was consistent in that all indicated that the partial conditional release previously granted by this Court should not be expanded.

VI.

That it is clear that Phillip Paul has not been able to take full advantage of the partial conditional release previously granted by this Court and that until he does so it is impossible to determine how he will react to new environments.

VII.

That the treatment plan laid out by the hospital recognizes Mr. Paul's progress to date and establishes a reasonable timetable for expanding the partial conditional release previously granted by this Court.

VIII.

That it appeared to the Court throughout this hearing that the defendant has made substantial progress since our last full court

1 hearing in June of 1989, however, it is clear to the Court that he
2 is still in need of substantial treatment.

3 From the foregoing Findings of Fact the Court makes and enters
4 the following:

5 CONCLUSIONS OF LAW


6 I.

7 That the defendant Phillip Arnold Paul is mentally ill with a
8 psychiatric diagnosis of paranoid schizophrenia.

9 II.

10 That the State has proven by a preponderance of the evidence
11 that the defendant cannot be conditionally released without
12 substantial danger to other persons and substantial likelihood that
13 he would commit felonious acts jeopardizing public safety or
14 security.

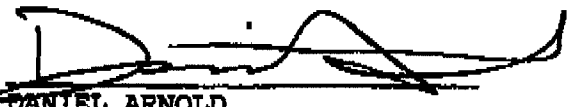
15 DONE IN OPEN COURT this 27 day of ^{October} ~~November~~, 1984.

16 
17 JUDGE MICHAEL LEAVITT

18 Presented by:

19 
20
21 JEFFREY C. SULLIVAN
22 Prosecuting Attorney
23 Washington State Bar No. 3655

24 Approved as to form:

25 
DANIEL ARNOLD
Attorney for Defendant

A-493-87/ab/JCS

ORIGINAL

FILED
OCT 27 1989

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF YAKIMA

JEFFY MCCILLEN
YAKIMA COUNTY CLERK

STATE OF WASHINGTON,)

PLAINTIFF)

vs.)

PHILLIP ARNOLD PAUL,)

Defendant.)

NO. 87-1-00516-5

FINDINGS OF FACT AND
CONCLUSIONS OF LAW
RE: DEFENDANT'S PETITION
FOR CONDITIONAL RELEASE

THIS MATTER having come on for hearing on June 5 and 6, 1989, upon the request of the defendant Phillip Paul for conditional release under RCW 10.77.140; the defendant being present and represented by his attorney Thomas Bothwell and the State being present and represented by Jeffrey C. Sullivan, Prosecuting Attorney for Yakima County, Washington, and the court having heard the testimony of witnesses herein and having considered the file and reports contained therein and having admitted the deposition of Dr. Frank Hardy and having heard argument of counsel and being fully advised in the premises now makes the following:

FINDINGS OF FACT

I.

That the testimony of the personnel from the Department of Social and Health Services namely Dr. Cressey, Dr. Dennie and Jill Simpson all indicate that the defendant should be released on the conditions set forth in his petition. Some of these witnesses were more firm in their recommendations than others.

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II.

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3 That Jill Simpson was the only witness who was directly
4 involved in the treatment of this defendant. Dr. Cressey
5 became involved in January of 1989. This application was
6 made in August of 1988.

III.

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8 That Dr. Dennie has seen the defendant approximately 15
9 to 20 times for short periods of time to gain information
10 and was not treating the defendant. Jill Simpson was
11 involved in treatment on a regular basis.

IV.

12
13 That this hearing is coming on before this court not
14 quite 23 months from the time that the defendant was
15 committed to Eastern State Hospital by Judge Cameron
16 Hopkins.

V.

17
18 That the defendant was examined on June 25, 1987, not
19 quite 2 years ago, at that time Dr. Christian Harris
20 concluded that the defendant has a major mental illness
21 which requires significant intervention and chemotherapy and
22 would need such for years to come. Dr. Harris further
23 indicated that the defendant should be closely monitored in
24 a secure institution for at least several years.

VI.

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26 That each of the doctors who testified here agree that
27 the defendant has a significant mental illness.
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VII.

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3 That Dr. Gigl testified at the initial hearing that the
4 defendant requires intensive psychotherapy in a locked
5 facility for several years.

VIII.

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7 That Dr. Frank Hardy examined the medical records
8 provided by Eastern State Hospital in support of this
9 application or partial conditional release and indicated in
10 his deposition that he considers the defendant extremely
11 dangerous. That Dr. Hardy stated in his opinion that the
12 defendant needs constant supervision and he would not
13 recommend a conditional release for schooling. Dr. Hardy is
14 a noted and well recognized practitioner who was speaking
15 directly to the application before the court saying that he
16 would not recommend it. That the defendant has an unusual
17 condition. It is unusual in that a paranoid schizophrenic
18 which is the defendant's diagnosis does not normally act on
19 his delusions, which happened here, both Dr. Hardy and Dr.
20 Cressey indicated that because of this the defendant is more
21 dangerous.

IX.

22
23 That Dr. Cressey's report indicated that this request
24 may be premature and the court so finds because of the
25 shortness of time since this vicious killing took place.

26 From the foregoing findings of fact the court makes and
27 enters the following:

28 X

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30 The Court's oral opinion of June 6, 1989 is incorporated
herein by ^{the} reference. *msd*


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CONCLUSIONS OF LAW

I.

That there is substantial evidence to deny the petitioner's request for conditional release and to disapprove of the recommendation of the Secretary in that there is substantial evidence indicating that the defendant cannot be conditionally released without substantial danger to other persons and there is substantial likelihood of the defendant committing felonious acts jeopardizing public safety or security unless he is retained in the custody of the Secretary.

DONE IN OPEN COURT this 27th day of October, 1989.


JUDGE MICHAEL LEAVITT

Presented by:


JEFFREY C. SULLIVAN
Prosecuting Attorney

Approved as to Form, and
Notice of Presentation Waived:

THOMAS BOTHWELL
Attorney for Defendant

JCS2(G)