

**In The Matter Of:**  
*Nelson v.*  
*CorrectHealth Muscogee*

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*Brian Mecham, PsyD, LCSW*  
*January 11, 2022*

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*M & M Court Reporting Service*

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF GEORGIA  
COLUMBUS DIVISION

JERRY NELSON, as Personal )  
Representative of the Estate of ) Case No.  
EDDIE LEE NELSON, JR., Deceased, ) 4:20-cv-00213-CDL  
and Michele Dushane, as )  
Surviving Spouse, )  
 )  
Plaintiffs, )  
 )  
vs. )  
 )  
CORRECTHEALTH MUSCOGEE, LLC, )  
OFFICER KEYVON SELLERS, )  
NURSE KIMBERLY BRAXTON, )  
COUNSELOR JACQUELINE WHITE, )  
HEALTHCARE STAFFING, INC., )  
ANGELA BURRELL, RN, )  
 )  
Defendants. )  
\_\_\_\_\_ )

VIDEOTAPED DEPOSITION OF BRIAN MECHAM, PSYD, LCSW

JANUARY 11, 2022

REPORTED BY:

JANET FRENCH, CSR NO. 946

Notary Public

1           THE VIDEOTAPED DEPOSITION OF BRIAN MECHAM,  
2   PSYD, LCSW, was taken on behalf of the Defendant  
3   Jacqueline White, at the Limelight Hotel, located at  
4   151 Main Street, Ketchum, Idaho, commencing at the  
5   hour of 1:15 p.m. on January 11th, 2022, before Janet  
6   French, Certified Shorthand Reporter and Notary Public  
7   within and for the State of Idaho, in the  
8   above-entitled matter.

9  
10                                    APPEARANCES:

11   For the Plaintiffs:

12           CRAIG T. JONES, P.C.

13           Post Office Box 129

14           Washington, Georgia 30673

15           craigthomasjones@outlook.com

16   For the Defendant Jacqueline White:

17           SWIFT, CURRIE, MCGHEE & HIERS, LLP

18           By: Myrece Johnson

19           1355 Peachtree Street, N.E., Suite 300

20           Atlanta, Georgia 30309

21           myrece.johnson@swiftcurrie.com

22   (Appearances continued on next page.)  
23  
24  
25

1 APPEARANCES (Continued):

2 For the Defendant Officer Keyvon Sellers:

3 PAGE, SCRANTOM, SPROUSE, TUCKER & FORD, P.C.

4 By: James C. Clark, Jr.

5 Thomas F. Gristina (Present Remotely)

6 111 Bay Avenue, Third Floor

7 Columbus, Georgia 31901

8 jcc@psstf.com

9 For the Defendant Healthcare Staffing, Inc.

10 FREEMAN MATHIS & GARY, LLP

11 By: Sara E. Brockstein (Present Remotely)

12 100 Galleria Parkway, Suite 1600

13 Atlanta, Georgia 30339-5948

14 sbrockstein@fmglaw.com

15 For the Defendants Nurse Braxton, Angela Brunnell, RN,  
16 and Correcthealth Muscogee, LLC:

17 FISHER BROYLES, LLP

18 By: Alison Lee Currie (Present Remotely)

19 945 East Paces Ferry Road, Suite 2000

20 Atlanta, Georgia 30326

21 alison.currie@fisherbroyles.com

22 Also present: Mitch Popa - Videographer

23

24

25

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THE VIDEOGRAPHER: We are on the record. This is beginning of File No. 1. Today's date is January 11, 2022. The time is approximately 1:15 p.m.

This is the deposition of Brian Mecham in the matter of Nelson v. Correcthealth Muscogee, LLC, et al., in the United States District Court for the Middle District of Georgia, Columbus Division, Case No. 4:20-cv-00213. The deposition is being taken on behalf of the defendants.

We are in the conference room of the Limelight Hotel, 151 Main Street, Ketchum, Idaho 83340.

This deposition is being reported and videorecorded by M&M Court Reporting Service, 101 South Capitol Boulevard, Suite 503, Boise, Idaho 83702. The court reporter is Janet French and Mitch Popa is the videographer.

Will counsel please identify themselves.

MR. JONES: Craig Jones for the plaintiffs.

MS. JOHNSON: Myrece Johnson for Jacqueline White.

MR. CLARK: Jim Clark for Officer Keyvon Sellers.

MS. CURRIE: Alison Currie for Correcthealth

13:16:42 1 Muscogee, Kimberly Braxton, and Angela Burrell.

13:16:44 2 MS. BROCHSTEIN: Sara Brockstein for Healthcare  
13:16:45 3 Staffing.

13:16:46 4 THE VIDEOGRAPHER: Are there any stipulations?

13:16:49 5 MS. JOHNSON: We can reserve objections like we  
13:16:52 6 did during the last one, Craig, is that all right?

13:16:54 7 MR. CLARK: Craig?

13:16:54 8 MR. JONES: Yes.

13:17:06 9 THE VIDEOGRAPHER: Will the court reporter please  
13:17:08 10 swear the witness.

13:17:08 11

13:17:08 12 BRIAN MECHAM, PSYD, LCSW,  
13:17:08 13 first duly sworn to tell the truth relating to said  
13:17:08 14 cause, testified as follows:

13:17:08 15

13:17:08 16 EXAMINATION

13:17:09 17 QUESTIONS BY MS. JOHNSON:

13:17:12 18 Q. Mr. Mecham, my name is Myrece Johnson, and I  
13:17:14 19 represent Jacqueline White in a lawsuit filed by Jerry  
13:17:17 20 Nelson and others involving the death of Mr. Eddie Lee  
13:17:18 21 Nelson.

13:17:20 22 And it's my understanding that you have been  
13:17:23 23 identified as expert witness in this case; is that  
13:17:23 24 correct?

13:17:23 25 A. Yes.



13:17:26 1 Q. Have you ever given a deposition before,  
13:17:27 2 sir?

13:17:27 3 A. No.

13:17:30 4 Q. Okay. So I'm sure that Mr. Jones has kind  
13:17:34 5 of filled you in on how the day will go, but I'm going  
13:17:36 6 to ask you questions, and you will give me your  
13:17:39 7 answers. I would ask that whatever answer that you  
13:17:41 8 have be verbal. The court reporter is here taking  
13:17:44 9 everything down, and it's difficult to write an  
13:17:48 10 "uh-huh" or an "unh-unh," or if you shake your head  
13:17:51 11 "yes," it's difficult to write down and remember what  
13:17:52 12 you meant when we read it back later.

13:17:54 13 So if you could just, please, give a verbal  
13:17:55 14 response, that would be appreciated.

13:17:56 15 A. Okay.

13:17:58 16 Q. If you don't understand any question that I  
13:18:01 17 ask, please let me know, and I will be glad to  
13:18:01 18 rephrase it.

13:18:01 19 All right?

13:18:03 20 A. Okay.

13:18:05 21 Q. And if you need a break at any point in  
13:18:07 22 time, just let me know that as well.

13:18:07 23 A. Thank you.

13:18:09 24 Q. Okay. Can you give me your full name, sir.

13:18:13 25 A. My full name is Brian Butler Mecham.

13:18:17 1 Q. Okay. And I'm going to mark for the record  
13:18:27 2 [Exhibit 1](#) to your deposition --

13:18:28 3 ([Exhibit 1](#) marked.)

13:18:29 4 Q. (BY MS. JOHNSON) -- which is the expert  
13:18:33 5 report that we were provided by Mr. Jones.

13:18:35 6 If you could take a look at that report and  
13:18:39 7 confirm that this is, in fact, the report that you  
13:18:54 8 prepared in this case.

13:18:56 9 A. It is indeed.

13:18:58 10 Q. All right. And do you have any opinions in  
13:19:01 11 this case that are not contained in the report that  
13:19:09 12 I've marked as [Exhibit 1](#)?

13:19:12 13 A. Not -- not that I can think of at this time.

13:19:22 14 Q. Okay. And this report was provided to us on  
13:19:27 15 October 28 of 2021. Since October 28 of 2021, have  
13:19:40 16 you done any further work in this case or reviewed any  
13:19:42 17 additional documents?

13:19:46 18 A. I have -- I have reviewed a little bit in a  
13:19:50 19 mental health -- correctional mental health book,  
13:19:51 20 other than that, no.

13:19:54 21 Q. What correctional health book have you  
13:19:54 22 reviewed?

13:20:00 23 A. I'm trying to remember. It's by Ax and  
13:20:05 24 Radford. I've actually got a jump drive that has  
13:20:07 25 all -- everything if you want it.

13:20:08 1 Q. Yes, please.

13:20:11 2 A. Except for all that he had sent to you guys.  
13:20:13 3 I couldn't fit that on here.

13:20:14 4 Q. Okay.

13:20:17 5 A. But this has all the resources and emails  
13:20:17 6 and everything else.

13:20:18 7 Q. In response to the request that we sent?  
13:20:18 8 Did that --

13:20:18 9 A. Correct.

13:20:20 10 Q. Okay. Great. So whatever correctional  
13:20:23 11 mental health book you referred to is identified on  
13:20:24 12 here?

13:20:25 13 A. It's identified on there.

13:20:26 14 Q. All right. Great. And when you reviewed  
13:20:31 15 that correctional mental health resource, did that  
13:20:33 16 change or modify the opinions that you rendered in  
13:20:34 17 [Exhibit 1](#) in any way?

13:20:37 18 A. No.

13:20:48 19 Q. And why did you review that after you issued  
13:20:49 20 your report?

13:20:52 21 A. To see if there was any more information  
13:20:55 22 that could verify my findings and my opinion.

13:20:57 23 Q. And did you find any more that could verify  
13:20:58 24 your findings and opinions?

13:21:06 25 A. I felt like what was in there was -- it

13:21:15 1 helped me to feel like my opinions were accurate.

13:21:20 2 Q. Okay. And what did you do today -- or not  
13:21:22 3 today. What did you do to prepare for your  
13:21:23 4 deposition?

13:21:25 5 A. I spent a little bit of time reviewing the  
13:21:33 6 records that Craig sent to me. That's about it.

13:21:37 7 Q. Okay. Did you go back and review your  
13:21:38 8 report again?

13:21:38 9 A. Yes.

13:21:41 10 Q. Did you review any of the testimony given in  
13:21:46 11 this case again?

13:21:49 12 A. Of, like, the other depositions or --

13:21:49 13 Q. Yes, sir.

13:21:51 14 A. -- those things?

13:21:52 15 Yes.

13:21:54 16 MS. JOHNSON: I guess, for the record we will  
13:21:58 17 mark this entire flash drive, which is his file, as  
13:22:00 18 [Exhibit 2](#).

13:22:01 19 ([Exhibit 2](#) marked.)

13:22:06 20 Q. (BY MS. JOHNSON) Have you -- you said  
13:22:09 21 earlier when we got started that you never given a  
13:22:10 22 deposition before.

13:22:13 23 Have you ever given trial testimony in any  
13:22:13 24 capacity?

13:22:16 25 A. Only as a designated examiner for the State

13:22:23 1 of Idaho in cases where -- where people were being  
13:22:32 2 committed to hospitals for treatment involuntarily.

13:22:35 3 Q. And what type of testimony in those  
13:22:40 4 situations are you rendering? Are you their treatment  
13:22:40 5 provider?

13:22:43 6 A. No. It's -- in Idaho it's called a  
13:22:46 7 designated examiner where you examine the person, you  
13:22:49 8 make a determination if they are a danger to  
13:22:53 9 themselves or others or gravely disabled and then it's  
13:22:55 10 part -- it was through Department of Health and  
13:22:59 11 Welfare. So I was a designated examiner and  
13:23:03 12 dispositioner to give testimony as to if they needed  
13:23:06 13 to be treated involuntarily.

13:23:10 14 Q. Okay. And is that the only trial testimony  
13:23:12 15 that you've given in your professional capacity?

13:23:17 16 A. I had one other that was just for -- I was  
13:23:20 17 subpoenaed for one of the inmates in the jail that  
13:23:24 18 I -- one of the jails that I currently work at, but  
13:23:26 19 other than that, no. That's it.

13:23:28 20 Q. And what were you subpoenaed to give  
13:23:30 21 testimony about in that other matter?

13:23:33 22 A. Just to give testimony of his behavior in  
13:23:36 23 the jail and the treatment work that he had done to  
13:23:42 24 try and improve himself. Just -- he was trying to  
13:23:45 25 avoid going to prison and so he wanted some evidence

13:23:47 1 that he was trying.

13:23:50 2 Q. Are you still a designated examiner for the  
13:23:50 3 State of Idaho?

13:23:50 4 A. Yes.

13:23:56 5 Q. And how long have you been doing that?

13:23:57 6 A. Probably 24 years.

13:24:08 7 Q. Other than the expert report that you wrote  
13:24:11 8 in this case, have you ever written an expert report  
13:24:11 9 before?

13:24:11 10 A. Yes.

13:24:13 11 Q. How many times?

13:24:15 12 A. Once.

13:24:21 13 Q. And is that the matter of Estate of Bradley  
13:24:24 14 Munroe versus Ada County Sheriff?

13:24:24 15 A. Yes.

13:24:26 16 Q. And where was that case pending?

13:24:29 17 A. That was in Ada County, Boise, Idaho.

13:24:33 18 Q. And just high level, what was that case  
13:24:34 19 about?

13:24:42 20 A. That case was about a jail suicide.

13:24:46 21 Q. And did it involve any of the issues that we  
13:24:48 22 are going to be talking about today in terms of  
13:24:52 23 intake, assessment, mental health assessments, when  
13:25:00 24 you are intaking somebody?

13:25:04 25 A. It is somewhat similar. Somewhat.

13:25:07 1 Q. And in that one matter, were you working on  
13:25:09 2 behalf of the plaintiff or the defendant?

13:25:10 3 A. Defendant.

13:25:24 4 Q. And I take it you were never deposed in that  
13:25:25 5 case; is that correct?

13:25:27 6 A. Correct. No, I was not.

13:25:29 7 Q. Is that the only other case that you've been  
13:25:31 8 identified as an expert witness in?

13:25:31 9 A. Yes.

13:25:37 10 Q. Okay. Do you still have a copy of that  
13:25:40 11 prior expert report?

13:25:43 12 A. I probably do somewhere, but I don't know  
13:25:48 13 where it's at.

13:25:50 14 Q. And you said you worked on behalf of the  
13:25:52 15 defendant in that case; correct?

13:26:05 16 A. You know what? It actually was not for the  
13:26:08 17 defendant. It was for the plaintiff. It was for the  
13:26:12 18 state -- or the county. It's been a while.

13:26:14 19 Q. Okay. Fair enough.

13:26:14 20 A. Sorry.

13:26:15 21 Q. That's all right.

13:26:26 22 And do you know why you were never called to  
13:26:29 23 give a deposition in that case or to testify at trial?

13:26:41 24 A. I was told that it was settled out of court.

13:26:44 25 Q. Do you advertise any expert services

13:26:45 1 anywhere?

13:26:51 2 A. No.

13:26:54 3 Q. Was the -- this prior expert report that you  
13:26:59 4 prepared, what type of mental health professional was  
13:27:01 5 being sued in that case?

13:27:06 6 A. It was the same as -- as I was. It was the  
13:27:12 7 licensed counselor or licensed clinical social worker.  
13:27:22 8 I can't recall what their credentials were.

13:27:26 9 Q. Are you a certified law enforcement officer?

13:27:32 10 A. No.

13:27:35 11 Q. Mr. Jones provided us some materials earlier  
13:27:38 12 from your file and one of the things he provided us  
13:27:39 13 was your CV.

13:27:44 14 MS. JOHNSON: Mark this as [Exhibit 3](#).

13:27:57 15 ([Exhibit 3](#) marked.)

13:27:59 16 Q. (BY MS. JOHNSON) [Exhibit 3](#) is the CV that  
13:28:01 17 we were provided with some of the materials in your  
13:28:02 18 file.

13:28:05 19 Is this the most recent copy of your CV?

13:28:07 20 A. Yes.

13:28:17 21 Q. Okay. Okay. So it looks like you received  
13:28:21 22 a Master's of Social Work in 1998; is that correct?

13:28:21 23 A. Yes.

13:28:24 24 Q. And then you have a license in Idaho?

13:28:24 25 A. Yes.



13:28:26 1 Q. Have you ever had a license to work  
13:28:29 2 professionally in any other state?

13:28:34 3 A. No. Actually, that's not true. I did get  
13:28:41 4 professionally licensed in New Mexico.

13:28:46 5 Q. And did you ever get fully licensed in New  
13:28:46 6 Mexico?

13:28:46 7 A. Yes.

13:28:49 8 Q. And do you still have an active New Mexico  
13:28:50 9 license?

13:28:50 10 A. No.

13:28:54 11 Q. Why did you get provisionally and then  
13:28:55 12 eventually fully licensed in New Mexico?

13:28:59 13 A. So I finished school. My wife was going to  
13:29:02 14 school there as well; so I finished up. And just  
13:29:06 15 before we left, I took the test to get fully licensed  
13:29:11 16 because I found out that it would transfer to Idaho.

13:29:16 17 Q. Makes sense. And then it looks like in 2020  
13:29:25 18 you got a Doctorate of Psychology; is that correct?

13:29:25 19 A. Yes.

13:29:33 20 Q. What -- is there a difference -- or  
13:29:34 21 obviously there is a difference. What is the  
13:29:37 22 difference between a licensed clinical social worker  
13:29:39 23 and a licensed professional counselor?

13:29:45 24 A. The biggest thing that I would say is that a  
13:29:50 25 counselor has more training in, like, counseling.

13:30:00 1 They deal with more pointed classes on, I would say,  
13:30:08 2 theory counseling, various different methods.

13:30:11 3 Social work is, I guess, what you would call  
13:30:17 4 an eclectic work, all different systems, various  
13:30:22 5 different levels. The training is -- I mean, it's  
13:30:24 6 similar, especially when you go to the master's level,  
13:30:28 7 you do different types of counseling. It also depends  
13:30:30 8 on what program you go to.

13:30:31 9 So my program wasn't necessarily focused on  
13:30:36 10 clinical counseling. It was focused more on -- it was  
13:30:40 11 called family preservation in multicultural settings.  
13:30:43 12 So other programs focus a little bit more on  
13:30:48 13 counseling or assessment type things. Mine was  
13:30:52 14 focused on families and how to work, you know, with  
13:30:58 15 the various different systems and parts of a family.

13:31:02 16 Q. And so are there certain things that a  
13:31:05 17 licensed professional counselor can do under their  
13:31:09 18 license that a social worker can't do or vice versa?

13:31:11 19 A. Once you are licensed, it's very similar in  
13:31:13 20 what you're -- what you are able to do, as far as, you  
13:31:16 21 know, most insurance companies will reimburse a  
13:31:20 22 licensed professional counselor the same as they will  
13:31:23 23 a licensed clinical social worker.

13:31:27 24 Q. And have you ever acted or worked as a  
13:31:29 25 licensed professional counselor?

13:31:42 1 A. No.

13:31:45 2 Q. How did you get involved in corrections --  
13:31:46 3 working in corrections?

13:31:52 4 A. Well, it started back -- well, most recently  
13:31:54 5 or way -- how?

13:31:56 6 Q. Just when you got your master's of social  
13:32:00 7 work in 1998, it looks like from your experience you  
13:32:03 8 almost immediately began working in corrections.

13:32:06 9 A. Yeah. And I had worked in juvenile  
13:32:10 10 detention centers. I was a dispatcher for about a  
13:32:14 11 year. I was -- as you can see, I was at a federal  
13:32:17 12 prison for my internship, and when I graduated with my  
13:32:20 13 master's, I was there for about a year -- almost a  
13:32:21 14 year.

13:32:24 15 And then I worked community mental health.  
13:32:27 16 I worked for the state. And at a certain point in  
13:32:31 17 time after I was with the state for three years, the  
13:32:35 18 doctor that ran the jails found out that I had had a  
13:32:39 19 history of working in corrections, and he sought me  
13:32:43 20 out, and he offered me a job.

13:32:46 21 Q. And when you say you were working for the  
13:32:49 22 state, is that listed on your CV as the Idaho  
13:32:50 23 Department of Health and Welfare?

13:32:51 24 A. Yes.

13:32:54 25 Q. And then it looks like from 2003 to the

13:32:57 1 present you've been working for Badger Medical; is  
13:32:57 2 that correct?

13:33:01 3 A. Yes. In February, it will be 19 years. And  
13:33:05 4 it's actually Ivy Medical now. It changed. The owner  
13:33:07 5 sold in October; so...

13:33:10 6 Q. Okay. Is it Ivy, like I-V-Y?

13:33:11 7 A. I-V-Y.

13:33:15 8 Q. Okay. And so Ivy Medical/Badger Medical  
13:33:16 9 what is that?

13:33:19 10 A. It's a specific company that we specialize  
13:33:25 11 in correctional medicine and mental health, and we  
13:33:29 12 have -- I have three jails that I currently cover.  
13:33:30 13 I've done up to eight.

13:33:35 14 And, again, that's kind of what we  
13:33:38 15 specialize in.

13:33:40 16 Q. Is it a company that provides staffing for  
13:33:45 17 the jail? Is it a company that provides mental health  
13:33:49 18 services for the jail? What does it do for the jails?

13:33:52 19 A. Yeah. For the jails, we provide medical and  
13:33:54 20 mental health care. I also provide training for  
13:34:01 21 officers and other staff as part of that. I'm Idaho  
13:34:06 22 POST certified; so I'm certified to teach and do teach  
13:34:11 23 at the POST Academy here in Idaho in Boise.

13:34:14 24 So those are some things that -- some of the  
13:34:16 25 things that I do -- we do.

13:34:19 1 Q. And have those roles that you have had  
13:34:22 2 personally been the same since you started working  
13:34:26 3 there in 2003 or have they changed over the course of  
13:34:27 4 your years?

13:34:28 5 A. They are pretty much the same.

13:34:32 6 Q. And it looks like you got your degree in  
13:34:35 7 psychology -- your doctorate while you were working at  
13:34:39 8 Badger Medical. Did that degree change your job  
13:34:40 9 duties or responsibilities?

13:34:43 10 A. Funny enough, no. Didn't increase my pay  
13:34:44 11 either.

13:34:49 12 Q. Well. Okay. What do you -- you said you  
13:34:52 13 teach at the POST Academy. What do you teach there?

13:34:55 14 A. I teach mainly for the juvenile detention  
13:34:59 15 officers. It's a mental health training. I teach  
13:35:05 16 about mental health and talk about ways to work with  
13:35:09 17 children and youth who are having mental health issues  
13:35:13 18 and training staff on ways to manage difficult  
13:35:14 19 behaviors.

13:35:17 20 Q. And when you say "the staff," are you  
13:35:20 21 training the correctional officers or the mental  
13:35:20 22 health providers?

13:35:22 23 A. The correctional officers.

13:35:27 24 Q. And does any of that training involve doing  
13:35:30 25 an intake assessment for a juvenile that's being

13:35:34 1 processed or booked into a facility?

13:35:38 2 A. Yes. We talk about the -- all of the youth  
13:35:41 3 that go into those facilities are -- go through a  
13:35:46 4 number of assessments, and they are shown the  
13:35:48 5 assessments and we talk about the different aspects of  
13:35:49 6 that.

13:35:50 7 Q. And are you training these correctional  
13:35:53 8 officers to do the assessments themselves?

13:35:55 9 A. No.

13:35:56 10 Q. Do you check --

13:35:57 11 A. Just --

13:35:57 12 Q. I'm sorry. Go ahead.

13:35:58 13 A. Just what they mean.

13:36:00 14 Q. Have you ever done any training for mental  
13:36:03 15 health professionals on how to do intake assessments  
13:36:09 16 in a jail setting -- in a correctional setting?

13:36:09 17 A. Yes.

13:36:13 18 Q. And when have you done that?

13:36:16 19 A. So one of the other things that I do outside  
13:36:22 20 of Ivy Medical is I'm a -- I am a consultant -- well,  
13:36:30 21 not even a consultant. I do -- for the juvenile  
13:36:31 22 detention centers through the State of Idaho, I  
13:36:36 23 developed a program called the Detention Clinician  
13:36:39 24 Program, and all of the clinicians -- there is 13  
13:36:45 25 throughout the state. We meet probably four times a

13:36:49 1 year. And during those meetings, specifically this  
13:36:54 2 last year, I did train all of the clinicians on the  
13:36:59 3 assessments that we do and -- basically so that we  
13:37:03 4 were all unified in doing that the same way and  
13:37:08 5 talking about what those assessments mean.

13:37:11 6 Q. And those are assessments of juveniles?

13:37:11 7 A. Yes.

13:37:15 8 Q. And in your opinion is an assessment -- an  
13:37:20 9 intake assessment in a correctional setting different  
13:37:22 10 for a juvenile as for an adult?

13:37:25 11 A. The questions are different. The purpose is  
13:37:26 12 the same.

13:37:29 13 Q. And what's the purpose of a mental health  
13:37:30 14 intake assessment?

13:37:38 15 A. To get a baseline snapshot of the current  
13:37:46 16 status of the offender to see where -- like maybe a  
13:37:50 17 history of things to find out their current status, if  
13:37:54 18 they have had a history of mental health treatment, if  
13:38:00 19 they are suicidal, if they are, you know, a -- with  
13:38:06 20 our adults, a number of years ago we had one of the  
13:38:10 21 colleges come in and do a research program and during  
13:38:14 22 that we added five additional questions to our booking  
13:38:19 23 that had to do with trauma. And they had asked for my  
13:38:24 24 input on that. And then we had -- we had put those  
13:38:27 25 in. So in the adult system, we also track for trauma.

13:38:31 1           And then what we do is if they score out and  
13:38:35 2 answer a certain number of those questions, then we  
13:38:38 3 request mental health care that they are automatically  
13:38:41 4 referred into -- into mental health.

13:38:43 5           I don't know if that answered your question.

13:38:46 6           Q.    Yeah.  Okay.  Would you agree with me that  
13:38:49 7 an assessment -- an intake assessment in a  
13:39:07 8 correctional setting is not treatment?

13:39:14 9           A.   I guess -- it depends because part of  
13:39:19 10 treatment assessment and those tools are used for  
13:39:28 11 specifically -- especially the ones that are -- are  
13:39:34 12 used to identify mental health systems, they -- I  
13:39:37 13 guess we could say they are not treatment, but they  
13:39:41 14 are treatment related because they determine what I'm  
13:39:47 15 going to do.  They determine -- like I often tell  
13:39:52 16 the -- both staff, adult and juvenile, that you don't  
13:39:56 17 have to be a therapist to be therapeutic.

13:39:58 18           And so when they're going through their  
13:40:00 19 intakes -- and that's, again, in the training that I  
13:40:05 20 do with adult staff, it is that a careful thorough  
13:40:08 21 booking is one of the most important aspects of it  
13:40:12 22 because I get a lot of my referrals from that booking  
13:40:15 23 process.  Because of PREA, the Prison Rape Elimination  
13:40:19 24 Act, because of, you know, things like that, if they  
13:40:22 25 come through, they have a high amount of trauma or



13:40:25 1 they score out in certain areas, they are referred  
13:40:28 2 into mental health.

13:40:32 3 Q. Okay. So the assessment determines the  
13:40:33 4 treatment.

13:40:34 5 Is that fair to say?

13:40:36 6 A. It determines the -- kind of the direction  
13:40:39 7 of what we would need to do.

13:40:39 8 Q. If anything?

13:40:41 9 A. If anything.

13:40:44 10 Q. Because some people can come through, have  
13:40:47 11 an assessment and not need mental health treatment;  
13:40:47 12 correct?

13:40:50 13 A. Well, yeah. But in the -- like, with some  
13:40:52 14 of the kids that we go through, they'll -- they will  
13:40:56 15 -- they will score zeroes on every single one of them,  
13:40:59 16 meaning they have no issues. That is a symptom. And  
13:41:03 17 so we either have them do it again or they are put in  
13:41:07 18 a situation of where it's like, "Hey, you know, we  
13:41:11 19 scored zeroes on everything," so there is no way  
13:41:14 20 anybody scores zeroes so you can kind of see that  
13:41:15 21 there is an issue.

13:41:19 22 But -- so it doesn't -- that as well as the  
13:41:23 23 officers -- because they are the front line; right?  
13:41:27 24 Their opinion matters in what I do. And so they will  
13:41:29 25 say, "They scored all zeroes" or "They looked a

13:41:33 1 certain way" and so they may refer them in regardless  
13:41:35 2 of it. It's kind of a package deal.

13:41:38 3 Q. So you, as a mental health professional,  
13:41:40 4 rely on some of the information that the jail  
13:41:44 5 correctional officers observe in that person's  
13:41:44 6 behavior?

13:41:45 7 A. Often. Yep.

13:41:52 8 Q. You said you currently work in three jails;  
13:41:52 9 is that correct?

13:41:52 10 A. Yes.

13:41:55 11 Q. What jails do you currently work?

13:41:58 12 A. I work in the Bonneville County Jail in  
13:42:03 13 Idaho Falls, the Madison County Jail in Rexburg, and  
13:42:11 14 the Jefferson County Jail in Rigby.

13:42:14 15 But additionally, though, I guess I have to  
13:42:19 16 say that when Ivy Medical took over, they brought in,  
13:42:25 17 like, a few other jails; so now I'm at -- I may do  
13:42:28 18 telemedicine for mental health or whatever you call it  
13:42:32 19 in, like, the Twin Falls Jail, and tomorrow -- or  
13:42:35 20 Thursday I will go do a clinic in the Bannock County  
13:42:40 21 Jail because we've got sick mental health people.

13:42:45 22 Q. Got it. How many jails does Badger health  
13:42:46 23 currently -- or Badger Medical or Ivy Medical  
13:42:50 24 currently service? Do you know?

13:42:53 25 A. The exact number, I don't. I think it's

13:42:53 1 ten.

13:42:57 2 Q. And what types of services do you personally  
13:43:01 3 provide when you go to Bonneville County or Madison  
13:43:05 4 County or any of these others that we have talked  
13:43:06 5 about?

13:43:08 6 A. So what will happen is I will go in there  
13:43:09 7 and they will have a clinic -- a list of people that I  
13:43:12 8 need to see. Usually they will bring me the suicidal  
13:43:15 9 or the high risk that they feel they are most  
13:43:16 10 concerned about.

13:43:18 11 And then I will go through basically an  
13:43:22 12 assessment. They will say -- like somebody may say  
13:43:26 13 they need housing. Somebody may say that they are  
13:43:30 14 depressed. A nurse may put somebody in that says  
13:43:35 15 acting psychotic or hearing voices. And then what I  
13:43:37 16 would do is I'll just go through each one  
13:43:38 17 individually.

13:43:43 18 I may look at their file before, if I hadn't  
13:43:48 19 been there. I -- anyway, so I will go through. I'll  
13:43:50 20 sit down and talk with them about what these issues  
13:43:56 21 are, and then I will create a treatment plan, per se.

13:43:59 22 Some people want medication for their  
13:44:04 23 depression or anxiety or mood swings. I do a few  
13:44:11 24 assessments -- of, like, GAD-7, the PHQ-9, some of  
13:44:14 25 these things that they can self-report. And then I

13:44:17 1 use those in order to formulate a treatment plan  
13:44:19 2 for -- for those people.

13:44:25 3 Q. And are you -- in your jails that you  
13:44:30 4 service, does everyone get a mental health screening  
13:44:31 5 when they are booked?

13:44:33 6 A. Like, that I do?

13:44:36 7 Q. That anybody in the mental health department  
13:44:37 8 does.

13:44:39 9 A. I am the mental health department.

13:44:39 10 Q. Okay.

13:44:44 11 A. So, no, not everyone that comes in gets a  
13:44:45 12 mental health screening.

13:44:48 13 Q. In the jails that you service, how do you --  
13:44:51 14 how is the decision made whether or not an inmate that  
13:44:55 15 is being booked in gets a mental health visit or  
13:44:55 16 evaluation?

13:44:59 17 A. So the first is by the booking screen. So  
13:45:01 18 when the deputies go through, they will ask several  
13:45:05 19 questions to them, and if they answer what I call the  
13:45:09 20 PREA questions, if they have been abused or and  
13:45:12 21 hasn't -- like if they have been abused or want  
13:45:16 22 treatment for abuse issues -- assault or abuse, then  
13:45:19 23 the nurses will often put them in to see me. So  
13:45:23 24 that's one avenue.

13:45:25 25 We have a 10-day screening once they come

13:45:28 1 in. They will come in. The nurses will do a  
13:45:33 2 screening after 10 to 14 days, and they will ask them  
13:45:36 3 if they have any issues they want to talk to mental  
13:45:38 4 health about. That's another way.

13:45:41 5 Probably the way that is the most often is  
13:45:45 6 that I will have an officer or a staff member refer  
13:45:52 7 them in, and they will do that in several different  
13:45:56 8 ways. They will email me. They will put a kite  
13:46:02 9 request in to -- for them to be seen. And so those  
13:46:03 10 are the main ways.

13:46:06 11 So medical refers them in, the booking  
13:46:10 12 officer refers them in, or the pod officers or  
13:46:12 13 otherwise will refer them in to me.

13:46:15 14 Q. Okay. You've used a couple acronyms I'm not  
13:46:16 15 familiar with.

13:46:18 16 You said PREA?

13:46:20 17 A. Uh-huh.

13:46:20 18 Q. What is that?

13:46:23 19 A. That's the Prison Rape Elimination Act.

13:46:23 20 Q. Got it.

13:46:25 21 A. So if we hold -- it's mostly federal  
13:46:29 22 prisoners, but we've just tried to make sure that all  
13:46:33 23 of us are PREA trained. So if somebody says that they  
13:46:36 24 were sexually assaulted or if somebody is making  
13:46:39 25 sexual comments or other things like that, that we

13:46:43 1 have an avenue which there is -- mental health is part  
13:46:45 2 of that, but we have an avenue to address those  
13:46:46 3 issues.

13:46:48 4 Q. And then you said -- you used the word  
13:46:49 5 "kite"?

13:46:51 6 A. Yeah. It's just a request.

13:46:52 7 Q. Okay.

13:46:55 8 A. You know, it's probably not cool, but it's  
13:46:58 9 like fly a kite, you know, and put in a request to be  
13:47:01 10 seen for mental health.

13:47:02 11 Q. All right. And so you said that you are the  
13:47:04 12 mental health department at these jails that you  
13:47:06 13 service; is that right?

13:47:06 14 A. Right.

13:47:08 15 Q. Do you have any other people that do any  
13:47:11 16 type of mental health services at these jails, other  
13:47:12 17 than yourself?

13:47:16 18 A. Well, it depends. So, like, if somebody is  
13:47:19 19 getting committed or has an 18 -- like a commitment  
13:47:23 20 evaluation, that's done from an outside provider.  
13:47:27 21 COVID has kind of affected it, but we do have other  
13:47:33 22 community providers that we try to get people set up  
13:47:37 23 with services. It's kind of like discharge planning.  
13:47:38 24 They will come in occasionally.

13:47:41 25 But as far as, like -- like designated

13:47:44 1 examinations or somebody that needs to be committed,  
13:47:48 2 the Department of Health and Welfare will often come  
13:47:52 3 in and see those people. But as far as the day-to-day  
13:47:55 4 stuff -- I have a case manager who helps me, but as  
13:47:58 5 far as the day-to-day mental health evaluations, I  
13:48:02 6 pretty much do those. They are small jails.

13:48:02 7 Q. Sure.

13:48:03 8 A. It's not like -- I guess Muscogee is, like,  
13:48:05 9 1,000 beds.

13:48:05 10 Q. Right.

13:48:08 11 A. You know, we are about 250 to 300. We can  
13:48:11 12 go up to 400 and then the other ones are about 80. So  
13:48:14 13 I'm probably over 400 inmates.

13:48:15 14 Q. Total?

13:48:17 15 A. Yeah, total.

13:48:18 16 Q. Across the jails?

13:48:20 17 A. Uh-huh. 4 or 500. It depends on --  
13:48:23 18 depending on how many we've got in there at a time.

13:48:26 19 Q. And so in this case, you know, there was --  
13:48:30 20 there are several mental health providers in the  
13:48:33 21 Muscogee County Jail. Ms. White being one of them.  
13:48:36 22 That doesn't sound like the situation that you work  
13:48:38 23 in; is that fair to say?

13:48:38 24 A. Yes.

13:48:40 25 Q. Okay. And so -- and are you in a jail -- in

13:48:43 1 one of these jails every day, or do you do office  
13:48:45 2 things outside of the jails as well?

13:48:48 3 A. I'm in mostly the Bonneville County Jail  
13:48:51 4 every day. The other small jails I can do in a  
13:48:54 5 morning or an afternoon because they are not -- they  
13:48:57 6 are not generally -- they kind of get there, but they  
13:48:59 7 are not generally high-maintenance facilities.

13:49:04 8 Q. Do you have any supervisory role over any  
13:49:07 9 other mental health professional -- bless you --  
13:49:09 10 mental health professionals that work at Ivy Medical?

13:49:11 11 A. Not currently, no.

13:49:12 12 Q. Ever?

13:49:19 13 A. I have had -- historically I've had people  
13:49:23 14 that I supervise. Usually one other -- I guess my  
13:49:27 15 case manager, I am kind of a supervisor for her, but  
13:49:34 16 not clinically, no.

13:49:41 17 Q. Have you ever worked in, like, private  
13:49:43 18 practice or in a clinical setting outside of  
13:49:45 19 corrections?

13:49:48 20 A. I've not worked in a private practice. I  
13:49:52 21 did work for about two years -- just when I graduated  
13:49:58 22 with my master's, a few years in community mental  
13:50:00 23 health at Southwest Counseling in New Mexico. I  
13:50:02 24 worked with kids there.

13:50:04 25 And then I worked with kids in Idaho when I



13:50:07 1 moved back for about a year and a half to two years.

13:50:11 2 But other than that, it's either been state or what

13:50:12 3 I'm doing now.

13:50:15 4 Q. Have you ever been sued in your professional  
13:50:15 5 capacity?

13:50:17 6 A. No. And I don't ever want to be.

13:50:25 7 Q. I'm going to show you the next exhibit.

13:50:28 8 ([Exhibit 4](#) marked.)

13:50:43 9 Q. (BY MS. JOHNSON) [Exhibit 4](#) looks to be your  
13:50:45 10 fee schedule; is that correct?

13:50:45 11 A. Yes.

13:50:50 12 Q. Okay. And is this current and up-to-date as  
13:50:51 13 of today?

13:50:51 14 A. Yes.

13:51:02 15 Q. Do you remember about when you were hired to  
13:51:06 16 do some work in this case?

13:51:09 17 A. It was a long time ago. It was either late  
13:51:11 18 2019 or 2020.

13:51:14 19 Q. And what were you asked to do when you were  
13:51:14 20 first contacted?

13:51:25 21 A. I was asked to review this case and see if I  
13:51:27 22 thought it was something I would be willing to give an  
13:51:29 23 opinion on.

13:51:34 24 Q. And was there any specific information or  
13:51:38 25 areas that you were asked to look at over others?

13:51:43 1 A. Well, the mental health mainly. There was a  
13:51:49 2 lot of data -- at least from what I'm used to, right.  
13:51:54 3 But to look over the mental health stuff and have --  
13:51:59 4 you know, render an opinion on how I thought it was  
13:52:00 5 handled.

13:52:05 6 Q. And have you ever worked with Mr. Jones  
13:52:08 7 before, the plaintiffs' lawyer in this case?

13:52:08 8 A. No.

13:52:11 9 Q. Do you know how he found you as an expert?

13:52:11 10 A. I do.

13:52:13 11 Q. How was that?

13:52:15 12 A. So the person that hired me 18 years ago,  
13:52:21 13 Dr. Jeff Keller, he's been my boss forever, and he the  
13:52:26 14 last few years had gotten involved in this type of  
13:52:32 15 work, and he had given my name; so...

13:52:35 16 Q. And --

13:52:37 17 MR. JONES: I wasn't clear from your question  
13:52:41 18 that he is working with me on another case now. But  
13:52:43 19 he -- when you asked if worked on another case  
13:52:44 20 before --

13:52:44 21 MS. JOHNSON: Sure.

13:52:45 22 MR. JONES: -- I think he interpreted that as  
13:52:46 23 meaning before this one.

13:52:46 24 MS. JOHNSON: Okay.

13:52:48 25 MR. JONES: But there is another case he is

13:52:50 1 consulting with me on now.

13:52:50 2 MS. JOHNSON: I got it.

13:52:53 3 Q. (BY MS. JOHNSON) So as Mr. Jones just said,  
13:52:53 4 you are working with him on a different matter as well  
13:52:54 5 as this one that we are here about today?

13:52:54 6 A. Yes.

13:52:56 7 Q. Okay. And is that also in the correctional  
13:52:57 8 setting?

13:52:57 9 A. Yes.

13:53:02 10 Q. And I'm sorry. Can you tell me the name of  
13:53:06 11 the person who suggested your name? Your boss -- what  
13:53:06 12 was his name?

13:53:07 13 A. Jeff Keller.

13:53:09 14 Q. Jeff Keller. Okay.

13:53:11 15 And do you know why Mr. Keller offered your  
13:53:15 16 name to Mr. Jones?

13:53:19 17 A. Well, he tells me that I'm good and I know  
13:53:20 18 what I'm doing.

13:53:21 19 Q. Okay.

13:53:23 20 A. And I've had a lot of experience.

13:53:28 21 Q. Sure. Is -- consulting and doing expert  
13:53:30 22 witness testifying, is that something you are looking  
13:53:34 23 to move into -- a field you are looking to move into?

13:53:34 24 A. No.

13:53:36 25 MR. JONES: Can you speak a little bit louder.

13:53:40 1 MS. JOHNSON: Yeah, you are a little quiet.

13:53:40 2 MR. JONES: Yeah.

13:53:41 3 THE WITNESS: No.

13:53:41 4 MS. JOHNSON: No. Okay.

13:53:44 5 MR. JONES: You've got a couple old guys here  
13:53:47 6 that have trouble hearing you.

13:53:47 7 THE WITNESS: Okay.

13:53:48 8 Q. (BY MS. JOHNSON) Have you ever turned down  
13:53:53 9 any cases to review in an expert setting?

13:53:58 10 A. No, I have not.

13:54:00 11 Q. All right. Had you ever heard of Jacqueline  
13:54:03 12 White before getting involved in this case?

13:54:04 13 A. No.

13:54:07 14 Q. All right. I'm going to show you the next  
13:54:07 15 exhibit.

13:54:07 16 MS. JOHNSON: I can't remember what number we are  
13:54:07 17 on.

13:54:07 18 THE STENOGRAPHER: Six.

13:54:20 19 ([Exhibit 6](#) marked.)

13:54:23 20 Q. (BY MS. JOHNSON) This is [Exhibit 6](#). Again,  
13:54:25 21 another document that Mr. Jones provided with some of  
13:54:27 22 your file materials a few weeks ago.

13:54:29 23 This looks -- is this the invoice that you  
13:54:31 24 submitted for your work in this case?

13:54:31 25 A. Yes.

13:54:34 1 Q. All right. And it looks like it's dated  
13:54:35 2 October 21 of 2021; is that correct?

13:54:36 3 A. Yes.

13:54:38 4 Q. All right. And since October 21 of 2021,  
13:54:47 5 have you submitted any additional invoices?

13:54:49 6 A. I don't think so. I think this is the only  
13:54:50 7 one I've submitted.

13:54:57 8 There was an initial one where we had gotten  
13:55:02 9 started and then -- this is it.

13:55:07 10 Q. Okay. If you look, the very first entry, it  
13:55:10 11 says, "Review case notes, dash, pre-paid."

13:55:11 12 Do you see that?

13:55:11 13 A. Yes.

13:55:14 14 Q. That's not -- that doesn't have a date. Is  
13:55:17 15 that what you are talking about, your first initial  
13:55:19 16 review of this case?

13:55:21 17 A. Yes. So when he had given that to me -- and  
13:55:25 18 you are right. I did not put a date on that. When he  
13:55:29 19 had given that to me -- he had asked me to do the  
13:55:35 20 case, there was a retainer fee for \$1,000. And so I  
13:55:42 21 had reviewed the case and then began to spend more  
13:55:45 22 time on it after that. So that wasn't -- as you can  
13:55:52 23 see on the last part of it -- that was not billed for.

13:55:56 24 Q. What was not billed for? I'm so sorry.

13:55:59 25 A. So there is a zero on the line total.

13:56:01 1 Q. Oh, I see.

13:56:03 2 A. That's the -- that's the money that he had  
13:56:05 3 initially sent to me.

13:56:07 4 Q. Right. It looks like a \$1,000 retainer?

13:56:08 5 A. Yes.

13:56:11 6 Q. Okay. Okay. So in looking at this, it  
13:56:18 7 looks like you start writing your report, at least  
13:56:20 8 according to this invoice, around July 12 of 2021; is  
13:56:21 9 that right?

13:56:25 10 A. Yes.

13:56:28 11 Q. And then you -- for the next several days it  
13:56:32 12 looks like you work on review and writing the report.

13:56:33 13 Do you see that?

13:56:33 14 A. Yes.

13:56:35 15 Q. Do you remember what portions of your report  
13:56:38 16 you were working on at that point in July of this  
13:56:40 17 year -- or of last year, excuse me?

13:56:41 18 A. I do not.

13:56:45 19 Q. Now Ms. White had not been deposed until  
13:56:48 20 August 31 of 2021. So what were you basing your  
13:56:52 21 opinions and report writing on in July of 2021?

13:56:57 22 A. At that point in time I was basing it mostly  
13:57:04 23 on the records that I had. So the -- so the -- going  
13:57:07 24 through and reading her documentation, Dr. Patillo's  
13:57:15 25 documentation. Mainly at that point in time it was

13:57:19 1 looking over what they had written.

13:57:20 2 Q. Okay.

13:57:20 3 MS. JOHNSON: I'm going to mark this as our next  
13:57:20 4 exhibit.

13:57:32 5 ([Exhibit 7](#) marked.)

13:57:35 6 Q. (BY MS. JOHNSON) This is [Exhibit 7](#), which  
13:57:38 7 was also marked as an exhibit to Ms. White's  
13:57:38 8 deposition.

13:57:40 9 Are these the mental health records of  
13:57:43 10 Ms. White that you were just referencing that you had  
13:57:46 11 reviewed in July of 2021?

13:58:09 12 A. These are some of what I had reviewed.

13:58:12 13 Q. Are you aware of any other mental health  
13:58:13 14 records for treatment Mr. Hatchett received or  
13:58:17 15 assessments Mr. Hatchett received before Mr. Nelson's  
13:58:29 16 death, other than what we have marked as [Exhibit 7](#)?

13:58:32 17 A. Well, the other mental health stuff, I  
13:58:36 18 guess, I would classify under the -- the psychologist.  
13:58:41 19 Her name just left me. And then to me there was a  
13:58:45 20 pretty important aspect of the -- of the medical  
13:58:50 21 aspect of it of where the nurse had seen him, Nurse  
13:58:51 22 Braxton.

13:58:51 23 Q. Uh-huh.

13:58:53 24 A. And where they had done that too.

13:58:56 25 And so much of my time -- I mean, this is --

13:59:04 1 much of my time I was -- I looked at how -- kind of  
13:59:11 2 the timeline of the medical, the mental health, and  
13:59:14 3 that whole aspect of it; so...

13:59:16 4 Q. And so my question to you was whether you  
13:59:19 5 are aware of any other documents reflecting any mental  
13:59:22 6 health treatment or assessment of Mr. Hatchett before  
13:59:27 7 Mr. Nelson's death, other than what I handed to you as  
13:59:28 8 [Exhibit 7](#)?

13:59:29 9 A. The only -- the only thing other than that  
13:59:32 10 was the prior time that he had been in there.

13:59:33 11 Q. Okay.

13:59:36 12 A. And then the other mental health records  
13:59:38 13 after the incident occurred.

13:59:40 14 Q. Okay.

13:59:45 15 A. So those are -- yeah, those, and then  
13:59:47 16 particularly the ones after the incident.

13:59:49 17 Q. Okay. And so you had those in July of 2021  
13:59:54 18 when you began drafting your report criticizing  
13:59:55 19 Ms. White; is that correct?

14:00:06 20 A. Those were part of what was sent to me. I  
14:00:09 21 wouldn't say criticizing, but...

14:00:12 22 Q. Are you not critical of Ms. White?

14:00:13 23 A. I don't know Ms. White.

14:00:17 24 Q. Are you offering criticisms of her behavior?

14:00:28 25 A. I'm -- I'm offering an opinion on how the



14:00:37 1 assessments could have improved -- basically the whole  
14:00:45 2 process.

14:00:47 3 Q. Are you offering an opinion that Ms. White  
14:00:50 4 did something wrong?

14:00:55 5 A. I'm offering an opinion as to -- that she  
14:00:57 6 could have done more.

14:01:00 7 Q. Are you offering opinion that her conduct  
14:01:02 8 fell below the standard of care?

14:01:02 9 A. Yes.

14:01:05 10 Q. Okay. But in your opinion that's not  
14:01:08 11 something she did wrong?

14:01:12 12 A. Well, I'm going to say that she didn't go to  
14:01:16 13 work that day and say, "I'm going to work below the  
14:01:19 14 standard of care." I think that maybe there is a  
14:01:26 15 training aspect to it or an experience aspect to it.  
14:01:35 16 But I -- in reviewing the records, that's -- I mean,  
14:01:41 17 this is all we have of someone who -- there was a lot  
14:01:47 18 of red flags and so, yes, I do think that there is  
14:01:55 19 a -- there was professional conduct that was below the  
14:01:58 20 standard of care.

14:02:01 21 Q. All right. We'll get into a lot of that  
14:02:04 22 later, but I want to just make sure I understand right  
14:02:07 23 now. You said there was a lot of red flags in the  
14:02:07 24 situation.

14:02:10 25 What red flags were there?

14:02:13 1 A. Well, in my -- in my practice, if a nurse  
14:02:19 2 refers somebody into me, then I'm going to see them  
14:02:23 3 regardless of whether they want to come and see me or  
14:02:23 4 not.

14:02:32 5 And I -- and so, No. 1, it was a red flag  
14:02:35 6 the nurse wanted him to be seen.

14:02:39 7 No. 2 it was a red flag that he did not  
14:02:39 8 come.

14:02:43 9 And then the red flag was where his dad  
14:02:55 10 called in. And as far as that goes, when a parent  
14:02:58 11 calls in and they are concerned, that's definitely an  
14:03:04 12 area where -- in what I do it's an -- basically an  
14:03:07 13 automatic; we are putting him on a watch.

14:03:10 14 MR. CLARK: I'm sorry. Can you say that again?  
14:03:11 15 You said odd what?

14:03:13 16 THE WITNESS: Automatic. It's automatic that we  
14:03:16 17 are going to put them on a watch. Because if a parent  
14:03:18 18 comes in, to me, that's -- it's litigation. It's a  
14:03:19 19 reason to be concerned.

14:03:34 20 The other -- I guess another red flag is  
14:03:41 21 when the officers brought him -- well, I guess he came  
14:03:44 22 in, but he really denied any -- any issues or  
14:03:51 23 concerns, and we have got -- and granted, the reports  
14:03:58 24 were not the same -- completely at the same time, but  
14:04:01 25 that's a red flag that you are having all this stuff

14:04:04 1 happen at -- at once.

14:04:09 2           And so those are just some of the red flags.  
14:04:13 3 And I'll probably think of here more in a minute, but  
14:04:16 4 those are things that I think are indicative of  
14:04:22 5 something that needs to be looked into and -- further  
14:04:24 6 than what's on this paper.

14:04:32 7           Q.    (BY MS. JOHNSON) Okay. So your red flags  
14:04:34 8 that you can think of sitting here right now are that  
14:04:37 9 the nurse wanted him to be seen, that he didn't come  
14:04:42 10 initially, that his dad called in and said that he --  
14:04:42 11 the dad was concerned he might be suicidal, and that  
14:04:44 12 he denied any issues or concerns when he talked to  
14:04:45 13 Ms. White.

14:04:48 14           Those are the four red flags that you can  
14:04:50 15 think of right now; is that correct?

14:04:50 16           A.    Yes.

14:04:53 17           Q.    Okay. If you think of any more as we go,  
14:04:54 18 please let me know.

14:05:00 19           Are you -- have you ever had a parent call  
14:05:04 20 in and say, "I'm concerned about my son being  
14:05:05 21 suicidal" and then in fact find -- have you ever found  
14:05:08 22 that patient not to be suicidal?

14:05:08 23           A.    Yes.

14:05:11 24           Q.    So it's entirely possible that the parent  
14:05:12 25 could be wrong?

14:05:12 1 A. Yes.

14:05:21 2 Q. Okay. Okay. And so what more -- you said  
14:05:24 3 that those red flags are indicative of something that  
14:05:27 4 needs to be done more than what's on that form; is  
14:05:27 5 that right?

14:05:27 6 A. Yes.

14:05:32 7 Q. What more needed to be done?

14:05:36 8 A. I think one of the biggest things is -- and  
14:05:40 9 in my training, whether it be a -- you know, a  
14:05:43 10 designated examination, finding somebody if they are a  
14:05:46 11 danger to themselves or others, there is collateral  
14:05:57 12 contact. There is -- I mean, if a parent calls in, I  
14:06:00 13 will typically try to call the parent and find out  
14:06:01 14 what their concerns are.

14:06:03 15 I don't know if you want -- how far you want  
14:06:07 16 me to go into that, but, I mean, I had a detective  
14:06:09 17 call me a few weeks ago and say, "We are concerned  
14:06:13 18 about so and so and can you see them?" And I said,  
14:06:16 19 "Well, what are your concerns?" And so we ended up  
14:06:20 20 going -- getting clear back to the parent to find out  
14:06:23 21 what the concerns were. But, you know, collateral  
14:06:25 22 contact is super important.

14:06:29 23 The other piece to it is there is no -- I  
14:06:42 24 mean, she notes in here -- I think it's on this one.  
14:06:46 25 Yeah, history of charge of aggravated assault in

14:06:52 1 family filings. What's that about? There is no  
14:06:55 2 documentation that -- if there is a history of  
14:06:57 3 violence or aggravated assault, there is nothing in  
14:07:00 4 here about -- and, again, in my practice, that's one  
14:07:03 5 of the very first questions that I asked -- or that I  
14:07:06 6 ask. "Why are you here? What happened that got you  
14:07:10 7 put in here? What are some things that led you to  
14:07:12 8 this point?"

14:07:16 9 And there is -- in order to do a proper  
14:07:19 10 assessment, you have to know what you are dealing  
14:07:25 11 with. I -- I don't have it -- on my mental health  
14:07:29 12 evaluation, I have a checklist of mental status exam,  
14:07:33 13 but I don't have it -- because I don't want it to be  
14:07:37 14 so structured that I'm bound to this one thing. You  
14:07:40 15 have to be able to know the picture -- the full  
14:07:42 16 picture of why somebody is in there.

14:07:46 17 And I've put people on -- you know, watches  
14:07:49 18 because they are, like, "I'm not going to tell you why  
14:07:52 19 I'm here," mainly because of their behavior, and it  
14:07:56 20 has caused me concern. So I feel strongly that you  
14:07:59 21 have to know why somebody is in, what happened. And  
14:08:02 22 I've gone to -- I have gotten police reports. And I  
14:08:05 23 have to go -- I have to work to get those. Because  
14:08:10 24 that is diagnostic in my opinion.

14:08:13 25 MR. JONES: When you get to a stopping point, let

14:08:15 1 us know because I'm going to need to run to take a  
14:08:16 2 break.

14:08:19 3 MS. JOHNSON: Sure. Of course. Let me just ask  
14:08:19 4 a couple --

14:08:20 5 MR. JONES: Yeah. No. Take your time. Just  
14:08:22 6 whenever is a good stopping point.

14:08:24 7 Q. (BY MS. JOHNSON) So let me ask you this:  
14:08:26 8 Is what you -- what Ms. White was doing at this  
14:08:28 9 context, you believe that's diagnostic?

14:08:32 10 A. Absolutely. I -- any interaction with --  
14:08:35 11 any face-to-face or otherwise, the collateral contact  
14:08:39 12 is diagnostic. The interactions are diagnostic. If  
14:08:43 13 somebody is a licensed master's level person who has  
14:08:47 14 been trained in mental health, their interactions  
14:08:49 15 should be diagnostic.

14:08:53 16 Q. And do you have an understanding of how the  
14:08:57 17 mental health system worked in Muscogee County Jail in  
14:08:59 18 terms of what Ms. White's Role was versus other  
14:09:02 19 people's role in that mental health department?

14:09:04 20 A. I wouldn't say that I have a perfect  
14:09:08 21 knowledge. I mean, to me she sounded more like a  
14:09:11 22 screener and that -- yeah, I mean, that she wasn't  
14:09:15 23 doing a full mental health, like, evaluation, like  
14:09:20 24 Dr. Patillo would do or Dr. -- Nan, is it? -- you  
14:09:24 25 know, these psychologists or psychologists. But at

14:09:30 1 the same time, it's very -- it's important. She's  
14:09:32 2 trained in that.

14:09:36 3 And in order to make an opinion on somebody,  
14:09:40 4 as far as if they need to be put on a watch or their  
14:09:44 5 housing assignment, that's a key factor. I mean, it  
14:09:54 6 says presenting -- presenting concerns. You know,  
14:09:57 7 what are the presenting concerns? And how can you  
14:10:01 8 know the presenting concerns if you don't know what  
14:10:04 9 happened? If somebody just says, why -- "Well, are  
14:10:07 10 you suicidal?"

14:10:09 11 "Well, no, I'm not."

14:10:11 12 There was really nothing done there to open  
14:10:15 13 up a gateway to say this person is really wanting to  
14:10:17 14 know what is happening here.

14:10:20 15 Q. Okay. Other than that -- the document,  
14:10:23 16 Exhibit -- I'm not sure what exhibit it is.

14:10:24 17 A. 7.

14:10:26 18 Q. -- [Exhibit 7](#) and Ms. White's testimony, do  
14:10:28 19 you have any other sources of information about the  
14:10:31 20 interaction between Ms. White and Mr. Hatchett on that  
14:10:32 21 day?

14:10:34 22 A. Not on that day, no.

14:10:36 23 Q. Okay. So sitting here today, you don't know  
14:10:39 24 what questions she asked, other than what's reflected  
14:10:40 25 on this form?

14:10:41 1 A. That's why documentation is so important.

14:10:42 2 Q. Yes or no? You don't know what she asked,  
14:10:42 3 other than what's reflected on this form?

14:10:42 4 A. I don't know.

14:10:44 5 Q. And you don't know what information he  
14:10:47 6 provided to her, do you, other than what's reflected  
14:10:47 7 on this form?

14:10:49 8 A. Other than what's on here, no.

14:10:51 9 Q. So it's entirely possible that she asked all  
14:10:54 10 the questions and things that you suggested she asked  
14:10:57 11 and got answers that satisfied her that he didn't need  
14:11:00 12 further treatment. That's a possibility, isn't it?

14:11:01 13 MR. JONES: Object -- object to form.

14:11:03 14 MS. JOHNSON: You can answer.

14:11:05 15 THE WITNESS: It's possible, yes.

14:11:07 16 MS. JOHNSON: Okay. We can take a break.

14:11:07 17 MR. JONES: Thanks.

14:11:09 18 THE VIDEOGRAPHER: Going off the record. The  
14:11:11 19 time is 2:11.

14:11:11 20 (Recess taken from 2:11 p.m. to 2:24 p.m.)

14:24:51 21 THE VIDEOGRAPHER: Back on the record. The time  
14:24:53 22 is 2:24.

14:24:55 23 Q. (BY MS. JOHNSON) Dr. Mecham, we are back  
14:24:58 24 from our break, and I wanted to follow up with  
14:25:02 25 something you said before we took our break.



14:25:04 1           You said that in your practice you  
14:25:06 2 automatically put someone on a watch if somebody calls  
14:25:07 3 in and says they are worried that that person -- that  
14:25:09 4 the inmate is suicidal.

14:25:10 5           Did I hear you right?

14:25:13 6           A.    It's automatic that I would move them up  
14:25:16 7 somewhere where I could talk to them and then make an  
14:25:20 8 opinion after I've spoken to them.

14:25:22 9           Q.    Okay. So it's not automatic suicide watch  
14:25:23 10 that you put them on?

14:25:25 11          A.    It's an automatic I am going to pull them up  
14:25:26 12 and talk to them.

14:25:27 13          Q.    Okay. And that's actually what Ms. White  
14:25:30 14 did in this case, isn't it?

14:25:33 15          A.    No. Well, she had the officers bring him  
14:25:36 16 up. I mean, the officers brought them up. So, yeah,  
14:25:38 17 I guess she did.

14:25:44 18          Q.    Okay. All right. And do you have -- do you  
14:25:48 19 have any idea why Mr. Hatchett didn't come out the  
14:25:51 20 first time that Ms. White tried to go see him?

14:25:58 21          A.    No.

14:26:01 22                In that situation, though, it doesn't matter  
14:26:05 23 because the -- if there was a concern, then the --  
14:26:08 24 that should happen. Like what happened the second  
14:26:10 25 time, is officers -- I would have the officers bring

14:26:14 1 them up anyway because of the reporting concern by the  
14:26:15 2 nurse.

14:26:17 3 Q. But ultimately, whether he came or didn't  
14:26:21 4 come the first time, she did end up seeing him; right?

14:26:24 5 A. But she wouldn't have if the father would  
14:26:25 6 not have called.

14:26:26 7 Q. And I agree that that's what prompted the  
14:26:30 8 second visit, but regardless of what prompted it, she  
14:26:31 9 did end up seeing him; correct?

14:26:41 10 A. She was forced to see him, yes.

14:26:46 11 Q. All right. So going back to [Exhibit 6](#),  
14:26:51 12 which is your invoices, it looks like then you --

14:26:54 13 I'm sorry. Do you have it in front of you?

14:26:55 14 A. I do now.

14:26:57 15 Q. Okay. It looks like you pick up in October  
14:27:00 16 writing your report.

14:27:01 17 Do you see that?

14:27:01 18 A. Yes.

14:27:07 19 Q. Okay. And did your opinions change at all  
14:27:11 20 between July of 2021 when you started writing your  
14:27:14 21 report and October of 2021 when you continued writing  
14:27:20 22 your report?

14:27:23 23 A. Not that I can recall. I mean, it -- that  
14:27:27 24 was -- I had gotten the depositions and had  
14:27:35 25 opportunities to review those and -- so it wasn't long

14:27:38 1 periods of time that I was spending doing it. It was  
14:27:40 2 more or less periods of where I could review the  
14:27:48 3 depositions and then -- I didn't just read through  
14:27:51 4 them once. I tried to read through them a couple  
14:27:53 5 times and then I -- then I started more putting it  
14:27:56 6 together in early October.

14:28:00 7 Q. Okay. In July of 2021 had you already  
14:28:02 8 formed an opinion that Ms. White's behavior and  
14:28:04 9 conduct fell below the standard of care?

14:28:04 10 A. Yes.

14:28:08 11 Q. You say on October 7, 2021, "Review and  
14:28:15 12 finalize report," and then 10/19/21, "Update changes  
14:28:16 13 and finalize report."

14:28:20 14 What -- do you remember what changes you  
14:28:25 15 made in that October period?

14:28:27 16 A. I don't remember what -- I don't remember  
14:28:30 17 what changes they --

14:28:33 18 MR. JONES: And I'm going to just object to the  
14:28:39 19 extent that the 2010 amendments to Rule 26 don't allow  
14:28:43 20 discovery on drafts of reports.

14:28:45 21 MS. JOHNSON: Okay. All right.

14:28:49 22 MR. JONES: And by the way, while I'm going  
14:28:52 23 through these emails, there are some emails that I  
14:28:56 24 have no problem with, except they attach drafts, and I  
14:28:58 25 don't see the attachments on here.

14:28:58 1 MS. JOHNSON: Okay.

14:28:59 2 MR. JONES: I don't know if they are somewhere  
14:29:00 3 else or not.

14:29:02 4 MS. JOHNSON: Yeah. That's all I got; so...

14:29:05 5 MR. JONES: But these are pdf's of the emails,  
14:29:08 6 so, I mean, if we click on them, it's not going to  
14:29:08 7 give us the attachments.

14:29:08 8 MS. JOHNSON: Okay. Okay.

14:29:12 9 MR. JONES: So I don't have a problem with the  
14:29:13 10 fact that there was a draft. I mean, just --

14:29:13 11 MS. JOHNSON: Sure.

14:29:14 12 MR. JONES: I just -- and I probably -- I mean,  
14:29:17 13 between you and me, I don't have a problem with  
14:29:21 14 anything substantively either. I'm just trying to,  
14:29:21 15 you know --

14:29:21 16 MS. JOHNSON: Okay.

14:29:22 17 MR. JONES: -- state the objection for the  
14:29:22 18 record --

14:29:22 19 MS. JOHNSON: Of course.

14:29:24 20 MR. JONES: -- in case it makes a difference.

14:29:25 21 MS. JOHNSON: Okay.

14:29:27 22 Q. (BY MS. JOHNSON) Have you, Dr. Mecham,  
14:29:30 23 talked to any of the other experts working with  
14:29:32 24 Mr. Jones in this case about their opinions in this  
14:29:33 25 case?

14:29:41 1 A. No.

14:29:43 2 Q. Okay. Is there any work that you've done in  
14:29:54 3 this case that is not reflected on [Exhibit 6](#)?

14:29:56 4 A. Other than coming here, no.

14:29:59 5 Q. All right. Fair enough.

14:30:03 6 Have you ever published any articles  
14:30:05 7 regarding any of the topics that you are opining about  
14:30:07 8 today?

14:30:18 9 A. No. Does a dissertation count?

14:30:18 10 Q. Sure.

14:30:20 11 A. So -- well, as far as published, it was my  
14:30:24 12 dissertation. I haven't sent it out to be published;  
14:30:28 13 so maybe that doesn't count. It's only been published  
14:30:30 14 as far -- it's only the work that I did but -- it  
14:30:32 15 wouldn't count. Never mind.

14:30:36 16 Q. Nope. I'll ask you this though. Does your  
14:30:39 17 dissertation cover any of the topics that you are  
14:30:41 18 giving opinions about in this case?

14:30:46 19 A. My dissertation is on the recidivism of 18  
14:30:50 20 to 24-year-old young adults and to -- in and out of  
14:30:54 21 jail. And it does -- it does mention some things  
14:30:58 22 about -- about trauma, and I did some -- you know, the  
14:31:02 23 substance abuse aspects of it that probably play into  
14:31:07 24 my opinions of the importance of digging into things  
14:31:11 25 with -- and right off the top of my head, I can't

14:31:14 1 remember how old Mr. Hatchett was. He was in the  
14:31:18 2 younger aspect. But it plays that role into the  
14:31:21 3 importance of doing a good assessment on young adults  
14:31:27 4 and looking into trauma and other things like that.

14:31:30 5 Q. And we keep talking about trauma. What  
14:31:33 6 facts do you have that Mr. Hatchett had any trauma in  
14:31:34 7 his background?

14:31:37 8 A. I don't have any that he actually has trauma  
14:31:41 9 in his background. Only that the young adults  
14:31:44 10 involved in the criminal justice system -- we know  
14:31:47 11 just from this he had been at least twice. He abused  
14:31:52 12 marijuana. I only know that there were some red flags  
14:31:54 13 there, but he didn't indicate on any of the records  
14:31:58 14 that he had had prior trauma. But it just makes my  
14:32:02 15 ears perk when -- when those things are involved.

14:32:04 16 Q. Okay.

14:32:07 17 A. It makes me want to look into it further.

14:32:12 18 Q. Okay. When you do your intakes that we are  
14:32:15 19 talking about, do you use a form? Do you have a form  
14:32:16 20 that you follow?

14:32:16 21 A. No.

14:32:18 22 Q. Are you critical of Ms. White following a  
14:32:21 23 form in this case?

14:32:23 24 A. I'm -- I'm critical that she didn't go  
14:32:26 25 outside of that form to gather more information. I

14:32:29 1 would have -- I would gathered more information.

14:32:32 2           There is a place right here for what is the  
14:32:37 3 problem? And half the problem was it was -- was a  
14:32:41 4 nursing referral, and then it goes right into "denies  
14:32:44 5 previous mental health treatment." It doesn't -- I  
14:32:48 6 really feel like there is a need to go into it further  
14:32:51 7 and ask, again, "Why are you here? What's been going  
14:32:54 8 on in your life?" She did gather a little information  
14:32:59 9 later that he was living with his girlfriend -- or  
14:33:02 10 that actually might be intake -- the other intake.

14:33:07 11           But I -- I'm not critical of her following  
14:33:12 12 the form, but the form is only a guideline. It's  
14:33:16 13 not -- and, you know, I get it. These guys are busy,  
14:33:20 14 but at the same time I really -- when you look at --  
14:33:24 15 like I had mentioned, those red flags, it begs to  
14:33:27 16 have, like, looking into this further; getting  
14:33:32 17 collateral contact from the nurse, from the dad, from  
14:33:35 18 the other people that were involved in this.

14:33:37 19           Q. So, again, we can read what she reported on  
14:33:41 20 the form, but you and I sitting here today, we don't  
14:33:44 21 know what additional information she may have gathered  
14:33:46 22 that isn't reported on the form.

14:33:46 23           Is that fair?

14:33:49 24           A. But clinically if it wasn't written down, it  
14:33:50 25 wasn't done.

14:33:52 1 Q. That's not my question, though.

14:33:56 2 A. Well, I can't guess on what she did. And I  
14:33:58 3 listen -- I read her deposition, and there is no where  
14:34:01 4 in there that says -- I mean, she said she probably  
14:34:05 5 did. She said that she had access to his charges and  
14:34:09 6 knowing what they were. But there was nowhere in that  
14:34:13 7 deposition where she had indicated, that I could find,  
14:34:16 8 that she went into any further questioning.

14:34:19 9 And if it's not in the deposition, then I  
14:34:20 10 don't know where else it would have been.

14:34:27 11 Q. Okay. And did you see in the deposition  
14:34:30 12 where she was ever asked what questions she talked  
14:34:31 13 about with Mr. Hatchett?

14:34:35 14 A. I don't recall that. I do recall -- well,  
14:34:38 15 that's -- I answered that question.

14:34:44 16 Q. All right. And do you have any criticism of  
14:34:47 17 the actual form that was -- she used? I understand  
14:34:50 18 that you say she should have gone beyond the form, but  
14:34:55 19 is the form itself, in your opinion, appropriate?

14:34:58 20 A. It appears to -- it appears to address the  
14:35:02 21 areas, but they have -- again, these areas --  
14:35:04 22 especially at the beginning where it is presenting  
14:35:10 23 concerns, it's not just a check box like at the end.  
14:35:15 24 And there are -- there are areas to the sides of right  
14:35:20 25 here where she has noted a few different things. Like



14:35:25 1 his affect was bland. I would have liked to see more  
14:35:29 2 of that over here on the checked boxes. Because the  
14:35:32 3 reason they give those areas -- especially right here  
14:35:34 4 (indicating), the reason they give those areas is so  
14:35:37 5 the clinician can get an impression of, you know,  
14:35:41 6 what -- and I like that. She noted that it was bland.  
14:35:47 7 Disoriented to date.

14:35:50 8 I would have -- I would have liked -- I  
14:35:53 9 would have put more information in this presenting  
14:36:00 10 concerns. And -- and it -- just given an opportunity  
14:36:05 11 to create a bigger picture -- a clinical picture --  
14:36:08 12 because she is a clinician -- a clinical picture. She  
14:36:10 13 is trained. I read her resume. She's had lots of  
14:36:14 14 different training. And I think that this isn't  
14:36:18 15 indicative of what -- what would have given the  
14:36:23 16 information to make an opinion on a mental health  
14:36:25 17 diagnosis or otherwise.

14:36:30 18 Q. And it's your understanding or your opinion  
14:36:33 19 that she was -- she was intending to make a diagnosis  
14:36:36 20 of Mr. Hatchett during this visit with him?

14:36:39 21 A. Well, as a clinician you would make -- not  
14:36:42 22 necessarily a full diagnosis like a psychologist or a  
14:36:44 23 psychiatrist, but there is a provisional opinion or  
14:36:47 24 provisional diagnosis that that's -- I mean, that's  
14:36:52 25 the purpose of that whole visit. And my opinion would

14:36:57 1 be to give a provisional opinion -- a provisional  
14:36:59 2 diagnosis as to what this is.

14:37:02 3 I mean, she is asking diagnostic questions:  
14:37:06 4 Is there a history of prior treatment? What are their  
14:37:08 5 medications they've been on? Have they had substance  
14:37:11 6 use issues? I mean, that is -- those are all  
14:37:11 7 diagnostic questions.

14:37:15 8 Q. And is there anything that you cite to or  
14:37:19 9 any treatise or documents that you have that support  
14:37:22 10 that she is intending to make a provisional diagnosis  
14:37:26 11 when she is doing this intake assessment? Anywhere  
14:37:28 12 that's written down, other than just that's your  
14:37:30 13 practice and understanding?

14:37:31 14 A. Only the document itself.

14:37:31 15 Q. Okay.

14:37:32 16 A. These are -- these are diagnostic questions.

14:37:35 17 Q. Okay. Which are diagnostic questions,  
14:37:35 18 specifically?

14:37:39 19 A. If they have got a treatment history, if  
14:37:42 20 they have taken medication before, their orientation,  
14:37:52 21 a full -- you know, mental status exam. Those are all  
14:37:52 22 diagnostic questions.

14:37:56 23 Q. Okay. And I'm struggling because she asked  
14:38:00 24 the diagnostic questions; correct? I mean, these are  
14:38:03 25 all checked. There is answers to each one of these

14:38:04 1 topics; correct?

14:38:09 2 A. Everything except the presenting problem of  
14:38:15 3 why he is there and very few have much information.  
14:38:19 4 The history of -- the history of violence; aggravated  
14:38:23 5 assault and family violence. Tell me about that.  
14:38:27 6 Tell me what you mean by that. I mean, is that --  
14:38:32 7 that's not enough. If somebody has got a history of  
14:38:36 8 ag assault, that seems to me -- I mean, and we are  
14:38:39 9 trained in jails, that that is a -- that is one of the  
14:38:44 10 number one -- the history of assault is very high up  
14:38:46 11 there with somebody who is suicidal.

14:38:50 12 And I would have -- I would have expected  
14:38:53 13 somebody to go into that further and find out what is  
14:38:57 14 your history of assault or assault and family  
14:38:58 15 violence.

14:39:01 16 Q. And, again, the only basis you have to say  
14:39:04 17 that she didn't do that is because it's not written in  
14:39:06 18 this document; is that fair to say?

14:39:08 19 A. Well, that's the only basis I can -- yeah,  
14:39:11 20 that's the only basis I can go from -- and the  
14:39:13 21 deposition. It wasn't in there either.

14:39:19 22 Q. Sure. All right. I'm going to mark your  
14:39:23 23 deposition notice as Exhibit --

14:39:27 24 ([Exhibit 8](#) marked.)

14:39:39 25 THE STENOGRAPHER: 8.

14:39:43 1 Q. (BY MS. JOHNSON) Have you seen this before?

14:39:44 2 A. Digitally, yes.

14:39:47 3 Q. Okay. If you would go to the last -- I  
14:39:50 4 printed everything double-sided too. Sorry.

14:39:50 5 A. That's okay.

14:39:51 6 Q. I'm trying to save trees here.

14:39:51 7 A. Yes.

14:39:55 8 Q. The last two pages is Exhibit A, which is a  
14:39:58 9 list of documents we requested that you bring. I just  
14:40:02 10 want to run through these very quickly to make sure  
14:40:03 11 that we have everything.

14:40:06 12 We have your CV, which is No. 1.

14:40:08 13 No. 2 asks for any treatises, books,  
14:40:13 14 pamphlets, articles, et cetera, which you have  
14:40:16 15 authored, published, or edited which relate to any  
14:40:18 16 issues in this case, and I believe you said earlier  
14:40:21 17 that you have not published any such; correct?

14:40:21 18 A. Correct.

14:40:25 19 Q. We have your report. On the flash drive  
14:40:28 20 that we have marked as [Exhibit 2](#), you provided me with  
14:40:33 21 the communications that you have regarding this case;  
14:40:33 22 is that correct?

14:40:33 23 A. Yes.

14:40:37 24 MS. JOHNSON: And, Craig, I'm sorry. Just so I'm  
14:40:41 25 clear, are we okay to mark all of those, just not the

14:40:41 1 attachments?

14:40:43 2 MR. JONES: The only one -- yeah. But the only  
14:40:44 3 one -- the only email that probably shouldn't be  
14:40:48 4 there, because it relates to another case, is the  
14:40:49 5 email November 9, 2021.

14:40:49 6 MS. JOHNSON: Okay.

14:40:53 7 MR. JONES: There is a mention of the fact that  
14:40:56 8 he received my check on the Nelson case, but the rest  
14:41:00 9 of it was all about a different case, a Bibb County,  
14:41:02 10 which is a jail suicide.

14:41:02 11 MS. JOHNSON: Okay.

14:41:03 12 MR. JONES: And we are talking about an  
14:41:07 13 affidavit, which, because it's a medical malpractice  
14:41:10 14 case, under state law you've got to have an affidavit;  
14:41:13 15 so it's completely -- really isn't pertinent.

14:41:14 16 MS. JOHNSON: Okay.

14:41:17 17 MR. JONES: The rest of them are all fine.

14:41:18 18 MS. JOHNSON: Okay.

14:41:20 19 Q. (BY MS. JOHNSON) I want to move to No. 7,  
14:41:23 20 which is a copy of articles, publications, or  
14:41:27 21 textbooks which you rely on or referred in forming  
14:41:31 22 your opinions. You identified that one for me  
14:41:31 23 earlier.

14:41:32 24 A. Yeah.

14:41:39 25 Q. And then I've got -- is that Fagan

14:41:43 1 Correctional Mental Health Handbook, is that that  
14:41:44 2 document that you are referencing?

14:41:48 3 A. Yes. I actually have that out in my car if  
14:41:49 4 you want to grab it at a break.

14:41:52 5 Q. Sure. We can do that. Because I would like  
14:41:54 6 to know exactly what part of that document you believe  
14:41:55 7 supports your opinions.

14:42:00 8 There is also some links in the Word  
14:42:03 9 document in [Exhibit 2](#) to various news articles.

14:42:05 10 A. Yeah. They were just -- just things that I  
14:42:06 11 had looked up.

14:42:11 12 Q. Okay --

14:42:11 13 A. Early on.

14:42:13 14 Q. Oh, I see.

14:42:16 15 A. They are ones I went back to -- because I --  
14:42:18 16 yeah. I don't know that I used them to make an  
14:42:21 17 opinion, but I wanted to kind of see what was out  
14:42:23 18 there.

14:42:28 19 Q. Got it. And then other than this med --  
14:42:31 20 correctional mental health handbook, are there any  
14:42:34 21 other industry publications or treatises that you  
14:42:36 22 relied on in forming your opinions?

14:42:45 23 A. No.

14:42:46 24 Q. All right. Any other materials that you  
14:42:49 25 have in your file for this case that you have not

14:42:52 1 provided to me on this flash drive?

14:42:53 2 A. No.

14:42:54 3 Q. Okay. Do you take any notes when you review  
14:42:56 4 documents?

14:42:57 5 A. Not really.

14:43:00 6 Q. I see you do have Ms. White's transcripts  
14:43:04 7 and some others. Did you mark any of those up,  
14:43:06 8 highlight them, notes in the margin, anything like  
14:43:07 9 that?

14:43:07 10 A. No.

14:43:09 11 Q. So other than just simply reading them and  
14:43:12 12 then typing out your report, you don't have any  
14:43:15 13 documents that would reflect your thoughts or how you  
14:43:17 14 processed this information?

14:43:20 15 A. No. Because what I'll usually do, when it  
14:43:23 16 says report writing, I'll type -- I'll type it out and  
14:43:24 17 then I'll adjust.

14:43:27 18 Q. Okay. Did you consult with anybody in your  
14:43:30 19 profession about your opinions in this case?

14:43:31 20 A. No.

14:43:34 21 Q. The person who I'm -- I apologize again. I  
14:43:36 22 can't recall his name. The person that suggested your  
14:43:39 23 name to Craig, did you speak with him?

14:43:43 24 A. I asked him about Craig, but I -- but he --  
14:43:45 25 I don't think that he had anything to do with this

14:43:46 1 case.

14:43:47 2 Q. Okay.

14:43:50 3 A. And so -- and he's retired now so I -- I  
14:43:55 4 haven't seen him for a number of months. I didn't see  
14:43:59 5 him hardly at all -- I think he was retired before he  
14:44:00 6 was retired. But, no.

14:44:03 7 Q. You didn't call him up and say, "Hey, this  
14:44:05 8 is what I think in this case" or "What do you think  
14:44:09 9 about this case?" You didn't do anything like that?

14:44:09 10 A. No.

14:44:11 11 Q. And did anybody help you prepare your  
14:44:15 12 report, your case manager or any other assistants that  
14:44:15 13 you may have?

14:44:18 14 A. No. I have -- there was some review of it,  
14:44:24 15 I think, from -- when I sent it to Craig and he  
14:44:30 16 reviewed it, but other than that, no other -- I wish I  
14:44:33 17 had somebody that could do that for me.

14:44:36 18 Q. All right. I want to show you in your  
14:44:51 19 report, which is [Exhibit 1](#) -- I think it's right here.

14:44:51 20 A. Okay.

14:44:55 21 Q. It's the second page of your report. It's a  
14:45:03 22 list of the documents you reviewed. It's on the next  
14:45:06 23 page. I mean, feel free to look, but it's right  
14:45:07 24 there.

14:45:08 25 MR. CLARK: Page 2?



14:45:09 1 MS. JOHNSON: Yes, page 2.

14:45:10 2 THE WITNESS: Yes.

14:45:11 3 Q. (BY MS. JOHNSON) So the list of documents  
14:45:13 4 that you reviewed that you've identified in your  
14:45:17 5 report is not the same as the documents that Craig  
14:45:20 6 sent. It looks like he sent a lot more to you than  
14:45:22 7 you actually reviewed, and I want to get an  
14:45:24 8 understanding of what you actually reviewed to prepare  
14:45:26 9 your report in this case.

14:45:33 10 A. So the -- on that jump drive there is a --  
14:45:37 11 what is it? It's the one that hasn't been opened?

14:45:37 12 Q. Yeah.

14:45:41 13 A. It's those audio files that were in there  
14:45:47 14 and so they were compressed. They are compressed in  
14:45:52 15 the -- they are compressed in there.

14:45:53 16 Q. Sure.

14:45:56 17 A. And so I listened -- and that's the other  
14:46:00 18 audio -- unidentified stuff. So -- and then the other  
14:46:08 19 audio files that are in there. And then everything  
14:46:10 20 else was in the investigative findings and analysis.  
14:46:16 21 Because it was all just one big 300-page -- at least  
14:46:19 22 that's how I had it and that's what he should have  
14:46:21 23 forwarded to you.

14:46:21 24 Q. Right.

14:46:23 25 A. I guess I should have put it on another jump

14:46:24 1 drive. I --

14:46:27 2 Q. I have that. I have that. I saw that there  
14:46:27 3 were some -- I think there were some surveillance  
14:46:32 4 videos of, like, the intake area when Mr. Hatchett  
14:46:33 5 came through in the materials that Craig sent me. I  
14:46:35 6 mean -- and I just -- that's not listed here so that's  
14:46:37 7 what I wanted to get an understanding from you of what  
14:46:41 8 you actually looked at as compared to what you were  
14:46:41 9 sent.

14:46:43 10 A. Yeah, I looked at those. I failed to put  
14:46:49 11 those on here. I wouldn't say I used those to render  
14:46:52 12 any opinion, because I didn't find anything on them.  
14:46:57 13 But, yeah, I probably should add that to this.

14:46:59 14 Q. Other than the depositions of Mr. --  
14:47:03 15 Dr. Patillo and Ms. White, did you read any other  
14:47:04 16 depositions taken in this case?

14:47:08 17 A. No.

14:47:16 18 Q. All right. Were there any records that you  
14:47:21 19 asked for or wanted to get but were not provided?

14:47:24 20 A. I did ask Craig if there was more mental  
14:47:29 21 health documentation because -- you know, sometimes  
14:47:34 22 there is more somewhere else that they don't -- maybe  
14:47:37 23 not send out on a subpoena. I don't know. But I just  
14:47:41 24 asked him if there was any more details, any more --  
14:47:47 25 any more, like, clinical stuff, but there -- but he

14:47:49 1 said that there was not.

14:47:52 2 Q. Are you expecting to look at any more  
14:47:55 3 records in this case?

14:47:58 4 A. If they are available. But I -- I think  
14:48:02 5 that's been pretty exhausted.

14:48:04 6 Q. Okay. Did you talk with anybody about the  
14:48:08 7 facts of the case, other than Mr. Jones?

14:48:08 8 A. No.

14:48:10 9 Q. Did Mr. Jones ask you to make my assumptions  
14:48:14 10 about the case or your opinions in this case?

14:48:17 11 A. No. I mean, initially I think that he was,  
14:48:22 12 like, "Do you think that there is a good reason to  
14:48:27 13 question this?" but I didn't render an opinion at that  
14:48:31 14 point in time. But, yeah.

14:48:34 15 Q. Have you ever talked to Jayvon Hatchett at  
14:48:34 16 any time?

14:48:36 17 A. No.

14:48:38 18 Q. Have you ever examined Mr. Hatchett?

14:48:38 19 A. No.

14:48:40 20 Q. Have you ever talked to anyone in  
14:48:44 21 Mr. Hatchett's family, including Leon Hatchett?

14:48:44 22 A. No.

14:48:46 23 Q. Have you ever talked to anyone in  
14:48:48 24 Mr. Nelson's family?

14:48:48 25 A. No.

14:48:51 1 Q. Did you ever examine or treat Mr. Nelson  
14:48:52 2 before he died?

14:48:56 3 A. No.

14:48:59 4 Q. Other than the materials that Craig sent us  
14:49:02 5 on the flash drive -- or in a link and what you  
14:49:06 6 brought in your ShareFile, any other materials that  
14:49:09 7 you've looked at or relied on in forming your opinions  
14:49:10 8 in this case?

14:49:10 9 A. No.

14:49:19 10 Q. All right. The materials that we have been  
14:49:24 11 provided did include an earlier draft of your report  
14:49:36 12 dated October 7.

14:49:38 13 ([Exhibit 9](#) marked.)

14:49:38 14 MS. JOHNSON: I think that's --

14:49:48 15 THE STENOGRAPHER: 9.

14:49:48 16 MS. JOHNSON: 9. Thank you.

14:49:52 17 MR. JONES: I mean, if it's not the final one, I  
14:49:55 18 would object to it, although, I don't know how it got  
14:49:56 19 produced, if it was in the emails or if it is  
14:50:01 20 something I -- I inadvertently produced.

14:50:01 21 MS. JOHNSON: Okay.

14:50:01 22 MR. JONES: Again, I don't know if there is  
14:50:04 23 substantive differences, but I don't -- if there are,  
14:50:06 24 I don't know that they are discoverable because he is  
14:50:07 25 entitled to --

14:50:07 1 MS. JOHNSON: Sure.

14:50:08 2 MR. JONES: -- his work product.

14:50:10 3 MS. JOHNSON: Do you want me to withdraw the  
14:50:13 4 objection? I mean, are you going to --

14:50:14 5 MR. JONES: I'm -- I'm objecting to it. I mean,  
14:50:18 6 to this being produced.

14:50:18 7 MS. JOHNSON: Okay.

14:50:20 8 MR. JONES: Although, I understand it probably  
14:50:21 9 was produced.

14:50:25 10 What's the date of the final report?

14:50:26 11 MS. JOHNSON: October 20.

14:50:27 12 MR. JONES: Okay. Is there any -- I don't know  
14:50:31 13 if there is any difference. It could just be that  
14:50:34 14 it -- we redated it when he signed it.

14:50:36 15 MS. JOHNSON: There were three versions of the  
14:50:39 16 report in the ShareFile link you sent over, so that's  
14:50:43 17 what I was just trying to figure out.

14:50:46 18 MR. JONES: Yeah. Well, the first one was just  
14:50:47 19 him getting started based on his review of the  
14:50:50 20 documents and then he added his commentary based on  
14:50:54 21 the depositions and then ultimately signed it so --

14:50:54 22 MS. JOHNSON: Okay.

14:50:57 23 MR. JONES: -- I don't know that there is any  
14:50:57 24 changes between the 7th and the --

14:51:01 25 THE WITNESS: There may be some aesthetic changes

14:51:01 1 like in wording and things like that.

14:51:03 2 MR. JONES: There may be some -- there might have  
14:51:06 3 been some proofreading typos or something.

14:51:08 4 Q. (BY MS. JOHNSON) Okay. Is it fair to say  
14:51:10 5 that your opinions have consistently been the same  
14:51:13 6 from when you started drafting in July through sitting  
14:51:15 7 here today?

14:51:15 8 A. Yes.

14:51:17 9 Q. All right. Fair enough.

14:51:20 10 MR. JONES: If you want the jury to read the --  
14:51:23 11 all three versions of the report, I'm fine with that.

14:51:23 12 MS. JOHNSON: Okay. All right.

14:51:29 13 Q. (BY MS. JOHNSON) So let's talk for a little  
14:51:33 14 bit. What would you describe what Ms. White was doing  
14:51:37 15 with Mr. Hatchett that is reflected in [Exhibit 7](#), the  
14:51:41 16 second two pages? Is it an intake assessment? Is  
14:52:00 17 that what you would describe it as?

14:52:03 18 A. Well, I mean, it's identified as an intake  
14:52:10 19 and mental status exam. As I pointed out earlier,  
14:52:19 20 there are, again, clinical aspects to what is being  
14:52:23 21 brought up there. But, I mean, it's an assessment.

14:52:25 22 Q. Right. And you said earlier it was an  
14:52:28 23 assessment that determines the direction of treatment;  
14:52:28 24 is that correct?

14:52:40 25 A. Well, in a correctional facility, depending

14:52:46 1 on when this happens, it wouldn't just be treatment,  
14:52:49 2 but if it's happening like the first few days that he  
14:52:52 3 comes in, I would imagine that they would want to use  
14:52:55 4 something like this to determine classification and  
14:52:56 5 other things like that.

14:52:59 6 Q. And are you offering any opinion that  
14:53:01 7 Ms. White had any role or involvement in  
14:53:02 8 classification?

14:53:03 9 A. No.

14:53:03 10 Q. Okay.

14:53:07 11 A. Well, hold on. I would say, though, that if  
14:53:11 12 she found that he was suicidal on here, she would make  
14:53:13 13 a recommendation on classification.

14:53:15 14 Q. And how would she do that?

14:53:18 15 A. She would say, "He needs to be put in" --  
14:53:23 16 like when what they worded in HD, in an isolation  
14:53:23 17 cell. That's classification.

14:53:27 18 Q. And if she had not found that he was  
14:53:29 19 suicidal, then she has no other role in  
14:53:33 20 classification. That is not her job; correct?

14:53:36 21 A. Well, it's not her job, but she does have an  
14:53:37 22 influence on that.

14:53:39 23 Q. And how does she have an influence on that,  
14:53:40 24 other than you just talked about with suicide?

14:53:42 25 A. Well, because if she doesn't note anything

14:53:46 1 like that on here, they are not going to do anything.

14:53:49 2 If she does note something like that on here, they

14:53:49 3 will do something.

14:53:51 4 Q. And who is "they"?

14:53:51 5 A. Classification.

14:53:53 6 Q. So classification ultimately determines

14:53:55 7 where Mr. Hatchett gets placed.

14:53:57 8 Do you agree with that?

14:53:57 9 A. Yes.

14:53:58 10 Q. Okay. And that ultimately -- Ms. White

14:54:02 11 might provide some information, but ultimately that is

14:54:05 12 not Ms. White's job to determine where to place

14:54:06 13 Mr. Hatchett; correct?

14:54:17 14 A. Correct. But it -- correct.

14:54:25 15 Q. Okay. And in your practice do you do some

14:54:29 16 type of initial intake evaluation if somebody gets

14:54:31 17 referred to you?

14:54:31 18 A. Yes.

14:54:32 19 Q. Okay. And you said earlier you don't use

14:54:34 20 any type of form?

14:54:34 21 A. No.

14:54:36 22 Q. You just know in your head which questions

14:54:37 23 to ask?

14:54:37 24 A. Yes.

14:54:41 25 Q. And do you have some type of general outline



14:54:42 1 that you follow of questions to ask?

14:54:42 2 A. Yes.

14:54:44 3 Q. And do you agree with me that the questions  
14:54:47 4 that you ask, while there may be an outline you  
14:54:49 5 follow, are fluid based on the information that the  
14:54:50 6 patient is providing to you?

14:54:52 7 A. Meaning fluid, like the same?

14:54:56 8 Q. No. Meaning fluid like, it depends on part  
14:54:59 9 in what information you are getting provided from the  
14:54:59 10 patient.

14:54:59 11 A. Yes.

14:55:04 12 Q. Okay. And so in one context with one  
14:55:07 13 patient you might ask several much more detailed  
14:55:10 14 questions than in a different context with a different  
14:55:11 15 patient; is that fair?

14:55:13 16 A. Yes. They will determine the direction  
14:55:17 17 depending on what they say and the knowledge that I  
14:55:20 18 get before, during, and after the interview.

14:55:23 19 Q. And would you also agree with me that the  
14:55:27 20 way that an inmate presents physically is -- can be  
14:55:30 21 almost equally as important as the information they  
14:55:32 22 tell you verbally?

14:55:34 23 A. The -- yeah, their body language --

14:55:35 24 Q. Exactly.

14:55:39 25 A. -- and -- that does play a role, as well as

14:55:42 1 what they say, and as well as the collateral  
14:55:42 2 information.

14:55:46 3 Q. Okay. And is it your practice to collect  
14:55:49 4 collateral information in every intake that you do in  
14:55:49 5 your correctional facilities?

14:55:51 6 A. On every -- again, it depends on what their  
14:55:55 7 -- what I'm seeing them for. For high-risk people,  
14:55:58 8 yes. For somebody who doesn't have necessarily  
14:56:01 9 high-risk behaviors, I don't necessarily need to  
14:56:03 10 gather collateral information.

14:56:07 11 Q. And how is Mr. Hatchett classified, or what  
14:56:10 12 type of referral was he given in this case? Do you  
14:56:13 13 know the level of urgency?

14:56:16 14 A. Explain that a little more. What do you  
14:56:16 15 mean?

14:56:19 16 Q. It's my understanding that there are  
14:56:22 17 different levels of urgency for a mental health  
14:56:24 18 referral when somebody comes in.

14:56:26 19 Do you have that understanding in this case?  
14:56:32 20 That there is, like, urgent and just routine. Did you  
14:56:34 21 know that?

14:56:39 22 A. I guess, yeah. I mean, there is certainly  
14:56:42 23 levels of -- yeah, urgency.

14:56:43 24 Q. Okay.

14:56:46 25 A. As far as what level he was at, he went from

14:56:50 1 probably a moderate level, because the nurse was  
14:56:55 2 concerned, to an extreme level because a parent was  
14:56:56 3 concerned about self-harm.

14:56:58 4 Q. I think actually in this case he was put in  
14:57:02 5 as a routine mental health assessment. That's how he  
14:57:04 6 was originally put into the system.

14:57:05 7 Did you see that in the records you  
14:57:05 8 reviewed?

14:57:06 9 A. I don't recall seeing that.

14:57:09 10 Q. And so in that context, where it's a routine  
14:57:13 11 mental health assessment, would you do collateral --  
14:57:16 12 collect collateral information?

14:57:19 13 A. Again, it depends on what it is for. If the  
14:57:22 14 nurse was concerned that they were psychotic, I may  
14:57:25 15 get information from the other staff. I don't know  
14:57:28 16 that I would call a parent or anything like that. If  
14:57:30 17 they were depressed, probably not.

14:57:45 18 Q. And -- okay. In your practice, do you have  
14:57:48 19 any concern about asking probing questions to someone  
14:57:51 20 who has been accused of a crime that hasn't confessed  
14:57:53 21 to a crime?

14:57:53 22 A. No.

14:57:55 23 Q. So you don't have any concern in, you know,  
14:57:58 24 questioning them or interrogating them about a crime  
14:58:00 25 they are only alleged to have been committed?

14:58:03 1 A. Well, I -- and I would call them just that.  
14:58:06 2 I would say, you know, "You've got some allegations.  
14:58:08 3 What are they saying you did? What happened that got  
14:58:12 4 you brought here?"

14:58:15 5 Q. And before you see a patient to do this  
14:58:18 6 initial intake, you said you pull police reports?

14:58:21 7 A. On occasion. It's not something I always  
14:58:22 8 do.

14:58:24 9 Q. Are you critical of Ms. White in this case  
14:58:27 10 for not pulling a police report?

14:58:27 11 A. No.

14:58:28 12 Q. Do you believe the standard of care required  
14:58:32 13 her to pull a police report on Mr. Hatchett in this  
14:58:34 14 case?

14:58:37 15 A. I don't think she had an opportunity -- I  
14:58:39 16 don't think she had the resources to do that. I think  
14:58:42 17 that it was more of looking at what the charges are  
14:58:47 18 and what happened and going more into that so that she  
14:58:49 19 knew what happened and why he was there.

14:58:52 20 Q. Okay. So in your opinion does the standard  
14:58:55 21 of care in this case require Ms. White to pull the  
14:58:57 22 police report and look at his -- what is described in  
14:58:58 23 the police report?

14:59:01 24 A. I wouldn't say -- I would say that's above  
14:59:05 25 and beyond to pull the police report, but I do think

14:59:07 1 it's the standard of care to gather information from  
14:59:10 2 at least his personal perspective as to why he is  
14:59:14 3 there and to gather the information as to why the dad  
14:59:17 4 was concerned about it. I think that collateral  
14:59:17 5 information is important.

14:59:20 6 Q. Okay. So yes or no to my question. Does he  
14:59:23 7 has -- does she have to pull a police report to comply  
14:59:33 8 with the standard of care in this case?

14:59:34 9 A. No.

14:59:37 10 Q. Okay. The collateral information, is it --  
14:59:39 11 who do you think she had to call in this case? The  
14:59:40 12 father?

14:59:40 13 A. Yes.

14:59:44 14 Q. Okay. Did she have to call any of the other  
14:59:45 15 family members?

14:59:48 16 A. If they were -- expressed -- I believe it  
14:59:53 17 was -- it was either a detective or other another  
14:59:56 18 officer that came in. I think consultation with them,  
15:00:01 19 consultation with the father, and then collateral  
15:00:03 20 contact with the nurse, Braxton, as a result of the  
15:00:04 21 referral.

15:00:05 22 Q. So it's your opinion that the standard of  
15:00:08 23 care required her to contact the referring nurse in  
15:00:09 24 this case?

15:00:09 25 A. Yeah.

15:00:13 1 Q. Is that the standard of care every time she  
15:00:16 2 does a mental health assessment that a nurse refers?

15:00:19 3 A. If a nurse refers them in, I would say it's  
15:00:23 4 important to say, "Why did you refer them in?"  
15:00:25 5 Because -- unless the nurse documents why they are  
15:00:26 6 doing it.

15:00:26 7 Q. Okay.

15:00:29 8 A. Like what their concerns are.

15:00:31 9 Because sometimes I'll get them and it says,  
15:00:33 10 "Mental health concerns," and then I'll need to go  
15:00:36 11 back to them and say, "Help me understand what you are  
15:00:38 12 concerned about here."

15:00:40 13 But I would say the standard of care is to  
15:00:43 14 find out what they mean if they are not specific on  
15:00:44 15 what the concerns are.

15:00:47 16 Q. Okay. And is that written down anywhere in  
15:00:51 17 any policy -- or clinical guidelines or clinical  
15:00:53 18 practice manuals that you've ever seen, that the  
15:00:56 19 standard of care requires you to do that?

15:01:01 20 A. In my training as a designated examiner --  
15:01:04 21 and I would have to go back and find that out, but  
15:01:08 22 that's the standard of care when doing an evaluation  
15:01:11 23 for suicide, danger to self, others, or gravely  
15:01:13 24 disabled. If there is a concern and there is somebody  
15:01:16 25 who may know or have more information, then the

15:01:20 1 standard of care in doing an evaluation is to -- if he  
15:01:23 2 is saying something opposite of what someone else is  
15:01:28 3 saying -- again, especially in corrections, it's a  
15:01:30 4 trust but verify.

15:01:38 5 Q. Okay. And when you are doing your -- the  
15:01:41 6 designated examiner -- when you are in your designated  
15:01:45 7 examiner role, that's a role that then could result in  
15:01:49 8 somebody losing their liberty and being confined  
15:01:52 9 against their will; is that correct?

15:01:53 10 A. Those are court ordered assessments, yes.

15:01:56 11 Q. Right. And that results in a different --  
15:01:58 12 that's a different situation than what Ms. White was  
15:01:59 13 presented with; correct?

15:01:59 14 A. Yes.

15:02:00 15 Q. Okay. And so other than the training that  
15:02:04 16 you had as designated examiner, can you think of  
15:02:08 17 anywhere it's written down where the standard of care  
15:02:11 18 requires this collateral contact in an initial intake  
15:02:13 19 in a correctional setting?

15:02:18 20 A. Not off the top of my head.

15:02:22 21 Q. And where does that collateral information  
15:02:26 22 gathering end in your opinion? I mean, is there an  
15:02:30 23 end to it? What if she called the dad and the dad  
15:02:33 24 said, "Oh, yeah. He said he was suicidal to myself  
15:02:35 25 and five other of our family members"? In your

15:02:38 1 opinion does she then call all five other family  
15:02:39 2 members?

15:02:39 3 A. No.

15:02:41 4 Q. Okay. Why can she stop at the dad?

15:02:44 5 A. She can. She can call the other family  
15:02:47 6 members, but she has the information that she needs  
15:02:50 7 and that -- that was his statement -- what he said.  
15:02:53 8 And if he said, "Hey, I was just trying to tick him  
15:02:55 9 off. I didn't want -- I didn't want to -- you know, I  
15:02:58 10 take it back" or if he said, "Yeah. You know, this is  
15:03:02 11 what he told me," it ends when you have -- when you  
15:03:06 12 go, let's say, to the horse's mouth. And you say,  
15:03:10 13 "Well, this is what he told me. This is what he said"  
15:03:12 14 and so now I have collateral information.

15:03:14 15 Q. And is it the same with the collateral  
15:03:16 16 information from a father or a family member as it is  
15:03:18 17 for the nurse where if the document or the information  
15:03:21 18 that the counselor is provided is sufficiently clear  
15:03:25 19 about the risk or the concern, then you don't have to  
15:03:28 20 do the follow-up call to the family member?

15:03:31 21 A. No. I think that in a situation -- like if  
15:03:34 22 the nurse referred them in, then you should -- you  
15:03:37 23 should talk to the nurse or -- or if the information  
15:03:40 24 is just there and the nurse has sat down and  
15:03:42 25 documented, these are my concerns, that's getting



15:03:44 1 collateral information.

15:03:45 2 Q. Right.

15:03:47 3 A. Going to the nurse's records and saying, you  
15:03:50 4 know, "This is what they said." But if you can't do  
15:03:53 5 that and if the information is not there, then you  
15:03:58 6 should go to the -- that person and get the -- and get  
15:03:59 7 the collateral information.

15:04:01 8 Q. And that was my question but with respect to  
15:04:04 9 the family members. If she is given information about  
15:04:07 10 what the family member reported, is it your opinion  
15:04:11 11 that she still has to go above and beyond to then call  
15:04:14 12 the family member and confirm the information that  
15:04:15 13 she's been provided?

15:04:17 14 A. I think that's -- the standard of care would  
15:04:21 15 be to talk to the father who called in and get the  
15:04:26 16 information. Going above that, if the person -- the  
15:04:29 17 clinician whoever wanted to do that, then that would  
15:04:31 18 be -- that would be above and beyond. I don't know  
15:04:33 19 that that would be part of that.

15:04:37 20 But I do believe -- I do feel that it would  
15:04:41 21 be important to get that information from -- from the  
15:04:41 22 father.

15:04:44 23 Q. Okay. And I think we are not communicating  
15:04:47 24 well and I apologize. It's probably my fault. My  
15:04:50 25 question is that if she has information from the

15:04:53 1 father that the father provided to somebody else that  
15:04:56 2 then provided that to her, she still in your opinion  
15:04:59 3 has to call the father, even though she already has  
15:05:01 4 the information the father gave?

15:05:05 5 A. So what you are saying is the person that  
15:05:11 6 came and told them -- that talked to them, that she  
15:05:14 7 shouldn't talk to the dad because he told her?

15:05:18 8 Q. My question is, if Ms. White was presented  
15:05:22 9 information that was provided by the father, does she  
15:05:25 10 still have to then call the father to verify the  
15:05:28 11 information that she was told the father said?

15:05:32 12 A. From what I read, the information was that  
15:05:36 13 he was suicidal. He was going to complete suicide.  
15:05:38 14 That's the only information that was passed. I would  
15:05:44 15 want to know why. If that why is with one of those  
15:05:48 16 people, then that's standard of care. If the why  
15:05:52 17 isn't with one of those people, that's not standard of  
15:05:55 18 care, then I'm going want to go to dad.

15:05:58 19 If this guy, who is a staff member, did not  
15:06:00 20 get that information -- and that's what I did -- like  
15:06:03 21 I was telling you before, if the detective doesn't  
15:06:06 22 know, then I go to the parent. The parent calls me.  
15:06:07 23 I get the information.

15:06:10 24 Q. And is that in every situation where a  
15:06:13 25 parent -- or a family member has called in and said

15:06:16 1 that there is a risk of suicide?

15:06:18 2 A. Everyone one that I can. If I have the  
15:06:22 3 opportunity -- I've had parents that don't answer the  
15:06:24 4 phone. I have parents that won't talk to me. But,  
15:06:28 5 you know, my jail is not as big as their jail. They  
15:06:32 6 may have, you know, 50 parents call in at a time. I  
15:06:35 7 may have the luxury of being able to do that.

15:06:37 8 But to me, if you've got somebody making an  
15:06:42 9 allegation of life and death, then you should go to  
15:06:45 10 them find out what they mean, why they are saying it  
15:06:46 11 and document that.

15:06:48 12 Q. And, again, though, you can't identify any  
15:06:51 13 place that that's written down that that is the  
15:06:52 14 standard of care; right?

15:07:01 15 A. Not off the top of my head.

15:07:12 16 Q. Okay.

15:07:14 17 A. Can I look in my iPad?

15:07:17 18 Q. Sure. At a break, let's do that.

15:07:19 19 A. Okay.

15:07:22 20 MR. JONES: And we've reserved all objections as  
15:07:23 21 to relevance.

15:07:24 22 MS. JOHNSON: Okay.

15:07:26 23 MR. JONES: Yeah. I mean, it would be relevant  
15:07:29 24 if you could find a learned treatise that said that he  
15:07:29 25 shouldn't do that, but it's not -- it's not --

15:07:30 1 MS. JOHNSON: What's your objection?

15:07:33 2 MR. JONES: Is reserved.

15:07:33 3 MS. JOHNSON: You just said --

15:07:34 4 MR. JONES: My objection is reserved.

15:07:37 5 MS. JOHNSON: Okay. So let's reserve it.

15:07:43 6 MR. JONES: All right.

15:07:46 7 Q. (BY MS. JOHNSON) Do you -- does Badger  
15:07:50 8 Medical or Ivy Medical have standard SOPs or other  
15:07:53 9 policies and procedures that you all have to follow  
15:07:57 10 when you are working with mental health inmates?

15:07:59 11 A. Yes.

15:08:02 12 Q. Okay.

15:08:05 13 A. Yes.

15:08:12 14 Q. And do any of those SOPs govern this  
15:08:15 15 situation when you are doing a mental health intake?

15:08:19 16 A. I wouldn't say they are that specific. They  
15:08:24 17 would expect me to go from my clinical guidelines and  
15:08:31 18 experiences of my practice of -- mine is psychology  
15:08:31 19 social work.

15:08:34 20 Q. Are there clinical guidelines that govern  
15:08:38 21 this type of setting where you are doing kind of an  
15:08:40 22 intake mental health status exam?

15:08:40 23 A. I don't know.

15:08:43 24 Q. None that you can name here today?

15:08:46 25 A. Not off the top of my head. There are

15:08:50 1 recommendations in clinical, like, interview things  
15:08:54 2 that -- I mean, you could find -- wherever you look  
15:08:58 3 you could find a different recommendation for  
15:08:59 4 different types of interviews.

15:09:07 5 Q. Have you formed any opinion as to whether or  
15:09:11 6 not Mr. Hatchett was homicidal at the time that  
15:09:17 7 Ms. White did her intake?

15:09:22 8 A. No.

15:09:24 9 Q. Have you formed an opinion as to whether or  
15:09:29 10 not Mr. Hatchett was a threat to himself or others at  
15:09:31 11 the time that Ms. White did her intake?

15:09:34 12 A. Well, yeah. My opinion is that he was  
15:09:40 13 already in there for hurting someone and so my opinion  
15:09:46 14 would be that he was -- he was already a high risk  
15:09:48 15 because he already hurt someone.

15:09:54 16 I might have gone off on a different  
15:09:56 17 tangent. I'm sorry.

15:09:59 18 Q. So is your opinion that because he hurt  
15:10:02 19 someone in the past, he's going to hurt somebody in  
15:10:03 20 the future?

15:10:05 21 A. There is a likelihood of it, yes. I mean,  
15:10:06 22 that's it's one of those things that we ask -- we want  
15:10:10 23 to know when they come in is if they are -- if they  
15:10:12 24 are in for an aggravated battery, at least in my  
15:10:17 25 facilities, they are put on a 10-day mandatory max.

15:10:19 1 MR. CLARK: Mandatory max?

15:10:21 2 THE WITNESS: Mandatory maximum, yeah. So they  
15:10:27 3 are isolated for 10 days. If they've hurt somebody or  
15:10:28 4 otherwise, they are put on max for 10 days.

15:10:29 5 Q. (BY MS. JOHNSON) And that -- and you say  
15:10:32 6 max as like that's maximum security?

15:10:32 7 A. (Witness nodding head.)

15:10:33 8 Q. Is that "yes"?

15:10:33 9 A. Yes.

15:10:35 10 Q. Okay. And that's automatic in your  
15:10:36 11 facilities?

15:10:37 12 A. It's automatic.

15:10:40 13 Q. Does that also trigger a mental health  
15:10:40 14 referral?

15:10:42 15 A. Yes. Not always though.

15:10:43 16 Q. Okay.

15:10:46 17 A. Not always.

15:10:50 18 Q. Okay. So, again, we'll break it down.

15:10:52 19 Do you have an opinion as to whether  
15:10:56 20 Mr. Hatchett was suicidal when Ms. White conducted her  
15:11:04 21 intake in August of 2019 -- 2020? Excuse me.

15:11:08 22 A. No.

15:11:12 23 Q. And so other than his -- the crime that he  
15:11:16 24 was in jail for, do you have any opinion as to whether  
15:11:23 25 Mr. Hatchett was a threat to others at the time he was

15:11:27 1 admitted into the jail?

15:11:31 2 A. Yes. I believe he was a threat to others.

15:11:34 3 Q. And that opinion is based on his past --  
15:11:36 4 criminal past history?

15:11:38 5 A. Yes. On the incident that he came in for,  
15:11:42 6 yes.

15:11:48 7 Q. And does that threat to others require  
15:11:53 8 Ms. White to do anything more than what she did?

15:11:57 9 A. Yes. It requires that she dig into why he  
15:12:01 10 is in there. It requires that she find out more  
15:12:08 11 information from collateral resources and it -- again,  
15:12:13 12 that assault -- that triggers -- his behavior creates  
15:12:19 13 a huge red flag before he comes in for how he needs to  
15:12:23 14 be housed and how we need to address that.

15:12:25 15 Q. Ultimately what is your opinion that  
15:12:28 16 Ms. White should have done -- I understand what you  
15:12:31 17 say she should have done during the clinical  
15:12:34 18 assessment. We've talked about that. But what is  
15:12:36 19 your opinion about what her -- what she should have  
15:12:40 20 done at the very end? I don't understand how these  
15:12:42 21 clinical issues that we are talking about then  
15:12:44 22 manifest themselves at the end of her evaluation.

15:12:48 23 A. Well, I would say that if she found out that  
15:12:52 24 he was in there for stabbing a person, sending him to  
15:12:56 25 the hospital, and she found out about that, that she

15:13:00 1 would at least make a recommendation to classification  
15:13:03 2 that would be something like he's in here for  
15:13:05 3 aggravated assault and find out a little bit more  
15:13:09 4 about why he did it, which the dad could have -- may  
15:13:14 5 have known. We don't know. But if she were -- if she  
15:13:17 6 would have looked into that further and they would  
15:13:20 7 have said, "Well, he stabbed this guy because he was  
15:13:24 8 white" -- I believe had she had have asked the correct  
15:13:29 9 questions and delved into it further, that she would  
15:13:31 10 have made a recommendation to have him housed by  
15:13:32 11 himself.

15:13:39 12 Q. And are you aware of any Muscogee County  
15:13:42 13 Jail policies that allow a mental health professional  
15:13:45 14 to make classification recommendations?

15:13:50 15 A. I haven't -- I am not, but in every facility  
15:13:54 16 that I've been in, if I've made a recommendation --  
15:13:57 17 and I've been in at least 12. If I've made a  
15:13:59 18 recommendation saying that this person is a danger to  
15:14:02 19 themselves or this person has told me they are -- they  
15:14:04 20 are going to fight, they have followed those  
15:14:05 21 recommendations.

15:14:11 22 Q. And who should Ms. White have told that to?  
15:14:14 23 Someone in classification? That's your opinion that  
15:14:16 24 she should have gone directly to classification and  
15:14:19 25 said that to them?



15:14:22 1 A. Well, one of the staff that are there -- I  
15:14:25 2 mean, the officers that brought Mr. Hatchett to her to  
15:14:29 3 be seen -- any one of the officers would be able to,  
15:14:34 4 you know, make that recommendation to classification.

15:14:36 5 Q. And the information about the crime that  
15:14:41 6 Mr. Hatchett committed and the basis therefore, that  
15:14:43 7 was known to the officers, was it not?

15:14:47 8 A. It depends on who you talk to. Some of them  
15:14:50 9 say they knew and some of them say they didn't.

15:14:52 10 Q. Okay. And if they had information, would  
15:14:54 11 you expect them to do something?

15:14:55 12 A. Absolutely.

15:15:15 13 Q. Okay. Is it your opinion that Mr. Hatchett  
15:15:19 14 needed mental health treatment because he committed an  
15:15:20 15 aggravated assault?

15:15:20 16 A. Yes.

15:15:23 17 Q. Does everybody who commits an aggravated  
15:15:26 18 assault need a mental health treatment?

15:15:27 19 A. No.

15:15:30 20 Q. So why does Mr. Hatchett need it and others  
15:15:31 21 don't?

15:15:33 22 A. Well, if I'm looking at it in hindsight with  
15:15:36 23 the information that I have now, when he first came in  
15:15:39 24 he said, "No, I don't have mental health issues," and  
15:15:43 25 then later on we find out after the incident happened,

15:15:46 1 he'd been on trazodone. He'd taken medications. He's  
15:15:49 2 been in substance abuse treatment programs and other  
15:15:54 3 things like that. Now I can say that. My opinion is  
15:15:57 4 anybody who does aggravated battery could benefit from  
15:15:59 5 mental health and I think they should be assessed.

15:16:02 6 Now, will they accept it? Probably not.  
15:16:04 7 But if they are having those kind of issues, they are  
15:16:08 8 a danger to others if -- especially if it's ended them  
15:16:12 9 up in jail. I mean, that -- another red flag.

15:16:15 10 They should -- if they are a danger to other  
15:16:18 11 people, they should have at least a mental health  
15:16:18 12 assessment.

15:16:23 13 Q. Which Mr. Hatchett did in this case;  
15:16:23 14 correct?

15:16:23 15 A. Correct.

15:16:26 16 Q. All right. Is it your opinion that people  
15:16:29 17 who commit crimes based on racial motivations are  
15:16:44 18 mentally ill and need mental health treatment?

15:16:47 19 A. It's my opinion that they are dangerous and  
15:16:51 20 they should be evaluated in some way to make sure they  
15:16:53 21 are not a danger to the community.

15:16:55 22 Q. So a racial motivation for a crime means  
15:16:57 23 that a person is dangerous?

15:17:03 24 A. Potentially, yes.

15:17:07 25 Q. Is any person who commits a violent crime

15:17:08 1 potentially dangerous?

15:17:11 2 A. Yes. They committed a violent crime.  
15:17:12 3 That's dangerous.

15:17:47 4 Q. Did you read the testimony of the officer  
15:17:51 5 that took Mr. Hatchett to Ms. White's office for the  
15:17:52 6 mental health evaluation?

15:17:57 7 A. I don't know that I've read it. I believe I  
15:18:00 8 listened to it.

15:18:02 9 Q. Listened to the deposition testimony that he  
15:18:03 10 gave about that?

15:18:07 11 A. Or I -- I did one of the two. I read it or  
15:18:13 12 I listened to it.

15:18:23 13 Q. Can we go back to your invoice.  
15:18:25 14 Do you have in it front of you?

15:18:25 15 A. Uh-huh.

15:18:27 16 Q. I wanted to ask you on September 20 and  
15:18:31 17 September 22 you say, "Review audio depositions."

15:18:32 18 A. Uh-huh.

15:18:34 19 Q. Are those depositions or are those the  
15:18:37 20 interviews that you provided on the flash drive?

15:18:39 21 A. Yeah, they were the interviews.

15:18:39 22 Q. Okay.

15:18:40 23 A. Yeah, they weren't actually depositions.  
15:18:42 24 I'm sorry.

15:18:42 25 Q. Okay. All right.

15:19:06 1 A. Wait. I'd have to look and be reminded  
15:19:09 2 about when -- when the -- Ms. White's and  
15:19:13 3 Dr. Patillo's were sent to me.

15:19:17 4 Q. I don't think they were videotaped. I could  
15:19:18 5 be wrong on that.

15:19:21 6 A. No, they weren't video.

15:19:22 7 Q. Okay. So I don't know that there would be  
15:19:25 8 an audio recording of that.

15:19:26 9 A. Okay. Yeah, you are right. You are right.  
15:19:27 10 They were pdf's --

15:19:27 11 Q. Yeah?

15:19:30 12 A. -- the depositions. So, yes. Yes, those  
15:19:31 13 were the interviews. They were not the depositions.

15:19:34 14 Q. I got it. All right.

15:19:40 15 Okay. Let me ask you this: Are you  
15:19:44 16 critical of Ms. White's first attempt to interact with  
15:19:50 17 Mr. Hatchett where he refused to come out? Does that  
15:19:52 18 in any way form a basis for your criticisms of  
15:19:53 19 Ms. White?

15:19:57 20 A. I'm concerned about that, yes. I think that  
15:20:00 21 she should have been more persistent in having him  
15:20:01 22 come out.

15:20:04 23 Q. What efforts do you know that she took to  
15:20:06 24 have him come out?

15:20:09 25 A. My understanding is that she had asked to

15:20:12 1 see him and that he refused to come. That's all I  
15:20:12 2 know.

15:20:15 3 Q. And do you know of any other efforts that  
15:20:17 4 she took to have him come out?

15:20:18 5 A. I don't recall of them.

15:20:22 6 Q. And in a routine mental health referral, you  
15:20:26 7 still believe she should have done more to get him to  
15:20:27 8 come out?

15:20:33 9 A. Well, if the nurse is specific in those  
15:20:36 10 concerns, I absolutely think so. But if the nurse  
15:20:40 11 puts somebody in, I think that she probably -- she  
15:20:49 12 should have been more persistent at getting -- either  
15:20:52 13 seeing him or going to his cell and talking to him.

15:20:54 14 Q. And do you know what the Muscogee County  
15:20:57 15 policy requires for Ms. White when there is a routine  
15:21:00 16 mental health referral such as Mr. Hatchett?

15:21:04 17 A. Can I ask? Was that a routine --

15:21:05 18 Q. Yes, sir.

15:21:06 19 A. -- mental health referral from a nurse?

15:21:08 20 MR. JONES: Object to form.

15:21:12 21 MS. JOHNSON: Yes, sir.

15:21:14 22 MR. CLARK: His question or hers?

15:21:16 23 MR. JONES: Her question.

15:21:18 24 THE WITNESS: Can you say the question again?

15:21:21 25 Q. (BY MS. JOHNSON) Sure. Are you aware of

15:21:25 1 the policy of the Muscogee County Jail as it relates  
15:21:28 2 to what is required of Ms. White when a routine mental  
15:21:31 3 health referral is made?

15:21:31 4 A. No.

15:21:34 5 Q. And you would expect Ms. White to follow the  
15:21:39 6 protocols in place for her at Muscogee County Jail,  
15:21:42 7 would you not?

15:21:45 8 MR. JONES: Objection to form, but you can  
15:21:51 9 answer.

15:21:53 10 THE WITNESS: Yes.

15:21:56 11 MS. JOHNSON: Are you good? Do you want to take  
15:22:00 12 a break? I don't know how long we've been going, but  
15:22:02 13 I'm going to talk to you about your report; so  
15:22:04 14 shifting gears. Whatever you would like to do.

15:22:05 15 THE WITNESS: I'm good.

15:22:07 16 Q. (BY MS. JOHNSON) Okay. If you could pull  
15:22:09 17 out your report for me.

15:22:14 18 A. Which one is that? 1?

15:22:15 19 Q. [Exhibit 1](#), yes.

15:22:16 20 A. Okay.

15:22:36 21 Q. All right. Okay. So it looks like you  
15:22:41 22 provide -- I'm looking at page 2 -- correctional  
15:22:42 23 mental health evaluations.

15:22:44 24 Do you see that?

15:22:44 25 A. Yes.

15:22:47 1 Q. And that, as I read it, is just your opinion  
15:22:50 2 about generally what evaluations are intended to --

15:22:50 3 A. Yes.

15:22:52 4 Q. -- accomplish in this setting?

15:22:53 5 A. (Witness nodding head.)

15:22:56 6 Q. And, again, that is based on your, just,  
15:22:59 7 practice and experience?

15:23:03 8 A. The first part. The second part is -- where  
15:23:06 9 it talks about a SOAP note or the things that should  
15:23:09 10 be contained in the evaluation, that's more kind of  
15:23:13 11 general practice, what people learn in school,  
15:23:13 12 otherwise.

15:23:16 13 Q. Okay. And then you provide, over the next  
15:23:21 14 page or so, a timeline of events, which, again, as I  
15:23:24 15 read it, is a summary of the facts as you understand  
15:23:26 16 them as it relates to your opinion; is that right?

15:23:26 17 A. Yes.

15:23:32 18 Q. Okay. So then I want to talk to you about  
15:23:39 19 the opinions that you have on pages 3 and 4.

15:23:42 20 Starting with Opinion 1, you say, "More  
15:23:45 21 should have been done to elicit the necessary  
15:23:48 22 information to make a clinical decision on what kind  
15:23:52 23 of risk Mr. Hatchett could be to himself or others."

15:23:53 24 Do you see that?

15:23:53 25 A. Yes.

15:23:56 1 Q. And from our talking today, I believe the  
15:24:01 2 additional information would be to talk to the nurse  
15:24:02 3 and talk to the father; is that right?

15:24:06 4 A. Well -- and ask him specifically -- ask  
15:24:11 5 Mr. Hatchett specifically what -- you know, what  
15:24:14 6 happened, why he is in there and get a better picture  
15:24:20 7 to make -- to make an assessment or an opinion -- have  
15:24:21 8 an opinion.

15:24:25 9 Q. Right. And, again, as we talked about,  
15:24:28 10 other than what is reflected in her record and then  
15:24:28 11 the questions, if any, that were asked at deposition,  
15:24:28 12 you don't have any additional information of what she  
15:24:30 13 actually did ask Mr. Hatchett; correct?

15:24:34 14 A. Not other than what's documented.

15:24:42 15 Q. Okay. All right. So anything else -- when  
15:24:46 16 you say more should have been done, anything else that  
15:24:48 17 you mean by that besides those things that we talked  
15:25:02 18 about?

15:25:04 19 A. Other than that -- again, it kind of goes  
15:25:08 20 back to that collateral. Even the housing deputies,  
15:25:11 21 detention staff -- even if they might have been  
15:25:17 22 briefed -- not briefed, but if they were asked how is  
15:25:22 23 he doing, is he eating okay, sleeping okay. Just the  
15:25:25 24 basic day-to-day behaviors, I think it's helpful to  
15:25:30 25 have that as well. What his cell looks like. Is he



15:25:30 1 organized?

15:25:34 2 Q. Okay. So that's new from what we talked  
15:25:34 3 about earlier.

15:25:37 4 A. Yeah. That just came to my mind.

15:25:38 5 Q. And is that your opinion of the standard of  
15:25:40 6 care in this context with the purpose of this intake  
15:25:43 7 that Ms. White has to then talk to the housing  
15:25:46 8 deputies to see how he's eating and how his cell is?

15:25:46 9 A. No.

15:25:48 10 Q. Okay. So that's not something that you  
15:25:50 11 believe is a breach of the standard of care that she  
15:25:51 12 did not do?

15:25:53 13 A. In this situation where he didn't -- where  
15:25:58 14 he didn't come out or she wasn't able to really assess  
15:26:01 15 him, then I think it would have been -- would have  
15:26:10 16 been a good thing, but in other areas, not on a  
15:26:12 17 regular -- regular visit.

15:26:14 18 Q. Okay. And in the context of the intake that  
15:26:16 19 she actually did perform on him, do you have the  
15:26:20 20 opinion that it's a breach of the standard of care  
15:26:23 21 that she did not ask housing deputies about his  
15:26:25 22 behavior on the floor?

15:26:28 23 A. I do, but for this reason. Because --  
15:26:30 24 because when she did the intake, it wasn't -- he was  
15:26:33 25 up there for a suicide evaluation, and she did an

15:26:37 1 intake and asked him all these questions rather than  
15:26:41 2 what would have been considered a suicide evaluation.  
15:26:45 3 If she would have done a suicide evaluation, I think  
15:26:47 4 she would have been more in depth with collateral  
15:26:47 5 information.

15:26:50 6 And I don't know what their policies are as  
15:26:54 7 far as that goes, but he wasn't taken up there for  
15:26:57 8 an intake. He was taken up there for a suicide  
15:26:57 9 evaluation.

15:26:59 10 Q. And during that evaluation, she then decided  
15:27:02 11 to do the intake that she was not able to do earlier;  
15:27:02 12 correct?

15:27:03 13 A. Correct.

15:27:05 14 Q. And that, in your opinion, is a good thing  
15:27:08 15 that she was able to do the intake that she was not  
15:27:10 16 able to do earlier; correct?

15:27:12 17 A. I think she should have done a suicide  
15:27:15 18 evaluation of what -- that's why he was taken up  
15:27:16 19 there.

15:27:18 20 Q. Should she have not done the intake?

15:27:20 21 A. I would definitely prioritize the suicide  
15:27:24 22 evaluation over the intake. But even so, I can't  
15:27:26 23 imagine they would be a lot different. You would  
15:27:29 24 still gather, you know, necessary information. But,  
15:27:32 25 you know, at that point in time he was up there in a

15:27:36 1 sense involuntarily. And then -- and then she -- you  
15:27:40 2 know, she filled in the blanks. But I don't -- I --  
15:27:45 3 part of me wonders if it distracted her from doing the  
15:27:46 4 suicide evaluation.

15:27:47 5 Q. Okay. Do you have any evidence to suggest  
15:27:50 6 she was distracted in any way when she was doing her  
15:27:51 7 intake with Mr. Hatchett?

15:27:53 8 A. Well, the only evidence would be it didn't  
15:27:55 9 appear that she did a suicide evaluation.

15:27:57 10 Q. And what specific questions would be on a  
15:28:01 11 suicide evaluation that are not on this form?

15:28:02 12 A. Let me look.

15:28:22 13 Q. Please do. I'm going to get some water  
15:28:23 14 while you look.

15:29:34 15 A. I could get picky, but I won't.

15:29:39 16 Q. Okay.

15:29:42 17 A. I mean, the only thing in here was a  
15:29:45 18 family -- a family -- any history of a family  
15:29:49 19 attempting suicide. Any recent deaths in your family,  
15:30:01 20 recent suicide attempts. Other than -- other than  
15:30:07 21 those two things, I don't see --

15:30:09 22 Q. Okay. So other than asking about recent  
15:30:11 23 deaths in the family --

15:30:14 24 A. Or suicide of a family member.

15:30:16 25 Q. -- or suicide of a family member, that

15:30:18 1 questions that are on this intake form would be the  
15:30:21 2 same or substantially the same as the questions  
15:30:28 3 Ms. White would ask during a suicide assessment; is  
15:30:38 4 that what you are saying?

15:30:40 5 A. Yes.

15:30:43 6 Q. All right. So then I go back to my question  
15:30:46 7 that kind of started us down this rabbit hole about  
15:30:49 8 whether the standard of care requires Ms. White to ask  
15:30:53 9 housing deputies about how Mr. Hatchett was behaving  
15:30:54 10 on the floor.

15:30:56 11 Does the standard of care require that type  
15:30:59 12 of collateral information in this case in this  
15:30:59 13 context?

15:31:12 14 A. You are talking about during the intake?

15:31:15 15 Q. Yes. When she actually is able to speak to  
15:31:18 16 Mr. Hatchett, does your opinion about the standard of  
15:31:22 17 care require her to also gather collateral information  
15:31:23 18 from housing deputies?

15:31:30 19 A. Housing deputies -- standard of care -- I  
15:31:33 20 think it's good practice to do it. Standard of care,  
15:31:37 21 I'd say, a gray area. It would be helpful in her --  
15:31:43 22 to get a good opinion.

15:31:47 23 Q. Okay. So yes or no? Breach of the standard  
15:31:48 24 of care?

15:31:49 25 A. Probably not, no.

15:32:06 1 Q. All right. Okay. All right. So going back  
15:32:14 2 to your report on page 3, Opinion 1, it starts -- the  
15:32:18 3 sentence starts -- it's one, two, three -- fifth line  
15:32:22 4 down. "Jacqueline White, LPC, was negligent in her  
15:32:24 5 duty to provide a proper clinical recommendation to  
15:32:26 6 the staff because she did not gather detailed  
15:32:30 7 information and relied solely on the self-report of  
15:32:31 8 Mr. Hatchett."

15:32:33 9 Do you see that?

15:32:34 10 A. No.

15:32:36 11 Q. Oh.

15:32:38 12 A. The fifth line down from --

15:32:41 13 Q. Here, let me show you. Right here. This  
15:32:44 14 sentence that starts with "Jacqueline White" right  
15:32:49 15 here.

15:32:50 16 A. Yes.

15:32:55 17 Q. Okay. So in your opinion Ms. White had a  
15:32:56 18 duty to provide a clinical recommendation following  
15:33:00 19 this intake?

15:33:01 20 A. Yes.

15:33:05 21 Q. Clinical recommendation being -- what does  
15:33:06 22 that mean?

15:33:09 23 A. Well, a clinical encounter. Again, kind of  
15:33:15 24 like I said before, on an interview like that, if you  
15:33:18 25 are a trained clinician, licensed to do master level

15:33:21 1 counseling that -- those kinds of things, you are  
15:33:24 2 rendering a clinical opinion, whether it's an intake  
15:33:26 3 or suicide evaluation or otherwise.

15:33:32 4 And during that clinical -- and, again, we  
15:33:36 5 found out later that he does have a history of  
15:33:41 6 cutting. He does a history of drug -- of medication.  
15:33:49 7 And so I -- if there is documentation -- and, again,  
15:33:52 8 in this situation -- you are not always going to have  
15:33:56 9 a parent you can call. You are not always going to  
15:33:58 10 have those things. But in this situation, we did.  
15:34:00 11 They called in. They called us. We have the deputies  
15:34:04 12 that we can confer with. She could have -- she could  
15:34:07 13 gather that type of information, and she didn't.

15:34:10 14 She went off of the self-report of somebody  
15:34:14 15 who, had she had known more about the charge, she  
15:34:18 16 would have gathered more information about it and  
15:34:21 17 would have been able to make a better opinion or  
15:34:27 18 decision on her thoughts of him and a provisional  
15:34:28 19 diagnosis.

15:34:33 20 Had she have talked to the -- the deputies,  
15:34:38 21 she would have at least ruled out any concerns or  
15:34:43 22 current concerns in the facility. I mean, if a parent  
15:34:48 23 calls in, I -- that, to me, increases the standard of  
15:34:54 24 care. And collateral contact in this case, I think  
15:34:59 25 would have been a lifesaver for her in this situation.

15:35:01 1 It would have gathered the information necessary.

15:35:05 2 Q. Is a person who is suicidal also homicidal?

15:35:07 3 A. It depends on the person and the situation.

15:35:11 4 Q. The report from Mr. Nelson's father was that  
15:35:12 5 he was suicidal; isn't that right?

15:35:12 6 A. Yes.

15:35:16 7 Q. And Mr. Hatchett did not end up committing  
15:35:17 8 suicide, did he?

15:35:18 9 A. No, he did not.

15:35:21 10 Q. All right. And it's your opinion that  
15:35:24 11 Ms. White had a duty to provide a recommendation about  
15:35:28 12 housing -- where he should be housed?

15:35:31 13 A. I would say a risk assessment. A level of  
15:35:35 14 risk. And I may -- did I put housing on there?

15:35:37 15 Q. No. I'm just trying to understand.

15:35:40 16 A. Yeah. I mean, I think that's the whole  
15:35:44 17 point. That's why I have a job is to decrease risk.

15:35:47 18 Q. Okay. And who was she, again, supposed to  
15:35:50 19 report that to -- the level of risk?

15:35:54 20 A. If the officers -- the officer that -- that  
15:36:01 21 brought him down. I personally would report it to the  
15:36:01 22 sergeant.

15:36:02 23 Q. Okay.

15:36:08 24 A. The on-duty sergeant.

15:36:10 25 Q. And, again, is that in your protocols and

15:36:14 1 standard practices that you do at your job that you  
15:36:16 2 would have to report that?

15:36:19 3 A. Yes. Yeah, danger to self or others,  
15:36:20 4 absolutely.

15:36:35 5 Q. Are there specific details about -- I mean,  
15:36:38 6 so Ms. White knew it was an aggravated assault. We  
15:36:40 7 can agree on that; right?

15:36:40 8 A. Yes.

15:36:43 9 Q. Are there specific details of an assault  
15:36:47 10 that you would expect her to ask about? I mean, how  
15:36:50 11 far into the weeds of assault does she need to go in  
15:36:50 12 your opinion?

15:36:52 13 A. Well, as far as he would be able to, like,  
15:36:55 14 let her. You know, maybe gather the information that  
15:36:59 15 he will give her and then if anybody from intake.  
15:37:03 16 But if she can narrow it down to the why. "Why did  
15:37:08 17 you stab him? What happened? Why did you do it?"  
15:37:12 18 That's it.

15:37:17 19 If she asked those questions and documents  
15:37:24 20 that, then I think that you are gold. I think that if  
15:37:28 21 she just does that minimum thing, then she can make a  
15:37:32 22 great decision, and she's also covered her basis as  
15:37:35 23 far as what -- what a standard of care would be to  
15:37:39 24 assess if someone is a risk to themselves, others, or  
15:37:39 25 otherwise.



15:37:57 1 Q. And the why in this case is race; is that  
15:37:57 2 correct?

15:37:59 3 A. We -- yes.

15:38:03 4 Q. Okay. And so if I'm -- am I understanding  
15:38:07 5 you that if -- your opinion is that if Ms. White knew  
15:38:10 6 this was a race based assault, then she would -- her  
15:38:12 7 behavior should have been different?

15:38:15 8 A. Not necessarily if she would have know that  
15:38:18 9 there was a risk. So if it be race or if it be, you  
15:38:22 10 know, like a sex offender or somebody like that, that  
15:38:26 11 there is a -- a duty to warn, a reason -- for, like,  
15:38:29 12 somebody to be concerned that there is a danger. You  
15:38:32 13 know, if we are concerned that this guy is a danger,  
15:38:35 14 that creates a risk to himself or others.

15:38:37 15 And that was why she was seeing him. And  
15:38:41 16 why the officers brought him down was to do a risk  
15:38:41 17 assessment.

15:38:47 18 Q. Okay. So the aggravated assault isn't risk  
15:38:47 19 enough?

15:38:48 20 A. I think it is.

15:38:53 21 Q. Okay.

15:38:56 22 A. I think that's the -- that's the red flag  
15:38:59 23 for White to ask more questions and White to gather  
15:39:00 24 more information.

15:39:03 25 Q. Okay. So let me ask you this: If there was

15:39:05 1 no race involved in this and she knew it was an  
15:39:09 2 aggravated assault, should she have done something  
15:39:10 3 other than she did?

15:39:12 4 A. The aggravated battery should have been a  
15:39:17 5 red flag to say, find out the why. If the dad says  
15:39:21 6 he's suicidal, to, yes, call somebody -- the dad or  
15:39:25 7 whoever else she can get, to talk to the staff,  
15:39:27 8 whatever, and gather more information.

15:39:30 9 An aggravated battery in this situation --  
15:39:35 10 if she would have gone more into it and found out even  
15:39:38 11 the details of it, I know she would have done more.

15:39:41 12 Q. And your doing more is then saying he's a  
15:39:43 13 risk to himself and others. That's what you  
15:39:45 14 ultimately want her to do?

15:39:47 15 A. I want -- I guess I would have -- I want him  
15:39:49 16 to be more closely monitored.

15:39:50 17 Q. Okay.

15:39:53 18 A. I want him to be in a situation of where  
15:39:57 19 he's -- if we already know he stabbed somebody, why  
15:40:02 20 would we put him with somebody? You know, whether  
15:40:03 21 he's white or whatever.

15:40:06 22 Q. Okay. So in your opinion -- is your opinion  
15:40:10 23 that he shouldn't have been housed with anybody?

15:40:10 24 A. Yes.

15:40:12 25 Q. And you think that's Ms. White's fault that

15:40:13 1 he was housed with somebody?

15:40:17 2 A. I think that that is a lot of people's fault  
15:40:18 3 that he was housed with somebody.

15:40:20 4 Q. And one of those people being Ms. White?

15:40:22 5 A. Yes. She could have -- she could have done  
15:40:24 6 something about that had she asked the right  
15:40:24 7 questions.

15:40:27 8 Q. And, again, your questions that you want her  
15:40:29 9 to ask are the why of the aggravated assault?

15:40:29 10 A. Yes.

15:40:32 11 Q. The aggravated assault alone, in your  
15:40:34 12 opinion, is that enough to house him by himself?

15:40:37 13 A. Yes. It's enough to open the door to, you  
15:40:42 14 know, why. I mean, our interactions are confidential,  
15:40:49 15 and I think that it's within those realms of -- we ask  
15:40:49 16 those hard questions.

15:40:52 17 Q. And sitting here today we don't know what  
15:40:54 18 information, if any, Mr. Hatchett would have provided  
15:40:58 19 if she had asked those questions, do we?

15:41:00 20 A. Today we know that he was lying because he  
15:41:04 21 said that he, you know, had never had mental health  
15:41:08 22 treatment, and he did. He said he had never hurt  
15:41:11 23 himself, and he has a history of cutting. Today we  
15:41:14 24 know he was lying and that's even the more important  
15:41:14 25 reason to gather collateral information.

15:41:16 1 Q. Right. But that wasn't my question. My  
15:41:19 2 question was sitting here today, we don't know what  
15:41:21 3 information, if any, he would have had provided at all  
15:41:23 4 to her had she asked these questions you believe she  
15:41:26 5 should have asked?

15:41:28 6 A. true.

15:41:28 7 Q. Okay.

15:41:29 8 A. But we would have asked the question and  
15:41:30 9 documented it.

15:41:32 10 Q. And we could have gotten the wrong  
15:41:35 11 information. He could have lied just like you said;  
15:41:35 12 correct?

15:41:38 13 A. He could have lied, but we would have had  
15:41:47 14 something that said we asked the question.

15:42:04 15 Q. Okay. All right. Do you have in your mind  
15:42:07 16 a list of questions that Ms. White should have asked  
15:42:10 17 in this case -- like, specific questions? I know you  
15:42:13 18 said the why and the ag assault and I get that.  
15:42:15 19 Beyond that, are there specific questions you believe  
15:42:18 20 she should have asked that you believe she did not  
15:42:19 21 ask?

15:42:19 22 MR. JONES: To who?

15:42:21 23 MS. JOHNSON: To Mr. Hatchett during this  
15:42:21 24 evaluation.

15:42:25 25 MR. JONES: Okay. So to be clear, because he

15:42:27 1 also talked about collateral sources.

15:42:30 2 THE WITNESS: If it were me and I were sitting  
15:42:32 3 there talking to him, I would have said, "Hi,  
15:42:36 4 Mr. Hatchett. Can you tell me why you are in jail  
15:42:39 5 today? What happened that brought you here?" And  
15:42:42 6 then I would -- I could go -- I can go from there.  
15:42:45 7 Because if he's guarded enough that he's not going to  
15:42:49 8 tell me why he's there, there's -- that's a red flag.  
15:42:52 9 If he says he doesn't want to talk about it, that's a  
15:42:56 10 red flag. And that's where the rest of the interview  
15:42:58 11 is determined on where it goes.

15:43:02 12 In the deposition, I believe -- I remember  
15:43:07 13 reading if she asked him if he was suicidal, which, in  
15:43:11 14 my experience, is not -- it's not necessarily going to  
15:43:15 15 gather the right information. I've had tons of people  
15:43:19 16 who say, "Well, yeah, I'm suicidal every day of my  
15:43:22 17 life. Am I going to kill myself? No." The specifics  
15:43:25 18 of it, are you going to try to hurt yourself or try to  
15:43:29 19 kill yourself or anyone else in this facility; I would  
15:43:32 20 have been more specific in those risk assessment  
15:43:36 21 questions that would -- that would guide me to make an  
15:43:39 22 opinion on what level of risk he is.

15:43:41 23 "I see you've got an aggravated assault  
15:43:44 24 here, and I see you've had a history of issues with  
15:43:47 25 your family. Can you tell me a little bit about that?

15:43:50 1 "Okay. If you don't want to tell me about  
15:43:53 2 it, I think I'll call your dad and see what he has to  
15:43:54 3 say about it."

15:43:57 4 Q. (BY MS. JOHNSON) Okay. So other than what  
15:44:00 5 you just started with, tell me what happened, tell me  
15:44:03 6 why you are in the jail today, then kind of the rest  
15:44:04 7 of the conversation and the questions that you would  
15:44:08 8 ask would be dictated at least in part by the feedback  
15:44:10 9 that you were getting from the person you were  
15:44:10 10 interviewing?

15:44:10 11 A. Right.

15:44:13 12 Q. So you don't have a list of questions -- it  
15:44:16 13 would be impossible to create a list of questions that  
15:44:21 14 you believe she should have asked because we don't know  
15:44:23 15 he would respond to any of the questions at all?

15:44:26 16 A. Well, technically, no. But she did have a  
15:44:28 17 list here. She had a list of all the questions to  
15:44:31 18 ask. She just needed to go into it further.

15:44:33 19 Q. Okay. And we've talked about --

15:44:33 20 A. Right.

15:44:37 21 Q. -- what that means and what your factual  
15:44:51 22 basis is for that.

15:44:55 23 Are you aware of any threats that  
15:45:02 24 Mr. Hatchett made after being booked into Muscogee  
15:45:05 25 County Jail against himself or others?

15:45:05 1 A. No.

15:45:08 2 Q. You are not aware of any?

15:45:08 3 A. No.

15:45:10 4 Q. Are you aware of any racial comments that  
15:45:16 5 Mr. Hatchett made at any point in time after he was  
15:45:19 6 booked into the Muscogee County Jail?

15:45:25 7 A. No.

15:45:27 8 Q. You agree with me that Ms. White -- there is  
15:45:31 9 no evidence Ms. White intended to harm Mr. Nelson;  
15:45:31 10 correct?

15:45:31 11 A. Correct.

15:45:35 12 Q. You said earlier she didn't show up to work  
15:45:37 13 hoping to do something wrong; right?

15:45:37 14 A. Right.

15:45:41 15 Q. All right. And it's not your position or  
15:45:44 16 your opinion that Ms. White knew Mr. Hatchett posed a  
15:45:48 17 risk to inmates and just didn't do anything about it;  
15:45:48 18 correct?

15:45:49 19 A. Right. Correct.

15:46:17 20 Q. Okay. All right. So looking at No. 2 --  
15:46:20 21 your Opinion No. 2 -- and, again, we've been going for  
15:46:24 22 a while; so you tell me when you want to stretch your  
15:46:24 23 legs.

15:46:38 24 Looking at Opinion 2, I see that you see the  
15:46:41 25 third line down the sentence that starts with "The

15:46:42 1 negligence in this case."

15:46:46 2 Do you see that kind of over here?

15:46:47 3 A. Yes.

15:46:49 4 Q. "The negligence in this case is more about a  
15:46:51 5 failure to ask the right questions."

15:46:52 6 Do you see that sentence?

15:46:52 7 A. Yes.

15:46:55 8 Q. That's directed at Ms. White; is that  
15:46:55 9 correct?

15:46:55 10 A. Yes.

15:46:57 11 Q. And we talked about what that means?

15:47:04 12 A. Well, this -- this probably goes to more  
15:47:10 13 than Ms. White, but I'm pretty sure -- well, because I  
15:47:13 14 say throughout the records, and I note that there were  
15:47:17 15 numerous warnings that -- that there were no warning  
15:47:19 16 signs or other things like that. I mean, there were a  
15:47:22 17 lot of people that could have asked different  
15:47:26 18 questions, including Ms. White, and so -- so this  
15:47:30 19 refers not to just her but -- because even after that,  
15:47:34 20 I say few of the caregivers asked what happened or why  
15:47:35 21 it happened.

15:47:38 22 And so this was -- this was a communication  
15:47:45 23 problem from the time he went into the facility.

15:47:47 24 Q. Okay. And that was actually going to be my  
15:47:52 25 next set of questions. Is that a lot of Opinion 2 --



15:47:55 1 and please feel free to read it all if you'd like to.  
15:47:58 2 A lot of it actually doesn't relate to Ms. White. It  
15:48:00 3 relates to others that you observed and read about in  
15:48:02 4 this interaction; is that fair?

15:48:04 5 A. Yes, that's fair to say.

15:48:05 6 Q. Okay. And so with respect to -- where the  
15:48:07 7 sentence -- where you say, "The negligence in this  
15:48:07 8 case is more about a failure to ask the right  
15:48:09 9 questions," as it relates to Ms. White, the,  
15:48:12 10 quote/unquote, right questions are the collateral  
15:48:16 11 information, the more in-depth intake with  
15:48:18 12 Mr. Hatchett, that's what you are referring to in that  
15:48:19 13 context; is that right?

15:48:22 14 A. And the questions to him personally.

15:48:23 15 Q. To Mr. Hatchett?

15:48:25 16 A. To Mr. Hatchett.

15:48:26 17 Q. Right.

15:48:26 18 A. Yes.

15:48:28 19 Q. Okay. Anything else as it relates to  
15:48:33 20 Ms. White that you -- that form the basis of that  
15:48:38 21 opinion than what we talked about already today?

15:48:40 22 A. I can't think of anything right now.

15:48:42 23 Q. All right. And is it fair? Do you agree  
15:48:45 24 with me that the remainder of Opinion 2 does not  
15:48:49 25 relate to Ms. White or your opinions about Ms. White?

15:48:50 1 A. Yes. That's true to say.

15:48:58 2 Q. All right. Let's look at Opinion 3.

15:49:05 3 Does Opinion 3 relate to Ms. White at all?

15:49:06 4 A. Yes.

15:49:10 5 Q. Okay. What parts or sentences of Opinion 3  
15:49:11 6 deal with Ms. White specifically?

15:49:13 7 A. Well, at the beginning, it says,  
15:49:16 8 "Communication between mental health, medical and  
15:49:22 9 correctional staff." That all relates to that -- that  
15:49:23 10 interview process and what happened.

15:49:27 11 Because if she would have -- if she would  
15:49:41 12 have spoken to the correctional staff, as far as --  
15:49:46 13 let me go back. The medical -- I think that initially  
15:49:49 14 she could have talked to the nurse about what her  
15:49:49 15 concerns were.

15:49:54 16 Now what I mean by the correctional staff is  
15:49:57 17 that from the get-go when they came in -- and they  
15:50:01 18 were aware of why he was there and what happened, if  
15:50:04 19 they would have communicated that down the line, I  
15:50:07 20 think this whole thing could have been avoided, but  
15:50:09 21 who knows.

15:50:11 22 We had mentioned earlier about, you know,  
15:50:14 23 standard of care and her talking to the correctional  
15:50:18 24 staff and how that may not necessarily be the standard  
15:50:21 25 of care but more of the gold standard, but I do think

15:50:28 1 if she would have been more proactive in talking to  
15:50:32 2 the correctional staff maybe about his charges and if  
15:50:35 3 they knew anything more, I think that that would have  
15:50:38 4 been helpful. So I would say that that part applies  
15:50:39 5 to her.

15:50:41 6 Q. Okay. And let me ask you about that. You  
15:50:44 7 said she would have been more proactive in talking to  
15:50:44 8 the staff about the charges.

15:50:47 9 Is that gold standard or standard of care?

15:50:48 10 A. That is more gold standard.

15:50:51 11 Q. Okay. So that's --

15:50:59 12 A. In a suicide evaluation, that's -- it's  
15:51:00 13 pretty important but --

15:51:03 14 Q. Okay. So it is a breach of the standard of  
15:51:05 15 care that she was not -- she did not talk to the  
15:51:07 16 correctional staff about the charges?

15:51:21 17 A. It's a pretty gray area. I'm going to say  
15:51:24 18 that's standard of care. In a suicide evaluation, she  
15:51:28 19 should talk to the -- she should talk to the  
15:51:29 20 correctional staff.

15:51:33 21 Q. And first you said it was gold standard.  
15:51:35 22 Now you are saying -- then you said it was a gray area  
15:51:38 23 and now you are saying it is standard of care, and I'm  
15:51:42 24 curious what that is based on other than just your  
15:51:42 25 thoughts?

15:51:44 1 A. Because I'm going -- I'm going from this  
15:51:47 2 being an intake assessment to a suicide evaluation and  
15:51:50 3 a parent calling in. Because it -- because it  
15:51:53 4 escalates. So I'm -- I'm saying it escalates it  
15:52:01 5 from -- if you are doing a suicide assessment, you  
15:52:08 6 should talk to somebody more than just the person, and  
15:52:12 7 she didn't do that.

15:52:16 8 Q. Okay. And who is that person? Who should  
15:52:19 9 she have talked to in a suicide assessment? I know we  
15:52:21 10 talked about the dad. Anybody else?

15:52:36 11 A. The only one she could have talked to were  
15:52:37 12 the officers that brought him up.

15:52:38 13 Q. Okay.

15:52:41 14 A. Unless she went out, which she could have  
15:52:45 15 done. But, again, the only thing she could have done,  
15:52:49 16 I think, is asked the officer -- I can't remember his  
15:52:54 17 name -- if he had noticed anything.

15:52:57 18 Q. If he had noticed anything about how he was  
15:52:58 19 behaving on the floor?

15:53:00 20 A. Any odd behavior, anything --

15:53:03 21 Q. And do you know what that officer would have  
15:53:08 22 said or if that officer had observed any odd behavior?

15:53:09 23 MR. JONES: Object to form.

15:53:11 24 MR. CLARK: What officer are we talking about?

15:53:13 25 MS. JOHNSON: The officer that brought

15:53:16 1 Mr. Hatchett up.

15:53:17 2 MR. CLARK: Burgess?

15:53:17 3 MS. JOHNSON: No. Mr. Sellers.

15:53:22 4 THE WITNESS: No. It was a -- he might have  
15:53:24 5 said -- he might have said he hasn't been eating. He  
15:53:27 6 might have said that he's been acting odd or talking  
15:53:31 7 to himself. He might have said he's refusing to call  
15:53:34 8 his family. I mean, there is a number of things that  
15:53:35 9 could be diagnostic.

15:53:39 10 But really is -- anything. It's a rule out  
15:53:44 11 to say, no, we haven't noticed anything.

15:53:45 12 Q. (BY MS. JOHNSON) And are you aware of any  
15:53:48 13 facts in your review of all the documents that you've  
15:53:51 14 looked that suggested that Mr. Hatchett was behaving  
15:53:55 15 oddly on the floor or had any problems while he was on  
15:53:55 16 the floor?

15:53:59 17 A. No. Just the initial booking part where  
15:54:01 18 Nurse Braxton said he was acting --

15:54:01 19 Q. Okay.

15:54:01 20 A. -- a little odd.

15:54:04 21 Q. All right. So back to Opinion 3. You  
15:54:07 22 described for me how that relates to Ms. White, and  
15:54:10 23 you talked about she should have talked to somebody  
15:54:11 24 else -- somebody more.

15:54:14 25 Other than that, there is a lot of other

15:54:18 1 language and words in Opinion 3. Do those at all  
15:54:20 2 relate to Ms. White?

15:54:39 3 A. Right. Nothing different than what I've  
15:54:40 4 already mentioned.

15:54:43 5 Q. What you've already said. Okay. All right.

15:54:47 6 No. 4. Tell me if No. 4 -- your opinion  
15:54:53 7 No. 4 relates at all to Ms. White.

15:54:56 8 A. That one -- that one applies mostly to  
15:55:04 9 education to the -- to the information that  
15:55:05 10 classification had.

15:55:06 11 Q. Okay.

15:55:12 12 A. So the only way it would apply to her is if  
15:55:14 13 she had had additional information that they could  
15:55:22 14 have used to make a different decision on his housing.  
15:55:25 15 So I'm going to say, no, that doesn't necessarily  
15:55:27 16 apply to her.

15:55:40 17 Q. Got it. Okay. All Right. I am going to  
15:55:43 18 take a break. And I'm sure others have questions for  
15:55:47 19 you, but before I do that, are there any other  
15:55:50 20 opinions that you have about Ms. White, the standard  
15:55:53 21 of care applicable to her or her alleged -- your  
15:55:56 22 thoughts on her breach of the standard of care that we  
15:55:59 23 have not discussed or that are not written in your  
15:55:59 24 report?

15:56:02 25 A. Not that I can think of.

15:56:04 1 MS. JOHNSON: Well, let's take a break. Someone  
15:56:07 2 else will talk with you. And if you don't mind, sir,  
15:56:12 3 I'd love to see that book if you have it in your car.

15:56:16 4 THE WITNESS: Yeah, I'll run and get it.

15:56:16 5 MS. JOHNSON: Thank you so much.

15:56:19 6 THE VIDEOGRAPHER: Going off the record. The  
15:56:20 7 time is 3:56.

15:56:33 8 (Recess taken from 3:56 p.m. to 4:02 p.m.)

16:03:23 9 THE VIDEOGRAPHER: Back on the record. The time  
16:03:30 10 is 4:02.

16:03:34 11 MR. CLARK: Alison, do you want to go?

16:03:42 12 MR. CURRIE: Yes. Sorry. Hold on.

16:03:42 13

16:03:42 14 EXAMINATION

16:03:42 15 QUESTIONS BY MS. CURRIE:

16:03:44 16 Q. Hello. Hi.

16:03:46 17 A. Hi.

16:03:48 18 Q. Are we back on the record?

16:03:48 19 A. Yes.

16:03:52 20 Q. My name is Alison Currie. I represent  
16:03:55 21 Correcthealth Muscogee and two nurses, Kimberly  
16:04:00 22 Braxton and Angela Burrell. I hope I just have a  
16:04:02 23 couple questions for you.

16:04:04 24 Can you write prescriptions under your  
16:04:05 25 license?

16:04:05 1 A. No.

16:04:10 2 Q. Okay. Have you ever been to nursing school?

16:04:12 3 A. No.

16:04:15 4 Q. You don't have any kind of a nursing degree?

16:04:17 5 RN? LPN?

16:04:20 6 A. No. I have -- the only thing I have is

16:04:24 7 through my doctorate. I've done some pharmacology

16:04:27 8 classes, but no not -- no.

16:04:30 9 Q. Pharmacology classes, teaching nurses?

16:04:33 10 A. No. I did social work kind of class for

16:04:35 11 nurses, but, no, not in medical.

16:04:37 12 Q. Okay. Not in medical?

16:04:37 13 A. No.

16:04:40 14 Q. So you've never taught nurses anything in a

16:04:41 15 medical perspective?

16:04:42 16 A. No.

16:04:47 17 Q. Do you hold yourself out to be an expert in

16:04:49 18 the standard of care for nurses?

16:04:52 19 A. No.

16:04:55 20 MS. CURRIE: Those are all my questions. Thank

16:04:55 21 you so much.

16:05:00 22 MR. CLARK: Okay. I guess it's me.

16:05:00 23

16:05:00 24 EXAMINATION

16:05:00 25 QUESTIONS BY MR. CLARK:



16:05:03 1 Q. I represent Keyvon Sellers. So similar  
16:05:09 2 questions. You've never been a correctional officer;  
16:05:09 3 correct?

16:05:11 4 A. Not for adults.

16:05:15 5 Q. Have you been a correctional officer for  
16:05:16 6 juveniles?

16:05:17 7 A. Juveniles, yes.

16:05:20 8 Q. Okay. When were you a correctional officer?

16:05:24 9 A. A long time ago. Back in, like, 1995.

16:05:26 10 Q. Okay. You don't hold yourself out as an  
16:05:29 11 expert as a correctional officer, do you?

16:05:30 12 A. No, I do not.

16:05:34 13 Q. Okay. And I think you even mentioned in  
16:05:36 14 your report that you are not a classification expert?

16:05:38 15 A. I did mention that.

16:05:42 16 Q. So am I correct in assuming that you are not  
16:05:47 17 offering any opinions as to Keyvon Sellers in this  
16:05:51 18 case?

16:05:57 19 A. Particularly -- I mean, I do train deputies,  
16:06:04 20 both juvenile and adult and -- but I am not -- I'm not  
16:06:08 21 rendering an opinion on Keyvon Sellers personally as  
16:06:09 22 far as -- yeah.

16:06:12 23 Q. As far as what he did in this case?

16:06:15 24 A. No one has asked me to render an opinion in  
16:06:15 25 that.

16:06:18 1 Q. And I notice, as a matter of fact, you have  
16:06:21 2 not even reviewed his deposition in the case.

16:06:22 3 A. I have not.

16:06:25 4 Q. So am I correct that your opinions in this  
16:06:28 5 case are directed toward the mental health  
16:06:33 6 professionals, principally Braxton, White, and  
16:06:37 7 Burrell?

16:06:40 8 MS. CURRIE: Object to form. Braxton and Burrell  
16:06:42 9 are not mental health professionals.

16:06:45 10 MR. CLARK: Excuse me. I stand corrected.

16:06:46 11 Q. (BY MR. CLARK) Your opinions are directed  
16:06:49 12 towards the mental health professional in the case,  
16:06:50 13 which is Counselor White?

16:06:52 14 A. Yes. Though I have referred to the  
16:06:55 15 communication of the whole facility but not anyone in  
16:06:56 16 particular.

16:06:58 17 Q. All right. Well, just a few other questions  
16:07:02 18 because I was curious after hearing some of your  
16:07:06 19 earlier testimony. Is it -- do I understand you  
16:07:10 20 correctly that your opinion is that any person who  
16:07:15 21 gets arrested for an assault is a threat to other  
16:07:18 22 inmates and should be isolated?

16:07:21 23 A. Aggravated. Like, a felony aggravated  
16:07:22 24 assault.

16:07:26 25 Q. Okay. Felony aggravated assault.

16:07:28 1 But any felony aggravated assault would mean  
16:07:30 2 an automatic isolation; correct?

16:07:31 3 A. Yes.

16:07:55 4 Q. You don't believe that Keyvon Sellers knew  
16:08:03 5 that Hatchett was a risk, do you?

16:08:04 6 MR. JONES: Object to form.

16:08:06 7 Q. (BY MR. CLARK) You don't believe that, do  
16:08:07 8 you?

16:08:07 9 MR. JONES: Object to form.

16:08:07 10 THE WITNESS: I don't --

16:08:08 11 MR. CLARK: Go ahead.

16:08:09 12 THE WITNESS: I don't know.

16:08:12 13 MR. CLARK: Okay. I think that's fair enough.  
16:08:15 14 That's all the questions I have.

16:08:17 15 MS. JOHNSON: I'm going to need, like, five  
16:08:17 16 minutes.

16:08:19 17 MR. JONES: I've got a few questions.

16:08:19 18 MS. JOHNSON: Oh, sure.

16:08:21 19 MR. JONES: So if you want to go after me.

16:08:21 20 MS. JOHNSON: Yeah, that's good.

16:08:24 21 MR. JONES: It's my turn anyway.

16:08:24 22 MS. JOHNSON: Yeah.

16:08:24 23

16:08:24 24 EXAMINATION

16:08:24 25 QUESTIONS BY MR. JONES:

16:08:27 1 Q. Okay. Just, I guess, look toward the video.

16:08:29 2 A. It's hard.

16:08:36 3 Q. I think my voice will carry that far. I  
16:08:39 4 wanted to ask you a few questions about the  
16:08:42 5 communication issues that you alluded to in your --  
16:08:44 6 toward the end of your testimony there.

16:08:54 7 First of all, can you comment on the -- what  
16:09:00 8 your expectation is as far as a reasonable mental  
16:09:04 9 health professional -- what their responsibilities are  
16:09:10 10 as far as communicating with the medical staff -- the  
16:09:13 11 nursing staff in this case.

16:09:20 12 A. Well -- and it sounds like the -- that  
16:09:25 13 facility is kind of fragmented because just based on  
16:09:28 14 the -- some of the statements like, "We don't tell  
16:09:34 15 them what to do" and otherwise. But there has got to  
16:09:36 16 be communication between the mental health and the  
16:09:38 17 nursing staff and the medical staff.

16:09:43 18 I talk to our provider -- our prescriber on  
16:09:47 19 almost a daily basis. I've already talked to him  
16:09:50 20 today on my way here. And I have three providers that  
16:09:54 21 I work with. And when I work with them, I usually  
16:09:57 22 have communication with them because they are the  
16:10:00 23 prescriber, and they are interested in my diagnostic  
16:10:00 24 impressions.

16:10:04 25 It would be also to be in communication with

16:10:09 1 the nurses. Because let's be honest, the nurses  
16:10:11 2 basically run the facilities. They do everything.

16:10:15 3 Q. Well, in Georgia the inmates run the  
16:10:18 4 facility. Okay.

16:10:18 5 A. At least what I see. From the nurses that I  
16:10:22 6 work with, they are -- they are the backbone of the  
16:10:24 7 jail -- of the jail medical.

16:10:25 8 Q. Okay.

16:10:26 9 A. So --

16:10:30 10 Q. That leads to my next question which is,  
16:10:36 11 when you -- when Ms. White finally sat down and did  
16:10:43 12 her evaluation of Mr. Hatchett. In the very top of  
16:10:46 13 the form it says, "Present concerns"; right?

16:10:48 14 A. Uh-huh.

16:10:50 15 Q. Is that supposed to include the reasons for  
16:10:54 16 the evaluation?

16:10:58 17 A. Yes. That's presenting concerns and that's  
16:11:02 18 where I say, it would be good if it was filled in so  
16:11:04 19 we would know what the concern was.

16:11:08 20 Q. Okay. Well, given that it's not filled in,  
16:11:13 21 what would a reasonable mental health professional do  
16:11:17 22 in terms of finding out the reason why they were doing  
16:11:17 23 the evaluation?

16:11:21 24 MS. JOHNSON: Object to form.

16:11:22 25 MR. JONES: Go ahead.

16:11:25 1 THE WITNESS: The mental health worker would,  
16:11:28 2 again, get collateral information, to talk to the  
16:11:33 3 nurse or whoever it was that made the referral, one;  
16:11:38 4 and then two, they would ask the person.

16:11:42 5 Q. (BY MR. JONES) Okay. And I want to break  
16:11:44 6 it down because we are talking about two referrals  
16:11:47 7 here, aren't we? We are talking about the initial  
16:11:49 8 request for a routine mental health evaluation.

16:11:49 9 A. Yes.

16:11:52 10 Q. And then we are talking about a second  
16:11:56 11 request through the command staff --

16:11:56 12 A. Yes.

16:12:01 13 Q. -- about a potential suicide risk; is that  
16:12:01 14 right?

16:12:01 15 A. Yes.

16:12:04 16 Q. Okay. Let's talk about the first one first.

16:12:07 17 If a nurse makes a referral for a mental  
16:12:11 18 health evaluation, what responsibility does the --  
16:12:14 19 that the person conducting the mental health  
16:12:19 20 evaluation have to inquire about the reason for the  
16:12:24 21 evaluation and the purpose, i.e., what they are  
16:12:25 22 looking for?

16:12:30 23 A. Having gone through that, I know that if --  
16:12:33 24 whoever puts it in, a nurse, whoever, if it's not  
16:12:37 25 specific, it causes more problems. If they are

16:12:41 1 specific, then I know what I'm doing and I can go in  
16:12:42 2 with the right information.

16:12:45 3 So the responsibility is to go in and talk  
16:12:49 4 to the patient knowing what you are going in for. So  
16:12:53 5 ask the nurse, ask the staff, ask the doctor. And  
16:12:56 6 then -- or review the chart before you go in. If  
16:13:00 7 there is not enough in there, then you got to go --  
16:13:02 8 you got to go to the source and talk to the person.

16:13:04 9 Q. And as I understand your testimony, you are  
16:13:06 10 not familiar with the standard of care of nurses;  
16:13:10 11 right? And you are not offering yourself as an expert  
16:13:12 12 on the standard of care for the nurse; right?

16:13:13 13 A. No.

16:13:20 14 Q. But as a mental health professional, are  
16:13:24 15 you -- are you saying that it's basically the duty of  
16:13:27 16 the mental health professional to initiate the  
16:13:31 17 communication with the nurse if the nurse doesn't  
16:13:34 18 communicate directly with the mental health  
16:13:34 19 professional?

16:13:36 20 A. I would say, yes. I mean, I've worked with  
16:13:38 21 nurses for almost 20 years.

16:13:39 22 Q. Okay.

16:13:42 23 A. And our standard is that -- and we  
16:13:45 24 communicate and we -- if they have a concern about  
16:13:49 25 somebody, they will either bring them right into me or

16:13:51 1 I'll go to them or otherwise, and then we will get  
16:13:53 2 that information -- or it's documented on -- in the  
16:13:54 3 chart.

16:13:58 4 Q. Well, if a nurse, or anyone for that matter,  
16:14:03 5 asked a mental health professional in a correctional  
16:14:07 6 setting to do a mental health evaluation, what is --  
16:14:13 7 what is your expectation as to what becomes of that  
16:14:20 8 evaluation in terms of who -- who reads it?

16:14:22 9 MS. JOHNSON: Object to the form.

16:14:23 10 Q. (BY MR. JONES) What's the purpose of that  
16:14:23 11 evaluation?

16:14:24 12 A. Treatment.

16:14:24 13 Q. Okay.

16:14:28 14 A. The purpose of it is to determine if the  
16:14:33 15 person has any specialized needs.

16:14:35 16 Q. Okay. If a nurse asks for an evaluation and  
16:14:38 17 then you perform the evaluation as a mental health  
16:14:40 18 professional, do you as a mental health professional  
16:14:44 19 have any responsibility to report your findings back  
16:14:46 20 to whoever requested it?

16:14:46 21 A. Yes.

16:14:50 22 Q. I mean, is it -- do you just leave it in the  
16:14:53 23 charts so someone can read if they want to read it, or  
16:14:57 24 is there a specific requirement to go back and respond  
16:14:58 25 to the initial request?



16:15:02 1 A. Yeah. Our policies say that I send an email  
16:15:07 2 and have -- or a verbal communication with the on-duty  
16:15:09 3 sergeant or officer in charge.

16:15:12 4 Q. All right. Well, based upon your experience  
16:15:15 5 with multiple facilities over 24 years, would you say  
16:15:19 6 that that's the generally accepted practice  
16:15:21 7 everywhere?

16:15:21 8 MS. JOHNSON: Object to form.

16:15:23 9 Q. (BY MR. JONES) Or are you just saying  
16:15:26 10 that's what you are required to do in the facility  
16:15:28 11 that you work at now?

16:15:29 12 A. You go -- you go back -- if there is a  
16:15:32 13 concern, you go back to the sergeant, the people that  
16:15:38 14 are with them 24 hours a days 7 days a week. And then  
16:15:40 15 in our facility, I get a daily -- twice a day, a  
16:15:43 16 morning shift and evening shift email that says what  
16:15:46 17 is going on in our booking and in our facilities.

16:15:46 18 Q. Okay.

16:15:48 19 A. And that is put in there so that everybody  
16:15:52 20 knows what is going on with your high-risk people.

16:15:55 21 Q. So if somebody asks you to do something as a  
16:15:57 22 mental health professional, is it your responsibility  
16:15:59 23 to report back that you've done it?

16:15:59 24 A. Yes.

16:16:03 25 Q. Okay. Now, if -- if you asked the guards to

16:16:08 1 bring someone to you and that person refuses to come,  
16:16:10 2 is that something that should be documented?

16:16:10 3 A. Yes.

16:16:14 4 Q. Why is it important to document that?

16:16:19 5 A. It's clinical. And I want to know why too.

16:16:22 6 Q. And with regard to the questions that you  
16:16:26 7 actually ask to the patient or the inmate that you are  
16:16:33 8 evaluating, if you -- if you ask a question and the  
16:16:37 9 inmate refuses to provide any information and response  
16:16:41 10 to that question, is that something that would be of  
16:16:43 11 clinical significance?

16:16:43 12 A. Yes.

16:16:44 13 Q. And why is that?

16:16:47 14 A. Especially depending on what the question  
16:16:50 15 is. It -- well, if they are guarded, are they  
16:16:54 16 paranoid, or are they having other issues, or do they  
16:16:57 17 just not want me to know? And so that would determine  
16:17:03 18 what I would do to, you know, obtain the information.  
16:17:06 19 And if there is concerns, then most of the time what I  
16:17:09 20 will do is I'll move them to the booking area where  
16:17:12 21 they are monitored and behind glass and can be seen  
16:17:15 22 until they are ready.

16:17:18 23 Q. And on the other hand, if you ask questions  
16:17:21 24 to the inmate and they give you information in  
16:17:24 25 response to your questions, is that something that

16:17:25 1 should be documented?

16:17:26 2 A. Absolutely.

16:17:28 3 Q. And why is that important?

16:17:31 4 A. Well, because I'm not the only one that is  
16:17:34 5 caring for the patient. The medical providers, the  
16:17:38 6 nurses, everyone needs to be able to look into the  
16:17:42 7 record and see what my opinions are and my opinions  
16:17:44 8 should be documented.

16:17:46 9 Q. And that's including the person that cared  
16:17:52 10 enough that asked you to the evaluation to begin with?

16:17:52 11 A. Yes.

16:17:55 12 Q. Okay. With regard to the second referral a  
16:18:00 13 mental health evaluation which came from, I believe  
16:18:04 14 one of the supervisors in the jail about the father  
16:18:09 15 calling in to a detective, I think, to tell them that  
16:18:12 16 his son was -- he thought he might be suicidal --

16:18:12 17 A. Yes.

16:18:18 18 Q. -- how would you -- first of all, in what  
16:18:21 19 order would you have followed up on that information?  
16:18:24 20 Would you have initially asked Mr. Hatchett about  
16:18:30 21 that, or would you have initially asked the -- would  
16:18:33 22 you have followed up with the detective who fielded  
16:18:35 23 the call, or would you have detected -- would you have  
16:18:39 24 followed up with the father himself? I mean, what  
16:18:42 25 would be your, I guess, order of attack on that

16:18:44 1 problem?

16:18:46 2 A. Ideally, what I have done is -- and that's  
16:18:50 3 what I did a few weeks ago when that similar thing  
16:18:54 4 happened is I got back with the detective and then --  
16:18:57 5 because I didn't have a phone number. Ideally, I  
16:19:00 6 would like to talk to the family member first.

16:19:00 7 Q. Okay.

16:19:02 8 A. Because if I can go in with some information  
16:19:05 9 and then I can -- I can share that with them as I  
16:19:10 10 need, to say, "No. Look, I know there is more to  
16:19:13 11 this." If they are saying, "No, nothing is wrong with  
16:19:17 12 me. Nothing is happening," I say, "Well, listen, I  
16:19:20 13 have information that -- you know, I just talked to  
16:19:23 14 your dad, and he said he's concerned about you. Why  
16:19:25 15 would he be concerned about you?"

16:19:26 16 "Well, I don't know."

16:19:29 17 "Well, I kind of need to figure out why so I  
16:19:32 18 need you to help me with that."

16:19:34 19 Q. Have you ever asked that question to someone  
16:19:39 20 who has remorse over a crime they've committed?

16:19:41 21 A. I can't think of specific example.

16:19:44 22 Q. I know you've evaluated people that were a  
16:19:46 23 potential suicide risk before.

16:19:46 24 A. Yeah.

16:19:49 25 Q. Are any of those people that you've

16:19:53 1 encountered who have either become suicidal or were --  
16:19:57 2 or posed a potential suicide risk, people who have,  
16:20:01 3 say, just killed a loved one or attempted to kill  
16:20:02 4 someone?

16:20:02 5 A. Yes.

16:20:05 6 Q. And the realization of what they have done,  
16:20:10 7 is that something that sometimes factors into --

16:20:11 8 A. Yes.

16:20:14 9 Q. -- that type of -- so how do you get at what  
16:20:17 10 people are actually feeling, what is actually  
16:20:19 11 motivating them?

16:20:26 12 A. Well, it's in a number of different ways. I  
16:20:29 13 don't know how much you want me to say. I mean, I  
16:20:33 14 have one, again, similar to that in one of my outer  
16:20:35 15 county jails.

16:20:35 16 Q. Yeah.

16:20:37 17 A. And he -- I learned about that, number one,  
16:20:39 18 from the deputies. He's not eating. He's not  
16:20:42 19 sleeping. He's isolated so he's having these issues.  
16:20:45 20 So I hear about it from the deputies. And then my  
16:20:48 21 nurse calls me and they say they've just moved him  
16:20:51 22 into -- on to watch. I learn about the from deputies,  
16:20:52 23 the nurses.

16:20:55 24 And then I have -- I have some of those on  
16:20:59 25 just a routine follow-up where I see them every

16:21:00 1 clinic.

16:21:03 2 Q. Okay. So I guess what I'm getting at is do  
16:21:07 3 you -- you ask a question to the inmate, slash,  
16:21:09 4 patient. Do you always accept the answer they give  
16:21:11 5 you at face value?

16:21:11 6 A. No.

16:21:12 7 Q. And why is that?

16:21:19 8 A. Because I've been lied to many a time. And  
16:21:23 9 where -- where there are -- red flags, there is enough  
16:21:27 10 things in different areas then I -- I'll say it again.  
16:21:33 11 I trust but verify. If I have things that -- that  
16:21:38 12 make me concerned or worried, even if the staff have a  
16:21:41 13 gut instinct or something like that, then I know well  
16:21:44 14 enough, especially some of those -- some of them, I'm  
16:21:49 15 going to go with that information that I get from --  
16:21:50 16 from the system.

16:21:53 17 Q. So how much of your opinion -- how much of  
16:21:57 18 your understanding of what the standard of care is,  
16:22:00 19 you know, that is what a reasonable mental health  
16:22:03 20 provider should do -- how much of that is based upon  
16:22:06 21 your 24 years' experience dealing with people like  
16:22:11 22 this in a correctional setting and how much of it is  
16:22:14 23 based on what you have read in books or learned in  
16:22:15 24 classes?

16:22:16 25 A. It's actually about 20 years.

16:22:17 1 Q. 20 years?

16:22:19 2 A. Yes, 20 years. I mean, I've been --

16:22:22 3 Q. So you are not as old as I thought you were.

16:22:25 4 A. Yeah. I've been doing this stuff for 26  
16:22:27 5 years, but I've been in corrections for 20.

16:22:30 6 Q. I see. You've been in mental health for 26  
16:22:30 7 years.

16:22:30 8 A. Yeah.

16:22:33 9 Q. And you've been in corrections for 20?

16:22:33 10 A. Correct.

16:22:36 11 Q. But is it primarily experience based or is  
16:22:38 12 it something in a textbook that you can point to that  
16:22:41 13 tells you -- like, an instructional manual in how to  
16:22:42 14 do your job?

16:22:45 15 A. It's both. It's both. I mean, some of the  
16:22:49 16 stuff -- some of the stuff you learn that -- you've  
16:22:51 17 got to do certain things, like sometimes be  
16:22:55 18 confrontational with people when they are saying  
16:22:58 19 things to you so that you can get them to give you the  
16:22:59 20 correct information.

16:23:02 21 The other stuff is textbook stuff, like in  
16:23:05 22 that book, that talks about, you know, a minimum level  
16:23:09 23 of care and -- before I even started, Dr. Keller --  
16:23:13 24 you know, he gave me a book. There is that one and  
16:23:17 25 then there is the National Commission on Correctional

16:23:20 1 Health Care books that I read 19 years ago that  
16:23:24 2 reminded me that -- of my role. And so, you know,  
16:23:25 3 it's from both.

16:23:29 4 Q. So you are employed full-time in corrections  
16:23:30 5 in mental health?

16:23:30 6 A. Yes.

16:23:34 7 Q. How many inmates would you say that you  
16:23:39 8 interact with -- evaluate -- professionally evaluate  
16:23:43 9 or treat on a, say, weekly basis?

16:23:45 10 A. About 50 a week.

16:23:47 11 Q. About 50 a week.  
16:23:50 12 And that's been true for about 20 years?

16:23:52 13 A. Yeah.

16:23:52 14 Q. All right.

16:23:55 15 A. Sometimes I'll see 20-plus in a day.

16:23:58 16 MR. JONES: Okay. Well, I guess that's a segue  
16:24:03 17 if you are going to ask him about the book.

16:24:04 18 MS. JOHNSON: I'm going to ask him about the  
16:24:06 19 book; so, yes. Thank you.

16:24:08 20 MR. JONES: Are you going to ask him about the  
16:24:12 21 900 pages that don't have anything to do with this?

16:24:13 22 MS. JOHNSON: Only if you are buying drinks.

16:24:15 23 MR. JONES: Bring it home.  
16:24:15 24  
16:24:15 25



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FURTHER EXAMINATION

QUESTIONS BY MS. JOHNSON:

Q. Dr. Mecham, thank you again for being here today and your patience with us as we work through this. I do want to ask you a couple questions about this book, but before I do that, I want to ask you a couple other follow-up questions.

Have you ever been to Muscogee County, Georgia?

A. No, I have not.

Q. Ever been to Muscogee County Jail?

A. No.

Q. Ever been to Georgia?

A. I went through it, I think, on a flight but never really been there, no.

MR. JONES: The Atlanta airport doesn't count as Georgia.

THE WITNESS: Okay. Then, no.

Q. (BY MS. JOHNSON) Okay. You agree with me that Ms. White is not responsible for setting the policies and procedures at the jail; correct?

A. Yes.

Q. Okay. Tell me again the sizes of the jails that you currently work at. I think you --

16:25:05 1 A. Bonneville --

16:25:06 2 Q. Go ahead. I'm sorry.

16:25:09 3 A. Bonneville County is -- it can house up to  
16:25:14 4 400 inmates so we will have anywhere from -- between 3  
16:25:17 5 something to -- we don't usually get to 4, especially  
16:25:21 6 the last few years with COVID. We've kept it lower,  
16:25:23 7 but it can go up to 400.

16:25:27 8 The other two jails are probably 80 each so  
16:25:29 9 that's another 160.

16:25:33 10 Q. Oh, 80 each. Madison is 80, Jefferson is  
16:25:33 11 80?

16:25:34 12 A. Yes.

16:25:36 13 Q. Okay. Got it.

16:25:39 14 A. Now, that's their capacity. I'm not going  
16:25:42 15 to say they have that many. It just ranges -- it  
16:25:43 16 ranges.

16:25:44 17 Q. Yeah, I understand that, but that's the  
16:25:45 18 capacity.

16:25:46 19 A. I don't know their average.

16:25:49 20 Q. I got it. And you said you see 50 inmates a  
16:25:51 21 week; is that right?

16:25:52 22 A. Ish, yes.

16:25:53 23 Q. Ish, sure again.

16:25:56 24 And of those 50 inmates, how many are you  
16:25:59 25 actually doing this type of intake mental health

16:26:00 1 assessment of?

16:26:02 2 A. Like a suicide evaluation?

16:26:04 3 Q. Well, like the assessment that Ms. White  
16:26:07 4 did, the more intake preliminary assessment that you  
16:26:09 5 kind of tab in these books.

16:26:19 6 A. Probably -- can I explain what I do first?  
16:26:25 7 So what I'll do first is I'll do a -- I'll just give  
16:26:27 8 you a number. Probably 8 to 10 a week.

16:26:30 9 Q. Okay. And then the remaining people you  
16:26:32 10 see, that's when you are actually engaging in  
16:26:36 11 treatment, therapy, whatever you decide they need?

16:26:36 12 A. Yeah.

16:26:39 13 Q. Okay. You said 8 to 10 a week?

16:26:39 14 A. Ish.

16:26:41 15 Q. Okay. Yeah. Approximately. Fair enough.

16:26:46 16 You said -- when Mr. Jones was asking you  
16:26:50 17 questions that in the timeline of events when you get  
16:26:56 18 information that someone's parent or family has called  
16:26:59 19 saying they are a suicide concern that you want to go  
16:27:01 20 talk to the family before you talk to the inmate?

16:27:02 21 A. If I can.

16:27:05 22 Q. Okay. So -- and in that context, if it is a  
16:27:10 23 more urgent situation, you would still try to talk to  
16:27:11 24 the family first?

16:27:15 25 A. If I can but -- so like if I get a phone

16:27:20 1 call or an email that said so and so's family member  
16:27:24 2 called in, I'll have them moved up to booking  
16:27:26 3 immediately if I can't talk to them or the family  
16:27:30 4 member. If a family member comes in -- I mean, it's  
16:27:32 5 kind of an urgency thing.

16:27:33 6 Q. Right.

16:27:35 7 A. And so if I can talk to the parent first,  
16:27:39 8 great. Like if they have already been moved up to  
16:27:43 9 booking, I'll call and talk to the parent first,  
16:27:45 10 otherwise I would have them moved up and be able to  
16:27:48 11 assess the concern with the parent.

16:27:51 12 Q. And would you hold them in booking until you  
16:27:53 13 were able to talk to the parent, assuming you were  
16:27:55 14 able to do it?

16:27:58 15 A. Not necessarily until I'm able to talk to  
16:28:00 16 the -- talk to the parent, but most of the time I --  
16:28:04 17 I'm a big believer in collateral information. So if I  
16:28:07 18 have it from somebody that -- I mean, I can even go to  
16:28:07 19 the phone calls.

16:28:12 20 You know, a parent called in and they had a  
16:28:15 21 phone call with somebody, and I listened to that phone  
16:28:18 22 call last week. And I listen to it, and I go in and I  
16:28:20 23 talk to the -- I listen to it first. I go talk to the  
16:28:23 24 inmate, and he says, "No. No. I didn't mean it at  
16:28:23 25 all."

16:28:25 1 "Well, that's not what you said on the phone  
16:28:26 2 call," you know.

16:28:31 3 And so -- and so consequently he was -- he  
16:28:34 4 was in isolation on a watch for the weekend, and then  
16:28:38 5 I come back Monday morning and he's, like, "I'm  
16:28:39 6 ready."

16:28:42 7 So having that collateral information has  
16:28:46 8 been, you know -- and I like to get that as often as I  
16:28:49 9 can. It's not always ideal.

16:28:51 10 Q. Have you seen the nursing chart in this  
16:28:54 11 case?

16:28:56 12 A. I think I have. If --

16:28:59 13 Q. Do you know if -- I'm sorry. Go ahead.

16:29:01 14 A. If it's the right one. That's kind of  
16:29:04 15 what -- it took me a while to review them because in  
16:29:07 16 that chart that I have there is doubles of a lot of  
16:29:11 17 stuff. It's all the same. A lot of it is the same.

16:29:14 18 But, yeah, I'm pretty sure I reviewed the  
16:29:15 19 nursing stuff.

16:29:15 20 Q. Do you know what nursing -- what information  
16:29:19 21 the intake nurse put in about the referral?

16:29:22 22 A. I don't remember right off the top of my  
16:29:23 23 head.

16:29:25 24 Q. Okay. And so I'm clear, it's your opinion  
16:29:29 25 that you have a duty to report any time you complete

16:29:33 1 an assessment, even if the inmate doesn't need further  
16:29:35 2 treatment?

16:29:37 3 A. On a suicide evaluation, yes.

16:29:40 4 Q. Okay. What about a normal intake  
16:29:40 5 evaluation?

16:29:42 6 A. A normal intake evaluation?

16:29:43 7 Q. Yeah.

16:29:46 8 A. I only need to report if there is a concern.

16:29:49 9 Q. Got it. You told Mr. Jones that your  
16:29:52 10 opinions about the standard of care are based on your  
16:29:55 11 experience and then other textbooks and other written  
16:29:59 12 things that you have seen in your career.

16:30:01 13 Other than this book, Correctional Mental  
16:30:05 14 Health Handbook, are there any other written materials  
16:30:07 15 you can identify today that support any of the  
16:30:09 16 opinions about -- that you've given in this case?

16:30:15 17 A. The -- the other main one is the NCCHC, but  
16:30:15 18 I can't remember the name of it.

16:30:19 19 Q. And what does NCCHC stand for?

16:30:21 20 A. National Commission on Correctional Health  
16:30:22 21 Care.

16:30:24 22 Q. And did you actually look at that?

16:30:26 23 A. I didn't. I've read it -- like I said, I  
16:30:29 24 read it earlier in my career. And some of those  
16:30:31 25 things just have been practiced.

16:30:35 1 Q. And is there a specific section or part of  
16:30:37 2 that document which you believe specifically deals  
16:30:41 3 with the issues we are here about today?

16:30:43 4 A. I would have to spend some time looking at  
16:30:44 5 the book.

16:30:47 6 Q. And you have not done that yet, have you?

16:30:47 7 A. No.

16:30:52 8 Q. Okay. You have so graciously brought us  
16:30:55 9 this book, which we unfortunately can't mark as an  
16:30:56 10 exhibit to your deposition, but what I have done is I  
16:31:00 11 took a picture of the front. And then you've also put  
16:31:04 12 in three tabs, which the first page is tab titled  
16:31:06 13 "Intake," and it looks like it's -- I'm just trying to  
16:31:08 14 figure out what chapter.

16:31:10 15 MR. JONES: You can probably get it on Amazon for  
16:31:12 16 about 8 bucks.

16:31:12 17 MS. JOHNSON: Yeah.

16:31:12 18 THE WITNESS: You can get an electric -- digital  
16:31:15 19 copy of it.

16:31:17 20 Q. (BY MS. JOHNSON) It's in Chapter 1, page 9.  
16:31:19 21 You kind of highlighted a paragraph. And then in some  
16:31:23 22 other chapter down the road, on page 61 you've also  
16:31:24 23 highlighted some language.

16:31:27 24 Is this the part of this book that you  
16:31:29 25 believe support your opinions in this case?

16:31:30 1 A. Yes.

16:31:32 2 Q. Okay. And so what I've done is that I've  
16:31:33 3 taken pictures of it so we'll -- I'll email the  
16:31:33 4 pictures to the court reporter just to mark it so we  
16:31:33 5 are clear on what it says.

16:31:37 6 And in your opinion is this book  
16:31:38 7 authoritative on the issues that we are talking about  
16:31:39 8 today?

16:31:39 9 A. Yes.

16:31:41 10 Q. Okay.

16:31:43 11 MR. JONES: For the record, can you tell us what  
16:31:46 12 the exhibit number will be? Are you just going to  
16:31:48 13 make all those one exhibit?

16:31:50 14 MS. JOHNSON: I was going to do the front page  
16:31:52 15 and then the two pages. There is a third tab,  
16:31:54 16 juvenile offenders --

16:31:57 17 THE WITNESS: That is for my own stuff because  
16:31:58 18 I'm -- I'm preparing some other things for the  
16:31:58 19 juvenile work that I'm doing.

16:31:59 20 Q. (BY MS. JOHNSON) So that doesn't have  
16:32:02 21 anything to do with this case?

16:32:02 22 A. No.

16:32:04 23 Q. Okay. So, yeah, I'll mark as a composite  
16:32:06 24 exhibit the front page and then the two pages that  
16:32:07 25 you've marked here today.



16:32:10 1           And I think I asked you this, but I want to  
16:32:13 2           make sure. This is authoritative to you in what an  
16:32:17 3           intake assessment is intended to do and how you tend  
16:32:18 4           to do it? Yes or no?

16:32:18 5           A. Yes.

16:32:19 6           MS. JOHNSON: Okay. All right. Thank you so  
16:32:24 7           much. That's all the questions I have for you.

16:32:24 8           THE WITNESS: Thank you.

16:32:29 9           MR. CLARK: Nothing further.

16:32:31 10          MR. JONES: I think we are done.

16:32:32 11          THE VIDEOGRAPHER: This deposition is concluded.  
16:32:34 12          The time is 4:32.

16:32:34 13                       (The deposition concluded at 4:32 p.m.)

16:32:34 14                       (Signature requested.)

16:32:34 15                       ([Exhibit 10](#) marked.)

16:32:34 16

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CERTIFICATE OF WITNESS

I, BRIAN MECHAM, being first duly sworn,  
depose and say:

That I am the witness named in the foregoing  
deposition, that I have read said deposition and know  
the contents thereof; that the questions contained  
therein were propounded to me; and that the answers  
contained therein are true and correct, except for any  
changes that I may have listed on the change sheet  
attached hereto.

DATED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

CHANGES ON ERRATA SHEET YES\_\_\_ NO \_\_\_

\_\_\_\_\_

WITNESS

SUBSCRIBED AND SWORN to before me this \_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

NAME OF NOTARY PUBLIC

NOTARY PUBLIC FOR \_\_\_\_\_

RESIDING AT \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_



## 1 REPORTER'S CERTIFICATE

2 I, JANET L. FRENCH, CSR No. 946, Certified  
3 Shorthand Reporter, certify:

4 That the foregoing proceedings were taken  
5 before me at the time and place therein set forth, at  
6 which time the witness was put under oath by me;

7 That the testimony and all objections made  
8 were recorded stenographically by me and transcribed  
9 by me or under my direction;

10 That the foregoing is a true and correct  
11 record of all testimony given, to the best of my  
12 ability;

13 I further certify that I am not a relative  
14 or employee of any attorney or party, nor am I  
15 financially interested in this action.

16 IN WITNESS WHEREOF, I set my hand and seal  
17 this 21st day of January, 2022.

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19

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JANET L. FRENCH, CSR No. 946, RPR

22

Notary Public

23

P.O. Box 2636

24

Boise, Idaho 83701-2636

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My Commission Expires 11/3/2022

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