In The Matter Of:

Nelson v.

CorrectHealth Muscogee

Brian Mecham, PsyD, LCSW

January 11, 2022

M & M Court Reporting Service

Original File 59910B4 B Mecham.TXT

Min-U-Script® with Word Index

IN THE UNITED STATES DISTRICT COURT

FOR THE MIDDLE DISTRICT OF GEORGIA

COLUMBUS DIVISION

JERRY NELSON, as Personal Representative of the Estate of EDDIE LEE NELSON, JR., Deceased, and Michele Dushane, as Surviving Spouse,	)	**Case No. 4:20-cv-00213-CDL**
Plaintiffs,	)	
vs.	)	
CORRECTHEALTH MUSCOGEE, LLC, 0FFICER 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

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

APPEARANCES:

For the Plaintiffs:

CRAIG T. JONES, P.C.
Post Office Box 129
Washington, Georgia 30673
craigthomasjones@outlook.com

For the Defendant Jacqueline White:

SWIFT, CURRIE, MCGHEE & HIERS, LLP
By: Myrece Johnson
1355 Peachtree Street, N.E., Suite 300
Atlanta, Georgia 30309
myrece.johnson@swiftcurrie.com

(Appearances continued on next page.)

APPEARANCES (Continued):

For the Defendant Officer Keyvon Sellers:

PAGE, SCRANTOM, SPROUSE, TUCKER & FORD, P.C.
By: James C. Clark, Jr.
Thomas F. Gristina (Present Remotely)
111 Bay Avenue, Third Floor
Columbus, Georgia 31901
jcc@psstf.com

For the Defendant Healthcare Staffing, Inc.

FREEMAN MATHIS & GARY, LLP
By: Sara E. Brockstein (Present Remotely)
100 Galleria Parkway, Suite 1600
Atlanta, Georgia 30339-5948
sbrockstein@fmglaw.com

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

FISHER BROYLES, LLP
By: Alison Lee Currie (Present Remotely)
945 East Paces Ferry Road, Suite 2000
Atlanta, Georgia 30326
alison.currie@fisherbroyles.com

Also present: Mitch Popa - Videographer

I N D E X

EXHIBITS

EXHIBITS

13:14:55 **P R O C E E D I N G S**

13:15:32 **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.**

13:15:42 **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.**

13:16:03 **We are in the conference room of the Limelight Hotel, 151 Main Street, Ketchum, Idaho 83340.**

13:16:11 **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.**

13:16:25 **Will counsel please identify themselves.**

13:16:28 **MR. JONES: Craig Jones for the plaintiffs.**

13:16:29 **MS. JOHNSON: Myrece Johnson for Jacqueline White.**

13:16:32 **MR. CLARK: Jim Clark for Officer Keyvon Sellers.**

13:16:37 **MS. CURRIE: Alison Currie for Correcthealth**

Muscogee, Kimberly Braxton, and Angela Burrell.

MS. BROCHSTEIN: Sara Brockstein for Healthcare Staffing.

THE VIDEOGRAPHER: Are there any stipulations?

MS. JOHNSON: We can reserve objections like we did during the last one, Craig, is that all right?

MR. CLARK: Craig?

MR. JONES: Yes.

THE VIDEOGRAPHER: Will the court reporter please swear the witness.

BRIAN MECHAM, PSYD, LCSW,

first duly sworn to tell the truth relating to said cause, testified as follows:

EXAMINATION

QUESTIONS BY MS. JOHNSON:

Q. Mr. Mecham, my name is Myrece Johnson, and I represent Jacqueline White in a lawsuit filed by Jerry Nelson and others involving the death of Mr. Eddie Lee Nelson.

And it's my understanding that you have been identified as expert witness in this case; is that correct?

A. Yes.

13:17:26 Q. Have you ever given a deposition before, sir?
13:17:27 A. No.
13:17:30 Q. Okay. So I'm sure that Mr. Jones has kind of filled you in on how the day will go, but I'm going to ask you questions, and you will give me your answers. I would ask that whatever answer that you have be verbal. The court reporter is here taking everything down, and it's difficult to write an "uh-huh" or an "unh-unh," or if you shake your head "yes," it's difficult to write down and remember what you meant when we read it back later.
13:17:54 So if you could just, please, give a verbal response, that would be appreciated.
13:17:56 A. Okay.
13:17:58 Q. If you don't understand any question that I ask, please let me know, and I will be glad to rephrase it.
13:18:01 All right?
13:18:03 A. Okay.
13:18:05 Q. And if you need a break at any point in time, just let me know that as well.
13:18:07 A. Thank you.
13:18:09 Q. Okay. Can you give me your full name, sir.
13:18:13 A. My full name is Brian Butler Mecham.

13:18:17 Q. Okay. And I'm going to mark for the record
13:18:27 Exhibit 1 to your deposition --
13:18:28 (Exhibit 1 marked.)
13:18:29 Q. (BY MS. JOHNSON) -- which is the expert
13:18:33 report that we were provided by Mr. Jones.
13:18:35 If you could take a look at that report and
13:18:39 confirm that this is, in fact, the report that you
13:18:54 prepared in this case.
13:18:56 A. It is indeed.
13:18:58 Q. All right. And do you have any opinions in
13:19:01 this case that are not contained in the report that
13:19:09 I've marked as Exhibit 1?
13:19:12 A. Not -- not that I can think of at this time.
13:19:22 Q. Okay. And this report was provided to us on
13:19:27 October 28 of 2021. Since October 28 of 2021, have
13:19:40 you done any further work in this case or reviewed any
13:19:42 additional documents?
13:19:46 A. I have -- I have reviewed a little bit in a
13:19:50 mental health -- correctional mental health book,
13:19:51 other than that, no.
13:19:54 Q. What correctional health book have you
13:19:54 reviewed?
13:20:00 A. I'm trying to remember. It's by Ax and
13:20:05 Radford. I've actually got a jump drive that has
13:20:07 all -- everything if you want it.

13:20:08 Q. Yes, please.
13:20:11 A. Except for all that he had sent to you guys. I couldn't fit that on here.
13:20:14 Q. Okay.
13:20:17 A. But this has all the resources and emails and everything else.
13:20:18 Q. In response to the request that we sent? Did that --
13:20:18 A. Correct.
13:20:20 Q. Okay. Great. So whatever correctional mental health book you referred to is identified on here?
13:20:25 A. It's identified on there.
13:20:26 Q. All right. Great. And when you reviewed that correctional mental health resource, did that change or modify the opinions that you rendered in 13:20:34 Exhibit 1 in any way?
13:20:37 A. No.
13:20:48 Q. And why did you review that after you issued your report?
13:20:52 A. To see if there was any more information that could verify my findings and my opinion.
13:20:57 Q. And did you find any more that could verify your findings and opinions?
13:21:06 A. I felt like what was in there was -- it

helped me to feel like my opinions were accurate.

Q. Okay. And what did you do today -- or not today. What did you do to prepare for your deposition?

A. I spent a little bit of time reviewing the records that Craig sent to me. That's about it.

Q. Okay. Did you go back and review your report again?

A. Yes.

Q. Did you review any of the testimony given in this case again?

A. Of, like, the other depositions or --

Q. Yes, sir.

A. -- those things?

Yes.

MS. JOHNSON: I guess, for the record we will mark this entire flash drive, which is his file, as Exhibit 2.

(Exhibit 2 marked.)

Q. (BY MS. JOHNSON) Have you -- you said earlier when we got started that you never given a deposition before.

Have you ever given trial testimony in any capacity?

A. Only as a designated examiner for the State

of Idaho in cases where -- where people were being committed to hospitals for treatment involuntarily.

Q. And what type of testimony in those situations are you rendering? Are you their treatment provider?

A. No. It's -- in Idaho it's called a designated examiner where you examine the person, you make a determination if they are a danger to themselves or others or gravely disabled and then it's part -- it was through Department of Health and Welfare. So I was a designated examiner and dispositioner to give testimony as to if they needed to be treated involuntarily.

Q. Okay. And is that the only trial testimony that you've given in your professional capacity?

A. I had one other that was just for -- I was subpoenaed for one of the inmates in the jail that I -- one of the jails that I currently work at, but other than that, no. That's it.

Q. And what were you subpoenaed to give testimony about in that other matter?

A. Just to give testimony of his behavior in the jail and the treatment work that he had done to try and improve himself. Just -- he was trying to avoid going to prison and so he wanted some evidence

that he was trying.

Q. Are you still a designated examiner for the State of Idaho?

A. Yes.

Q. And how long have you been doing that?

A. Probably 24 years.

Q. Other than the expert report that you wrote in this case, have you ever written an expert report before?

A. Yes.

Q. How many times?

A. Once.

Q. And is that the matter of Estate of Bradley Munroe versus Ada County Sheriff?

A. Yes.

Q. And where was that case pending?

A. That was in Ada County, Boise, Idaho.

Q. And just high level, what was that case about?

A. That case was about a jail suicide.

Q. And did it involve any of the issues that we are going to be talking about today in terms of intake, assessment, mental health assessments, when you are intaking somebody?

A. It is somewhat similar. Somewhat.

13:25:07 Q. And in that one matter, were you working on
13:25:09 behalf of the plaintiff or the defendant?
13:25:10 A. Defendant.
13:25:24 Q. And I take it you were never deposed in that
13:25:25 case; is that correct?
13:25:27 A. Correct. No, I was not.
13:25:29 Q. Is that the only other case that you've been
13:25:31 identified as an expert witness in?
13:25:31 A. Yes.
13:25:37 Q. Okay. Do you still have a copy of that
13:25:40 prior expert report?
13:25:43 A. I probably do somewhere, but I don't know
13:25:48 where it's at.
13:25:50 Q. And you said you worked on behalf of the
13:25:52 defendant in that case; correct?
13:26:05 A. You know what? It actually was not for the
13:26:08 defendant. It was for the plaintiff. It was for the
13:26:12 state -- or the county. It's been a while.
13:26:14 Q. Okay. Fair enough.
13:26:14 A. Sorry.
13:26:15 Q. That's all right.
13:26:26 And do you know why you were never called to
13:26:29 give a deposition in that case or to testify at trial?
13:26:41 A. I was told that it was settled out of court.
13:26:44 Q. Do you advertise any expert services

anywhere?

A. No.

Q. Was the -- this prior expert report that you prepared, what type of mental health professional was being sued in that case?

A. It was the same as -- as I was. It was the licensed counselor or licensed clinical social worker. I can't recall what their credentials were.

Q. Are you a certified law enforcement officer?

A. No.

Q. Mr. Jones provided us some materials earlier from your file and one of the things he provided us was your CV.

MS. JOHNSON: Mark this as Exhibit 3.

(Exhibit 3 marked.)

Q. (BY MS. JOHNSON) Exhibit 3 is the CV that we were provided with some of the materials in your file.

Is this the most recent copy of your CV?

A. Yes.

Q. Okay. Okay. So it looks like you received a Master's of Social Work in 1998; is that correct?

A. Yes.

Q. And then you have a license in Idaho?

A. Yes.

13:28:26 Q. Have you ever had a license to work
13:28:29 professionally in any other state?
13:28:34 A. No. Actually, that's not true. I did get
13:28:41 professionally licensed in New Mexico.
13:28:46 Q. And did you ever get fully licensed in New
13:28:46 Mexico?
13:28:46 A. Yes.
13:28:49 Q. And do you still have an active New Mexico
13:28:50 license?
13:28:50 A. No.
13:28:54 Q. Why did you get provisionally and then
13:28:55 eventually fully licensed in New Mexico?
13:28:59 A. So I finished school. My wife was going to
13:29:02 school there as well; so I finished up. And just
13:29:06 before we left, I took the test to get fully licensed
13:29:11 because I found out that it would transfer to Idaho.
13:29:16 Q. Makes sense. And then it looks like in 2020
13:29:25 you got a Doctorate of Psychology; is that correct?
13:29:25 A. Yes.
13:29:33 Q. What -- is there a difference -- or
13:29:34 obviously there is a difference. What is the
13:29:37 difference between a licensed clinical social worker
13:29:39 and a licensed professional counselor?
13:29:45 A. The biggest thing that I would say is that a
13:29:50 counselor has more training in, like, counseling.

13:30:00 They deal with more pointed classes on, I would say,
13:30:08 theory counseling, various different methods.
13:30:11 Social work is, I guess, what you would call
13:30:17 an eclectic work, all different systems, various
13:30:22 different levels. The training is -- I mean, it's
13:30:24 similar, especially when you go to the master's level,
13:30:28 you do different types of counseling. It also depends
13:30:30 on what program you go to.
13:30:31 So my program wasn't necessarily focused on
13:30:36 clinical counseling. It was focused more on -- it was
13:30:40 called family preservation in multicultural settings.
13:30:43 So other programs focus a little bit more on
13:30:48 counseling or assessment type things. Mine was
13:30:52 focused on families and how to work, you know, with
13:30:58 the various different systems and parts of a family.
13:31:02 Q. And so are there certain things that a
13:31:05 licensed professional counselor can do under their
13:31:09 license that a social worker can't do or vice versa?
13:31:11 A. Once you are licensed, it's very similar in
13:31:13 what you're -- what you are able to do, as far as, you
13:31:16 know, most insurance companies will reimburse a
13:31:20 licensed professional counselor the same as they will
13:31:23 a licensed clinical social worker.
13:31:27 Q. And have you ever acted or worked as a
13:31:29 licensed professional counselor?

13:31:42 A. No.
13:31:45 Q. How did you get involved in corrections --
13:31:46 working in corrections?
13:31:52 A. Well, it started back -- well, most recently
13:31:54 or way -- how?
13:31:56 Q. Just when you got your master's of social
13:32:00 work in 1998, it looks like from your experience you
13:32:03 almost immediately began working in corrections.
13:32:06 A. Yeah. And I had worked in juvenile
13:32:10 detention centers. I was a dispatcher for about a
13:32:14 year. I was -- as you can see, I was at a federal
13:32:17 prison for my internship, and when I graduated with my
13:32:20 master's, I was there for about a year -- almost a
13:32:21 year.
13:32:24 And then I worked community mental health.
13:32:27 I worked for the state. And at a certain point in
13:32:31 time after I was with the state for three years, the
13:32:35 doctor that ran the jails found out that I had had a
13:32:39 history of working in corrections, and he sought me
13:32:43 out, and he offered me a job.
13:32:46 Q. And when you say you were working for the
13:32:49 state, is that listed on your CV as the Idaho
13:32:50 Department of Health and Welfare?
13:32:51 A. Yes.
13:32:54 Q. And then it looks like from 2003 to the

present you've been working for Badger Medical; is that correct?

A. Yes. In February, it will be 19 years. And it's actually Ivy Medical now. It changed. The owner sold in October; so...

Q. Okay. Is it Ivy, like I-V-Y?

A. I-V-Y.

Q. Okay. And so Ivy Medical/Badger Medical what is that?

A. It's a specific company that we specialize in correctional medicine and mental health, and we have -- I have three jails that I currently cover. I've done up to eight.

And, again, that's kind of what we specialize in.

Q. Is it a company that provides staffing for the jail? Is it a company that provides mental health services for the jail? What does it do for the jails?

A. Yeah. For the jails, we provide medical and mental health care. I also provide training for officers and other staff as part of that. I'm Idaho POST certified; so I'm certified to teach and do teach at the POST Academy here in Idaho in Boise.

So those are some things that -- some of the things that I do -- we do.

13:34:19 Q. And have those roles that you have had
13:34:22 personally been the same since you started working
13:34:26 there in 2003 or have they changed over the course of
13:34:27 your years?
13:34:28 A. They are pretty much the same.
13:34:32 Q. And it looks like you got your degree in
13:34:35 psychology -- your doctorate while you were working at
13:34:39 Badger Medical. Did that degree change your job
13:34:40 duties or responsibilities?
13:34:43 A. Funny enough, no. Didn't increase my pay
13:34:44 either.
13:34:49 Q. Well. Okay. What do you -- you said you
13:34:52 teach at the POST Academy. What do you teach there?
13:34:55 A. I teach mainly for the juvenile detention
13:34:59 officers. It's a mental health training. I teach
13:35:05 about mental health and talk about ways to work with
13:35:09 children and youth who are having mental health issues
13:35:13 and training staff on ways to manage difficult
13:35:14 behaviors.
13:35:17 Q. And when you say "the staff," are you
13:35:20 training the correctional officers or the mental
13:35:20 health providers?
13:35:22 A. The correctional officers.
13:35:27 Q. And does any of that training involve doing
13:35:30 an intake assessment for a juvenile that's being

processed or booked into a facility?

A. Yes. We talk about the -- all of the youth that go into those facilities are -- go through a number of assessments, and they are shown the assessments and we talk about the different aspects of that.

Q. And are you training these correctional officers to do the assessments themselves?

A. No.

Q. Do you check --

A. Just --

Q. I'm sorry. Go ahead.

A. Just what they mean.

Q. Have you ever done any training for mental health professionals on how to do intake assessments in a jail setting -- in a correctional setting?

A. Yes.

Q. And when have you done that?

A. So one of the other things that I do outside of Ivy Medical is I'm a -- I am a consultant -- well, not even a consultant. I do -- for the juvenile detention centers through the State of Idaho, I developed a program called the Detention Clinician Program, and all of the clinicians -- there is 13 throughout the state. We meet probably four times a

year. And during those meetings, specifically this last year, I did train all of the clinicians on the assessments that we do and -- basically so that we were all unified in doing that the same way and talking about what those assessments mean.

Q. And those are assessments of juveniles?

A. Yes.

Q. And in your opinion is an assessment -- an intake assessment in a correctional setting different for a juvenile as for an adult?

A. The questions are different. The purpose is the same.

Q. And what's the purpose of a mental health intake assessment?

A. To get a baseline snapshot of the current status of the offender to see where -- like maybe a history of things to find out their current status, if they have had a history of mental health treatment, if they are suicidal, if they are, you know, a -- with our adults, a number of years ago we had one of the colleges come in and do a research program and during that we added five additional questions to our booking that had to do with trauma. And they had asked for my input on that. And then we had -- we had put those in. So in the adult system, we also track for trauma.

13:38:31 And then what we do is if they score out and
13:38:35 answer a certain number of those questions, then we
13:38:38 request mental health care that they are automatically
13:38:41 referred into -- into mental health.
13:38:43 I don't know if that answered your question.
13:38:46 Q. Yeah. Okay. Would you agree with me that
13:38:49 an assessment -- an intake assessment in a
13:39:07 correctional setting is not treatment?
13:39:14 A. I guess -- it depends because part of
13:39:19 treatment assessment and those tools are used for
13:39:28 specifically -- especially the ones that are -- are
13:39:34 used to identify mental health systems, they -- I
13:39:37 guess we could say they are not treatment, but they
13:39:41 are treatment related because they determine what I'm
13:39:47 going to do. They determine -- like I often tell
13:39:52 the -- both staff, adult and juvenile, that you don't
13:39:56 have to be a therapist to be therapeutic.
13:39:58 And so when they're going through their
13:40:00 intakes -- and that's, again, in the training that I
13:40:05 do with adult staff, it is that a careful thorough
13:40:08 booking is one of the most important aspects of it
13:40:12 because I get a lot of my referrals from that booking
13:40:15 process. Because of PREA, the Prison Rape Elimination
13:40:19 Act, because of, you know, things like that, if they
13:40:22 come through, they have a high amount of trauma or

they score out in certain areas, they are referred into mental health.

Q. Okay. So the assessment determines the treatment.

Is that fair to say?

A. It determines the -- kind of the direction of what we would need to do.

Q. If anything?

A. If anything.

Q. Because some people can come through, have an assessment and not need mental health treatment; correct?

A. Well, yeah. But in the -- like, with some of the kids that we go through, they'll -- they will -- they will score zeroes on every single one of them, meaning they have no issues. That is a symptom. And so we either have them do it again or they are put in a situation of where it's like, "Hey, you know, we scored zeroes on everything," so there is no way anybody scores zeroes so you can kind of see that there is an issue.

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

certain way" and so they may refer them in regardless of it. It's kind of a package deal.

Q. So you, as a mental health professional, rely on some of the information that the jail correctional officers observe in that person's behavior?

A. Often. Yep.

Q. You said you currently work in three jails; is that correct?

A. Yes.

Q. What jails do you currently work?

A. I work in the Bonneville County Jail in Idaho Falls, the Madison County Jail in Rexburg, and the Jefferson County Jail in Rigby.

But additionally, though, I guess I have to say that when Ivy Medical took over, they brought in, like, a few other jails; so now I'm at -- I may do telemedicine for mental health or whatever you call it in, like, the Twin Falls Jail, and tomorrow -- or Thursday I will go do a clinic in the Bannock County Jail because we've got sick mental health people.

Q. Got it. How many jails does Badger health currently -- or Badger Medical or Ivy Medical currently service? Do you know?

A. The exact number, I don't. I think it's

ten.

Q. And what types of services do you personally provide when you go to Bonneville County or Madison County or any of these others that we have talked about?

A. So what will happen is I will go in there and they will have a clinic -- a list of people that I need to see. Usually they will bring me the suicidal or the high risk that they feel they are most concerned about.

And then I will go through basically an assessment. They will say -- like somebody may say they need housing. Somebody may say that they are depressed. A nurse may put somebody in that says acting psychotic or hearing voices. And then what I would do is I'll just go through each one individually.

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

Some people want medication for their depression or anxiety or mood swings. I do a few assessments -- of, like, GAD-7, the PHQ-9, some of these things that they can self-report. And then I

use those in order to formulate a treatment plan for -- for those people.

Q. And are you -- in your jails that you service, does everyone get a mental health screening when they are booked?

A. Like, that I do?

Q. That anybody in the mental health department does.

A. I am the mental health department.

Q. Okay.

A. So, no, not everyone that comes in gets a mental health screening.

Q. In the jails that you service, how do you -- how is the decision made whether or not an inmate that is being booked in gets a mental health visit or evaluation?

A. So the first is by the booking screen. So when the deputies go through, they will ask several questions to them, and if they answer what I call the PREA questions, if they have been abused or and hasn't -- like if they have been abused or want treatment for abuse issues -- assault or abuse, then the nurses will often put them in to see me. So that's one avenue.

We have a 10-day screening once they come

in. They will come in. The nurses will do a screening after 10 to 14 days, and they will ask them if they have any issues they want to talk to mental health about. That's another way.

Probably the way that is the most often is that I will have an officer or a staff member refer them in, and they will do that in several different ways. They will email me. They will put a kite request in to -- for them to be seen. And so those are the main ways.

So medical refers them in, the booking officer refers them in, or the pod officers or otherwise will refer them in to me.

Q. Okay. You've used a couple acronyms I'm not familiar with.

You said PREA?

A. Uh-huh.

Q. What is that?

A. That's the Prison Rape Elimination Act.

Q. Got it.

A. So if we hold -- it's mostly federal prisoners, but we've just tried to make sure that all of us are PREA trained. So if somebody says that they were sexually assaulted or if somebody is making sexual comments or other things like that, that we

have an avenue which there is -- mental health is part of that, but we have an avenue to address those issues.

Q. And then you said -- you used the word "kite"?

A. Yeah. It's just a request.

Q. Okay.

A. You know, it's probably not cool, but it's like fly a kite, you know, and put in a request to be seen for mental health.

Q. All right. And so you said that you are the mental health department at these jails that you service; is that right?

A. Right.

Q. Do you have any other people that do any type of mental health services at these jails, other than yourself?

A. Well, it depends. So, like, if somebody is getting committed or has an 18 -- like a commitment evaluation, that's done from an outside provider. COVID has kind of affected it, but we do have other community providers that we try to get people set up with services. It's kind of like discharge planning. They will come in occasionally.

But as far as, like -- like designated

examinations or somebody that needs to be committed, the Department of Health and Welfare will often come in and see those people. But as far as the day-to-day stuff -- I have a case manager who helps me, but as far as the day-to-day mental health evaluations, I pretty much do those. They are small jails.

Q. Sure.

A. It's not like -- I guess Muscogee is, like, 1,000 beds.

Q. Right.

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

Q. Total?

A. Yeah, total.

Q. Across the jails?

A. Uh-huh. 4 or 500. It depends on -- depending on how many we've got in there at a time.

Q. And so in this case, you know, there was -- there are several mental health providers in the Muscogee County Jail. Ms. White being one of them. That doesn't sound like the situation that you work in; is that fair to say?

A. Yes.

Q. Okay. And so -- and are you in a jail -- in

13:48:43 one of these jails every day, or do you do office
13:48:45 things outside of the jails as well?
13:48:48 A. I'm in mostly the Bonneville County Jail
13:48:51 every day. The other small jails I can do in a
13:48:54 morning or an afternoon because they are not -- they
13:48:57 are not generally -- they kind of get there, but they
13:48:59 are not generally high-maintenance facilities.
13:49:04 Q. Do you have any supervisory role over any
13:49:07 other mental health professional -- bless you --
13:49:09 mental health professionals that work at Ivy Medical?
13:49:11 A. Not currently, no.
13:49:12 Q. Ever?
13:49:19 A. I have had -- historically I've had people
13:49:23 that I supervise. Usually one other -- I guess my
13:49:27 case manager, I am kind of a supervisor for her, but
13:49:34 not clinically, no.
13:49:41 Q. Have you ever worked in, like, private
13:49:43 practice or in a clinical setting outside of
13:49:45 corrections?
13:49:48 A. I've not worked in a private practice. I
13:49:52 did work for about two years -- just when I graduated
13:49:58 with my master's, a few years in community mental
13:50:00 health at Southwest Counseling in New Mexico. I
13:50:02 worked with kids there.
13:50:04 And then I worked with kids in Idaho when I

13:50:07 moved back for about a year and a half to two years.
13:50:11 But other than that, it's either been state or what
13:50:12 I'm doing now.
13:50:15 Q. Have you ever been sued in your professional
13:50:15 capacity?
13:50:17 A. No. And I don't ever want to be.
13:50:25 Q. I'm going to show you the next exhibit.
13:50:28 (Exhibit 4 marked.)
13:50:43 Q. (BY MS. JOHNSON) Exhibit 4 looks to be your
13:50:45 fee schedule; is that correct?
13:50:45 A. Yes.
13:50:50 Q. Okay. And is this current and up-to-date as
13:50:51 of today?
13:50:51 A. Yes.
13:51:02 Q. Do you remember about when you were hired to
13:51:06 do some work in this case?
13:51:09 A. It was a long time ago. It was either late
13:51:11 2019 or 2020.
13:51:14 Q. And what were you asked to do when you were
13:51:14 first contacted?
13:51:25 A. I was asked to review this case and see if I
13:51:27 thought it was something I would be willing to give an
13:51:29 opinion on.
13:51:34 Q. And was there any specific information or
13:51:38 areas that you were asked to look at over others?

13:51:43 A. Well, the mental health mainly. There was a
13:51:49 lot of data -- at least from what I'm used to, right.
13:51:54 But to look over the mental health stuff and have --
13:51:59 you know, render an opinion on how I thought it was
13:52:00 handled.
13:52:05 Q. And have you ever worked with Mr. Jones
13:52:08 before, the plaintiffs' lawyer in this case?
13:52:08 A. No.
13:52:11 Q. Do you know how he found you as an expert?
13:52:11 A. I do.
13:52:13 Q. How was that?
13:52:15 A. So the person that hired me 18 years ago,
13:52:21 Dr. Jeff Keller, he's been my boss forever, and he the
13:52:26 last few years had gotten involved in this type of
13:52:32 work, and he had given my name; so...
13:52:35 Q. And --
13:52:37 MR. JONES: I wasn't clear from your question
13:52:41 that he is working with me on another case now. But
13:52:43 he -- when you asked if worked on another case
13:52:44 before --
13:52:44 MS. JOHNSON: Sure.
13:52:45 MR. JONES: -- I think he interpreted that as
13:52:46 meaning before this one.
13:52:46 MS. JOHNSON: Okay.
13:52:48 MR. JONES: But there is another case he is

consulting with me on now.

MS. JOHNSON: I got it.

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

A. Yes.

Q. Okay. And is that also in the correctional setting?

A. Yes.

Q. And I'm sorry. Can you tell me the name of the person who suggested your name? Your boss -- what was his name?

A. Jeff Keller.

Q. Jeff Keller. Okay.

And do you know why Mr. Keller offered your name to Mr. Jones?

A. Well, he tells me that I'm good and I know what I'm doing.

Q. Okay.

A. And I've had a lot of experience.

Q. Sure. Is -- consulting and doing expert witness testifying, is that something you are looking to move into -- a field you are looking to move into?

A. No.

MR. JONES: Can you speak a little bit louder.

MS. JOHNSON: Yeah, you are a little quiet.
MR. JONES: Yeah.
THE WITNESS: No.
MS. JOHNSON: No. Okay.
MR. JONES: You've got a couple old guys here that have trouble hearing you.
THE WITNESS: Okay.
Q. (BY MS. JOHNSON) Have you ever turned down any cases to review in an expert setting?
A. No, I have not.
Q. All right. Had you ever heard of Jacqueline White before getting involved in this case?
A. No.
Q. All right. I'm going to show you the next exhibit.
MS. JOHNSON: I can't remember what number we are on.
THE STENOGRAPHER: Six.
(Exhibit 6 marked.)
Q. (BY MS. JOHNSON) This is Exhibit 6. Again, another document that Mr. Jones provided with some of your file materials a few weeks ago.
This looks -- is this the invoice that you submitted for your work in this case?
A. Yes.

13:54:34 Q. All right. And it looks like it's dated
13:54:35 October 21 of 2021; is that correct?
13:54:36 A. Yes.
13:54:38 Q. All right. And since October 21 of 2021,
13:54:47 have you submitted any additional invoices?
13:54:49 A. I don't think so. I think this is the only
13:54:50 one I've submitted.
13:54:57 There was an initial one where we had gotten
13:55:02 started and then -- this is it.
13:55:07 Q. Okay. If you look, the very first entry, it
13:55:10 says, "Review case notes, dash, pre-paid."
13:55:11 Do you see that?
13:55:11 A. Yes.
13:55:14 Q. That's not -- that doesn't have a date. Is
13:55:17 that what you are talking about, your first initial
13:55:19 review of this case?
13:55:21 A. Yes. So when he had given that to me -- and
13:55:25 you are right. I did not put a date on that. When he
13:55:29 had given that to me -- he had asked me to do the
13:55:35 case, there was a retainer fee for $1,000. And so I
13:55:42 had reviewed the case and then began to spend more
13:55:45 time on it after that. So that wasn't -- as you can
13:55:52 see on the last part of it -- that was not billed for.
13:55:56 Q. What was not billed for? I'm so sorry.
13:55:59 A. So there is a zero on the line total.

13:56:01 Q. Oh, I see.
13:56:03 A. That's the -- that's the money that he had
13:56:05 initially sent to me.
13:56:07 Q. Right. It looks like a $1,000 retainer?
13:56:08 A. Yes.
13:56:11 Q. Okay. Okay. So in looking at this, it
13:56:18 looks like you start writing your report, at least
13:56:20 according to this invoice, around July 12 of 2021; is
13:56:21 that right?
13:56:25 A. Yes.
13:56:28 Q. And then you -- for the next several days it
13:56:32 looks like you work on review and writing the report.
13:56:33 Do you see that?
13:56:33 A. Yes.
13:56:35 Q. Do you remember what portions of your report
13:56:38 you were working on at that point in July of this
13:56:40 year -- or of last year, excuse me?
13:56:41 A. I do not.
13:56:45 Q. Now Ms. White had not been deposed until
13:56:48 August 31 of 2021. So what were you basing your
13:56:52 opinions and report writing on in July of 2021?
13:56:57 A. At that point in time I was basing it mostly
13:57:04 on the records that I had. So the -- so the -- going
13:57:07 through and reading her documentation, Dr. Patillo's
13:57:15 documentation. Mainly at that point in time it was

looking over what they had written.

Q. Okay.

MS. JOHNSON: I'm going to mark this as our next exhibit.

(Exhibit 7 marked.)

Q. (BY MS. JOHNSON) This is Exhibit 7, which was also marked as an exhibit to Ms. White's deposition.

Are these the mental health records of Ms. White that you were just referencing that you had reviewed in July of 2021?

A. These are some of what I had reviewed.

Q. Are you aware of any other mental health records for treatment Mr. Hatchett received or assessments Mr. Hatchett received before Mr. Nelson's death, other than what we have marked as Exhibit 7?

A. Well, the other mental health stuff, I guess, I would classify under the -- the psychologist. Her name just left me. And then to me there was a pretty important aspect of the -- of the medical aspect of it of where the nurse had seen him, Nurse Braxton.

Q. Uh-huh.

A. And where they had done that too.

And so much of my time -- I mean, this is --

much of my time I was -- I looked at how -- kind of the timeline of the medical, the mental health, and that whole aspect of it; so...

Q. And so my question to you was whether you are aware of any other documents reflecting any mental health treatment or assessment of Mr. Hatchett before Mr. Nelson's death, other than what I handed to you as Exhibit 7?

A. The only -- the only thing other than that was the prior time that he had been in there.

Q. Okay.

A. And then the other mental health records after the incident occurred.

Q. Okay.

A. So those are -- yeah, those, and then particularly the ones after the incident.

Q. Okay. And so you had those in July of 2021 when you began drafting your report criticizing Ms. White; is that correct?

A. Those were part of what was sent to me. I wouldn't say criticizing, but...

Q. Are you not critical of Ms. White?

A. I don't know Ms. White.

Q. Are you offering criticisms of her behavior?

A. I'm -- I'm offering an opinion on how the

14:00:37 assessments could have improved -- basically the whole
14:00:45 process.
14:00:47 Q. Are you offering an opinion that Ms. White
14:00:50 did something wrong?
14:00:55 A. I'm offering an opinion as to -- that she
14:00:57 could have done more.
14:01:00 Q. Are you offering opinion that her conduct
14:01:02 fell below the standard of care?
14:01:02 A. Yes.
14:01:05 Q. Okay. But in your opinion that's not
14:01:08 something she did wrong?
14:01:12 A. Well, I'm going to say that she didn't go to
14:01:16 work that day and say, "I'm going to work below the
14:01:19 standard of care." I think that maybe there is a
14:01:26 training aspect to it or an experience aspect to it.
14:01:35 But I -- in reviewing the records, that's -- I mean,
14:01:41 this is all we have of someone who -- there was a lot
14:01:47 of red flags and so, yes, I do think that there is
14:01:55 a -- there was professional conduct that was below the
14:01:58 standard of care.
14:02:01 Q. All right. We'll get into a lot of that
14:02:04 later, but I want to just make sure I understand right
14:02:07 now. You said there was a lot of red flags in the
14:02:07 situation.
14:02:10 What red flags were there?

14:02:13 A. Well, in my -- in my practice, if a nurse
14:02:19 refers somebody into me, then I'm going to see them
14:02:23 regardless of whether they want to come and see me or
14:02:23 not.
14:02:32 And I -- and so, No. 1, it was a red flag
14:02:35 the nurse wanted him to be seen.
14:02:39 No. 2 it was a red flag that he did not
14:02:39 come.
14:02:43 And then the red flag was where his dad
14:02:55 called in. And as far as that goes, when a parent
14:02:58 calls in and they are concerned, that's definitely an
14:03:04 area where -- in what I do it's an -- basically an
14:03:07 automatic; we are putting him on a watch.
14:03:10 MR. CLARK: I'm sorry. Can you say that again?
14:03:11 You said odd what?
14:03:13 THE WITNESS: Automatic. It's automatic that we
14:03:16 are going to put them on a watch. Because if a parent
14:03:18 comes in, to me, that's -- it's litigation. It's a
14:03:19 reason to be concerned.
14:03:34 The other -- I guess another red flag is
14:03:41 when the officers brought him -- well, I guess he came
14:03:44 in, but he really denied any -- any issues or
14:03:51 concerns, and we have got -- and granted, the reports
14:03:58 were not the same -- completely at the same time, but
14:04:01 that's a red flag that you are having all this stuff

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

14:04:09 And so those are just some of the red flags.

14:04:13 And I'll probably think of here more in a minute, but

14:04:16 those are things that I think are indicative of

14:04:22 something that needs to be looked into and -- further

14:04:24 than what's on this paper.

14:04:32 Q. (BY MS. JOHNSON) Okay. So your red flags

14:04:34 that you can think of sitting here right now are that

14:04:37 the nurse wanted him to be seen, that he didn't come

14:04:42 initially, that his dad called in and said that he --

14:04:42 the dad was concerned he might be suicidal, and that

14:04:44 he denied any issues or concerns when he talked to

14:04:45 Ms. White.

14:04:48 Those are the four red flags that you can

14:04:50 think of right now; is that correct?

14:04:50 A. Yes.

14:04:53 Q. Okay. If you think of any more as we go,

14:04:54 please let me know.

14:05:00 Are you -- have you ever had a parent call

14:05:04 in and say, "I'm concerned about my son being

14:05:05 suicidal" and then in fact find -- have you ever found

14:05:08 that patient not to be suicidal?

14:05:08 A. Yes.

14:05:11 Q. So it's entirely possible that the parent

14:05:12 could be wrong?

14:05:12 A. Yes.
14:05:21 Q. Okay. Okay. And so what more -- you said
14:05:24 that those red flags are indicative of something that
14:05:27 needs to be done more than what's on that form; is
14:05:27 that right?
14:05:27 A. Yes.
14:05:32 Q. What more needed to be done?
14:05:36 A. I think one of the biggest things is -- and
14:05:40 in my training, whether it be a -- you know, a
14:05:43 designated examination, finding somebody if they are a
14:05:46 danger to themselves or others, there is collateral
14:05:57 contact. There is -- I mean, if a parent calls in, I
14:06:00 will typically try to call the parent and find out
14:06:01 what their concerns are.
14:06:03 I don't know if you want -- how far you want
14:06:07 me to go into that, but, I mean, I had a detective
14:06:09 call me a few weeks ago and say, "We are concerned
14:06:13 about so and so and can you see them?" And I said,
14:06:16 "Well, what are your concerns?" And so we ended up
14:06:20 going -- getting clear back to the parent to find out
14:06:23 what the concerns were. But, you know, collateral
14:06:25 contact is super important.
14:06:29 The other piece to it is there is no -- I
14:06:42 mean, she notes in here -- I think it's on this one.
14:06:46 Yeah, history of charge of aggravated assault in

family filings. What's that about? There is no documentation that -- if there is a history of violence or aggravated assault, there is nothing in here about -- and, again, in my practice, that's one of the very first questions that I asked -- or that I ask. "Why are you here? What happened that got you put in here? What are some things that led you to this point?"

And there is -- in order to do a proper assessment, you have to know what you are dealing with. I -- I don't have it -- on my mental health evaluation, I have a checklist of mental status exam, but I don't have it -- because I don't want it to be so structured that I'm bound to this one thing. You have to be able to know the picture -- the full picture of why somebody is in there.

And I've put people on -- you know, watches because they are, like, "I'm not going to tell you why I'm here," mainly because of their behavior, and it has caused me concern. So I feel strongly that you have to know why somebody is in, what happened. And I've gone to -- I have gotten police reports. And I have to go -- I have to work to get those. Because that is diagnostic in my opinion.

MR. JONES: When you get to a stopping point, let

us know because I'm going to need to run to take a break.

MS. JOHNSON: Sure. Of course. Let me just ask a couple --

MR. JONES: Yeah. No. Take your time. Just whenever is a good stopping point.

Q. (BY MS. JOHNSON) So let me ask you this: Is what you -- what Ms. White was doing at this context, you believe that's diagnostic?

A. Absolutely. I -- any interaction with -- any face-to-face or otherwise, the collateral contact is diagnostic. The interactions are diagnostic. If somebody is a licensed master's level person who has been trained in mental health, their interactions should be diagnostic.

Q. And do you have an understanding of how the mental health system worked in Muscogee County Jail in terms of what Ms. White's Role was versus other people's role in that mental health department?

A. I wouldn't say that I have a perfect knowledge. I mean, to me she sounded more like a screener and that -- yeah, I mean, that she wasn't doing a full mental health, like, evaluation, like Dr. Patillo would do or Dr. -- Nan, is it? -- you know, these psychologists or psychologists. But at

14:09:30 the same time, it's very -- it's important. She's
14:09:32 trained in that.
14:09:36 And in order to make an opinion on somebody,
14:09:40 as far as if they need to be put on a watch or their
14:09:44 housing assignment, that's a key factor. I mean, it
14:09:54 says presenting -- presenting concerns. You know,
14:09:57 what are the presenting concerns? And how can you
14:10:01 know the presenting concerns if you don't know what
14:10:04 happened? If somebody just says, why -- "Well, are
14:10:07 you suicidal?"
14:10:09 "Well, no, I'm not."
14:10:11 There was really nothing done there to open
14:10:15 up a gateway to say this person is really wanting to
14:10:17 know what is happening here.
14:10:20 Q. Okay. Other than that -- the document,
14:10:23 Exhibit -- I'm not sure what exhibit it is.
14:10:24 A. 7.
14:10:26 Q. -- Exhibit 7 and Ms. White's testimony, do
14:10:28 you have any other sources of information about the
14:10:31 interaction between Ms. White and Mr. Hatchett on that
14:10:32 day?
14:10:34 A. Not on that day, no.
14:10:36 Q. Okay. So sitting here today, you don't know
14:10:39 what questions she asked, other than what's reflected
14:10:40 on this form?

14:10:41 A. That's why documentation is so important.
14:10:42 Q. Yes or no? You don't know what she asked, other than what's reflected on this form?
14:10:42 A. I don't know.
14:10:44 Q. And you don't know what information he provided to her, do you, other than what's reflected on this form?
14:10:47 A. Other than what's on here, no.
14:10:49 Q. So it's entirely possible that she asked all the questions and things that you suggested she asked and got answers that satisfied her that he didn't need further treatment. That's a possibility, isn't it?
14:10:51 MR. JONES: Object -- object to form.
14:10:54 MS. JOHNSON: You can answer.
14:10:57 THE WITNESS: It's possible, yes.
14:11:00 MS. JOHNSON: Okay. We can take a break.
14:11:01 MR. JONES: Thanks.
14:11:03 THE VIDEOGRAPHER: Going off the record. The time is 2:11.
14:11:05 (Recess taken from 2:11 p.m. to 2:24 p.m.)
14:11:07 THE VIDEOGRAPHER: Back on the record. The time is 2:24.
14:11:07 Q. (BY MS. JOHNSON) Dr. Mecham, we are back from our break, and I wanted to follow up with something you said before we took our break.
14:11:09
14:11:11
14:11:11
14:24:51
14:24:53
14:24:55
14:24:58
14:25:02

14:25:04 You said that in your practice you
14:25:06 automatically put someone on a watch if somebody calls
14:25:07 in and says they are worried that that person -- that
14:25:09 the inmate is suicidal.
14:25:10 Did I hear you right?
14:25:13 A. It's automatic that I would move them up
14:25:16 somewhere where I could talk to them and then make an
14:25:20 opinion after I've spoken to them.
14:25:22 Q. Okay. So it's not automatic suicide watch
14:25:23 that you put them on?
14:25:25 A. It's an automatic I am going to pull them up
14:25:26 and talk to them.
14:25:27 Q. Okay. And that's actually what Ms. White
14:25:30 did in this case, isn't it?
14:25:33 A. No. Well, she had the officers bring him
14:25:36 up. I mean, the officers brought them up. So, yeah,
14:25:38 I guess she did.
14:25:44 Q. Okay. All right. And do you have -- do you
14:25:48 have any idea why Mr. Hatchett didn't come out the
14:25:51 first time that Ms. White tried to go see him?
14:25:58 A. No.
14:26:01 In that situation, though, it doesn't matter
14:26:05 because the -- if there was a concern, then the --
14:26:08 that should happen. Like what happened the second
14:26:10 time, is officers -- I would have the officers bring

14:26:14 them up anyway because of the reporting concern by the
14:26:15 nurse.
14:26:17 Q. But ultimately, whether he came or didn't
14:26:21 come the first time, she did end up seeing him; right?
14:26:24 A. But she wouldn't have if the father would
14:26:25 not have called.
14:26:26 Q. And I agree that that's what prompted the
14:26:30 second visit, but regardless of what prompted it, she
14:26:31 did end up seeing him; correct?
14:26:41 A. She was forced to see him, yes.
14:26:46 Q. All right. So going back to Exhibit 6,
14:26:51 which is your invoices, it looks like then you --
14:26:54 I'm sorry. Do you have it in front of you?
14:26:55 A. I do now.
14:26:57 Q. Okay. It looks like you pick up in October
14:27:00 writing your report.
14:27:01 Do you see that?
14:27:01 A. Yes.
14:27:07 Q. Okay. And did your opinions change at all
14:27:11 between July of 2021 when you started writing your
14:27:14 report and October of 2021 when you continued writing
14:27:20 your report?
14:27:23 A. Not that I can recall. I mean, it -- that
14:27:27 was -- I had gotten the depositions and had
14:27:35 opportunities to review those and -- so it wasn't long

periods of time that I was spending doing it. It was more or less periods of where I could review the depositions and then -- I didn't just read through them once. I tried to read through them a couple times and then I -- then I started more putting it together in early October.

Q. Okay. In July of 2021 had you already formed an opinion that Ms. White's behavior and conduct fell below the standard of care?

A. Yes.

Q. You say on October 7, 2021, "Review and finalize report," and then 10/19/21, "Update changes and finalize report."

What -- do you remember what changes you made in that October period?

A. I don't remember what -- I don't remember what changes they --

MR. JONES: And I'm going to just object to the extent that the 2010 amendments to Rule 26 don't allow discovery on drafts of reports.

MS. JOHNSON: Okay. All right.

MR. JONES: And by the way, while I'm going through these emails, there are some emails that I have no problem with, except they attach drafts, and I don't see the attachments on here.

14:28:58 MS. JOHNSON: Okay.
14:28:59 MR. JONES: I don't know if they are somewhere
14:29:00 else or not.
14:29:02 MS. JOHNSON: Yeah. That's all I got; so...
14:29:05 MR. JONES: But these are pdf's of the emails,
14:29:08 so, I mean, if we click on them, it's not going to
14:29:08 give us the attachments.
14:29:08 MS. JOHNSON: Okay. Okay.
14:29:12 MR. JONES: So I don't have a problem with the
14:29:13 fact that there was a draft. I mean, just --
14:29:13 MS. JOHNSON: Sure.
14:29:14 MR. JONES: I just -- and I probably -- I mean,
14:29:17 between you and me, I don't have a problem with
14:29:21 anything substantively either. I'm just trying to,
14:29:21 you know --
14:29:21 MS. JOHNSON: Okay.
14:29:22 MR. JONES: -- state the objection for the
14:29:22 record --
14:29:22 MS. JOHNSON: Of course.
14:29:24 MR. JONES: -- in case it makes a difference.
14:29:25 MS. JOHNSON: Okay.
14:29:27 Q. (BY MS. JOHNSON) Have you, Dr. Mecham,
14:29:30 talked to any of the other experts working with
14:29:32 Mr. Jones in this case about their opinions in this
14:29:33 case?

14:29:41 A. No.
14:29:43 Q. Okay. Is there any work that you've done in
14:29:54 this case that is not reflected on Exhibit 6?
14:29:56 A. Other than coming here, no.
14:29:59 Q. All right. Fair enough.
14:30:03 Have you ever published any articles
14:30:05 regarding any of the topics that you are opining about
14:30:07 today?
14:30:18 A. No. Does a dissertation count?
14:30:18 Q. Sure.
14:30:20 A. So -- well, as far as published, it was my
14:30:24 dissertation. I haven't sent it out to be published;
14:30:28 so maybe that doesn't count. It's only been published
14:30:30 as far -- it's only the work that I did but -- it
14:30:32 wouldn't count. Never mind.
14:30:36 Q. Nope. I'll ask you this though. Does your
14:30:39 dissertation cover any of the topics that you are
14:30:41 giving opinions about in this case?
14:30:46 A. My dissertation is on the recidivism of 18
14:30:50 to 24-year-old young adults and to -- in and out of
14:30:54 jail. And it does -- it does mention some things
14:30:58 about -- about trauma, and I did some -- you know, the
14:31:02 substance abuse aspects of it that probably play into
14:31:07 my opinions of the importance of digging into things
14:31:11 with -- and right off the top of my head, I can't

14:31:14 remember how old Mr. Hatchett was. He was in the
14:31:18 younger aspect. But it plays that role into the
14:31:21 importance of doing a good assessment on young adults
14:31:27 and looking into trauma and other things like that.
14:31:30 Q. And we keep talking about trauma. What
14:31:33 facts do you have that Mr. Hatchett had any trauma in
14:31:34 his background?
14:31:37 A. I don't have any that he actually has trauma
14:31:41 in his background. Only that the young adults
14:31:44 involved in the criminal justice system -- we know
14:31:47 just from this he had been at least twice. He abused
14:31:52 marijuana. I only know that there were some red flags
14:31:54 there, but he didn't indicate on any of the records
14:31:58 that he had had prior trauma. But it just makes my
14:32:02 ears perk when -- when those things are involved.
14:32:04 Q. Okay.
14:32:07 A. It makes me want to look into it further.
14:32:12 Q. Okay. When you do your intakes that we are
14:32:15 talking about, do you use a form? Do you have a form
14:32:16 that you follow?
14:32:16 A. No.
14:32:18 Q. Are you critical of Ms. White following a
14:32:21 form in this case?
14:32:23 A. I'm -- I'm critical that she didn't go
14:32:26 outside of that form to gather more information. I

would have -- I would gathered more information.

There is a place right here for what is the problem? And half the problem was it was -- was a nursing referral, and then it goes right into "denies previous mental health treatment." It doesn't -- I really feel like there is a need to go into it further and ask, again, "Why are you here? What's been going on in your life?" She did gather a little information later that he was living with his girlfriend -- or that actually might be intake -- the other intake.

But I -- I'm not critical of her following the form, but the form is only a guideline. It's not -- and, you know, I get it. These guys are busy, but at the same time I really -- when you look at -- like I had mentioned, those red flags, it begs to have, like, looking into this further; getting collateral contact from the nurse, from the dad, from the other people that were involved in this.

Q. So, again, we can read what she reported on the form, but you and I sitting here today, we don't know what additional information she may have gathered that isn't reported on the form.

Is that fair?

A. But clinically if it wasn't written down, it wasn't done.

14:33:52 Q. That's not my question, though.
14:33:56 A. Well, I can't guess on what she did. And I
14:33:58 listen -- I read her deposition, and there is no where
14:34:01 in there that says -- I mean, she said she probably
14:34:05 did. She said that she had access to his charges and
14:34:09 knowing what they were. But there was nowhere in that
14:34:13 deposition where she had indicated, that I could find,
14:34:16 that she went into any further questioning.
14:34:19 And if it's not in the deposition, then I
14:34:20 don't know where else it would have been.
14:34:27 Q. Okay. And did you see in the deposition
14:34:30 where she was ever asked what questions she talked
14:34:31 about with Mr. Hatchett?
14:34:35 A. I don't recall that. I do recall -- well,
14:34:38 that's -- I answered that question.
14:34:44 Q. All right. And do you have any criticism of
14:34:47 the actual form that was -- she used? I understand
14:34:50 that you say she should have gone beyond the form, but
14:34:55 is the form itself, in your opinion, appropriate?
14:34:58 A. It appears to -- it appears to address the
14:35:02 areas, but they have -- again, these areas --
14:35:04 especially at the beginning where it is presenting
14:35:10 concerns, it's not just a check box like at the end.
14:35:15 And there are -- there are areas to the sides of right
14:35:20 here where she has noted a few different things. Like

his affect was bland. I would have liked to see more of that over here on the checked boxes. Because the reason they give those areas -- especially right here (indicating), the reason they give those areas is so the clinician can get an impression of, you know, what -- and I like that. She noted that it was bland. Disoriented to date.

I would have -- I would have liked -- I would have put more information in this presenting concerns. And -- and it -- just given an opportunity to create a bigger picture -- a clinical picture -- because she is a clinician -- a clinical picture. She is trained. I read her resume. She's had lots of different training. And I think that this isn't indicative of what -- what would have given the information to make an opinion on a mental health diagnosis or otherwise.

Q. And it's your understanding or your opinion that she was -- she was intending to make a diagnosis of Mr. Hatchett during this visit with him?

A. Well, as a clinician you would make -- not necessarily a full diagnosis like a psychologist or a psychiatrist, but there is a provisional opinion or provisional diagnosis that that's -- I mean, that's the purpose of that whole visit. And my opinion would

14:36:57 be to give a provisional opinion -- a provisional
14:36:59 diagnosis as to what this is.
14:37:02 I mean, she is asking diagnostic questions:
14:37:06 Is there a history of prior treatment? What are their
14:37:08 medications they've been on? Have they had substance
14:37:11 use issues? I mean, that is -- those are all
14:37:11 diagnostic questions.
14:37:15 Q. And is there anything that you cite to or
14:37:19 any treatise or documents that you have that support
14:37:22 that she is intending to make a provisional diagnosis
14:37:26 when she is doing this intake assessment? Anywhere
14:37:28 that's written down, other than just that's your
14:37:30 practice and understanding?
14:37:31 A. Only the document itself.
14:37:31 Q. Okay.
14:37:32 A. These are -- these are diagnostic questions.
14:37:35 Q. Okay. Which are diagnostic questions,
14:37:35 specifically?
14:37:39 A. If they have got a treatment history, if
14:37:42 they have taken medication before, their orientation,
14:37:52 a full -- you know, mental status exam. Those are all
14:37:52 diagnostic questions.
14:37:56 Q. Okay. And I'm struggling because she asked
14:38:00 the diagnostic questions; correct? I mean, these are
14:38:03 all checked. There is answers to each one of these

topics; correct?

A. Everything except the presenting problem of why he is there and very few have much information. The history of -- the history of violence; aggravated assault and family violence. Tell me about that. Tell me what you mean by that. I mean, is that -- that's not enough. If somebody has got a history of ag assault, that seems to me -- I mean, and we are trained in jails, that that is a -- that is one of the number one -- the history of assault is very high up there with somebody who is suicidal.

And I would have -- I would have expected somebody to go into that further and find out what is your history of assault or assault and family violence.

Q. And, again, the only basis you have to say that she didn't do that is because it's not written in this document; is that fair to say?

A. Well, that's the only basis I can -- yeah, that's the only basis I can go from -- and the deposition. It wasn't in there either.

Q. Sure. All right. I'm going to mark your deposition notice as Exhibit --

(Exhibit 8 marked.)

THE STENOGRAPHER: 8.

14:39:43 Q. (BY MS. JOHNSON) Have you seen this before?
14:39:44 A. Digitally, yes.
14:39:47 Q. Okay. If you would go to the last -- I
14:39:50 printed everything double-sided too. Sorry.
14:39:50 A. That's okay.
14:39:51 Q. I'm trying to save trees here.
14:39:51 A. Yes.
14:39:55 Q. The last two pages is Exhibit A, which is a
14:39:58 list of documents we requested that you bring. I just
14:40:02 want to run through these very quickly to make sure
14:40:03 that we have everything.
14:40:06 We have your CV, which is No. 1.
14:40:08 No. 2 asks for any treatises, books,
14:40:13 pamphlets, articles, et cetera, which you have
14:40:16 authored, published, or edited which relate to any
14:40:18 issues in this case, and I believe you said earlier
14:40:21 that you have not published any such; correct?
14:40:21 A. Correct.
14:40:25 Q. We have your report. On the flash drive
14:40:28 that we have marked as Exhibit 2, you provided me with
14:40:33 the communications that you have regarding this case;
14:40:33 is that correct?
14:40:33 A. Yes.
14:40:37 MS. JOHNSON: And, Craig, I'm sorry. Just so I'm
14:40:41 clear, are we okay to mark all of those, just not the

attachments?

MR. JONES: The only one -- yeah. But the only one -- the only email that probably shouldn't be there, because it relates to another case, is the email November 9, 2021.

MS. JOHNSON: Okay.

MR. JONES: There is a mention of the fact that he received my check on the Nelson case, but the rest of it was all about a different case, a Bibb County, which is a jail suicide.

MS. JOHNSON: Okay.

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

MS. JOHNSON: Okay.

MR. JONES: The rest of them are all fine.

MS. JOHNSON: Okay.

Q. (BY MS. JOHNSON) I want to move to No. 7, which is a copy of articles, publications, or textbooks which you rely on or referred in forming your opinions. You identified that one for me earlier.

A. Yeah.

Q. And then I've got -- is that Fagan

14:41:43 Correctional Mental Health Handbook, is that that
14:41:44 document that you are referencing?
14:41:48 A. Yes. I actually have that out in my car if
14:41:49 you want to grab it at a break.
14:41:52 Q. Sure. We can do that. Because I would like
14:41:54 to know exactly what part of that document you believe
14:41:55 supports your opinions.
14:42:00 There is also some links in the Word
14:42:03 document in Exhibit 2 to various news articles.
14:42:05 A. Yeah. They were just -- just things that I
14:42:06 had looked up.
14:42:11 Q. Okay --
14:42:11 A. Early on.
14:42:13 Q. Oh, I see.
14:42:16 A. They are ones I went back to -- because I --
14:42:18 yeah. I don't know that I used them to make an
14:42:21 opinion, but I wanted to kind of see what was out
14:42:23 there.
14:42:28 Q. Got it. And then other than this med --
14:42:31 correctional mental health handbook, are there any
14:42:34 other industry publications or treatises that you
14:42:36 relied on in forming your opinions?
14:42:45 A. No.
14:42:46 Q. All right. Any other materials that you
14:42:49 have in your file for this case that you have not

provided to me on this flash drive?

A. No.

Q. Okay. Do you take any notes when you review documents?

A. Not really.

Q. I see you do have Ms. White's transcripts and some others. Did you mark any of those up, highlight them, notes in the margin, anything like that?

A. No.

Q. So other than just simply reading them and then typing out your report, you don't have any documents that would reflect your thoughts or how you processed this information?

A. No. Because what I'll usually do, when it says report writing, I'll type -- I'll type it out and then I'll adjust.

Q. Okay. Did you consult with anybody in your profession about your opinions in this case?

A. No.

Q. The person who I'm -- I apologize again. I can't recall his name. The person that suggested your name to Craig, did you speak with him?

A. I asked him about Craig, but I -- but he -- I don't think that he had anything to do with this

14:43:46 case.

14:43:47 Q. Okay.

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

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

14:44:09 A. No.

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

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

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

14:44:51 A. Okay.

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

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

14:45:09 MS. JOHNSON: Yes, page 2.
14:45:10 THE WITNESS: Yes.
14:45:11 Q. (BY MS. JOHNSON) So the list of documents
14:45:13 that you reviewed that you've identified in your
14:45:17 report is not the same as the documents that Craig
14:45:20 sent. It looks like he sent a lot more to you than
14:45:22 you actually reviewed, and I want to get an
14:45:24 understanding of what you actually reviewed to prepare
14:45:26 your report in this case.
14:45:33 A. So the -- on that jump drive there is a --
14:45:37 what is it? It's the one that hasn't been opened?
14:45:37 Q. Yeah.
14:45:41 A. It's those audio files that were in there
14:45:47 and so they were compressed. They are compressed in
14:45:52 the -- they are compressed in there.
14:45:53 Q. Sure.
14:45:56 A. And so I listened -- and that's the other
14:46:00 audio -- unidentified staff. So -- and then the other
14:46:08 audio files that are in there. And then everything
14:46:10 else was in the investigative findings and analysis.
14:46:16 Because it was all just one big 300-page -- at least
14:46:19 that's how I had it and that's what he should have
14:46:21 forwarded to you.
14:46:21 Q. Right.
14:46:23 A. I guess I should have put it on another jump

drive. I --

Q. I have that. I have that. I saw that there were some -- I think there were some surveillance videos of, like, the intake area when Mr. Hatchett came through in the materials that Craig sent me. I mean -- and I just -- that's not listed here so that's what I wanted to get an understanding from you of what you actually looked at as compared to what you were sent.

A. Yeah, I looked at those. I failed to put those on here. I wouldn't say I used those to render any opinion, because I didn't find anything on them. But, yeah, I probably should add that to this.

Q. Other than the depositions of Mr. -- Dr. Patillo and Ms. White, did you read any other depositions taken in this case?

A. No.

Q. All right. Were there any records that you asked for or wanted to get but were not provided?

A. I did ask Craig if there was more mental health documentation because -- you know, sometimes there is more somewhere else that they don't -- maybe not send out on a subpoena. I don't know. But I just asked him if there was any more details, any more -- any more, like, clinical stuff, but there -- but he

said that there was not.

Q. Are you expecting to look at any more records in this case?

A. If they are available. But I -- I think that's been pretty exhausted.

Q. Okay. Did you talk with anybody about the facts of the case, other than Mr. Jones?

A. No.

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

A. No. I mean, initially I think that he was, like, "Do you think that there is a good reason to question this?" but I didn't render an opinion at that point in time. But, yeah.

Q. Have you ever talked to Jayvon Hatchett at any time?

A. No.

Q. Have you ever examined Mr. Hatchett?

A. No.

Q. Have you ever talked to anyone in Mr. Hatchett's family, including Leon Hatchett?

A. No.

Q. Have you ever talked to anyone in Mr. Nelson's family?

A. No.

14:48:51 Q. Did you ever examine or treat Mr. Nelson before he died?
14:48:52
14:48:56 A. No.
14:48:59 Q. Other than the materials that Craig sent us on the flash drive -- or in a link and what you brought in your ShareFile, any other materials that you've looked at or relied on in forming your opinions in this case?
14:49:02
14:49:06
14:49:09
14:49:10
14:49:10 A. No.
14:49:19 Q. All right. The materials that we have been provided did include an earlier draft of your report dated October 7.
14:49:24
14:49:36
14:49:38 (Exhibit 9 marked.)
14:49:38 MS. JOHNSON: I think that's --
14:49:48 THE STENOGRAPHER: 9.
14:49:48 MS. JOHNSON: 9. Thank you.
14:49:52 MR. JONES: I mean, if it's not the final one, I would object to it, although, I don't know how it got produced, if it was in the emails or if it is something I -- I inadvertently produced.
14:49:55
14:49:56
14:50:01
14:50:01 MS. JOHNSON: Okay.
14:50:01 MR. JONES: Again, I don't know if there is substantive differences, but I don't -- if there are, I don't know that they are discoverable because he is entitled to --
14:50:04
14:50:06
14:50:07

14:50:07 MS. JOHNSON: Sure.
14:50:08 MR. JONES: -- his work product.
14:50:10 MS. JOHNSON: Do you want me to withdraw the
14:50:13 objection? I mean, are you going to --
14:50:14 MR. JONES: I'm -- I'm objecting to it. I mean,
14:50:18 to this being produced.
14:50:18 MS. JOHNSON: Okay.
14:50:20 MR. JONES: Although, I understand it probably
14:50:21 was produced.
14:50:25 What's the date of the final report?
14:50:26 MS. JOHNSON: October 20.
14:50:27 MR. JONES: Okay. Is there any -- I don't know
14:50:31 if there is any difference. It could just be that
14:50:34 it -- we redated it when he signed it.
14:50:36 MS. JOHNSON: There were three versions of the
14:50:39 report in the ShareFile link you sent over, so that's
14:50:43 what I was just trying to figure out.
14:50:46 MR. JONES: Yeah. Well, the first one was just
14:50:47 him getting started based on his review of the
14:50:50 documents and then he added his commentary based on
14:50:54 the depositions and then ultimately signed it so --
14:50:54 MS. JOHNSON: Okay.
14:50:57 MR. JONES: -- I don't know that there is any
14:50:57 changes between the 7th and the --
14:51:01 MS. JOHNSON: There may be some aesthetic changes

like in wording and things like that.

MR. JONES: There may be some -- there might have been some proofreading typos or something.

Q. (BY MS. JOHNSON) Okay. Is it fair to say that your opinions have consistently been the same from when you started drafting in July through sitting here today?

A. Yes.

Q. All right. Fair enough.

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

MS. JOHNSON: Okay. All right.

Q. (BY MS. JOHNSON) So let's talk for a little bit. What would you describe what Ms. White was doing with Mr. Hatchett that is reflected in Exhibit 7, the second two pages? Is it an intake assessment? Is that what you would describe it as?

A. Well, I mean, it's identified as an intake and mental status exam. As I pointed out earlier, there are, again, clinical aspects to what is being brought up there. But, I mean, it's an assessment.

Q. Right. And you said earlier it was an assessment that determines the direction of treatment; is that correct?

A. Well, in a correctional facility, depending

on when this happens, it wouldn't just be treatment, but if it's happening like the first few days that he comes in, I would imagine that they would want to use something like this to determine classification and other things like that.

Q. And are you offering any opinion that Ms. White had any role or involvement in classification?

A. No.

Q. Okay.

A. Well, hold on. I would say, though, that if she found that he was suicidal on here, she would make a recommendation on classification.

Q. And how would she do that?

A. She would say, "He needs to be put in" -- like when what they worded in HD, in an isolation cell. That's classification.

Q. And if she had not found that he was suicidal, then she has no other role in classification. That is not her job; correct?

A. Well, it's not her job, but she does have an influence on that.

Q. And how does she have an influence on that, other than you just talked about with suicide?

A. Well, because if she doesn't note anything

like that on here, they are not going to do anything. If she does note something like that on here, they will do something.

Q. And who is "they"?

A. Classification.

Q. So classification ultimately determines where Mr. Hatchett gets placed.

Do you agree with that?

A. Yes.

Q. Okay. And that ultimately -- Ms. White might provide some information, but ultimately that is not Ms. White's job to determine where to place Mr. Hatchett; correct?

A. Correct. But it -- correct.

Q. Okay. And in your practice do you do some type of initial intake evaluation if somebody gets referred to you?

A. Yes.

Q. Okay. And you said earlier you don't use any type of form?

A. No.

Q. You just know in your head which questions to ask?

A. Yes.

Q. And do you have some type of general outline

that you follow of questions to ask?

A. Yes.

Q. And do you agree with me that the questions that you ask, while there may be an outline you follow, are fluid based on the information that the patient is providing to you?

A. Meaning fluid, like the same?

Q. No. Meaning fluid like, it depends on part in what information you are getting provided from the patient.

A. Yes.

Q. Okay. And so in one context with one patient you might ask several much more detailed questions than in a different context with a different patient; is that fair?

A. Yes. They will determine the direction depending on what they say and the knowledge that I get before, during, and after the interview.

Q. And would you also agree with me that the way that an inmate presents physically is -- can be almost equally as important as the information they tell you verbally?

A. The -- yeah, their body language --

Q. Exactly.

A. -- and -- that does play a role, as well as

what they say, and as well as the collateral information.

Q. Okay. And is it your practice to collect collateral information in every intake that you do in your correctional facilities?

A. On every -- again, it depends on what their -- what I'm seeing them for. For high-risk people, yes. For somebody who doesn't have necessarily high-risk behaviors, I don't necessarily need to gather collateral information.

Q. And how is Mr. Hatchett classified, or what type of referral was he given in this case? Do you know the level of urgency?

A. Explain that a little more. What do you mean?

Q. It's my understanding that there are different levels of urgency for a mental health referral when somebody comes in.

Do you have that understanding in this case? That there is, like, urgent and just routine. Did you know that?

A. I guess, yeah. I mean, there is certainly levels of -- yeah, urgency.

Q. Okay.

A. As far as what level he was at, he went from

probably a moderate level, because the nurse was concerned, to an extreme level because a parent was concerned about self-harm.

Q. I think actually in this case he was put in as a routine mental health assessment. That's how he was originally put into the system.

Did you see that in the records you reviewed?

A. I don't recall seeing that.

Q. And so in that context, where it's a routine mental health assessment, would you do collateral -- collect collateral information?

A. Again, it depends on what it is for. If the nurse was concerned that they were psychotic, I may get information from the other staff. I don't know that I would call a parent or anything like that. If they were depressed, probably not.

Q. And -- okay. In your practice, do you have any concern about asking probing questions to someone who has been accused of a crime that hasn't confessed to a crime?

A. No.

Q. So you don't have any concern in, you know, questioning them or interrogating them about a crime they are only alleged to have been committed?

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

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

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

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

14:58:27 A. No.

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

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

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

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

it's the standard of care to gather information from at least his personal perspective as to why he is there and to gather the information as to why the dad was concerned about it. I think that collateral information is important.

Q. Okay. So yes or no to my question. Does he has -- does she have to pull a police report to comply with the standard of care in this case?

A. No.

Q. Okay. The collateral information, is it -- who do you think she had to call in this case? The father?

A. Yes.

Q. Okay. Did she have to call any of the other family members?

A. If they were -- expressed -- I believe it was -- it was either a detective or other another officer that came in. I think consultation with them, consultation with the father, and then collateral contact with the nurse, Braxton, as a result of the referral.

Q. So it's your opinion that the standard of care required her to contact the referring nurse in this case?

A. Yeah.

15:00:13 Q. Is that the standard of care every time she
15:00:16 does a mental health assessment that a nurse refers?
15:00:19 A. If a nurse refers them in, I would say it's
15:00:23 important to say, "Why did you refer them in?"
15:00:25 Because -- unless the nurse documents why they are
15:00:26 doing it.
15:00:26 Q. Okay.
15:00:29 A. Like what their concerns are.
15:00:31 Because sometimes I'll get them and it says,
15:00:33 "Mental health concerns," and then I'll need to go
15:00:36 back to them and say, "Help me understand what you are
15:00:38 concerned about here."
15:00:40 But I would say the standard of care is to
15:00:43 find out what they mean if they are not specific on
15:00:44 what the concerns are.
15:00:47 Q. Okay. And is that written down anywhere in
15:00:51 any policy -- or clinical guidelines or clinical
15:00:53 practice manuals that you've ever seen, that the
15:00:56 standard of care requires you to do that?
15:01:01 A. In my training as a designated examiner --
15:01:04 and I would have to go back and find that out, but
15:01:08 that's the standard of care when doing an evaluation
15:01:11 for suicide, danger to self, others, or gravely
15:01:13 disabled. If there is a concern and there is somebody
15:01:16 who may know or have more information, then the

15:01:20 standard of care in doing an evaluation is to -- if he
15:01:23 is saying something opposite of what someone else is
15:01:28 saying -- again, especially in corrections, it's a
15:01:30 trust but verify.
15:01:38 Q. Okay. And when you are doing your -- the
15:01:41 designated examiner -- when you are in your designated
15:01:45 examiner role, that's a role that then could result in
15:01:49 somebody losing their liberty and being confined
15:01:52 against their will; is that correct?
15:01:53 A. Those are court ordered assessments, yes.
15:01:56 Q. Right. And that results in a different --
15:01:58 that's a different situation than what Ms. White was
15:01:59 presented with; correct?
15:01:59 A. Yes.
15:02:00 Q. Okay. And so other than the training that
15:02:04 you had as designated examiner, can you think of
15:02:08 anywhere it's written down where the standard of care
15:02:11 requires this collateral contact in an initial intake
15:02:13 in a correctional setting?
15:02:18 A. Not off the top of my head.
15:02:22 Q. And where does that collateral information
15:02:26 gathering end in your opinion? I mean, is there an
15:02:30 end to it? What if she called the dad and the dad
15:02:33 said, "Oh, yeah. He said he was suicidal to myself
15:02:35 and five other of our family members"? In your

opinion does she then call all five other family members?

A. No.

Q. Okay. Why can she stop at the dad?

A. She can. She can call the other family members, but she has the information that she needs and that -- that was his statement -- what he said. And if he said, "Hey, I was just trying to tick him off. I didn't want -- I didn't want to -- you know, I take it back" or if he said, "Yeah. You know, this is what he told me," it ends when you have -- when you go, let's say, to the horse's mouth. And you say, "Well, this is what he told me. This is what he said" and so now I have collateral information.

Q. And is it the same with the collateral information from a father or a family member as it is for the nurse where if the document or the information that the counselor is provided is sufficiently clear about the risk or the concern, then you don't have to do the follow-up call to the family member?

A. No. I think that in a situation -- like if the nurse referred them in, then you should -- you should talk to the nurse or -- or if the information is just there and the nurse has sat down and documented, these are my concerns, that's getting

collateral information.

Q. Right.

A. Going to the nurse's records and saying, you know, "This is what they said." But if you can't do that and if the information is not there, then you should go to the -- that person and get the -- and get the collateral information.

Q. And that was my question but with respect to the family members. If she is given information about what the family member reported, is it your opinion that she still has to go above and beyond to then call the family member and confirm the information that she's been provided?

A. I think that's -- the standard of care would be to talk to the father who called in and get the information. Going above that, if the person -- the clinician whoever wanted to do that, then that would be -- that would be above and beyond. I don't know that that would be part of that.

But I do believe -- I do feel that it would be important to get that information from -- from the father.

Q. Okay. And I think we are not communicating well and I apologize. It's probably my fault. My question is that if she has information from the

father that the father provided to somebody else that then provided that to her, she still in your opinion has to call the father, even though she already has the information the father gave?

A. So what you are saying is the person that came and told them -- that talked to them, that she shouldn't talk to the dad because he told her?

Q. My question is, if Ms. White was presented information that was provided by the father, does she still have to then call the father to verify the information that she was told the father said?

A. From what I read, the information was that he was suicidal. He was going to complete suicide. That's the only information that was passed. I would want to know why. If that why is with one of those people, then that's standard of care. If the why isn't with one of those people, that's not standard of care, then I'm going want to go to dad.

If this guy, who is a staff member, did not get that information -- and that's what I did -- like I was telling you before, if the detective doesn't know, then I go to the parent. The parent calls me. I get the information.

Q. And is that in every situation where a parent -- or a family member has called in and said

15:06:16 that there is a risk of suicide?
15:06:18 A. Everyone one that I can. If I have the
15:06:22 opportunity -- I've had parents that don't answer the
15:06:24 phone. I have parents that won't talk to me. But,
15:06:28 you know, my jail is not as big as their jail. They
15:06:32 may have, you know, 50 parents call in at a time. I
15:06:35 may have the luxury of being able to do that.
15:06:37 But to me, if you've got somebody making an
15:06:42 allegation of life and death, then you should go to
15:06:45 them find out what they mean, why they are saying it
15:06:46 and document that.
15:06:48 Q. And, again, though, you can't identify any
15:06:51 place that that's written down that that is the
15:06:52 standard of care; right?
15:07:01 A. Not off the top of my head.
15:07:12 Q. Okay.
15:07:14 A. Can I look in my iPad?
15:07:17 Q. Sure. At a break, let's do that.
15:07:19 A. Okay.
15:07:22 MR. JONES: And we've reserved all objections as
15:07:23 to relevance.
15:07:24 MS. JOHNSON: Okay.
15:07:26 MR. JONES: Yeah. I mean, it would be relevant
15:07:29 if you could find a learned treatise that said that he
15:07:29 shouldn't do that, but it's not -- it's not --

15:07:30 MS. JOHNSON: What's your objection?
15:07:33 MR. JONES: Is reserved.
15:07:33 MS. JOHNSON: You just said --
15:07:34 MR. JONES: My objection is reserved.
15:07:37 MS. JOHNSON: Okay. So let's reserve it.
15:07:43 MR. JONES: All right.
15:07:46 Q. (BY MS. JOHNSON) Do you -- does Badger Medical or Ivy Medical have standard SOPs or other policies and procedures that you all have to follow when you are working with mental health inmates?
15:07:59 A. Yes.
15:08:02 Q. Okay.
15:08:05 A. Yes.
15:08:12 Q. And do any of those SOPs govern this situation when you are doing a mental health intake?
15:08:19 A. I wouldn't say they are that specific. They would expect me to go from my clinical guidelines and experiences of my practice of -- mine is psychology social work.
15:08:34 Q. Are there clinical guidelines that govern this type of setting where you are doing kind of an intake mental health status exam?
15:08:40 A. I don't know.
15:08:43 Q. None that you can name here today?
15:08:46 A. Not off the top of my head. There are

recommendations in clinical, like, interview things that -- I mean, you could find -- wherever you look you could find a different recommendation for different types of interviews.

Q. Have you formed any opinion as to whether or not Mr. Hatchett was homicidal at the time that Ms. White did her intake?

A. No.

Q. Have you formed an opinion as to whether or not Mr. Hatchett was a threat to himself or others at the time that Ms. White did her intake?

A. Well, yeah. My opinion is that he was already in there for hurting someone and so my opinion would be that he was -- he was already a high risk because he already hurt someone.

I might have gone off on a different tangent. I'm sorry.

Q. So is your opinion that because he hurt someone in the past, he's going to hurt somebody in the future?

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

15:10:19 MR. CLARK: Mandatory max?
15:10:21 THE WITNESS: Mandatory maximum, yeah. So they
15:10:27 are isolated for 10 days. If they've hurt somebody or
15:10:28 otherwise, they are put on max for 10 days.
15:10:29 Q. (BY MS. JOHNSON) And that -- and you say
15:10:32 max as like that's maximum security?
15:10:32 A. (Witness nodding head.)
15:10:33 Q. Is that "yes"?
15:10:33 A. Yes.
15:10:35 Q. Okay. And that's automatic in your
15:10:36 facilities?
15:10:37 A. It's automatic.
15:10:40 Q. Does that also trigger a mental health
15:10:40 referral?
15:10:42 A. Yes. Not always though.
15:10:43 Q. Okay.
15:10:46 A. Not always.
15:10:50 Q. Okay. So, again, we'll break it down.
15:10:52 Do you have an opinion as to whether
15:10:56 Mr. Hatchett was suicidal when Ms. White conducted her
15:11:04 intake in August of 2019 -- 2020? Excuse me.
15:11:08 A. No.
15:11:12 Q. And so other than his -- the crime that he
15:11:16 was in jail for, do you have any opinion as to whether
15:11:23 Mr. Hatchett was a threat to others at the time he was

admitted into the jail?

A. Yes. I believe he was a threat to others.

Q. And that opinion is based on his past -- criminal past history?

A. Yes. On the incident that he came in for, yes.

Q. And does that threat to others require Ms. White to do anything more than what she did?

A. Yes. It requires that she dig into why he is in there. It requires that she find out more information from collateral resources and it -- again, that assault -- that triggers -- his behavior creates a huge red flag before he comes in for how he needs to be housed and how we need to address that.

Q. Ultimately what is your opinion that Ms. White should have done -- I understand what you say she should have done during the clinical assessment. We've talked about that. But what is your opinion about what her -- what she should have done at the very end? I don't understand how these clinical issues that we are talking about then manifest themselves at the end of her evaluation.

A. Well, I would say that if she found out that he was in there for stabbing a person, sending him to the hospital, and she found out about that, that she

would at least make a recommendation to classification that would be something like he's in here for aggravated assault and find out a little bit more about why he did it, which the dad could have -- may have known. We don't know. But if she were -- if she would have looked into that further and they would have said, "Well, he stabbed this guy because he was white" -- I believe had she had have asked the correct questions and delved into it further, that she would have made a recommendation to have him housed by himself.

Q. And are you aware of any Muscogee County Jail policies that allow a mental health professional to make classification recommendations?

A. I haven't -- I am not, but in every facility that I've been in, if I've made a recommendation -- and I've been in at least 12. If I've made a recommendation saying that this person is a danger to themselves or this person has told me they are -- they are going to fight, they have followed those recommendations.

Q. And who should Ms. White have told that to? Someone in classification? That's your opinion that she should have gone directly to classification and said that to them?

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

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

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

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

15:14:55 A. Absolutely.

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

15:15:20 A. Yes.

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

15:15:27 A. No.

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

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

15:15:46 he'd been on trazodone. He'd taken medications. He's
15:15:49 been in substance abuse treatment programs and other
15:15:54 things like that. Now I can say that. My opinion is
15:15:57 anybody who does aggravated battery could benefit from
15:15:59 mental health and I think they should be assessed.
15:16:02 Now, will they accept it? Probably not.
15:16:04 But if they are having those kind of issues, they are
15:16:08 a danger to others if -- especially if it's ended them
15:16:12 up in jail. I mean, that -- another red flag.
15:16:15 They should -- if they are a danger to other
15:16:18 people, they should have at least a mental health
15:16:18 assessment.
15:16:23 Q. Which Mr. Hatchett did in this case;
15:16:23 correct?
15:16:23 A. Correct.
15:16:26 Q. All right. Is it your opinion that people
15:16:29 who commit crimes based on racial motivations are
15:16:44 mentally ill and need mental health treatment?
15:16:47 A. It's my opinion that they are dangerous and
15:16:51 they should be evaluated in some way to make sure they
15:16:53 are not a danger to the community.
15:16:55 Q. So a racial motivation for a crime means
15:16:57 that a person is dangerous?
15:17:03 A. Potentially, yes.
15:17:07 Q. Is any person who commits a violent crime

15:17:08 potentially dangerous?
15:17:11 A. Yes. They committed a violent crime.
15:17:12 That's dangerous.
15:17:47 Q. Did you read the testimony of the officer
15:17:51 that took Mr. Hatchett to Ms. White's office for the
15:17:52 mental health evaluation?
15:17:57 A. I don't know that I've read it. I believe I
15:18:00 listened to it.
15:18:02 Q. Listened to the deposition testimony that he
15:18:03 gave about that?
15:18:07 A. Or I -- I did one of the two. I read it or
15:18:13 I listened to it.
15:18:23 Q. Can we go back to your invoice.
15:18:25 Do you have in it front of you?
15:18:25 A. Uh-huh.
15:18:27 Q. I wanted to ask you on September 20 and
15:18:31 September 22 you say, "Review audio depositions."
15:18:32 A. Uh-huh.
15:18:34 Q. Are those depositions or are those the
15:18:37 interviews that you provided on the flash drive?
15:18:39 A. Yeah, they were the interviews.
15:18:39 Q. Okay.
15:18:40 A. Yeah, they weren't actually depositions.
15:18:42 I'm sorry.
15:18:42 Q. Okay. All right.

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

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

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

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

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

15:19:27 Q. Yeah?

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

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

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

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

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

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

see him and that he refused to come. That's all I know.

Q. And do you know of any other efforts that she took to have him come out?

A. I don't recall of them.

Q. And in a routine mental health referral, you still believe she should have done more to get him to come out?

A. Well, if the nurse is specific in those concerns, I absolutely think so. But if the nurse puts somebody in, I think that she probably -- she should have been more persistent at getting -- either seeing him or going to his cell and talking to him.

Q. And do you know what the Muscogee County policy requires for Ms. White when there is a routine mental health referral such as Mr. Hatchett?

A. Can I ask? Was that a routine --

Q. Yes, sir.

A. -- mental health referral from a nurse?

MR. JONES: Object to form.

MS. JOHNSON: Yes, sir.

MR. CLARK: His question or hers?

MR. JONES: Her question.

THE WITNESS: Can you say the question again?

Q. (BY MS. JOHNSON) Sure. Are you aware of

15:21:25 the policy of the Muscogee County Jail as it relates
15:21:28 to what is required of Ms. White when a routine mental
15:21:31 health referral is made?
15:21:31 A. No.
15:21:34 Q. And you would expect Ms. White to follow the
15:21:39 protocols in place for her at Muscogee County Jail,
15:21:42 would you not?
15:21:45 MR. JONES: Objection to form, but you can
15:21:51 answer.
15:21:53 THE WITNESS: Yes.
15:21:56 MS. JOHNSON: Are you good? Do you want to take
15:22:00 a break? I don't know how long we've been going, but
15:22:02 I'm going to talk to you about your report; so
15:22:04 shifting gears. Whatever you would like to do.
15:22:05 THE WITNESS: I'm good.
15:22:07 Q. (BY MS. JOHNSON) Okay. If you could pull
15:22:09 out your report for me.
15:22:14 A. Which one is that? 1?
15:22:15 Q. Exhibit 1, yes.
15:22:16 A. Okay.
15:22:36 Q. All right. Okay. So it looks like you
15:22:41 provide -- I'm looking at page 2 -- correctional
15:22:42 mental health evaluations.
15:22:44 Do you see that?
15:22:44 A. Yes.

15:22:47 Q. And that, as I read it, is just your opinion
15:22:50 about generally what evaluations are intended to --
15:22:50 A. Yes.
15:22:52 Q. -- accomplish in this setting?
15:22:53 A. (Witness nodding head.)
15:22:56 Q. And, again, that is based on your, just,
15:22:59 practice and experience?
15:23:03 A. The first part. The second part is -- where
15:23:06 it talks about a SOAP note or the things that should
15:23:09 be contained in the evaluation, that's more kind of
15:23:13 general practice, what people learn in school,
15:23:13 otherwise.
15:23:16 Q. Okay. And then you provide, over the next
15:23:21 page or so, a timeline of events, which, again, as I
15:23:24 read it, is a summary of the facts as you understand
15:23:26 them as it relates to your opinion; is that right?
15:23:26 A. Yes.
15:23:32 Q. Okay. So then I want to talk to you about
15:23:39 the opinions that you have on pages 3 and 4.
15:23:42 Starting with Opinion 1, you say, "More
15:23:45 should have been done to elicit the necessary
15:23:48 information to make a clinical decision on what kind
15:23:52 of risk Mr. Hatchett could be to himself or others."
15:23:53 Do you see that?
15:23:53 A. Yes.

15:23:56 Q. And from our talking today, I believe the
15:24:01 additional information would be to talk to the nurse
15:24:02 and talk to the father; is that right?
15:24:06 A. Well -- and ask him specifically -- ask
15:24:11 Mr. Hatchett specifically what -- you know, what
15:24:14 happened, why he is in there and get a better picture
15:24:20 to make -- to make an assessment or an opinion -- have
15:24:21 an opinion.
15:24:25 Q. Right. And, again, as we talked about,
15:24:28 other than what is reflected in her record and then
15:24:28 the questions, if any, that were asked at deposition,
15:24:28 you don't have any additional information of what she
15:24:30 actually did ask Mr. Hatchett; correct?
15:24:34 A. Not other than what's documented.
15:24:42 Q. Okay. All right. So anything else -- when
15:24:46 you say more should have been done, anything else that
15:24:48 you mean by that besides those things that we talked
15:25:02 about?
15:25:04 A. Other than that -- again, it kind of goes
15:25:08 back to that collateral. Even the housing deputies,
15:25:11 detention staff -- even if they might have been
15:25:17 briefed -- not briefed, but if they were asked how is
15:25:22 he doing, is he eating okay, sleeping okay. Just the
15:25:25 basic day-to-day behaviors, I think it's helpful to
15:25:30 have that as well. What his cell looks like. Is he

organized?

Q. Okay. So that's new from what we talked about earlier.

A. Yeah. That just came to my mind.

Q. And is that your opinion of the standard of care in this context with the purpose of this intake that Ms. White has to then talk to the housing deputies to see how he's eating and how his cell is?

A. No.

Q. Okay. So that's not something that you believe is a breach of the standard of care that she did not do?

A. In this situation where he didn't -- where he didn't come out or she wasn't able to really assess him, then I think it would have been -- would have been a good thing, but in other areas, not on a regular -- regular visit.

Q. Okay. And in the context of the intake that she actually did perform on him, do you have the opinion that it's a breach of the standard of care that she did not ask housing deputies about his behavior on the floor?

A. I do, but for this reason. Because -- because when she did the intake, it wasn't -- he was up there for a suicide evaluation, and she did an

intake and asked him all these questions rather than what would have been considered a suicide evaluation. If she would have done a suicide evaluation, I think she would have been more in depth with collateral information.

And I don't know what their policies are as far as that goes, but he wasn't taken up there for an intake. He was taken up there for a suicide evaluation.

Q. And during that evaluation, she then decided to do the intake that she was not able to do earlier; correct?

A. Correct.

Q. And that, in your opinion, is a good thing that she was able to do the intake that she was not able to do earlier; correct?

A. I think she should have done a suicide evaluation of what -- that's why he was taken up there.

Q. Should she have not done the intake?

A. I would definitely prioritize the suicide evaluation over the intake. But even so, I can't imagine they would be a lot different. You would still gather, you know, necessary information. But, you know, at that point in time he was up there in a

15:27:36 sense involuntarily. And then -- and then she -- you
15:27:40 know, she filled in the blanks. But I don't -- I --
15:27:45 part of me wonders if it distracted her from doing the
15:27:46 suicide evaluation.
15:27:47 Q. Okay. Do you have any evidence to suggest
15:27:50 she was distracted in any way when she was doing her
15:27:51 intake with Mr. Hatchett?
15:27:53 A. Well, the only evidence would be it didn't
15:27:55 appear that she did a suicide evaluation.
15:27:57 Q. And what specific questions would be on a
15:28:01 suicide evaluation that are not on this form?
15:28:02 A. Let me look.
15:28:22 Q. Please do. I'm going to get some water
15:28:23 while you look.
15:29:34 A. I could get picky, but I won't.
15:29:39 Q. Okay.
15:29:42 A. I mean, the only thing in here was a
15:29:45 family -- a family -- any history of a family
15:29:49 attempting suicide. Any recent deaths in your family,
15:30:01 recent suicide attempts. Other than -- other than
15:30:07 those two things, I don't see --
15:30:09 Q. Okay. So other than asking about recent
15:30:11 deaths in the family --
15:30:14 A. Or suicide of a family member.
15:30:16 Q. -- or suicide of a family member, that

15:30:18 questions that are on this intake form would be the
15:30:21 same or substantially the same as the questions
15:30:28 Ms. White would ask during a suicide assessment; is
15:30:38 that what you are saying?
15:30:40 A. Yes.
15:30:43 Q. All right. So then I go back to my question
15:30:46 that kind of started us down this rabbit hole about
15:30:49 whether the standard of care requires Ms. White to ask
15:30:53 housing deputies about how Mr. Hatchett was behaving
15:30:54 on the floor.
15:30:56 Does the standard of care require that type
15:30:59 of collateral information in this case in this
15:30:59 context?
15:31:12 A. You are talking about during the intake?
15:31:15 Q. Yes. When she actually is able to speak to
15:31:18 Mr. Hatchett, does your opinion about the standard of
15:31:22 care require her to also gather collateral information
15:31:23 from housing deputies?
15:31:30 A. Housing deputies -- standard of care -- I
15:31:33 think it's good practice to do it. Standard of care,
15:31:37 I'd say, a gray area. It would be helpful in her --
15:31:43 to get a good opinion.
15:31:47 Q. Okay. So yes or no? Breach of the standard
15:31:48 of care?
15:31:49 A. Probably not, no.

15:32:06 Q. All right. Okay. All right. So going back
15:32:14 to your report on page 3, Opinion 1, it starts -- the
15:32:18 sentence starts -- it's one, two, three -- fifth line
15:32:22 down. "Jacqueline White, LPC, was negligent in her
15:32:24 duty to provide a proper clinical recommendation to
15:32:26 the staff because she did not gather detailed
15:32:30 information and relied solely on the self-report of
15:32:31 Mr. Hatchett."
15:32:33 Do you see that?
15:32:34 A. No.
15:32:36 Q. Oh.
15:32:38 A. The fifth line down from --
15:32:41 Q. Here, let me show you. Right here. This
15:32:44 sentence that starts with "Jacqueline White" right
15:32:49 here.
15:32:50 A. Yes.
15:32:55 Q. Okay. So in your opinion Ms. White had a
15:32:56 duty to provide a clinical recommendation following
15:33:00 this intake?
15:33:01 A. Yes.
15:33:05 Q. Clinical recommendation being -- what does
15:33:06 that mean?
15:33:09 A. Well, a clinical encounter. Again, kind of
15:33:15 like I said before, on an interview like that, if you
15:33:18 are a trained clinician, licensed to do master level

15:33:21 counseling that -- those kinds of things, you are
15:33:24 rendering a clinical opinion, whether it's an intake
15:33:26 or suicide evaluation or otherwise.
15:33:32 And during that clinical -- and, again, we
15:33:36 found out later that he does have a history of
15:33:41 cutting. He does a history of drug -- of medication.
15:33:49 And so I -- if there is documentation -- and, again,
15:33:52 in this situation -- you are not always going to have
15:33:56 a parent you can call. You are not always going to
15:33:58 have those things. But in this situation, we did.
15:34:00 They called in. They called us. We have the deputies
15:34:04 that we can confer with. She could have -- she could
15:34:07 gather that type of information, and she didn't.
15:34:10 She went off of the self-report of somebody
15:34:14 who, had she had known more about the charge, she
15:34:18 would have gathered more information about it and
15:34:21 would have been able to make a better opinion or
15:34:27 decision on her thoughts of him and a provisional
15:34:28 diagnosis.
15:34:33 Had she have talked to the -- the deputies,
15:34:38 she would have at least ruled out any concerns or
15:34:43 current concerns in the facility. I mean, if a parent
15:34:48 calls in, I -- that, to me, increases the standard of
15:34:54 care. And collateral contact in this case, I think
15:34:59 would have been a lifesaver for her in this situation.

It would have gathered the information necessary.

Q. Is a person who is suicidal also homicidal?

A. It depends on the person and the situation.

Q. The report from Mr. Nelson's father was that he was suicidal; isn't that right?

A. Yes.

Q. And Mr. Hatchett did not end up committing suicide, did he?

A. No, he did not.

Q. All right. And it's your opinion that Ms. White had a duty to provide a recommendation about housing -- where he should be housed?

A. I would say a risk assessment. A level of risk. And I may -- did I put housing on there?

Q. No. I'm just trying to understand.

A. Yeah. I mean, I think that's the whole point. That's why I have a job is to decrease risk.

Q. Okay. And who was she, again, supposed to report that to -- the level of risk?

A. If the officers -- the officer that -- that brought him down. I personally would report it to the sergeant.

Q. Okay.

A. The on-duty sergeant.

Q. And, again, is that in your protocols and

standard practices that you do at your job that you would have to report that?

A. Yes. Yeah, danger to self or others, absolutely.

Q. Are there specific details about -- I mean, so Ms. White knew it was an aggravated assault. We can agree on that; right?

A. Yes.

Q. Are there specific details of an assault that you would expect her to ask about? I mean, how far into the weeds of assault does she need to go in your opinion?

A. Well, as far as he would be able to, like, let her. You know, maybe gather the information that he will give her and then if anybody from intake. But if she can narrow it down to the why. "Why did you stab him? What happened? Why did you do it?" That's it.

If she asked those questions and documents that, then I think that you are gold. I think that if she just does that minimum thing, then she can make a great decision, and she's also covered her basis as far as what -- what a standard of care would be to assess if someone is a risk to themselves, others, or otherwise.

15:37:57 Q. And the why in this case is race; is that correct?
15:37:57 A. We -- yes.
15:37:59 Q. Okay. And so if I'm -- am I understanding you that if -- your opinion is that if Ms. White knew this was a race based assault, then she would -- her behavior should have been different?
15:38:03 A. Not necessarily if she would have know that there was a risk. So if it be race or if it be, you know, like a sex offender or somebody like that, that there is a -- a duty to warn, a reason -- for, like, somebody to be concerned that there is a danger. You know, if we are concerned that this guy is a danger, that creates a risk to himself or others.
15:38:07 And that was why she was seeing him. And why the officers brought him down was to do a risk assessment.
15:38:10 Q. Okay. So the aggravated assault isn't risk enough?
15:38:12 A. I think it is.
15:38:15 Q. Okay.
15:38:18 A. I think that's the -- that's the red flag for White to ask more questions and White to gather more information.
15:38:22 Q. Okay. So let me ask you this: If there was
15:38:26
15:38:29
15:38:32
15:38:35
15:38:37
15:38:41
15:38:41
15:38:47
15:38:47
15:38:48
15:38:53
15:38:56
15:38:59
15:39:00
15:39:03

15:39:05 no race involved in this and she knew it was an
15:39:09 aggravated assault, should she have done something
15:39:10 other than she did?
15:39:12 A. The aggravated battery should have been a
15:39:17 red flag to say, find out the why. If the dad says
15:39:21 he's suicidal, to, yes, call somebody -- the dad or
15:39:25 whoever else she can get, to talk to the staff,
15:39:27 whatever, and gather more information.
15:39:30 An aggravated battery in this situation --
15:39:35 if she would have gone more into it and found out even
15:39:38 the details of it, I know she would have done more.
15:39:41 Q. And your doing more is then saying he's a
15:39:43 risk to himself and others. That's what you
15:39:45 ultimately want her to do?
15:39:47 A. I want -- I guess I would have -- I want him
15:39:49 to be more closely monitored.
15:39:50 Q. Okay.
15:39:53 A. I want him to be in a situation of where
15:39:57 he's -- if we already know he stabbed somebody, why
15:40:02 would we put him with somebody? You know, whether
15:40:03 he's white or whatever.
15:40:06 Q. Okay. So in your opinion -- is your opinion
15:40:10 that he shouldn't have been housed with anybody?
15:40:10 A. Yes.
15:40:12 Q. And you think that's Ms. White's fault that

he was housed with somebody?

A. I think that that is a lot of people's fault that he was housed with somebody.

Q. And one of those people being Ms. White?

A. Yes. She could have -- she could have done something about that had she asked the right questions.

Q. And, again, your questions that you want her to ask are the why of the aggravated assault?

A. Yes.

Q. The aggravated assault alone, in your opinion, is that enough to house him by himself?

A. Yes. It's enough to open the door to, you know, why. I mean, our interactions are confidential, and I think that it's within those realms of -- we ask those hard questions.

Q. And sitting here today we don't know what information, if any, Mr. Hatchett would have provided if she had asked those questions, do we?

A. Today we know that he was lying because he said that he, you know, had never had mental health treatment, and he did. He said he had never hurt himself, and he has a history of cutting. Today we know he was lying and that's even the more important reason to gather collateral information.

15:41:16 Q. Right. But that wasn't my question. My
15:41:19 question was sitting here today, we don't know what
15:41:21 information, if any, he would have had provided at all
15:41:23 to her had she asked these questions you believe she
15:41:26 should have asked?
15:41:28 A. true.
15:41:28 Q. Okay.
15:41:29 A. But we would have asked the question and
15:41:30 documented it.
15:41:32 Q. And we could have gotten the wrong
15:41:35 information. He could have lied just like you said;
15:41:35 correct?
15:41:38 A. He could have lied, but we would have had
15:41:47 something that said we asked the question.
15:42:04 Q. Okay. All right. Do you have in your mind
15:42:07 a list of questions that Ms. White should have asked
15:42:10 in this case -- like, specific questions? I know you
15:42:13 said the why and the ag assault and I get that.
15:42:15 Beyond that, are there specific questions you believe
15:42:18 she should have asked that you believe she did not
15:42:19 ask?
15:42:19 MR. JONES: To who?
15:42:21 MS. JOHNSON: To Mr. Hatchett during this
15:42:21 evaluation.
15:42:25 MR. JONES: Okay. So to be clear, because he

also talked about collateral sources.

THE WITNESS: If it were me and I were sitting there talking to him, I would have said, "Hi, Mr. Hatchett. Can you tell me why you are in jail today? What happened that brought you here?" And then I would -- I could go -- I can go from there. Because if he's guarded enough that he's not going to tell me why he's there, there's -- that's a red flag. If he says he doesn't want to talk about it, that's a red flag. And that's where the rest of the interview is determined on where it goes.

In the deposition, I believe -- I remember reading if she asked him if he was suicidal, which, in my experience, is not -- it's not necessarily going to gather the right information. I've had tons of people who say, "Well, yeah, I'm suicidal every day of my life. Am I going to kill myself? No." The specifics of it, are you going to try to hurt yourself or try to kill yourself or anyone else in this facility; I would have been more specific in those risk assessment questions that would -- that would guide me to make an opinion on what level of risk he is.

"I see you've got an aggravated assault here, and I see you've had a history of issues with your family. Can you tell me a little bit about that?

15:43:50 "Okay. If you don't want to tell me about
15:43:53 it, I think I'll call your dad and see what he has to
15:43:54 say about it."
15:43:57 Q. (BY MS. JOHNSON) Okay. So other than what
15:44:00 you just started with, tell me what happened, tell me
15:44:03 why you are in the jail today, then kind of the rest
15:44:04 of the conversation and the questions that you would
15:44:08 ask would be dictated at least in part by the feedback
15:44:10 that you were getting from the person you were
15:44:10 interviewing?
15:44:10 A. Right.
15:44:13 Q. So you don't have a list of questions -- it
15:44:16 would be impossible to create a list of questions that
15:44:21 you believe she should have asked because we don't how
15:44:23 he would respond to any of the questions at all?
15:44:26 A. Well, technically, no. But she did have a
15:44:28 list here. She had a list of all the questions to
15:44:31 ask. She just needed to go into it further.
15:44:33 Q. Okay. And we've talked about --
15:44:33 A. Right.
15:44:37 Q. -- what that means and what your factual
15:44:51 basis is for that.
15:44:55 Are you aware of any threats that
15:45:02 Mr. Hatchett made after being booked into Muscogee
15:45:05 County Jail against himself or others?

15:45:05 A. No.
15:45:08 Q. You are not aware of any?
15:45:08 A. No.
15:45:10 Q. Are you aware of any racial comments that
15:45:16 Mr. Hatchett made at any point in time after he was
15:45:19 booked into the Muscogee County Jail?
15:45:25 A. No.
15:45:27 Q. You agree with me that Ms. White -- there is
15:45:31 no evidence Ms. White intended to harm Mr. Nelson;
15:45:31 correct?
15:45:31 A. Correct.
15:45:35 Q. You said earlier she didn't show up to work
15:45:37 hoping to do something wrong; right?
15:45:37 A. Right.
15:45:41 Q. All right. And it's not your position or
15:45:44 your opinion that Ms. White knew Mr. Hatchett posed a
15:45:48 risk to inmates and just didn't do anything about it;
15:45:48 correct?
15:45:49 A. Right. Correct.
15:46:17 Q. Okay. All right. So looking at No. 2 --
15:46:20 your Opinion No. 2 -- and, again, we've been going for
15:46:24 a while; so you tell me when you want to stretch your
15:46:24 legs.
15:46:38 Looking at Opinion 2, I see that you see the
15:46:41 third line down the sentence that starts with "The

negligence in this case."

Do you see that kind of over here?

A. Yes.

Q. "The negligence in this case is more about a failure to ask the right questions."

Do you see that sentence?

A. Yes.

Q. That's directed at Ms. White; is that correct?

A. Yes.

Q. And we talked about what that means?

A. Well, this -- this probably goes to more than Ms. White, but I'm pretty sure -- well, because I say throughout the records, and I note that there were numerous warnings that -- that there were no warning signs or other things like that. I mean, there were a lot of people that could have asked different questions, including Ms. White, and so -- so this refers not to just her but -- because even after that, I say few of the caregivers asked what happened or why it happened.

And so this was -- this was a communication problem from the time he went into the facility.

Q. Okay. And that was actually going to be my next set of questions. Is that a lot of Opinion 2 --

and please feel free to read it all if you'd like to. A lot of it actually doesn't relate to Ms. White. It relates to others that you observed and read about in this interaction; is that fair?

A. Yes, that's fair to say.

Q. Okay. And so with respect to -- where the sentence -- where you say, "The negligence in this case is more about a failure to ask the right questions," as it relates to Ms. White, the, quote/unquote, right questions are the collateral information, the more in-depth intake with Mr. Hatchett, that's what you are referring to in that context; is that right?

A. And the questions to him personally.

Q. To Mr. Hatchett?

A. To Mr. Hatchett.

Q. Right.

A. Yes.

Q. Okay. Anything else as it relates to Ms. White that you -- that form the basis of that opinion than what we talked about already today?

A. I can't think of anything right now.

Q. All right. And is it fair? Do you agree with me that the remainder of Opinion 2 does not relate to Ms. White or your opinions about Ms. White?

15:48:50 A. Yes. That's true to say.
15:48:58 Q. All right. Let's look at Opinion 3.
15:49:05 Does Opinion 3 relate to Ms. White at all?
15:49:06 A. Yes.
15:49:10 Q. Okay. What parts or sentences of Opinion 3 deal with Ms. White specifically?
15:49:13 A. Well, at the beginning, it says, "Communication between mental health, medical and correctional staff." That all relates to that -- that interview process and what happened.
15:49:27 Because if she would have -- if she would have spoken to the correctional staff, as far as -- let me go back. The medical -- I think that initially she could have talked to the nurse about what her concerns were.
15:49:54 Now what I mean by the correctional staff is that from the get-go when they came in -- and they were aware of why he was there and what happened, if they would have communicated that down the line, I think this whole thing could have been avoided, but who knows.
15:50:11 We had mentioned earlier about, you know, standard of care and her talking to the correctional staff and how that may not necessarily be the standard of care but more of the gold standard, but I do think

15:50:28 if she would have been more proactive in talking to
15:50:32 the correctional staff maybe about his charges and if
15:50:35 they knew anything more, I think that that would have
15:50:38 been helpful. So I would say that that part applies
15:50:39 to her.
15:50:41 Q. Okay. And let me ask you about that. You
15:50:44 said she would have been more proactive in talking to
15:50:44 the staff about the charges.
15:50:47 Is that gold standard or standard of care?
15:50:48 A. That is more gold standard.
15:50:51 Q. Okay. So that's --
15:50:59 A. In a suicide evaluation, that's -- it's
15:51:00 pretty important but --
15:51:03 Q. Okay. So it is a breach of the standard of
15:51:05 care that she was not -- she did not talk to the
15:51:07 correctional staff about the charges?
15:51:21 A. It's a pretty gray area. I'm going to say
15:51:24 that's standard of care. In a suicide evaluation, she
15:51:28 should talk to the -- she should talk to the
15:51:29 correctional staff.
15:51:33 Q. And first you said it was gold standard.
15:51:35 Now you are saying -- then you said it was a gray area
15:51:38 and now you are saying it is standard of care, and I'm
15:51:42 curious what that is based on other than just your
15:51:42 thoughts?

15:51:44 A. Because I'm going -- I'm going from this
15:51:47 being an intake assessment to a suicide evaluation and
15:51:50 a parent calling in. Because it -- because it
15:51:53 escalates. So I'm -- I'm saying it escalates it
15:52:01 from -- if you are doing a suicide assessment, you
15:52:08 should talk to somebody more than just the person, and
15:52:12 she didn't do that.
15:52:16 Q. Okay. And who is that person? Who should
15:52:19 she have talked to in a suicide assessment? I know we
15:52:21 talked about the dad. Anybody else?
15:52:36 A. The only one she could have talked to were
15:52:37 the officers that brought him up.
15:52:38 Q. Okay.
15:52:41 A. Unless she went out, which she could have
15:52:45 done. But, again, the only thing she could have done,
15:52:49 I think, is asked the officer -- I can't remember his
15:52:54 name -- if he had noticed anything.
15:52:57 Q. If he had noticed anything about how he was
15:52:58 behaving on the floor?
15:53:00 A. Any odd behavior, anything --
15:53:03 Q. And do you know what that officer would have
15:53:08 said or if that officer had observed any odd behavior?
15:53:09 MR. JONES: Object to form.
15:53:11 MR. CLARK: What officer are we talking about?
15:53:13 MS. JOHNSON: The officer that brought

15:53:16 Mr. Hatchett up.
15:53:17 MR. CLARK: Burgess?
15:53:17 MS. JOHNSON: No. Mr. Sellers.
15:53:22 THE WITNESS: No. It was a -- he might have
15:53:24 said -- he might have said he hasn't been eating. He
15:53:27 might have said that he's been acting odd or talking
15:53:31 to himself. He might have said he's refusing to call
15:53:34 his family. I mean, there is a number of things that
15:53:35 could be diagnostic.
15:53:39 But really is -- anything. It's a rule out
15:53:44 to say, no, we haven't noticed anything.
15:53:45 Q. (BY MS. JOHNSON) And are you aware of any
15:53:48 facts in your review of all the documents that you've
15:53:51 looked that suggested that Mr. Hatchett was behaving
15:53:55 oddly on the floor or had any problems while he was on
15:53:55 the floor?
15:53:59 A. No. Just the initial booking part where
15:54:01 Nurse Braxton said he was acting --
15:54:01 Q. Okay.
15:54:01 A. -- a little odd.
15:54:04 Q. All right. So back to Opinion 3. You
15:54:07 described for me how that relates to Ms. White, and
15:54:10 you talked about she should have talked to somebody
15:54:11 else -- somebody more.
15:54:14 Other than that, there is a lot of other

language and words in Opinion 3. Do those at all relate to Ms. White?

A. Right. Nothing different than what I've already mentioned.

Q. What you've already said. Okay. All right.

No. 4. Tell me if No. 4 -- your opinion No. 4 relates at all to Ms. White.

A. That one -- that one applies mostly to education to the -- to the information that classification had.

Q. Okay.

A. So the only way it would apply to her is if she had had additional information that they could have used to make a different decision on his housing. So I'm going to say, no, that doesn't necessarily apply to her.

Q. Got it. Okay. All Right. I am going to take a break. And I'm sure others have questions for you, but before I do that, are there any other opinions that you have about Ms. White, the standard of care applicable to her or her alleged -- your thoughts on her breach of the standard of care that we have not discussed or that are not written in your report?

A. Not that I can think of.

15:56:04 MS. JOHNSON: Well, let's take a break. Someone else will talk with you. And if you don't mind, sir, I'd love to see that book if you have it in your car.

15:56:12 THE WITNESS: Yeah, I'll run and get it.

15:56:16 MS. JOHNSON: Thank you so much.

15:56:16 THE VIDEOGRAPHER: Going off the record. The time is 3:56.

15:56:19 (Recess taken from 3:56 p.m. to 4:02 p.m.)

15:56:33 THE VIDEOGRAPHER: Back on the record. The time is 4:02.

16:03:23 MR. CLARK: Alison, do you want to go?

16:03:34 MR. CURRIE: Yes. Sorry. Hold on.

16:03:42

16:03:42 EXAMINATION

16:03:42 QUESTIONS BY MS. CURRIE:

16:03:42 Q. Hello. Hi.

16:03:44 A. Hi.

16:03:46 Q. Are we back on the record?

16:03:48 A. Yes.

16:03:48 Q. My name is Alison Currie. I represent Correcthealth Muscogee and two nurses, Kimberly Braxton and Angela Burrell. I hope I just have a couple questions for you.

16:03:52 Can you write prescriptions under your license?

16:03:55

16:04:00

16:04:02

16:04:04

16:04:05

16:04:05 A. No.
16:04:10 Q. Okay. Have you ever been to nursing school?
16:04:12 A. No.
16:04:15 Q. You don't have any kind of a nursing degree? RN? LPN?
16:04:20 A. No. I have -- the only thing I have is through my doctorate. I've done some pharmacology classes, but no not -- no.
16:04:30 Q. Pharmacology classes, teaching nurses?
16:04:33 A. No. I did social work kind of class for nurses, but, no, not in medical.
16:04:37 Q. Okay. Not in medical?
16:04:37 A. No.
16:04:40 Q. So you've never taught nurses anything in a medical perspective?
16:04:42 A. No.
16:04:47 Q. Do you hold yourself out to be an expert in the standard of care for nurses?
16:04:52 A. No.
16:04:55 MS. CURRIE: Those are all my questions. Thank you so much.
16:04:55 MR. CLARK: Okay. I guess it's me.
16:05:00

16:05:00 EXAMINATION
16:05:00 QUESTIONS BY MR. CLARK:

16:05:03 Q. I represent Keyvon Sellers. So similar
16:05:09 questions. You've never been a correctional officer;
16:05:09 correct?
16:05:11 A. Not for adults.
16:05:15 Q. Have you been a correctional officer for
16:05:16 juveniles?
16:05:17 A. Juveniles, yes.
16:05:20 Q. Okay. When were you a correctional officer?
16:05:24 A. A long time ago. Back in, like, 1995.
16:05:26 Q. Okay. You don't hold yourself out as an
16:05:29 expert as a correctional officer, do you?
16:05:30 A. No, I do not.
16:05:34 Q. Okay. And I think you even mentioned in
16:05:36 your report that you are not a classification expert?
16:05:38 A. I did mention that.
16:05:42 Q. So am I correct in assuming that you are not
16:05:47 offering any opinions as to Keyvon Sellers in this
16:05:51 case?
16:05:57 A. Particularly -- I mean, I do train deputies,
16:06:04 both juvenile and adult and -- but I am not -- I'm not
16:06:08 rendering an opinion on Keyvon Sellers personally as
16:06:09 far as -- yeah.
16:06:12 Q. As far as what he did in this case?
16:06:15 A. No one has asked me to render an opinion in
16:06:15 that.

16:06:18 Q. And I notice, as a matter of fact, you have not even reviewed his deposition in the case.
16:06:21 A. I have not.
16:06:22 Q. So am I correct that your opinions in this case are directed toward the mental health professionals, principally Braxton, White, and Burrell?
16:06:25 MS. CURRIE: Object to form. Braxton and Burrell are not mental health professionals.
16:06:37 MR. CLARK: Excuse me. I stand corrected.
16:06:40 Q. (BY MR. CLARK) Your opinions are directed towards the mental health professional in the case, which is Counselor White?
16:06:42 A. Yes. Though I have referred to the communication of the whole facility but not anyone in particular.
16:06:45 Q. All right. Well, just a few other questions because I was curious after hearing some of your earlier testimony. Is it -- do I understand you correctly that your opinion is that any person who gets arrested for an assault is a threat to other inmates and should be isolated?
16:06:46 A. Aggravated. Like, a felony aggravated assault.
16:06:49 Q. Okay. Felony aggravated assault.
16:06:50
16:06:52
16:06:55
16:06:56
16:06:58
16:07:02
16:07:06
16:07:10
16:07:15
16:07:18
16:07:21
16:07:22
16:07:26

16:07:28 But any felony aggravated assault would mean an automatic isolation; correct?
16:07:31 A. Yes.
16:07:55 Q. You don't believe that Keyvon Sellers knew that Hatchett was a risk, do you?
16:08:04 MR. JONES: Object to form.
16:08:06 Q. (BY MR. CLARK) You don't believe that, do you?
16:08:07 MR. JONES: Object to form.
16:08:07 THE WITNESS: I don't --
16:08:08 MR. CLARK: Go ahead.
16:08:09 THE WITNESS: I don't know.
16:08:12 MR. CLARK: Okay. I think that's fair enough. That's all the questions I have.
16:08:15 MS. JOHNSON: I'm going to need, like, five minutes.
16:08:17 MR. JONES: I've got a few questions.
16:08:19 MS. JOHNSON: Oh, sure.
16:08:19 MR. JONES: So if you want to go after me.
16:08:21 MS. JOHNSON: Yeah, that's good.
16:08:21 MR. JONES: It's my turn anyway.
16:08:24 MS. JOHNSON: Yeah.
16:08:24
16:08:24 EXAMINATION
16:08:24 QUESTIONS BY MR. JONES:

16:08:27 Q. Okay. Just, I guess, look toward the video.
16:08:29 A. It's hard.
16:08:36 Q. I think my voice will carry that far. I wanted to ask you a few questions about the communication issues that you alluded to in your -- toward the end of your testimony there.
16:08:54 First of all, can you comment on the -- what your expectation is as far as a reasonable mental health professional -- what their responsibilities are as far as communicating with the medical staff -- the nursing staff in this case.
16:09:20 A. Well -- and it sounds like the -- that facility is kind of fragmented because just based on the -- some of the statements like, "We don't tell them what to do" and otherwise. But there has got to be communication between the mental health and the nursing staff and the medical staff.
16:09:43 I talk to our provider -- our prescriber on almost a daily basis. I've already talked to him today on my way here. And I have three providers that I work with. And when I work with them, I usually have communication with them because they are the prescriber, and they are interested in my diagnostic impressions.
16:10:04 It would be also to be in communication with

16:10:09 the nurses. Because let's be honest, the nurses
16:10:11 basically run the facilities. They do everything.
16:10:15 Q. Well, in Georgia the inmates run the
16:10:18 facility. Okay.
16:10:18 A. At least what I see. From the nurses that I
16:10:22 work with, they are -- they are the backbone of the
16:10:24 jail -- of the jail medical.
16:10:25 Q. Okay.
16:10:26 A. So --
16:10:30 Q. That leads to my next question which is,
16:10:36 when you -- when Ms. White finally sat down and did
16:10:43 her evaluation of Mr. Hatchett. In the very top of
16:10:46 the form it says, "Present concerns"; right?
16:10:48 A. Uh-huh.
16:10:50 Q. Is that supposed to include the reasons for
16:10:54 the evaluation?
16:10:58 A. Yes. That's presenting concerns and that's
16:11:02 where I say, it would be good if it was filled in so
16:11:04 we would know what the concern was.
16:11:08 Q. Okay. Well, given that it's not filled in,
16:11:13 what would a reasonable mental health professional do
16:11:17 in terms of finding out the reason why they were doing
16:11:17 the evaluation?
16:11:21 MS. JOHNSON: Object to form.
16:11:22 MR. JONES: Go ahead.

16:11:25 THE WITNESS: The mental health worker would, again, get collateral information, to talk to the nurse or whoever it was that made the referral, one; and then two, they would ask the person.

16:11:42 Q. (BY MR. JONES) Okay. And I want to break it down because we are talking about two referrals here, aren't we? We are talking about the initial request for a routine mental health evaluation.

16:11:49 A. Yes.

16:11:52 Q. And then we are talking about a second request through the command staff --

16:11:56 A. Yes.

16:12:01 Q. -- about a potential suicide risk; is that right?

16:12:01 A. Yes.

16:12:04 Q. Okay. Let's talk about the first one first.

16:12:07 If a nurse makes a referral for a mental health evaluation, what responsibility does the -- that the person conducting the mental health evaluation have to inquire about the reason for the evaluation and the purpose, i.e., what they are looking for?

16:12:30 A. Having gone through that, I know that if -- whoever puts it in, a nurse, whoever, if it's not specific, it causes more problems. If they are

16:12:41 specific, then I know what I'm doing and I can go in
16:12:42 with the right information.
16:12:45 So the responsibility is to go in and talk
16:12:49 to the patient knowing what you are going in for. So
16:12:53 ask the nurse, ask the staff, ask the doctor. And
16:12:56 then -- or review the chart before you go in. If
16:13:00 there is not enough in there, then you got to go --
16:13:02 you got to go to the source and talk to the person.
16:13:04 Q. And as I understand your testimony, you are
16:13:06 not familiar with the standard of care of nurses;
16:13:10 right? And you are not offering yourself as an expert
16:13:12 on the standard of care for the nurse; right?
16:13:13 A. No.
16:13:20 Q. But as a mental health professional, are
16:13:24 you -- are you saying that it's basically the duty of
16:13:27 the mental health professional to initiate the
16:13:31 communication with the nurse if the nurse doesn't
16:13:34 communicate directly with the mental health
16:13:34 professional?
16:13:36 A. I would say, yes. I mean, I've worked with
16:13:38 nurses for almost 20 years.
16:13:39 Q. Okay.
16:13:42 A. And our standard is that -- and we
16:13:45 communicate and we -- if they have a concern about
16:13:49 somebody, they will either bring them right into me or

16:13:51 I'll go to them or otherwise, and then we will get
16:13:53 that information -- or it's documented on -- in the
16:13:54 chart.
16:13:58 Q. Well, if a nurse, or anyone for that matter,
16:14:03 asked a mental health professional in a correctional
16:14:07 setting to do a mental health evaluation, what is --
16:14:13 what is your expectation as to what becomes of that
16:14:20 evaluation in terms of who -- who reads it?
16:14:22 MS. JOHNSON: Object to the form.
16:14:23 Q. (BY MR. JONES) What's the purpose of that
16:14:23 evaluation?
16:14:24 A. Treatment.
16:14:24 Q. Okay.
16:14:28 A. The purpose of it is to determine if the
16:14:33 person has any specialized needs.
16:14:35 Q. Okay. If a nurse asks for an evaluation and
16:14:38 then you perform the evaluation as a mental health
16:14:40 professional, do you as a mental health professional
16:14:44 have any responsibility to report your findings back
16:14:46 to whoever requested it?
16:14:46 A. Yes.
16:14:50 Q. I mean, is it -- do you just leave it in the
16:14:53 charts so someone can read if they want to read it, or
16:14:57 is there a specific requirement to go back and respond
16:14:58 to the initial request?

16:15:02 A. Yeah. Our policies say that I send an email
16:15:07 and have -- or a verbal communication with the on-duty
16:15:09 sergeant or officer in charge.
16:15:12 Q. All right. Well, based upon your experience
16:15:15 with multiple facilities over 24 years, would you say
16:15:19 that that's the generally accepted practice
16:15:21 everywhere?
16:15:21 MS. JOHNSON: Object to form.
16:15:23 Q. (BY MR. JONES) Or are you just saying
16:15:26 that's what you are required to do in the facility
16:15:28 that you work at now?
16:15:29 A. You go -- you go back -- if there is a
16:15:32 concern, you go back to the sergeant, the people that
16:15:38 are with them 24 hours a days 7 days a week. And then
16:15:40 in our facility, I get a daily -- twice a day, a
16:15:43 morning shift and evening shift email that says what
16:15:46 is going on in our booking and in our facilities.
16:15:46 Q. Okay.
16:15:48 A. And that is put in there so that everybody
16:15:52 knows what is going on with your high-risk people.
16:15:55 Q. So if somebody asks you to do something as a
16:15:57 mental health professional, is it your responsibility
16:15:59 to report back that you've done it?
16:15:59 A. Yes.
16:16:03 Q. Okay. Now, if -- if you asked the guards to

bring someone to you and that person refuses to come, is that something that should be documented?

A. Yes.

Q. Why is it important to document that?

A. It's clinical. And I want to know why too.

Q. And with regard to the questions that you actually ask to the patient or the inmate that you are evaluating, if you -- if you ask a question and the inmate refuses to provide any information and response to that question, is that something that would be of clinical significance?

A. Yes.

Q. And why is that?

A. Especially depending on what the question is. It -- well, if they are guarded, are they paranoid, or are they having other issues, or do they just not want me to know? And so that would determine what I would do to, you know, obtain the information. And if there is concerns, then most of the time what I will do is I'll move them to the booking area where they are monitored and behind glass and can be seen until they are ready.

Q. And on the other hand, if you ask questions to the inmate and they give you information in response to your questions, is that something that

should be documented?

A. Absolutely.

Q. And why is that important?

A. Well, because I'm not the only one that is caring for the patient. The medical providers, the nurses, everyone needs to be able to look into the record and see what my opinions are and my opinions should be documented.

Q. And that's including the person that cared enough that asked you to the evaluation to begin with?

A. Yes.

Q. Okay. With regard to the second referral a mental health evaluation which came from, I believe one of the supervisors in the jail about the father calling in to a detective, I think, to tell them that his son was -- he thought he might be suicidal --

A. Yes.

Q. -- how would you -- first of all, in what order would you have followed up on that information? Would you have initially asked Mr. Hatchett about that, or would you have initially asked the -- would you have followed up with the detective who fielded the call, or would you have detected -- would you have followed up with the father himself? I mean, what would be your, I guess, order of attack on that

problem?

A. Ideally, what I have done is -- and that's what I did a few weeks ago when that similar thing happened is I got back with the detective and then -- because I didn't have a phone number. Ideally, I would like to talk to the family member first.

Q. Okay.

A. Because if I can go in with some information and then I can -- I can share that with them as I need, to say, "No. Look, I know there is more to this." If they are saying, "No, nothing is wrong with me. Nothing is happening," I say, "Well, listen, I have information that -- you know, I just talked to your dad, and he said he's concerned about you. Why would he be concerned about you?"

"Well, I don't know."

"Well, I kind of need to figure out why so I need you to help me with that."

Q. Have you ever asked that question to someone who has remorse over a crime they've committed?

A. I can't think of specific example.

Q. I know you've evaluated people that were a potential suicide risk before.

A. Yeah.

Q. Are any of those people that you've

encountered who have either become suicidal or were -- or posed a potential suicide risk, people who have, say, just killed a loved one or attempted to kill someone?

A. Yes.

Q. And the realization of what they have done, is that something that sometimes factors into --

A. Yes.

Q. -- that type of -- so how do you get at what people are actually feeling, what is actually motivating them?

A. Well, it's in a number of different ways. I don't know how much you want me to say. I mean, I have one, again, similar to that in one of my outer county jails.

Q. Yeah.

A. And he -- I learned about that, number one, from the deputies. He's not eating. He's not sleeping. He's isolated so he's having these issues. So I hear about it from the deputies. And then my nurse calls me and they say they've just moved him into -- on to watch. I learn about the from deputies, the nurses.

And then I have -- I have some of those on just a routine follow-up where I see them every

clinic.

Q. Okay. So I guess what I'm getting at is do you -- you ask a question to the inmate, slash, patient. Do you always accept the answer they give you at face value?

A. No.

Q. And why is that?

A. Because I've been lied to many a time. And where -- where there are -- red flags, there is enough things in different areas then I -- I'll say it again. I trust but verify. If I have things that -- that make me concerned or worried, even if the staff have a gut instinct or something like that, then I know well enough, especially some of those -- some of them, I'm going to go with that information that I get from -- from the system.

Q. So how much of your opinion -- how much of your understanding of what the standard of care is, you know, that is what a reasonable mental health provider should do -- how much of that is based upon your 24 years' experience dealing with people like this in a correctional setting and how much of it is based on what you have read in books or learned in classes?

A. It's actually about 20 years.

16:22:17 Q. 20 years?
16:22:19 A. Yes, 20 years. I mean, I've been --
16:22:22 Q. So you are not as old as I thought you were.
16:22:25 A. Yeah. I've been doing this stuff for 26 years, but I've been in corrections for 20.
16:22:30 Q. I see. You've been in mental health for 26 years.
16:22:30 A. Yeah.
16:22:33 Q. And you've been in corrections for 20?
16:22:33 A. Correct.
16:22:36 Q. But is it primarily experience based or is it something in a textbook that you can point to that
16:22:38 tells you -- like, an instructional manual in how to
16:22:41 do your job?
16:22:42 A. It's both. It's both. I mean, some of the
16:22:45 stuff -- some of the stuff you learn that -- you've
16:22:49 got to do certain things, like sometimes be
16:22:51 confrontational with people when they are saying
16:22:55 things to you so that you can get them to give you the
16:22:58 correct information.
16:22:59 The other stuff is textbook stuff, like in
16:23:02 that book, that talks about, you know, a minimum level
16:23:05 of care and -- before I even started, Dr. Keller --
16:23:09 you know, he gave me a book. There is that one and
16:23:13 then there is the National Commission on Correctional
16:23:17

Health Care books that I read 19 years ago that reminded me that -- of my role. And so, you know, it's from both.

Q. So you are employed full-time in corrections in mental health?

A. Yes.

Q. How many inmates would you say that you interact with -- evaluate -- professionally evaluate or treat on a, say, weekly basis?

A. About 50 a week.

Q. About 50 a week.

And that's been true for about 20 years?

A. Yeah.

Q. All right.

A. Sometimes I'll see 20-plus in a day.

MR. JONES: Okay. Well, I guess that's a segue if you are going to ask him about the book.

MS. JOHNSON: I'm going to ask him about the book; so, yes. Thank you.

MR. JONES: Are you going to ask him about the 900 pages that don't have anything to do with this?

MS. JOHNSON: Only if you are buying drinks.

MR. JONES: Bring it home.

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 A. Bonneville --
16:25:06 Q. Go ahead. I'm sorry.
16:25:09 A. Bonneville County is -- it can house up to
16:25:14 400 inmates so we will have anywhere from -- between 3
16:25:17 something to -- we don't usually get to 4, especially
16:25:21 the last few years with COVID. We've kept it lower,
16:25:23 but it can go up to 400.
16:25:27 The other two jails are probably 80 each so
16:25:29 that's another 160.
16:25:33 Q. Oh, 80 each. Madison is 80, Jefferson is
16:25:33 80?
16:25:34 A. Yes.
16:25:36 Q. Okay. Got it.
16:25:39 A. Now, that's their capacity. I'm not going
16:25:42 to say they have that many. It just ranges -- it
16:25:43 ranges.
16:25:44 Q. Yeah, I understand that, but that's the
16:25:45 capacity.
16:25:46 A. I don't know their average.
16:25:49 Q. I got it. And you said you see 50 inmates a
16:25:51 week; is that right?
16:25:52 A. Ish, yes.
16:25:53 Q. Ish, sure again.
16:25:56 And of those 50 inmates, how many are you
16:25:59 actually doing this type of intake mental health

16:26:00 assessment of?
16:26:02 A. Like a suicide evaluation?
16:26:04 Q. Well, like the assessment that Ms. White
16:26:07 did, the more intake preliminary assessment that you
16:26:09 kind of tab in these books.
16:26:19 A. Probably -- can I explain what I do first?
16:26:25 So what I'll do first is I'll do a -- I'll just give
16:26:27 you a number. Probably 8 to 10 a week.
16:26:30 Q. Okay. And then the remaining people you
16:26:32 see, that's when you are actually engaging in
16:26:36 treatment, therapy, whatever you decide they need?
16:26:36 A. Yeah.
16:26:39 Q. Okay. You said 8 to 10 a week?
16:26:39 A. Ish.
16:26:41 Q. Okay. Yeah. Approximately. Fair enough.
16:26:46 You said -- when Mr. Jones was asking you
16:26:50 questions that in the timeline of events when you get
16:26:56 information that someone's parent or family has called
16:26:59 saying they are a suicide concern that you want to go
16:27:01 talk to the family before you talk to the inmate?
16:27:02 A. If I can.
16:27:05 Q. Okay. So -- and in that context, if it is a
16:27:10 more urgent situation, you would still try to talk to
16:27:11 the family first?
16:27:15 A. If I can but -- so like if I get a phone

call or an email that said so and so's family member called in, I'll have them moved up to booking immediately if I can't talk to them or the family member. If a family member comes in -- I mean, it's kind of an urgency thing.

Q. Right.

A. And so if I can talk to the parent first, great. Like if they have already been moved up to booking, I'll call and talk to the parent first, otherwise I would have them moved up and be able to assess the concern with the parent.

Q. And would you hold them in booking until you were able to talk to the parent, assuming you were able to do it?

A. Not necessarily until I'm able to talk to the -- talk to the parent, but most of the time I -- I'm a big believer in collateral information. So if I have it from somebody that -- I mean, I can even go to the phone calls.

You know, a parent called in and they had a phone call with somebody, and I listened to that phone call last week. And I listen to it, and I go in and I talk to the -- I listen to it first. I go talk to the inmate, and he says, "No. No. I didn't mean it at all."

"Well, that's not what you said on the phone call," you know.

And so -- and so consequently he was -- he was in isolation on a watch for the weekend, and then I come back Monday morning and he's, like, "I'm ready."

So having that collateral information has been, you know -- and I like to get that as often as I can. It's not always ideal.

Q. Have you seen the nursing chart in this case?

A. I think I have. If --

Q. Do you know if -- I'm sorry. Go ahead.

A. If it's the right one. That's kind of what -- it took me a while to review them because in that chart that I have there is doubles of a lot of stuff. It's all the same. A lot of it is the same.

But, yeah, I'm pretty sure I reviewed the nursing stuff.

Q. Do you know what nursing -- what information the intake nurse put in about the referral?

A. I don't remember right off the top of my head.

Q. Okay. And so I'm clear, it's your opinion that you have a duty to report any time you complete

an assessment, even if the inmate doesn't need further treatment?

A. On a suicide evaluation, yes.

Q. Okay. What about a normal intake evaluation?

A. A normal intake evaluation?

Q. Yeah.

A. I only need to report if there is a concern.

Q. Got it. You told Mr. Jones that your opinions about the standard of care are based on your experience and then other textbooks and other written things that you have seen in your career.

Other than this book, Correctional Mental Health Handbook, are there any other written materials you can identify today that support any of the opinions about -- that you've given in this case?

A. The -- the other main one is the NCCHC, but I can't remember the name of it.

Q. And what does NCCHC stand for?

A. National Commission on Correctional Health Care.

Q. And did you actually look at that?

A. I didn't. I've read it -- like I said, I read it earlier in my career. And some of those things just have been practiced.

16:30:35 Q. And is there a specific section or part of
16:30:37 that document which you believe specifically deals
16:30:41 with the issues we are here about today?
16:30:43 A. I would have to spend some time looking at
16:30:44 the book.
16:30:47 Q. And you have not done that yet, have you?
16:30:47 A. No.
16:30:52 Q. Okay. You have so graciously brought us
16:30:55 this book, which we unfortunately can't mark as an
16:30:56 exhibit to your deposition, but what I have done is I
16:31:00 took a picture of the front. And then you've also put
16:31:04 in three tabs, which the first page is tab titled
16:31:06 "Intake," and it looks like it's -- I'm just trying to
16:31:08 figure out what chapter.
16:31:10 MR. JONES: You can probably get it on Amazon for
16:31:12 about 8 bucks.
16:31:12 MS. JOHNSON: Yeah.
16:31:12 THE WITNESS: You can get an electric -- digital
16:31:15 copy of it.
16:31:17 Q. (BY MS. JOHNSON) It's in Chapter 1, page 9.
16:31:19 You kind of highlighted a paragraph. And then in some
16:31:23 other chapter down the road, on page 61 you've also
16:31:24 highlighted some language.
16:31:27 Is this the part of this book that you
16:31:29 believe support your opinions in this case?

16:31:30 A. Yes.
16:31:32 Q. Okay. And so what I've done is that I've
16:31:33 taken pictures of it so we'll -- I'll email the
16:31:33 pictures to the court reporter just to mark it so we
16:31:33 are clear on what it says.
16:31:37 And in your opinion is this book
16:31:38 authoritative on the issues that we are talking about
16:31:39 today?
16:31:39 A. Yes.
16:31:41 Q. Okay.
16:31:43 MR. JONES: For the record, can you tell us what
16:31:46 the exhibit number will be? Are you just going to
16:31:48 make all those one exhibit?
16:31:50 MS. JOHNSON: I was going to do the front page
16:31:52 and then the two pages. There is a third tab,
16:31:54 juvenile offenders --
16:31:57 THE WITNESS: That is for my own stuff because
16:31:58 I'm -- I'm preparing some other things for the
16:31:58 juvenile work that I'm doing.
16:31:59 Q. (BY MS. JOHNSON) So that doesn't have
16:32:02 anything to do with this case?
16:32:02 A. No.
16:32:04 Q. Okay. So, yeah, I'll mark as a composite
16:32:06 exhibit the front page and then the two pages that
16:32:07 you've marked here today.

16:32:10 And I think I asked you this, but I want to make sure. This is authoritative to you in what an intake assessment is intended to do and how you tend to do it? Yes or no?

A. Yes.

MS. JOHNSON: Okay. All right. Thank you so much. That's all the questions I have for you.

THE WITNESS: Thank you.

MR. CLARK: Nothing further.

MR. JONES: I think we are done.

THE VIDEOGRAPHER: This deposition is concluded. The time is 4:32.

(The deposition concluded at 4:32 p.m.)

(Signature requested.)

(Exhibit 10 marked.)

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 _____

ERRATA SHEET FOR BRIAN MECHAM

Page ____ Line ____ Reason for Change_____

Reads _____

Should Read _____

Page ____ Line ____ Reason for Change_____

Reads _____

Should Read _____

Page ____ Line ____ Reason for Change_____

Reads _____

Should Read _____

Page ____ Line ____ Reason for Change_____

Reads _____

Should Read _____

Page ____ Line ____ Reason for Change_____

Reads _____

Should Read _____

Page ____ Line ____ Reason for Change_____

Reads _____

Should Read _____

Page ____ Line ____ Reason for Change_____

Reads _____

Should Read _____

Please use separate sheet if you need more room.

SIGNATURE _____

REPORTER'S CERTIFICATE

I, JANET L. FRENCH, CSR No. 946, Certified Shorthand Reporter, certify:

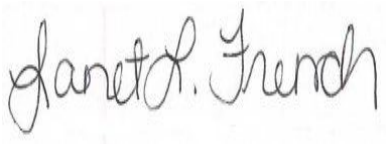
That the foregoing proceedings were taken before me at the time and place therein set forth, at which time the witness was put under oath by me;

That the testimony and all objections made were recorded stenographically by me and transcribed by me or under my direction;

That the foregoing is a true and correct record of all testimony given, to the best of my ability;

I further certify that I am not a relative or employee of any attorney or party, nor am I financially interested in this action.

IN WITNESS WHEREOF, I set my hand and seal this 21st day of January, 2022.



_____

JANET L. FRENCH, CSR No. 946, RPR
Notary Public
P.O. Box 2636
Boise, Idaho 83701-2636
My Commission Expires 11/3/2022

D

E

H

I

N

S