

1
2 IN THE COURT OF COMMON PLEAS
CUYAHOGA COUNTY, OHIO

3 -----X
LINDA G. MORRISON, etc.,

4 Plaintiffs,

5 - against -

6 RICHARD LIGHTBODY, M.D., et al.,

7 Defendants.
8 -----X

9
10 Marriott LaGuardia
11 Queens, New York
June 27, 2002
9:10 a.m.

12
13
14 DEPOSITION of DR. DIANE MIRABITO, a
15 non-party expert witness, taken by the Defendant,
16 held at the above-mentioned time and place.,
17 before Karin Genalo, CSR, a Notary Public of the
18 State of New York.
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A P P E A R A N C E S :

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(Amended Notice of Deposition Duces
Tecum marked as Defendant's Exhibit 1 for
identification, as of this date.)

D I A N E M I R A B I T O , after having first
been duly sworn by a Notary Public of the
State of New York, was examined and
testified as follows:

EXAMINATION

BY MR. STOFFERS:

Q Please state your name for the
record.

A Diane Mirabito.

Q Where do you reside?

A Four Washington Square Village,
apartment 11-J, New York, New York 10012.

MR. STOFFERS: Ms. Mirabito, my name
is Bob Stoffers, I represent Mental Health
Services for the Homeless and Bill
Tiedemann in a lawsuit that was started on
behalf of Linda Morrison Atkins. You've
been identified as a witness on behalf of
Miss Morrison Atkins.

I'm here today to ask you questions
about your opinions which are set forth in

1 Mirabito

2 your report of March 19.

3 Q Have you ever had your deposition
4 taken before?

5 A No.

6 MR. STOFFERS: Just a couple of, I
7 guess, maybe guidelines or ground rules.

8 First of all, I'm going to ask you
9 questions as to your knowledge. If you
10 don't know the answer, let me know. And I
11 don't want you to guess about something,
12 all right?

13 You need to answer the questions
14 verbally. At times you may want to answer
15 yes or no by nodding or shaking your
16 head, but you have to answer verbally for
17 the reporter.

18 Also, there be may be a tendency at
19 times to start answering my question
20 before I'm finished, as you understand
21 where I'm going, please try to refrain
22 from that because if we talk over each
23 other, it makes it a little more difficult
24 for the reporter.

25 If I ask you a question which you

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don't understand, it's not clear to you in
any manner, let me know and I'll restate
the question so we're communicating.

Okay?

THE WITNESS: Yes.

MR. STOFFERS: Finally, if you need
to take a break at any point in time, just
let us know and we certainly can
accommodate you. All right?

THE WITNESS: Yes.

Q You just gave your name and your
address.

I received your CV today. You're
currently employed at where?

A At New York University School of
Social Work.

(CV marked as Defendant's Exhibit 2
for identification, as of this date.)

Q You've been there since August of
2000?

A Yes.

Q Is that a full time job?

A Yes.

Q Do you teach undergraduate or

1 Mirabito

2 graduate students?

3 A Graduate students.

4 Q Are these students that are taking
5 courses to get a Masters in social work?

6 A Yes.

7 Q Do you have any other employment at
8 this time other than at NYU?

9 A Yes.

10 Q What is that?

11 A I work as a consultant to two
12 community based agencies where I t'each social
13 work students and supervise social work staff,
14 and very part-time, and I also maintain a small
15 private practice where I provide psychotherapy to
16 adolescents and adults.

17 And I also work as a consultant in
18 the emergency room at Mount Sinai Hospital where
19 I provide services two times a month to the
20 emergency room, adult and pediatric emergency
21 room, as well as the whole hospital.

22 Q What percentage of your time or how
23 many hours, I don't care how you determine it, is
24 spent at -- what percentage of your time is at
25 NYU?

1 Mirabito

2 A I work at NYU, I have a full time
3 faculty position, which is a nine month position,
4 from the end of August until May, and I teach
5 five courses a year. I advise 12 students a year
6 and I participate in committees, so I'm there
7 full-time.

8 Q Okay. You're consulting at the
9 community agencies?

10 A Right.

11 Q How much time do you spend at those
12 agencies?

13 A I spend -- in one I run a
14 supervision group for social work students two
15 times a month, so about three hours a month at
16 one. And the other one I supervise students and
17 staff on a weekly basis. Two hours a week in the
18 second one.

19 Q And what sort of agencies are these?

20 A One is called, the first one where I
21 run the group for students is called the
22 Association To Benefit Children, it's a large
23 child welfare agency providing a variety of
24 crisis intervention, as well as ongoing Mental
25 Health Services for children, all kinds of

1 Mirabito

2 vulnerable children, actually, from emotionally
3 disturbed to medically involved.

4 And I specifically work with a group
5 of students who are running groups. I supervise
6 them on their implementation of groups with
7 children and parents, and in the second agency,
8 it's called Reviving Baseball in Inner Cities,
9 it's an agency, a youth development agency
10 developing youth through baseball and education,
11 and they employ a social worker and one or two
12 social work students that I supervise.

13 Q At the child welfare agency, the
14 services being provided there, are they ongoing
15 counseling service?

16 A Yes. It's both.

17 They actually have, one of their
18 programs is a Mobile Crisis kind of unit. That's
19 just one of many programs. They also have
20 ongoing counseling programs. They run pre-school
21 programs. They run residences for children who
22 have been with foster care, children who are HIV
23 positive. They have quite a range of services
24 for emotionally and medically disabled children.

25 Q Now, the social workers that you are

1 Mirabito

2 supervising there, what programs are they running
3 or involved in?

4 A What programs?

5 Q Yes.

6 A Some of them run parent groups in
7 schools, others run groups for teenagers and some
8 of them run groups for younger children.

9 Q So the social workers you're
10 supervising at this child welfare agency, they're
11 not involved in the Mobile Crisis unit at that
12 agency; is that correct, you're not supervising?

13 A I'm not supervising them around
14 that. I'm supervising them around group work,
15 that's right, ongoing groups that might typically
16 run either one semester or one school year.

17 Q Your private practice, how many
18 hours a week or a month does that entail?

19 A Five hours a week.

20 Q How many patients do you see on a
21 weekly basis?

22 A I see between four and five.

23 Q Do you provide any direct services
24 to clients at the child welfare agency or is it
25 strictly supervisory?

1 Mirabito

2 A Just supervisory, students and
3 staff.

4 Q Are those undergraduate and graduate
5 students?

6 A Graduate students and staff.

7 Q You said you were a consultant at
8 Mount Sinai?

9 A I work there as a what's called an
10 on-call social worker, which is a social worker
11 who is available to provide social work services
12 to the emergency room, that's the adult and
13 pediatric emergency rooms, as well as the whole
14 hospital. One is on call from 5 p.m. till 8 in
15 the morning.

16 Q And how often do you do that?

17 A Twice a month.

18 Q As a consultant at Mount Sinai,
19 could you tell me what services you provide?

20 A A range of crisis intervention
21 services, ranging from assessment for child
22 abuse, sexual abuse, suicidality, also
23 transportation requests, patients that need to be
24 discharged from the hospital, management problems
25 in the hospital, any issues that emerge that

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would benefit from social work intervention during the hours when social work is not present full-time. So it would also include collaborating with hospital administrators and staff, medical staff.

Q Do you make the decisions on that job to hospitalize adolescents who are suicidal or is that done by somebody else?

A A psychiatrist would make that decision. We would make the decision to have a psychiatric evaluation.

Q Are you involved in setting up discharge plans for adolescents who have been hospitalized because they were suicidal?

A In this position, in the emergency room, no.

In my prior positions at the Adolescent Health Center at Mount Sinai where I worked for almost 12 years, yes, I worked with many adolescents who had been hospitalized, who needed to be hospitalized.

So that I am not currently working there because I left there to go to NYU full-time, but that was my prior position,

1 Mirabito

2 full-time position at Mount Sinai.

3 Q It looks like you were at Columbia
4 for two and a half years?

5 A Nine.

6 Q Excuse me.

7 A Altogether nine years.

8 Q I'm sorry. You were an adjunct
9 professor?

10 A There are two. I think there are
11 two. I'm sorry. Because I -- yes, I started at
12 Columbia in 1991 until 2000, and I had two
13 different positions there.

14 I was an adjunct faculty field
15 adviser, from '91 to 2000, which is a faculty
16 liaison to graduate students who are practicing
17 in their field placements in the field. So I
18 would be a liaison from the school to the
19 student, as well as the field instructor. The
20 field instructor is a supervisor in the field,
21 oversees basically as a faculty person would
22 oversee their field placement work, provide a
23 grade and insure that they were having, you know,
24 a good learning experience.

25 I worked then as an adjunct

1 Mirabito

2 instructor from '97 to 2000, where I taught a
3 course in normal and pathological aspects of
4 adolescents.

5 Q The work that you had at Columbia
6 or -- yes, when were you a professor at Columbia,
7 was all teaching graduate students?

8 A Yes. Masters in social work, yes.

9 I also taught a course called A
10 Seminar in Field Instruction to new field
11 instructors, new field supervisors. So I taught
12 a course to graduate students in social work in
13 adolescent development and a course in field
14 instruction to field instructors.

15 Q Were you full-time or part-time at
16 Columbia?

17 A Part-time.

18 Q And then you were full-time at Mount
19 Sinai?

20 A At Mount Sinai, exactly.

21 Q '98 to 2000? Excuse me.

22 You have one more job there, '86 to
23 2000?

24 A Right. From '86 to '88 I worked
25 part-time at Mount Sinai in the emergency room

Mirabito

program that I just described to you as an on-call social worker.

And from '88 to 2000, '88 to 2000, I worked full-time at the Adolescent Health Center.

Q And could you tell me what you did at Mount Sinai? You could break it down to two different jobs you had or however you want to do it.

A Right. The way I started at Mount Sinai is the job I just described, the on-call program, where I worked in a similar kind of part-time way from '86 to '88.

From '86 to -- I'm sorry, from '85 to '88.

From '85 to '87, I was also working full-time at another job. So I started, I started my full-time employment at the Adolescent Health Center in '88 where I was a social work supervisor and clinical social worker, provided supervision to staff, field instruction to students, both at the Adolescent Health Center, which is a large multi-disciplinary medical and mental health clinic for teenagers from 12 to 21 from all over New York City.

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1 Mirabito

2 I also provided supervision, field
3 supervision for students, in school based
4 programs that were based in the community that I
5 developed and supervised the students.

6 I also supervised students at
7 another community based agency called East Harlem
8 Tutorial Program. So our clinic affiliated with
9 community based schools and agencies, and I
10 supervised students in those agencies and
11 schools.

12 I also provided clinical services to
13 adolescents and their families, individual family
14 group services, as well as crisis intervention
15 intake evaluations.

16 I was also responsible for helping,
17 co-leading a research committee, which was a
18 committee designed to develop practice based
19 research on the work that we were doing with
20 teenagers.

21 Q When you were at Mount Sinai in the
22 position from '98 to 2000 --

23 A '88.

24 Q '88 to 2000, I'm sorry, in that
25 position how much of your work was clinical

1 Mirabito

2 versus teaching or supervising students?

3 A Right. Varied over the years.

4 Q Could you give me an average?

5 A Well, the supervision was also very
6 clinical.

7 Do *you* mean direct face-to-face
8 contact with children and families versus --

9 Q Right.

10 A -- versus the teaching of students
11 who were working directly?

12 Q Right.

13 A I would say probably 70 percent
14 clinical and 30 percent supervision of students
15 and staff.

16 Q Who are these graduate students or
17 undergraduate students at Mount Sinai?

18 A Graduate students.

19 Excuse me, and that varied over the
20 years, that ratio. I was there for almost 12
21 years. So I would say that at different points
22 it was 50/50, and varying from 50/50 to 70/30, I
23 would say.

24 Q Was it at Mount Sinai where you were
25 involved as a social worker in developing,

1 Mirabito

2 carrying out discharge plans for adolescents who
3 had been hospitalized as being suicidal?

4 A Yes.

5 Q What would be the involvement for
6 you as a social worker in the discharge planning
7 for an adolescent who was being discharged or
8 suicidal?

9 A Actually, let me just back up and
10 say that I did not develop the discharge plans,
11 because I did not work as an inpatient social
12 worker. The inpatient social worker would
13 develop the discharge plan.

14 I worked as an outpatient social.
15 worker in an outpatient clinic receiving
16 adolescents into outpatient care who may be
17 discharged from the hospital. So that in that
18 role I would work with the hospital social
19 worker. The inpatient social worker would be
20 apprised of the discharge plan, to assess how
21 long one would need to, when one would need to
22 have an appointment, and then to follow out the
23 goals and the plans that were identified during
24 the hospital stay.

25 Q So when a child who is suicidal who

1 Mirabito

2 is discharged from the hospital, the discharge
3 plan was set up by an inpatient social worker?

4 A That's right.

5 Q And then that social worker, how
6 would the discharge plan then be conveyed to the
7 outpatient or aftercare facility? And that's
8 what you worked at?

9 A I worked at the outpatient, that's
10 right. Comprehensive outpatient.

11 Q In other words, after the child's
12 discharged, if the discharge plan included some
13 ongoing counseling, that's the type of agency you
14 were working at; is that right?

15 A That's right, yes

16 Q I 'guess my question is, how would
17 you as the outpatient or aftercare agency become
18 apprised of the discharge plan and what the
19 hospital had suggested as the follow-up care?

20 A We had an intake system for intake
21 appointments, so either the social worker perhaps
22 from the inpatient unit or the parent or both
23 would call to make an appointment. We would
24 receive discharge summaries.

25 In our clinic, actually, over time

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we had a system in which the psychiatrist screened those discharge summaries to insure that we would be able to provide services for the youngster before an intake appointment was set up. So after the screening by a psychiatrist an intake appointment would be set up. An assessment would be made, as well as to how, when the individual needed to be seen in terms of how long they could wait for an appointment.

Q Who would make a determination as to when an appointment would be set up following discharge in terms of the length of time?

A A combination of the psychiatrist and the social worker. The social workers are the people who did all the intake.

Q That's at your agency?

A Yes.

Q The outpatient facility?

A Yes. The psychiatrist, we had one, and at another point in time two psychiatrists available for psychiatric evaluations and consultations for teenagers who were being seen in counseling by social workers only. They had to have ongoing counseling in order to have

1 Mirabito

2 psychiatric services.

3 Q Based upon your experience in your
4 practice, in terms of getting this outpatient
5 appointment set up, the initial appointment set
6 up, was that the responsibility of the inpatient
7 social worker or someone from the hospital or was
8 it the responsibility of the parent?

9 A In our clinic we took calls from
10 both, and because I didn't work in the inpatient
11 unit I don't know exactly what their policy was
12 as to who had to make the appointment.

13 I know in our clinic we took calls
14 from both parents as well as community based
15 agencies and hospitals involved, and we welcomed
16 calls from the professionals working with the
17 youngsters in order to collaborate with them.

18 Q Was the hospital or the inpatient
19 social worker, were they responsible for making
20 sure that an appointment was set up either by
21 them or by the parent?

22 A Was the hospital social worker
23 responsible?

24 Q In other words, if you have a
25 suicidal plan for a discharged child and the plan

1 Mirabito

2 involves outpatient treatment, who was supposed
3 to make sure that that appointment got set up,
4 was that the responsibility of the inpatient
5 social worker?

6 A Again, because I didn't work
7 inpatient, it's hard for me to answer that. The
8 inpatient social worker in the facility I worked
9 in typically would have a discharge meeting with
10 the family to review the discharge plan.

11 Q Have you ever worked as an inpatient
12 social worker at a hospital? Do you know how
13 that, how the setting up of the outpatient
14 appointment is accomplished?

15 A In the context of the emergency
16 room, which is considered inpatient because it's
17 within the hospital, I make discharge plans for
18 patients.

19 Q Okay. And I guess when you make a
20 discharge plan it includes having the suicidal
21 child get scheduled for outpatient aftercare, how
22 do you make sure that that gets done?

23 A Collaborate with the referring, the
24 agency that one is referring to.

25 Q Is that something that would get

1 Mirabito

2 done, by get done I mean by scheduling the
3 appointment, would that be done prior to
4 discharge, prior to the child actually leaving
5 the hospital? Is that the way it's supposed to
6 be done or do you just --

7 A Depends on the facility. Depends on
8 the policy of the hospital.

9 Q Some hospitals will have it done by
10 the parents and some by the social worker, as far
11 as setting up the appointment without the
12 patient?

13 A I think it's the receiving agency
14 that, for example, again, in our agency, the
15 procedure was that the inpatient social worker
16 and the parent could call, the screening was then
17 done by the psychiatrist to find out, you know,
18 A, if we could provide services to the
19 youngsters, and B, how long the person would need
20 to wait or would be able to wait for an
21 appointment. In other words, how quick a
22 response was needed.

23 And once seen at the agency, at the
24 referring agency like ours, the social worker who
25 then receives that case would begin, you know,

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would actually begin before that to collaborate with the inpatient worker and begin a process of collaboration.

Q Maybe we're not connecting right here. I don't want to belabor the point. But is there any way, based on your experience, is the inpatient social worker supposed to make sure that the child gets an appointment set up, is that his or her responsibility, either she, he or she calls or a parent calls? Who is supposed to take that, take charge of that duty, responsibility, to make sure it gets set up?

MR. CONWAY: We're talking about her specific?

MS. WISTNER: Objection.

MR. CONWAY: Her context of her practice?

MR. STOFFERS: I'm talking about what she knows based upon her experience and her practice.

Q I'm trying to understand here, I understand that you get an outpatient appointment set up, and you say it could be done by the parent, it could be done by the inpatient social

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worker, correct?

A Depending on the facility, yes.

Q If the parent is supposed to set it up, is there anybody to make sure that the parent does that, carries through with the discharge plan from the hospital?

A I have to say that I do think it's going to be dependent on the policy of each hospital, but I think it's conceivable certainly that the hospital social worker, you know, typically would follow-up, you know, during the period that the child is hospitalized. Once they are discharged, they would typically, in the setting I worked in, I really can only speak to that one.

Q I understand that.

A We, again, would, as outpatient workers, we would collaborate with the inpatient worker, find out about the case, a psychiatrist would screen the case and then an appointment would be set. That's one standard of care, I think.

Q I think I understand that.

A In one hospital.

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1 Mirabito

2 Q Your experience is that you in the
3 outpatient facility would always have contact
4 with inpatient facility scheduling the
5 appointment?

6 A Certainly. At the very least,
7 through discharge summaries and usually by phone
8 as well.

9 Q Okay.

10 And there may be other policies, but
11 you're not familiar with them; is that correct?

12 A I think each hospital would have
13 it's own set of policies related to that, related
14 to the social worker's role and responsibility
15 around discharge.

16 Q The job you had was at the
17 Crossroads Dropout Prevention Program?

18 A That's right.

19 Q '85 to '88?

20 A Yes.

21 Q What did that involve?

22 A I was the program director for new
23 attendance improvement dropout prevention program
24 that was provided in three junior high schools to
25 100 students in each school, to 300 students.

1 Mirabito

2 This was an outreach and counseling program to
3 bring truant youngsters back to school and to
4 provide services for them, counseling, parent
5 counseling, a lot of recreational and enrichment
6 programs, with the primary goal of increasing
7 their attendance and increasing their connection
8 to school.

9 Q Have you yourself ever worked as a
10 social worker at a community mental health center
11 providing crisis services? Not a hospital,
12 but -- not a counsel center for ongoing
13 treatment, but worked in a community mental
14 health center where you provided crisis
15 intervention services?

16 A Right.

17 Mount Sinai Adolescent Health Center
18 is a community based free-standing agency which
19 is a medical and mental health center. We
20 provided ongoing emergency services in the way of
21 having a social worker on-call as the emergency
22 social worker on a daily basis. So we took in
23 emergency calls on a daily basis, rotating, the
24 social worker would be the emergency worker for
25 the day who would respond to telephone

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emergencies from schools, parents, community agencies, courts, basically, to screen and triage and see if, to see that person or respond to that call that day and to see what kind of services were needed and when they needed to be set up. So within that context of Mount Sinai, we provided that function.

Q And that's the --

A The Adolescent Health Center.

Q From '88 to 2000?

A That's right.

Q Got you.

Do you know Dr. Shaffer who has been identified also in this case?

A I don't know him.

Years ago I had read some of his literature, actually, when I worked at Morristown Memorial Hospital where, I believe, he conducted a study related to the autopsy of suicidal adolescents. So I recall his literature but I do not know him.

Q Do you know Dr. Cheryl Wills?

A No.

Q Have you ever authored any books or

1 Mirabito

2 papers or articles on the assessment of suicide
3 for adolescents?

4 A No.

5 I authored -- no, I authored an
6 article on the termination of mental health
7 services, but not on suicide.

8 Q What was that about?

9 A That was taken from my dissertation
10 study which was about the ways in which
11 adolescents terminate or conclude their mental
12 health services, and I looked at variables and
13 factors from both the review of agency records
14 and the interviews of teenagers to determine what
15 the variables and factors were that related to
16 completed and uncompleted terminations or planned
17 and unplanned terminations.

18 Q Have you yourself ever treated an
19 adolescent who threatened suicide and eventually
20 committed suicide?

21 A I've treated many teenagers who have
22 threatened suicide. I have never treated a
23 teenager who committed suicide.

24 Q Have you ever treated an adult who
25 has committed suicide?

1 Mirabito

2 A No.

3 Q Are you aware of patients who have
4 been treated in hospitals, adolescent patients
5 who have been treated at hospitals during your
6 experience with threatening suicide, that were
7 discharged and eventually committed suicide?

8 A No.

9 Do you mean have I personally been
10 involved?

11 Q Not personally, but I'm saying in
12 your experience working at Mount Sinai, working
13 at the other agencies you've been at, are you
14 aware of adolescents who were hospitalized for
15 threatening suicide, discharged and then
16 subsequently committed suicide?

17 A In my first field placement training
18 in 1976 at the University of Chicago, at the
19 University of Illinois, I was part of a student
20 group, and one of our fellow interns had a
21 teenager who had committed suicide, and that is
22 my only experience.

23 Q I see that you're licensed in the
24 State of New York as a social worker?

25 A Yes.

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1 Mirabito

2 Q I guess, two licenses, Academy of
3 Certified Social Workers and Certified Social
4 Worker, are those both New York licenses?

5 A The first one, the Academy of
6 Certified Social Workers is a national
7 certification, and certified social worker in New
8 York State is a state.

9 Q Have you ever practiced social work
10 in Ohio?

11 A No.

12 Q Have you reviewed any statutes or
13 administrator rules concerning social workers and
14 how they provide services in Ohio?

15 A Yes.

16 Q And what have you reviewed in terms
17 of that?

18 A I reviewed the, let me see, I read
19 the Ohio State rules for counselors and social
20 workers.

21 Q Is that for this case?

22 A Yes.

23 Q Did you review the statute on
24 hospitalizing people for psychiatric problems?

25 A I don't recall that was included.

1 Mirabito

2 I reviewed the rules that I had, but
3 I don't recall that specific.

4 Q Other than this case, have you ever
5 acted as an expert in any other case?

6 A No.

7 Q Are there any particular articles or
8 books that you feel are authoritative on how to
9 assess suicide risk in adolescents?

10 A I think there are a number of books
11 that provide useful guidelines and principles,
12 most definitely, that I use in my courses. I
13 cannot name one authoritative book. I take
14 principles out of a number of books and
15 resources.

16 Q These are the books you use for
17 teaching graduate courses?

18 A Many of them, yes.

19 Yes. I mean, I teach a course in
20 crisis intervention and short term treatment, so
21 we use specific text and articles related to the
22 assessment of suicidality.

23 I also teach a course in clinical
24 practice with adolescents, so we similarly use a
25 set of books and articles related to certainly

1 Mirabito

2 suicidality, and depression is one of many topics
3 we cover.

4 Q Do you recall the book that you use
5 in your crisis intervention course?

6 A One of the books is Parad & Parad,
7 that's one of the texts, which is a compilation
8 of an edited book of different kinds of crisis
9 intervention.

10 There is also a book that we use by
11 Lee & Hoff, which also gives, as I recall,
12 certainly chapters on assessment of suicidality.

13 Q This crisis intervention course, is
14 that a graduate level course?

15 A Yes. Crisis intervention and short
16 term intervention it's called. Crisis and short
17 term intervention.

18 Q You have your complete file here?

19 A Yes.

20 Q And you have a bunch of file
21 folders, looks like they're deposition
22 transcripts.

23 A The majority, yes.

24 Q They list what's in there?

25 A Yes.

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Q And then you have a couple of blue files with other information, and they're all marked?

A Yes.

Q Is this your entire file in this case --

A Yes.

Q -- that we have here today?

A Yes.

Q And does it include your billing records?

A No.

Q Do you have your billing records with you?

A I don't. I have the bill. I did not bring the bill today.

Q What are you charging per hour in this case?

A \$250.

Q Do you know when you were retained in this case?

MR. CONWAY: For review?

A For the review.

And 350 for the depo.

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2 Q Okay. Other than your billing
3 records, is everything else on this file here
4 today?

5 A Yes.

6 Q And if you wouldn't mind, I would
7 like to go through this stuff.

8 A Fine.

9 MR. STOFFERS: Off the record.

10 (A discussion was held off the
11 record.)

12 MR. STOFFERS: Back on the record.

13 Q Dr. Mirabito, you were kind enough
14 to let me look at your file here.

15 Just so we know what's in the file,
16 I've kind of separated it into two stacks, one
17 stack I'm going to go over, another stack I'm not
18 going to,,but I want to at least identify what's
19 there.

20 You have, I guess, a small file
21 holder here. Can you state for the record what
22 is in that file box you have with you?

23 A Okay. There is a number of
24 depositions. The deposition of Bill Tiedemann,
25 Amy Brodsky, Kirsten Hagesfeld. There is a set

1 Mirabito
2 of policies of mental health services, and a set
3 of progress notes and termination notes of Bill
4 Tiedemann and others at Mental Health Services.
5 There is the deposition of Fran McIntyre. Crisis
6 management policies of the Cleveland School
7 District. Deposition of Gerri Beard-Chaney,
8 Dr. Lightbody. Linda Atkins' deposition.

9 Q Then the next thing we have here is
10 the file of correspondence.

11 A Correspondence from Tom Conway and
12 all the letters of the expert witnesses. Do you
13 want me to go through who they are?

14 Q No, we'll go over. Let's start with
15 that now.

16 MR. STOFFERS: Tom, I don't know how
17 you want to do this, but I'm going to have
18 marked in here certain things, we can
19 figure it out at the end, but I will have
20 identified for the record what we want to
21 have marked from this file and then,
22 hopefully, we'll get a copy in some
23 fashion.

24 MR. CONWAY: Okay.

25 Q The first thing I see in the file is

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2 a letter from MedSource, Inc. --

3 A Yes.

4 Q -- to you. Is that how you were
5 contacted about being an expert in this case?

6 A Yes.

7 Q That letter is dated March 8 of
8 2002?

9 A Yes.

10 Q What is your relationship with
11 MedSource, Inc.?

12 A I did not know MedSource, Inc.
13 previously. Leslie Klauseen, who is the director
14 of MedSource, Inc., called me on the telephone,
15 having done a literature review and I had just
16 published an article, the one I mentioned on
17 termination from mental health services, so that
18 is how she found my name. And she spoke with me
19 over the phone, told me a little bit about --
20 asked me if I was interested in being an expert
21 witness, and told me a little bit about the case.
22 And then when I agreed to be an expert witness,
23 she let me know that Tom Conway would be calling
24 me, and I spoke to him subsequently.

25 Q Your understanding is that

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2 MedSource, Inc. is an expert referral service or
3 do you know what they do?

4 A Yes. They are consultants to
5 attorneys. My understanding was that she directs
6 this company.

7 Q And before being contacted by
8 MedSource, you had never heard of them?

9 A No.

10 Q Is that correct?

11 A That's correct.

12 MR. STOFFERS: That's the first
13 thing we want to have copied is this
14 letter.

15 Q I see in the letter that you're
16 asked to give an opinion as to care rendered by
17 William Tiedemann employed by Mental Health
18 Services?

19 A Yes.

20 Q Were you asked to give opinions
21 about anybody else involved in this case?

22 A At the time of this letter? No.

23 Q Subsequent to that letter, were you
24 asked to give opinions on anybody else?

25 A No.

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2 Q Did you offer opinions about anybody
3 else other than Mental Health Services and
4 Mr. Tiedemann?

5 A No.

6 Q You were aware that, in addition to
7 Mr. Tiedemann, there was at least one other
8 social worker involved in Matthew Morrison's
9 treatment which would have been Gerri
10 Beard-Chaney?

11 A Yes. I didn't hear the question.
12 Am I aware of her?

13 Q Are you aware that she's a social
14 worker?

15 A Yes.

16 Q And were you asked to give an
17 opinion on her care as a social worker in this
18 case?

19 A No.

20 Q Have you discussed this case with
21 any other experts retained by the plaintiff?

22 A No.

23 Q Then next you have a letter to you
24 with Dr. Will's report.

25 A Yes.

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2	Q	Do you see that?
---	---	------------------

3	A	Y e s .
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4 Q And I see you have some comments
5 there. Maybe the easiest thing to do would be
6 for you to go to those comments on Dr. Will's
7 report, and to the extent you could reference a
8 page or a paragraph number, please do so.

9 MR. CONWAY: You know, Bob, you're
10 going to -- the only way this is going to
11 work is if, I think, you ask specific
12 questions about something.

13 MR. STOFFERS: I don't have the
14 report in front of me, Tom.

15 MR. CONWAY: Then use it.

16 We're making this available. But I
17 don't know how, I don't think she can
18 answer a question tell me what you think.
19 She's incorporated all her opinions taken
20 in totality into her report.

21 MR. STOFFERS: Well, maybe I'll take
22 it this way then.

23 Q You have some underlining, some
24 notes on page 3 for Dr. Wills' summary of case,
25 you see that?

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2 A Yes.

3 Q Is there anything on page 3 there
4 that you disagree with?

5 MR. CONWAY: Objection.

6 MR. STOFFERS: Go ahead.

7 MR. CONWAY: If you can answer that
8 question fairly, give an answer.

9 I mean, that's an improper question,
10 Bob. If you have a specific thing you
11 want to ask her on she can answer it.

12 Q Let's look at paragraph one of the
13 summary of the case. You've underlined some of
14 the contents of that paragraph and you've
15 referenced risk factors. Are you disagreeing
16 with anything in that paragraph?

17 A No. I believe when I underlined
18 this I was identifying that to me reading this
19 indicated the severity of the risk factors that
20 were present in the case and which concurred with
21 my report. It's my memory of that.

22 Q Do you disagree with anything on
23 page 3 of the summary of the case as set forth by
24 Dr. Wills?

25 MR. CONWAY: Which paragraph?

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2 A About the summary of this?

3 Q Yes.

4 A I don't believe so because I didn't
5 know -- there were some facts later in the report
6 that I disagreed with, but I believe I noted
7 those.

8 Q We're on the next page then.

9 I see some underlining and some
10 asterisks, is there anything there that you
11 disagree with compared to her rendition of the
12 facts? Do you disagree with any o'f her rendition
13 of the facts on page 4 of the report?

14 A I don't believe so.

15 Q Page 5 you have some notes there.
16 Could you disagree with the rendition of any of
17 the facts?

18 A Yes.

19 Q And what do you disagree with?

20 A I believe there were a number of
21 assumptions made by this individual without any
22 specific evidence, and I did not find a number of
23 these facts recorded anywhere, so I had indicated
24 that in the margins here.

25 Q What facts do you disagree with?

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2 A The sentence, "She declines services
3 from Mr. Tiedemann because she believes Matthew
4 is receiving adequate services from a
5 psychologist who has evaluated Matthew clinically
6 and who has and formulated a disposition for
7 him."

8 I did not read from the depositions
9 that those facts, "Mr. Tiedemann advises
10 Ms. Morrison to watch Matthew closely," I didn't
11 read that specifically in his notes either. He
12 may have mentioned watching him, but it wasn't
13 really spelled out, as I recall.

14 And in his note also, he doesn't.
15 stress in the note the importance of obtaining an
16 outpatient follow-up appointment. She's
17 amplified the information considerably from what
18 I saw in the note.

19 Q You agree with me that when
20 Mr. Tiedemann last spoke with Ms. Morrison, that
21 Ms. Morrison confirmed she had an outpatient
22 appointment scheduled, correct?

23 A When he spoke with her when he
24 discharged the case, yes.

25 Q Right. He confirmed that there was

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2 an outpatient?

3 A Yes, but this says he stresses the
4 importance of obtaining an appointment, which his
5 notes don't stress the importance of obtaining an
6 appointment. That's before she got the
7 appointment. My understanding is she got the
8 appointment in the interim.

9 Q Mr. Tiedemann didn't state that when
10 he talked to Ms. Morrison earlier on the 8th that
11 he told her to make sure she got the appointment,
12 you don't recall that being in his notes?

13 A I recall a mention of the
14 appointment. I didn't -- the note, the way it
15 was written, did not indicate his stress of the
16 importance of the follow-up appointment.

17 Q Okay.

18 A Now, "After the phone call between
19 Ms. Morrison and Mr. Tiedemann is completed,
20 Ms. McIntyre informs Ms. Morrison that Matthew
21 Morrison is better." That I do not believe I
22 read in the depositions that Ms. McIntyre, after
23 the phone call, reported that Matthew was better.
24 That was not reported, that was not recorded as I
25 saw it in the depositions.

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2 Q Did Ms. McIntyre tell that to
3 Ms. Morrison at any time on the 8th that Matthew
4 was better or was fine?

5 A My recollection was that
6 Ms. McIntyre told Mr. Tiedemann that Matthew was
7 calm.

8 Q What did Ms. McIntyre tell
9 Ms. Morrison about Matthew?

10 A Could you repeat the question?

11 Q What did Ms. McIntyre tell
12 Ms. Morrison about Matthew?

13 MR. CONWAY: You know, this isn't a
14 memorization contest. If you want to look
15 at any of your notes, feel free to do so.

16 A Right. My recollection is that
17 Ms. Morrison told Ms. McIntyre that she thought,
18 and told, Mr. Tiedemann, that she thought that
19 Matthew was calm, and I don't know if the word
20 was stable or better. I think Mr. Tiedemann's
21 word was stable.

22 Q And did Ms. McIntyre tell
23 Ms. Morrison anything about Matthew, whether he
24 was calm or anything along those lines?

25 MS. WISTNER: Objection.

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2 A I don't recall her saying that
3 specifically.

4 Q Anything else you disagree with on
5 page 5 here with Dr. Wills?

6 A I did not know where it was
7 recorded, I did not see it recorded that
8 Ms. McIntyre provides no additional instruction
9 except that Matthew should journal his thoughts,
10 I did not see that recorded. That was just a
11 note that I made. I did not see it recorded that
12 Ms. McIntyre told the mother to have him journal
13 his thoughts.

14 Q Fair enough.
15 You have some highlighting and some
16 notes on page 6.

17 A Right.

18 Q Could you tell me what you disagree
19 with on that page?

20 A Okay. "Ms. Morrison has received an
21 outpatient mental health appointment from
22 Geraldine Beard-Chaney, who was Matthew's mental
23 health social worker." That was not correct.
24 That was not accurate information.

25 I think there was a lot of

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1
2 discussion in the depositions that the
3 appointment needed to be made by the mother. The
4 mother had three or four phone conversations that
5 day with Geraldine Beard-Chaney who advocated and
6 tried to and apparently obtained an earlier
7 appointment, but she never was able to get that
8 appointment to Ms. Morrison, that was pretty
9 clear that she tried to contact her at home, and
10 she could not reach her. It seemed to me from
11 reading the depositions the appointment was made,
12 an earlier appointment, but Ms. Morrison did not
13 know about it. So that to me is not accurate.
14 Ms. Morrison did not know that Ms. Chaney had
15 obtained an earlier appointment.

16 Q Who made the original appointment,
17 do you know?

18 A The mother.

19 Q Okay.

20 What else do you disagree with
21 there?

22 A It was a question just to myself was
23 that stated in his note. Because she's making
24 statements, and I'm not sure where she's getting
25 the information. She agrees to watch Matthew

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2 closely and to bring Matthew to his outpatient
3 mental health appointment on December 30.

4 And in this report she says that
5 "Mr. Tiedemann may be closing Matthew's case
6 soon." He said that he will be closing the case.
7 That was very clear that he was closing the case,
8 it wasn't any possibility about that. It was
9 very clear. He filled out the form.

10 This also, Ms. McIntyre, according
11 to the depositions, did check the attendance the
12 second day out, I believe, to find out if Matthew
13 was in school. So it says here the school
14 psychologist does not check on Matthew, that is
15 not correct.

16 Q Did she do anything other than check
17 his attendance?

18 MS. WISTNER: Objection.

19 A That information I don't know. I
20 know from the depositions that she checked his
21 attendance.

22 Q Do you know if Ms. McIntyre was
23 supposed to have a follow-up plan put in place
24 before Matthew returned to school?

25 A From the depositions I read, that

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2 was the school policy.

3 Q And did she follow that policy?

4 A From the depositions, I do not
5 recall her telling the mother that.

6 Q You have something underlined there,
7 the last paragraph before opinion, that's
8 something you disagree with?

9 A Do I disagree? No.

10 Q Then under opinions you have the
11 word "how" written next to --

12 A Right.

13 Q -- something.

14 A It's, "His actions were consistent
15 with good clinical practice." And I don't know
16 how. I wrote how.

17 Q On the next page Dr. Wills explains
18 her opinion?

19 A Right.

20 Q And the first four numbered
21 paragraphs you agree with?

22 A I have "correct" next to the first.

23 Q Starting with paragraph five and
24 six, you have a lot of writing on the side there.

25 A Yes.

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2 Q Okay. Is that indications you
3 disagree with her?

4 A I disagree. That, and page 8, yes.

5 Q And could you tell me what your
6 disagreement is in regard to paragraph five on
7 page 7?

8 A Okay.

9 First of all, Mr. Tiedemann was not
10 aware that Matthew did not have a follow-up
11 appointment until December 8. He should have
12 known this. This is clearly a piece of
13 information Mr. Tiedemann, as the social worker
14 monitoring and following up the case until more
15 permanent linkage, needs to know all the details
16 relative to Matthew's condition and functioning,
17 as well as upcoming appointments. So that's a
18 very critical piece of information that I believe
19 Mr. Tiedemann needed to know.

20 Q Well, you agree with me that
21 Mr. Tiedemann called Ms. Morrison or attempted to
22 call her after Matthew got out of the hospital up
23 until December 8 trying to find out if she had
24 gotten the appointment, right?

25 A He and others did call her, yes. I

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2 believe others from the agency called as well.

3 Q And they were unable to get a hold
4 of her, right?

5 A I think they did speak to her on a
6 couple of occasions.

7 Q And did they tell her to get the
8 appointment set or suggest she get it set?

9 A As I recall, they discussed the
10 appointment.

11 Q Now, the appointment was part of the
12 discharge plan for the St. Luke's Hospital,
13 right, the appointment with Applewood?

14 A Correct.

15 MR. CONWAY: You can look at any of
16 the notes.

17 A It might help to look at the Mental
18 Health notes.

19 MR. PHILIPP: Note my belated
20 objection to referral to Applewood as part
21 of the history of Matthew.

22 MR. CONWAY: Let's see.

23 Q How was it that Bill Tiedemann had
24 this duty of following up Matthew Morrison after
25 his discharge from the hospital to make sure he

1 Mirabito
2 gets this appointment? How did he undertake that
3 duty?

4 A I'm not sure I understand the
5 question.

6 Q Okay. Well, let me ask you this:
7 After Matthew Morrison was
8 discharged from the hospital, whose
9 responsibility was it to see to it that Matthew
10 got an appointment scheduled with Applewood?

11 A I believe that was a combination of,
12 my understanding was that the case was being
13 discharged back to Mental Health Services who
14 were going to monitor the case until more
15 permanent linkage, and in that regard the
16 responsibility, I believe, would be with the
17 agency and with the family.

18 The agency, I believe, is
19 ,responsible to collaborate with the hospital and
20 collaborate with the family and collaborate with
21 the school.

22 Q Who testified in this case that
23 Matthew Morrison's case was discharged back to
24 Mental Health Services after he was released from
25 the hospital?

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2 A I'm sorry. You have to repeat it.

3 Q Sure.

4 Did anybody testify in this case
5 that Matthew Morrison's care and treatment was
6 discharged back to Mental Health Services after
7 he was released from St. Luke's?

8 A I believe so.

9 Q Who would that have been?

10 A I read about the plan in the
11 hospital deposition of Gerri Beard-Chaney who
12 stated that she knew this to be a good agency, an
13 agency that does active follow-up. The mother,
14 my understanding is that there was awareness that
15 this agency was involved.

16 Q Did Ms. Chaney or anybody from the
17 hospital provide the discharge summary to Mental
18 Health Services?

19 A There was a note from Mental Health
20 Services that they had, and I have to say that I
21 was never able to determine because it was, there
22 were conflicting reports as to whether Mental
23 Health Services was physically, you know, in
24 person at the discharge meeting or not, but there
25 was some kind of exchange between the hospital

and Mental Health Services. There was definitely a phone contact, and there was, I think the facts were unclear to me, because the names were not signed in on the discharge meeting as to who was actually there.

A That I don't know the answer to.

A There was a phone -- again, there was a phone contact between Mental Health Services and the hospital.

A Excuse me. I'm just reading this
note to clarify here.

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2 St. Luke's Mental Health Center and Mental
3 Health Services contract as well, which
4 she has reviewed?

5 MR. STOFFERS: My question was -- I
6 don't care what she refers to, whatever
7 she refers to she refers to, Tom.

8 MR. CONWAY: Okay.

9 Q My question simply is: Was Mental
10 Health Services told or informed by St. Luke's to
11 follow-up the Morrison's in regard to scheduling
12 the aftercare appointment at Applewood?

13 A My answer would be that there was at
14 least a telephone contact between the two, the
15 hospital and the agency. There was a clear
16 understanding, from my understanding of the case,
17 that the agency was following up until the point
18 of linkage. And I believe there are -- their
19 policies would, I have to read them back again,
20 but would indicate that they, the agency, from my
21 understanding of their policies, saw themselves
22 as collaborating with these various community
23 agencies, be it a school or a hospital or other
24 agencies.

25 Q Anything more specific in regard to

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that question?

A I think to answer that I would like to look again at their notes.

Q Go right ahead.

MR. CONWAY: Sure.

A All the notes which I think would be included.

MR. CONWAY: Do you need your other notes?

Off the record.

(A discussion was held off the record.)

MR. STOFFERS: Back on the record.

Q My question, I believe, that I asked before we broke was did anybody from the hospital tell anybody at Mental Health Services to follow-up on scheduling Matthew Morrison's aftercare appointment with Applewood?

A And my response is that, again, the agency in their team approach had a number of different individuals working on the case, one of whom had the phone conversation with the hospital about the linkage plans. And also Bill Tiedemann, on page 72 in his deposition says, I

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2 was to insure linkage and then close the case.

3 So I think that it was, from my understanding, it
4 was very clear that the agency saw their role as
5 insuring the linkage with this linking agency.

6 Q Go ahead.

7 Did Mr. Tiedemann do that by calling
8 Ms. Morrison a number of times after Matthew got
9 out of the hospital trying to find out if she had
10 scheduled her appointment?

11 A He doesn't indicate in all of his
12 notes that he spoke specifically about the
13 appointment.

14 Q He did call her --

15 A He called her, that's correct.

16 Q And he inquired about the aftercare
17 appointment, right?

18 A He did.

19 Q Okay. And he reminded her on the
20 8th when they talked to get the aftercare
21 appointment, right?

22 A He did.

23 However, I, again, I have to look at
24 the notes again, but I did not see a lot of
25 details in his notes, that I think his role is

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2 also continually to assess whether the length of
3 time is adequate for this appointment.

4 Q Who --

5 A This is part of the agency's role
6 and I don't see them doing that.

7 Q Who established the discharge
8 summary and the aftercare plan for Matthew, was
9 that done at the hospital by a physician?

10 A My understanding is that the, yes,
11 the physicians in charge of overseeing the
12 discharge plan and the social worker will carry
13 that out concretely.

14 Q And the discharge plan, did it state
15 anywhere as to when this follow-up appointment
16 should be made with Applewood? In other words,
17 how much time was the maximum amount of time that
18 should go by before the appointment was
19 scheduled?

20 A I don't recall the specific
21 discussion.

22 Q Now, you know that Ms. Morrison
23 talked to Beard-Chaney on the 8th about the
24 appointment at Applewood, correct?

25 A Correct.

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Q And did Ms. Chaney indicate when she talked to Ms. Morrison that the appointment set for December 30 was too far down the road?

A Let me just repeat that.

MR. CONWAY: Objection.

Q When Ms. Chaney and Ms. Morrison spoke on December 8 about Matthew having an aftercare appointment at Applewood at the end of December, did Ms. Chaney state that that was okay or not okay? Did she say anything about the scheduling or the timing of the appointment?

MR. CONWAY: Objection.

MR. PHILIPP: Objection.

Q Go ahead.

THE WITNESS: Do you want me to answer the question?

MR. CONWAY: If you can.

Q Go ahead.

A I have to tell you that I see the role of the agency in my opinion is to monitor and insure linkage, and the outreach and the direction needs to come from the agency at this point, not the hospital, the agency is monitoring the case. If the agency needs to talk with the

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2 hospital to clarify the plans, to clarify the
3 dates, to clarify any information, they need to
4 initiate that.

5 So I do want to say that, and I
6 don't know if that answers your question, but
7 that's my opinion about my understanding of how
8 the agency would be collaborating with the
9 various other systems.

10 Q When Matthew was discharged from the
11 hospital, was Ms. Morrison told by anybody at the
12 hospital how soon she should get that
13 appointment, whether it should be in a week, two
14 weeks, a month or more or anything?

15 A I would have to go back to the
16 deposition. I don't want to guess about that.
17 I'd have to go back and look.

18 Q. And that would be in the discharge
19 summary?

20 A And/or in the deposition, in her
21 deposition.

22 Q If Matthew was to have an aftercare
23 appointment within a certain period of time as
24 part of his discharge plan from the hospital,
25 would you expect to find that information noted

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2 in the discharge summary?

3 A I would say that it's conceivable
4 that the hospital wouldn't know exactly when the
5 appointment could be made, and I do remember
6 reading that, that it took quite a while to get
7 an appointment. I don't think the hospital could
8 write that kind of detail.

9 Q You stated here in a note that you
10 referenced Bill Tiedemann as being a case
11 manager?

12 A Yes. I didn't see what else was
13 there.

14 Q I'm just reading your note. I'm
15 trying to move it along here.

16 You've referenced him being a case
17 manager. Where did you get that information
18 from?

19 A I don't know if they use the term
20 case manager in their policies, but essentially
21 it's a social work term that one of the roles of
22 a case manager oversees the care of a client, and
23 that would include collaboration with the various
24 systems, that would include ongoing assessment
25 about needs, and that would include active

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2 outreach to make sure that the services that were
3 needed were obtained. That would be how I would
4 define a case manager, and I would understand his
5 role to be one of a case manager.

6 Q And the services that Matthew was to
7 obtain after getting out of the hospital was to
8 get an appointment with Applewood, right? That's
9 what his next treatment was supposed to be?

10 A An ongoing mental health care, yes,
11 if Applewood was not going to work somewhere
12 else.

13 Q He was not referred to Mental Health
14 Services or any ongoing counseling, was he?

15 A I meant mental health services in
16 the generic term, not the agency, but in other
17 words ongoing mental health care.

18 Q And ongoing mental health care was
19 not to be provided by Mental Health Services, but
20 was to be provided by Applewood or some other
21 type of agency?

22 A That's right, yes.

23 Q Fair enough.

24 A Do you want me to speak to this?

25 MR. CONWAY: Wait for him to ask a

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question.

Q On December 8 you have some notes in regard to a reference to Ms. Morrison declining an opportunity to Bill Tiedemann to come to the school.

A Yes.

Q And did, in fact, Mr. Tiedemann offer to go to the school that day to see Matthew?

MS. WISTNER: Objection.

Q You could answer.

A The deposition said he offered.

Q Did anybody ask him to come to the school that day, anybody being Ms. Morrison or Ms. McIntyre?

A No. My understanding of the role of a social worker is he doesn't need to be invited, he doesn't need to wait to have his client's mother assess the situation to let him know what to do. As a professional social worker, albeit a new one who needs perhaps a lot more supervision and training, needs to be active in crisis and assess needs, and that is certainly one of the, you know, the major concepts and principles of

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2 crisis intervention.

3 Q So Bill Tiedemann, as far as you're
4 concerned, could have gone to the school on his
5 own without being requested to come either by
6 Ms. Morrison or by Fran McIntyre?

7 A Absolutely he should. He should
8 have assessed the need to go.

9 Q Is that set forth in any policy or
10 procedure of the school?

11 MS. WISTNER: Objection.

12 Q Let me ask you this --

13 A The schools -- well, the schools are
14 pretty clear that they work very closely with
15 this agency. The agency provides a lot of
16 training. They, at the agency appears in all of
17 their literature as one of the first lines of
18 resources, community resources to be contacted
19 and called.

20 Q Let me show you what was marked at
21 Ms. McIntyre's deposition as Exhibit 1. And I
22 draw your attention to the section at the bottom
23 beginning, an investigative counselor's
24 responsibilities, and then go on to page 2.

25 Have you gone through paragraph B?

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2 A Yes.

3 Q And you will agree with me that
4 Mental Health Services has to be requested by the
5 investigative counselor and/or school
6 psychologist to provide assistance?

7 A Doesn't say has to be. It says,
8 will be made jointly. But then it says the
9 school staff should not contact Mobile Crisis
10 directly. So that's interesting.

11 Q As far as you know, is there any
12 school policy that allows for Mobile Crisis to
13 come out to the school to assess the child
14 without the school making such a request?

15 MS. WISTNER: Objection.

16 A I would have to look at their
17 policies. I would have to tell you, having been
18 a school, social worker for five years and having
19 worked in agencies for 25, I've never seen a
20 situation where we had to be officially invited
21 to a school.

22 I mean, that's again, a
23 professional, one has a professional relationship
24 with one's clients, the client family and the
25 client's school, and one, in the context of that

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2 relationship, collaborates. I've never --

3 Q You agree with me that Mobile Crisis
4 unit in the Cleveland schools had a relationship
5 and had a policy set in writing as set forth in
6 Exhibit 1 as to how to handle crises, correct?

7 A Correct.

8 Q You agree with me in Exhibit 1,
9 there is no reference to having Mobile Crisis
10 come to the school without a request by the
11 psychologist --

12 MS. WISTNER: Objection. That's not
13 what it says.

14 MR. STOFFERS: Can I finish my
15 question?

16 Q You'll agree with me that Exhibit 1
17 does not reference allowing Mobile Crisis to come
18 to the school without being requested by the
19 school psychologist or investigative counselor?

20 MS. WISTNER: Objection.

21 A I'm not certain that I understand
22 your question. I'm sorry.

23 I do read here the school staff
24 should not contact Mobile Crisis directly, so I'm
25 wondering what that means. And I'm not sure what

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2 it means, but I think that I have to understand
3 that more.

4 Q Do you know what the policy was
5 between the Mobile Crisis unit and the school as
6 far as when and how Mobile Crisis would go out to
7 the schools?

8 MS. WISTNER: Objection.

9 A I would believe it's in their
10 policy.

11 Q You're being shown something by
12 Mr. Conway now?

13 MR. CONWAY: May the record reflect
14 that I'm handing her extensively noted
15 materials which she's previously reviewed.

16 THE WITNESS: Thank you.

17 MR. CONWAY: You're welcome.

18 A So there is a school psychologist's
19 responsibility, there is a set of
20 responsibilities.

21 Q Do you know if those, what you have
22 in front of you, was that in effect in December
23 of 1998?

24 A It doesn't indicate it here.

25 Q I guess my question is, do you know

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2 what the policy was back in December of 1998 in
3 regard to how and when Mobile Crisis would come
4 to the school to assess the child?

5 A I don't have it. I don't know the
6 date. So I think I would need to have that piece
7 of information to answer it. I don't have the
8 date on here.

9 Q Did Bill Tiedemann on December 8 of
10 1998 need the permission of Linda Morrison to
11 assess her son Matthew, a minor, need her
12 consent?

13 A No.

14 Q No?

15 A No. I mean, if he needed to assess,
16 in cases of, of course, abuse or risk or harm,
17 one needs to assess without parenteral
18 permission, clearly. So he would presumably, you
19 know, engage the mother so that she would
20 certainly -- she never gave any indication that
21 she didn't want anyone's services, frankly. It
22 seemed to be quite the opposite, that she seemed
23 to rely on the professionals and she even told
24 Mr. Tiedemann, that she, in the first assessment,
25 which was only not quite a month before, that she

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2 wanted to find out from him what her son needed.
3 She was clear in stating that.

4 Q On December 8, isn't it true that
5 Mr. Tiedemann contacted Ms. Morrison on the
6 evening of that day and offered Outreach to come
7 out and see Matthew and she declined that?

8 A That is not, in my opinion, he did
9 not go about either contacts properly in that
10 telephone call or the school.

11 Q Did Bill Tiedemann offer Outreach to
12 come out and see Matthew Morrison on December 8,
13 at Mrs. Morrison's home in the evening?

14 A He wrote that in his note, yes, that
15 he did. But it is --

16 Q And he testified to that too, didn't
17 he?

18 A Yes.

19 Q Now, you say he didn't offer
20 properly, what do you mean by that? You said
21 both at the school and at the home.

22 A Yes, because I, you know, teach
23 social work graduate students, train social
24 workers who are in training to get their Masters.
25 It's clear that as a social worker, particularly

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2 in crisis, one needs to be active, directive.
3 One needs to use their professional knowledge in
4 a way that is clear and confident. I think Bill
5 Tiedemann was not clear and confident in his role
6 as a social worker.

7 Q Why do you say that?

8 A Because I think Bill Tiedemann, I
9 think that he did a very thorough assessment the
10 first time he met the family. He accurately
11 assessed that Matthew was at risk. He accurately
12 and properly had him, you know, seen by a
13 psychiatrist and hospitalized.

14 I think at the time of the second
15 call, he did not follow any of, he did not use
16 any of his knowledge about the case previously
17 which he had not much -- he had much knowledge,
18 he had a good understanding, he didn't use either
19 of those. He appeared overwhelmed and
20 immobilized and unable to use the same kind of
21 professional judgment that he used not quite a
22 month earlier.

23 The situation had not changed, if
24 anything, the situation was worse because the boy
25 had been hospitalized, he was receiving

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2 treatment, was apparently not responding. So
3 that he knew of the risk factors, and I believe
4 that he did not, in the case of December 8,
5 utilize any of his prior knowledge or skill with
6 the family.

7 Q And what's your basis for stating or
8 concluding that he did not use his prior
9 knowledge?

10 A Because he did not -- he heard about
11 the suicide note, he knew from his assessment of
12 a variety of risk factors, some of which he
13 detailed in his first assessment, significant
14 risk factors, so that based on that, I believe,
15 the first time around he assessed him to be at
16 risk accurately. He seemed to have not used all
17 that information. He heard about a note.

18 You know, it's very elementary
19 practice to know that one errs on the side of
20 caution whenever suicide is involved, that one
21 does not make assumptions about anything, that
22 the role of a social worker is to gather
23 information from multiple informants, multiple
24 perspectives, order that information and decide
25 what to do, and he didn't do that.

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2 Q What did Bill Tiedemann know about
3 the second note?

4 A He knew there was a note saying --

5 Q Did he know anything else about the
6 note?

7 A My understanding is that he knew it
8 was a suicide note.

9 Q And where did he get that
10 information from?

11 A From the mother.

12 Q Did the mother give him any other
13 information about this suicide note other than
14 saying he had written a suicide note, he being
15 Matthew?

16 A She didn't give him anymore
17 information about the note.

18 Q In fact, she didn't give him any
19 information about the note because she didn't see
20 it that day, did she?

21 A I don't believe she saw it.

22 Q Ms. McIntyre saw the note but didn't
23 disclose the contents to either Ms. Morrison or
24 to Mr. Tiedemann, correct?

25 A Well, I have to say she immediately

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2 called the mother. Ms. McIntyre found out about
3 the note, started her assessment, made her
4 assessment, and then promptly called the mother.
5 Which was perfectly appropriate. Which, you
6 know, put the mother on notice that there was a
7 suicidal issue.

8 Q What did Ms. McIntyre tell
9 Ms. Morrison about the contents of the note, if
10 any?

11 A I don't recall.

12 Q Did Ms. McIntyre tell Mr. Tiedemann
13 about the contents of the note?

14 A Mr. Tiedemann didn't talk to
15 Ms. McIntyre. That was another problem that
16 Mr. Tiedemann had. He did not speak to
17 Ms. McIntyre.

18 Q Did Ms. McIntyre ask to speak to
19 Mr. Tiedemann?

20 A I don't think she needs to ask. I
21 guess that's my major point, is that as a social
22 worker he, you know, this is an agency that is
23 much more expert in dealing with suicide than a
24 school district, and they are providing training
25 for schools, they are experts in crisis, he does

1 Mirabito

2 not need invitations to talk to people that he
3 needs to collaborate with.

4 Q Did Ms. McIntyre have any
5 responsibility to provide Mr. Tiedemann with any
6 information on Matthew Morrison's situation on
7 December 8?

8 MS. WISTNER: Objection.

9 A You know, we have to review those
10 school guidelines, I believe, but I think she did
11 provide some information.

12 Q What information did she provide to
13 Mr. Tiedemann on the 8th about Matthew Morrison?

14 A My understanding is that she
15 provided him -- well, the mother said that there
16 was a note. She said she was conducting an
17 assessment.

18 Q She being McIntyre?

19 A Yes.

20 Q And did Ms. McIntyre reveal the
21 results of her assessment to Ms. Morrison or
22 Mr. Tiedemann?

23 A In part.

24 Q And what did she --

25 A She gave the mother clear direction

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2 as to monitoring him, watching him. I think she
3 shared her concern. I think she was, you know,
4 quite prompt and appropriate in doing that.

5 Q Did Ms. McIntyre tell Ms. Morrison
6 that Matthew was okay, he wasn't okay, anything
7 along those lines?

8 A She said that he was okay.

9 Q And that's what Ms. Morrison passed
10 on to Mr. Tiedemann, correct?

11 A Yes. She told me that herself, I
12 believe, on the phone. Yes.

13 But I guess the major point is that
14 Mr. Tiedemann, as a social worker, needs to
15 conduct his own exploration of these facts. He
16 cannot rely on, you know, and be invited to do
17 so. That's something that he needs to do.

18 Q Could Mr. Tiedemann -- are you
19 saying that he should not have relied on whatever
20 was stated by McIntyre or Ms. Morrison?

21 MR. CONWAY: You mean McIntyre
22 through Ms. Morrison?

23 MR. STOFFERS: Right.

24 A He takes that into account, but he
25 makes his own independent assessment, which may

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2 or may not be the same. You know, she has a very
3 different kind of training than he apparently
4 does.

5 Q Was Ms. McIntyre trained in doing
6 these suicide assessments?

7 A I don't think that was reported
8 anywhere to know what her training was.

9 Q Do you agree with her suicide
10 assessment of Matthew Morrison that day?

11 MS. WISTNER: Objection.

12 A I think it was stated elsewhere, and
13 I agree that she made a partially accurate
14 assessment, but not completely accurate. And
15 there were certain facts that were not known to
16 her that were not integrated into her assessment,
17 so that, in fact, he was at higher risk.

18 But she made, she spent a lot more
19 time and did a lot more work with him than
20 Mr. Tiedemann did. I will say that. She spent
21 about two and a half hours with him and his
22 mother and went through a number of different
23 steps to insure safety, and Mr. Tiedemann did
24 none of them.

25 Q Did Ms. McIntyre tell Mr. Tiedemann

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2 or tell Ms. Morrison about the results of the
3 assessment?

4 MS. WISTNER: Objection. Asked and
5 answered.

6 A I don't believe she went over it in
7 detail, but she certainly indicated to
8 Ms. Morrison that she was concerned about
9 Matthew. They discussed safety issues. There
10 was some addressing of some of those issues.

11 Q Would you agree with me that when
12 Mr. Tiedemann spoke to Ms. Morrison at the school
13 on the 8th that he was told that Matthew was
14 assessed by the school psychologist, that he was
15 fine or better, and that she was taking him home?

16 MS. WISTNER: Objection.

17 A I have to say that he, the social
18 worker, needs to directly assess that himself.
19 He cannot assess that via the mother in a one
20 sentence question, yes or no question.

21 He needs to assess who Fran McIntyre
22 is, what her training is, what her role is, what
23 she's done in terms of her evaluation. The only
24 way to assess that is to talk with her, and he
25 cannot make assumptions by hearing from the

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2 mother.

3 Q Was there anything preventing
4 Ms. McIntyre from talking to Mr. Tiedemann that
5 day and asking him to come out and assess Matthew
6 Morrison?

7 A Probably busyness. You know, she's
8 a school psychologist. I don't know -- I don't
9 believe, again, that the onus is on her.

10 Q Your answer is you don't know
11 whether or not anything was preventing --

12 A I don't have facts on that. I don't
13 know what her day was like. She had had a
14 previous responsibility with a child, but I don't
15 know what the rest of her day was like. I don't
16 know what prevented Mr. Tiedemann either. I
17 don't know what his day was like.

18 Q Do you have any reason to believe
19 that Mr. Tiedemann would not have gone out to the
20 school to assess Matthew that day if he had been
21 asked to do so either by the mother or by
22 Ms. McIntyre?

23 A I really, my opinion is that I feel
24 strongly that he, as a social worker, needs to
25 assess through his own assessment whether he

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2 needs to go to the school. That is his job as a
3 social worker. He does not need permission to
4 collaborate. His professional responsibility is
5 to collaborate, not to be invited to collaborate.
6 And that, again, is a basic principle of crisis
7 intervention, that one needs to be active and
8 directive in one's approach.

9 Q Let me restate the question again.

10 Do you have any reason to believe
11 that Mr. Tiedemann would not have gone out to the
12 school to assess Matthew Morrison on December 8
13 if he had been asked to do so by Ms. McIntyre or
14 by Ms. Morrison?

15 A I don't know the answer to that. I
16 don't know whether he would or he wouldn't have
17 because --

18 Q Do you have any reason to believe
19 that Mr. Tiedemann would not have gone to
20 Ms. Morrison's home on the evening of the 8th if
21 he had been asked to do so by Ms. Morrison?

22 A I don't know the answer to that
23 either.

24 Q Just to make sure I'm clear here:
25 As far as you can tell, McIntyre and Tiedemann

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2 did not speak on the 8th, correct?

3 A They had a brief, my understanding
4 from reading the records, they had a brief phone
5 contact. They did have a passing the phone over.

6 Q Do you know anything that was spoken
7 during that contact between the two?

8 A It wasn't an in-depth conversation.
9 He, Mr. Tiedemann did not, for
10 whatever reason', feel the need to speak with her
11 in any detail.

12 Q Did Ms. McIntyre ask to speak to
13 Mr. Tiedemann?

14 A Not that I recall.

15 Q When Mr. Tiedemann talked to
16 Ms. Morrison at school that day, she, in fact,
17 told him that Matthew had been assessed by the
18 school psychologist, correct?

19 A That's right.

20 MS. WISTNER: Objection. Asked and
21 answered.

22 Q And Ms. Morrison told Mr. Tiedemann
23 that she was taking Matthew home, correct?

24 A She told him, yes, that she was
25 taking Matthew home.

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2 Q And she told Mr. Tiedemann that
3 Matthew was doing better or he was fine at that
4 time, correct?

5 A At that moment.

6 Q Okay. Did she tell Mr. Tiedemann
7 anything else at that point in time?

8 A I don't recall what else she told
9 him.

10 Q I think we've already established
11 that Ms. Morrison did not note the contents of
12 the suicide note, correct?

13 A Correct.

14 MR. CONWAY: She knew it was a
15 suicide note.

16 Q Did not know the contents of the
17 suicide note?

18 MR. CONWAY: The specific language,
19 yes.

20 A He didn't know.

21 MR. CONWAY: The specific language,
22 yes.

23 Q Ms. Morrison had some telephone
24 contact with the hospital social worker, Chaney,
25 on the 8th, didn't she?

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2 A Yes.

3 Q And she told Chaney about the
4 suicide note, right?

5 A Yes.

6 Q And did Chaney tell Ms. Morrison to
7 bring Matthew to the hospital when she's informed
8 of that suicide note?

9 A No. I have to say that Chaney
10 thought, my understanding from the deposition was
11 that Chaney definitely thought that Bill
12 Tiedemann was following up.

13 Q Did Chaney call Tiedemann to
14 determine that?

15 A No. But that, again, my
16 understanding is Tiedemann would be in contact
17 with the systems that he needs to collaborate
18 with, the school and the hospital, to be, you
19 know, to do an on going assessment of the case.

20 Q Did Tiedemann even know that
21 Ms. Morrison had talked to Chaney on the 8th?

22 A I don't think she knew, and I think
23 that was another failure of Tiedemann in terms of
24 not being in contact with the hospital.

25 It says on page 97, that the

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2 hospital assumed the mother had a lot of support
3 from Mental Health Services and the school. Mom
4 said she was expecting additional follow-up from
5 Mental Health Services that same day. And Bill
6 Tiedemann said in his deposition that he was
7 concerned about the case and that's why he called
8 her that evening to assess how he should proceed.
9 That's what he said in his --

10 Q My question was, did Mr. Tiedemann
11 know that Ms. Morrison has spoken to Chaney on
12 the 8th?

13 A I don't believe he knew. I'm sorry.
14 Excuse me. I might be wrong. I might have to go
15 back and look, but I think there was some
16 discussion that she mentioned her telephone
17 contact, I think the mother might have mentioned.
18 I would have to check.

19 Q It's your opinion that whatever
20 Morrison told Tiedemann about Matthew's
21 assessment at school or whatever McIntyre did,
22 that the burden was on Tiedemann to contact
23 McIntyre directly?

24 A This is an agency. Their full-time
25 work is to do linkage and follow-up.

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2 So I believe my understanding of his
3 role would have been to be in active
4 collaboration with the school, the hospital, the
5 family, the boy, to assess in an ongoing way what
6 the needs are.

7 Q Let's break it down this way.

8 A And that's what their policies say.

9 Q Let's break it down this way here.

10 You've got Tiedemann and you've got
11 McIntyre. Is it your opinion that Tiedemann was
12 supposed to contact McIntyre and find out what
13 was going on with Matthew Morrison on the 8th?

14 MS. WISTNER: Objection. Asked and
15 answered.

16 A You know, I don't think it's going
17 to be written anywhere. I believe that, you
18 know, one does not need to stand on ceremony.
19 He's a social worker. He knows this is a boy
20 that goes to school. This event happens in
21 school. He collaborates with the school.

22 So, yes, I believe that
23 Mr. Tiedemann should have collaborated with the
24 school.

25 Q And should the school, through

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2 Ms. McIntyre, collaborate with Mr. Tiedemann?

3 A Yes.

4 Q I will say, excuse me, again,
5 Ms. McIntyre spent two and a half hours with this
6 boy and his mother. She was busy doing things
7 with this family.

8 He, on the other hand, I don't know
9 what else he was doing, but he wasn't doing that.
10 So for whatever reason he didn't see, as part of
11 his role, the need to get further involved.

12 Q That's your assumption, isn't it?

13 MR. CONWAY: That's her opinion.

14 A That's my opinion.

15 Q What's your basis for that opinion?

16 A My basis is that he had a, what
17 seemed to be perhaps a five minute conversation
18 at school, and then a five minute conversation at
19 night. And even though he indicated in his
20 deposition that he was concerned about the
21 family, the boy, he did not act on his concern.

22 He perhaps, again, you know, was
23 immobilized and unable to act on it. Unable to
24 access the consultation that he needed, but he
25 certainly didn't act on it.

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Q You say Mr. Tiedemann was overwhelmed, what do you base that on?

A That is just an opinion. There is no evidence anywhere that says he was overwhelmed. I base that on -- what I do base that on, again, is that he made an assessment almost a month earlier that appeared to be accurate. At this point in time, he was not, he did not do that. So I don't know, I suspect he could have been overwhelmed.

Q You said he was immobilized, what facts do you have for that or is that just an opinion?

A That's also an opinion.

Let me, maybe I should say that I think a better way to put it is that he did not act on his previous knowledge about the case that I think there is evidence of.

Q Now, Ms. McIntyre knew when she saw Matthew Morrison on the 8th that he had been in the psychiatric unit at St. Luke's, correct?

A I'm sorry. Can you ask that again?

Q Ms. McIntyre knew on the 8th that Matthew Morrison was in the psyche unit at St.

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2 Luke's?

3 A She found that out through. the
4 source course of her assessment.

5 Q Through the mother, right?

6 A That's right.

7 Q And she --

8 A No. I think they found out through
9 the boy, actually, and then she told the mother.

10 Q And the mother confirmed it?

11 A And got more information,

12 Q And she found out that he was taking
13 medication, right?

14 A Yes.

15 Q And she found out that Matthew had
16 written a suicide note a month earlier which
17 resulted in the hospitalization, right?

18 A Yes.

19 Q And she saw the note on the 8th
20 saying that Matthew wanted to kill himself,
21 right?

22 A Yes.

23 Q And based on all of those, that
24 information, as far as you know, she did not
25 request anybody from Mobile Crisis unit to come

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2 to the school to assess Matthew, correct?

3 A Well, I will say that because the
4 mother called, I don't know whether she
5 considered that already a fait accompli because
6 the mother called Mr. Tiedemann and that contact
7 was already made, so perhaps she felt it didn't
8 need to be made since it had already been made.
9 The contact had been made. I don't think that
10 was a problem.

11 Q Well, Ms. McIntyre did not contact
12 Mobile Crisis herself, right?

13 A Yes, right. Correct.

14 Q And there was a difference in the
15 two situations on the November and December.

16 In December you have Matthew
17 Morrison being assessed at school by somebody,
18 assessing the suicide risk, right, by the school
19 psychologist, and that was not present in
20 November, correct?

21 A The social worker assessed it in
22 November, Mr. Tiedemann. He's the first one to
23 assess and now --

24 Q Look at the situations in November
25 and December and try to compare and contrast.

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2 A Yes.

3 Q In December Tiedemann was aware that
4 Matthew was being assessed for suicide risk by
5 the school psychologist, right?

6 Yes or no? Was he aware of that?

7 MR. CONWAY: Bob, she's got to
8 answer the way she's going to answer.

9 A No, I don't want to answer that yes
10 or no.

11 What I would like to say is that I
12 don't think a social worker can assume -- there
13 is a sort of a standard format for assessment.

14 Q I'm not asking you to assume
15 anything. I'm just asking --

16 A I think he assumed.

17 Q I'm asking that if you can look at
18 the situations in November and December, you'll
19 agree with me that Tiedemann was informed that in
20 December Matthew was being assessed for a suicide
21 risk by a school psychologist.

22 MS. WISTNER: Objection.

23 Q Do you agree with me that that
24 source was present in December and not present in
25 November?

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2 A I would just have to say that, yes,
3 the situations were different. He was in school
4 and a school psychologist was addressing the
5 issue, whereas, before he was at home and he was
6 addressing it. That's the difference.

7 But, I believe, and one of my
8 points, actually, is that I think he needs to
9 again assess the professional he's talking with
10 and what, he didn't even know what the
11 professional's assessment was because he didn't,
12 he didn't ask. He didn't speak to that
13 professional.

14 Q Mr. Tiedemann was aware in December,
15 wasn't he, that Ms. McIntyre at the public
16 schools, could have asked for him to come out and
17 see Matthew. He is aware of that policy, right?

18 MS. WISTNER: Objection.

19 A I think we said we don't have that
20 policy in front of us. We have to get that
21 policy for 1998. It's not clear in the policy
22 here.

23 Q So, you're not clear what the policy
24 was in regard to how the Mobile Crisis could come
25 to the school in '98, you're not clear about what

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the policy was?

MS. WISTNER: Objection.

A I don't think I would answer that.

I mean, or I'll answer it by saying, I think we just stated earlier that we need that 1998 policy in front of us in order for all of us to understand that.

Q As you sit here right now, you don't know what that policy is or was?

MS. WISTNER: Objection. We've already gone over it.

MR. STOFFERS: I'm trying to get an answer to my question.

Q As we sit here today, right now, you don't know what that policy was?

A I know from the mental health policies of the agency they seem to emphasize that they do active outreach. In fact, they do, they do active outreach with agencies, and with, they don't specify, you know, how they do it, but they emphasize that they do active outreach. So I don't see anywhere in their policies that they have to be invited out by the host agency.

Q We're looking at page 8. You have a

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2 note concerning outreach, paragraph 7-E. You
3 have a note concerning that paragraph, concerning
4 outreach.

5 A Right.

6 Q And you agree with me that
7 Ms. Morrison had a right to decline outreach on
8 behalf of her son, right?

9 A That's not what my note is saying.
10 I mean, I'll tell you what I meant
11 by this note to myself, which is that throughout
12 this case there is an emphasis on the mother's
13 refusal of services. And there are two things
14 I'll say about that:

15 One is that I've never, I see no
16 evidence that the mother did not want services,
17 and I have worked with many parents who don't,
18 and so I think it's clear to me when that's
19 evident. And secondly, what I'm saying here is
20 that while a social worker respects the
21 self-determination of the client, what the client
22 would like to do, they also help the client
23 identify what needs to be done, and often the
24 social worker needs to be active in helping the
25 client identify that, and I did not see

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2 Mr. Tiedemann doing this.

3 Q Well, Mr. Tiedemann, when he offered
4 this to Outreach on the evening of the 8th, also
5 confirmed that Ms. Morrison had the appointment
6 with Applewood, right? He did those two things,
7 would you agree with me or not?

8 A He did confirm that she had an
9 appointment.

10 Q And he did offer outreach.

11 A I don't -- he wrote in his note that
12 he offered outreach. I don't know in what
13 context he offered it. If he explained why he
14 would provide outreach, if he explained on what
15 basis he was thinking about providing it, as in
16 what his concerns were about why he would even
17 think of providing outreach. He never explained
18 that to the mother, that wasn't clear in his
19 note, and that is something that the agency
20 policy is very clear on, the need to do that.

21 He also only knew that an
22 appointment was made, but that the appointment
23 being made is very different than the appointment
24 being attended, and he also, another piece that
25 he didn't do, which would be standard practice

1 Mirabito

2 through NASW guidelines and best practices, is
3 that he didn't collaborate with the referring
4 agency. One would have contact with the agency
5 one was referring someone to to give them
6 information about the case and he never did that
7 either.

8 Q Okay. Hold on here for a second.

9 A Sorry.

10 Q Mr'. Tiedemann was not referring
11 Ms. Morrison to Applewood, that referral came
12 from the hospital?

13 MR. CONWAY: But that wasn't her
14 answer.

15 A He's linking. He's --

16 Q He's linking?

17 A The linking person would be
18 certainly the person to have the collaboration
19 with the new agency, and that's in the NASW
20 guidelines. But there are a lot --

21 Q And you're considering that
22 Mr. Tiedemann was a linking person?

23 A That's how he defines, that's how
24 the agency defines themselves, insuring linkage.

25 Q And he insured, didn't he insure it

1 Mirabito

2 by making sure she scheduled the appointment?

3 A I do not consider that insuring.

4 Q Okay.

5 A He knew she had an appointment, that
6 doesn't mean she was going to attend it.

7 Q But the appointment wasn't until the
8 30th, so he wouldn't know until later on?

9 A Well, I think all the more reason to
10 monitor, and again, assess whether she can wait
11 until the 30th.

12 Q What is Mr. Tiedemann supposed to do
13 in regard to monitoring the appointment after
14 Ms. Atkins said she had it scheduled on the 8th?

15 MR. CONWAY: She had it scheduled
16 for the 31st, right, or the 30th?

17 Q My question was, she got her
18 appointment scheduled, it was scheduled on -- she
19 had it scheduled on the 8th from the 30th, right?
20 She made the appointment on the 8th for the 30th?

21 A She thought she had an appointment
22 on the 30th. Apparently, the hospital social
23 worker had gotten an earlier appointment, but no
24 one, nobody had gotten that information to her.

25 Q So this appointment is set up and

1 Mirabito

2 Mr. Tiedemann, after it's set up, what else is he
3 supposed to do in terms of monitoring that
4 appointment?

5 A I'll tell you what I think he should
6 have done and what the agency I worked for would
7 do, which would be to as he had been, you know,
8 outreaching to her, monitoring the boy, Matthew
9 had just written a suicide note, so presumably he
10 never did assess that to find out what his status
11 was, but he needs to assess in an ongoing way,
12 and there are agency guidelines to indicate that
13 assessment is a ongoing process, how this boy is
14 doing from now until the 30th. And that's what
15 their agency guidelines clearly state.

16 Q So even though the appointment came
17 from St. Luke's, it was up to Mr. Tiedemann to
18 continue assessing Matthew Morrison?

19 A Yes. They were linking, they were
20 providing linkage.

21 Q And it was up to Mr. Tiedemann,
22 according to you, to determine whether or not
23 that appointment was timely or not?

24 A Was timely, was attended. Was, you
25 know, from my experience also, you know, having

1 Mirabito

2 an appointment is very different then, again,
3 attending an appointment.

4 Q Did Dr. Lightbody, who had scheduled
5 aftercare, did he talk to Mr. Tiedemann about
6 when Dr. Lightbody felt the appointment should be
7 scheduled?

8 A I'm sorry. Can you ask that again?

9 Q Did Dr. Lightbody, who signed off on
10 the discharge plan, which included the aftercare
11 at Applewood, did he talk to Mr. Tiedemann and
12 tell him when Lightbody thought the appointment
13 ought to be scheduled?

14 A No, he didn't. But I think as per
15 usual procedure the agency would talk with the
16 social worker, and again, that happened in some
17 kind of a discharge telephone contact.

18 Q You'll agree with me that Matthew
19 Morrison was not referred back to the Mobile
20 Crisis unit after he was discharged from the
21 hospital, correct?

22 A No, that's not correct. I believe
23 he was referred back.

24 Q He was referred back. And was that
25 in the discharge summary?

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2 A My whole understanding is this was
3 the agency that was responsible. Yes, he was
4 referred back.

5 Q And I would find that in the
6 discharge summary, right?

7 MR. CONWAY: Objection. She's
8 answered it 50 zillion times in the
9 written discharge summary, whatever it
10 says, it says.

11 Q You have the discharge summary in
12 front of you?

13 A We'll have to look for it.

14 I was looking for the phone
15 conversation the agency had with the hospital
16 that would give the information that we need.

17 MR. CONWAY: Are you looking at the
18 November 17?

19 A Right, before discharge.

20 Q I'm asking about the discharge
21 summary where it states what's going to happen to
22 Matthew Morrison after he gets out of the
23 hospital.

24 A Yes. This is a telephone contact on
25 11/17 with the agency. Is this Bill Tiedemann?

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2 I think it's Amy, the other Amy. It's not his
3 writing. But this is the follow-up with hospital
4 on client status.

5 Q And what does it say?

6 A It says, it gives a summary of the
7 client in the hospital. And under services
8 performed, "Client started on Paxil yesterday, no
9 antipsychotic, pediatrician wants client to
10 receive a genetic work-up due to some physiologic
11 characteristics such as low set ears. St. Luke's
12 feels client needs a positive male role model and
13 they hope mom's boyfriend can be this. Plan for
14 Applewood referral for psychiatric follow-up.
15 Plan or --"

16 MR. CONWAY: Mom.

17 A "Mom did request help with transport
18 and they can provide some bus tickets, but not
19 daily."

20 At the bottom, "Follow-up services
21 planned. Who is to provide them and when?
22 CMCT," that's the Mobile Crisis Team, "to
23 continue to monitor case."

24 Q Monitor case. Not provide services?
25 That goes for Applewood?

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2 A Monitor, that's right, but the
3 social worker of the hospital is no longer, this
4 is, you know, following up, the hooking them up
5 to Applewood, that is the agency's linkage role
6 which they describe in their guidelines.

7 Q So you're saying that Mental Health
8 Services was responsible for setting up the
9 appointment between Ms. Morrison and Applewood?

10 A I didn't say that.

11 MR. PHILIPP: Objection.

12 A I didn't say setting it up. I said
13 insuring linkage.

14 Q What does that mean?

15 A Making sure that the appointment is
16 kept, monitoring the case until the point of
17 linkage.

18 Q When is the point of linkage?

19 A When, well, that's a good question.
20 One, you know, would define that differently.

21 Q What do you define it as?

22 A I would define it as once the family
23 has engaged with the new agency, which may not be
24 on the first appointment, frankly, it may take a
25 couple of appointments, so to insure linkage in a

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very thorough way, I would feel it would be important for the agency to follow through at the point, make sure the family has been able to keep the appointment, make sure they're able to feel they can get services from this agency, and --

Q And --

MR. CONWAY: Wait a second. Finish.

A And make sure that the family now has another resource that they will rely on for ongoing care. And that to me is complete linkage.

Q And that could not be accomplished because Matthew Morrison committed suicide on the 10th before the appointment could go forth, correct?

A That's right.

And within that monitoring on a daily basis the agency that's monitoring will presumably be there to assess and intervene in ongoing changes of which --

Q What was the monitoring that Mr. Tiedemann or Mobile Crisis was to perform on December 9 and 10 after Tiedemann had confirmed the appointment was scheduled for the 30th?

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2 A Well --

3 MR. CONWAY: Objection. It's
4 metaphysically impossible to answer based
5 upon --

6 A I mean, the problem is what should
7 he have done or what -- I mean, obviously, he
8 closed the case, in my opinion, completely
9 precipitously and completely without cause.

10 Q I understand that. I understand
11 that. But what I want to know is that you're
12 saying that he should have done this monitoring.
13 I'm asking you what was the monitoring that you
14 believe he should have done?

15 MR. CONWAY: But I'm going to object
16 and the reason is --

17 MR. STOFFERS: Go ahead and object
18 and answer the question.

19 MR. CONWAY: No, it's --

20 MR. STOFFERS: This is a simple
21 question.

22 MR. CONWAY: No, it's not, it's a
23 trick question.

24 Her opinion says intervention should
25 have been done on the 8th, there is

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nothing that could have been done on the
9th and 10th because he shouldn't have
been out anywhere on the 9th and the 10th.

Yes, it is a trick question.

MR. STOFFERS: It's not a trick
question.

A Yes, it is. I definitely agree with
Mr. Conway.

Q You want me to put Mr. Conway under
oath?

A There is no way that he could --

MR. STOFFERS: I would really
appreciate if you just quit disrupting the
deposition. I asked a simple question,
she can answer it. Because I don't know,
or whatever the answer is you don't have
to tell her how to answer the question.

MR. CONWAY: No. Wait a second.

MR. STOFFERS: It wasn't a trick
question. She talked about continuing
monitoring, and I'm simply asking her what
that is.

MR. CONWAY: Let me just put
something on the record, Bob.

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2 I'm not, excuse me, I'm not
3 interrupting. I'm not making any
4 objection at all. The other parties are
5 making objections. I'm letting you ask
6 repeat questions that they're objecting to
7 asked and answered. I'm not telling her
8 how to answer anything.

9 But my firm belief is that last
10 question, in light of which you know her
11 opinion, is on what he should have done on
12 X date. Asking what should have been done
13 on the other dates is a trick question
14 because the answer is going to be taken
15 out of context. That's all I'm saying.

16 MR. STOFFERS: It's not a trick
17 question.

18 MR. CONWAY: I'm not telling her how
19 to answer. I'm telling you it's a trick
20 question, and I'm objecting to it.

21 MR. STOFFERS: Let's move on.

22 MR. CONWAY: All right.

23 Q My question stands.

24 With his reference that he thinks
25 it's a trick question and you think it's a trick

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2 question, can you answer the question as to what
3 monitoring Mr. Tiedemann should have done on the
4 9th and the 10th after he confirmed the
5 appointment was set?

6 MR. CONWAY: Objection.

7 You may answer if you can.

8 Q And you know what, every question I
9 ask you assumes that you answer it if you can.

10 We can do away with that objection.

11 MR. CONWAY: Sure.

12 A All right. I believe, and I'll take
13 from my report here in the role of case manager,
14 until the client was linked with the appropriate
15 services William Tiedemann's role would be to
16 assess needs in an ongoing way. And I would add
17 to that, and intervene in an appropriate and
18 ongoing way. And for that reason, I believe,
19 Mr. Tiedemann should have intervened in a
20 different way on December 8, and had he
21 intervened in a different way, he may be
22 providing services on the 9th and 10th.

23 Q How should he have intervened on the
24 8th?

25 A I believe that he should have made a

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full assessment.

MS. WISTNER: I'm going to object to that question as asked and answered.

MR. CONWAY: I am not objecting, Bob.

MR. STOFFERS: You know, I've got a flight at 7:10 or 5:58 and I'll be here as long as you need me here.

MR. CONWAY: I will be here too.

Q Let's go on to page 9 of your report. I have a couple of questions about some references.

MS. WISTNER: Which report, her report or Wills' report?

MR. STOFFERS: Wills' report.

Q You reference here next to paragraph one under McIntyre, perhaps was school policy. What are you referencing?

A I think perhaps it was school policy to pick him up, I assume.

Q Okay.

A To pick him up from school.

Q And you reference here under right next to 1-B, wouldn't it be her role to consult

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with MH Services? What are you referencing there?

5 A Yeah. I think what I was
6 referencing there is that it's not her role as a
7 school psychologist to start deciding if he needs
8 to be hospitalized, that that would be, you know,
9 in the context of her consultations with Mental
10 Health Services who, I believe, would decide
11 that.

12 Q Okay.

13 A I believe that's what they're there
14 for.

15 Q You would agree with me that she's a
16 consultant. She did not consult with Mental
17 Health Services on the 8th about a
18 hospitalization?

19 A I will say she did not and they did
20 not, but I would emphasize that they did not
21 consult with her.

22 Q On page 10 there is a list of items
23 here that Dr. Wills references to Ms. McIntyre.

24 A Right.

25 Q And then you make a note, "All of
this could also apply to Bill Tiedemann."

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2 A Yes.

3 Q Are you saying that that all
4 applies, however, to Fran McIntyre? Are you
5 agreeing with Dr. Wills that it applies to Fran
6 McIntyre on top of page 10?

7 A I would have to read it all to say
8 whether I agree with that. My main point was
9 that I believe Bill Tiedemann should have been
10 doing these things.

11 Q Bill Tiedemann?

12 A Or should have known.

13 Let me read it before I say that.

14 Q All these items, just to make sure
15 we're clear, looking at the bottom of page 9 of
16 the Wills' report, number 2-A, small i's, small i
17 through small vii, do you believe that Tiedemann
18 should have done all that?

19 A Not three, that's a school function.

20 Certainly, Mr. Tiedemann should have
21 had a treatment plan. Certainly, Mr. Tiedemann
22 should have gathered more data. Certainly,
23 Mr. Tiedemann should have reviewed the suicide
24 note and appreciated the severity. And I don't
25 know how he would have filled out the suicide

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2 risk scale, but he didn't even address the risk.
3 So I believe that Mr. Tiedemann should have been
4 doing many of these functions, would have been
5 encompassed within an assessment.

6 Q Was it fair for Mr. Tiedemann to
7 rely on McIntyre to make the decision whether or
8 not she should call him out to assess Matthew at
9 the school?

10 MR. CONWAY: Objection --

11 MS. WISTNER: Objection.

12 MR. CONWAY: -- as to the form of
13 the question.

14 Q You can answer.

15 A You're asking me was it fair for him
16 to --

17 Could you repeat that?

18 Q Rely on Ms. McIntyre's decision to
19 ask him to come out to the school to assess
20 Matthew Morrison.

21 MR. CONWAY: Objection as to the
22 form, it asks two separate questions.

23 MS. WISTNER: Objection.

24 A Are you going to ask me again?

25 MR. STOFFERS: Read it back again.

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2 I've asked it, it's objected to. We
3 could just read it back.

4 (The requested portion was read by
5 the reporter.)

6 MR. CONWAY: Objection as to the
7 form.

8 Q Go ahead.

9 A I just need to clarify the rules
10 here

11 THE WITNESS: Does that mean that I
12 answer the question?

13 MR. CONWAY: Yes, if you can.

14 Q Yes.

15 A As I stated earlier, I don't think
16 Mr. Tiedemann needed to rely on Fran McIntyre to
17 come out. I believe that he needed to rely on
18 his professional judgment, his knowledge of the
19 case, his knowledge of suicide risk factors, his
20 knowledge of crisis intervention concepts, which
21 he had training on, and if he didn't know the
22 answers to those questions, which he may not have
23 being a new social worker, he should have
24 consulted with the supervisor. So I would say
25 he, it was not fair to rely on her to take that

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2 direction. He needed to take that direction from
3 his supervisors.

4 Q I'm not asking for directions. I'm
5 asking was it fair of him to rely on Ms. McIntyre
6 making a determination whether to call him out to
7 the school?

8 MS. WISTNER: Same objection.

9 A He didn't know anything about her.
10 He didn't know what she did. He didn't know her
11 training.

12 He knew, all he knew was that some
13 kind of assessment was conducted. He didn't know
14 what the assessment contained, who she was doing
15 the assessment, she could have been a clerk. I
16 don't know that he knew.

17 Q Let's not get ridiculous.

18 He knew she was a school
19 psychologist.

20 MR. CONWAY: I think she meant it
21 could have been a clerk that administered
22 the test, Bob. Be fair.

23 A Again, I, having worked in schools,
24 I wouldn't make an assumption of what everybody's
25 role is in a school. And he didn't know the

1 Mirabito

2 results of her assessment, more importantly.

3 Q Did Mr. Tiedemann have a prior
4 contact with the Cleveland Public Schools in
5 handling crises?

6 A I don't recall that information
7 coming forward in the --

8 Q And would it be fair to say that he
9 should be able to rely on this prior experience
10 with the Cleveland Schools as to what, how to act
11 in this situation?

12 A Let me just backtrack.

13 I'm trying to recall from his
14 deposition, he might have had one, I'm trying to
15 recall if he had a case with the school. I think
16 I recall he might have had a case, but he didn't
17 seem to have a wealth of experience with the
18 schools.

19 Q How long was Mr. Tiedemann a social
20 worker?

21 A Not a long time

2.2 Q How long, do you know?

23 A He had done some pre-graduate work
24 in social work, but he had his social work
25 Masters not even a year, maybe. I believe, six

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2 months. I think. I think it was his first post
3 Masters job. He did have pre-Masters experience.

4 MS. WISTNER: Could we go off the
5 record for a moment?

6 (A luncheon recess was taken.)

7 MR. STOFFERS: Back on the record.

8 Q Ms. Mirabito, I'm looking at page 10
9 of the Will's report. You've got a reference to
10 case of Vivian Sutherland.

11 A I guess, I just saw that and that
12 was a case of mine from many, many years ago. I
13 think this just reminded me, it jogged my memory.

14 And the connection was, I guess, I
15 would describe it basically as always need to err
16 on the side of caution. This was a case of a
17 girl who I was seeing. Do you want me to
18 describe the case?

19 Q I'm just curious.

20 A Just the point. The point of that
21 notation was that this was a girl that we spent,
22 myself and a psychiatrist, three hours with. We
23 thought we were going to be sending her home that
24 day because we thought she was okay. But after 1
25 spent an hour, the psychiatrist spent an hour, I

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2 saw her again, it was clear that she needed to be
3 hospitalized.

4 So my whole point here was that you
5 can never be too sure that, you know, with
6 adolescents, a suicidal gesture, or you know, any
7 kind of note, ideation, needs to be so thoroughly
8 explored. That was my connection to that.

9 Q You understand the concept in Ohio
10 or are you aware of the concept in regard to
11 treating mentally ill people, the goal is to use
12 the least restrictive environment. Are you aware
13 of that concept in Ohio, that policy?

14 MR. CONWAY: Objection.

15 Q Or are you aware of such policy like
16 that in Ohio?

17 MR. CONWAY: Objection.

18 A No, because I don't work in Ohio. I
19 wouldn't know about that.

20 Q Okay. That's fine.

21 You have on page 11, paragraph four,
22 underlined the words, "Ms. McIntyre was aware of
23 the complexity of Matthew's situation," and above
24 that you add, "Perhaps she was not."

25 A Yeah. I mean, again, you know what

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2 I'm looking at here is the need for Bill
3 Tiedemann, as I mentioned earlier, to collaborate
4 and find out who Ms. McIntyre is, what she's
5 doing. This is an assumption. Ms. McIntyre was
6 aware of the complexity of Matthew's situation,
7 that is.

8 Q You say "Perhaps she was not." Is
9 there anything you base it upon that you think
10 that she was not aware of the complexity of
11 Matthew's situation?

12 A Perhaps she was, perhaps she was
13 not. But the point is that he needed to find out
14 what she thought about it. He never found out
15 what she thought. That whole -- that was absent.

16 Q Was there anything that Ms. McIntyre
17 was not aware of in regard to Matthew Morrison on
18 the 8th?

19 MS. WISTNER: Objection.

20 Q In regard to his situation? Any
21 circumstances that were important in assessing
22 Matthew's situation that McIntyre was not aware
23 of on the 8th?

24 A I don't think I can answer that.
25 I'm not sure I understand the question.

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2 Q I'm just wondering. My question is
3 after reading all the material in this case and
4 seeing what McIntyre knew, what she testified she
5 knew about, have you determined that there is
6 something important or crucial about Matthew
7 Morrison that she was not aware of on that date?

8 A I would have to think more about it.
9 I think I was thinking more about Bill Tiedemann.

10 Q Okay.

11 Q You have a note on page 12, "Mr.
12 T's," I think it's referring to Mr. Tiedemann,
13 "Mr. Tiedemann's job is to assess adequacy of
14 school's assessment".

15 A Yes.

16 Q What's the basis for that statement?

17 A Well, again, my understanding of his
18 role as a social worker would be to collaborate
19 with the school professional to find out what the
20 school professional assessed, and then to find
21 out whether, you know, that was adequate of -- we
22 often, as social workers, work with staff who are
23 trained differently, less trained, not of the
24 same discipline, they will not necessarily be
25 obtaining all the facts that we would be or --

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2 Q Or vice versa, somebody else may
3 obtain facts that you may not be aware of, right?

4 MS. WISTNER: Objection.

5 Q This statement, "Mr. T's job is to
6 assess adequacy of school's assessment," was that
7 set forth on any policy of either the school's or
8 Mobile Crisis?

9 A Well, I have here in parentheses,
10 "They are the experts." I'm saying this is my
11 understanding that they are the experts as
12 indicated by the fact that they provide training
13 to the school, they present themselves as
14 training school staff. My assumption from
15 reading that and understanding that is that they
16 have more expertise in crisis intervention than
17 the school staff does, and they offer
18 consultation and education in an ongoing way to
19 school staff, which is a primary school role of a
20 social worker.

21 Q And that's your basis for the
22 statement Mr. "T's job is to assess --"

23 A "Assess adequacy through his own
24 assessment." I believe he would need to talk to
25 the school professional and find out what they've

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assessed and --

Q Based upon Ms. McIntyre's deposition testimony, do you think she had the necessary training to perform the suicide risk assessment of Matthew Morrison?

MS. WISTNER: Objection.

A I would need to know exactly what her training was. I think she described it. I'm not in a position to really comment on that.

Q That's fine.

A I'm not a school psychologist.

Q Based upon your review of the deposition, was any information given to Mr. Tiedemann that would have led him to believe that Ms. McIntyre was not qualified to perform a suicide assessment of Matthew Morrison?

A Well, based on my understanding at the time that this occurred, he did not know anything that I'm aware of about Fran McIntyre. I don't believe he knew, he might have known her title, but I'm not even sure if he, he might have known her title because it was mentioned by him, by the mother, but I don't think he knew anything about her role per se.

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2 MR. STOFFERS: Could you read the
3 question back?

4 (The requested portion was read by
5 the reporter.)

6 A I don't recall him being provided
7 with information about her background.

8 Q I take it you can't answer the
9 question then?

10 A I think I can answer it. The way I
11 would answer it would be that I would see Bill
12 Tiedemann as a social worker finding out who Fran
13 McIntyre is, what her role is, what she's doing
14 with this student, and I would see that needing
15 to happen through conversation, collaboration
16 that Bill Tiedemann would have with her.

17 Q So Mr. Tiedemann --

18 A I don't know how else he would know,
19 frankly.

20 Q You would expect Mr. Tiedemann to
21 meet with Ms. McIntyre and try to determine
22 whether or not she had the qualifications to
23 assess Matthew? Is that what you would expect?

24 A That's not what I was saying.

25 I would have expected Mr. Tiedemann

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2 to speak with Ms. McIntyre on the phone, find out
3 what she was assessing, what her role was as a
4 school psychologist vis-a-vis the assessment and
5 follow-up. I don't know that, I didn't see
6 anywhere where he knew all those facts, and I
7 think he would need to know that in order to know
8 how he was going to proceed.

9 Q And lastly, the last paragraph on
10 page 12 of the Wills' report there is reference
11 to obtaining authorization from Matthew's mother
12 to intervene. Are you saying that Bill Tiedemann
13 didn't need authorization?

14 A That's right, that's what I said
15 earlier. He needs to rely on his professional
16 judgment based on his understanding of suicide
17 risks, adolescent development, consents of crisis
18 intervention, and consultation with supervisors
19 and the back-up of the psychiatrist, which,
20 according to their policies, is available 24
21 hours.

22 So he had access to that if he had
23 questions about his authorization, and if he
24 wasn't able to know from his own experience or
25 knowledge, he would need to consult with

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2 supervisors and psychiatrists.

3 Q Did the roles governing social
4 workers in Ohio allow social workers to provide
5 services to a minor child without the express
6 consent of the parent?

7 A My understanding, yes. In every
8 state.

9 Well, I don't know about every
10 state, but certainly, again, in situations of
11 risk and harm if one social worker identifies a
12 need to assess and provide service to a child at
13 risk and the parent doesn't agree, they do have
14 the authorization to do that.

15 Q And how --

16 A Mental Health Services outlines that
17 in their policies.

18 Q And how would Mr. Tiedemann have
19 gone about assessing Matthew if Ms. Morrison did
20 not give him consent to do so? What procedure
21 would he have followed in doing that?

22 A It's definitely outlined in their
23 policies. I have a number of different policies.

24 Q What policy are you referring to?

25 A Well, okay. Here on page 4 of

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Mental Health Services crisis intervention and diagnostic assessment services, page 4, under B, in many crisis situations an assessment must be conducted even though a client or legal guardian declines services or a guardian cannot be located. Assessment services delivered without the consent of the client or legal guardian must always be approved by the program manager.

There is also further on under emergency authorization to treat children on the first page of that, under A, the end of the second sentence, mental Mobile Crisis, Mental Health Board to assess children in crisis without the consent of the child's parent or legal guardian. And according to section five of the legal certified agreement or legal services agreement, should the Mobile Crisis Team determine after assessment that the child is in need of services, in order to insure the child's safety and/or health and informed consent of the parent or legal guardian cannot be obtained, Mobile Crisis Teams immediately consents, attempts to secure emergency authorization to treat by notifying the Cuyahoga County Department

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of Children and Family Services, DCFS, and the
3 Cuyahoga County Juvenile Court, which is the
4 protective service agency, which we have a
5 similar policy in New York State.

6 Q On December 8, when Matthew was at
7 home with his mother, would you agree that he was
8 safe at that point in time with his mother
9 watching him? That his safety was not at risk at
10 that time?

11 A No, I wouldn't agree with that.

12 Q You wouldn't agree with that. Okay.

13 A I don't think it was known. Nobody
14 spoke to him to find out what his thoughts were
15 about safety and whether -- you know, the main
16 role of a social worker in this crisis is to
17 assess safety and to insure safety, and Bill
18 Tiedemann didn't do that.

19 Q You agree with me that Ms. McIntyre
20 felt it was safe to send Matthew home with his
21 mother?

22 A Was safe to send him home from
23 school, which is not saying that he is going to
24 continue to be safe. That's not -- I don't think
25 they're the same. It's not the same

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determination.

The only way to determine whether or not he is safe is to have a detailed and specific assessment and discussion and exploration with him.

Q Was there anything unsafe about his situation on the 8th?

A Most definitely.

Q What was that?

A He wrote a note that said that he was going to jump off a bridge. He also was a boy who had, who really needed to be considered at very high risk for suicide for many reasons that I outlined in my report. If you would like me to --

Q We'll get to your report. I'll get to your report in a second. I'm moving right on to that here.

Do you know if Mr. Tiedemann was a member of the National Association of Social Workers back in '98?

A I don't recall in his description of his experience whether that was stated or not. I'm not sure.

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2 Q Now, we have marked as an exhibit
3 here --

4 A Can I just make a comment about that
5 though?

6 Q Sure.

7 A Regardless of whether he's a member
8 of NASW, these are the guidelines. The National
9 Association of Social Workers provide for social
10 work practice. So one doesn't need to be a
11 member to abide by them. One is obliged to abide
12 by them.

13 Q What controls, would the rules in
14 Ohio, the Higher Administrative Code apply or
15 would the Code of Ethics of the National
16 Association of Social Workers apply?

17 A I believe they would both apply.
18 Ohio has some very similar
19 guidelines that NASW has, actually, that are
20 outlined in terms of what their expectations are.

21 Q If you would look at your report,
22 please.

23 A Urn-hum.

24 Q I notice that your report is based
25 upon review of records numbered one, or review of

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2 materials one through 11 on the first page.

3 A Yes.

4 Q You reference deposition transcripts
5 of Lightbody, Tiedemann, Hagesfeld and Morrison.
6 Are those the depositions that you read prior to
7 issuing your report of March 19?

8 A Prior to the report, correct.

9 Q So those depositions those are the
10 only depositions that provided you with factual
11 basis for your March 19 report?

12 A As of the time of this report, yes.

13 MR. CONWAY: Besides the records,
14 obviously.

15 MR. STOFFERS: Right. That's why I
16 qualified the question, Tom.

17 MR. CONWAY: All right.

18 Q So, when you wrote the report in
19 this case criticizing Mr. Tiedemann, you did not
20 read the deposition transcript of McIntyre,
21 correct?

22 A That's correct; I read it later.

23 I read Fran McIntyre's later after
24 this report was written, that's correct.

25 Q Did you issue a supplemental report

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2 based upon the reading of McIntyre's report or
3 deposition?

4 A No, I did not.

5 Q Did you read the deposition
6 transcript of Gerri Beard-Chaney before issuing
7 your report?

8 A No; I read it after.

9 Q Have you issued a new report based
10 upon that?

11 A No.

12 Q Did you read the deposition
13 transcript of Amy Brodsky?

14 A After the report, yes.

15 Q And did that change your report in
16 this case or cause you to issue another report?

17 A I didn't change my report. I didn't
18 issue another report.

19 I would say that my opinions that
20 are put forth in this report were strengthened by
21 reading those depositions, but I did not issue
22 another report.

23 Q It appears from looking at the March
24 19 report that prior to issuing it you did not
25 review records from the Cleveland Municipal

1 Mirabito
2 School District; is that correct?

3 A Correct.

4 MR. CONWAY: I don't mean to butt
5 in.

6 Other than what was attached as
7 deposition exhibits?

8 MR. STOFFERS: Correct.

9 A That's right, yes.

10 Q Did you look at the various suicide
11 notes that Matthew Morrison wrote prior to
12 issuing your report?

13 A I saw -- let me clarify how many.
14 It was the one from school I did not see until
15 after the report.

16 Q The one on the 8th?

17 A That's right. I saw that in the
18 last week.

19 Q Within the past week from today?

20 A Within the past week, yes. But the
21 ones I saw, the ones I had in writing my report,
22 I had this one that was written in the hospital,
23 it's a two page note or there are two notes. I'm
24 sorry. Two notes. Those are the two that I had
25 when I wrote the report.

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Do you want to see them?

3 Q No. You told me, you've answered my
4 question good enough.

5 Now, if you go down to the bottom of
6 page 1 of your report, you talked about Matthew
7 Morrison and it says he was a high risk for
8 suicide?

9 A Yes.

10 Q And then you go on to the next page.

11 A Yes.

12 Q You see that?

13 Now, my question is on December 8,
14 did Matthew have frequent and recurrent suicidal
15 ideation?

16 A I don't recall that that was
17 monitored because -- well, he had ideation that
18 day, and apparently, he had been writing other
19 notes that were found after he died. So I would,
20 I would guess he had recurrent and frequent
21 ideation, and Bill Tiedemann wrote in his
22 discharge summary that he had recurrent suicidal
23 ideation, so I would say, yes, he had
24 recurrent -- he wrote that on his discharge
25 summary as an unresolved problem, so I would say,

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2 yes, he had recurrent suicidal ideation.

3 Q Do you know if he was having it 50
4 percent of the day on the 8th?

5 A I don't know what percent of the day
6 he was having it. Bill Tiedemann didn't explore
7 that. So I don't know the answer to that.

8 Q Did Ms. McIntyre explore that?

9 A I don't know the answer to that. I
10 would have to look at her assessment scale as to
11 whether it was quantified.

12 Q And do you know if Ms. Chaney
13 explored that when she talked to Ms. Morrison on
14 the 8th?

15 A Let's see, according to the records,
16 I don't know. I would have to look at that.

17 Q Auditory hallucinations, voices.
18 Was Matthew hearing voices on December 8?

19 A I was going to look at the note to
20 see if he said anything about that in the note,
21 in the note of December 8.

22 I don't think it's been recorded
23 whether he heard voices. However, he was having
24 recurrent auditory hallucinations in the hospital
25 and I think it's quite possible that he was

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2 having them, it would be my guess.

3 Q My question is do you know if he was
4 having them on the 8th?

5 A I don't know if it's been
6 identified. I would just like to look at this
7 note.

8 Q You're referencing the note of
9 Matthew Morrison?

10 A Yes, of December 8th.

11 He doesn't say in the note, we don't
12 know if he had the voices, that's why we needed
13 to assess or I think the assessment was needed.

14 Q Did Ms. McIntyre look at that issue
15 when she assessed Matthew on the 8th?

16 A I would have to look at her scale as
17 to whether that was included.

18 Q Well, let me pull that out for you
19 so we could keep it going here.

20 These have been marked on a prior
21 deposition and her scale is McIntyre 5.

22 A It doesn't look that her scale
23 includes auditory hallucinations.

24 Q Do you know if that was discussed
25 with a social worker Chaney, with Ms. Morrison on

1 Mirabito

2 the 8th?

3 A I don't think that was the purpose
4 of the mother's contact with her. I don't recall
5 seeing that noted.

6 There is something I would like to
7 say, you'll finish, but these factors don't
8 disappear in a matter of three weeks in my
9 experience. And this boy had these auditory
10 hallucinations and suicidal thoughts throughout
11 the time he was hospitalized, and including up to
12 the point, you know, close to discharge, and they
13 do not disappear. He had these, it's documented
14 by Bill Tiedemann, that he had recurrent and
15 persistent feelings of depression for a year. So
16 I think that it's in my experience, these
17 symptoms do not disappear.

18 Q You agree with me then when Bill
19 Tiedemann assessed Matt on November 10, that Matt
20 had stated that he was hearing voices, right?

21 A On November 10, yes.

22 Q Right. And then after Matt was
23 released from the hospital on November 19, was
24 there any report that he was still hearing voices
25 after he got out of the hospital?

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2 A Again, the only person that assessed
3 that was his mother. She asked him about that,
4 but nobody else asked him about that. So it's
5 not clear whether he was or whether he wasn't.

6 The agency, in their follow-up and
7 monitoring, they did not speak to him, they did
8 not follow any of the symptoms, you know,
9 closely, except through the description of the
10 mother, the mother's description of his symptoms.

11 Q At the bottom of page 2 of your
12 report, the last sentence, you make a reference
13 to the suicide notes, do you see that?

14	A	Yes.
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15	Q	Comparing the first note to the
16		second note, right?

17 A The situation, not the note. I said
18 the situation I was comparing. I didn't see the
19 note, the second note, so I wouldn't have been
20 able to compare them.

21 Q You wrote the report without seeing
22 the second note?

23 A That is right. I knew the
24 situation, not the note.

25	Q	You state then at the top of page 3,
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2 "Given the set of circumstances presented at the
3 time of the second note, the second suicide
4 note," what circumstances are you referencing
5 there?

6 A Bill Tiedemann learning about a
7 suicide note. Bill Tiedemann knowing what he
8 knew about Matthew Morrison in terms of all the
9 risk factors on page 2. And Bill Tiedemann
10 knowing that Matthew Morrison had been
11 hospitalized for depression and suicidality.

12 Q Would you agree with me that
13 Ms. Chaney, the social worker, who was assigned
14 to Matthew in the hospital, knew everything that
15 was on page 2 in regard to his risk factors?
16 Those are the things that were present in the
17 past, right, that existed at the time of his
18 hospitalization?

19 A These, yes, these factors were
20 identified.

21 Q And Ms. Chaney knew about the
22 suicide note also, correct, on the 8th?

23 A Yes.

24 Q So Ms. Chaney knew, had the same
25 information Mr. Tiedemann had on the 8th, right?

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2 A Yes.

3 Well, I'm sorry. I have to
4 backtrack there. I can't say they had the same
5 information because the agency had been as they
6 were outlined to follow this boy. They had the
7 follow-up, she did not. It was not her
8 responsibility. So I can't say that, you know,
9 the linkage and follow-up and monitoring was the
10 agency, not the hospital, so I can't say they had
11 the same information, they both knew about the
12 note, but Bill Tiedemann had, and the other staff
13 had a number of contacts with the family, with
14 the mother.

15 Q You'll agree with me, if you go back
16 to page 2, that all the items that you listed at
17 the top of page 2, those are all items that were
18 present when Matt was first hospitalized in
19 November?

20 A Well, I would say they were present,
21 but I think that some of them, for example, the
22 last one, the current medical problem, I didn't
23 expound on it here, but I think in thinking it
24 over, that could have also been quite a stressor
25 for this boy who already had a history of peer

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2 problems, teasing, learning disability, he now
3 found out that he might have a medical
4 abnormality that apparently was distressing to
5 the mother. So I think that in and of itself
6 could have also made him more stressed.

7 Q My question was, were all the
8 factors at the top of page 2, they were all
9 present when Matt was hospitalized in November,
10 right?

11 A Yes, they were present.

12 Q So they would have all have been
13 known to Ms. Chaney because she was a social
14 worker at the hospital, right?

15 A Yes, and I'm saying that I think
16 they might have been exacerbated or stronger on
17 the 8th. Some of them. Some of them were
18 stronger. He had just gotten teased by friends
19 in a note, and I think that was part of his note.

20 Q And that's what Ms. Morrison passed
21 on to Chaney, right?

22 A Passed on the information?

23 Q Right.

24 A She mentioned that.

25 Q Do you know if Ms. Chaney, the

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2 social worker from the hospital, would have had
3 the authority to ask Ms. Morrison to bring her
4 son into the hospital for an assessment?

5 A I don't know what her job
6 description was. I can't answer that.

7 Q In regard to the items at the top of
8 page 2, I think a number of those were also known
9 to Ms. McIntyre on the 8th, correct, she knew
10 about the suicidal ideation, right?

11 A She knew about some. I don't know
12 how much of it she knew about. She knew about
13 some.

14 Q She knew about him being depressed
15 from reading the note, right?

16 A And knowing that he was in the
17 hospital, yes.

18 Q She knew about him being ridiculed
19 and teased by his peers?

20 A Yes.

21 Q She knew about his recent move to
22 Ohio from West Virginia?

23 A Yes.

24 Q She knew about his feelings of loss
25 and abandonment related to his father?

1 Mirabito

2 A I wouldn't, I don't know that she
3 knew that much about it. She sounds to me like
4 she had spoken to him briefly. I don't know.

5 Q It was in his note, wasn't it?

6 A Yes, that's right, The mention of
7 his father, right.

8 Q Did she know about his isolation and
9 lack of friends?

10 A I'm not sure if they knew that.

11 Q Did she inquire of that when she was
12 assessing Matthew?

13 A I recall she spoke to him about, I
14 just recall that he mentioned he was happy about
15 going to a birthday party, but I don't know the
16 extent of the conversation about his friendships
17 and social activities.

18 I do remember her discussing with
19 him though one incident of going to a social
20 event with a peer and being happy about that.

21 Q I think you testified earlier that
22 it's your understanding that when Bill Tiedemann
23 called the school he talked briefly to
24 Ms. McIntyre, right?

25 MS. WISTNER: Objection.

1 Mirabito

2 I believe she had testified that it
3 was questionable whether there was any
4 conversation at all.

5 Q Is that --

6 A I said that from reading the
7 depositions I understood that there was a brief
8 conversation.

9 Q Okay.

10 A Kind of pass passing the phone along
11 from the mother to the -- to the mother.

12 Q And McIntyre passed the phone to the
13 mother, right, when Bill called?

14 A That's right.

15 Q Do you know why McIntyre, when Bill
16 called, didn't discuss with Bill more fully
17 Matthew's situation in school that day?

18 A I don't know.

19 I also don't know why he didn't
20 engage her in a conversation. I never understood
21 that. Which is what one would expect in terms of
22 making contact under those circumstances.

23 Q You mentioned that Ms. Morrison had
24 several telephone contacts with the social worker
25 at St. Luke's, Chaney, on the 8th. I think you

1 Mirabito

2 testified that Morrison and Chaney spoke about
3 moving up the appointment at Applewood and
4 Morrison telling Chaney about the existence of a
5 suicide note. Do you recall them talking about
6 anything else that day?

7 A I do remember in the deposition of
8 Chaney that her understanding was that the
9 mother, Ms. Morrison, had an ongoing relationship
10 with Mental Health Services and was expecting
11 that there would be follow-up from them.

12 Q Did Ms. Chaney confirm with Mental
13 Health Services as to what was going to transpire
14 in that regard?

15 A I don't remember that piece. But
16 from the deposition it seemed clear that there
17 was a clear understanding that Chaney and the
18 mother understood that the mother was following
19 up with the agency, and in fact, that's why she
20 didn't go further, Chaney didn't go further.

21 Q That was the understanding between
22 the mother and Chaney, but not between Chaney and
23 Tiedemann, because Chaney never called Tiedemann,
24 correct?

25 A At that time, at that point in time,

1 Mirabito

2 right. But there was an ongoing understanding
3 between the agency and the hospital, the agency
4 was following up. And that was through their
5 earlier telephone collaboration.

6 Q Did Chaney ever talk to
7 Mr. Tiedemann after Matthew was released from the
8 hospital?

9 A I'm not aware that Mr. Tiedemann
10 ever made contact with her. I believe that,
11 again, the person who made contact with the
12 hospital was not Mr. Tiedemann it was another
13 staff member because of scheduling, and
14 presumably Mr. Tiedemann read the note and knew.

15 Q But my question was, did
16 Mr. Tiedemann, was he ever contacted by
17 Ms. Chaney after Matthew was released from the
18 hospital?

19 A Not that I'm aware of, nor did he
20 contact her.

21 Q It's your belief that Chaney was
22 handing off the care of Matthew to Tiedemann
23 after Matthew got out of the hospital, right?

24 A Yes.

25 Q And did Chaney ever follow-up to

1 Mirabito

2 make sure that that was taken care of? The same
3 way you testified that Tiedemann was supposed to
4 follow-up with Applewood to make sure that the
5 care went from him to Applewood?

6 A I think that the follow-up with the
7 agency was confirmed with that telephone contact,
8 but I wouldn't see it within her job role
9 description to be doing the follow-up. I would
10 see it the other way around.

11 Q So when --

12 A See Tiedemann doing it.

13 Q So just to make sure I understand
14 what's going on here --

15 A Right.

16 Q -- Matthew gets out of the hospital,
17 it's your belief or opinion that at that time the
18 care goes from the hospital to Tiedemann, but
19 it's up to Tiedemann to contact the hospital --

20 A No. I think --

21 Q -- for continuity and care?

22 A What happens is during the discharge
23 process the hospital contacts the agency, the
24 agency spoke to the hospital, and then the ball
25 is carried by the agency.

1 Mirabito

2 Q Well, doesn't the hospital have an
3 obligation to make sure that Tiedemann follows up
4 appropriately the same way you've testified that
5 Tiedemann had an obligation to see that Applewood
6 was contacted?

7 A Not after discharge. That's not my
8 experience. After discharge from a hospital I
9 would not expect the hospital social worker to be
10 doing the phoning because he's no longer a
11 patient of the hospital.

12 Q Once a child is discharged from the
13 hospital, he is a patient of somebody else, but
14 not the hospital?

15 A Yes, that's why they discharge into
16 the agency.

17 Q Now, even though Matthew Morrison's
18 follow-up care was to be provided by Applewood,
19 did the hospital contact Applewood to coordinate
20 that care?

21 A Let me just clarify. Going back to
22 the note that we looked at earlier, I'll find it,
23 the hospital spoke to the agency about the plan,
24 which included Applewood, with the expectation
25 that the agency would be overseeing that plan.

1 Mirabito

2 Q That's the note on the 17th that
3 you're talking about, that's the one that you
4 referenced before, 11/17, two days before
5 discharge?

6 A I believe so.

7 Q You talked about a contract for
8 safety on page 3 of your report.

9 A Yes.

10 Q What is a contract for safety?

11 A It's a standard procedure that a
12 social worker or other mental health professional
13 would conduct with a client who is suicidal to
14 explore their potential to hurt themselves and
15 to -- the overall purpose is to insure their
16 safety. So the overall and ultimate goal is to
17 develop a usually verbal but sometimes written
18 contract which would indicate if one would be
19 able to guarantee whether or not they would hurt
20 themselves and, particularly with children and
21 adolescents, to identify people in one's life
22 that they would seek if they were to have the
23 thoughts of hurting themselves again. And there
24 is a plan. There is, the school district has a
25 written contract that details all of that.

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2 Q Right.

3 A There is as an example --

4 Q Do you recall Ms. McIntyre
5 testifying that she entered into a verbal
6 contract with Matthew for him to agree not to
7 harm himself?

8 A In reading the deposition I had the
9 impression that she had definitely discussed
10 safety with him and the mother and had developed
11 a plan with the mother to watch him closely and
12 definitely address safety.

13 Q And even though that contract or
14 that plan for safety was entered into Matthew
15 still committed suicide so contracts for safety
16 are not in and of themselves going to prevent a
17 suicide, right?

18 MS. WISTNER: Objection.

19 MR. CONWAY: Objection as to the
20 form. You got two different questions.

21 MS. WISTNER: That was two
22 questions.

23 A Yes. My read of the first contract
24 made at the school with the mother, you know,
25 there was not a time limit put on that, but I

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2 think it would be very reasonable to expect that
3 further assessment would be done if an agency is
4 monitoring a boy. So there was no, there was no
5 time contract put on that.

6 A contract for safety always
7 includes a time frame, in other words, you would
8 be able to guarantee that you wouldn't hurt
9 yourself until I see you again tomorrow, or you
10 know, and I don't know what the time frame was
11 laid out there.

12 Q So if Ms. McIntyre was to engage in
13 this contract for safety she should have put some
14 sort of time frame in it?

15 A I can't say whether she should have
16 or not. I mean, I don't know whether she did,
17 actually. I think --

18 Q Didn't you just state that at her
19 deposition that she entered into some sort of
20 contract or plan for safety with Matthew?

21 A That's what I said, that there is no
22 indication of a time frame. So did she, didn't
23 she, I don't know. She might have, she might not
24 have.

25 Q Further down that paragraph on page

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2 3 we were talking about the safety plan contract.
3 You referenced what actions would take place if
4 suicidal thoughts returned, do you see that in
5 the middle?

6 A Yes.

7 Q You do recall Bill Tiedemann telling
8 Ms. Morrison on the evening of 8th that she could
9 call him back if she wanted to if anything else
10 came up?

11 A Yes.

12 Q And you recall Bill telling her to,
13 that, you know, she should watch, Ms. Morrison
14 should keep an eye on Matthew?

15 A Yes.

16 Q Have you read in the transcript of
17 Ms. Morrison, based upon Ms. Morrison's testimony
18 anything that would lead you to believe that
19 Mr. Tiedemann or Ms. Morrison did not understand
20 what Mr. Tiedemann told her on the 8th?

21 A I don't know if she understood it or
22 not. There is nothing, he definitely didn't
23 engage with her around the safety plan. He made
24 those two statements, but he never explored
25 anything with Matthew about suicidal thoughts and

1 Mirabito

2 he never engaged in a safety contract with
3 Matthew or his mother.

4 Q If you go on to page 4 of your
5 report, halfway through the first paragraph you
6 state that Mr. Tiedemann conducted an incomplete
7 assessment because it was based solely upon
8 Ms. Morrison's opinion and assessment of Matthew,
9 do you see that?

10 A Yes

11 Q But you would agree with me,
12 wouldn't you, that Mr. Tiedemann also got
13 information from Ms. McIntyre through
14 Ms. Morrison, so it wasn't just simply Morrison,
15 but there was information provided by McIntyre,
16 albeit through a conduit of Ms. Morrison,
17 correct?

18 A A very little bit of information got
19 from Ms. McIntyre, maybe a few words. He didn't
20 get an assessment from her, he got a couple of
21 words.

22 Q That Matthew was okay, that you
23 could go home?

24 A That's what he got from her. I
25 wouldn't consider that an assessment.

Miranda

Q You were aware that there was a principal present at that school that day and one or two teachers that were involved in Matthew's situation?

A From reading one of the depositions, yes. I was aware of that

the principal, a vice principal, assistant principal, a couple of teachers, even somebody from safety and security?

A I didn't know exactly who was there but I had some sense that there were other individuals there

And were you aware that the positions of those people were taken in this case?

A I heard from Mr Conway that there were other school related positions

And did you ask to see those deposition transcripts to gain more insight or knowledge as to what transpired on that day at school?

A I didn't No, I didn't Mr understanding was they were available potentially, but --

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Q Can we go down now into the second paragraph of page 4? I'm going to skip over the reference to linked, because I think we've pretty much killed that. And the second sentence states, "According to the records, Ms. Morrison was advised by Dr. Lightbody and the hospital social worker to call or return to the hospital if there is a reoccurrence of suicidal ideation." Do you see that?

A Yes.

Q And did Ms. Morrison return to the hospital after the return of Matthew's suicidal ideation on December 8?

A She did not return to the hospital. There is something else I would like to say about this though.

Q Go ahead.

A Which is that I also felt, I didn't write it here, but I do feel that it would have been the agency's responsibility and Bill Tiedemann to be clear about what the plan was and how to help, you know, help that get carried out. And part of their was some discussion that was never made clear, you know, in the agency's

1 Mirabito

2 follow-up plan about calling, returning, any kind
3 of follow-up which I think was important for the
4 agency to make that clear in their plan.

5 Q You reviewed the records of Matthew
6 Morrison from Mental Health Services, right?

7 A Yes.

8 Q And in those records you'll agree
9 with me you did not find a copy of the discharge
10 summary from St. Luke's, correct?

11 A I believe I saw a discharge summary,
12 but probably in the hospital material.

13 Q I'm saying in the records from
14 Mental Health Services.

15 A Well, I don't know if they had one
16 or didn't have one.

17 Q Okay.

18 A I saw it in conjunction with the
19 hospital records.

20 Q Was there any discussion between
21 Ms. Beard-Chaney, the social worker from the
22 hospital, and Ms. Morrison on the 8th about
23 taking Matthew back to the hospital because of
24 this new suicide note?

25 A I recall that Ms. Morrison asked or

1 Mirabito

2 understood that Ms. Chaney would be conveying her
3 phone call to Dr. Lightbody. That's what was
4 said in the deposition.

5 Q And did Ms. Chaney do that?

6 A That I don't know.

7 Q We've talked a few times about the
8 notes of Mr. Tiedemann or Mental Health Services,
9 and they were previously marked as Exhibit 6 from
10 Dr. Shaffer's deposition.

11 You'll see in the note on the
12 evening of the 8th, that BT, Bill Tiedemann,
13 according to this note, offered outreach and was
14 declined by the mother, right?

15 A That's what he wrote.

16 Q And do you have any information to
17 lead you to believe that that was an inaccurate
18 note?

19 A I would say, if I were looking at
20 his note, I would say it was an incomplete note,
21 but I don't know about an accurate.

22 He doesn't give any complete facts
23 about why he comes to the conclusions he does,
24 including why he's not making the outreach. He
25 doesn't give any evidence as to why he's not

1 Mirabito

2 outreaching other than the mother declined. He
3 would need to give behavioral indicators that
4 would indicate why he was making --

5 Q Mr. Tiedemann did also write a note
6 earlier that day documenting his discussion with
7 Ms. Morrison at the school?

8 A Yes.

9 Q And that he, in fact, when given a
10 note even before that by Elizabeth Bach, advised
11 him of the original information that Matthew had
12 written another suicide note and must be
13 evaluated, correct?

14 A I'm looking for that one.

15 Q It's right here.

16 A Yes.

17 Q It's right here on Exhibit 6?

18 A Yes.

19 Q Do you have any reason to believe
20 that any information contained on Exhibit 6 from
21 Dr. Shaffer's deposition, those three notes or
22 that any of that information, was inaccurate?

23 A No. But I did in my reading of it,
24 frankly, I thought that it perhaps indicated the
25 mother was trying to contact Bill Tiedemann. She

1 Mirabito

2 had been playing phone tag with him, and would
3 like to talk to him. So those to me were
4 indications of the mother's cooperation and
5 interest in receiving services.

6 Q And Bill followed up with her,
7 right?

8 A On that conversation, yes.

9 Q Did you, knowing that Elizabeth Bach
10 took the initial call concerning the suicide note
11 on December 8, do you think it would have been
12 important to know what she knew or what she was
13 told from the school about Matthew's situation?

14 A I think it would be important in
15 terms of the agency's coordination of care, yes,
16 for the staff to collaborate with each other,
17 either verbally or through writing, particularly
18 since they indicated they're taking a team
19 approach to the care. So, yes, I think they
20 should collaborate and share information.

21 Q And they did share information,
22 didn't they? Ms. Bach took a note at 12:20 on
23 the 8th, passed it to Tiedemann who then called
24 the school. Do you see that?

25 A Well, in this particular call, yes,

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2 it was a note. I don't -- I would not take that
3 to mean that there was coordination of care of
4 the case, because I don't, I'm not certain that
5 there was. But on that note I would say, yes.

6 Q And then the next note at two
7 o'clock when Bill calls, that is signed off by
8 Ms. Bach on the same date?

9 A Did she sign off?

10 She did sign it, yes.

11 Is that what you were asking me?

12 Q Yes. Right.

13 A But she signed it, she signed a note
14 where a suicide note was indicated in the note,
15 and I think that's problematic, without, you
16 know, further exploration to know that you have a
17 new social worker who is not going to be
18 exploring the suicide note.

19 Q And do you know what Ms. Bach
20 discussed, if any, with Mr. Tiedemann concerning
21 this situation involving Matthew on the 8th?

22 A That information wasn't made
23 available.

24 Q We had some exhibits from a prior
25 deposition, I don't know what happened to them

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2 now?

3 A I did see that at the back of Fran
4 McIntyre's.

5 MR. CONWAY: But he's looking for --

6 Q I had one for you to look at.

7 A I'm sorry.

8 MR. STOFFERS: Off the record.

9 (A discussion was held off the
10 record.)

11 MR. STOFFERS: Back on the record.

12 Q I'm looking at the Exhibits 2
13 through 7 from the McIntyre deposition. You'll
14 see under the crisis referral form, the first
15 page, two-thirds of the way down it says, "Call
16 MCT if needed," Mobile Crisis Team. Do you see
17 that?

18 A Yes.

19 Q And to your knowledge, did any of
20 the schools ever determine that it was needed to
21 call MCT?

22 A Again, as I had answered before, MCT
23 had already been connected to the school.

24 Q Well, my question is, did anybody
25 ever determine it was necessary or needed to call

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2 MCT, Mobile Crisis Team? Was that determination
3 ever made by Ms. McIntyre or anybody else at the
4 school?

5 A I'm not aware of that, whether it
6 was or wasn't.

7 Q Now, if you go further down under
8 the closing section, page 4 of the report, the
9 last sentence, the second to last paragraph
10 states, "It would be the responsibility of the
11 social worker to act as a broker and advocate
12 with the community agencies to obtain an earlier
13 appointment if possible." Was an earlier
14 appointment possible?

15 A Well, that would be for the social
16 worker to determine.

17 Apparently, the mother was, you
18 know, sufficiently concerned with December 8 that
19 in her conversation with Gerri Beard-Chaney she
20 apparently began then to advocate and broker with
21 the agency. So it appeared as though there was
22 an earlier appointment after she made those
23 efforts.

24 Q In reading Ms. Morrison's deposition
25 transcript, do you recall her testimony to the

1 Mirabito

2 effect that she was expecting Gerri Beard-Chaney
3 to make the appointment at Applewood? Do you
4 remember Ms. Morrison testifying to that effect?

5 A Let me just check. Let me check on
6 that because there is a lot of discussion about
7 that.

8 The question again was did the
9 mother know?

10 Q I said, do you recall the mother,
11 the mother's testimony, Ms. Morrison Atkins, her
12 testimony to the effect that she was expecting
13 Gerri Beard-Chaney to schedule the appointment
14 with Applewood?

15 A I would have to check on that.

16 I think it was. I know Gerri
17 Beard-Chaney described how they had discussed
18 with the mother that the mother would need to
19 make the appointment herself. So I would have to
20 check on the mother's deposition.

21 Q Do you know how it was left when
22 Matthew was discharged from the hospital as to
23 whether Ms. Morrison made the appointment at
24 Applewood or whether Chaney or somebody at the
25 hospital would make the appointment at Applewood?

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2 A I think it was left that the mother
3 needed to call Applewood. I think that was
4 established.

5 Q Would you go on to the next page,
6 page 5 of your report, under the heading multiple
7 staff involved in Matthew Morrison's care. Do
8 you see that?

9 A Yes.

10 Q You start off with the sentence,
11 "The involvement of multiple staff members
12 indicates, appear to have made it more
13 difficult." When you say appear does that mean
14 that it made it more difficult or you're not
15 sure?

16 A My opinion would be that it made it
17 more difficult.

18 Q And do you have anything upon which
19 you base that opinion?

20 A Yes. That whenever multiple staff
21 members are involved in any case, multiple people
22 have multiple contacts with others and it adds to
23 the complexity. So, I mean, I think it's --

24 Q Let me ask you in regard to Bill
25 Tiedemann, did you see anything in this case

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2 which would lead you to believe that he did not
3 understand what the other contacts by the agency
4 were with Matthew Morrison?

5 A I would have to say that given his
6 lack of follow-up, I was not clear whether he was
7 clear about what the exact state of functioning
8 was at the time of discharge. And it was never,
9 they had multiple individuals involved making
10 outreach calls to the mother, but they didn't
11 have a symptomatic process for monitoring the
12 same parameters each time they spoke to the
13 mother.

14 So I would say there was not a
15 symptomatic plan from my review of their
16 approach.

17 Q But I think you started off saying
18 you're not clear if Bill is clear about what was
19 happening with Matthew, is that true?

20 A The notes did not make it clear, let
21 me put it that way.

22 Q To you?

23 A That's right, nor would it be clear
24 to them.

25 Q Did Mr. Tiedemann testify at his

1 Mirabito

2 deposition that he was not clear as to what had
3 transpired with Matthew from the time Matthew got
4 out of the hospital until December 8?

5 A I don't recall that question
6 specifically being asked.

7 Q Do you have any reason to believe
8 that Mr. Tiedemann did not read the chart on
9 Matthew Morrison as to what occurred with him
10 from when he left the hospital until December 8?

11 A Which chart are you referring to,
12 the hospital chart?

13 Q No, the chart at the --

14 A The agency?

15 Q -- the agency.

16 A I don't know whether he read it or
17 not. There is no way to determine that, really.

18 Q Let's go onto the next page.

19 A Yes.

20 Q You state, "The lack of coordinated
21 collaboration by the multiple staff members
22 involved in the case regarding the seriousness of
23 Matthew Morrison's risk of suicide at the time of
24 the second suicide note appears to be a
25 significant factor in William Tiedemann not

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2 conducting a full assessment at the time when a
3 second suicide note." What's the basis for that
4 opinion or conclusion?

5 A The basis for that would be that if
6 Bill Tiedemann was fully apprised of what
7 transpired in the hospital, as he should have
8 been, what state the boy was in on discharge, I
9 believe he would have possibly, maybe, maybe not,
10 but he would need to have a full appreciation for
11 that in order to know how to proceed with a new
12 suicide note.

13 Q If, as you say, Matthew Morrison's
14 care was being transferred from the hospital to
15 Mr. Tiedemann and Mental Health Services after
16 Matthew was released from the hospital, wouldn't
17 it be incumbent upon the hospital to make sure
18 that Mr. Tiedemann is provided with the relevant
19 information as to Matthew Morrison's treatment
20 and his discharge plan?

21 . A Well --

22 MR. PHILIPP: Objection.

23 A Yes. Let me say that I know of
24 agencies, I've I worked for one where we wouldn't
25 be able to see clients unless we had the

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2 materials that we needed, which might include a
3 discharge plan.

4 So I think it's incumbent upon the
5 receiving agencies to be clear about what they
6 need from the referral agency, and to also decide
7 on, you know, whether they'll be able to provide
8 services based on that. If there was some reason
9 they didn't have it, I think they need to get it
10 or decide whether they can or cannot provide
11 services. So in our agency we wouldn't be able
12 to see an individual unless we felt we had enough
13 information.

14 Q Did Ms. Morrison sign a release to
15 consent to the release of Matthew Morrison's
16 hospital records to Mental Health Services? She
17 would have to do that for the records to go over
18 to Mental Health Services, right, the hospital
19 records?

20 A Most likely. Most likely she had to
21 do that. I'd have to see the agency policy with
22 that.

23 Q And was that done at the hospital?

24 A That I don't know. And I think
25 you'd have to review the agency's policies to see

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2 if it was required.

3 Q That would be a policy of the
4 hospital, wouldn't it, in regard to who they
5 would release records to?

6 A Possibly.

7 Q What is a lack of coordinated
8 collaboration that you're referring to in that
9 sentence?

10 A The lack of coordinated
11 collaboration, I think it's described on the
12 previous page. It's pretty clear what a
13 symptomatic approach, the last couple of
14 sentences, "In conducting outreach it would have
15 been important to monitor moods, suicidality,
16 hearing of voices, response to medication,
17 overall functioning in school and at home, and a
18 consistent uniform manner in order to obtain a
19 full picture of the client's needs."

20 So I think if there was a
21 symptomatic approach and each person making the
22 outreach follow the same protocol, there would
23 have been more consistency and more clarity about
24 what the condition of the client was, and more
25 information that they could base their

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2 intervention on. So that's what I think
3 coordinated collaboration would be.

4 Q So every time there was a contact
5 with Matthew Morrison after he was discharged
6 from the hospital somebody from the agency should
7 have looked into all those factors you're
8 referencing at the bottom of page 5?

9 A Ideally, those would be the factors
10 that one would want to be following and
11 monitoring, since those were the factors that
12 were at play when he was in the hospital.

13 Certainly, one would want to know
14 his overall functioning at school and at home.
15 One would want to know details, basically, about
16 how he was functioning. I think their notes are
17 very general, usually one or two words without a
18 lot behavioral indication as to why they, for
19 example, the client is stable, but that doesn't
20 give a lot of specifics.

21 Q Did Ms. Beard-Chaney or anyone from
22 the hospital have any role in Matthew Morrison's
23 care after he was discharged from the hospital?

24 MR. CONWAY: With the following
25 qualification, she's obviously not

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rendering an opinion regarding
Dr. Lightbody a psychiatrist.

MR. PHILIPP: Let me ask for
clarification, does that question include
Dr. Lightbody?

MR. CONWAY: I'll put on the record
she's not going to be rendering an opinion
regarding a psychiatrist, she's a social
worker.

Q Can you answer the question?

MR. PHILIPP: Note my objection to
form.

Q Did Gerri Beard-Chaney have any role
in the treatment of Matthew Morrison after he was
released from the hospital?

A I really feel I would need to review
her. I wasn't asked to comment on her role as a
social worker. I would have to look at her job
description.

Q You don't know is your answer,
without looking at her job description?

A I'm saying, I don't, I can't answer
the question --

Q Okay.

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A .. with certainty.

3 Q Did you look at the job description
4 of the school psychologist, such as Ms. McIntyre,
5 who was also on the crisis team, do you know what
6 that entailed?

7 A I believe I did.

8 Q Did that role as a crisis team
9 member involve assessing students for suicide?

10 A I have to really look at her and
11 find out what her job description is. Maybe I
12 didn't have her job description, actually, I
13 think it was really in the course of her
14 deposition, as I recall.

15 Q And do you recall what she testified
16 about what her duties were as a crisis team
17 member?

18 A Her duties were a number of duties.
19 I'm sorry. Here, I do have it.
20 The role of school psychologist,
21 yes.

22 Q You're looking at what exhibit?

23 A This is number 00107.

24 Q It's got an exhibit sticker on the
25 side?

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2 A Three. Or is that 5? Three, I
3 think.

4 Q All right.

5 A Yes.

6 Q And what does it state there, the
7 duties of a school psychologist, crisis
8 intervention or situation?

9 A "Contact the school as soon as
10 possible to determine the appropriate response,
11 report to the building as soon as possible,
12 consultation with the building administrator or
13 designee." There is a whole list of all of them.

14 Q Does that include also contacting
15 the Mobile Crisis Team if deemed necessary?

16 A Determine whether or not the Mobile
17 Crisis Team should be notified. Psychologist
18 should make the call. School representative must
19 remain in the building with the Mobile Crisis
20 team worker throughout their evaluation.

21 Q If you get down to the end of page
22 6, you state, "In my opinion --"

23 A Yes.

24 Q "-- the deviations from the standard
25 of care for licensed social worker that are

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outlined in this report caused Matthew Morrison's death on December 10." Do you see that?

A Yes.

Q Do you agree with me that the failure of Gerri Beard-Chaney to tell Dr. Lightbody about the suicide note was a cause of Matthew Morrison's death?

A I wasn't commenting on whether her actions were cause or not.

Q Do you agree that Ms. McIntyre not requesting Mobile Crisis Team to come out to the school and see Matthew was a cause of his death?

A Also, I wasn't commenting on whether that was a cause.

Q And do you agree that the mother declining services from the Mobile Crisis Team, in particular to Mr. Tiedemann, on December 8 was a cause of his death?

A I do not feel, from my understanding, that the mother knew exactly what she was declining. It was never clear. It was never made clear what she was declining. There was no explanation of services, of why services would be helpful, useful, necessary. So I don't

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2 feel that she made an informed decision there.

3 Q You would agree with me, however,
4 that neither McIntyre nor Chaney requested
5 Mr. Tiedemann to do an assessment on December 8,
6 correct?

7 A That's correct. I saw it as
8 Mr. Tiedemann's role to initiate those
9 assessments.

10 Q But neither McIntyre or Chaney asked
11 Tiedemann to do an assessment, did they?

12 A Chaney assumed he was doing an
13 assessment. She said --

14 Q I don't want to know what Ms. Chaney
15 assumed. My question is did Chaney ask Tiedemann
16 to do an assessment?

17 A I don't recall that either of them
18 formally asked for an assessment.

19 Q Either of them, Chaney or McIntyre?

20 A Correct.

21 Q And you were aware, weren't you,
22 that Ms. McIntyre reported the situation
23 involving Matthew Morrison's suicide note to her
24 supervisor, Mr. Stencil?

25 A Somewhat. I don't know a lot about

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2 the contact with Mr. Stencil because I didn't
3 read Mr. Stencil's deposition.

4 (A short recess was taken.)

5 MR. STOFFERS: Back on the record.

6 Q Doctor, you've testified today
7 extensively about your opinion and conclusions,
8 you have a report that's been marked, do you
9 intend on offering any other opinions in this
10 case?

11 A No.

12 Q What was your understanding of
13 Matthew Morrison's condition on December 9 and
14 December 10, prior to his suicide?

15 A This is something that, I believe
16 since nobody spoke to Matthew Morrison, there is
17 no indication of what Matthew Morrison's state
18 was. The only way to know that would have been
19 to have spoken to him.

20 I think it's fair to say that my
21 experience with working extensively with
22 adolescents, that they often indicate how they
23 feel either behaviorally or in this case, you
24 know, through a note. I don't have any reason to
25 think he changed the way he felt on December 8.

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2 Q Matthew went to school on the 9th
3 and 10th; is that correct, before he committed
4 suicide?

5 A On the 9th.

6 I thought he committed suicide on
7 the morning of the 10th.

8 Q The evening of the 10th.

9 A All right.

10 Q I'll represent to you that he went
11 to school on the 9th and the 10th. I think the
12 record will reflect that.

13 Did any of his teachers report any
14 unusual behavior by Matthew on those days?

15 A There wasn't any records that I read
16 about how or if that was being monitored, so I
17 don't know if it was.

18 Q And did Matthew's mother report any
19 unusual behavior of Matthew or anything that gave
20 her concern on the 9th or 10th prior the suicide?

21 A No new information, only what was
22 available on the 8th.

23 Q Did Ms. Morrison testify in this
24 case that Matthew expressed any further suicidal
25 ideation on either the 9th or the 10th?

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A I don't recall reading that he expressed any verbally to anyone. I believe he wrote other notes that were found. I don't know exactly when the notes were written, but there were a variety of notes that were found.

MR. STOFFERS: I have nothing further at this time.

Just let me make a note for record here. We do want to get copies of the four note pads. Also, there is a file with National Association of Social Workers, I think, with the ethics --

THE WITNESS: Code of ethics.

MR. STOFFERS: And notes on it.

And then there may be a couple of other things, we'll clean it up, but just to make sure I have down here right now, those documents, the note pads, the three MedSource letters, report of Wills with the notes on it, the 5/1 and the 6/20 letter from the plaintiff's attorney.

Thank you.

MR. PHILIPP: Good afternoon,
Dr. Mirabito, my name is Jonathan Philipp,

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I represent Dr. Lightbody I'm going to
be very brief

EXAMINATION

BY MR. PHILIPP:

Q First of all, just to clarify what
Mr. Conway represented earlier, am I correct that
you will be not offering any opinions regarding
whether Dr. Lightbody conformed to the standard
of care of psychiatrists or not?

A Correct.

Q And similarly, am I correct that you
will not be offering any opinions as to whether
anything Mr. Lightbody did or didn't do was an
approximate cause of Matthew's suicide?

A Correct.

Q Now, I do see that you were provided
with a copy of a report authored by Dr. Morton
Silverman, correct?

A Yes.

Q And that was sent to you by
Mr Conway's office on June 13th, 2002?

A Yes

Q And like Dr. Will's report, you did
go through Dr. Silverman's report, correct?

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A Yes.

Q I just have one question for you.

On page 7 of Dr. Silverman's report, on the last five lines of his report, you've underlined those lines; is that correct?

A Right.

Q And the underlining begins with the phrase, "Dr. Lightbody was never involved in Matthew's care," and then continues to the end of the page, correct?

A Yes.

Q And off in the right hand margin you have a word, is that "key"?

A "Key."

Q Why did you put "key" in the margin?

A Let me read this. I'm trying to recall.

What I guess it was, I guess I was indicating that this case was being followed by the agency. That was my read on that.

Q By "key" did you mean that to be synonymous with important?

A Important. Important that the agency was responsible for the monitoring and

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2 following.

3 Q Do you recall that it was important
4 that Dr. Lightbody was not made aware of the
5 December 8 incident having occurred?

6 MR. STOFFERS: Objection.

7 MR. CONWAY: As it relates to the
8 standard of care for Mental Health
9 Services?

10 MR. PHILIPP: Fine. I'll take that
11 question as rephrased.

12 MR. STOFFERS: Objection.

13 A I think it's key that the agency did
14 not collaborate with the hospital, and that would
15 have been, you know, social worker to social
16 worker at that point in terms of discharge and
17 monitoring. And I just, as I felt it was key
18 that the agency's role is to collaborate with the
19 systems involved, the hospital and the school,
20 and I did not see them doing that.

21 Q And when you say hospital in that
22 last answer, are you focusing specifically on the
23 social work department of the hospital?

24 MR. STOFFERS: Objection.

25 Q By hospital you mean Gerri

1 Mirabito

2 Beard-Chaney?

3 MR. STOFFERS: Objection.

4 MR. CONWAY: Objection.

5 MR. STOFFERS: Don't go down that
6 road.

7 A The social worker will be carrying
8 out the psychiatrist's overall orders. I mean,
9 the psychiatrist is in charge of the unit. So
10 and there is, obviously, in my experience, a
11 psychiatrist is not doing the actual, you know,
12 day-to-day follow-up, the social worker is.

13 Q Is there anything in the record that
14 you reviewed that indicates that Dr. Lightbody
15 was made aware of the actions that took place
16 after Matthew was discharged from the hospital?

17 A No.

18 MR. PHILIPP: That's all I have.

19 I would like a copy of this marked
20 with the others.

21 MS. WISTNER: I have a few
22 questions.

23 Good afternoon, I'm Rebecca Wistner,
24 I represent Fran McIntyre, we met today.

25 I have a few questions for you.

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EXAMINATION

BY MS. WISTNER:

Q Mr. Stoffers was asking you some questions about whether you knew what the Cleveland Municipal School District's policies were in 1988 concerning the Mobile Crisis Unit, do you recall that?

A Yes.

MR. STOFFERS: Objection.

Q I'd like to show you what's previously been marked as McIntyre Exhibit 1. You have reviewed this document before, correct?

A Today. I saw this earlier today, yes.

Q And am I correct that the subject line on this document is "Procedures for Students Suicides for Cleveland Public Schools"?

A Yes.

Q And this is dated prior to 1998, correct?

A Yes.

Q If you look on the second page, paragraph B, I believe, Mr. Stoffers has directed your attention to that paragraph before?

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2 A Yes.

3 Q Do you see anywhere in there, in
4 that paragraph, a requirement that there be some
5 sort of formal invitation extended to Mobile
6 Crisis in order for one of their personnel to
7 come to a school?

8 MR. STOFFERS: Objection.

9 A No.

10 Q You see that requirement anywhere in
11 this document?

12 MR. STOFFERS: Objection.

13 A I'd have to read the whole document,
14 which I can do, but --

15 Q Why don't you skim through it?

16 MR. STOFFERS: We'll stipulate the
17 document speaks for itself.

18 A I don't see any clause about an
19 invitation.

20 That was the question?

21 Q Yes.

22 A I don't see it stated.

23 Q And from your review of the records
24 in this case, did you run across any regulation,
25 either from Mental Health Services or from the

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2 Cleveland Public Schools that required some sort
3 of formal invitation for a member of the Mobile
4 Crisis Unit to physically come to a school?

5 MR. STOFFERS: Objection.

6 A No. The only thing I ran across in
7 their policies was a clause that said if they
8 were going to outreach, to a referral agency,
9 which could be a school, the worker would need to
10 consult with the supervisor, the program manager.

11 Q The program manager from?

12 A From Mental Health Crisis, yes.
13 Mental Health Services.

14 MS. WISTNER: I have no further
15 questions.

16 Thank you.

17 MR. STOFFERS: I just have one
18 follow-up question.

19 EXAMINATION

20 BY MR. STOFFERS:

21 Q Since it was brought up by
22 Ms. Wistner, and looking again still at McIntyre
23 Exhibit 1, on the second page, Section B, it
24 states, "Contact Mental Health Services, can
25 request the assistance of the Mobile Crisis

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2 Team." Do you see that?

3 A Yes.

4 Q You agree with me that on December 8
5 nobody from the school either contacted Mobile
6 Crisis nor requested the assistance of Mobile
7 Crisis, correct, in regard to Matthew Morrison?

8 MS. WISTNER: Objection.

9 A Again, what I said was that the
10 contact had been made by the mother. And there
11 was some connection with the two of them with
12 Mobile Crisis and the school, but yes, that's how
13 it was made, through the mother's call.

14 Q But it wasn't made by the school,
15 correct?

16 A The school did not call.

17 Q And the school did not request the
18 assistance of Mobile Crisis, did it?

19 MS. WISTNER: Objection.

20 A The school didn't formally request
21 assistance.

22 MR. STOFFERS: Thank you.

23 MR. CONWAY: Okay.

24 MR. STOFFERS: I have no further
25 questions.

1 Mirabito

2 Again, we may want to look at a
3 couple of things here and make a copy.

4 THE WITNESS: I still don't
5 understand why it says the school staff
6 should not contact.

7 MS. WISTNER: Well, actually, if you
8 look at the sentence right before that I
9 think that's, in other words.

10 MR. CONWAY: Let's go off the
11 record.

12 (A discussion was held off the
13 record.)

14
15 (Continued on the next page to allow
16 room for the jurat.)

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Mirabito

MR. CONWAY: She's going to read
that and sign it.

If you could send it to me, I'll
make sure she gets a copy and she can sign
the errata page.

(Time noted: 2:45 p.m.)

DR. DIANE MIRABITO

Subscribed and sworn. to
before me on this _____ day
of _____, 2002.

NOTARY PUBLIC

VERITEXT

212-267-6868

516-608-2400

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I, KARIN GENALO, a Notary Public in and
for the State of New York, do hereby certify:

THAT the witness whose testimony is
hereinbefore set forth, was duly sworn by me; and

THAT the within transcript is a true
record of the testimony given by said witness. I
further certify that I am not related, either by
blood or marriage, to any of the parties to this
action; and

THAT I am in no way interested in the
outcome of this matter.

IN WITNESS WHEREOF, I have hereunto set my
hand this 9th day of July, 2002.



KARIN GENALO, CSR

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EXHIBITS ONLY

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1
2 IN THE COURT OF COMMON PLEAS
CUYAHOGA COUNTY, OHIO

3 -----X
LINDA G. MORRISON, etc.,

4
5 Plaintiffs,

6 - against -

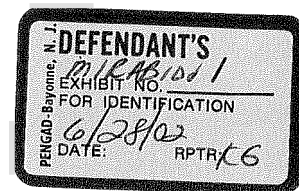
7 RICHARD LIGHTBODY, M.D., et al.,

8 Defendants.

9 -----X

10 Marriott LaGuardia
11 Queens, New York
June 27, 2002
9:10 a.m.

12
13
14 DEPOSITION of DR. DIANE MIRABITO, a
15 non-party expert witness, taken by the Defendant,
16 held at the above-mentioned time and place,
17 before Karin Genalo, CSR, a Notary Public of the
18 State of New York.
19
20
21
22
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25



IN THE COURT OF COMMON PLEAS
CUYAHOGA COUNTY, OHIO

LINDA G. MORRISON, etc.

Plaintiffs,

VS.

RICHARD LIGHTBODY, M.D., et al.

Defendants.

CASE NUMBER: 408705

JUDGE ROBERT GLICKMAN

AMENDED NOTICE OF DEPOSITION
DUCES TECUM

Please take notice that on **Friday, June 28, 2002, beginning at 10:00 a.m.**, Defendants Mental Health Services for the Homeless, Inc. dba Mental Health Services, Inc. (aka Mental Health Services for Homeless Persons, Inc.) and Bill Tiedemann will take the deposition of Dr. Diane Mirabito, Plaintiff's Expert, in the above styled case, upon oral examination, pursuant to the provisions of the Ohio Rules of Civil Procedure, before a court reporter, notary public, or before some other officer authorized by law to administer oaths.

The above-mentioned deposition will be taken at the Marriott LaGuardia, 102-05 Ditmars Boulevard, East Elmhurst, New York, and the oral examination will continue from day-to-day until completed.

Pursuant to Civil Rule 30(B)(4), the deponent is required to produce the following described records, documents and things at the time of the deposition:

1) All materials and records reviewed by Dr. Diane Mirabito in reference to this case that form the basis of any opinions which she intends to render at the time of trial.

2) Any and all medical literature reviewed by Dr. Diane Mirabito or upon which she intends to rely with respect to the testimony to be provided concerning any of the issues involved in this case.

3) A complete and current curriculum vitae relating to Dr. Diane Mirabito.

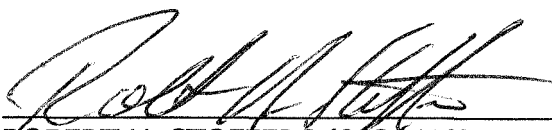
4) All working notes prepared by or on behalf of Dr. Diane Mirabito as it relates to her involvement in this case.

5) All billing records for services rendered as an expert witness on behalf of the Plaintiff in this case at any time up to the present.

6) Any records which reflect in any way the identity of other cases in which Dr. Diane Mirabito has served as an expert witness on behalf of any defendant(s) in which the allegation included a claim of medical malpractice or negligence.

Respectfully submitted,

MAZANEC, RASKIN & RYDER CO., LPA



ROBERT H. STOFFERS (0024419)

100 Franklin's Row

34305 Solon Road

Cleveland, Ohio 44139

(440) 248-7906

Attorney for Defendants Mental

Health Services for the Homeless, Inc. dba

Mental Health Services, Inc. and Bill

Tiedemann

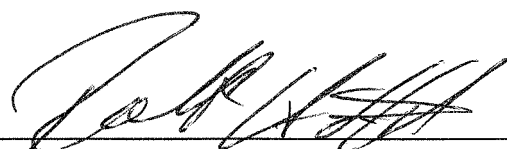
CERTIFICATE OF SERVICE

A copy of the foregoing has been served via regular U.S. Mail on this 12th
day of June, 2002 to:

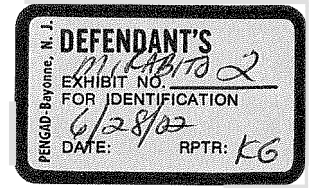
Donna Taylor-Kolis, Esq.
Thomas E. Conway, Esq.
Friedman, Domiano & Smith
Sixth Floor – Standard Building
1370 Ontario Street
Cleveland, OH 44113-1701
Attorneys for Plaintiff Linda Morrison

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Janik & Dorman
9200 South Hills Blvd.
Suite 300
Cleveland, OH 44141-1371
Attorney for Defendant Richard Lightbody, M.D.

Rebecca A. Wistner, Esq.
Squire, Sanders & Dempsey
4900 Key Tower
127 Public Square
Cleveland, OH 44114-1304
Attorney for Defendant Fran McIntyre


ROBERT H. STOFFERS (0024419)
Attorney for Defendants Bill Tiedemann
and Mental Health Services for the
Homeless, Inc., dba Mental Health
Services, Inc.

DIANE M. MIRABITO
4 Washington Square Village #11J
New York, New York 10012
Home: (212) 228-5976
Office: (212) 992-9732
dm78@nyu.edu



EDUCATION

- 612000 City University of New York, Hunter College School of Social Work, New York, NY
DSW, Doctorate in Social Welfare
- 611984 Institute for Juvenile Research, Family Systems Program, Chicago, Illinois
Post-Masters Clinical Externship in Structural and Strategic Family Therapy
- 611977 University of Chicago, School of Social Service Administration, Chicago, Illinois
Master of Arts, Social Work
- 611974 Syracuse University, Syracuse, New York
Bachelor of Arts, Social Work and Psychology, cum laude

ACADEMIC EXPERIENCE

- 812000- New York University Shirley M. Ehrenkranz School of Social Work, New York, NY
Present Assistant Professor
Responsibilities include: Teaching, faculty advisement, and program development.
Teaching: Teach practice courses including introductory practice class and electives, "Crisis Intervention and Short-Term Treatment" and Clinical Practice with Diverse Youth in Urban Settings" to MSW students; Seminar in Field Instruction (SIFI) to new field instructors; and advanced SIFI workshop, Teaching Groupwork Skills in the Field.
Faculty Advisement: Provide individual and group faculty advisement to first and second year MSW students and consultation and technical assistance to field instructors.
Program Development: Plan and conduct focus groups with agency administrators to assess needs in the field and enhance linkages between the academic program and the field. Collaborate with staff at Jewish Board of Family and Children's Services to plan and develop new academic/field program focused on working with Youth of Color. Develop Practice/Human Behavior course for this program. Participate on the following committees: Field-based Learning; Educational Advisory Committee; Faculty Search and New Appointments; Faculty Status; and Commencement.
- 9/1997- Columbia University School of Social Work, New York, New York
512000 Adjunct Assistant Professor
Developed and taught Human Behavior elective, Normal and Pathological Aspects of Adolescence, to MSW students; taught Seminar in Field Instruction (SIFI) to new field instructors.

- 9/1991-
5/2000** **Adjunct Assistant Professor/Faculty Field Advisor**
Provided field advisement to MSW students for field placements in hospitals, agencies, and schools. Provided individual and group advisement; assisted first-year students in selection of second year field placements; monitored and evaluated students' progress in fieldwork and quality of field placements. Provided consultation and technical assistance to field instructors.

PROFESSIONAL EXPERIENCE

- 11/1988-
8/2000** **Mount Sinai Medical Center, Adolescent Health Center, New York, New York**
Clinical Social Worker and Supervisor
Responsibilities included: supervision of social work staff; program development; field instruction to social work interns; clinical practice; and research.
Supervision and Program Development: Developed and coordinated social work programs at the Adolescent Health Center and within community-based agencies and schools in East Harlem. Led program development efforts and provided clinical supervision to social work staff in these programs.
Field Instruction: Coordinator, Social Work Intern Training Program: Developed field placements at the Adolescent Health Center and schools and agencies in East Harlem; provided individual and group field instruction to social work interns from CUSSW and ESSW; led groupwork seminar for social work interns; participated in the coordination and leadership of hospital-wide in-service training program for social work interns; provided training for medical students and residents.
Clinical Practice: Led intake team and interdisciplinary treatment planning team meetings. Provided individual, group, and family treatment to adolescents and their families. Participated in community-based OMH Manhattan Children's Committee.
Research: Co-Chair, Research Committee: Provided leadership, training, and technical assistance to staff engaged in practice-based research. Collaborated on the development, implementation, and evaluation of a short-term treatment model for adolescents. Conducted research on clinicians' and clients' perspectives of termination from treatment.
- 6/1986-
9/1991** **Mount Sinai Medical Center, Emergency Room/On Call Program, New York, NY**
Clinical Social Worker/Consultant (Evenings, 1986-1991 and currently).
Provided crisis intervention services to patients and families and consultation to medical and administrative staff for psycho social emergencies in the emergency room and throughout the Medical Center.
- 11/1985-
11/1988** **Good Shepherd Services, Brooklyn, New York**
Program Director, Crossroads Dropout Prevention Program
Designed, developed, and managed collaborative partnership between a community-based agency and the New York City Board of Education in three junior high schools for 300 students and their families. Responsible for hiring, training, and supervising 15 MSW and BSW staff. Managed the administrative, fiscal, and personnel operations of the program. Collaborated extensively with principals, teachers, and agency staff to develop and implement comprehensive services, including, counseling, outreach, after-school enrichment, and recreation programs. Directed program design, implementation, and evaluation with school and agency staff. Wrote grants for fund raising and program expansion.

Diane M. Mirabito (3)

- 9/1984-11/1985 Morrison Memorial Hospital, Adolescent Services, Morrison, New Jersey
Field Instructor/Clinical Social Worker
Provided individual, family, and group treatment to adolescents and their families in an outpatient adolescent clinic and inpatient medical unit; provided field instruction to social work intern from CUSSW and training to medical students and residents. Designed and conducted staff training programs on substance abuse, suicide prevention, stress management, and neglect/abuse for schools and agencies.
- 9/1979-8/1984 Proviso Area for Exceptional Children, Maywood, Illinois
Field Instructor/School Social Worker
Provided assessment and individual, group, and family counseling services to special education students and their families in fifteen schools. Developed school-based field placements for social work interns from Jane Adams School of Social Work; provided field instruction. Led multi-disciplinary screening/intervention teams; provided consultation and in-service training to principals and teachers.
- 6/1977-9/1979 Proviso Family Service and Mental Health Center, Westchester, Illinois
Child and Adolescent Therapist
Provided individual, couples, family, and group therapy to children, adolescents, and their families. Conducted educational workshops and collaborated with community agencies, psychiatric hospitals, schools, and courts.

CONSULTATION AND PRIVATE PRACTICE EXPERIENCE

- 8/1999-Present Private Practice, New York, New York
Psychotherapist
Provide individual and family psychotherapy to adolescents and adults.
- 9/2000-Present Reviving Baseball in Inner Cities (RBI), New York, New York
Consultant
Provide supervision and training to agency staff in the development and implementation of social work services in community-based organization focused on athletic and educational youth development.
- 9/1997-Present Association to Benefit Children, New York, New York
Consultant
Provide clinical training and supervision in groupwork to MSW students who plan, implement, and lead groups for children, adolescents, and parents.

SELECTED PROFESSIONAL PRESENTATIONS

- 212002** New York University, Department of Physical Therapy
The Role of the Social Worker on the Healthcare Team
- 112002** Society for Social Work and Research
Keeping the Door Open or Keeping the Door Shut? How and Why Adolescents
Terminate from Mental Health Treatment
- 712001** 3rd International Conference on Health and Mental Health, Tampere, Finland
Termination Patterns from Adolescent Mental Health Services
- 512001** New York University, Ehrenkranz School of Social Work, Field Colloquium
Wisdom from the Field: Using Focus Groups to Create and Maintain Excellence in
Social Work Education (Presented with Dr. Jeffrey Solomon)
- 312001** Society for Adolescent Medicine, San Diego, California
Keeping the Door Open or Keeping the Door Shut?
How and Why Adolescents Terminate from Mental Health Treatment
- 412000** Mount Sinai Adolescent Health Center, New York, New York
Termination from Mental Health Services: Clinicians' and Clients' Perspectives
- 1112000** Mount Sinai Medical Center, Social Work Intern Educational Program, NY, NY
Interdisciplinary Collaboration
- 611999** Society for Psychotherapy Research, International Conference, Braga, Portugal
Adolescents' Experiences with Termination: Quantitative and Qualitative Findings
- 311998** Mount Sinai Medical Center, Social Work Intern Educational Program, NY, NY
Social Work Services in School-Based Programs
- 1111997** Mount Sinai Medical Center, Auxiliary Board, New York, New York
Teenage Pregnancy and Options Counseling Services
- 311997** Hunter College School of Social Work, New York, New York
Clinical Approaches to Working with High-Risk Adolescents
- 211996** East Harlem M.S.W. Student Consortium, Spence Chapin, New York, NY
Adolescent Depression and Suicide
- 511995** Society for Psychotherapy Research, International Conference, Vancouver, Canada
Termination from Mental Health Services with Adolescents

- 611995 Columbia University School of Social Work, New York, New York (Research class)
The Development and Evaluation of a Short-Term Treatment Model with Adolescents
- 3/1995 Mount Sinai Medical Center, Auxiliary Board, New York, New York
Collaborative Short-Term Treatment with Inner-City Adolescents
- 611994 Society for Psychotherapy Research, International Conference, York, England
Staff Responses to Termination from Mental Health Services with Adolescents
- 611994 Columbia University School of Social Work, New York, New York (Research class)
The Use of Practice-Based Research Approaches in Agency Practice
- 1111993 American Public Health Association, San Francisco, California
Collaborative Short-Term Treatment with Inner-City Adolescents
- 1011993 National Association for Social Workers, Orlando, Florida
Collaborative Short-Term Treatment with Inner-City Adolescents
- 3/1991 American Association of Orthopsychiatry, Toronto, Canada
Dropout Prevention Strategies for Junior High School Students
- 1011990 Mount Sinai Medical Center, Department of Social Work Services Grand Rounds, NY
The Delivery of Social Work Services in the Emergency Room
- 911985 Institute for Juvenile Research, Annual Conference, Chicago, Illinois
Joining Families and Schools: A Systems Approach to School Problems
- 211985 National Association of Social Workers, New Orleans, Louisiana
The Use of Theraplay Groups in Special Education Classrooms

PUBLICATIONS

Mirabito, D. M. (2001). Mining Treatment Termination Data in an Adolescent Mental Health Service: A Quantitative Study. *Social Work in Health Care*, 33 (3/4), 71-90.

Mirabito, D. M. (2001). Mining Treatment Termination Data in an Adolescent Mental Health Service: A Quantitative Study. In I. Epstein & S. Blumeiifield (Eds.), *Clinical Data Mining in Practice-Based Research: Reflecting on Social Work Practice in Hospital Settings* (pp. 71-90). Binghamton, New York: The Haworth Social Work Practice Press, Inc.

PUBLICATIONS (continued)

Mirabito, D. & Rosenthal, C. (2002). *Generalist Social Work Practice in the Wake of Disaster: September 11 and Beyond*. Mason, Ohio: Thomson Learning Publishing.

Mirabito, D. (In Press). [Review of the book *Collaborative Practice: School and Human Service Partnerships*]. *Child & Adolescent Social Work Journal*.

MANUSCRIPTS IN PREPARATION FOR PUBLICATION

Clinicians' Perspectives of Termination from Treatment with Adolescents:
A Qualitative Research Study

Collaborative Short-Term Treatment with Adolescents:
A Quantitative and Qualitative Study

Theories of Adolescent Development: Past and Present

LICENSURE

Academy of Certified Social Workers (ACSW)
Certified Social Worker (CSW-R)

PROFESSIONAL MEMBERSHIPS

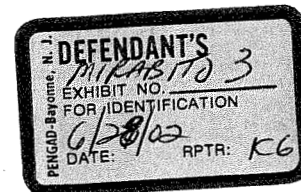
National Association of Social Workers
Council on Social Work Education

HONORS

University of Chicago Scholarship Award, 1975-1977
Syracuse University Scholarship Award, 1970-1974
Dean's List, Syracuse University, 1970-1974

LANGUAGES

Conversational Skills in Spanish



March 19, 2002

Thomas E. Conway, Esq.
Friedman, Domiano, & Smith Co.
1370 Ontario Street
Cleveland, Ohio 44113-1704

Dear Mr. Conway,

In this report I have outlined my expert opinion regarding the case of Matthew Morrison. This report was written based on my review of the following documents:

1. Matthew Morrison's medical records
2. Matthew Morrison's records from Mental Health Services, Inc.
3. Miscellaneous personnel matters regarding William Tiedemann
4. Deposition transcript of Dr. Richard Lightbody
5. Deposition transcript of William Tiedemann
6. Deposition transcript of Kirsten Hagesfeld
7. Deposition transcript of Linda Adkins fka Morrison
8. Various documents from Mental Health Services, Inc., including the job description for a crisis intervention specialist and policies and procedures for: responding to the initial service request; crisis intervention and diagnostic assessment services; and emergency authorization to treat children,
9. Affiliation Agreement for crisis intervention services.
10. Affiliation Agreement by and between St. Luke's medical center and Mental Health Services, Inc
11. Mental Health Services, Inc.'s client's Consent for Treatment and Notice of Enrollment.

Based upon my clinical training, experience, and expertise in Social Work and my review of these materials, I have reached an opinion regarding the care which William Tiedemann and/or Mental Health Services, Inc. rendered to Matthew Morrison. In my opinion, William Tiedemann and/or Mental Health Services Inc. did not comply with the standard of care applicable to a licensed social worker with training in crisis intervention. This report outlines the ways in which William Tiedemann and/or Mental Health Services, Inc. failed to comport with the standard of care.

Matthew Morrison, a 13 year-old boy who committed suicide on December 10, 1998, should be considered at very high risk for suicide based on the following factors:

- Frequent and recurrent suicidal ideation (agency reports at initial assessment indicate that Matthew thought about suicide 50% of the day and as per hospital discharge summary, Matthew still had recurrent suicidal thoughts)
- Auditory hallucinations (voices) telling him to hurt/kill himself
- Family history of suicide
- Recurrent and persistent feelings of depression, sadness, and hopelessness (meeting DSMIV criteria for Major Depression).
- Long standing history of a learning disability and a speech impediment
- History of being teased and ridiculed by peers due to learning and speech problems
- Recent significant losses of familiar friends and extended family related to move from West Virginia and transition to new home, school, and community in Ohio
- Long standing feelings of loss and abandonment related to absence of his father
- Isolation/lack of friends and support system (other than his family) in new environment
- History of past and current medical problems

In his initial assessment on November 8, 1998, William Tiedemann assessed Matthew Morrison to require psychiatric evaluation and eventually, psychiatric hospitalization, based on the acute nature of his depression and suicidality. In fact, at that time, the case was considered "severe".

At the time of the second suicide note written by Matthew Morrison on December 8, 1998, I believe that William Tiedemann did not take actions that were necessary in order to comply with the standard of care for a licensed social worker with training in crisis intervention. This opinion is based on the following:

- **Lack of an adequate assessment by William Tiedemann on December 8, 1998.**

While William Tiedemann conducted a thorough assessment on November 8, 1998 when Matthew Morrison first presented to the agency, he did not conduct an adequate assessment when Matthew presented with a second suicide note at his school. Less than one month earlier, Matthew had been assessed by William Tiedemann to be at high risk for suicide. Upon writing a second suicide note, Matthew could be considered at even higher risk. Having already received inpatient psychiatric treatment and medication, it appears that Matthew remained in a state of depression, which led him to write another suicide note. In fact, the situation at the time of the second suicide note was similar to that of the first, with the exception

of the fact that Matthew's mother appeared to be somewhat less worried about Matthew's risk than at the time of the initial note.

Given the set of circumstances presented at the time of the second suicide note, the standard of care for a social worker would be to conduct a full biopsychosocial assessment, as had been done originally by William Tiedemann at the time of Matthew Morrison's initial contact with the agency. The full assessment that was required at the time of the second suicide note should have utilized the perspectives of multiple informants, including, the school psychologist, Matthew's mother, and most importantly, Matthew Morrison. In addition, since the records indicate that Mrs. Morrison had several telephone contacts with the social worker at St. Luke's that day in response to this crisis, the assessment should have also included consultation with this social worker.

The purpose of a full assessment at the time of the second suicide note would be to develop a specific "contract for safety" with Matthew including a plan to indicate how safety would be monitored and maintained by his mother. Social workers would be obliged to provide a full assessment that would include the following areas:

- Determination of whether Matthew had a plan to hurt and/or kill himself.
- Development of a "safety plan/contract" with Matthew. Specifically, the goal of the social worker would be to arrive at an agreement with Matthew that would include his commitment to ensure his safety. Typically, if an adolescent could make this commitment to ensure safety, the social worker would include others, such as a parent, in the plan to outline specifically what actions would need to take place if suicidal thoughts returned. For example, this follow-up plan would typically include having the adolescent identify someone in his/her environment (e.g. a parent) who he/she would agree to tell about the suicidal thoughts (if they returned) and the parent would agree to take the adolescent to an emergency room for further evaluation.
- If an adolescent could not ensure safety at the time of this assessment, it is the social worker's responsibility to make arrangements for an immediate psychiatric evaluation to further explore and assess options, such as further attempts to develop a contract for safety and/or psychiatric hospitalization. In the case of Matthew Morrison, according to agency policies and procedures, Mental Health Services Inc. has psychiatric services which are available 24 hours a day, 7 days a week, which could have been utilized by William Tiedemann for consultation at the time of the second suicide note.

The only **way** for William Tiedemann to have determined whether or not Matthew Morrison was at risk of hurting or killing himself **was** to conduct a thorough assessment. Moreover, it is the responsibility of a licensed social worker to use his/her professional authority and judgment to determine who should be included in an assessment and to actively engage these individuals in obtaining such as assessment. William Tiedemann conducted an incomplete assessment because it **was** based solely on Mrs. Morrison's opinion and assessment of Matthew's potential to hurt himself. This does not comply **with** the standards of care for a social worker who, when assessing situations of risk and harm, must "err on the side of caution" by conducting a full, thorough, and accurate assessment with the client and important other individuals in the client's environment, such as his mother and school staff, who can attest to his functioning.

Moreover, in the role of case manager, until the client was "linked" with the appropriate services, William Tiedemann's role would be to assess needs in an ongoing **way** and help the client and family obtain needed services. According to the records, Mrs. Morrison was advised by Dr. Lightbody and the hospital social worker to call and/or return to the hospital if there was a recurrence of suicidal ideation. Since this plan was made at the time of discharge from the hospital, this should have been included in William Tiedemann and/or Mental Health Services, Inc. case management/service plan.

▪ **Lack of an Adequate Rationale for Closing Matthew Morrison's Case.**

Following from the above discussion, since an adequate assessment of Matthew Morrison's suicidality did not occur, the case was closed prematurely. According to the policies and procedures for Mental Health Services Inc., a case is closed when the crisis has "resolved". A termination **summary** typically would need to include a detailed account of how and why the crisis has resolved. In this case, this should have included specific evidence to indicate that Matthew Morrison **was** no longer suicidal or in an acute state that required further monitoring until the outpatient mental health appointment set for December 30, 1998. Furthermore, it would be the responsibility of a social worker, by means of a thorough assessment, to determine whether or not this **was** a reasonable timeframe for the client to wait for an outpatient appointment. If it **was** assessed to have not been a reasonable amount of time, it would be the responsibility of the social worker to act as a broker and advocate with the community agency(s) to obtain an earlier appointment, if possible.

Moreover, it would further be the responsibility of the social worker to monitor the case until actual contact transpired with the follow-up agency. In this case, in order to achieve evidence that this

“linkage” had occurred, it would have been the responsibility of William Tiedemann and/or Mental Health Services, Inc. to monitor the case until the client and family attended a first appointment with Applewood.

- **Basic Principles of Crisis Intervention were not followed in this case.**

As a social worker with specific **training** and practice experience in crisis intervention, William Tiedemann did not follow basic practice principles of crisis intervention that are taught in Social Work graduate programs. These include the importance of:

- 1) Outreach to client(s), their significant others, and the systems with which they interact to assess, mobilize, and **collaborate**.
- 2) Assuming an active, directive, and focused approach as a professional in order to accomplish the above,
- 3) Helping clients mobilize and utilize support systems.
- 4) Obtaining information from all systems with which the client is involved.
- 5) Making an assessment of safety and developing a safety plan.

In addition to these actions by William Tiedemann, aspects of the agency’s structure and functioning appear to have contributed to the lack of compliance with the standard of care for a social worker in the position of a crisis intervention specialist. These include:

- **Multiple Staff involved in Matthew Morrison’s care.**

The involvement of multiple staffmembers in this case appear to have made it more difficult to consolidate an ongoing, uniform assessment of needs in the case. For example, two different staff members collaborated with St. Luke’s hospital (one by phone and one in person at a staffing) and other staff, in addition to William Tiedemann, conducted outreach with the client and his mother. Since these various **staff** members conducted monitoring via outreach calls differently, there was a lack of **clear** and specific information regarding the client’s ongoing condition. Specifically, in conducting outreach, it would have been important to monitor: the client’s mood, suicidality, hearing of voices, response to medication, and overall functioning in school and at home, in a consistent and uniform manner in order to obtain a full picture of the client’s needs. This is particularly important in **this** case because there were multiple staff members involved in the client’s care.

The lack of coordinated collaboration by the multiple staff members involved in the case regarding the seriousness of **Matthew** Morrison's risk for suicide at the time of the second suicide note appears to be a significant factor in William Tiedemann not conducting a full assessment **at** the time of the second suicide note. It *is* important to note that William Tiedemann **did** not collaborate with the inpatient facility, by telephone or in person, suggesting that he **was** not fully apprised of the follow-up plan at the time of the hospital discharge or the level of Matthew Morrison's functioning at the time of discharge. **As** a case manager of the case, Mr. Tiedemann should have been fully **apprised** of both in order to have a full understanding of Matthew Morrison's functioning so that he could adequately assess how to proceed **with the case** at the time of the second suicide note,

▪ **Need for additional supervision and/consultation for William Tiedemann.**

Based on the opinion provided in this report regarding the omission of a thorough assessment by William Tiedemann, it appears that **as** a relatively new social worker, in order to competently *carry* out his job responsibilities, Mr. Tiedemann required additional supervision and consultation than he received. Specifically, based on his actions in **this** case, it appears that **he** should have consulted with an experienced social worker/supervisor and/or a psychiatrist at the time of the second suicide note in order to clarify how he should proceed.

In my opinion, the deviations from the standard of care for a licensed social worker that are outlined in this report caused Matthew Morrison's death on December 10, 1998. I hold these opinions to a reasonable degree of medical certainty.

Thank you for providing me with the opportunity to serve as an expert witness. I look forward to our continuing collaboration regarding this case.

Sincerely,


Dr. Diana Mirabito

Assistant Professor of Social Work
New York University
Ehrenkranz School of Social Work

CRISIS REFERRAL FORM

Caller/Contact Person Fran McIntyre

Direct Phone # 741-1182

☐ Principal ☐ Asst. Principal ☒ I.C. ☐ Counselor
☐ Clerk ☐ Teacher ☒ Other Psych.

Date Received 12/8/98 Time Received 12:45 School C.A. Moroney

Student's Name Matthew Morrison

Student's Address 6206 Wakefield Ave. 44102

B/D 4/15/85 Race 2 Sex M Grade 7

First Call ☐ OPA ☒ Psychological Services

Other Departments Informed ☒ OPA ☐ Psy. Svcs. ☐ Counseling

Comments:

- Student having family problems + social difficulties with other students
- Wrote a note indicating suicide
- Call made to mother.
- Call MCT if needed
- LD student

On Site Staff Currently Involved

☒ Parent ☒ Safety & Security ☐ Counselor ☐ Other

Building Psychologist Fran McIntyre Informed ☒ Yes ☐ No

Will Handle Case? ☒ Yes ☐ No

On Call Psychologist _____ Informed ☐ Yes ☐ No

Will Handle Case? ☐ Yes ☐ No

DEPOSITION
EXHIBIT

000003

2 2-21-01
M. McIntyre

CRISIS REFERRAL FORM

Caller/Contact Person Fran McIntyre

Direct Phone # 741-418

☐ Principal ☐ Asst. Principal ☒ I.C. ☐ Counselor
☐ Clerk ☐ Teacher ☒ Other Psych.

Date Received 12/8/98 Time Received 12:45 School C.A. Mearns

Student's Name Matthew Morrison

Student's Address 6206 Wakefield Ave 44102

B/D 4/15/85 Race 2 Sex M Grade 7

First Call ☐ OPA ☒ Psychological Services

Other Departments Informed ☐ [] Psy. Svcs. ☐ Counseling

Comments:

- Student having family problems + social difficulties with other students
- Wrote a note indicating suicide
- Call made to mother
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On Site Staff Currently Involved

☒ Parent ☒ Safety & Security ☐ Counselor ☐ Other

Building Psychologist Fran McIntyre Informed ☒ Yes ☐ No

Will Handle Case? ☒ Yes ☐ No

On Call Psychologist _____ Informed ☐ Yes ☐ No

Will Handle Case? ☐ Yes ☐ No

DEPOSITION
EXHIBIT

000003

2 2-21-01
McIntyre

PERSONS/GROUP
PERSONNES/GROUPE PERSONAS/GRUPO

to kill my self

PHONE
TELEPHONE/TELEFONO

FAX
TELECOPIEUR/FAX

DATE 5/1/98
DATE/FECHA

LOCATION
LIEU/LUGAR

Time: 11:15

I my gone to kill my self by jumping
off a building. I can not take it. I mean
my class is not my friends. My sister
is mean to my. My Dad hate my and
he whan to kill my. Mom is not your
child. I can take all of they
boy made fun of, no Dad and
the preer.

Love,

gm

gm

DEPOSITION
EXHIBIT

3 2-21-01
McIntyre

CMSD 0004

Group	Course Description	Sec	Term	Days	Ards	Teac	Teacher Name
C	RSPA72 PHYS ED 7	21	2	MTWRF	01	0029	SCOTT
C	X2GA72 SOCIAL 7	02	2	MTWRF	02	0036	ZARIP-HH
C	X2EA72 ENGLISH 7	02	2	MTWRF	03	0034	GURA
C	VACC72 WORK & FAMILY-7	43	2	MTWRF	04	0073	MAU
R	LUNCH 6TH & 7TH LUNCH	55	2	MTWRF	05	0003	LEVECKIS
C	X2MA72 MATH 7	02	2	MTWRF	06	0033	BACON
C	X2EB72 READING 7	02	2	MTWRF	07	0033	BACON
C	X2SA72 SCIENCE 7	02	2	MTWRF	08	0034	GURA

Please Select Function:

- | | | | |
|-------------|--------------------|----------------------|--------------------|
| 1. Identify | 4. Substitute | 7. Save Schedule | 10. Drop Current C |
| 2. Add | 5. Withdraw | 8. Parameters | 11. Print Schedul- |
| 3. Drop | 6. Create Schedule | 9. Drop Current REQU | 12. Reserved |

Message:

Notes from

12/8/98

• PAXIL

• COGENTIN

• ETIRILFON

hospitalized 11-10-98 in St. Luke's

called Mobile Crisis - Bill Tiedeman

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Ruthann Ehm J

St. Charleston, I

retained in kind.

DEPOSITION
EXHIBIT

4 2-21-01
MCINTYRE

CMSD 0005

SUICIDE RISK SCALE

This form may be used as the initial assessment to assist in the team's evaluation of the student's suicidal risk

STUDENT'S NAME M ID # 12898 DATE 12-8-98 SCHOOL Charles Moore
 AGE 17 SEX M GRADE 10 D.O.B. 12-8-81 EVALUATOR'S NAME & TITLE F McIntyre School Psychologist

Assessing **Risk** Circle **all** of the following items relating to the student's situation.

PART I

1.) STUDENT HAS A PUN:

YES

NO

METHOD:

FIREARMS
DROWNING

DRUGS/POISON

CAR EXHAUST
SUFFOCATING
CUTTINGHANGING
JUMPING
OTHER _____

2.) METHOD ON HANG:

YES

NO

8.) SELF-MUTILATION:

YES

NO

3.) MAKING FINAL PLANS:

YES

NO

9.) ALLEGED ABUSE:

YES

NO

4.) PRIOR ATTEMPTS:

UNKNOWN
AT THIS TIME

YES

NO

10.) SUICIDE SURVIVOR:

YES

NO

5.) SUICIDE NOTE:

YES

NO

11.) DRUG/ALCOHOL USE:

YES

NO

6.) PREVIOUS PSYCHIATRIC HISTORY:

YES

NO

12.) MALE 15+:

YES

NO

7.) FAMILIAL HISTORY ATTEMPTS/SUICIDE:

YES

NO

13.) DEPENDENT CHILDREN AT HOME:

YES

NO

PART II

From your conversation, rate your impression of the student's **status** on each of the following items. (A score of 1 indicates the item is not an issue). Ratings should be based on initial perceptions of the student's present status rather than on changes resulting from your intervention.

14.) SENSE OF HOPELESSNESS:

NONE

1

2

3

EXTREME

4

5

15.) SENSE OF WORTHLESSNESS:

3

4

5

16.) SOCIAL ISOLATION:

2

17.) DEPRESSION:

4

18.) IMPULSIVITY:

1

2

3

4

5

19.) HOSTILITY:

1

2

3

4

5

20.) INTENT TO DIE:

1

2

3

4

5

21.) ENVIRONMENTAL STRESS:

1

2

3

4

5

The level of stress precipitated by any actual or anticipated events in the student's life, such as loss of a loved one, change in life style, illness, gang involvement, etc.

PART I SUBTOTAL 2
(1 point for each "yes")

PART II SUBTOTAL 20
(sum of circled numbers)

TOTAL 22
(part I + part II)

DEPOSITION
EXHIBIT

5 2-2101
MCINTYRE

CMSD 0006

Group	Course Description	Sec	Term	Days	Prds	Teac	Teacher Name
C	RSPA72 PHYS ED 7	21	2	MTWRF	01	0029	SCOTT
C	XEGA72 SOCIAL 7	02	2	MTWRF	02	0036	ZARIPHEH
C	X2EA72 ENGLISH 7	02	2	MTWRF	03	0034	GURA
C	VACC72 WORK & FAMILY-7	43	2	MTWRF	04	0073	MAU
R	LUNCH5 6TH & 7TH LUNCH	55	2	MTWRF	05	0003	LEVECKIS
C	X2MA72 MATH 7	02	2	MTWRF	06	0033	BACON
C	X2EB72 READING 7	02	2	MTWRF	07	0033	BACON
C	X2BA72 SCIENCE 7	02	2	MTWRF	08	0034	GURA

Please Select Function:

- | | | | |
|-------------|--------------------|----------------------|--------------------|
| 1. Identify | 4. Substitute | 7. Save Schedule | 10. Drop Current C |
| 2. Add | 5. Withdraw | 8. Parameters | 11. Print Schedul- |
| 3. Drop | 6. Create Schedule | 9. Drop Current REQU | 12. Reserves |
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DEPOSITION
EXHIBIT

4 2-21-01
MCINTYRE

CMSD 0005



Cleveland Public Schools

Division of Pupil Personnel
Office of Psychological Services

Lakeside Administrative Center
1440 Lakeside Avenue - Cleveland, Ohio 44114 - (216) 523-8498

DEPOSITIC
EXHIBIT

6 2-21
McINTY

Date: 12-14-98
Student's Name: Matthew Morrison I.D.# 7022662 D.O.B. 4-15-85
Race Cauc Sex M School Charles Mooney Psychologist Finn McIntyre
Referred by Ron Cavan Position Classroom teacher

Type of Crisis

Suicide ideation

Suicide Attempt

Alleged Abuse

Death Adjustment (specify) _____

Victim of Violence (specify) _____

Other (specify) _____

Summary of Stressors

☒ Peer Pressure ☒ Family Problems ☐ Suspension ☐ Pregnancy
☐ Academic Failure ☐ Illness ☐ Abuse ☐ Death of Person
Close to Student ☐ Other (Specify) _____

Matthew reports that one student made Sarcastic remarks that made him recall his school life in W. Virginia.
Background Information

Antecedent Conditions (i.e. family status, peer relations) _____

Previous Crisis and Related Services

Handicap(s) on learning disabilities program

Assessment Data

Child Behavior Checklist - (Circle) Teacher, Parent, Youth Self-Report

List Significant Subscale Test Scores _____

Suicide Probability Scale (Significant T Scores) _____

Other Instruments Suicide Risk Scale Total 22

Clinical Observations Matthew was very verbal, discussed his feelings and appeared happy to be attending Charles Mooney than his former schools. He stayed close to me, asked about his treatment plan from the hospital.

Disposition/Follow Up Mobile Crisis Team had been called by Mrs. Morrison

Participants involved in crisis resolution parent: Finn McIntyre, School psychologist, Mrs. Morrison, mother, Mrs. Jackson, principal, phone contact with Mobile Crisis Counselor

000001

CRISIS INTERVENTION SUMMARY

TUESDAY, DECEMBER 8, 1998

Mr. Gura, Charles Mooney teacher, stopped me in the hallway at about 11:15. He introduced Matthew Morrison, one of his students. Mr. Gura drew my attention to a note written by Matthew containing suicide ideation.

I was en route to the Board of Education building to deliver a Positive Education Program application for a severe behaviorally handicapped (SBH) student, (Aaron Williams) as part of follow-up responsibilities for a crisis with Aaron on 11/5/98. I determined with Mr. Gura that Matthew could safely remain with him or Mrs. Bacon, another of Matthew's teachers, until I came to the classroom for him.

Approximately twenty-five minutes later, I brought him from the classroom to my office. At about 12:00 p.m. the principal (Micheline Jackson) came back to my office while I was consulting with Matthew and had a brief conversation with Matthew. At that time, we began to talk about his concerns leading up to the note. Matt told me he had been hospitalized at St. Luke in the adolescent psychiatric ward. I then called his mother for information about the hospitalization. Mrs. Morrison told me about his hospitalization, involvement with Mobile Crisis and his recent medications. She mentioned she planned to call the Mobile Crisis counselor.

I went to Judith Leveckis, Assistant Principal, to notify her that Safety and Security needed to be called. Ms. Leveckis directed me to call from her office. Mrs. Morrison called back saying she had secured transportation to school. Mr. Murphy, from Safety and Security, arrived at school. I told him that Matthew's mother was coming to school by car and therefore she wouldn't need transportation. A short time later Mrs. Morrison arrived at the office. I summarized points for her and she and Matthew spoke quietly with each other about his current school preference and his regret over the lack of contact with his father. We also talked about individual counseling and its potential benefits for him. Then Mobile Crisis counselor Bill Tiedeman called. I spoke with him first and then he spoke with Mrs. Morrison.

When I returned from my office, Mrs. Morrison had taken her son home. I did not get an answer to the phone call made that night. On 12/10/98 I checked the Sierra System for his attendance, it revealed that Matthew had attended school both Wednesday and Thursday.

DEPOSITION
EXHIBIT

000002

7 2-2101
MCINTYRE

Mental Health Services, Inc.
1736 Superior Avenue; Cleveland, Ohio 44114

SERVICE NOTE

This service was (check one):

☐ billable | ☒ not billable

MIS service
code:

341

Last
name: MORRISON

First
name: Mathew

Date:
12-8-98

Time of day:
1220 a.m. (p.m.)

Duration:
_____ hou

MHS Client #:
999111

UCI:

10 minut

Check the name of the service performed:

- ☒ crisis Intervention Service
☐ Community Support Program Service
☐ additional Diagnostic Assessment Services
☐ Hotline Service

Check and complete the type of service:

☒ telephone call from: Clients Mother

☐ telephone call to:

☐ face-to-face with:

Location of service:

(A.) Circumstances leading to
services at this time.

Clt's mom calling b/c school (Charles Moody) contacted
her b/c a suicide note was found.

(B.) Client's condition and service needs, or
changes in condition and service needs.

Mom is upset about clients current mental state and is wanting
to let us know. She has been playing phone tag with Bill T. and would like to
talk to him. The school is evaluating the client's SI as we speak
and mom is afraid b/c she can't get to the school b/c of transportation issue

(C.) Description of services performed, service
outcomes, and the relation of services to ISP goals.

I explained that Bill would F/u with ~~the~~^{the} school when he came
in at 130 and assess whether or not CMCT outreach is needed at
this time or if school can handle it. Either way CMCT will call mom back

(D.) Client's (guardian's)
response to services.

THANKS

(E.) Follow-up services planned; who
is to provide them, and when?

CMCT to call the school 749-8556

☐ Check, if note is continued on reverse side

Staff signature, credentials:

Date:

Signature, credentials of supervisor:
(MD, LISW, LPCC, MSN)

Date:

Elmwood Patch USW

12-8-98

Mental Health Services, Inc.
1736 Superior Avenue; Cleveland, Ohio 44114

SERVICE NOTE

Last name: <u>Moerion</u>		First name: <u>Matthew</u>	
Date: <u>12-8-98</u>	Time of day: <u>2:00</u> a.m. / <u>(p.m.)</u>	Duration: _____ hours	
MHS Client #: <u>9991051</u>	UCI: _____	_____ minutes	

This service was (check one):

☐ billable | ☒ not billable.

MIS service

code: 341

MHS Client #:

UCI:

Check the name of the service performed:

- ☒ Crisis Intervention Service
☐ Community Support Program Service
☐ additional Diagnostic Assessment Services
☐ Hotline Service

Check and complete the type of service:

- ☐ telephone call from:
☒ telephone call to: Charles Moody - spoke to Mother
☐ face-to-face with:
Location of service:

(A.) Circumstances leading to services at this time.

To discuss & assess cts condition per

note (12/8/98 12:00 pm)

(B.) Client's condition and service needs, or changes in condition and service needs.

Clt wrote suicide note, found by school officials. Mom called in and Mom now at school to pick up clt. Mom stated that clt wrote a suicide note specifically stating that because a peer made fun of him he was going to kill himself. Mom didn't elaborate on any plans.

Description of services performed, service outcomes, and the relation of services to ISP goals.

BT called school to establish if JT outreach was needed. School put Mom on phone immediately. Mom stated the above.

(D.) Client's (guardian's) response to services.

Mom will meet to further discuss clt.

(E.) Follow-up services planned; who is to provide them, and when?

Waiting for mom's call. -
Cmet to call mom if no call

Staff signature, credentials:

Zip Friedman

Date:

12/8/98

Signature, credentials of supervisor:
(MD, LISW, LPCC, MSN)

Elmereth Bach-LSW

Date:

12-8-98

SERVICE NOTE

Page 2 - Additional Narrative

Last name: <i>Morrison</i>	Client # <i>999657</i>
First name: <i>Matthew</i>	Date: <i>12/08/98</i>

- Mom stated she was alone & she was taking him home. BT inquired about other care plans. At still daughter has counseling last night. BT asked mom to accompany him to appointment. BT also asked mom to call earlier when you got home w/ it so we could further assist. Mom appeared not really concerned. Mom stated she would watch out closely. GMA asked about w/ personal psychologist as she said articles put mom on phone immediately.

If signature, credentials:	Date:	Signature, credentials of supervisor: (MD, LISW, LPCC, MSN)	Date:
<i>[Signature]</i>	<i>12.8.98</i>	<i>Elmerette P. P. USA</i>	<i>12-8-1998</i>

Mental Health Services, Inc.
1736 Superior Avenue; Cleveland, Ohio 44114

SERVICE NOTE

This service was (check one):

☐ billable | ☒ not billable.

MHS service
code:

341

Last
name: *Morreim*

First
name: *Matthew*

Date:
12/08/98

Time of day:
9:30 a.m. / ☒ p.m.

Duration:
_____ hours

MHS Client #:
999651

UCL:

05 minutes

Check the name of the service performed:

- ☒ crisis Intervention Service
☐ Community Support Program Service
☐ additional Diagnostic Assessment Services
☐ Hotline Service

Check and complete the type of service:

- ☐ telephone call from:
☒ telephone call to: *Mom*
☐ face-to-face with:
Location of service:

(A.) Circumstances leading to
services at this time.

BT returning Moms call.

Additionally to assess if out reach is needed.

(B.) Client's condition and service needs, or
changes in condition and service needs.

Mom stated old was stable

*and calm. Mom also informed BT that she was
able to reach approval - intake appt set for
Dec 30th 98. Mom stated that she felt old was
no longer suicidal and when BT offered out reach*

(C.) Description of services performed, service
outcomes, and the relation of services to ISP goals.

*BT offered out reach - parent declined
because old was stable & safe - mom to
call once if situation changes*

(D.) Client's (guardian's)
response to services.

Mom & need for out reach

*old calm & stable. Mom felt much better
because old was finally linked to ongoing services*

(E.) Follow-up services planned; who
is to provide them, and when?

Case to be closed

Linkages made. old stable.

☐ Check, if note is continued on reverse side.

Staff signature, credentials:

Date:

Signature, credentials of supervisor:

Date:

Bill Frederickson *12/8/98*

A. Hyslop *12/9/98*

adheres to ODMH 5122-27-04 / revised 5 Nov 97

Last name:	Client #
First name:	Date:

rather discuss stating that who's note was
 situation and all we report at the time.
 more plus the worker's note all along
 and if the worker an agreement she could
 call and terminate. It discussed termination
 more she with termination but action if she
 call call in the future. It states that at
 her time she other case & we were keeping
 all over.

Signature, credentials: <i>Bill Jackson</i> Date: 12/08/08	Signature, credentials of supervisor: <i>Frank M. Kelly</i> Date: 12/9/08
--	---

CLEVELAND PUBLIC SCHOOLS

1380 East Sixth Street, Cleveland Ohio 441

Telephone 216/574-8000

Attachment I

L. LATHIA E. TRIPLETT

President

GENEVIEVE MITCHELL

Vice President

JOSEPH A. COSTANZO

JOHN M. HAIRSTON, JR.

SHIRLEY HAWK

GERALD C. HENLEY

STEPHEN D. SULLIVAN

Members

RICHARD A. BOYD, Ed. D

Superintendent

August 11, 1997

MEMORANDUM

TO: All Principals

FROM: Dr. Livesteen Carter
Chief Academic Officer

SUBJECT: PROCEDURES FOR STUDENT SUICIDES: THREATS OR ATTEMPTS

The procedures outlined below should be implemented when a student threatens or attempts suicide. Note that assistance is available from outside agencies when dealing with this crisis.

Teacher Responsibilities:

1. Take threats of suicide seriously.
2. Notify building administrator of a threat or attempt at suicide immediately.
3. Stay with the student until appropriate help arrives.
4. Do not allow the student to leave the school building.
5. Remain calm.

Administrator Responsibilities:

1. Upon receiving the report of a threat or an attempted suicide contact Safety and Security at 574-8561 to request assistance.
2. Contact region office to advise of the situation.
3. Make every attempt to contact the parent/guardian requesting them to report to school after advising them of the situation.
4. Relieve the teacher or other staff member from the task of supervising the student in order to allow them to prepare a written statement/report.
5. Stay with the student until assistance arrives from Safety and Security.

Safety and Security Responsibilities:

1. Dispatch investigative counselor to school immediately upon receipt of suicide report.

Investigative Counselor Responsibilities:

1. Report to school site as soon as possible and determine what additional services may be necessary.
 - a) Contact the Office of Pupil Adjustment to advise of the situation and to request additional services from Pupil Personnel (523-8499).

DEPOSITION
EXHIBIT2-15-01
MCINTYRE

Procedures for Student Suicides: Threats or Attempts

Page 2

- b) Contact Mental Health Services Inc. and request the assistance of the Mobile Crisis Team if found to be appropriate (623-6888) is the twenty-four hour number). The decision on contacting the Mobile Crisis Team will be made jointly by the investigative counselor and school psychologist. School staff should not contact Mobile Crisis directly.
- c) When appropriate notify the Cleveland Police Department and E.M.S.
- d) Attempt to locate parent/guardian if school has been unsuccessful.
- e) Complete a Serious Incident Report (S.I.R.).
- f) Assist building administrator.

Pupil Personnel Responsibilities:

- 1. Upon receipt of report from investigative counselor make information available to the Office of Psychological Services and the Office of Health Services.
- 2. When appropriate the Office of Psychological Services will dispatch a school psychologist to the reporting school.
- 3. The Office of Health Services will provide appropriate services.

Special Intervention Team (Investigative Counselor, School Psychologist, Health Service Representative, and Mobile Crisis Team):

- 1. When unable to locate parent determine services that are necessary and take appropriate action.
- 2. If an assessment at St. Vincent Hospital is deemed appropriate the Mobile Crisis Team will contact Cuyahoga County Juvenile Court at 443-8400 for an emergency custody order.
- 3. The investigative counselor will contact C.P.D. or E.M.S. to transport the student as prescribed by Juvenile Rule 6 or O.R.C.
- 4. Continue effort to contact a parent/guardian.
- 5. Follow up with parent to determine status of student.
- 6. The school nurse will obtain a Physician's Certificate from the treating physician prior to the student returning to school.
- 7. Provide school administrator with treatment plan/counseling plan prior to student's re-entry.
- 8. The Office of Psychological Services will provide follow up services on an as needed basis. (Student assessment, staff development, consultation).

/rr

XC: Assistant Superintendents
Lead Principals
Anita Crawford
Marilynne Zigman
Betty Mantzell
James Harvey
James E. Flynn

