

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW MEXICO**

**JIMMY (BILLY) McCLENDON, et al.,**  
Plaintiffs,

vs.

**CIV 95-24 JAP/KBM**

**CITY OF ALBUQUERQUE, et al.,**  
Defendants,

vs.

**E.M., R.L., W.A., D.J., P.S., and  
N.W., on behalf of themselves and all  
others similarly situated,**  
Plaintiff-Intervenors.

**PLAINTIFFS' REPLY IN SUPPORT OF MOTION FOR ORDER TO SHOW CAUSE**

PLAINTIFFS and Plaintiff Intervenors (Plaintiffs) submit their *Reply to Defendant Bernalillo County Board of County Commissioners' Response to Plaintiffs' and Plaintiff Intervenors' Joint Motion for Order to Show Cause* [Doc. 1801]. Plaintiffs ask this Court to issue an Order to Show Cause as to why Defendant should not pay monetary penalties for violating the Court's Order regarding the medical corrective action plan. Defendant has not demonstrated compliance with the Order or provided sufficient evidence or argument to counter the allegations set out in Plaintiffs' *Motion* [Doc. 1789]. Defendant continues to willfully violate the Order of the Court.

Medical Care at MDC remains unconstitutional. *Assessment of Medical Care at MDC—October 2025* (finalized Jan. 2026) [Doc. 1799 at 17-35]. The Court's expert has consistently found Defendant in non-compliance with multiple provisions of Check-Out Audit 1. *See generally 2024 and 2025 Assessments of Medical Care at MDC* [Docs. 1799, 1769, 1730] The Parties agreed to the Order and incorporated CAP to resolve litigation on non-compliance at the time the Order was

entered in exchange for the implementation of the CAP.<sup>1</sup> [Doc. 1785 at 3 ¶ 1] The “CAP helps establish an essential framework for the medical program.” [1799. at 5]. Implementation is necessary to begin to remedy the unconstitutional conditions. *See* [Doc. 1799 at 33, recommendation 2.] The Parties agreed the CAP “should be implemented promptly without delay.” [Doc. 1785 at 2 ¶ 3] However, Defendant delayed and continues to delay implementation.

Plaintiffs provided the Court with clear and convincing evidence that “[1] that a valid order existed, [2] that the defendant had knowledge of the order, and [3] that the defendant disobeyed the order.” *F.T.C. v. Kuykendall*, 371 F.3d 745, 751, 756-57 (10th Cir. 2004). Defendant does not dispute that there is a valid order that it implement the CAP and Defendant had knowledge of the Order. The CAP became effective August 18, 2025. [Doc. 1776 at 2]. Defendant concedes that it failed to comply with the Order: it did not provide the project plans that were due within 30 days until approximately 90 days after the implementation date of the CAP and its contract compliance monitor, Natalie Vance, did not provide a monthly report as required by the Order until December 30, 2025. Although Defendant ultimately remedied those two allegations of non-compliance, Defendant remains non-compliant with the bulk of the deadlines in the CAP and has not utilized the mechanism in the Order to address deadlines that have become “unworkable.”

Defendant has not demonstrated compliance. As the party to a consent decree aggrieved by Defendant’s non-compliance, Plaintiffs “apply for an order to show cause why [Defendant] should not be held in contempt.” *McClendon v. City of Albuquerque*, 2016 WL 9818311 \*5 (D.N.M. Nov. 9, 2026) (citing *Kokkonen v. Guardian Life Ins. Co. of America*, 511 U.S. 375, 381-82 (1994)).

**I. Contempt Proceedings are Justified and this Court should issue an Order to Show Cause**

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<sup>1</sup> Because the CAP is incorporated into the Order of the Court, Plaintiffs refer to the CAP and Order interchangeably.

**a. Defendant failed and is failing to comply with deadlines in the CAP.**

Because Defendant has not demonstrated compliance with the Order, a show cause hearing is appropriate to determine whether Defendant should be held in contempt. *See McClendon v. City of Albuquerque*, 2016 WL 98118311 \*11 (D.N.M. Nov. 16, 2016) (issuing orders to show cause where plaintiff intervenors alleged non-compliance with consent decree and city defendant did not demonstrate it complied with the orders of the Court).

In its *Motion*, Plaintiffs alleged that Defendant failed and was failing to comply with the deadlines set forth in the Order *and* had failed to utilize the mechanism in the Order regarding deadlines that have become “unworkable.” [Doc. 1789 at 14-17] Plaintiffs addressed specific deadlines in CAP areas (Areas 1, 2, 3, 5 and 11). [Doc. 1789 at 14-15] Plaintiffs also alleged that Defendant was “also violating the deadlines in the CAP for the 12 areas for which it ha[d] not even created project plans yet” and explained that “[e]ach of those areas had timeframes for items that are past due or soon will be past.” [Doc. 1789 at 16] Plaintiffs alleged that “Defendant has taken a flexible approach to the deadlines set forth in the CAP, and is granting itself unilateral extensions without following the mechanisms for addressing deadlines in the Order.” [Doc. 1789 at 16]. This remains true, and as Plaintiffs have shown, Defendant’s failure to comply with initial deadlines “has a cascading effect, leading to additional failures as the CAP methodically builds upon itself.” [Doc. 1789 at 14]

Defendant concedes that all 17 initial plans “were not submitted to Dr. Kumar within 30 days of the effective date of the CAP” as required by the CAP.<sup>2</sup> [Doc. 1801 at 7, 8] Defendant

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<sup>2</sup> For the purpose of this motion, Plaintiffs accept that as of November 28, 2025, Defendant completed the 17 initial project plans that were due September 17, 2025. However, Defendant’s position that it was compliant at the time of filing *and* that it is not required to provide evidence of compliance to Plaintiffs highlights the necessity of Defendant providing Plaintiffs with the documentation it provides the Monitor. With respect to these plans, Plaintiff had alerted Defendant

understands that failure to comply with deadlines has a cascading effect on non-compliance. Defendant acknowledges that even as of January 16, 2026 “some of the 60-day deadlines have not been implemented” due to the fact that “the 60-day deadlines are contingent upon the completion of the 30-day deadlines...and so on.” [Doc. 1801 at 9]. Based on the arguments presented in the Response, it is undisputed that Defendant is still not in compliance with the CAP or its deadlines. [Doc. 1801 at 9]

Defendant provides an explanation unsupported by law, evidence, or the Order to justify its non-compliance with the CAP’s deadlines. Defendant explains that it had provided the “original five action plans [to Dr. Kumar] and that [his] feedback would be valuable for finalizing project plans for the remaining CAP areas.” [Doc. 1801 at 5] In attempting to justify not providing all 17 plans on the 30-day deadline because it decided to only do five because it wanted Dr. Kumar’s approval, Defendant asserts “this was a reasonable belief and practical solution Dr. Kumar did not clearly reject.” [*Id.*] Per Defendant’s *Response*, even if that was true, Defendant did not make Dr. Kumar or Plaintiffs aware of this until November. [*Id.*] Defendant’s explanation is additional evidence of Defendant’s willful non-compliance with the unambiguous Order for at least two reasons.

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to its non-compliance multiple times prior to filing the Motion. *See, e.g.*, 1789 at 7-9, 1789-2, 1789-4] Plaintiffs asked Defendant to provide all items required to demonstrate compliance to be produced by the November 14, 2025 update and asked that Defendant “[p]lease correct us if we overlooked any data or documents provided [and] [p]lease correct us if we misunderstood information presented.” [*Id.*] While Plaintiffs received a CAP update from Defendant shortly thereafter, the plans were not included and Plaintiffs received no response to this letter. While Defendant provided its project plans to Dr. Kumar on November 14, 2025, Defendant did not share this information with Plaintiffs until five days after Plaintiffs filed this motion. *See* [Doc. 1808 at 6, Exhibit B]. Defendant did not share this information with Plaintiffs until November 25, 2025. Had Defendant provided the project plan simultaneously to the Monitor and Plaintiffs, it is likely some of this litigation could have been avoided.

First, the CAP clearly requires that project plans for each of the 17 project areas were to be provided 30 days from the date of implementation. *See* [Doc. 1789 at 5-7, 13; Doc. 1776-2 (describing under each area’s initial production “A project plan tailored to this effort, which includes timelines, target completion dates for each task, and the individuals responsible for those tasks.”)] There is a footnote to Addendum item #2 which provides fields to be considered in CAP plan trackers. *See Addendum* at 2, attached as **Exhibit 1**.<sup>3</sup> There is no language in the CAP instructing Defendant to provide 5 plans first, and more plans later.

Second, the CAP explicitly provides for the Monitor’s approval of only six specific items.<sup>4</sup> The project plans at issue do not require approval of the Monitor. Accordingly, there is nothing in the Order to support Defendant’s claim that its two-month delay in providing initial project plans was reasonable because it was waiting on approval of 5 out of 17 plans. And was doing so without alerting Plaintiffs or the Monitor.

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<sup>3</sup> As Defendant noted, the Addendum was inadvertently omitted from filing with the Order. *See* [Doc. 1801 at 2 n. 1] It should have been attached to [17-2] and the Court’s filed Order [Doc. 1785].

<sup>4</sup> The specific elements requiring Monitor approval or confirmation are:

1. Area 5 (Operational Supervision) The Checklist and SOP provided for approval by the monitor. The check list was to be provided at the 45 day deadline. [Doc. 1782-1 at 6]
2. Area 6 (Orders and Tasks) Presets and work flow of the orders are documented and sent to IT within 60 days. [Doc. 1782-1 at 7]
3. Area 7 (Documentation Templates) Within 45 days, the List and names of all clinical documentation templates for all clinical services/areas are reviewed and finalized. [Doc. 1782-1 at 9]
4. Area 7 (Documentation Templates) Within 60 days, the mock up for the top 10 priority templates is finalized and submitted to IT to build. [Doc. 1782-1 at 9]
5. Area 9 (Medical Records) Draft copy of all new forms to be provided monthly. (All medical-related forms were to be “updated and in use, and at least 95% staff trained on new forms within 90 days). [Doc. 1782-1 at 12]
6. Area 15 (CQI – Data-Driven Decision Making – Performance Metrics) Within 45 days, the Data Dictionary is created, prioritized, and submitted to IT for building. [Doc. 1782-1 at 23]

Defendant has not provided the Court with evidence it is meeting *any* of the deadlines at issue in Plaintiffs' Motion. For example, Staffing was one of the project plans Defendant provided with its initial production. The CAP required Defendant to have an "[a]pproved staffing plan finalized and signed within 60 days of the agreement." [Doc. 1776-2 at 2]. However, Defendant abandoned the CAP's requirement that the staffing analysis be completed by a subject matter expert, and has not timely approved and finalized any staffing plan. [Doc. 1789 at 14, 1785, at 4 ¶3]

Defendant does not address the evidence of non-compliance with the staffing provision or other provisions anywhere in its *Response*. Rather, Defendant merely states, again without evidence, that it "has sought to employ the specific modification procedures outlined in the CAP Order for deadlines that had not passed as of the filing of Plaintiffs' Motion. Thus, the County is actively working to remedy the delay in implementation." [Doc. 1801 at 9] Defendant has not employed the procedures set for the in the Order to modify deadlines. We turn next to this.

**b. Defendant has not proposed *any* new deadlines as required by the Order.**

The Order dictates that if Defendant determines a deadline "has become unworkable" it must alert Plaintiffs "at least a week prior to the deadline and propose a new deadline." [1785 at 4, ¶ 3(a)] First, Plaintiffs object to Defendant utilizing its own non-compliance with the Order as the basis for other deadlines becoming "unworkable." Second, Defendant did not *and has not* ever proposed new deadlines for any of the deadlines it had already missed at the time Plaintiffs filed the instant motion, and never provided timely notice to Plaintiffs that it would not meet those deadlines.

Furthermore, Defendant *has not* proposed any new deadlines for any of the other missed deadlines. The Parties negotiated for a CAP with deadlines which were incorporated into the Order

and which included a mechanism specifically for Plaintiffs to enforce the deadlines for completion of tasks. [Doc. 1785 at 5 ¶ 5] Only after Plaintiffs filed the instant Motion did Defendant acknowledge the mechanism for addressing deadlines that have become “unworkable.” To date, Defendant has never proposed a single new deadline, as required when a party invokes the unworkability provision of the Order, and instead proposed a “wholesale adjustment of the deadlines.” *See 2025.12.08 Def. Letter, Exhibit 2, 2025.12.11 Plaintiffs Letter, Exhibit 3.* When Plaintiffs asked Defendant to propose new deadlines in accordance with the Order, Defendant ignored Plaintiffs’ letter, declined to propose new deadlines, and failed to comply with the Order’s procedure for modifying deadlines set forth in Paragraph 3(a)(1)-(3), which requires proposed deadlines and provides a mechanism for resolving disputes. [1785 at 4 ¶ 3(a)]. Rather, Defendant invited Plaintiffs to meet to discuss the CAP on December 15, 2025. *See 2025.12.10.Rahn Email, Exhibit 4.* At that meeting, Plaintiffs again stated Defendant was required to propose new deadlines, and Defendant asked for a few weeks to propose new deadlines. Instead, on January 8, 2026, Defendant alerted Plaintiffs and the Monitor that the 150-day deadlines had become unworkable and again sought amorphous open-ended extensions of all deadlines. *See 2026.01.08 Def. Letter, Exhibit 5.*

Plaintiffs provided a detailed response again insisting Defendant provide actual deadlines. *See 2026.1.13 Plaintiffs’ Letter, Exhibit 6.* Plaintiffs explained that to agree to “open ended extensions would defeat Plaintiffs’ negotiated expectation in enforceable deadlines.” **Ex. 6 at 1.** Plaintiffs set out our objection to Defendant’s approach and on-going justification of unworkability based on Defendant’s initial non-compliance, particularly where the Monitor’s most recent report reflected systemic deficiencies impacting the implementation of the CAP. *Id. 2-4.* Plaintiffs

reiterated “Defendant must propose new deadlines.” *Id.* at 4. Defendant did not respond or “propose the extension to the Court expert.” [Doc. 1785 at 4 ¶ 3(a)(2)].

Accordingly, Plaintiffs dispute that Defendant sought to employ the modification procedures with respect to deadlines. Defendant did not at any time alert Plaintiffs that the 30, 45, 60, or 90 day deadlines that had passed at the time Plaintiffs filed this motion were “unworkable” as required by the Order. Defendant has never proposed new deadlines for those missed deadlines, or any others. Defendant has not demonstrated compliance with the Order’s substance or procedure. Therefore, it is appropriate for this Court to issue an order to show cause as to Defendant’s non-compliance with deadlines.

**II. Defendant has not demonstrated compliance with its production obligations under the Order.**

Plaintiff has shown that Defendant has not complied with the reporting requirements of the CAP. *See, e.g.*, [Doc. 1789 at 5 (explaining what the CAP requires); *Id.* at 9 (showing that “Defendant failed to provide documentation required for monthly updates.); *Id.* at 17]. Defendant does not provide evidence or information to dispute Plaintiff’s showing.

The CAP sets out in detail the documentation to be provided monthly with respect to each area, and also what is to be produced for evidence of completion. This required documentation allows for the monitor and the Parties to track compliance with the timelines in the CAP and ensure that Defendant is taking necessary steps to meet its substantive obligations. For example, each monthly update requires Defendant to provide an updated status report. Even accepting *arguendo* that portions of these are incorporated into the “Intake Improvement Process,” Defendant has not complied with this provision. It cannot because Defendant has not begun to work on some Areas. *See 2026.01.14 Update to Monitor, Exhibit 7*, (e.g. explaining that certain project plans are still being worked on and were not provided).

Different Areas also have documents specific to them. E.g. Area 3 – Clinical Guidelines; Nursing Guidelines requires production of multiple documents, and is just one of the areas that includes “An IT ticket status tracker.”<sup>5</sup> [Doc. 1776-2 at 4] The *Addendum* makes clear that the “IT ticket tracker to include, but not limited to: IT ticket numbers, ticket status, priority level, submission date, target date, completion date, and notes/comments/actions taken to address challenges and delays.” **Ex. 1 at 2 ¶ 4**. Defendant has not provided any IT ticket trackers to date.<sup>6</sup>

While the CAP, and the *Addendum* describe specific documents to be provided to the Monitor, Defendant takes the position in passing that its *ex parte* oral updates to the monitor are sufficient to demonstrate compliance with the CAP. [Doc. 1801 at 6]. That is not what the CAP envisions. However, even if we accepted *arguendo*, that *ex parte* updates to the monitor are sufficient, Defendant has not provided the Court any evidence that it has provided the Monitor the information required by the CAP.

As to Defendant’s position that oral updates outside the presence of counsel are sufficient to demonstrate compliance, this is not supported by the Order. The CAP clearly requires the submission of documents. E.g. status reports, meeting minutes, lists of guidelines, training materials, checklists and standard operating procedures approved by the monitor. *See, e.g.* [Doc. 1776-2 at 5-6] The *Addendum* describes what is to be contained in documents and directs “submit all information, documents, and status updates by the 14<sup>th</sup> of every month.” **Ex. 1 ¶ 17**; *see generally* **Ex. 1** (describing what is to be contained in specific documents). Thus, the Order requires

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<sup>5</sup> See also, Area 6, Area 7, Area 9, Area 15.

<sup>6</sup> IT is a critical area that Dr. Kumar has addressed in his reports, including his most recent report. [Doc. 1799]. There, he found “the team is currently limited by insufficient support in the following areas...IT/EMR Support” and noted high-priority requests to reduce harm have been pending a long time. [Doc. 1799 at 3, 18]; *see also* **Ex. 6 at 3-4** (quoting areas of Doc. 1799 referencing IT deficiencies).

the submission of records demonstrating compliance. Plaintiffs acknowledge Defendant has now provided some documentation, however Defendant remains largely non-compliant and has not provided evidence to the contrary.<sup>7</sup>

**III. Defendant must both comply with the reporting requirements of the CAP and must provide the records to both the Court's Expert and the Parties.**

This Court has historically required Defendant to share all information provided to the Court's experts with Plaintiffs so that Plaintiffs' counsel "are able to determine whether the County is providing accurate and sufficient information to those experts." *See McClendon v. City of Albuquerque*, 2017 WL 3405588 \*2 (D.N.M. Mar. 20, 2017) (rejecting Defendant's argument that it can provide mortality reviews to the Court's experts ex parte because "reports, if given to the Court's expert, should be provided to opposing counsel" for their compliance review). The same principle applies to counsel's obligation to monitor compliance with this Order and enforce the CAP when necessary. *See id.* ("A complete set of documents provided to the Court's experts is vital to counsel for Plaintiffs and Plaintiff Intervenors in monitoring compliance with the Court's extant orders....").

Nonetheless, Defendant's entire argument as to Plaintiffs' demonstration that it has not complied with the CAPs production requirements is this:

Contrary to Plaintiffs' allegations, the County has provided updates and information to the Court expert in accordance with the CAP Order. To the extent any specific document was not produced, this is not a clear violation of the CAP Order. The CAP Order does not require document production to inmates' counsel...

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<sup>7</sup> Plaintiffs demonstrated, and Defendant concedes that for three months Defendant did not comply with the provision of the Order requiring monthly reporting by the contract monitor to the County Manager. *See* [Doc. 1789 at 17], [Doc. 1801 at 7]. The monitor sent the first report on December 30, 2025. [1802 at 7] Ideally, the contract monitor would have been alerting the County Manager of Defendant's non-compliance or pace of progress during that time. Instead, the County's own contract compliance monitor was not complying with the Order. The issue, at this time, is remedied.

[Doc. 1801 at 8] Defendant maintains that “[t]he purpose of the CAP was for Dr. Kumar to monitor progress...” and that “[c]ompliance reporting obligations are to Dr. Kumar – not to counsel.” [Doc. 1801 at 5] Even if Defendant’s position were accurate, Defendant has not provided evidence it has met its reporting obligations to Dr. Kumar. Nevertheless, Defendant’s position is incorrect.

The Order and due process require Defendant to provide evidence of compliance with the CAP to Plaintiffs.

The Order provides that:

In the event the County Defendant[] do[es] not comply with timelines or tasks in the CAP, Plaintiffs...may present the issue(s) directly to the Court by filing a motion seeking to remedy the on-going noncompliance.

[Doc. 1785 at 5 ¶ 5] Thus, the Parties negotiated and the Court approved an enforcement mechanism for non-compliance. Plaintiffs have a duty to their clients to enforce the consent decree, and the Order makes that explicit. Without the provision of evidence of compliance with the timelines, the enforcement provision would be rendered meaningless and would deprive Plaintiffs of the benefit of the bargain.

Plaintiffs have a duty to the class and subclass members that cannot be performed without access to the information provided by Defendant’s to demonstrate compliance. Information, “if given to the Court’s expert, should be provided to opposing counsel.” *McClendon*, 2017 WL 3405588 \*2.

#### **IV. Conclusion**

Only after Plaintiff filed this motion did Defendant 1) provide and complete the project plans and 2) begin providing the contract monitor’s report to the County Commission. Litigation appears necessary to motivate Defendant to comply with Court orders. Defendant contends that “there is no need to use sanctions to coerce compliance, because notwithstanding that some steps

were not taken immediately upon the effective date of the CAP, the initial project plans...have now been completed...and the County continues to make progress towards the other deadlines.” [Doc. 1801 at 9] While there is forward motion in a limited number of areas of the CAP, Defendant is widely non-compliant with all deadlines and has not provided evidence to the contrary. Defendant’s 30-day update on the identified 7 areas of the CAP stated “we will progress through them as we are able...” [Doc. 1801-2, Doc. 1789 at 6, 16] Despite clear deadlines in the CAP Defendant provided “tentative due dates” for this limited number of areas. [Doc. 1801-2] It explained “once” Defendant “made considerable progress on the 5 previously mentioned CAP items” an additional 3 would be worked on. [*Id.*] Defendant provides its own evidence that it has treated the Court order as something to work through as it is able rather than as a bargained for enforceable Order to be complied with. In light of this, and Defendant’s on-going non-compliance, sanctions are necessary.

Respectfully submitted,

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**CERTIFICATE OF SERVICE**

I hereby certify that on January 27, 2026, I filed electronically through the CM/ECF system, which caused all parties or counsel entitled to notice to be served by electronic means, as more fully reflected on the Notice of Electronic Filing.

/s/ Katherine Loewe

KATHERINE LOEWE

**Reference / Addendum Document:**

## 1. Staffing Plan

- The staffing analysis should consider the following staffing levels (including but not limited to):
  - Operations Supervisor - by area, service, or program 7 days a week.
  - Intake: RN 24/7. Identify staffing requirements to ensure timely health screenings that allow for adequate time to conduct quality assessments and documentation. Consider variability in patient arrivals based on the day of the week, time of day, peak hours, and seasonal fluctuations (use recent historical data).
  - PTC (Primary Treatment Center): RN 24/7.
  - Detox: RN 24/7.
  - Sick Call: RN 8 hours per day, 7 days a week.
  - Chronic Care: RN 8 hours per day, 7 days a week; Provider 8 hours per day, 5 days a week.
  - Suboxone/Methadone Programs: RN 8 hours per day, 7 days a week; Provider 8 hours per day, 5 days a week.
  - Infectious Disease: RN 8 hours per day, 5 days a week.
  - Wound Care: RN 8 hours per day, 7 days a week.
  - Specialty Care/Offsite Care: Support staff 5 days a week.
  - Coordination with Hospital/Specialty Care: RN 8 hours per day, 5 days a week.
  - Dental Services: Available 8 hours per day, 5 days a week.
  - Medication Administration and Discharge Medications: Assign staff 7 days a week.
  - High-Risk/Complex Patients: RN 24/7; Provider 8 hours per day, 7 days a week.
  - Emergency Care: Available 24/7.
  - Walk-ins/Emergencies: RN 24/7.
  - Sitters to observe patients on detox in single cells and/or in non-detox housing 24/7
  - Provider Clinics for Sick Call, Walk-ins, and Emergencies: Provider 24/7.
  - ADA/Disability Services/Custody-Reliant Medical Orders: Assign staff at least 5 days a week
  - Environment of Care/Supplies/Quality Controls: Assign staff 7 days a week
  - Routine Nursing Tasks (Vitals, weight checks, etc.): RN or MA 24/7
  - Continuous Quality Improvement (CQI) Roles:
    - Clinical Auditor/Reviewer – Onsite
    - CQI Coordinator (clerical) – Onsite
    - EMR Expert (for forms/orders)
    - Data Analysts (for report and data generation) – Onsite
- Medical provider resources may be shared across services and areas to provide safe and timely care. The staff work within their scope of licensure.
- In determining staffing levels, both service demand and fixed staffing needs—such as mandatory coverage of specific stations or areas—should be considered.
- If leadership determines that less coverage is necessary, they must provide evidence that safety standards, staff morale, timely care, and quality are consistently maintained over time with constant tracking using metrics to quickly identify and add staffing as needed.
- The staff scheduler should create a daily staffing schedule that follows the best practices to ensure adequate intake staffing levels for each shift. This schedule must include a backup plan to accommodate call-ins and unexpected demand. Track and report on the expected, scheduled, and actual staffing levels and identify any

gaps. Additionally, the scheduler should detail the actions taken to resolve these gaps and outline any necessary escalation procedures. Since its a 24/7 facility, the scheduling team should work actively seven days a week and collaborate with staff and supervisors to ensure that all shifts are filled. (Consider using scheduling software).

2. CAP Tracker fields to consider, but not limited to (use for all action plan trackers):
  - a. CAP Reference Number
  - b. Date Opened
  - c. Reported By (Name/Department)
  - d. Assigned To (Responsible Person/Owner)
  - e. Category/Type
  - f. Description of Issue, Opportunity, or Action Item
  - g. Date Issue/Opportunity Identified
  - h. Source of Trigger (e.g., M&M, Grievance, Audit, Suggestion, Strategic Goal, etc.)
  - i. Location
  - j. Service Line
  - k. Risk Level/Priority (e.g., High, Medium, Low)
  - l. Analysis (Root Cause or Opportunity Analysis)
  - m. Action Plan overview
  - n. Action Steps/Tasks
  - o. Responsible Person(s) for Each Step
  - p. Resources Required (People, Tools, Budget)
  - q. Target Completion Date
  - r. Current Status (e.g., Pending action steps approval, Pending budget approval, pending resources, In Progress, Completed, Closed, On Hold, etc.)
  - s. Progress Updates/Comments (with dates of each update)
  - t. Completion Date
  - u. Verification of Completion
  - v. Validation of Effectiveness (to resolve the issue or achieve the improvement goal)
  - w. Follow-up Actions, if Needed
  - x. Related Documents/Attachments
  - y. Date Closed (Approved to Close)
  - z. Lessons Learned
3. Staffing tracker by shift includes service area, staff type, needed staffing count, actual staffing count, and percentage staffed, and action taken to fill gap.
4. IT Ticket Tracker to include, but not limited to: IT ticket numbers, ticket status, priority level, submission date, target date, completion date, and notes/comments/actions taken to address challenges and delays.
5. Provide three business days for the monitor to review and provide feedback.
6. The P&P committee shall ensure the development of high-quality training materials that utilize best practices for teaching and incorporate diverse educational approaches, utilizing principles of adult learning, to address different learning styles and preferences. Staff must receive adequate training on all applicable policies and

procedures, including a post-training assessment to verify understanding and readiness to apply the information in practice.

7. Ensure the development of high-quality training materials that utilize best practices for teaching and incorporate diverse educational approaches, utilizing principles of adult learning, to address different learning styles and preferences. Staff must receive adequate training on all applicable items, including a post-training assessment to verify understanding and readiness to apply the information in practice.
8. The term "supervisor" in this document refers to an individual who leads, manages, or oversees a specific area, service, or program and is responsible for efficient and effective operations.
9. Observe and evaluate day-to-day clinical workflows to identify gaps and areas for improvement, including (but not limited to):
  - a. Medication pass (Medpass)
  - b. Detox assessments
  - c. MAT (Medication-Assisted Treatment) program
  - d. Sick call process
  - e. Intake screening
  - f. Med-1 Clinic
  - g. Provider Clinic
  - h. Appointment scheduling
  - i. Offsite services coordination
  - j. Discharge Program
  - k. Other services
  - l. Maintain an observation calendar that schedules regular reviews across different shifts and services.
  - m. Observers will submit the findings summary after each review, clearly stating observed issues and identified opportunities for improvement.
  - n. Track and document actions taken in response to audit findings to ensure continuous improvement.
  - o. The improvement activities are approved and tracked by leadership (through CQI or other meetings).
10. Ensure a random chart selection approach to include all shifts, days of the week, staff members, and other variables at regular intervals. Audit tool should be approved by CQI and should include a field for additional findings and comments.
11. The term "order" is used broadly to encompass any task or action that needs to be completed, including appointments, referrals, and similar items.

Approach to consider:

  - Download and review all existing orders, tasks, referrals, appointments, and order sets from the EMR. Look at the volume of usage and the user types.
  - Conduct structured SME meetings to:
    - Work together with the IT team to assess whether orders, tasks, referrals, or appointments are the most effective options for addressing the needs of each item. Develop a method to differentiate between the orders generated from this facility and those from the hospital.
    - Review and identify new orders and order sets to support clinical workflows, deciding whether to keep, change, or inactivate existing items.

- Identify outdated, redundant, or unnecessary ones for removal.
- Revise and standardize the names for clarity and ease of use.
- Determine the workflow for each item from order to close.
- Specify the default settings for the orders, including the due date, who is responsible for completion, and the comments field required to enter the reason for the visit.
- Each order must include:
  - Order Category (i.e.: Intake, Medical, Dental, MAT, etc.)
  - Order Name (clearly labeled and searchable)
  - Personnel Assigned (e.g. Nursing, Provider, Dental, etc.)
  - Urgency Level with due date (Routine, Urgent, etc.)

Examples: (Variations are acceptable if they align with logic, are easily understandable, and meet the needs of policy, procedures, and intended goals.)

- Nurse Sick Call Visit – Urgent (same day)
- Provider Chronic Care Visit – Initial (3 days)
- Provider Chronic Care Visit – Follow-up in 90 days
- Provider Chronic Care Visit – Follow-up in 30 days
- Order set names should clearly include all the components within them to avoid any assumptions.
- Update and standardize the available status options in the EMR for task and order completion.
- Status options to be made available in the EMR should include:
  - Completed (means task or activity was done as intended)
  - Cancelled (with reason)
  - Cancelled – Patient at Hospital
  - Cancelled – Patient Released
  - Cancelled – By Provider (with reason)
  - Rescheduled (with reason)
  - Refused – Patient Signed
  - Refused – Nurse and Witness (if patient refused to sign)
  - Released Before Seen
  - Other (with explanation)
- If a patient is unavailable due to court, visitation, or library time, efforts should be made to complete the order either before or after.
- For sick call orders, include the date the request was submitted to accurately reflect timeliness.
- Develop and implement a real-time tracking report that displays all pending orders and tasks, organized by service type, priority level, and location. This report will support oversight, accountability, and workflow efficiency.
- The report should be reviewed by supervisors at the start and end of each shift to verify task completion and intervene as needed.
- Supervisors should use the report to adjust staffing based on volume and urgency.
- Report Features Must Include:
  - Real-time data updates
  - Filtering options by:
    - Location
    - Order Name
    - Order Category

- Assigned Personnel
- Date Range
- Sorting options by:
  - Priority (e.g., Routine, Urgent, Stat)
  - Task Age (e.g., Overdue, Due Today, Upcoming)
- Access and Utilization of pending orders report:
  - The report must be accessible to all relevant staff and leadership via the EMR or reporting system.
  - Supervisors are responsible for the daily use and documentation of follow-up on overdue or unassigned tasks.

## 12. Documentation Templates

- Identify and compile a list of all clinical documentation templates currently in use across all medical services and programs.
- Review and update each template for accuracy, usability, and clinical appropriateness in collaboration with Subject Matter Experts (SMEs).
- Eliminate automatic pre-filled data in templates. Fields should be intentionally filled or pulled into notes by the user.
- Each item must be clearly documented as 'Yes,' 'No,' or 'Not Applicable,' with supporting details when appropriate. Incomplete or missing documentation should never be interpreted as not applicable, negative, or assumed to mean 'No.'"
- List of templates to review and improve, including but not limited to:
- Review both the naming and content of each template:
  - Prescreening and full Health Screening
  - History & Physical (H&P) – must include acknowledgment of reviewing Intake Screening and any recent visits.

### Provider Templates:

- Provider Chronic Care – Initial Visit
- Provider Chronic Care – Follow-Up
- Provider Sick Call Visit
- Provider Note – Urgent Care
- Provider Offsite Return note
- Provider Hospital Return note
- Provider Medical Unit Admit note
- Provider Medical Unit Progress note
- Provider Medical Unit Discharge note
- Provider chart review note (for non-face-to-face visits)
- Provider misc. note (for non-face-to-face visits)
- MAT Provider Note – Initial
- MAT Provider Note – Follow-up
- MAT Provider Note – Misc.

### Nursing Templates:

- Nurse Sick Call Visit
- Nurse Unscheduled Visit

- Nurse Follow-up Visit
- Nurse ER Send Out Note
- Nurse Offsite/Hospital Return note
- Nurse Admit Assessment
- Nurse Progress note
- Nurse Medical Unit Discharge/Transfer note
- Nurse Hand-off note – Hospital
- Nurse Hand-off note – Other Facility
- Nurse Hand Off note - Internal transfers
- Nurse follow-up note
- Nurse Chart review note (for non-face-to-face visits)
- Nurse Misc. note (for non-face to face visits)
- Segregation Nursing Note
- RDT Nurse Note
- Discharge / Transfer Note
- Emergency Response / Code Note
- Nursing Sick Call Guidelines template: Start with the top 10 common complaints.
- Provider Plan of Care templates and applicable order sets for at least 10 diagnoses (including DM., HTN, CHF, CAD, Asthma/COPD; Hep C, HIV, Seizures, etc.)
- Establish and implement a process for regular (at least annual) review of all templates. (can be along with its policy and procedures).
- The list of templates above serves as examples; names can be added or modified as needed to meet each of the intended purposes. It should be easy to identify and sort by type, etc.
- Components for Templates (as applicable for the template). May use SOAP format or any standard clinical documentation format. It should be easy to review by other clinical staff to ensure safe and appropriate continuity of care.
  - Reason for visit
  - Acknowledge recent ER visits
  - Review of recent clinical visits
  - Special needs
  - Allergies
  - Active problem list/diagnoses (patient-reported history)
  - Assessment location
  - Current vitals
  - Current housing
  - Active medications
  - Housing recommendations
  - List all conditions being addressed and actions taken
  - Diagnosis/problem list updated (Yes / No / Not applicable)
  - Level of disease control
  - Clinical Status (improved, worsened, stable, no change, etc)
  - Diet – regular or medical diet, etc.
  - Medication changes
  - Nursing orders (e.g., vitals, weight, POCT)
  - Nursing follow-up plan

- Provider contacted (if needed)
- Specialty Referrals
- Provider referral (Now, Next Day, Routine)
- Sending to ER (details on transport, care, notifications)
- Hand-off (if applicable).
- 

13. Include the following identifying information for the person completing or signing the form:

- Full Name
- Signature
- Designation (e.g., RN, LPN, MD)
- ID Number (if applicable)
- Date
- Time

14. Data Accuracy and Validation: Use reliable data sources and ensure data accuracy by conducting collaborative quality checks between the technical/data specialist and the process owner, following established best-practice validation procedures.

KPI for all services/programs, including (not limited to):

- a. Intake
- b. Acute Care/ High Acuity Patients/ Complex Patients
- c. Detox
- d. Infectious Disease
- e. Suboxone/Methadone Programs
- f. Specialty Care
- g. Chronic Care
- h. Off-site referrals
- i. Offsite Diagnostics
- j. Offsite Procedures
- k. Dental
- l. ADA (Disability Accommodations, special needs, Custody-related orders)
- m. Special Needs
- n. Emergency Care
- o. ER/Hospital Send-Outs
- p. Sick Call
- q. Medication Management

15. The Special Needs/ Custody Related orders tracker must include (not limited to):

- Special needs cases
- Prescribed aids
- ADA-related accommodations
- Custody-reliant medical orders

A tracker includes the following data fields:

- Order name

- Order date
- Ordered by
- Order Detail (if any)
- Date provided
- Next renewal date
- Additional notes or instructions
- The tracker must be reviewed and updated daily by the assigned staff.

16. Mortality and Morbidity Review:

- Step 1 – Immediate Fact-Finding

Done within: Day 3 of the incident

Core tasks:

- Secure all documents and electronic records as applicable.
- Collect incident reports, custody logs, and any available CCTV or body-camera footage.
- Interview the involved staff members, patients, and witnesses while memories are fresh.
- Extract key data points from the electronic medical record (EMR).
- Draft a bullet-point, time-stamped chronology of events.
- Step 2 – Root-Cause Analysis (RCA)
  - Done within: Day 10 of incident
  - Done by: multidisciplinary clinical leadership team/ Risk Management
- Root Cause Analysis:
  - Gather the RCA team and ensure that a trained RCA expert or risk management professional coordinated the RCA process.
  - Reconstruct the incident step-by-step
  - Review the complete medical and mental-health record, including: problem list, MARs, intake screens, H&P, progress notes, sick-call, chronic-care clinic, emergencies, unscheduled visits, hospital visits, pending orders, labs and imaging, behavioral-health notes, off-site consults, discharge summaries, grievances, etc.
  - The RCA team will also look for possible causes, including:
    - Staff factors, such as fatigue, mistakes, lack of training, or poor communication
    - Staffing levels, including whether the number of staff on duty matched what was expected or needed for safe care, and whether any gaps contributed to the event
    - Environmental factors
    - Equipment-related factors: availability, usability, maintenance, etc.
    - Whether policies and procedures were followed
    - Process-related or workflow-related factors
    - Leadership or culture issues, such as staff being afraid to speak up
    - Custody-related issues
    - Other relevant factors
  - The RCA Team Will Answer These Key Questions:
    - What exactly happened, step by step?
    - What should have happened?

- Why did it happen?
- Are there ways to improve the process and/or make it fail-safe?

#### **Event Classification**

- **Type of Event**
  - Expected death - Hospice, terminal illness, or end-of-life care where death was anticipated.
  - Unexpected death or adverse event
  - Death or significant event that was not anticipated.
  - Attempted or completed suicide
  - Near miss - An event that could have caused harm but did not.
- **Severity of Harm**
  - No adverse event - Care was appropriate, and no problems were found.
  - Near miss - No harm happened, and the event did not reach the person.
  - No harm event - The event reached the person but did not cause harm.
  - Minor harm- Temporary harm not requiring significant treatment.
  - Moderate harm- Temporary harm requiring treatment or extra monitoring.
  - Severe harm - Permanent harm or life-threatening condition.
  - Death
- **Preventability**
  - Not preventable - The event or outcome could not have been avoided, and care was appropriate.
  - Possibly preventable - Some factors may have influenced the outcome, but it remains uncertain.
  - Preventable - Clear system issues, errors, or missed steps contributed to the event.
  - Undetermined - Insufficient information to assess preventability.
- **Incidental Findings**
  - Findings were discovered during the review of an event that had no direct contribution to the outcome.
- **Action Plan**
  - RCA findings must always connect to clear action plans. The status of each action plan should be reviewed monthly by leadership to provide guidance and support for timely completion.

#### **17. Monthly Status Update to Monitor:**

- Submit all information, documents, and status updates by the 14th of every month.
- Project status updates must be current to activity in the past 7 days.
- Submit at least six months of data to observe the trend.
- For new audits or reports, submit all available past results, up to the most recent six months.
- Audits:
  - Audits will be conducted on the previous month's notes, documents, incidents, and reports.
  - Each audit must be completed within 30 days after the end of the month being audited.
  - Audit results must be submitted within 14 days after the audit is complete.



ROBLES | RAEL | ANAYA

Luis Robles  
Marcus J. Rael Jr.  
Christina E. Anaya  
Taylor S. Rahn  
Samuel C. DeFillippo  
Kelsea E. Sona  
Mailene Ramos  
Phoebe Roderick  
Heath Skroch  
Renni Zifferblatt, *Of Counsel*

December 8, 2025

Counsel for Plaintiffs

VIA EMAIL ONLY

Counsel for Plaintiff-Intervenors

VIA EMAIL ONLY

Re: **McClendon, Jimmy, et al. v. City of Albuquerque, et al.,**  
**CIV 95-24 JB/KBM**

Counsel:

The purpose of this letter is to alert Plaintiffs, Plaintiff-Intervenors, and the Court Monitor that the upcoming 120-day deadlines in the Medical CAP adopted in August 2025 have become unworkable despite diligent efforts, as well as to raise other matters regarding the Medical CAP.

**I. Medical CAP Deadlines**

Pursuant to the deadlines and modification procedures set forth in the Amended Stipulated Settlement Agreement Resolving Doc. 1468, paragraphs 3 and 4 (Nov. 3, 2025) [Doc. 1785], the County respectfully requests extensions, as described below, to the upcoming December 16, 2025 Medical CAP 120-day deadlines in The specific 120-day deadlines currently at issue are in CAP Items 3 (Clinical Guidelines; Nursing Guidelines), 6 (Orders and Tasks), 7 (Documentation Templates), and 15 (CQI – Data-Driven Decision Making). This request arises from the practical implementation steps and sequencing directed by the Court Monitor, which require certain foundational work to occur before subsequent Medical CAP tasks can reasonably proceed. In each instance, progress on the applicable Medical CAP Item depends on predecessor approvals and activities that remain underway. The extensions will not result in any unreasonable risk of harm to inmates and are intended as a better way to accomplish the same purpose.

**A. CAP 3 – Clinical Guidelines and Nursing Guidelines**

All Clinical Practice Guidelines and Nursing Guidelines were transmitted to the Court Monitor prior to his last site visit. However, the Court Monitor indicated that UNMH should revise them. The Guidelines have not yet been approved for building, which is a required predecessor step before any training or EMR development can begin (the 120-day deadline). Additionally, the Court Monitor requested that UNMH meet with an external correctional medical provider – specifically Cook County – before evaluating and refining the Guidelines. UNMH has

Counsel for Plaintiffs  
Counsel for Plaintiff-Intervenors  
December 8, 2025  
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communicated with Cook County and is awaiting available dates for a meeting. This step was added by the Court Monitor and necessarily extends the timeline.

For CAP 3 – Clinical Guidelines and Nursing Guidelines, the project plan was approved orally on November 28, 2025 and the Guidelines must now be reviewed, revised and approved by the Court Monitor. Since the 120-day benchmark requires 95% staff training on *final* guidelines and the Court Monitor’s approval remains pending, training cannot reasonably begin. The County requests that the future deadlines, including the 120-day benchmark, be shifted accordingly to reflect the approach approved by the Court Monitor.

There is not an unreasonable risk of harm to inmates by this extension because providers currently use existing evidence-based clinical guidelines in practice; nursing NETS and other interim tools remain in place to guide care; and the requested extension ensures high-quality, Court Monitor-approved guidelines are implemented correctly rather than rushed in a manner that could confuse staff or lead to inconsistent care.

#### **B. CAP 6 – Orders and Tasks**

At this time, UNMH has identified the names of all existing orders and order sets. Embedded within the Court Monitor-approved workflows are the steps for identifying the names of all *required* orders and order sets, including through the approval of Guidelines in CAP 3 – Clinical Guidelines and Nursing Guidelines (which has not yet progressed past Monitor review). The Monitor has endorsed UNMH’s iterative process improvement model in which the requirements within CAP 6 – Orders and Tasks follow each clinical service redesign. Moreover, neither the pending orders dashboard nor monthly timeliness dashboards can be built until the underlying orders and tasks exist in their Court Monitor-approved form.

The clinical team’s next steps are to identify required orders and tasks, document presets and workflows of the orders, and obtain approval from the Court Monitor of the presets and workflows before sending them to IT. Once orders and tasks are implemented, the dashboards may be addressed. Since the 120-day benchmark requires orders to be in use in the EMR and the Court Monitor’s approval has not been initiated, creating the dashboards cannot reasonably begin. The integration tasks require IT resources that cannot be forecast reliably until upstream dependencies are complete and are unlikely to be completed within the 30 days anticipated by the Medical CAP. The County requests that the future deadlines, including the 120-day benchmark, be shifted accordingly to reflect the approach approved by the Court Monitor.

There is not an unreasonable risk of harm to inmates by this extension because providers continue to place and track orders using existing structured processes. Supervisors maintain shift-based oversight of pending tasks and the extension allows for the development of reliable dashboards rather than partially built tools that could misclassify urgent care needs. The extension ensures deadlines reflect realistic build and training timeframes and prevent wasteful cycles of redesign.

Counsel for Plaintiffs  
Counsel for Plaintiff-Intervenors  
December 8, 2025  
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### **C. CAP 7 – Documentation Templates**

The 120-day requirement for 90% of templates ready for use and 95% training for the top 10 templates are predicated upon Court Monitor approval of the templates. UNMH does not yet have a Court Monitor-approved list, in part, because CAP 3 and CAP 6 workflows must be finalized to determine what documentation templates support those workflows. Documentation templates must reflect assessment and plan logic from Nursing NETs, Clinical Guidelines, and Order Sets, which are all upstream components being revised and that will require Court Monitor review, as well as comply with McClendon, NCHCC, and Medical CAP requirements. The work is proceeding within the iterative process improvement framework approved by the Court Monitor as part of each clinical service redesign, not as a standalone task.

The County requests that the deadlines, including the 120-day benchmark, be extended and calculated based on start date of the Court Monitor's written approval of the documentation templates, as training cannot reasonably occur prior to templates being finalized and approved by the Court Monitor. The integration tasks into the EMR require IT resources that cannot be forecast reliably until upstream dependencies are complete and are unlikely to be completed within the 30 days anticipated by the Medical CAP.

There is not an unreasonable risk of harm to inmates by this extension because existing workflows and checklists in the EMR developed by UNMH for correctional care are being utilized. Delaying the rushed adoption of templates before process improvement has occurred avoids documentation errors that could compromise clarity or continuity of care.

### **D. CAP 15 – CQI: Data-Driven Decision Making and Performance Metrics**

Key performance indicator ("KPI") identification is occurring within each project plan, as approved by the Monitor, as well as throughout implementation of other Medical CAP items. CAP 15 – CQI: Data-Driven Decision Making and Performance Metrics is intentionally integrated into each service area's workflow redesign and specifically being addressed throughout CAP 5 – Operational Supervision. The Court Monitor has approved UNMH to complete KPI for each clinical service area within the process improvement approach, not all at once. On another perspective for this item, KPI lists and audit tools must be confirmed by the Monitor before release to IT. Because of the phased approach, UNMH has not yet reached the stage where 90% of metrics can be finalized. The work is proceeding within the iterative process improvement framework approved by the Court Monitor as part of each clinical service redesign, not as a standalone task.

Since the 120-day benchmark requires KPI and audit tools be ready for use on revised process improvement activities and the Court Monitor's approval has not been initiated, the formal CQI program cannot meet the 120-day benchmark. The County requests that the future deadlines, including the 120-day benchmark, be shifted accordingly to reflect the approach approved by the Court Monitor.

Counsel for Plaintiffs  
Counsel for Plaintiff-Intervenors  
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There is not an unreasonable risk of harm to inmates by this extension because providers have been performing limited audits and tracking functions while UNMH is actively filling the dedicated CQI Medical staff position. Providers are already collecting data and performing chart reviews in prioritized clinical areas. The phased KPI identification model ensures metrics reflect actual practice, improving—not diminishing—patient safety, and proceeding prematurely could lead to incorrect or unreliable metrics that obscure risks rather than reveal them.

### **E. All Deadlines**

Lastly, the County requests revised reasonable deadlines tied to the completion and approval of prerequisite Court Monitor-directed work. The Court Monitor approved the plans by UNMH addressing all 17 areas contemplated by the Medical CAP, which were shared with counsel on November 25, 2025. The Court Monitor orally approved these plans on November 28, 2025 with direction to UNMH for minor changes. This completes the initial step for all items in Medical CAP. Now, all work within the Medical CAP for implementation necessarily flows from these approved plans.

The Court Monitor's approval constitutes the effective starting point for implementation under the Medical CAP framework, and because each subsequent step requires Monitor confirmation before progressing, recalculating the deadlines from that date will align the schedule with the process the Court Monitor has directed. The County recognizes this is a matter that will require discussion among the parties and the Court Monitor, but believes that a wholesale adjustment of the deadlines based on the project-plan approval date is the most reasonable approach to ensure a workable Medical CAP, such that the requirements are completed fully, accurately, and in the sequence contemplated by the Agreement and the Monitor's guidance.

Thus, at a minimum, the County requests extension of the December 16, 2025, 120-day benchmarks, and, ideally, a corresponding adjustment of the full Medical CAP deadlines to reflect the project-plan approval date.

## **II. Communicating Updates and Compliance to Counsel**

Plaintiffs' counsel recently raised questions regarding the County's obligations to provide contemporaneous evidence of compliance to counsel in connection with Medical CAP deadlines, including whether such materials must be produced on the date a benchmark is reached or with monthly productions. In order to clarify expectations and avoid misunderstanding, the County addresses below the governing provisions in Court Order [Doc. 1785] and the Medical CAP, the long-standing practices regarding status information furnished to the Court Monitor, and the additional communications UNMH has voluntarily offered to ensure transparency.

In an email dated November 26, 2025, Ms. Loewe stated:

Counsel for Plaintiffs  
Counsel for Plaintiff-Intervenors  
December 8, 2025  
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With respect to the note on production, to the extent Defendant is required to show compliance on specific items, Plaintiff expects to receive evidence of compliance on the date of a deadline, or potentially on the monthly production (the 14th of every month) closest to that item. The need for currentness of updates is reflected in addendum item 17. It is not clear to us if CAP updates being finalized, and the provided in the next CAP update cycle meets with these requirements and thus bring this to your attention.

It is the County's position that nothing in Court Order [Doc. 1785] nor the Medical CAP requires the County to demonstrate compliance to counsel or provide monthly updates. Specifically, the status updates on the 14th of each month for the Medical CAP are updates to the Court Monitor, not counsel. Documents for compliance that are provided to the Court Monitor are also provided to counsel, including the database printout tracking progress. The County objects to providing evidence of compliance on the date of a deadline, particularly as the Court Monitor does not contemplate rigid implementation of the project plans.

Moreover, currently, UNMH and the Court Monitor meet on a weekly basis, which is above and beyond the expectation in Court Order [Doc. 1785] for the Court Monitor to conduct monthly compliance visits and the Medical CAP requirement for monthly updates. Without being required by the Medical CAP, UNMH has proposed update meetings in recognition of Plaintiffs' desire for more visibility into UNMH's work implementing the new Medical CAP. See email exchanges between T. Rahn and K. Loewe beginning Nov. 17, 2025 through Nov. 25, 2025. Additionally, the Court Monitor has agreed to short monthly phone calls with counsel to provide an oral update on progress from his perspective. The County will continue to provide counsel with responsive Medical CAP documentation around the 15th of each month.

### **III. Third Party Staffing Analysis Change**

Regarding the staffing analysis, the Court Monitor determined the expectation in implementing CAP 1 – Staffing Plan to have a third-party contractor conduct the staffing analysis was unworkable at this time. He instead directed UNMH to conduct their own staffing analysis with an approved methodology while continuing to search for a contractor to assist. This modification to the Medical CAP is consistent with the requirements in paragraph 4 of the Court Order [Doc. 1785].

### **IV. Conclusion**

For the reasons above, County Defendants request that Plaintiffs and Plaintiff-Intervenors agree to extend the December 16th deadlines. The requested extensions are directly tied to Monitor-required steps; align with the CAP's modification procedures; ensure sustainable and correct implementation and pose no unreasonable risk of harm to inmates. Please advise by **December 12, 2025**, whether Plaintiffs and Plaintiff-Intervenors consent to the proposed extensions.

Counsel for Plaintiffs  
Counsel for Plaintiff-Intervenors  
December 8, 2025  
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If the parties are unable to reach agreement, County Defendants will submit the requested extensions to the Court Expert pursuant to the Medical CAP's deadline-modification process.

Thank you for your attention to this matter. Please let me know if you have any questions or concerns.

Sincerely,



Taylor S. Rahn

TSR/rn

cc: M. Anandkumar, MD  
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Daniel Roberson, Esq.  
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December 11, 2025

*Via Email Only*

Taylor Rahn, Counsel for Defendant  
[Taylor@Roblesrael.com](mailto:Taylor@Roblesrael.com)

**Re: *McClendon, 95-cv-24 JB/KBM*  
Defendant's Dec. 8, 2025 letter  
regarding Medical CAP Deadlines**

Dear Ms. Rahn,

On December 8, 2025, you sent a letter alerting Plaintiffs and the Court's expert that in Defendant's estimation the CAP's upcoming 120-day deadlines have become unworkable. With respect to the 120-day deadlines Defendant addresses Areas 3, 6, 7, and 15. With respect to 3, 6, and 15, Defendant "requests that the future deadlines, including the 120-day benchmark, be shifted accordingly to reflect the approach approved by the Court Monitor." Defendant also addresses all deadlines in the 13 other CAP areas and seeks a "wholesale adjustment of the deadlines."

As Plaintiffs alerted Defendant on November 6, and with the filing of the Motion for Order to Show Cause on November 20, 2025 [Doc. 1789], Defendant is broadly non-compliant with both the substantive requirements of the CAP as well as the procedural requirements. However, Plaintiffs do not delve into this non-compliance in response to your December 8, 2025 letter. Plaintiffs also do not address the issues with Defendant's positions set forth in the letter, or Defendant's contentions that delay will not increase the unreasonable risk of harm our clients are subject to.

**I. Deadlines: Defendant's request does not comport with the Order.**

Plaintiffs understand Defendant to seek extensions of everything in the CAP. The Order states:

If County Defendants determine that a deadline set forth in the CAP has become unworkable, County Defendant will alert counsel for Plaintiffs and Plaintiff Intervenor at least a week prior to the deadline **and propose a new deadline.**

[Doc. 1785 at 4, ¶ 3(a)] (emphasis added). Defendant's request does not comport with the Court's order. Defendant does not propose any new deadlines. Plaintiffs cannot agree to an open-ended

extension of deadlines. If Defendant seeks Plaintiffs' agreement on an extension of deadlines, Defendant must propose actual new deadlines for consideration.

On November 6, 2025, Plaintiffs requested that for deadlines already passed Defendant propose new deadlines by November 13, 2025. Defendant did not respond. Defendant still has not proposed new deadlines. Defendant's request instead seeks deadlines "be shifted accordingly to reflect the approach approved by the Court Monitor." We do not know what this means and it is not self-evident in Defendant's letter.

The CAP sets out clear deadlines. It is the attorneys' responsibility for both parties to ensure compliance with the CAP and utilization of the formal processes set forth in the Order in the event tasks become truly unworkable. We request that all discussions of extensions of deadlines with the Monitor be in writing with counsel copied or with counsel present. **Please clarify the new deadlines you are proposing.**

## II. Third Party Staffing Analysis Change: Propose a New Deadline

Paragraph 4 of the Order states:

In the event County Defendant determines that a task set forth in the CAP has become unworkable, they will alert counsel for Plaintiff and Plaintiff Intervenors and the Court expert. If the Court expert agrees there is a better way to accomplish the same purpose, the Court expert may either eliminate the provision or substitute a different provision with the original one. If the Court expert does not agree that the task set forth in the CAP has become unworkable, then no change shall be made.

[Doc. 1785 at 4, ¶ 4] Defendant states that "the Court Monitor determined the expectation in implementing CAP 1 – Staffing Plan to have a third-party contractor conduct the staffing analysis was unworkable at this time. He instead directed UNMH to conduct their own staffing analysis with an approved methodology while continuing to search for a contractor to assist." *Dec. 8 Letter* at 5.

First, Defendant did not comply with Paragraph 4 with respect to this change. Defendant presents this as a modification of the agreement because the task was unworkable. Defendant did not alert Plaintiffs that it determined the requirement of CAP 1 to hire "an expert in correctional settings" to do a staffing analysis had become unworkable. The October CAP update indicated Defendant did not reach out to the one subject matter expert it had identified until mid-September (a month after the CAP had gone into effect), and then after that was continuing the search for a contractor with subject matter expertise. Only after Plaintiffs received the CAP update on November 17 did Plaintiffs learn by reviewing the spreadsheet that Defendant was conducting its own staffing analysis. The update did not indicate that Defendant would continue to look for a contractor. Defendant first formally alerted Plaintiffs in the December 8 Letter. Defendant thus violated the Order by failing to alert Plaintiffs until well after the fact. Plaintiffs request that, as contemplated by the Order and due process, Defendant alert Plaintiffs when they determine a task has become unworkable and they are proposing "a better way to accomplish the same purpose."

Second, Defendant states that the Monitor approved Defendant to do its own analysis while continuing to look for a contractor who is an expert in correctional settings. Plaintiffs thus see this as both a modification *and* an extension that would fall under Paragraph 3. The monitor has recommended a staffing analysis as a high priority repeatedly over the years, and we are glad that now that it is ordered by the Court Defendant is seeking to accomplish it. However, doing so appears to have been a burden on the site staff who have other duties and tasks under the CAP and who are not experts in correctional medicine. Plaintiffs bargained for an analysis conducted by an expert. Defendant indicates it is continuing to seek that expert. Defendant has already sought an open-ended extension to complete its own staffing analysis and to provide the deliverable. It is Plaintiffs position that any request for an extension of CAP 1 deadlines must include a proposal for when the subject matter expert will be retained and will complete his or her staffing plan.

### III. Conclusion

To date, Defendant is non-compliant with the bulk of the CAP. Defendant now seeks broad open-ended extensions. **Please comport your request with the Order and propose new deadlines.**

Sincerely,  
*Katherine Loewe*  
Katherine Loewe

Cc:

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Ken Martinez  
Daniel Roberson  
Warden Smith  
DW Otero  
DW McCann  
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## McClendon CAP

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**Taylor Rahn** <taylor@roblesrael.com>

Wed, Dec 10, 2025 at 12:10 PM

To: Alexandra Smith <asmith@smith-law-nm.com>, Doreen McKnight <doreen@smith-law-nm.com>, "Kate Loewe (kate@rjvlawfirm.com)" <kate@rjvlawfirm.com>

Cc: Kelsea Sona <kelsea@roblesrael.com>, Rami Newman <rami@roblesrael.com>

Good afternoon:

I appreciate you being available for today. I know time got short for questions. I imagine your team might want to digest the information provided, but perhaps we can talk early next week about this meeting, the format, future meetings, your pending motion, and our letter.

Thank you,

Taylor S. Rahn

*Partner*

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## ROBLES | RAEL | ANAYA

January 8, 2026

Counsel for Plaintiffs

**VIA EMAIL ONLY**

Counsel for Plaintiff-Intervenors

**VIA EMAIL ONLY**

**Re: McClendon, Jimmy, et al. v. City of Albuquerque, et al.,  
CIV 95-24 JB/KBM**

Counsel:

The purpose of this letter is to alert Plaintiffs, Plaintiff-Intervenors, and the Court Monitor that the upcoming 150-day deadlines in the Medical CAP adopted in August 2025 have become unworkable despite diligent efforts, as well as to raise other matters regarding the Medical CAP.

### **Medical CAP Deadlines**

Pursuant to the deadlines and modification procedures set forth in the Amended Stipulated Settlement Agreement Resolving Doc. 1468, paragraphs 3 and 4 (Nov. 3, 2025) [Doc. 1785], the County respectfully requests extensions, as described below, to the upcoming January 16, 2026 Medical CAP 150-day deadlines. The specific 150-day deadlines currently at issue are in CAP Items 7 (Documentation Templates) and 15 (CQI – Data-Driven Decision Making). This request arises from the practical implementation steps and sequencing directed by the Court Monitor, which require certain foundational work to occur before subsequent Medical CAP tasks can reasonably proceed. In each instance, progress on the applicable Medical CAP Items depends on predecessor approvals and activities that remain underway. The extensions will not result in any unreasonable risk of harm to inmates and are intended as a better way to accomplish the same purpose.

### **CAP 7 – Documentation Templates**

The 150-day requirement for 95% of templates ready for use is predicated upon Court Monitor approval of the templates. UNMH does not yet have a Court Monitor-approved list, in part, because CAP 3 and CAP 6 workflows must be finalized to determine what documentation templates support those workflows. For explanation of these, see the County's letter dated December 8, 2025, regarding Medical CAP Deadlines. Documentation templates must reflect assessment and plan logic from Nursing NETs, Clinical Guidelines, and Order Sets, which are all upstream components being revised and that will require Court Monitor review, as well as comply with McClendon, NCHCC, and Medical CAP requirements. The work is proceeding within the iterative process improvement framework approved by the Court Monitor as part of each clinical service redesign, not as a standalone task.

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The County requests that the deadlines, including the 150-day benchmark, be extended and calculated based on start date of the Court Monitor’s written approval of the documentation templates, as training cannot reasonably occur prior to templates being finalized and approved by the Court Monitor. The integration tasks into the EMR require IT resources that cannot be forecast reliably until upstream dependencies are complete and are unlikely to be completed within the 30 days anticipated by the Medical CAP.

There is not an unreasonable risk of harm to inmates by this extension because existing workflows and checklists in the EMR developed by UNMH for correctional care are being utilized. Delaying the rushed adoption of templates before process improvement has occurred avoids documentation errors that could compromise clarity or continuity of care.

### **CAP 15 – CQI: Data-Driven Decision Making and Performance Metrics**

Key performance indicator (“KPI”) identification is occurring within each project plan, as approved by the Monitor, as well as throughout implementation of other Medical CAP items. CAP 15 – CQI: Data-Driven Decision Making and Performance Metrics is intentionally integrated into each service area’s workflow redesign and specifically being addressed throughout CAP 5 – Operational Supervision. The Court Monitor has approved UNMH to complete KPI for each clinical service area within the process improvement approach, not all at once. On another perspective for this item, KPI lists and audit tools must be confirmed by the Monitor before release to IT. Because of the phased approach, UNMH has not yet reached the stage where 90% of metrics can be finalized. The work is proceeding within the iterative process improvement framework approved by the Court Monitor as part of each clinical service redesign, not as a standalone task.

Since the 150-day benchmark requires KPI and audit tools be ready for use on revised process improvement activities and the Court Monitor’s approval has not been initiated, the formal CQI program cannot meet the 150-day benchmark. The County requests that the future deadlines, including the 150-day benchmark, be shifted accordingly to reflect the approach approved by the Court Monitor.

There is not an unreasonable risk of harm to inmates by this extension because providers have been performing limited audits and tracking functions while UNMH is actively filling the dedicated CQI Medical staff position. Providers are already collecting data and performing chart reviews in prioritized clinical areas. The phased KPI identification model ensures metrics reflect actual practice, improving—not diminishing—patient safety, and proceeding prematurely could lead to incorrect or unreliable metrics that obscure risks rather than reveal them.

### **All Deadlines**

Lastly, as previously raised in the County’s letter dated December 8, 2025, and which has been discussed with inmates’ counsel, the County maintains its request for revised reasonable deadlines tied to the completion and approval of prerequisite Court Monitor-directed work. The

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Court Monitor approved the plans by UNMH addressing all 17 areas contemplated by the Medical CAP, which were shared with counsel on November 25, 2025. The Court Monitor orally approved these plans on November 28, 2025, with direction to UNMH for minor changes. This completes the initial step for all items in Medical CAP. Now, all work within the Medical CAP for implementation necessarily flows from these approved plans.

The Court Monitor's approval constitutes the effective starting point for implementation under the Medical CAP framework, and because each subsequent step requires Monitor confirmation before progressing, recalculating the deadlines from that date will align the schedule with the process the Court Monitor has directed. The County recognizes this is a matter that will require discussion among the parties and the Court Monitor, but believes that a wholesale adjustment of the deadlines based on the project-plan approval date is the most reasonable approach to ensure a workable Medical CAP, such that the requirements are completed fully, accurately, and in the sequence contemplated by the Agreement and the Monitor's guidance.

### Conclusion

For the reasons above, County Defendants request that Plaintiffs and Plaintiff-Intervenors agree to extend the 150-day deadlines on January 15, 2026. The requested extensions are directly tied to Monitor-required steps; align with the CAP's modification procedures; ensure sustainable and correct implementation and pose no unreasonable risk of harm to inmates. Please advise by **January 13, 2026**, whether Plaintiffs and Plaintiff-Intervenors consent to the proposed extensions.

If the parties are unable to reach agreement, County Defendants will submit the requested extensions to the Court Expert pursuant to the Medical CAP's deadline-modification process.

Thank you for your attention to this matter. Please let me know if you have any questions or concerns.

Sincerely,



Kelsea E. Sona

KES/ar

cc: M. Anandkumar, MD  
Ken Martinez, Esq.  
Daniel Roberson, Esq.  
Warden Steven Smith  
Deputy Warden Roseanne Otero  
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January 13, 2025

*Via Email Only*

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**Re: *McClendon*: Medical CAP  
Plaintiffs' Response to Defendant's January 8, 2026 Letter**

Dear Ms. Sona,

Defendant invited Plaintiffs to meet on December 15, 2025 to discuss the medical corrective action plan (CAP) and our pending motion for order to show cause (MOSC). We met with you and Ms. Rahn and discussed current non-compliance with the medical CAP and the County's request for new CAP deadlines. As set forth in our December 11, 2025 letter, Plaintiffs explained that modification of the negotiated deadlines set forth in the CAP required that Defendant propose actual deadlines.<sup>1</sup> Defendant asked for a few weeks to confer with UNMH to propose deadlines. Defendant asked that during that time Plaintiffs refrain from filing additional motions based on Defendant's non-compliance with the current CAP deadlines to give the parties time to potentially reach agreement on these new deadlines.

Defendant did not propose new deadlines. On January 8, 2025, Defendant provided a letter alerting Plaintiffs that it would be unable to meet the upcoming January 16-150-day deadlines set forth in the CAP, asserting that those and all other future deadlines have become unworkable because those deadlines are dependent on foundational work in CAP that Defendant has not yet completed. Rather than proposing new deadlines as required by the CAP, Defendant again proposed amorphous open-ended deadlines. Agreement to such deadlines would defeat Plaintiffs' negotiated expectation in enforceable deadlines. We cannot agree to open-ended extensions of the CAP. As required by Court Order, Defendant must propose new deadlines. Defendant would like the

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<sup>1</sup> The order states: If County Defendants determine that a deadline set forth in the CAP has become unworkable, County Defendant will alert counsel for Plaintiffs and Plaintiff Intervenors at least a week prior to the deadline **and propose a new deadline**. [Doc 1785 at 4 ¶ 3(a)](emphasis added).

Monitor to approve each piece of the CAP. While this is not required by the CAP, if Defendant wants this approval, then it should build this step into the deadlines it proposes, and Plaintiffs can evaluate whether they will agree to these deadlines when Defendant proposes them.

Defendant stated that it was seeking a “wholesale adjustment of deadlines” and “recognize[d] this is a matter that will require discussion among the parties and the Court Monitor.” *Jan 8 Letter* at 3. Nonetheless, Defendant asked for a response from Plaintiffs by January 13, 2025, just two business days after sending the letter, and two days before the 150 day deadlines expire. It was foreseeable that Defendant would not comply with the 150-day deadlines, because Defendant did not comply with the 120-day deadlines or most deadlines prior to that. If Defendant sought to meaningfully address its non-compliance with the CAP’s deadlines and work collaboratively with Plaintiffs to set new deadlines, Defendant could have taken these steps with sufficient time for the parties to confer and negotiate. As it is, Defendant appears to continue to delay implementation of the CAP.

Much of the claimed “unworkability” of the CAP results from Defendant’s own non-compliance. Defendant explains that “all work within the Medical CAP for implementation necessarily flows from” the initial plans for all 17 areas that were first shared with Plaintiffs on November 25, 2025 and orally approved by the Monitor on November 28, 2025. *Jan. 8 Letter* at 3. Defendant takes the position that (1) “the November 28, 2025 approval of the plans “constitutes the effective starting point for implementation under the Medical CAP framework,” and thus (2) the deadlines should be recalculated from that date. *Jan. 8 Letter* at 3.

Plaintiffs object to this for several reasons. First, the initial plans were all due to the monitor on September 17, 2025 - 30-days after implementation of the CAP. Defendant did not comply with this obligation. Nor did Defendant comply with the procedural obligations set out in the Order regarding deadlines. Plaintiff sent letters about this non-compliance that went unanswered and then filed the pending Motion for Order to Show Cause. To agree with Defendant that November 28, 2025 rather than August 18, 2025 is the effective date of CAP implementation is to acquiesce to Defendant’s willful noncompliance with the order of the Court and our negotiated agreement. Second, as discussed previously, the CAP does not require monitor approval of the initial plans.<sup>2</sup>

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<sup>2</sup> The specific elements requiring Monitor approval or confirmation are:

- Area 5 (Operational Supervision) The Checklist and SOP provided for approval by the monitor. The check list was to be provided at the 45 day deadline. [Doc. 1782-1 at 6]
- Area 6 (Orders and Tasks) Presets and work flow of the orders are documented and sent to IT within 60 days. [Doc. 1782-1 at 7]
- Area 7 (Documentation Templates) Within 45 days, the List and names of all clinical documentation templates for all clinical services/areas are reviewed and finalized. [Doc. 1782-1 at 9]
- Area 7 (Documentation Templates) Within 60 days, the mock up for the top 10 priority templates is finalized and submitted to IT to build. [Doc. 1782-1 at 9]
- Area 9 (Medical Records) Draft copy of all new forms to be provided monthly. (All medical-related forms were to be “updated and in use, and at least 95% staff trained on new forms within 90 days). [Doc. 1782-1 at 12]

Thus, Defendant's assertion that it required the Monitor's approval of the initial plans before it could move forward as the basis for seeking open ended extensions is supported neither by the CAP nor the Order. Finally, if Defendant truly believes that the dates should be recalculated based on the November 28, 2025 date, it must provide actual dates of recalculation.

Plaintiffs welcome Dr. Kumar's input and technical advice as Defendant works to reduce the risk of harm to patients at MDC. We are glad Defendant is embracing this expertise in correctional medicine. However, Defendant can both work with the expert and comply with the deadlines in the CAP.

Additionally, there are multiple areas of the CAP where it is Defendant's non-compliance with earlier deadlines that are the cause of delay – not the need for the Court Monitor's approval. For example Defendant claims it cannot comply with Area 7's "150-day requirement for 95% of templates ready for use" because that "is predicated upon Court Monitor approval of the templates" and "UNMH does not yet have a Court Monitor-approved list, in part because CAP 3 and CAP 6 workflows must be finalized to determine what documentation templates support these workflows." *Jan. 8 Letter* at 1. That the delay is purportedly based on the need for a Court Monitor approved list is not supported by the CAP or the record.

First, Area 7 addresses Documentation and Templates and required that "[w]ithin 45 days, the list and names of all clinical documentation templates for all clinical services/areas are reviewed and finalized." Defendant did not meet that deadline or request an extension. Nor has Defendant provided evidence that this initial step has occurred. The "Big Picture Ideas" plan from November 14 has as the first step that the "IT architect will present a list of all documentation templates to the subject matter experts and users" and then the IT architect will work with clinical leaders and subject matter experts to review the templates and update as necessary." Defendant has not provided any evidence regarding the initiation or completion of this step.

Second, Defendant has not provided the monthly CAP trackers or any CAP updates for Areas 7 or 6 which would reflect actions taken for these areas. Nor has Defendant provided the monthly IT ticket status tracker for any area of the CAP as required by the CAP. IT is a documented bottleneck. There is no evidence that Defendant has taken the steps set out in the "Big Picture Ideas" plan for CAP 6 which was to have IT pull a list of all the orders, tasks, referrals, and their associated details and Defendant would work from there, nor is there evidence IT is conducting the necessary work.

The Monitor's most recent report reflects that systemic issues, including with IT, may be slowing progress with the CAP in these areas. The Monitor found:

- "[T]he team is currently limited by insufficient support in the following areas...IT/EMR Support: Optimization of workflows, documentation templates, orders, etc." [Doc. 1799 at 3]
- "MDC lacks sufficient technical staff to make the necessary changes to the electronic medical record." [Doc. 1799 at 30]

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- Area 15 (CQI – Data-Driven Decision Making – Performance Metrics) Within 45 days, the Data Dictionary is created, prioritized, and submitted to IT for building. [Doc. 1782-1 at 23]

- “The clinical practice guidelines, order sets, and documentation templates are still under development with minimal progress due to inadequate IT resources.” [Doc. 1799 at 39]
- “The intake operational leader has requested an update to the intake screening in the EMR to improve the screening accuracy and reduce errors. This is a very high-priority request that has been pending for an extended period of time due to a lack of adequate support for making changes in the [EMR] system.” [Doc. 1799 at 18]

Under these facts, it is inappropriate to claim approval by the monitor is the cause of delay and Plaintiffs cannot accept this as the basis for a plan becoming unworkable.

Defendant perfunctorily states that “extensions will not result in any unreasonable risk of harm to inmates.” This is without evidentiary support. The “purpose of the CAP...is to establish a strong foundation for the medical program ensuring timely and reliable access to care in a safe environment.” [Doc. 1776-2] As recently as December 31, 2025, Plaintiffs provided Defendant a letter regarding inadequate care preceding the death of W.H. We specifically identified issues the CAP was to address that continue to cause harm to patients, including W.H., despite Defendant’s assertion that what is currently in place is adequate. *See W.H. Letter* at 5-8, attached. We can provide many additional examples of the unreasonable risk of harm our clients are subjected to due to deficiencies in the system of care if needed.

We reiterate, that we recognize Ms. Bachtel and much of her team are working hard to implement the CAP and that it is the attorneys’ responsibility to keep the administrators and practitioners advised of the legal obligations, including deadlines, imposed by the Court order.

As we stated in our MOSC and December 15 meeting, Defendant must propose new deadlines. Plaintiffs understand that Defendant’s non-compliance with all past deadlines, and our common goal of implementing the CAP require new deadlines in order to move the CAP forward and maintain accountability. However, the starting point for that must be actual proposed deadlines.

*Sincerely,*  
*Katherine Loewe*  
Katherine Loewe

cc:

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Ken Martinez  
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Warden Steven Smith  
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DW McCann  
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