

Case Nos. 19-35017 and 19-35019

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

ADREE EDMO,
Plaintiff-Appellee,
v.
IDAHO DEPARTMENT OF CORRECTIONS, ET AL.,
Defendants-Appellants.

On Appeal from Orders of the United States District Court
For the District of Idaho
(No. 1:17-cv-00151-BLW)

EXCERPTS OF RECORD
VOLUME 9 OF 18 (PAGES ER 1473 – ER 1752)

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Catherine Whinnery*

Dated: March 6, 2019

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FINAL REPORT

DOCTOR
 AGLER, DAVID
 CORCMS IDAHO
 13500 PLEASANT VALLEY RD
 Kuna, ID 83634
 Acct #: (ID302-1) FX
 P: (208) 424-3726

PATIENT
 EDMO, MASON
 DOB: [REDACTED] Age: 28 Y Sex: M
 ID: 94691
 Address:
 ID
 P:

SAMPLE
 Specimen ID: 970498150
 Date Of Report: 05/04/2016
 Date Collected: 05/02/2016
 Time Collected: 09:38
 Date Received: 05/03/2016
 Time Received: 00:48
 North America Mountain Time

CLINICAL REPORT

| Test | Result | Abnormal | Reference | Units | Previous Result | Date |
|-----------------------|--------|----------|-----------|-----------|-----------------|------|
| MCH | 31.7 | | 25.0-34.1 | pg | | |
| MCHC | 33.6 | | 29.0-35.0 | gm/dL | | |
| RDW | 12.1 | | 10.9-16.9 | % | | |
| POLYS | 51.6 | | 36.0-78.0 | % | | |
| POLYS, ABS. COUNT | 2.58 | | 1.43-6.80 | x10(3)/uL | | |
| LYMPHS | 35.0 | | 12.0-48.0 | % | | |
| LYMPHS, ABS. COUNT | 1.75 | | 0.98-3.46 | x10(3)/uL | | |
| MONOS | 8.2 | | 0.0-13.0 | % | | |
| MONOS, ABS. COUNT | 0.41 | | 0.23-0.90 | x10(3)/uL | | |
| EOS | 4.2 | | 0.0-8.0 | % | | |
| EOS, ABS. COUNT | 0.21 | | 0.01-0.35 | x10(3)/uL | | |
| BASOS | 0.8 | | 0.0-2.0 | % | | |
| BASOS, ABS. COUNT | 0.04 | | 0.00-0.07 | x10(3)/uL | | |
| IMMATURE GRANULOCYTES | 0.2 | | 0.0-1.6 | % | | |
| PLATELET COUNT | 233 | | 144-400 | x10(3)/uL | | |
| MPV | 9.1 | | 8.2-11.9 | fL | | |

NOTE: New reference ranges for WBC and Absolute counts are effective 4/25/2016.

MISCELLANEOUS

| Test | Result | Abnormal | Reference | Units | Previous Result | Date |
|----------------------------|--------|----------|--------------|--------|-----------------|------------|
| TSH | 2.597 | | 0.550-4.780 | uIU/mL | | |
| Thyroxine(T4) | 7.4 | | 4.5-10.9 | ug/dL | | |
| TESTOSTERONE, TOT., S. | 395.0 | | 129.0-767.0 | ng/dL | <20.0 LO | 03/10/2016 |
| SEX HORM. BIND. GLOB. *NJ1 | | 103 HI | 10-57 | nmol/L | 115 HI | 03/10/2016 |
| FREE TESTOSTERONE | 33.95 | | 30.00-150.00 | pg/mL | Can't Calc | 03/10/2016 |
| PROLACTIN, SERUM | 16.7 | | 2.1-17.7 | ng/mL | 13.7 | 09/03/2015 |
| ESTRADIOL | | 41.84 HI | <39.90 | pg/mL | 57.00 HI | 03/10/2016 |

Final Report

***Performing Laboratory Information**

NJ1 - BioReference Laboratories, Inc. 481 Edward H. Ross Dr, Elmwood Park, NJ 07407; James Weisberger, M.D., Laboratory Director

William Pouison, NP
 MAY 04 2016



FINAL REPORT

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DELLWO, DANIEL
CORCMS IDAHO
13500 PLEASANT VALLEY RD
Kuna, ID 83634
Acct #: (ID302-1) FX
P: (208) 424-3726

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EDMO, MASON
DOB: [REDACTED] Age: 28 Y Sex: M
ID: 94691
Address:
ID
P:

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Specimen ID: 970551876
Date Of Report: 06/23/2016
Date Collected: 06/21/2016
Time Collected: 10:11
Date Received: 06/22/2016
Time Received: 14:42

North America Mountain Time

CLINICAL REPORT

Clinical Abnormalities Summary: (May not contain all abnormal results; narrative results may not have abnormal flags. Please review entire report.)

| | | | | | |
|-----------------------|----------|-----------------------------|--------|-------------------|---------|
| TESTOSTERONE, TOT.,S. | 83.3 LO | SEX HORM.BIND.GLOB. *NJ1 | 117 HI | FREE TESTOSTERONE | 6.18 LO |
| ESTRADIOL | 49.09 HI | | | | |

PATIENT FASTING

CHEMISTRY

| Test | Result | Abnormal | Reference | Units | Previous Result | Date |
|---------|--------|----------|-----------|-------|-----------------|------------|
| Albumin | 3.7 | | 3.2-4.8 | g/dL | 4.5 | 05/03/2016 |

MISCELLANEOUS

| Test | Result | Abnormal | Reference | Units | Previous Result | Date |
|--------------------------|--------|----------|--------------|--------|-----------------|------------|
| TESTOSTERONE, TOT.,S. | | 83.3 LO | 129.0-767.0 | ng/dL | 395.0 | 05/03/2016 |
| SEX HORM.BIND.GLOB. *NJ1 | | 117 HI | 10-57 | nmol/L | 103 HI | 05/03/2016 |
| FREE TESTOSTERONE | | 6.18 LO | 30.00-150.00 | pg/mL | 33.95 | 05/03/2016 |
| PROLACTIN, SERUM | 17.3 | | 2.1-17.7 | ng/mL | 16.7 | 05/03/2016 |
| ESTRADIOL | | 49.09 HI | <39.90 | pg/mL | 41.84 HI | 05/03/2016 |

Final Report

Daniel Dellwo, PA-C
JUN 23 2016

***Performing Laboratory Information**

NJ1 - BioReference Laboratories, Inc. 481 Edward H. Ross Dr., Edison, NJ 07407; James Weisberger, M.D.,



FINAL REPORT

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DELLWO, DANIEL
CORCMS IDAHO
13500 PLEASANT VALLEY RD
Kuna, ID 83634
Acct #: (ID302-1) FX
P: (208) 424-3726

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EDMO, MASON
DOB: [REDACTED] Age: 28 Y Sex: M
ID: 94691
Address:
ID
P:

S
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Specimen ID: 970551876
Date Of Report: 06/23/2016
Date Collected: 06/21/2016
Time Collected: 10:11
Date Received: 06/22/2016
Time Received: 14:42
North America Mountain Time

CLINICAL REPORT

Laboratory Director



FINAL REPORT

D O C T O R
 DELLWO, DANIEL
 CORCMS IDAHO
 13500 PLEASANT VALLEY RD
 Kuna, ID 83634
 Acct #: (ID302-1) FX
 P: (208) 424-3726

P A T I E N T
 EDMO, MASON
 DOB [REDACTED] Age: 28 Y Sex: M
 ID: 94691
 Address:
 ID
 P:

S A M P L E
 Specimen ID: 970592909
 Date Of Report: 07/28/2016
 Date Collected: 07/27/2016
 Time Collected: 07:50
 Date Received: 07/28/2016
 Time Received: 00:12
 North America Mountain Time

CLINICAL REPORT

Clinical Abnormalities Summary: (May not contain all abnormal results; narrative results may not have abnormal flags. Please review entire report.)

HEP. B SURF. Ab. **Reactive**

PATIENT FASTING

MISCELLANEOUS

| Test | Result | Abnormal | Reference | Units | Previous Result | Date |
|------------------|-----------------|-----------------|--------------------|-------|-----------------|------|
| HEP. B CORE Ab. | Non-Reactive | | Non-Reactive | | | |
| HEP. B SURF. Ab. | Reactive | Reactive | Non-Reactive | | | |
| HEP. B SURF. Ag | Non-Reactive | | Non-Reactive | | | |
| RPR | Non-Reactive | | Non-Reactive Titer | | | |
| HIV Ag/Ab | Non-Reactive | | Non-Reactive | | | |

Assay Information: Assay for the detection of HIV p24 antigen and antibodies to Human Immunodeficiency Virus Type 1, including Group 0 (HIV-1 + "0") and/or Type 2 (HIV-2)
 Method: Chemiluminescence (Siemens Healthcare Diagnostics)

HEP. C Ab. Non-Reactive Non-Reactive

HEP. C Ab. (S/CO RATIO) 0.03 <0.80

CT/GC RRNA, APTIMA, URINE TNP
 TEST NOT PERFORMED; URINE CONTAINER-GENPROBE-APTIMA NOT RECEIVED.

Hepatitis B Result Interpretation

(for reference use only)

| Marker | LI/EA* | Acute | Past | Chronic | HBV Vacc. |
|----------------------|--------|-------|------|---------|-----------|
| HBsAg | + | + | - | + | - |
| HBeAg | + | + | - | +/- | - |
| HEP. B. CORE AB, IgM | - | + | - | - | - |
| HEP. B. CORE AB. | - | + | + | + | - |
| HBeAb | - | - | +/- | +/- | - |
| HBsAb | - | - | +/- | - | + |

*Late Incubation/Early Acute
 NOTE: In remote past infection, HBsAb level may be Negative or Non-Reactive in some patients.

Final Report

Need chart, repeat GC/CT

AS 8/14/16 1145

Anthony Bushnell, PA-C



FINAL REPORT

| | | | |
|------------------|--------------------------------|------------------------------------|----------------------------------|
| D U C T | DELLWO, DANIEL | EDMO, MASON | Specimen ID: 970592909 |
| | ID302 - IDAHO STATE CORR.INST. | P DOB: [REDACTED] Age: 28 Y Sex: M | Date Of Report: 07/28/2016 11:23 |
| | 13500 PLEASANT VALLEY RD, | A U/FL: Bed: | Date Collected: 07/27/2016 07:50 |
| | KUNA, ID 83634 | T Rm: | Date Received: 07/28/2016 00:12 |
| | Acct #: (ID302) FX | I Inmate ID: 94691 | |
| P: (208)424-3726 | E Address: , ID | | |
| | T P: | | North America Mountain Time |

Notes: PATIENT FASTING

CLINICAL REPORT

Clinical Abnormalities Summary: (May not contain all abnormal results; narrative results may not have abnormal flags. Please review entire report.)

HEP. B SURF. AB. **Reactive ***

-----* MISCELLANEOUS *-----

| Test | Result | Abnormal | Reference | Units | Previous Result | Date |
|------------------|--------------|-------------------|--------------|-------|-----------------|------------|
| HEP. B CORE Ab. | Non-Reactive | | Non-Reactive | | | |
| HEP. B SURF. AB. | | Reactive * | Non-Reactive | | | |
| HEP. B SURF. AG | Non-Reactive | | Non-Reactive | | | |
| RPR | Non-Reactive | | Non-Reactive | Titer | Non-Reactive | 05/01/2012 |
| HIV Ag/Ab | Non-Reactive | | Non-Reactive | | | |

Assay Information: Assay for the detection of HIV p24 antigen and antibodies to Human Immunodeficiency Virus Type 1, including Group O (HIV-1 + "O") and/or Type 2 (HIV-2)
Method: Chemiluminescence (Siemens Healthcare Diagnostics)

| | | | | | | |
|------------------------|--------------|--|--------------|--|--|--|
| HEP. C Ab. | Non-Reactive | | Non-Reactive | | | |
| HEP C Ab. (S/CO RATIO) | 0.03 | | <0.80 | | | |

Hepatitis B Result Interpretation (for reference use only)

| Marker | LI/EA* | Acute | Past | Chronic | HBV |
|----------------------|--------|-------|------|---------|-----|
| Vacc. | | | | | |
| HBsAg | + | + | - | + | - |
| HBeAg | + | + | - | +/- | - |
| HEP. B. CORE AB, IgM | - | + | - | - | - |
| HEP. B. CORE AB. | - | + | + | + | - |
| HBeAb | - | - | +/- | +/- | - |
| HBsAb | - | - | +/- | - | + |

*Late Incubation/Early Acute
NOTE: In remote past infection, HBsAb level may be Negative or Non-Reactive in some patients.

CT/GC RRNA, APTIMA, URINE TNP

Need chart to order GC/chlamydia
 Daniel Barry PA-C
 AUG 03 2016



FINAL REPORT

DELLWO, DANIEL
D ID302 - IDAHO STATE CORR.INST.
C 13500 PLEASANT VALLEY RD,
T KUNA, ID 83634
 Acct #: (ID302) **FX**
 P: (208)424-3726

EDMO, MASON
P DOB: [REDACTED] Age: 28 Y Sex: M
A U/FL: [REDACTED] Bed:
T Rm:
I Inmate ID: 94691
E Address: ,
N , ID
T
P:

S Specimen ID: 970592909
A Date Of Report: 07/28/2016 11:23
M Date Collected: 07/27/2016 07:50
P Date Received: 07/28/2016 00:12
L
E
 North America Mountain Time

CLINICAL REPORT

| Test | Result | Abnormal | Reference | Units | Previous Result | Date |
|---|--------|----------|-----------|-------|-----------------|------|
| TEST NOT PERFORMED; URINE CONTAINER-GENPROBE-APTIMA NOT RECEIVED. | | | | | | |



FINAL REPORT

DIRECTOR
 BUSHNELL, ANTHONY
 ID302 - IDAHO STATE CORR. INST.
 13500 PLEASANT VALLEY RD,
 KUNA, ID 83634
 Acct #: (ID302)
 P: (208)424-3726 FX

EDMO, MASON
 P DOB: [REDACTED] Age: 28 Y Sex: M
 A U/FL: [REDACTED] Bed:
 T Rm:
 I Inmate ID: 94691
 E Address: , ID
 N , ID
 T
 P:

SAMPLE
 Specimen ID: 970611143
 Date Of Report: 08/11/2016 15:22
 Date Collected: 08/10/2016 07:33
 Date Received: 08/11/2016 00:53
 North America Mountain Time

Notes: PATIENT FASTING

CLINICAL REPORT

-----* MICROBIOLOGY *-----

| Test | Result | Abnormal | Reference | Units | Previous Result | Date |
|--------------------------|----------|----------|-----------|-------|-----------------|------|
| C.TRACHOMATIS RRNA URINE | NEGATIVE | | NEGATIVE | | | |
| N.GONORRHOEAE RRNA URINE | NEGATIVE | | NEGATIVE | | | |

NOTE: Requests for Chlamydia (CT) and/or Gonorrhoeae (GC) were processed using the Genprobe Aptima assay which employs an amplified probe TMA assay.

Daniel Barry, PA-C
 DM
 SEP 26 2016

ER 1479

3/003 FAX server



FINAL REPORT

| | | | | | |
|----------------------------|--------------------------|---------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| D O C T O R | BUSHNELL, ANTHONY | P A T I E N T | EDMO, MASON | S A M P L E | Specimen ID: 970611143 |
| | CORCMS IDAHO | | DOB: [REDACTED] Age: 28 Y Sex: M | | Date Of Report: 08/11/2016 |
| | 13500 PLEASANT VALLEY RD | | ID: 94691 | | Date Collected: 08/10/2016 |
| | Kuna, ID 83634 | | Address: | | Time Collected: 07:33 |
| Acct #: (ID302-1) FX | ID | | | Date Received: 08/11/2016 | |
| P: (208) 424-3726 | P: | | | Time Received: 00:53 | |
| | | | | North America Mountain Time | |

CLINICAL REPORT

PATIENT FASTING

MICROBIOLOGY

| Test | Result | Abnormal | Reference | Units | Previous Result | Date |
|--------------------------|----------|----------|-----------|-------|-----------------|------|
| C.TRACHOMATIS RRNA URINE | NEGATIVE | | NEGATIVE | | | |
| N.GONORRHOEAE RRNA URINE | NEGATIVE | | NEGATIVE | | | |

NOTE: Requests for Chlamydia (CT) and/or Gonorrhoeae (GC) were processed using the Genprobe Aptima assay which employs an amplified probe TMA assay.

Final Report

USB

Anthony Bushnell, PA-C
1348
AUG 12 2016

BioReference
LABORATORIES

FINAL REPORT

| | | | | | |
|--|---|--|--|--|--|
| D O C T O R | BUSHNELL, ANTHONY | P A T I E N T | EDMO, MASON | S A M P L E | Specimen ID: 970663779 |
| | CORCMS IDAHO 13500 PLEASANT VALLEY RD Kuna, ID 83634 Acct #: (ID302-1) FX P: (208) 424-3726 | | DOB: [REDACTED] Age: 28 Y Sex: M ID: 94691 Address: ID: P: | | Date Of Report: 09/20/2016 Date Collected: 09/19/2016 Time Collected: 10:44 Date Received: 09/20/2016 Time Received: 00:52 |
| North America Mountain Time | | | | | |

CLINICAL REPORT

| Test | Result | Abnormal | Reference | Units | Previous Result | Date |
|--|--------------|----------|--------------------|-------|-----------------|------------|
| RPR | Non-Reactive | | Non-Reactive Titer | | Non-Reactive | 07/28/2016 |
| HIV Ag/Ab | Non-Reactive | | Non-Reactive | | Non-Reactive | 07/28/2016 |
| Assay Information: Assay for the detection of HIV p24 antigen and antibodies to Human Immunodeficiency Virus Type 1, including Group O (HIV-1 + "O") and/or Type 2 (HIV-2) Method: Chemiluminescence (Siemens Healthcare Diagnostics) | | | | | | |
| CT/GC RRNA, APTIMA, URINE | TNP | | | | | |
| TEST NOT PERFORMED; URINE CONTAINER-GENPROBE-APTIMA NOT RECEIVED. | | | | | | |

Final Report

*9/20/16
TZ David Ayler, MD*



FINAL REPORT

DIVCT
BUSHNELL, ANTHONY
 ID302 - IDAHO STATE CORR. INST.
 13500 PLEASANT VALLEY RD,
 KUNA, ID 83634
 Acct #: (ID302) FX
 P: (208)424-3726

EDMO, MASON
 P DOB: [REDACTED] Age: 28 Y Sex: M
 A U/FL: [REDACTED] Bed:
 T Rm:
 I Inmate ID: 94691
 E Address: ,
 N , ID
 T P:

SAMPLE
 Specimen ID: 970663779
 Date Of Report: 09/20/2016 06:30
 Date Collected: 09/19/2016 10:44
 Date Received: 09/20/2016 00:52
 North America Mountain Time

Notes: PATIENT FASTING

CLINICAL REPORT

-----* MISCELLANEOUS *-----

| Test | Result | Abnormal | Reference | Units | Previous Result | Date |
|--|------------------|----------|--------------|-------|-----------------|------------|
| RPR | Non- Reactive | | Non-Reactive | Titer | Non-Reactive | 07/26/2016 |
| HIV Ag/Ab | Non- Reactive | | Non-Reactive | | Non-Reactive | 07/26/2016 |
| Assay Information: Assay for the detection of HIV p24 antigen and antibodies to Human Immunodeficiency Virus Type 1, including Group O (HIV-1 + "0") and/or Type 2 (HIV-2) Method: Chemiluminescence (Siemens Healthcare Diagnostics) | | | | | | |
| CT/GC RRNA, APTIMA, URINE | TNP | | | | TNP | 07/26/2016 |
| TEST NOT PERFORMED; URINE CONTAINER-GENPROBE-APTIMA NOT RECEIVED. | | | | | | |

Reordered CT/GC

Daniel Barry, PA-C
SEP 26 2016

BioReference
LABORATORIES

FINAL REPORT

DOCTOR
BUSHNELL, ANTHONY
CORCMS IDAHO
13500 PLEASANT VALLEY RD
Kuna, ID 83634
Acct #: (ID302-1) FX
P: (208) 424-3726

PATIENT
EDMO, MASON
DOB: [REDACTED] Age: 29 Y Sex: M
ID: 94691
Address:
ID
P:

SAMPLE
Specimen ID: 970751573
Date Of Report: 11/23/2016
Date Collected: 11/22/2016
Time Collected: 10:40
Date Received: 11/23/2016
Time Received: 00:01
North America Mountain Time

CLINICAL REPORT

Clinical Abnormalities Summary: (May not contain all abnormal results; negative results may not have abnormal flags. Please review entire report.)

| | | | |
|--------------------|---------|-------------------|----------|
| HCT | 38.9 LO | MCHC | 35.2 HI |
| SEXHORM.BIND.GLOB. | 109 HI | FREE TESTOSTERONE | 18.05 LO |

NON FASTING CHEMISTRY

| Test | Result | Abnormal | Reference | Units | Previous Result | Date |
|-------------------------|--------|----------|-----------|--------|-----------------|------------|
| Total Protein | 7.2 | | 5.7-8.2 | g/dL | 7.3 | 05/03/2016 |
| Albumin | 4.5 | | 3.2-4.8 | g/dL | 3.7 | 06/22/2016 |
| Globulin | 2.7 | | 1.7-3.7 | g/dL | 2.8 | 05/03/2016 |
| A/G Ratio | 1.7 | | 1.1-2.9 | | 1.6 | 05/03/2016 |
| Glucose | 85 | | 70-99 | mg/dL | 75 | 05/03/2016 |
| Sodium | 142 | | 132-146 | mmol/L | 142 | 05/03/2016 |
| Potassium | 4.3 | | 3.5-5.5 | mmol/L | 4.1 | 05/03/2016 |
| Chloride | 105 | | 99-109 | mmol/L | 105 | 05/03/2016 |
| CO2 | 29 | | 20-31 | mmol/L | 27 | 05/03/2016 |
| BUN | 11 | | 9-23 | mg/dL | 10 | 05/03/2016 |
| Creatinine | 0.81 | | 0.70-1.30 | mg/dL | 0.79 | 05/03/2016 |
| e-GFR | 120 | | >or=60 | ml/min | 122 | 05/03/2016 |
| e-GFR, African American | 139 | | >or=60 | ml/min | 141 | 05/03/2016 |
| BUN/Creat Ratio | 13.6 | | 10.0-28.0 | | 12.7 | 05/03/2016 |
| Calcium | 9.6 | | 8.3-10.0 | mg/dL | 9.5 | 05/03/2016 |
| Uric Acid | 4.5 | | 3.7-9.2 | mg/dL | 4.5 | 05/03/2016 |
| Iron | 106 | | 65-175 | ug/dL | 124 | 05/03/2016 |
| Bilirubin, Total | 1.0 | | 0.3-1.2 | mg/dL | 0.7 | 05/03/2016 |
| LD | 150 | | 120-246 | U/L | 151 | 05/03/2016 |
| Alk Phos | 53 | | 40-156 | U/L | 64 | 05/03/2016 |
| AST | 18 | | <34 | U/L | 19 | 05/03/2016 |
| Phosphorus | 4.4 | | 2.4-5.1 | mg/dL | 3.6 | 05/03/2016 |
| ALT | 15 | | 10-49 | U/L | 16 | 05/03/2016 |
| GGTP | 12 | | <73 | U/L | 11 | 05/03/2016 |

CARDIOVASCULAR/LIPIDS

| Test | Result | Abnormal | Reference | Units | Previous Result | Date |
|--------------------------------|--------|----------|-----------|-------|-----------------|------------|
| Cholesterol | 160 | | <200 | mg/dL | 152 HI | 05/03/2016 |
| Triglycerides | 78 | | <150 | mg/dL | 152 HI | 05/03/2016 |
| HDL CHOL., DIRECT | 49 | | >40 | mg/dL | | |
| HDL as % of Cholesterol | 31 | | >14 | % | | |
| Evaluation: BELOW AVERAGE RISK | | | | | | |
| Chol/HDL Ratio | 3.3 | | <7.4 | | | |
| Evaluation: BELOW AVERAGE RISK | | | | | | |
| LDL/HDL Ratio | 1.94 | | <3.56 | | | |
| Non-HDL Cholesterol | 111 | | <130 | mg/dL | | |
| LDL Cholesterol | 95 | | <100 | mg/dL | | |
| VLDL, CALCULATED | 16 | | 7-32 | mg/dL | | |

NEED CHART TO REVIEW

Need chart
11-25-16
1315

BioReference Laboratories, Inc.
2605 S. Winchester Blvd. | Campbell, CA 95008 | (800) 762-9722

Gerald A. Weiss, M.D.
Laboratory Director

Clinical Page 1 of 2
Printed 11/24/2016 05:28

Anthony Bushnell, PA-C

m *10 26*
NOV 28 2016

BioReference
LABORATORIES

FINAL REPORT

D O C T O R
BUSHNELL, ANTHONY
CORCMS IDAHO
13500 PLEASANT VALLEY RD
Kuna, ID 83634
Acct #: (ID302-1) FX
P: (208) 424-3726

P A T I E N T
EDMOND MASON
DOB: [REDACTED] Age: 29 Y Sex: M
ID: 94691
Address:
ID
P:

S A M P L E
Specimen ID: 970751573
Date Of Report: 11/23/2016
Date Collected: 11/22/2016
Time Collected: 10:40
Date Received: 11/23/2016
Time Received: 00:01
North America Mountain Time

CLINICAL REPORT

| HEMATOLOGY | | | | | | |
|------------------------|--------|----------|--------------|-----------|-----------------|------------|
| Test | Result | Abnormal | Reference | Units | Previous Result | Date |
| WBC | 5.55 | | 3.66-11.99 | x10(3)/uL | 5.00 | 05/03/2016 |
| RBC | 4.27 | | 4.20-5.90 | x10(6)/uL | 4.54 | 05/03/2016 |
| HGB | 13.7 | | 12.3-17.0 | gm/dL | 14.4 | 05/03/2016 |
| HCT | | 38.9 LO | 39.3-52.5 | % | 42.9 | 05/03/2016 |
| MCV | 91.1 | | 80.0-100.0 | fL | 94.5 | 05/03/2016 |
| MCH | 32.1 | | 25.0-34.1 | pg | 31.7 | 05/03/2016 |
| MCHC | | 35.2 HI | 29.0-35.0 | gm/dL | 33.0 | 05/03/2016 |
| RDW | 11.8 | | 10.9-16.9 | % | 12.1 | 05/03/2016 |
| POLYS | 55.1 | | 36.0-78.0 | % | 51.0 | 05/03/2016 |
| POLYS, ABS. COUNT | 3.06 | | 1.43-6.80 | x10(3)/uL | 2.58 | 05/03/2016 |
| LYMPHS | 30.8 | | 12.0-48.0 | % | 35.0 | 05/03/2016 |
| LYMPHS, ABS. COUNT | 1.71 | | 0.98-3.46 | x10(3)/uL | 1.75 | 05/03/2016 |
| MONOS | 10.5 | | 0.0-13.0 | % | 8.2 | 05/03/2016 |
| MONOS, ABS. COUNT | 0.58 | | 0.23-0.90 | x10(3)/uL | 0.41 | 05/03/2016 |
| EOS | 2.9 | | 0.0-8.0 | % | 4.2 | 05/03/2016 |
| EOS, ABS. COUNT | 0.16 | | 0.01-0.35 | x10(3)/uL | 0.21 | 05/03/2016 |
| BASOS | 0.5 | | 0.0-2.0 | % | 0.8 | 05/03/2016 |
| BASOS, ABS. COUNT | 0.03 | | 0.00-0.07 | x10(3)/uL | 0.04 | 05/03/2016 |
| IMMATURE GRANULOCYTES | 0.2 | | 0.0-1.6 | % | 0.2 | 05/03/2016 |
| PLATELET COUNT | 264 | | 144-400 | x10(3)/uL | 233 | 05/03/2016 |
| MPV | 9.1 | | 8.2-11.9 | fL | 9.1 | 05/03/2016 |
| MISCELLANEOUS | | | | | | |
| Test | Result | Abnormal | Reference | Units | Previous Result | Date |
| TESTOSTERONE, TOT., S. | 229.0 | | 129.0-767.0 | ng/dL | 83.3 LO | 06/22/2016 |
| SEX HORM. BIND. GLOB. | ? | 109 HI | 10-57 | nmol/L | 117 HI | 06/22/2016 |
| FREE TESTOSTERONE | 16.2 | 18.05 LO | 30.00-150.00 | pg/mL | 6.18 LO | 06/22/2016 |
| PROLACTIN, SERUM | | | 2.1-17.7 | ng/mL | 17.3 | 06/22/2016 |

Final Report

Anthony Bushnell, PAC
w/ 1026
NOV 28 2016

[Handwritten Signature]
11-23-16
1315



FINAL REPORT

DOCTOR
 DELLWO, DANIEL
 CORCMS IDAHO
 13500 PLEASANT VALLEY RD
 Kuna, ID 83634
 Acct #: (ID302-1) FX
 P: (208) 424-3726

PATIENT
 EDMO, MASON
 DOB: [REDACTED] Age: 29 Y Sex: M
 ID: 94691
 Address:
 ID
 P:

SAMPLE
 Specimen ID: 970775035
 Date Of Report: 12/14/2016
 Date Collected: 12/12/2016
 Time Collected: 11:11
 Date Received: 12/13/2016
 Time Received: 00:09
 North America Mountain Time

CLINICAL REPORT

Clinical Abnormalities Summary: (May not contain all abnormal results; narrative results may not have abnormal flags. Please review entire report.)

ESTRADIOL 125.69 HI
 NON FASTING

MISCELLANEOUS

| Test | Result | Abnormal | Reference | Units | Previous Result | Date |
|-----------|-----------|----------|-----------|-------|-----------------|------------|
| ESTRADIOL | 125.69 HI | <39.90 | <39.90 | pg/mL | 49.09 HI | 06/22/2016 |

NOTE: The result for ESTRADIOL was confirmed by repeat analysis.
 ESTRIDL, UNCONJUGATED 0.1 See Below ng/mL
 *NJI

RANGES FOR UNCONJUGATED ESTRIDL

| Gestational Week | Central 95% Range (ng/mL) |
|----------------------------|---------------------------|
| 27 | 2.3-6.4 |
| 28 | 2.3-7.0 |
| 29 | 2.3-7.7 |
| 30 | 2.4-8.6 |
| 31 | 2.6-9.9 |
| 32 | 2.8-11.4 |
| 33 | 3.0->12.0 |
| 34 | 3.3->12.0 |
| 35 | 3.9->12.0 |
| 36 | 4.7->12.0 |
| 37 | 5.6->12.0 |
| 38 | 6.6->12.0 |
| 39 | 7.3->12.0 |
| 40 | 7.6->12.0 |
| Males/Female(Non-Pregnant) | <2.0 |

ESTRONE(E1), SERUM *NJI 326.0 See Below pg/mL

ESTRONE(E1) SERUM REFERENCE RANGES

| MALES | | E1 Estrone (pg/mL) |
|--------------|---------------|-----------------------|
| Tanner Stage | Mean Age(yrs) | |
| 1 | 7.1 | <5.0 - 19.0 |
| 2 | 12.1 | 6.3 - 24.9 |
| 3 | 13.6 | 15.4 - 27.4 |
| 4 | 15.1 | 14.8 - 52.0 |
| 5 | 18 | 10.5 - 52.5 |
| Adult | | 10.0 - 60.0 |

FEMALES
 Tanner Stage Mean Age(yrs)

2 Pgs removed in copy for GID 12/20/16
 Trippler Povar, NP-C



FINAL REPORT

D O C T O R
DELLWO, DANIEL
 CORCMS IDAHO
 13500 PLEASANT VALLEY RD
 Kuna, ID 83634
 Acct #: (ID302-1) FX
 P: (208) 424-3726

P A T I E N T
EDMO, MASON
 DOB: [REDACTED] Age: 29 Y Sex: M
 ID: 94691
 Address:
 ID
 P:

S A M P L E
 Specimen ID: 970775035
 Date Of Report: 12/14/2016
 Date Collected: 12/12/2016
 Time Collected: 11:11
 Date Received: 12/13/2016
 Time Received: 00:09
 North America Mountain Time

CLINICAL REPORT

| Test | Result | Abnormal | Reference | Units | Previous Result | Date |
|--------------|----------------|--------------|-----------|-------|-----------------|------|
| 1 | 7.1 | <5.0 - 29.0 | | | | |
| 2 | 10.5 | 10.0 - 33.0 | | | | |
| 3 | 11.6 | 15.0 - 43.0 | | | | |
| 4 | 12.3 | 16.0 - 77.0 | | | | |
| 5 | 14.5 | 29.0 - 77.0 | | | | |
| Adult | | | | | | |
| | Premenopausal | 17.0 - 200.0 | | | | |
| | Postmenopausal | 7.0 - 40.0 | | | | |

NOTE: Estrone was developed and its performance characteristics were determined by BioReference Laboratories. It has not been cleared by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This lab has been approved by CLIA 88 and designated as a high complexity laboratory and is qualified to perform this test.

ASSAY INFORMATION: LC-MS/MS Methodology

Final Report

***Performing Laboratory Information**

NJ1 - BioReference Laboratories, Inc., 481 Edward H. Ross Dr, Elmwood Park, NJ 07407; James Weisberger, M.D., Laboratory Director

BioReference
LABORATORIES
an **QPCO** Health Company

FINAL REPORT

| | | |
|---|---|---|
| <p>BUSHNELL, ANTHONY CORCMS IDAHO 13500 PLEASANT VALLEY RD Kuna, ID 83634 Acct #: (ID302-1) FX P: (208) 424-3726</p> | <p>EDMO. MASON DOB: [REDACTED] Age: 29 Y Sex: M ID: 94691 Address: ID P:</p> | <p>Specimen ID: 970816193 Date Of Report: 01/18/2017 Date Collected: 01/17/2017 Time Collected: 12:24 Date Received: 01/18/2017 Time Received: 00:32 North America Mountain Time</p> |
|---|---|---|

| CLINICAL REPORT | | | | | | |
|------------------|--------|-----------------|-------|----------|----------|------------|
| NON FASTING | | | | | | |
| Test | Result | Reference Range | Units | Comments | Quantity | Date |
| PROLACTIN, SERUM | 17.4 | 2.1-17.7 | ng/mL | | 16.2 | 11/23/2016 |

Final Report

*Call on Friday
1/18/17*

Tripper Povar, NP-C



**CORRECTIONAL MEDICAL SERVICES
INTAKE MENTAL HEALTH SCREENING**

Facility: FSCI

INMATE NAME: Meeks, Mason ID#: 94691 RACE: Native American DOB: [REDACTED]

SUICIDE POTENTIAL AND INMATE QUESTIONNAIRE (Circle)

| | | |
|---|-----|-------------------------------------|
| 1. Arresting or transporting officer reports subject may be at risk? | YES | <input checked="" type="radio"/> NO |
| 2. Do you have thoughts about killing or hurting yourself right now? | YES | <input checked="" type="radio"/> NO |
| 3. Do you feel like there is nothing to look forward to in the future? (hopelessness/helplessness) | YES | <input checked="" type="radio"/> NO |
| 4. Holds a position of respect in community (i.e., professional, public official) and/or alleged crime is shocking in nature? | YES | <input checked="" type="radio"/> NO |
| 5. Have you ever tried to hurt or kill yourself? (If yes, refer inmate to Mental Health) | YES | <input checked="" type="radio"/> NO |
| Date(s) Method In Custody at Time of Incident? (Yes or No) | | |
| 6. If yes to #5, did the self-injury occur within the past 5 years? | YES | <input checked="" type="radio"/> NO |
| 7. Shows signs of depression (crying, emotional flatness) (If yes, refer inmate to Mental Health) | YES | <input checked="" type="radio"/> NO |
| 8. Is acting/talking in a strange manner (Cannot focus attention, hearing/seeing things not there) (If yes, refer inmate to Mental Health) | YES | <input checked="" type="radio"/> NO |
| 9. Subject is a juvenile (17 years of age or younger) (If yes, refer inmate to Mental Health) | YES | <input checked="" type="radio"/> NO |
| 10. Do you have any current mental health complaints? (If yes, refer inmate to Mental Health) | YES | <input checked="" type="radio"/> NO |
| 11. Has a psychiatric history? (Psychotropic medication or treatment by a mental health professional) (If yes, refer inmate to Mental Health) | YES | <input checked="" type="radio"/> NO |
| Inpatient Treatment: (Where) (When) | | |
| Outpatient Treatment: (Where) (When) | | |
| Psychotropic Medication Use: Pharmacy/Clinic Name | | |
| Drug Name: Dose/Frequency: Date of Last Dose: | | |
| Drug Name: Dose/Frequency: Date of Last Dose: | | |
| Drug Name: Dose/Frequency: Date of Last Dose: | | |
| 12. Appears to have impaired intellectual or cognitive functioning? (If yes, refer inmate to Mental Health) | YES | <input checked="" type="radio"/> NO |
| 13. Is this your first time in jail/prison? | YES | <input checked="" type="radio"/> NO |
| 14. Have any family members or a significant other attempted or committed suicide, such as a spouse, parent, sibling, close friend, or lover? | YES | <input checked="" type="radio"/> NO |
| 15. Have you recently experienced a loss, such as loss of job or death of a close family member/friend? | YES | <input checked="" type="radio"/> NO |
| 16. Are you worried about any major problems other than your legal situation? | YES | <input checked="" type="radio"/> NO |
| 17. Have you ever been treated for alcohol or drug abuse? | YES | <input checked="" type="radio"/> NO |
| 18. Have you ever been arrested for a sex offense? | YES | <input checked="" type="radio"/> NO |
| 19. Have you ever been victimized, i.e., victim of physical or sexual abuse? | YES | <input checked="" type="radio"/> NO |
| 20. Have you ever behaved violently, such as physical assault of another person? | YES | <input checked="" type="radio"/> NO |
| 21. Have you ever had a serious head injury? If yes, when: | YES | <input checked="" type="radio"/> NO |
| 22. Have you ever been placed in special education classes or services? | YES | <input checked="" type="radio"/> NO |
| 23. Appears to feel unusually embarrassed or ashamed? | YES | <input checked="" type="radio"/> NO |
| 24. Appears overly anxious, afraid, or angry? | YES | <input checked="" type="radio"/> NO |
| 25. Is apparently under the influence of alcohol or drugs? (If yes, refer to medical for withdrawal/detox assessment and follow-up) | YES | <input checked="" type="radio"/> NO |

TOTAL

- "Yes" in any shaded areas = Contact Mental Health immediately OR follow site procedure for management of potentially suicidal inmates. Follow site procedure for notifying Shift Commander.
- "Yes" in unshaded areas contact Mental Health immediately OR follow site procedure for management of potentially suicidal inmates IF:
 - 7 or more Total "Yes" responses OR
 - Credibility of the inmate is questionable AND/OR
 - Screener believes inmate is at risk based on his/her clinical judgment and/or assessment of inmate during screening interview (Document rationale in Interdisciplinary Progress Notes in inmate health record) AND/OR
 - Inmate picked up or recently released from hospital, ER, Mental Health Facility or Drug Program

CURRENT MENTAL STATUS (Check all that apply)

Alert, Oriented x 3 Disoriented Hallucinations: Yes No Delusions: Yes No Highest Grade Completed: 11

Affect: Appropriate Flat Inappropriate Mood: Appropriate Depressed Elated Scared/crying Hostile

Speech: Appropriate Slurred Pressured Appearance: Neat & Clean Poor Hygiene Disheveled

Activity: Appropriate Unable to Sit still Slow No Eye Contact

DISPOSITION

Referrals

None Indicated
 Emergency Mental Health Follow Up
 Routine Mental Health Follow Up
 ASAP Provider Follow Up for mental health medications.
 Medical Follow-up for potential drug/ETOH withdrawal

Housing Recommendation

General Population
 Implement site procedure for management of potentially suicidal inmates: (describe)
 Other Placement (describe):

I acknowledge that I have answered all questions truthfully and have been told the way to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals.

Inmate Signature: _____

SCREENED BY: _____ DATE: 1-7-10 TIME: 2015

REVIEWED BY: T. Roth DATE: 1-8-10 TIME: MHC



**CORRECTIONAL MEDICAL SERVICES
INTAKE MENTAL HEALTH SCREENING**

Facility: NICI

INMATE NAME: Mason Meeks ID#: 94091 RACE: AI DOB: [REDACTED]

SUICIDE POTENTIAL AND INMATE QUESTIONNAIRE (Circle)

| | | |
|---|----------|-----------|
| 1. Arresting or transporting officer reports subject may be at risk? | YES | (NO) |
| 2. Do you have thoughts about killing or hurting yourself right now? | YES | (NO) |
| 3. Do you feel like there is nothing to look forward to in the future? (hopelessness/helplessness) | YES | (NO) |
| 4. Holds a position of respect in community (i.e., professional, public official) and/or alleged crime is shocking in nature? | YES | (NO) |
| 5. Have you ever tried to hurt or kill yourself? (If yes, refer inmate to Mental Health) | YES | (NO) |
| Date(s) _____ Method _____ In Custody at Time of Incident? (Yes or No) | | |
| 6. If yes to #5, did the self-injury occur within the past 5 years? | YES | (NO) |
| 7. Shows signs of depression (crying, emotional flatness) (If yes, refer inmate to Mental Health) | YES | (NO) |
| 8. Is acting/talking in a strange manner (Cannot focus attention, hearing/seeing things not there) (If yes, refer inmate to Mental Health) | YES | (NO) |
| 9. Subject is a juvenile (17 years of age or younger) (If yes, refer inmate to Mental Health) | YES | (NO) |
| 10. Do you have any current mental health complaints? (If yes, refer inmate to Mental Health) | YES | (NO) |
| 11. Has a psychiatric history? (Psychotropic medication or treatment by a mental health professional) (If yes, refer inmate to Mental Health) | YES | (NO) |
| Inpatient Treatment: (Where) _____ (When) _____ Outpatient Treatment: (Where) _____ (When) _____ Psychotropic Medication Use: Pharmacy/Clinic Name _____ Drug Name: _____ Dose/Frequency: _____ Date of Last Dose: _____ Drug Name: _____ Dose/Frequency: _____ Date of Last Dose: _____ Drug Name: _____ Dose/Frequency: _____ Date of Last Dose: _____ | | |
| 12. Appears to have impaired intellectual or cognitive functioning? (If yes, refer inmate to Mental Health) | YES | (NO) |
| 13. Is this your first time in jail/prison? | YES | (NO) |
| 14. Have any family members or a significant other attempted or committed suicide, such as a spouse, parent, sibling, close friend, or lover? | (YES) | (NO) |
| 15. Have you recently experienced a loss, such as loss of job or death of a close family member/friend? | (YES) | (NO) |
| 16. Are you worried about any major problems other than your legal situation? | YES | (NO) |
| 17. Have you ever been treated for alcohol or drug abuse? | YES | (NO) |
| 18. Have you ever been arrested for a sex offense? | YES | (NO) |
| 19. Have you ever been victimized, i.e., victim of physical or sexual abuse? | YES | (NO) |
| 20. Have you ever behaved violently, such as physical assault of another person? | YES | (NO) |
| 21. Have you ever had a serious head injury? If yes, when: _____ | YES | (NO) |
| 22. Have you ever been placed in special education classes or services? | YES | (NO) |
| 23. Appears to feel unusually embarrassed or ashamed? | YES | (NO) |
| 24. Appears overly anxious, afraid, or angry? | YES | (NO) |
| 25. Is apparently under the influence of alcohol or drugs? (If yes, refer to medical for withdrawal/detox assessment and follow-up) | YES | (NO) |
| TOTAL | <u>2</u> | <u>22</u> |

• "Yes" in any shaded areas = Contact Mental Health immediately OR follow site procedure for management of potentially suicidal inmates. Follow site procedure for notifying Shift Commander.
 • "Yes" in unshaded areas contact Mental Health immediately OR follow site procedure for management of potentially suicidal inmates IF:
 • 7 or more Total "Yes" responses OR
 • Credibility of the inmate is questionable AND/OR
 • Screener believes inmate is at risk based on his/her clinical judgment and/or assessment of inmate during screening interview (Document rationale in Interdisciplinary Progress Notes in inmate health record) AND/OR
 • Inmate picked up or recently released from hospital, ER, Mental Health Facility or Drug Program

CURRENT MENTAL STATUS (Check all that apply)

Alert, Oriented Disoriented Hallucinations: Yes No Delusions: Yes No Highest Grade Completed: 12th

Affect: Appropriate Flat Inappropriate Mood: Appropriate Depressed Elated Scared/crying Hostile Speech: Appropriate Slurred Pressured Appearance: Neat & Clean Poor Hygiene Disheveled Activity: Appropriate Unable to Sit still Slow No Eye Contact

DISPOSITION

Referrals Routes my st 9
 None Indicated
 Emergency Mental Health Follow Up
 Routine Mental Health Follow Up
 ASAP Provider Follow Up for mental health medications.
 Medical Follow-up for potential drug/ETOH withdrawal

Housing Recommendation
 General Population
 Implement site procedure for management of potentially suicidal inmates: (describe)
 Other Placement (describe): _____

I acknowledge that I have answered all questions truthfully and have been told the way to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals.

Inmate Signature: Mason Meeks

SCREENED BY: [Signature] DATE: 02-07-19 TIME: 1705
 REVIEWED BY: [Signature] DATE: 02-07-19 TIME: 1705



**CORRECTIONAL MEDICAL SERVICES
INTAKE MENTAL HEALTH SCREENING**

Facility: JSCF

BIA-139/90
HC-87
CR-18

W-75% RA

INMATE NAME: Edmo Mason ID#: 94691 RACE: NA DOB: [REDACTED]

SUICIDE POTENTIAL AND INMATE QUESTIONNAIRE (Circle)

| | | |
|---|-----|----|
| 1. Arresting or transporting officer reports subject may be at risk? | YES | NO |
| 2. Do you have thoughts about killing or hurting yourself right now? | YES | NO |
| 3. Do you feel like there is nothing to look forward to in the future? (hopelessness/helplessness) | YES | NO |
| 4. Holds a position of respect in community (i.e., professional, public official) and/or alleged crime is shocking in nature? | YES | NO |
| 5. Have you ever tried to hurt or kill yourself? (If yes, refer inmate to Mental Health) | YES | NO |
| Date(s): <u>6/11</u> Method: <u>O.D. amitriptyline</u> In Custody at Time of Incident? (Yes/No) | YES | NO |
| 6. If yes to #5, did the self-injury occur within the past 5 years? | YES | NO |
| 7. Shows signs of depression (crying, emotional flatness) (If yes, refer inmate to Mental Health) | YES | NO |
| 8. Is acting/talking in a strange manner (Cannot focus attention, hearing/seeing things not there) (If yes, refer inmate to Mental Health) | YES | NO |
| 9. Subject is a juvenile (17 years of age or younger) (If yes, refer inmate to Mental Health) | YES | NO |
| 10. Do you have any current mental health complaints? (If yes, refer inmate to Mental Health) | YES | NO |
| 11. Has a psychiatric history? (Psychotropic medication or treatment by a mental health professional) (If yes, refer inmate to Mental Health) | YES | NO |
| Inpatient Treatment: (Where) <u>Rockwell Jd</u> (When) <u>6/11</u> | | |
| Outpatient Treatment: (Where) _____ (When) _____ | | |
| Psychotropic Medication Use: Pharmacy/Clinic Name <u>Port Neef mc</u> | | |
| Drug Name: <u>Colt</u> Dose/Frequency: <u>100mg</u> Date of Last Dose: <u>3/12</u> | | |
| Drug Name: <u>Viagra</u> Dose/Frequency: <u>50mg</u> Date of Last Dose: <u>3/12</u> | | |
| Drug Name: _____ Dose/Frequency: _____ Date of Last Dose: _____ | | |
| 12. Appears to have impaired intellectual or cognitive functioning? (If yes, refer inmate to Mental Health) | YES | NO |
| 13. Is this your first time in jail/prison? | YES | NO |
| 14. Have any family members or a significant other attempted or committed suicide, such as a spouse, parent, sibling, close friend, or lover? | YES | NO |
| 15. Have you recently experienced a loss, such as loss of job or death of a close family member/friend? | YES | NO |
| 16. Are you worried about any major problems other than your legal situation? | YES | NO |
| 17. Have you ever been treated for alcohol or drug abuse? | YES | NO |
| 18. Have you ever been arrested for a sex offense? | YES | NO |
| 19. Have you ever been victimized, i.e., victim of physical or sexual abuse? | YES | NO |
| 20. Have you ever behaved violently, such as physical assault of another person? | YES | NO |
| 21. Have you ever had a serious head injury? If yes, when: <u>4/2011</u> | YES | NO |
| 22. Have you ever been placed in special education classes or services? | YES | NO |
| 23. Appears to feel unusually embarrassed or ashamed? | YES | NO |
| 24. Appears overly anxious, afraid, or angry? | YES | NO |
| 25. Is apparently under the influence of alcohol or drugs? (If yes, refer to medical for withdrawal/detox assessment and follow-up) | YES | NO |

TOTAL

- "Yes" in any shaded areas = Contact Mental Health immediately OR follow site procedure for management of potentially suicidal inmates. Follow site procedure for notifying Shift Commander.
- "Yes" in unshaded areas contact Mental Health immediately OR follow site procedure for management of potentially suicidal inmates IF:
 - 7 or more Total "Yes" responses OR
 - Credibility of the inmate is questionable AND/OR
 - Screeners believes inmate is at risk based on his/her clinical judgment and/or assessment of inmate during screening interview (Document rationale in Interdisciplinary Progress Notes in inmate health record) AND/OR
 - Inmate picked up or recently released from hospital, ER, Mental Health Facility or Drug Program

CURRENT MENTAL STATUS (Check all that apply)

Alert, Oriented x 3 Disoriented Hallucinations: Yes No Delusions: Yes No Highest Grade Completed: 12

Affect: Appropriate Flat Inappropriate Mood: Appropriate Depressed Elated Scared/crying Hostile Speech: Appropriate Slurred Pressured Appearance: Neat & Clean Poor Hygiene Disheveled Activity: Appropriate Unable to Sit still Slow No Eye Contact

DISPOSITION

Referrals

None Indicated
 Emergency Mental Health Follow Up
 Routine Mental Health Follow Up
 ASAP Provider Follow Up for mental health medications.
 Medical Follow-up for potential drug/ETOH withdrawal

Housing Recommendation

General Population
 Implement site procedure for management of potentially suicidal inmates: (describe)
 Other Placement (describe): _____

I acknowledge that I have answered all questions truthfully and have been told the way to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals.

Inmate Signature: [Signature]

SCREENED BY: [Signature] Donald Hord, LPN DATE: 4/26/18 TIME: 1820hrs.

REVIEWED BY: _____ DATE: _____ TIME: _____

ER 1491

**CORRECTIONAL MEDICAL SERVICES, IDAHO
INTAKE MENTAL HEALTH SCREENING FORM**

Facility: FSCI

INMATE NAME: Edno, Mason ID#: 74691 RACE: American Indian DOB: [REDACTED]

Marital Status: EM D W

SUICIDE POTENTIAL AND INMATE QUESTIONNAIRE (Circle)

| | | |
|--|-----|----|
| 1. Transporting officer reports subject may be at risk? | YES | NO |
| 2. Do you have thoughts of killing yourself or others? | YES | NO |
| 3. Do you feel like there is nothing to look forward to in the future? (If yes, refer inmate to IDOC Mental Health) | YES | NO |
| 4. Have you ever tried to hurt or kill yourself? (If yes, refer inmate to IDOC Mental Health) Date(s) <u>3 Past attempt</u> Method <u>overdosed on Amtrupline - last attempt</u> In Custody at Time of Incident? (Yes or No) | YES | NO |
| 5. If yes to #4, did the self-injury occur within the past year? | YES | NO |
| 6. Inmate holds a position of respect in community (i.e., professional, public official) and/or alleged crime is shocking in nature? | YES | NO |
| 7. Shows signs of depression (crying, emotional flatness) (If yes, refer inmate to IDOC Mental Health) | YES | NO |
| 8. Is acting/talking in a strange manner (Cannot focus attention, hearing/seeing things not there) (If yes, refer inmate to IDOC Mental Health) | YES | NO |
| 9. Subject is a juvenile (17 years of age or younger) (If yes, refer inmate to IDOC Mental Health) | YES | NO |
| 10. Do you have any current mental health symptoms or complaints? (If yes, refer inmate to IDOC Mental Health) <u>-Depression-</u> | YES | NO |
| 11. Has a psychiatric history? (Psychotropic medication or treatment by a mental health professional) (If yes, refer inmate to IDOC Mental Health) Inpatient Treatment: (Where) <u>Portneuf medical center</u> (When) <u>June 2011</u> Outpatient Treatment: (Where) <u>Shoban tribe family counseling</u> (When) <u>June 2011 - 1 month</u> | YES | NO |
| 12. Psychotropic Medication Use: (Psychotropic medication currently prescribed) (If yes, refer to CMS Mental Health) Drug Name: <u>Zoloft</u> Dose/Frequency: <u>100 mg</u> Date of Last Dose: <u>3/26/12</u> Drug Name: <u>Ustavil</u> Dose/Frequency: <u>50 mg</u> Date of Last Dose: <u>3/26/12</u> | YES | NO |
| 13. Appears to have impaired intellectual or cognitive functioning? (If yes, refer inmate to IDOC Mental Health) | YES | NO |
| 14. Is this your first time in prison? | YES | NO |
| 15. Have any family members or a significant other attempted or committed suicide, such as a spouse, parent, sibling, close friend, or lover? | YES | NO |
| 16. Have you recently experienced a loss, such as loss of job or death of a close family member/friend? <u>recent breakup</u> | YES | NO |
| 17. Are you worried about any major problems other than your legal situation? | YES | NO |
| 18. Have you ever been treated for alcohol or drug abuse? | YES | NO |
| 19. Have you ever been arrested for a sex offense? | YES | NO |
| 20. Have you ever been victimized, i.e., victim of physical or sexual abuse? | YES | NO |
| 21. Have you ever behaved violently, such as physical assault of another person? | YES | NO |
| 22. Have you ever had a serious head injury? If yes, when: | YES | NO |
| 23. Have you ever been placed in special education classes or services? | YES | NO |
| 24. Appears to feel unusually embarrassed or ashamed? | YES | NO |
| 25. Appears overly anxious, afraid, or angry? | YES | NO |
| 26. Do you have a physical illness? (Type and severity of impact on daily functioning.) | YES | NO |

TOTAL for "Yes" responses for all bolded (not shaded) questions (including the MSE responses):

- "Yes" in any shaded areas = Contact Mental Health immediately OR follow site procedure for management of potentially suicidal inmates. Follow site procedure for notifying Shift Commander.
- The screener is to contact Mental Health immediately OR follow site procedure for management of potentially suicidal inmates IF:
 - There are 7 or more Total Bolded (not shaded) "Yes" responses (including bolded, positive findings on the MSE) OR
 - Credibility of the inmate is questionable and Screener believes inmate is at risk based on his/her clinical judgment and/or assessment of inmate during screening interview (Document rationale in Interdisciplinary Progress Notes in inmate health record) OR
 - Current Mental Status presents as Disoriented, Hallucinating, or Delusional

CURRENT MENTAL STATUS (Check all that apply)

Alert, Oriented 4 Disoriented Hallucinations: Yes No Delusions: Yes No

Affect: Appropriate Flat Inappropriate Mood: Appropriate Depressed Elated Scared/crying Hostile Speech: Appropriate Slurred Pressured Rambling Appearance: Neat & Clean Poor Hygiene Disheveled Activity: Appropriate Unable to Sit still Slow No Eye Contact

DISPOSITION

Referrals

None Indicated
 Emergency Mental Health Follow Up
 Routine Mental Health Follow Up
 ASAP Provider Follow Up for mental health medications.

Housing Recommendation

General Population
 Implement site procedure for management of potentially suicidal inmates. (describe)
 Other Placement (describe): _____

I acknowledge that I have answered all questions truthfully and I have been told the way to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals. Inmate Signature: [Signature]

SCREENED BY: [Signature] DATE: 4-26-12 TIME: 1917
 COMPLETION VERIFIED: [Signature] DATE: 4-26-12 TIME: 1917

Original: Medical Chart Copy: Mental Health 4-27-12 CMMS



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

R04

SUICIDE RISK ASSESSMENT

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB |
|--|-------------------------------------|---------------------------|--------------------------|
| Edmo | Mason | 94691 | [REDACTED] |
| INSTITUTION | OFFENSE | REGULAR HOUSING UNIT | CURRENT HOUSING UNIT |
| ISCI | Check Without funds/Sex Abuse <16 | 15 | 16 |
| CURRENT LEVEL OF CARE (LOC) | | MHC - Mental Health Clear | |
| <p>It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is reflected below. This level of risk will change over time and should be modified as circumstances change.</p> | | | |
| SRA REPORT TYPE | Incoming (Initial) Only | RISK LEVEL | Moderate |
| REASON FOR REFERRAL | | | |
| Mr. Edmo was interviewed by this Clinician for initial intake mental health screening. | | | |
| MENTAL STATUS EXAM & INTERVIEW | | | |
| Presented as alert and oriented x 4, he maintained appropriate eye contact, grooming and hygiene consistent with incarceration, presented with depressed mood and congruent affect, thought process was linear and organized, judgment and insight assessed as limited. Mr. Edmo rated the severity of his anxiety to be at a 9 on a scale of 1-10, with 10 being the worst, and depression to be at a 10. He denied hallucinations at this time but stated that he last experienced auditory hallucinations a week ago. | | | |
| INTENT TO DIE | | | |
| He denied a plan or intent to die at this time. He stated he experienced suicidal ideation this morning. He stated that he does not know how tonight will go, if he will be at risk for suicide or not. When asked if he would notify staff if intent to commit suicide occurs he stated that he does not know. | | | |
| PLAN OR METHOD | | | |
| He stated that while in county jail he thought about hanging himself. | | | |
| ACCESS TO MEANS | | | |
| Access limited while on close observations. | | | |
| HISTORICAL FACTORS (check all that apply) | | | |
| Family history of suicide | <input type="checkbox"/> | First prison term | <input type="checkbox"/> |
| Inmate history of suicide attempts | <input checked="" type="checkbox"/> | Current Ad Seg | <input type="checkbox"/> |
| History of substance abuse | <input checked="" type="checkbox"/> | Other (list below) | <input type="checkbox"/> |
| Mr. Edmo reported to this Clinician that he has made 3 past attempts at committing suicide. Per PSI: He was admitted into the BHU of Portneuf medical center on 05-16-11, after he attempted suicide by drinking alcohol and overdosing on amitriptyline. He was diagnosed with Alcohol Dependence and Depressive D/O. Per PSI: per IDOC records he attempted suicide by cutting his arm while intoxicated on 08-05-10. | | | |

ER 1493



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"


SUICIDE RISK ASSESSMENT

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB |
|---|-------------------------------------|--------------------------------|--------------------------|
| Edmo | Mason | 94691 | [REDACTED] |
| KNOWN STRESSORS/ DEMOGRAPHIC PREDICTORS (check all that apply) | | | |
| Sleeping difficulties or irregular sleeping hours | <input type="checkbox"/> | Recent personal loss or crisis | <input type="checkbox"/> |
| Non-compliance with prescribed psych medications | <input type="checkbox"/> | Neglect of personal hygiene | <input type="checkbox"/> |
| Weight loss or loss of appetite | <input type="checkbox"/> | Long or life sentence | <input type="checkbox"/> |
| Progressive health problems (chronic or terminal illness) | <input type="checkbox"/> | Poor compliance with treatment | <input type="checkbox"/> |
| DOR | <input type="checkbox"/> | Conflict on tier | <input type="checkbox"/> |
| Family event | <input type="checkbox"/> | Conflict with bunkmate | <input type="checkbox"/> |
| Gambling or other debt | <input type="checkbox"/> | Parole/court hearing | <input type="checkbox"/> |
| Fearful for safety | <input checked="" type="checkbox"/> | Other (list below) | <input type="checkbox"/> |
| Relationship | <input checked="" type="checkbox"/> | | |
| PSYCHOLOGICAL FACTORS | | | |
| Mr. Edmo stated he has recently experienced the loss of a relationship between he and his "boyfriend". He reported being fearful because he is a sex offender. His medical file is currently unavailable at this time as he just arrived at ISCI. Per PSI, he has a diagnosis of depressive D/O and Alcohol Dependence. | | | |
| PROTECTIVE FACTORS | | | |
| He is currently on close observations at this time and will be assessed by a Clinician on 04-27-12. | | | |
| EVALUATION OF RISK POTENTIAL | | | |
| Risk is assessed as moderate at this time. | | | |
| RECOMMENDATIONS | | | |
| It is recommended that Mr. Edmo be placed on close observations at this time as a precaution and that a Clinician re-assess his risk on 04-27-12. | | | |



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

SUICIDE RISK ASSESSMENT ADDENDUM

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC # | DATES OF WATCH | |
|--|---|---|--|---------|
| | | | FROM | TO |
| Edmo | Mason | 94691 | 04-26-12 | present |
| RISK REDUCTION PLAN | | | | |
| PROBLEM | GOAL | INTERVENTION | | |
| Mr. Edmo stated that he is not sure whether or not he will commit suicide tonight. | Mr. Edmo will not commit suicide and will not engage in self injurious behaviors. | He will be placed on close observations at this time and will be assessed by a Clinician on 04-27-12. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| CHANGE IN LOC REQUIRED? | NEW LOC IF APPLICABLE (enter in CIS if LOC has changed) | | | |
| Yes | CMHS - Correctional MH Services | | | |
| NATURE OF INCIDENT | DEGREE OF MEDICAL INTERVENTION | | | |
| Verbal threat without action | None | | | |
| OFFENDER'S STATED INTENT | LAST SUICIDE WATCH | | | |
| Move from tier | Never | | | |
| ADDITIONAL COMMENTS | | | | |
| | | | | |
| REPORT COMPLETED BY | CREDENTIAL | DATE | SIGNATURE | |
| Chris Bennett | LPC | 04-26-12 |  | |



RDM

IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

SUICIDE RISK ASSESSMENT

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB |
|---|-------------------------------------|----------------------|--------------------------|
| Edmo | Mason | 94691 | ██████ |
| INSTITUTION | OFFENSE | REGULAR HOUSING UNIT | CURRENT HOUSING UNIT |
| ISCI | Check Without funds/Sex Abuse <16 | 15 | 16 |
| CURRENT LEVEL OF CARE (LOC) | MHC - Mental Health Clear | | |
| It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is reflected below. This level of risk will change over time and should be modified as circumstances change. | | | |
| SRA REPORT TYPE | Exit Only | RISK LEVEL | Low |
| REASON FOR REFERRAL | | | |
| Mr. Edmo was interviewed by this Clinician for initial intake mental health screening. | | | |
| MENTAL STATUS EXAM & INTERVIEW | | | |
| Mr. Edmo was alert and oriented x 4. He denied SI/HI, and rated his depression/anxiety at a 10 on a 1-10 scale with 10 being the highest. He says it is high because he is in prison. He denied all other mental health symptom concerns or problems at this time. His mood presented as content/calm, affect was congruent. He made direct eye contact, speech was WNL, thought progression/content was linear and organized per interview, insight/judgment presented as fair, and his grooming/hygiene were appropriate for his placement. | | | |
| INTENT TO DIE | | | |
| He denied any intent to die at this time. | | | |
| PLAN OR METHOD | | | |
| He did not divulge a plan or method. | | | |
| ACCESS TO MEANS | | | |
| He will have access to means consistent with his incarceration. | | | |
| HISTORICAL FACTORS (check all that apply) | | | |
| Family history of suicide | <input type="checkbox"/> | First prison term | <input type="checkbox"/> |
| Inmate history of suicide attempts | <input checked="" type="checkbox"/> | Current Ad Seg | <input type="checkbox"/> |
| History of substance abuse | <input checked="" type="checkbox"/> | Other (list below) | <input type="checkbox"/> |
| Previous SRA: Mr. Edmo reported to this Clinician that he has made 3 past attempts at committing suicide. Per PSI: He was admitted into the BHU of Portneuf medical center on 05-16-11, after he attempted suicide by drinking alcohol and overdosing on amitriptyline. He was diagnosed with Alcohol Dependence and Depressive D/O. Per PSI: per IDOC records he attempted suicide by cutting his arm while intoxicated on 08-05-10. | | | |



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

SUICIDE RISK ASSESSMENT

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB |
|--|-------------------------------------|--------------------------------|--------------------------|
| Edmo | Mason | 94691 | [REDACTED] |
| KNOWN STRESSORS/ DEMOGRAPHIC PREDICTORS (check all that apply) | | | |
| Sleeping difficulties or irregular sleeping hours | <input type="checkbox"/> | Recent personal loss or crisis | <input type="checkbox"/> |
| Non-compliance with prescribed psych medications | <input type="checkbox"/> | Neglect of personal hygiene | <input type="checkbox"/> |
| Weight loss or loss of appetite | <input type="checkbox"/> | Long or life sentence | <input type="checkbox"/> |
| Progressive health problems (chronic or terminal illness) | <input type="checkbox"/> | Poor compliance with treatment | <input type="checkbox"/> |
| DOR | <input type="checkbox"/> | Conflict on tier | <input type="checkbox"/> |
| Family event | <input type="checkbox"/> | Conflict with bunkmate | <input type="checkbox"/> |
| Gambling or other debt | <input type="checkbox"/> | Parole/court hearing | <input type="checkbox"/> |
| Fearful for safety | <input checked="" type="checkbox"/> | Other (list below) | <input type="checkbox"/> |
| Relationship | <input checked="" type="checkbox"/> | | |
| PSYCHOLOGICAL FACTORS | | | |
| Previous SRA: Mr. Edmo stated he has recently experienced the loss of a relationship between he and his "boyfriend". He reported being fearful because he is a sex offender. His medical file is currently unavailable at this time as he just arrived at ISCI. Per PSI, he has a diagnosis of depressive D/O and Alcohol Dependence. Currently no Medical File, but Mr. Edmo reports that he stopped taking his medications about a month and had been prescribed Zoloft 100mg, Vistaril 50mg, and Neurontin 600mg for his Bipolar D/O. | | | |
| PROTECTIVE FACTORS | | | |
| He reported no protective factors at this time. | | | |
| EVALUATION OF RISK POTENTIAL | | | |
| Risk is assessed as low at this time. | | | |
| RECOMMENDATIONS | | | |
| It is recommended that Mr. Edmo be removed from close observations at this time and returned to appropriate housing. He understands that he will receive three days of clinical follow up. | | | |



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

SUICIDE RISK ASSESSMENT ADDENDUM

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC # | DATES OF WATCH | |
|--|---|---|----------------|---------|
| Edmo | Mason | 94691 | FROM | TO |
| | | | 04-26-12 | 4/27/12 |
| RISK REDUCTION PLAN | | | | |
| PROBLEM | GOAL | INTERVENTION | | |
| Mr. Edmo stated that he is not sure whether or not he will commit suicide tonight. | Mr. Edmo will not commit suicide and will not engage in self injurious behaviors. | Mr. Edmo will work with staff to learn and utilize three coping skills to decrease his SI and self-harming behaviors 75% of the time. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| CHANGE IN LOC REQUIRED? | NEW LOC IF APPLICABLE (enter in CIS if LOC has changed) | | | |
| Yes | CMHS - Correctional MH Services | | | |
| NATURE OF INCIDENT | DEGREE OF MEDICAL INTERVENTION | | | |
| Verbal threat without action | None | | | |
| OFFENDER'S STATED INTENT | LAST SUICIDE WATCH | | | |
| Move from tier | Never | | | |
| ADDITIONAL COMMENTS | | | | |
| Referral placed to see the MH Provider for a medication evaluation. | | | | |
| REPORT COMPLETED BY | CREDENTIAL | DATE | SIGNATURE | |
| K. Sligar, 6360 | LMSW | Apr 27, 2012 | | |

Print Form

RDU

IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------|--|--------|---------------|
| Edmo | | 94691 | ██████ |
| Date/Time Problem Number | Use SOAP Note Format | | |
| 4/28/12 | Presenting Problem: 1 of 3 clinical contact following release from watch 4/27/12. S: Offender states, "I'm doing good." He described himself as calm and doing fine on unit 15. He denied having any SI/HI and said he wasn't experiencing any mood symptoms. He said he is sleeping and eating okay and doesn't feel as anxious as he did when he first arrived in RDU. | | |
| | O: Offender Edmo was dressed in typical offender attire. He looked sleepy and confirmed he had just woke up. He was alert and oriented x4, no restlessness noted, he made good eye contact and his speech was WNL. His thought process was slow and linear. His affect blunted, mood even. There were no hallucinations or delusions noted during the conversation. | | |
| | A: Offender Edmo seems to be coping. He is in RDU waiting for processing. He had no overt mental health symptoms or concerns. | | |
| | P: Continue with daily FU clinician contacts after being released from watch. He will need day 2 of 3 on 4/29/12. | | |
| | <i>Sheerwamble</i> | | |
| | | | |

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

RDM

IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------|---|--------|---------------|
| Edmo, Mason | | 94691 | ██████ |
| Date/Time Problem Number | Use SOAP Note Format | | |
| 4/29/12 1335 | S: I met with Mr. Edmo today in Unit 15 for his 3 of 3 primary check. Mr. Edmo said he is "alright." He denied SI/HI and hallucinations. Mr. Edmo reported he came in Thursday and hasn't received his medication yet. He rated his depression an 8 and anxiety a 9 (both on a 1-10 scale). He said he has been eating okay, but sleeping poorly. He said he talks with others to cope. | | |
| | O: Mr. Edmo was alert and OX4. His hygiene and grooming were appropriate and his speech was WNL. His thought content and process were clear and logical. He did not appear to be endorsing any delusions, illusions, or hallucinations | | |
| | A: Mr. Edmo appears to be stable at this time. He is assessed to have good insight and judgment. | | |
| | P: Mr. Edmo will utilize the offender concern form process to access clinical support as needed. | | |

T. Ruth, LMSW

4/29/12
Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

| MENTAL HEALTH ASSESSMENT REPORT | | | | | | |
|--|---------------|--------------|-----------------------------|--------------------------|---------------|----------------------|
| Assessment Date/time: <i>4-30-12</i> | | | Clinician: <i>J Roth</i> | | | |
| Offender Name and Number: <i>Edmo # 94691</i> | | | | | | |
| Presenting Problem/Reason for Assessment (List of current symptoms or concerns and the source of information): <u>Initial Assessment</u> <i>OUT 1 YR - until current charge.</i> | | | | | | |
| Current Living Situation: <i>Unit 15</i> | | | | | | |
| Current Charge and Sentence: First time in prison? <input type="checkbox"/> yes <input type="checkbox"/> no <i>2010 - Insufficient Funds (Fraud) 1-5+1-5+RIDER -</i> | | | | | | |
| <i>Rider x 1</i> 122011 - Sexual Abuse of Minor < 16 3+7 - (male) OFFENDER IS GAY | | | | | | |
| Education: <input type="checkbox"/> GED <input type="checkbox"/> HSD <input type="checkbox"/> History of Special Education Highest grade completed: <i>12 - denies special Ed</i> Developmental Concerns: | | | | | | |
| Family History: <i>- divorced age 10 - father in + out of prison - POCS - denies physical abuse - sexual abuse at age 8 + 12 -- step bro. + cousin - good relationship w/ mother.</i> | | | | | | |
| Marital Status: <input type="checkbox"/> single <input type="checkbox"/> never married <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> significant other/in a relationship. <i>no current relationship - offender is openly gay + her victim in current crime w/ 15 yr old boy - (physical abuse in last gay relationship).</i> | | | | | | |
| Substance Use/Abuse: | | | | | | |
| What | FTU | LTU | FEQ | Amount | Comments | |
| <i>alc had</i> | <i>age 16</i> | <i>7-201</i> | <i>daily</i> | <i>until 2am totally</i> | <i>4 DURS</i> | <i>intoxication.</i> |
| <i>denies drugs.</i> | | | | | | |
| | | | | | | |
| | | | | | | |

Offender Name: _____ IDOC # _____ 1

Treatment and recovery comments:
no community tx

Family History of Substance Use/Abuse: yes no
mother (recovery) Father - active

MENTAL HEALTH/PSYCHIATRIC HISTORY

Orientation:
 person place time situation
 Long term memory yes no Short term memory yes no
 Comment: *intact* *intact*

Past Psychiatric Services:
 inpatient (When, where, why) *BH C - Postau FF med. Ctr. X 3*
age 22 x 2 - age 23 -
 outpatient (When, where, why) *OO on Elavil - all S/P -*
 counseling/therapy (When, where, why) *Left AMA - 1 wk - detox -*

medications (When, where, why, what) *1 yr of meds - age 23 - 2011 - BH C -*
Dx of MDD - Prozac
Vistaril
Zoloft

Current services including medications (When, where, why what)
no meds 2 wks - Vistaril
Zoloft

Last saw Psychiatrist _____ who diagnosis offender with the following diagnosis:

Family Psychiatric History:
 no yes What:
mother/sister - MDD -

MENTAL STATUS EXAM - SUMMARY

Appearance: (grooming, hygiene, dress):
neat + clean

Motor Activity (relaxed, constant movement, restlessness):
stable -

Speech: (rapid, slow, rate, volume):
WNL

Thought process (disorganized, logical, organized, altered associations):
no abnormalities

Offender Name: _____ IDOC # _____ 2

Thought content (somatic concerns, guilt, aggressiveness, unusual thoughts, suspiciousness, grandiosity, sociality, concept of self): *poor self image -*

Perceptions (delusions, hallucinations): *denies*

Mood (depressed, elevated): *- currently stable -
- has extensive mood swings -
- relationship issues are the primary reason
for his depressed moods & suicide attempts -*

Affect (flat, blunted, appropriate to situation):

Attitude (positive, negative, friendly, guarded):
- co-operative -

Insight (awareness and understanding of situations):
*- does not take responsibility - does not see
himself as a sex offender -*

Judgement (poor/good decision making, intellectual functioning):
*- poor - impulsive - immature - dependent - easily
overwhelmed - S/P is over relationship issues*

CLINICAL FORMULATION

(Summarize data gathered, substantiating formulation of diagnosis and current symptoms and include a statement of ability to provide informed consent):

*- dysfunctional family - sexual abuse - but has a
good relationship w/ mother -
- limited hx of psych med - has been dx w/ MDD
due to relationship issues & suicide attempts x2 -
- long hx of alcohol addiction
- offender lives an openly gay life style
* doesn't believe he should be classified as a sex
offender even tho his victim w/ a 15 yr old unwilling male
- no current S/P*

Offender Name: _____ IDOC # _____ 3

| | | |
|--|---|-----------|
| PROVISIONAL DIAGNOSIS | | |
| Axis I: | <i>Alcohol Addiction - MDD/w Anxiety (moderate)</i> | |
| Axis II: | <i>B.P.D - anti-social traits</i> | |
| Axis III: | <i>Refer to medical.</i> | |
| Axis IV: | <i>incarceration - limited social skills -</i> | |
| Axis IV: | Highest GAF in Past Year: | <i>65</i> |
| Diagnosis by: | <i>J Roth</i> | |
| Date: | <i>4-30-12</i> | |
| RECOMMENDATIONS | | |
| <i>- Refer to psych for medication eval.</i> | | |
| Signature/Date: | <i>J Roth 4-30-12</i> | |

IDAHO DEPARTMENT OF CORRECTION
TREATMENT PLAN

| DATE | 4-30-12 | INMATE NAME | Edmo | |
|--------------------------------|---|--|---------------------|------------------|
| IDOC # | 94691 | DOB | [REDACTED] | |
| PROBLEM (in operational terms) | LOC CMHS 2 | | | |
| GOAL | GOAL | | | |
| 1. | Mr. _____ has a mental health diagnosis. He may need help with medication management and how to access mental health services | Remain consistent and compliant with mental health care. | | |
| 2. | Mental health services on the yard may be confusing to access on the Yard. | Mr. _____ will voice an understanding of how to access mental health services. | | |
| PREPARED BY | Roth, 9892 | DATE | 4-30-12 | |
| INTERVENTION Problem # | Treatment Intervention | Staff/Person Responsible | Frequency/Duration | Date Goal Closed |
| 1.2 | Clinician will review how to access mental health services and explain why it is important to be consistent and compliant with care | Clinician Mr. | Today and as needed | ONGOING |



IDOC Treatment Plan Form 3.09



Correctional Medical Services
Inter Disciplinary Progress Notes

Patient Name: Edmo, Mason

ID#: 94691

Institution:

| Date | Time | DOB: [REDACTED] Sex: Male | Notes | Signature |
|--------|------|---------------------------|--|-----------|
| 4/2012 | | | <p>cc: Anxiety & Depression</p> <p>HPI: Patient states he was taking Zoloft, Vistavil & Gabapentin for his depression & anxiety. He states he was diagnosed with anxiety & depression in May 2011 by Dr. Palmer at Fort Hall Idaho. He mentions that he's not really sure his meds were working. He also admits to trying other antidepressants in the past without noticing much effect on his moods. He mentions he fluctuates "↑ & ↓". He admits to periods of time when his mind races, he feels like the super energizer bunny, stays up for long periods of time, can't concentrate & engages in risky behavior. He states he does not exercise because he is not up for it right now. His appetite is "down." Denies SI or HI.</p> <p>Psych Hx: Denies psychiatric hospitalizations</p> | |



Correctional Medical Services
Inter Disciplinary Progress Notes

Patient
Name: _____

ID#: _____

Institution: _____

| Date | Time | Notes | Signature |
|-----------|------|---|-----------|
| 6/14/2012 | | <p>Fam Hx: Mother & sister have MDD</p> <p>Social Hx: No current relationship, patient is openly homosexual. Patient is a timer for sexual abuse of a minor under 16. Highest level of education is high school.</p> <p>Medications: None currently</p> <p>O: MSE: Pt is A&Ox3. Appearance is well groomed. Pt has good eye contact. Thought progression is linear. Thought content is congruent to asked questions. Attitude is cooperative. Speech has a normal cadence & volume. Mood is 'depressed'. Affect is mildly blunted.</p> <p>A: I feel this patient is exhibiting many signs of Bipolar based on our interview. I advise the patient that perhaps some Lamictal may help stabilize his mood. He agrees to give this a try.</p> | |

ER 1507



Correctional Medical Services
Inter Disciplinary Progress Notes

Patient Name: Edmo, Mason

ID#: 94691

Institution:

| Date | Time | DOB: [REDACTED] Sex: Male | Notes | Signature |
|------------------|------|---------------------------|--|--------------------|
| cont'd 4/2012 | | | Axis I: Mood D/O NOS | |
| | | | Axis II: Deferred | |
| | | | Axis III: HTN | |
| | | | Axis IV: Prison | |
| | | | Axis V: GAF 66 | |
| | | | P: Start Lamictal 25 mg PO Q AM x 14 days, then increase to 50 mg PO Q AM. Patient is advised to discontinue this medication immediately if he develops a rash. MH F/U in 1 month. | |
| | | | E: Encouraged patient to exercise 3x week & drink adequate fluids | |
| | | | Short term goal: Stabilize daily functionality | |
| | | | Long term goal: Maintain functionality & minimize symptoms. | |
| | | | | |
| | | | Karen Barrett MS, PA-C | Autumn Heuman PA-S |



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

SUICIDE RISK ASSESSMENT

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB |
|--|-------------------------------------|----------------------|--------------------------|
| Edmo | Mason | 94691 | ████████ |
| INSTITUTION | OFFENSE | REGULAR HOUSING UNIT | CURRENT HOUSING UNIT |
| ISCI | Check Without funds/Sex Abuse <16 | 10 | 16 |
| CURRENT LEVEL OF CARE (LOC) | CMHS - Correctional MH Services | | |
| It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is reflected below. This level of risk will change over time and should be modified as circumstances change. | | | |
| SRA REPORT TYPE | Incoming/Exit Concurrent | RISK LEVEL | Low |
| REASON FOR REFERRAL | | | |
| Mr. Edmo submitted a Concern Form to Unit 10 security that identified suicidal ideation and was placed on S.W. in Unit 16. | | | |
| MENTAL STATUS EXAM & INTERVIEW | | | |
| Mr. Edmo was alert and oriented x 4. He denied SI/HI, reported no depression/anxiety, and no other mental health problems or concerns at this time. He said it was a misunderstanding, "I'm not suicidal." His affect presented as content/happy. He made direct eye contact, speech was WNL, thought progression/content was linear and organized per interview, insight/judgment presented as fair, and his grooming/hygiene were appropriate for his placement. | | | |
| INTENT TO DIE | | | |
| He denied any intent to die at this time. | | | |
| PLAN OR METHOD | | | |
| He did not divulge a plan or method. | | | |
| ACCESS TO MEANS | | | |
| He will have access to means consistent with his incarceration. | | | |
| HISTORICAL FACTORS (check all that apply) | | | |
| Family history of suicide | <input type="checkbox"/> | First prison term | <input type="checkbox"/> |
| Inmate history of suicide attempts | <input checked="" type="checkbox"/> | Current Ad Seg | <input type="checkbox"/> |
| History of substance abuse | <input checked="" type="checkbox"/> | Other (list below) | <input type="checkbox"/> |
| Previous SRA: Mr. Edmo reported to this Clinician that he has made 3 past attempts at committing suicide. Per PSI: He was admitted into the BHU of Portneuf medical center on 05-16-11, after he attempted suicide by drinking alcohol and overdosing on amitriptyline. He was diagnosed with Alcohol Dependence and Depressive D/O. Per PSI: per IDOC records he attempted suicide by cutting his arm while intoxicated on 08-05-10. | | | |



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

SUICIDE RISK ASSESSMENT

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB |
|---|--------------------------|--------------------------------|-------------------------------------|
| Edmo | Mason | 94691 | [REDACTED] |
| KNOWN STRESSORS/ DEMOGRAPHIC PREDICTORS (check all that apply) | | | |
| Sleeping difficulties or irregular sleeping hours | <input type="checkbox"/> | Recent personal loss or crisis | <input type="checkbox"/> |
| Non-compliance with prescribed psych medications | <input type="checkbox"/> | Neglect of personal hygiene | <input type="checkbox"/> |
| Weight loss or loss of appetite | <input type="checkbox"/> | Long or life sentence | <input type="checkbox"/> |
| Progressive health problems (chronic or terminal illness) | <input type="checkbox"/> | Poor compliance with treatment | <input type="checkbox"/> |
| DOR | <input type="checkbox"/> | Conflict on tier | <input type="checkbox"/> |
| Family event | <input type="checkbox"/> | Conflict with bunkmate | <input type="checkbox"/> |
| Gambling or other debt | <input type="checkbox"/> | Parole/court hearing | <input type="checkbox"/> |
| Fearful for safety | <input type="checkbox"/> | Other (list below) | <input checked="" type="checkbox"/> |
| Relationship | <input type="checkbox"/> | <i>GID concerns.</i> | |
| PSYCHOLOGICAL FACTORS | | | |
| Mr. Edmo reports that he is not suicidal that it was a "misunderstanding" and he wants to see Dr. Craig about his GID concerns. He has submitted a HSR to Dr. Craig. His Medical File indicates that he saw Karen Barrett, PA-C on 5/7/12 and prescribed Neurontin 600mg TID and Lamictal 50mg am with a diagnosis of Mood D/O NOS. | | | |
| PROTECTIVE FACTORS | | | |
| He reported no protective factors at this time. | | | |
| EVALUATION OF RISK POTENTIAL | | | |
| Risk is assessed as low at this time. | | | |
| RECOMMENDATIONS | | | |
| It is recommended that Mr. Edmo be removed from suicide watch at this time and be released to appropriate housing with three days of clinical follow up. | | | |



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

SUICIDE RISK ASSESSMENT ADDENDUM

| OFFENDER LAST NAME | | OFFENDER FIRST NAME | | IDOC # | DATES OF WATCH | |
|---|--|---|--------------------------------|--|----------------|---------|
| FROM | | TO | | | | |
| Edmo | | Mason | | 94691 | 6/14/12 | 6/15/12 |
| RISK REDUCTION PLAN | | | | | | |
| PROBLEM | | GOAL | | INTERVENTION | | |
| Mr. Edmo stated that it was a "misunderstanding"; he is not suicidal. | | Mr. Edmo will not commit suicide and will not engage in self injurious behaviors. | | Mr. Edmo will work with staff to learn to utilize three coping skills to decrease his SI and self-harming behaviors 75% of the time. | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| CHANGE IN LOC REQUIRED? | | NEW LOC IF APPLICABLE (enter in CIS if LOC has changed) | | | | |
| No | | Not Applicable | | | | |
| NATURE OF INCIDENT | | | DEGREE OF MEDICAL INTERVENTION | | | |
| Verbal threat without action | | | None | | | |
| OFFENDER'S STATED INTENT | | | LAST SUICIDE WATCH | | | |
| Other: Reports it was a "misunderstanding." | | | Never | | | |
| ADDITIONAL COMMENTS | | | | | | |
| Waiting to see Dr. Craig about GID concerns. | | | | | | |
| REPORT COMPLETED BY | | CREDENTIAL | DATE | SIGNATURE | | |
| K. Sligar, 6360 | | LMSW | Jun 15, 2012 | | | |


Print Form

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------|---|--------|---------------|
| Edmo, Mason | | 94691 | ████████ |
| Date/Time Problem Number | Use SOAP Note Format | | |
| 6/18/12 1305 | S: I met with Mr. Edmo today in Unit 7 for his 3 of 3 primary log check. Mr. Edmo said he is "okay." He reported he has been taking his Lamical, but said it doesn't help. He reported he has "mood swings." He rated his depression a 9 and anxiety a 15 (both on a 1-10 scale). He acknowledged some thoughts of harming himself, but denied plan or intent. He said he was eating, but not sleeping very well. | | |
| | O: Mr. Edmo was alert and O _x 4. His hygiene and grooming were appropriate and his speech was WNL. His thought content and process were clear and logical. He did not appear to be endorsing any delusions, illusions, or hallucinations | | |
| | A: Mr. Edmo appears to be stable at this time. He is assessed to have good insight and judgment. He was informed that the yard clinicians would be able to provide future clinical support. | | |
| | P: Mr. Edmo will utilize the offender concern form process to access clinical support as needed. | | |



T. Ruth, LMSW



Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

Edmo, Mason

IDOC#: 94691

Psychiatric Progress Note ISCI-u8

6/25/12

S: The inmate was referred for assessment of Gender Identity Disorder. The inmate reported he has felt "feminine" for as long as he can remember. He said that he thinks it was a mistake that he was born a male. He said that his sexual orientation is towards males. He said that "I used to think that coming out homosexual was really what I needed to feel like me but now I think it is that I am not a gay man, but actually a woman." He reported only dressing as a female during rare occasions. He said that he feels a lot of shame and embarrassment about being a male "because I am not manly" and he feels at home and comfortable doing "girl type stuff." He was knowledgeable about the risks and side effects of hormonal treatment.

The inmate said that Lamictal has made his mood worse and he would like to go back to Zoloft. He denied suicidal thoughts and reported good med compliance. He said that he thinks a lot of his mood problems and suicide attempts in the past were because of his unhappiness over his male gender. He said "I might not even need antidepressants if I get gender treatment."

Medications: Lamictal 50mg hs

O: MSE: Hygiene good. Appears feminine in his demeanor and interaction style. Thoughts logical and linear. Denied any SI/HI. No overt delusions. Affect full range and euthymic. Speech regular in rate, rhythm, and volume. Mood "depressed."

A: 24 year old male with Alcohol Dependence and mood d/o NOS. Thought he did better on Zoloft. In my opinion he meets criteria for GID. His subjective report and feminine demeanor would be consistent with this. Also his dysphoria relating to his gender is consistent with GID. Some dysphoria but functioning well.

Axis I: Alcohol Dependence, Mood d/o NOS, GID

Axis II: deferred

Axis III: None

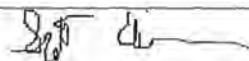
Axis IV: Prison

Axis V: GAF 68

P: D/C Lamictal

Zoloft 100mg qhs for one week then increase to 150mg

RTC 3 months



Scott Eliason MD Page 1

ER 1513

**CORRECTIONAL MEDICAL SERVICES, IDAHO
INTAKE MENTAL HEALTH SCREENING FORM**

Facility: 1MSI
ID#: 94691

INMATE NAME: Fimo, Mason RACE: _____ DOB: _____
Marital Status: (S) M D W

SUICIDE POTENTIAL AND INMATE QUESTIONNAIRE

(Circle)

| | | |
|--|--------------------------------------|-------------------------------------|
| 1. Transporting officer reports subject may be at risk? | YES | <input checked="" type="radio"/> NO |
| 2. Do you have thoughts about killing or hurting yourself right now? | YES | <input checked="" type="radio"/> NO |
| 3. Do you feel like there is nothing to look forward to in the future? (hopelessness/helplessness) | YES | <input checked="" type="radio"/> NO |
| 4. Have you ever tried to hurt or kill yourself? (If yes, refer inmate to IDOC Mental Health) | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| Date(s) <u>6/2011</u> Method <u>Cut @ Arm w/ Razor</u> In Custody at Time of Incident? (Yes or No) | | |
| 5. If yes to #4, did the self-injury occur within the past year? | YES | <input checked="" type="radio"/> NO |
| 6. Inmate holds a position of respect in community (i.e., professional, public official) and/or alleged crime is shocking in nature? | YES | <input checked="" type="radio"/> NO |
| 7. Shows signs of depression (crying, emotional flatness) (If yes, refer inmate to IDOC Mental Health) | YES | <input checked="" type="radio"/> NO |
| 8. Is acting/talking in a strange manner (Cannot focus attention, hearing/seeing things not there) (If yes, refer inmate to IDOC Mental Health) | YES | <input checked="" type="radio"/> NO |
| 9. Subject is a juvenile (17 years of age or younger) (If yes, refer inmate to IDOC Mental Health) | YES | <input checked="" type="radio"/> NO |
| 10. Do you have any current mental health symptoms or complaints? (If yes, refer inmate to IDOC Mental Health) | YES | <input checked="" type="radio"/> NO |
| 11. Has a psychiatric history? (Psychotropic medication or treatment by a mental health professional) (If yes, refer inmate to IDOC Mental Health) | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| Inpatient Treatment: (Where) <u>Bernheim Medical</u> (When) <u>2011</u> Outpatient Treatment: (Where) <u>Bliss Hospital</u> (When) <u>2011</u> | | |
| 12. Psychotropic Medication Use: (Psychotropic medication currently prescribed) (If yes, refer to CMS Mental Health) | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| Drug Name: <u>Zoloft</u> Dose/Frequency: <u>150mg</u> Date of Last Dose: <u>yesterday</u> Drug Name: <u>Lamictal</u> Dose/Frequency: _____ Date of Last Dose: <u>2 weeks</u> Drug Name: _____ Dose/Frequency: _____ Date of Last Dose: _____ | | |
| 13. Appears to have impaired intellectual or cognitive functioning? (If yes, refer inmate to IDOC Mental Health) | YES | <input type="radio"/> NO |
| 14. Is this your first time in prison? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 15. Have any family members or a significant other attempted or committed suicide, such as a spouse, parent, sibling, close friend, or lover? | YES | <input checked="" type="radio"/> NO |
| 16. Have you recently experienced a loss, such as loss of job or death of a close family member/friend? | YES | <input checked="" type="radio"/> NO |
| 17. Are you worried about any major problems other than your legal situation? | YES | <input checked="" type="radio"/> NO |
| 18. Have you ever been treated for alcohol or drug abuse? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 19. Have you ever been arrested for a sex offense? <u>Sex Abuse Minor</u> | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 20. Have you ever been victimized, i.e., victim of physical or sexual abuse? <u>Age 10/11 Under Step Brother</u> | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 21. Have you ever behaved violently, such as physical assault of another person? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 22. Have you ever had a serious head injury? If yes, when: <u>8/09</u> | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 23. Have you ever been placed in special education classes or services? | YES | <input checked="" type="radio"/> NO |
| 24. Appears to feel unusually embarrassed or ashamed? | YES | <input checked="" type="radio"/> NO |
| 25. Appears overly anxious, afraid, or angry? | YES | <input checked="" type="radio"/> NO |
| 26. Do you have a physical illness? (Type and severity of impact on daily functioning.) | YES | <input checked="" type="radio"/> NO |

TOTAL for "Yes" responses for all bolded (not shaded) questions (including the MSE responses): 9

- "Yes" in any shaded areas = Contact Mental Health immediately OR follow site procedure for management of potentially suicidal inmates. Follow site procedure for notifying Shift Commander.
- The screener is to contact Mental Health immediately OR follow site procedure for management of potentially suicidal inmates IF:
 - There are 7 or more Total Bolded (not shaded) "Yes" responses (including bolded, positive findings on the MSE) OR
 - Credibility of the inmate is questionable and Screener believes inmate is at risk based on his/her clinical judgment and/or assessment of inmate during screening interview (Document rationale in Interdisciplinary Progress Notes in inmate health record) OR
 - Current Mental Status presents as Disoriented, Hallucinating, or Delusional

Denies SI

CURRENT MENTAL STATUS (Check all that apply)

Alert, Oriented x 3 Disoriented Hallucinations: Yes No Delusions: Yes No

Affect: Appropriate Mood: Appropriate Speech: Appropriate Appearance: Neat & Clean Activity: Appropriate
 Flat Depressed Slurred Poor Hygiene Unable to Sit still
 Inappropriate Elated Pressured Disheveled Slow
 Scared/crying Rambling No Eye Contact
 Hostile

DISPOSITION

| | |
|--|---|
| Referrals | Housing Recommendation |
| <input type="checkbox"/> None Indicated <input type="checkbox"/> Emergency Mental Health Follow Up <input type="checkbox"/> Routine Mental Health Follow Up <input type="checkbox"/> ASAP Provider Follow Up for mental health medications. | <input type="checkbox"/> General Population <input type="checkbox"/> Implement site procedure for management of potentially suicidal inmates: (describe) <input type="checkbox"/> Other Placement (describe): _____ |

I acknowledge that I have answered all questions truthfully and have been told the way to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals. Inmate Signature: Signature - Unable to Sign

SCREENED BY: [Signature] DATE: 7/17/12 TIME: 8:50
 COMPLETION VERIFIED: [Signature] DATE: 7-17-12 TIME: 8:05



Psychological Evaluation

July 19, 2012

Inmate/Patient: Mason Edmo
IDOC#: 94691
Evaluation Purpose: Gender Identity Disorder Diagnostic Clarification.

Referral Information

Mr. Edmo was referred to Idaho Maximum Security Institution for the purposes of evaluation of transgender issues and diagnostic clarification of Gender Identity Disorder. He has requested the initiation of hormone treatment for the purpose of his gender identity issues.

Forensic Advisement

Mr. Edmo was verbally advised of the purpose of the evaluation and that this evaluation would remain confidential in the sense that only medical, psychiatric, and the GID committee will have access to this report. He agreed to proceed with the evaluation. Additionally, Mr. Edmo signed a release of information and gave permission for this evaluator to contact his mother to gain information about his development and psychosocial status.

Documentation Reviewed:

- IMSI Medical and Mental Health Records from 2010-current
- PSI report dated 11/23/11
- Psycho-sexual Psychological Evaluation dated 11/14/11
- Psychological/Clinical Interview with Mr. Edmo 7/17/12 and 7/18/12
- Psycho-social Development interview with Ms. Micealine Edmo (offender's prior mother) dated 7/19/12

Background Information:

The following brief background information was derived from a clinical interview and records review. The purpose of this review is to put into perspective Mr. Edmo's current level of functioning and Gender Dysphoria.

Developmental History

Mr. Edmo was born October 29, 1987. According to the offender and documents reviewed, he was born in Pocatello, Idaho. He is the youngest of four children. According to Mr. Edmo, he has one half sister, one half brother, and a sister who he shares having mutual parents. Allegedly his father was abusive to his mother growing up, but he downplayed the abuse as occurring not in his presence. His parents were both alcoholics and would send the children to stay with his grandmother on weekends when his parents would go out drinking. He did not report any physical abuse from his parents or step-father growing up.

Although there is no report of physical abuse growing up, he was sexually molested by an older cousin and a step-brother growing up. He reported that when he was 10 or 11 his 16 year-old cousin forced him into oral sex. This went on for a period of time and he never reported this to his parents. Additionally, at age 12, after his mother remarried, he was molested by his 15 year-old step brother. Again he did not report this to his mother.

He stated that during his youth he was quiet, a loner, and pretty much isolated, wanting to stay near his mother. When he got older he became a caregiver to his family and very protective of his mother. He was the only child left in the home in his late childhood/adolescence.

Educational History

He received a GED after completing the middle of his eleventh year of high school. He reports grades in school were A's and B's. He completed two years of college, studying management and nursing. He was able to acquire a CAN designation.

Employment History

Mr. Edmo first began work at the age of 14 in a summer youth program as a tribal administrative assistant. While in high school, he worked for Burger King and then was employed with his tribe as a contract health representative. At age 18, he began working for the gaming casino on the reservation as a floor attendant. He coordinated work and college. He went from the casino to working for a tribal attorney as a receptionist and then went back to the casino as a cashier.

Substance Abuse

Mr. Edmo has a significant history of alcohol abuse. Multiple family members are alcoholics and it is readily available on the reservation. He reported he first drank at age 16 and it became a problem by age 17 when he began to have criminal charges for alcohol related offenses. It was also a primary contributor to his behavior that led to his current crime.

Mental Health History

The offender has a minimum history of mental health treatment and placement. While incarcerated he has had a Psychosexual Evaluation and some mental health treatment and has been placed on medications. He is currently housed in Idaho Maximum Security Institution for the purpose of GID evaluation and not due to any mental illness. He is currently in prison for lewd acts with a 15 year-old male.

On November 11, 2011, Mr. Edmo was evaluated for psychosexual purposes due to the sexual crime he committed. He was evaluated through the use of psychological testing and interview. There was no indication in this report that he was or has suffered from a psychotic disorder, except for the finding of Major Depression and Substance Dependence. Additionally, it was noted that he had a history of suicidal behavior, which he also reported to me during our interview. The results of the evaluation and testing reveal that Mr. Edmo had a moderate risk for reoffending. According to the report, his significant use of alcohol appears to be a form of self-medications. This substance abuse behavior is what makes him vulnerable for reoffending and having issues with the legal system. It was recommended that ongoing treatment in substance abuse and appropriate medication for depression would be the appropriate plan for this young man.

According to a Psychiatric Progress Note on 4/20/12, Mr. Edmo has been treated for depression and anxiety with a doctor at Fort Hall, Idaho. Mr. Edmo reported mood fluctuation and times of depression. The nurse practitioner felt that adding a mood stabilizer would help. There was no indication of a psychotic content during this assessment.

On 4/26/12, he was placed on close observations when he told security that he did not feel safe with himself. This was according to a Suicide Risk Assessment from that date. He reported that he was experiencing a recent relationship loss and was fearful about being a sex offender. He was returned to his unit on 4/27/12 and it was reported in a progress note that he was much improved on 4/28/12.

On 6/25/12, Mr. Edmo was seen by Dr. Eliason for the purpose of medication management and GID evaluation. "This inmate reported he has felt 'feminine' for as long as he can remember. He said that he thinks it was a mistake that he was born male. He said that his sexual orientation is towards males. He said, 'I used to think that coming out homosexual was really what I needed to feel like me but now I think it is that I am not a gay man, but actually a woman.' He reported dressing as a female during rare occasions.

He said he feels a lot of shame and embarrassment about being a male 'because I am not manly' and feels at home and comfortable doing 'girl type stuff.'" Dr. Eliason also goes on to say that he believes that this inmate's dysphoria is related to transgender issues and meets the definition of Gender Dysphoria.

He was transferred to IMSI on 7/17/12, for the purposes of evaluation for Gender Identity Disorder and Gender Dysphoria.

Current Mental State

Mr. Edmo was cooperative and oriented to the task at hand. Although he presented as nervous and docile, he was not guarded or withdrawn. He presented as a medium built and effeminate young man. He was currently housed in the mental health acute unit for the purpose of evaluation into his GID concerns. His speech was clear and there was no delusional content or themes noted. His speech was logical and he provided clear responses to questions without a lot of tangential or extraneous remarks in his responses. He did not present as if he was disturbed by internal stimuli. Mr. Edmo appeared to be forthcoming in his responses to most questions. He affect was feminine and he showed appropriate emotional response with appropriate eye contact.

On 7/19/12, I attempted telephone contact with Mr. Edmo's mother. I have left a message and at the time of the writing of this report, I have not received a return call.

The Personality Assessment Inventory (PAI), which is a self-administered, objective assessment of adult personality. It was designed to provide information on clinical scales that focus on a several important psychological constructs. He was administered the PAI before the initial interview and the results suggest that Mr. Edmo appeared to respond appropriately and consistently without evidence to suggest that he was motivated to portray himself relatively free of more common shortcomings and faults or in a negative fashion. There is no indication of significant clinical psychopathology. There is an indication of struggles with alcohol abuse. Some scores do suggest that during times of stress he may respond in a maladaptive way. Additionally, the assessment also indicates some issues related to mood disruption. Additionally, he is generally self-confident but in times of trouble he is filled with self-doubt. He is genuine and out-going preferring harmony in his relationships with others.

Diagnostic Impression

| | |
|----------|---|
| Axis I | GID with a history of Gender Dysphoria Mood Disorder NOS Alcohol Dependence |
| Axis II | none |
| Axis III | Deferred |

Axis IV Incarceration
Axis V GAF 70

Summary of Findings

According to the DSM-IV TR, the diagnostic criteria for Gender Identity Disorder is: A strong and persistent cross-gender identification that as an adult manifests as symptoms such as a stated desire to be the other sex with a desire to live as the opposite sex, and having the emotions and feelings typically associated with the opposite sex, as well as, having a persistent discomfort with his/her sex or a sense of inappropriateness in that gender role. This disturbance causes clinically significant distress or impairment in social, occupational, or other areas of functioning.

Given these criteria, Mr. Edmo meets these areas of distress and disturbance. Most of his life he has had to struggle with his feminine nature and sexual orientation, not feeling comfortable with male oriented activities and feeling a sense of shame because of this. He has dealt with his depression and feelings with the only tool he knew and was surrounded by with his family and environment, alcohol. Mr. Edmo does not suffer a mental illness or disease that would mimic or cause these beliefs and symptoms.

In summary, based on Mr. Edmo's history of cross dressing, depression due to his shame and embarrassment of being more female, his strong close bond with his mother, and overall results of this interview and assessment present a valid case that he has a gender dysphoria and GID finding.

Respectfully submitted,



Claudia K. Lake, PsyD
ID Lic. # PSY 202567
Corizon, Psychologist and Mental Health Director, IMS

DOC MENTAL HEALTH SCREENING

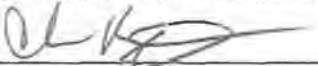
| | | | | | |
|---|---|---|---|--|---|
| INMATE NAME: <u>Edmo, Mason</u> | | DOB: [REDACTED] | DATE OF REPORT: <u>7-26-12</u> | | |
| <input type="checkbox"/> Intake/New Arrival | | <input checked="" type="checkbox"/> Inter Institutional Transfer | | <input type="checkbox"/> Restrictive Housing | |
| Current Risk Factors | 1. Did the transporting officer report any concerns? If so please explain: | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Immediately notify the shift commander |
| | 2. Right now, do you have thoughts of hurting yourself? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 3. Do you have any <u>immediate</u> plan to kill/hurt yourself? Describe: | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 4. Right now, do you feel like there is nothing to look forward to in the future? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Refer to MH for follow up within 24 hours |
| | 5. Right now, do you have any mental health symptoms or complains? On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extremely serious</i> ; rate your symptoms, please describe: | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 6. Within the past year have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____ Date: _____ Means/Method: _____ Intent: _____ | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Suicide/Self Harm History | 7. Prior to one year ago, have engaged in self-harm or attempted suicide? Date: <u>July 2010</u> Means/Method: <u>cut wrist</u> Intent: <u>death</u> In custody: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Means/Method: _____ Intent: _____ In custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: _____ Means/Method: _____ Intent: _____ In custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Refer to MH for follow up within 72 hours |
| | 8. Are you currently taking mental health medications? Medication Name: <u>Prozac</u> Dose/Frequency _____ Date of Last dose: _____ Medication Name: <u>Zoloft 150mg</u> Dose/Frequency <u>QD</u> Date of Last dose: <u>last pm</u> Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | 9. Have you ever taken mental health medications in the past? Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Medication | | | | | |

Created April 5, 2012
Revised: May 3, 2012

| | | | | | |
|--|---|------------------------------|---|--|--|
| Substance Use | 10. Have you ever used any type of substances: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Refer to MH for follow up within 72 hours | | |
| | What? | First Used: | | Last Used: | How Much? |
| | <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Methamphetamines <input checked="" type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Other | | | | |
| | 11. Have you ever participated in substance abuse treatment? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 12. Did you successfully complete? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| 13. Providers name: | | | | | |
| Other contributing suicide risk factors | 14. Is this your first time in prison? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Refer to MH for routine follow up |
| | 15. Have any family members or a significant person in your life attempted or committed suicide? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 16. Have you recently experienced a significant loss such as a death of a close family member or friend? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 17. Have you ever been arrested for a sex crime? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | 18. Have you ever been a victim of sexual or physical abuse? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | 19. Have you had a head injury? <i>concussion</i> | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | 20. Do you or have you ever received special education services? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | 21. Are you worried about something other than your current legal situation? Describe: | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| 22. Do you have a physical illness that is causing you distress or pain? Describe: | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |

| | | | | | | | |
|--|--|--|--|--|--|--|-------------------|
| Current Mental Health Status (Check all that apply) | <input type="checkbox"/> Alert, oriented x <u>W</u> <input type="checkbox"/> Disoriented <input type="checkbox"/> Reports Hallucinations <input type="checkbox"/> Endorses Delusions | | | | | | |
| | Grooming/Hygiene | Eye Contact | Affect | Mood | Thought Process | Speech | Movement/Activity |
| <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | |
| <input type="checkbox"/> Neat/Clean | <input type="checkbox"/> Fair | <input type="checkbox"/> Flat | <input type="checkbox"/> Angry | <input type="checkbox"/> Logical | <input type="checkbox"/> Rapid | <input type="checkbox"/> Restless | |
| <input type="checkbox"/> Unkempt | <input type="checkbox"/> Good | <input type="checkbox"/> No emotion | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Goal directed | <input type="checkbox"/> Slow | <input type="checkbox"/> Slowed | |
| <input type="checkbox"/> Dirty | <input type="checkbox"/> None | <input type="checkbox"/> Tearful | <input type="checkbox"/> Calm | <input type="checkbox"/> Disorganized | <input type="checkbox"/> Pressured | <input type="checkbox"/> Active | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Smiling | <input type="checkbox"/> Sad | <input type="checkbox"/> Moving from topic to topic quickly | <input type="checkbox"/> Slurred | <input type="checkbox"/> Agitated | |
| | | <input type="checkbox"/> Depressed | <input type="checkbox"/> Hopeless | <input type="checkbox"/> Irrelevant | <input type="checkbox"/> Loud | | |
| | | <input type="checkbox"/> Euphoric | <input type="checkbox"/> Anxious | <input type="checkbox"/> Distractible | <input type="checkbox"/> Quiet | | |
| | | | | | <input type="checkbox"/> Rambling | | |


**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | IDOC # | DATE OF BIRTH |
|-------------------------------|--|---------------|
| Edmo, Mason, D | 94691 | |
| Date/Time Problem Number | Use SOAP Note Format | |
| 07-27-12 1535 | <p>S: Edmo reported that Edmo experiences a moderate level of anxiety and a moderate level of depression on a daily basis. Edmo reported that Edmo has experienced suicidal thoughts in the past. Edmo denied SI/HI at this time and denied thoughts of harming self or others. Edmo affirmed that Edmo is taking Edmo's medications as prescribed. Edmo denied any other mental health issues or concerns at this time.</p> | |
| | <p>O: Edmo Presented as alert and oriented x4, maintained appropriate eye contact, grooming and hygiene was consistent with incarceration, Edmo presented as calm with euthymic mood and congruent affect, thought process was linear and organized, judgment and insight assessed as intact at this time.</p> | |
| | <p>A: Medical file was unavailable at this time. Edmo appears to be maintaining and functioning ok at this time. Edmo does not appear to be endorsing hallucinations, delusions, or paranoia at this time. Edmo's risk for self harm or harming others is assessed as low at this time.</p> | |
| | <p>P: MDTT to review TX plan with Edmo. Edmo will be referred to Living With Depression and Living With Anxiety group. This Clinician explained to Edmo how to contact a Clinician if Edmo needs to speak to one.</p> <p>Signature: Chris Bennett, LPC </p> | |

ER 1523

**IDOC CORRECTIONAL MENTAL HEALTH SERVICES SYSTEMS
LEVEL OF CARE (LOC) PLACEMENT RECORD**

MHC: Mental Health Clear
MHP: Mental Health Prior
CMHS: Correctional Mental Health Services
ICMHS: Intermediate Correctional Mental Health Services
ACMHS: Acute Correctional Mental Health Services
MHMN: Mental Health Medical Necessity

| | | |
|---|-------------|-------------------------|
| IDOC # | NAME | DOB |
| 94691 | Edmo, Mason | ████████ |
| MENTAL HEALTH LEVEL OF CARE (LOC): CMHS 1 | | |
| CLINICIAN SIGNATURE:  | | DATE: 7-27-12 |
| Comments: | | |

To be filed as first page under Mental Health tab in Medical File



IDOC CMHSS LOC Placement Record 3.09

IDAHO DEPARTMENT OF CORRECTION
TREATMENT PLAN

| | | | |
|--------------------------------|--|---|--------------------|
| DATE | 07-27-12 | INMATE NAME | Edmo, Mason, D |
| IDOC # | 94691 | DOB | ■■■■■ |
| PROBLEM (in operational terms) | | LOC | CMHS 1 |
| GOAL | | | |
| 1. | Edmo reported that Edmo experiences a moderate level of anxiety on a daily basis. | Edmo will report that Edmo experiences a mild level of anxiety on a daily basis by 01-27-13. | |
| 2. | Edmo reported that Edmo experiences a moderate level of depression on a daily basis. | Edmo will report that Edmo experiences a mild level of depression on a daily basis by 01-27-13. | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| PREPARED BY | Chris Bennett, LPC | DATE | 07-27-12 |
| INTERVENTION Problem # | Treatment Intervention | Staff/Person Responsible | Frequency/Duration |
| 1,2 | Edmo will take Edmo's medication as prescribed by Psychiatrist or | Edmo | As prescribed |
| | | | 01-27-13 |
| | | | Date Goal Closed |

| DATE | 07-27-12 | INMATE NAME | Edmo, Mason, D | | |
|--------|--|-------------|----------------|----------|--|
| IDOC # | 94691 | DOB | LOC | CMHS 1 | |
| | designee. | | | | |
| 1,2 | Edmo will voice an understanding of how to contact a Clinician if Edmo needs to speak to one. | Edmo | As needed | 01-23-13 | |
| 1,2 | Edmo will attend an participate in at least 90 percent of groups from Living With Depression and Living With Anxiety Groups. | Edmo | Weekly | 01-23-13 | |
| 1,2 | Edmo will immediately notify staff if Edmo feels that Edmo is a danger to self or others. | Edmo | If needed | 01-23-13 | |
| | | | | | |
| | | | | | |
| | | | | | |

Mental Health Group Referral

Inmate Name: EDMO

Inmate IDOC #: 94691

Date of Referral: 7-27-12

Referring Clinician: [Signature]

Clinician Groups:

- Living with Bi polar Disorder
- Living with Schizophrenia
- Living with Depression
- Living with Mental Illness -
- Co-Occurring Disorders
- Mood Management
- PTSD
- Living with Anxiety/OCD
- Mindfulness I and II
- Adjustment to Prison
- Pre-Release
- Other

Psych Tech/Officer Groups:

- Rec Group
- Social Skills Group
- ADLs
- Money Matters
- Assertive Communication
- Current Events
- Other

A63

**IDAHO DEPARTMENT OF CORRECTION
MULTI-DISCIPLINARY TREATMENT TEAM SUMMARY**

| INMATE NAME | IDOC # | DATE OF BIRTH | TODAY'S DATE |
|---|--------------------|--------------------------------------|--------------|
| Edwards, Mason | 94691 | [REDACTED] | |
| The following members were present at the treatment team meeting on this date: (type or print legibly) | | | |
| NAME | TITLE | NAME | TITLE |
| W. Hoop | P.I.C. | | |
| BVA | PSRS | | |
| Watson | Clinician | | |
| Input was sought from the psychiatrist: | | <input checked="" type="radio"/> Yes | No* |
| The inmate was present: | | <input checked="" type="radio"/> Yes | No* |
| The treatment team reviewed the inmates concerns and discussed these with the inmate: | | <input checked="" type="radio"/> Yes | No* |
| The treatment team provided feedback regarding progress toward treatment goals: | | <input checked="" type="radio"/> Yes | No* |
| The treatment team reviewed any current restrictions on the inmate that may impact his/her mental health functioning: | | <input checked="" type="radio"/> Yes | No* |
| The treatment team reviewed current housing status and any possible impact on mental health functioning: | | <input checked="" type="radio"/> Yes | No* |
| The treatment team reviewed current level of care to ensure appropriateness: | | <input checked="" type="radio"/> Yes | No* |
| The treatment Team developed a current treatment plan in conjunction with the inmate and discussed this plan with the inmate during the team meeting: | | <input checked="" type="radio"/> Yes | No* |
| Indicate what level of care treatment the inmate will receive: | | MHS I | |
| The inmate agrees with the treatment plan: | | <input checked="" type="radio"/> Yes | No* |
| Other issues: | | | |
| INMATE SIGNATURE: | <i>[Signature]</i> | | DATE: |
| CLINICIAN SIGNATURE: | <i>[Signature]</i> | | DATE: 8/9/12 |

*An explanation must be provided



Edmo, Mason

IDOC#: 94691

Psychiatric Progress Note

ISCI-BHU

9/19/12

S: The inmate said he was pretty sure he was approved for treatment for GID. He said he has been getting some of the medications so far. The inmate said that Zoloft didn't seem to be working very well but more that he is feeling better because of validation of GID. Stated appetite is good but the inmate is trying to lose weight, thinks about 30 pounds have been lost by going for walks for exercise. The inmate denied medication side effects or suicidal thoughts.

Medications: Zoloft 150mg hs
Wt 226

O: MSE: Hygiene good. Groomed eyebrows. Appears feminine in his demeanor and interaction style. Thoughts logical and linear. Denied any SI/HI. No overt delusions. Affect full range and euthymic. Speech regular in rate, rhythm, and volume. Mood "depressed."

A: 24 year old male with GID, Alcohol Dependence and mood d/o NOS. Thought he did better on Zoloft. His dysphoria relating to his gender is consistent with GID. Some dysphoria but getting better with GID diagnosis and continues functioning well.

Axis I: Alcohol Dependence, Mood d/o NOS, GID

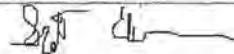
Axis II: deferred

Axis III: None

Axis IV: Prison

Axis V: GAF 68

P: Zoloft 150mg
RTC 3 months



Scott Eliason MD Page 1

IDAHO DEPARTMENT OF CORRECTION
Mental Health DOR Recommendation

IDOC Number: 94691 Offender Name: Edmo Facility: ISCI

Offense Date: 10/15/12 Offense Description: Unauthorized transfer of property Clinician: Watson

Documented history mental illness that could impair decision making. Yes: No:

Presently prescribed medication for mental health issues. Yes: No:

If yes, is inmate medication compliant? Yes: No:

Experienced significant increase in stressors prior to incident. Yes: No:

Documented increase in mental health symptoms prior to incident. Yes: No:

Mental illness contributing factor in incident. Yes: No:

Recommendations: Edmo has a history of struggling with boundaries.

Mental illness a mitigating factor. Yes: No:

Recommendations: Although Edmo has a history of mental illness, it does not appear as though it was a mitigating factor to this incident.

Assignment of staff assistant recommended. Yes: No:

Mental illness not a factor in incident – no recommendations

Additional Recommendations: It is being clinically recommended that Edmo's DOR proceedings continue without restrictions. Any detention time given can be served in unit 8. However it should be noted that if sent to unit 8, Edmo will need the shower curtain or will need to be returned to unit 16 to shower.

Date of Report: 10/22/12

Clinician Name and Associate Number: L. Watson, LCSW 0367

Edmo, Mason

IDOC#: 94691

Psychiatric Progress Note

ISCI-BHU

12/12/12

S: The inmate said the unit was going alright. He reported good med compliance. He reported the hormones are going well. He denied suicidal thoughts. He said his mood was "alright."

Medications: Zoloft 150mg hs
Wt 245 (+19)

O: MSE: Hygiene good. Groomed eyebrows. Appears feminine in his demeanor and interaction style. Thoughts logical and linear. Denied any SI/HI. No overt delusions. Affect full range and euthymic. Speech regular in rate, rhythm, and volume. Mood "alright."

A: 25 year old male with GID, Alcohol Dependence and mood d/o NOS. Doing well.

Axis I: Alcohol Dependence, Mood d/o NOS, GID

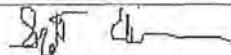
Axis II: deferred

Axis III: None

Axis IV: Prison

Axis V: GAF 68

P: Zoloft 150mg
RTC 3 months

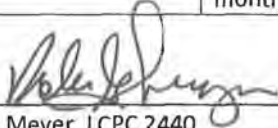


Scott Eliason MD Page 1

ER 1531

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------|---|--------|---------------|
| Edmo, Mason | | 94691 | ████████ |
| Date/Time Problem Number | Use SOAP Note Format | | |
| 12/21/2012 0930 | S: This clinician met with Mr. Edmo today for his 2 of 3. He reports that he is doing well. No problems with sleep or appetite. He is looking forward to starting his GID group in January. He is not interested in other groups at this time. He states his anxiety is a 5 on a 1 to 10 scale which is his self reported baseline. He describes his depression as an 8, due to missing his family during the holiday. He is currently medication compliant with no complaints of side effects. | | |
| | O: Mr. Edmo was alert with appropriate grooming and hygiene. He was O4. He maintained good eye contact and his speech was slow and quiet. His affect was full range and his mood was "good". His insight and judgment were assessed as fair. He did not appear to be endorsing illusions, delusions or hallucinations. He reported no suicidal ideation and no thoughts of self harm. | | |
| | A: Mr. Edmo presented as appropriate. He is experiencing some depression about the holidays but says it is manageable. This is his first Christmas in prison. He is currently in compliance with his medication and will start attending a clinical group in January. | | |
| | P: Mr. Edmo will continue with current treatment plan. We reviewed the process of sending a concern form if he needs to be seen earlier than next month's visit. | | |


R. Meyer, LCPC 2440

12/21/2012
Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------|--|--------|---------------|
| Edmo, Mason | | 94691 | ██████ |
| Date/Time | Use SOAP Note Format | | |
| 1/9/13 | S: This writer met with Inmate Edmo today to address the refusal of medication. Inmate Edmo stated that providers have been told in the past that Zoloft does not work in treatment of symptoms. Inmate Edmo reports that irritability and anxiety has increased with the prescription of Zoloft. Inmate Edmo reports that the medications have been refused for the past week and that there has been a noticeable increase in mood and decrease in anxiety without the medication. | | |
| | O: Edmo was alert, groomed and o x 4, mood appeared to be wnl with a full affect, speech normal rate and volume with appropriate eye contact, thought processes logical and goal directed with no unusual content, insight, judgment and problem solving assessed to be fair, Edmo denied current SI/HI/SIB/AVH | | |
| | A: Edmo reports an increase of anxiety irritability and depression with his current prescription. | | |
| | P: Edmo voiced understanding on how to make clinical contact. A referral was made to medical | | |

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

Rhonda Kidney, LPC
Rhonda Kidney, LPC

1/9/13
Date

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

Edmo, Mason

IDOC#: 94691

Psychiatric Progress Note

ISCI-BHU

1/16/13

S: The inmate said that he thought Zoloft was causing him to feel worse. He stopped taking it and feels like his mood and anxiety have both improved. He denied suicidal thoughts. He said he was passing the time "doing a paralegal course" and he is almost done with that. He has one year before he goes to the parole board. He reported normal appetite and energy level. He asked to be put on Prozac.

Medications: Zoloft 150mg hs
Wt 245 (+19)

O: MSE: Hygiene good. Groomed eyebrows. Appears feminine in his demeanor and interaction style. Thoughts logical and linear. Denied any SI/HI. No overt delusions. Affect full range and euthymic. Speech regular in rate, rhythm, and volume. Mood "better now."

A: 25 year old male with GID, Alcohol Dependence and mood d/o NOS. Recent irritability that he thought was because of Zoloft but he has been on that for 2 years without issue. He wanted Prozac. I strongly encouraged him to stay with Zoloft but he refused. He continues to function well. Likely needs an antidepressant as he has had multiple episodes of depression and has been on maintenance for years.

Axis I: Alcohol Dependence, Mood d/o NOS, GID

Axis II: deferred

Axis III: None

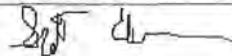
Axis IV: Prison

Axis V: GAF 68

P: D/C Zoloft

Start Prozac 20mg AM

RTC 3 months



Scott Eliason MD Page 1

long
day

Mental Health Group Referral

Inmate Name: ~~R. Meyer~~ Edmo, M Inmate IDOC #: 94691

Date of Referral: 2/9/13

Referring Clinician: R. Meyer

Clinician Groups:

- Living with Bi polar Disorder
- Living with Schizophrenia
- Living with Depression
- Living with Mental Illness -
- Co-Occurring Disorders
- Mood Management
- PTSD
- Living with Anxiety/OCD
- Mindfulness I and II
- Adjustment to Prison
- Pre-Release
- Other

Psych Tech/Officer Groups:

- Rec Group
- Social Skills Group
- ADLs
- Money Matters
- Assertive Communication
- Current Events
- Other

**IDAHO DEPARTMENT OF CORRECTION
MULTI-DISCIPLINARY TREATMENT TEAM SUMMARY**

| INMATE NAME | IDOC # | DATE OF BIRTH | TODAY'S DATE |
|---|---------------|--------------------------------------|--------------|
| <i>Edmo, Mason</i> | <i>94691</i> | [REDACTED] | |
| The following members were present at the treatment team meeting on this date: (type or print legibly) | | | |
| NAME | TITLE | NAME | TITLE |
| <i>N. Day</i> | <i>P.T.C.</i> | | |
| <i>BVA</i> | <i>PSRS</i> | | |
| Input was sought from the psychiatrist: | | <input checked="" type="radio"/> Yes | No* |
| The inmate was present: | | <input checked="" type="radio"/> Yes | No* |
| The treatment team reviewed the inmates concerns and discussed these with the inmate: | | <input checked="" type="radio"/> Yes | No* |
| The treatment team provided feedback regarding progress toward treatment goals: | | <input checked="" type="radio"/> Yes | No* |
| The treatment team reviewed any current restrictions on the inmate that may impact his/her mental health functioning: | | <input checked="" type="radio"/> Yes | No* |
| The treatment team reviewed current housing status and any possible impact on mental health functioning: | | <input checked="" type="radio"/> Yes | No* |
| The treatment team reviewed current level of care to ensure appropriateness: | | <input checked="" type="radio"/> Yes | No* |
| The treatment Team developed a current treatment plan in conjunction with the inmate and discussed this plan with the inmate during the team meeting: | | <input checked="" type="radio"/> Yes | No* |
| Indicate what level of care treatment the inmate will receive: <i>CMHS 1</i> | | | |
| The inmate agrees with the treatment plan: | | <input checked="" type="radio"/> Yes | No* |
| Other issues: | | | |
| INMATE SIGNATURE: <i>Mason Edmo</i> | | DATE: <i>2-15-13</i> | |
| CLINICIAN SIGNATURE: <i>[Signature] LCPC</i> | | DATE: <i>2-15-13</i> | |

*An explanation must be provided



IDOC MDTT Summary Form 3.09

B34

IDAHO DEPARTMENT OF CORRECTION
TREATMENT PLAN

| | | | | | |
|---------------------------------------|--|-------------|--|------|----------|
| DATE | 2/9/13 | INMATE NAME | Edmo, Mason | | |
| IDOC # | 94691 | DOB | ██████ | LOC | CMHS 1 |
| PROBLEM (in operational terms) | | | GOAL | | |
| 1. | Offender Edmo struggles with managing his anxiety and depression | | Offender Edmo will have a reduction in anxiety and depression by 50% per self report. Management will include waking, music, TV, peer support, reading, exercising and family support. | | |
| 2. | Offender Edmo is working on understanding and accepting his gender identity. | | Offender Edmo will have peer and group support for this adjustment. | | |
| PREPARED BY | R. Meyer, LCPC 2440 | | | DATE | 2/9/2013 |

| INTERVENTIONS Problem # | Treatment Intervention | Staff/Person Responsible | Frequency/Duration | Date Goal Closed |
|-------------------------|--|--------------------------|--------------------|------------------|
| 1 | Edmo will use coping skills when managing his anxiety and depression symptoms. | Edmo | As needed | |
| 1,2 | Edmo will utilize the concern form system to request support from a clinician. | Edmo/Clinician | As needed | |
| 2 | Edmo will attend psychoeducational groups as scheduled. Edmo is in the GID group. | Edmo | As scheduled | |
| 1 | Edmo will take any medication prescribed by the psychiatrist, reporting any problems | Edmo/ Psychiatry | As prescribed | |
| 2 | Edmo will be housed at the BHU in a cell with another GID offender for support. | Edmo | Daily. | |

Mason Edmo
OFFENDER SIGNATURE

94691
IDOC #

2/15/13
DATE



IDOC Treatment Plan Form Rev. 5.10

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------|---|--------|---------------|
| Edmo, Mason | | 94691 | ██████████ |
| Date/Time Problem Number | Use SOAP Note Format | | |
| 2/9/2013 1400 | S: This clinician met with Edmo today for an updated treatment plan. He reports that he is doing well. No problems with sleep or appetite. He enjoys his GID group. He states his depression is a 4 on a 1 to 10 scale which is his self reported baseline. He describes his anxiety as an 8 with no known stressor. He is currently medication compliant with no complaints of side effects. | | |
| | O: Edmo was alert with appropriate grooming and hygiene. He was Ox4. He maintained good eye contact and his speech was slow and quiet. His affect was full range and his mood was "good". His insight and judgment were assessed as fair. He did not appear to be endorsing illusions, delusions or hallucinations. He reported no suicidal ideation and no thoughts of self harm. | | |
| | A: Edmo presented as appropriate. Continues to struggle with symptoms most of the day about every other day. He uses exercise, music, T.V, reading and peer and family support to cope. | | |
| | P: Edmo's treatment plan has been updated. He would like to join the Mindfulness group. He was advised of the drop in clinics held each day by a clinician. | | |

R. Meyer, LCPC 2440

Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

ER 1538

Edmo, Mason

IDOC#: 94691

Psychiatric Progress Note

ISCI-BHU

4/10/13

S: The inmate said that he thought he needed an increase in Prozac. He denied suicidal thoughts. He reported good exercise. He said his appetite was good. He said he was passing the time doing legal stuff. He said he was working on others with their legal forms.

Medications: Prozac 20mg am
Wt 237 (-8)

O: MSE: Hygiene good. Groomed eyebrows. Appears feminine in his demeanor and interaction style. Thoughts logical and linear. Denied any SI/HI. No overt delusions. Affect full range and euthymic. Speech regular in rate, rhythm, and volume. Mood "a little depressed."

A: 25 year old male with GID, Alcohol Dependence and mood d/o NOS. Was really on a higher dose of Zoloft than the dose of Prozac. Doesn't meet criteria. We discussed it and he decided to remain on the same dose.

Axis I: Alcohol Dependence, Mood d/o NOS, GID

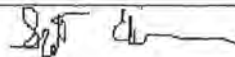
Axis II: deferred

Axis III: None

Axis IV: Prison

Axis V: GAF 68

P: Prozac 20mg AM
RTC 3 months



Scott Eliason MD Page 1

**Mental Health Assessment
Report - Update**

Assessment Time and Date:
4/18/13 @1430
Date of Initial MH Assessment:
4/30/12
Offender Name: Edmo, Mason

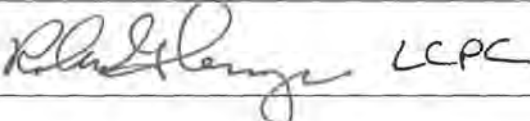
Clinician: Robin Meyer, LCPC

Offender Number: 94691

| Reason for Update: | | |
|--|---|---|
| <input type="checkbox"/> Change | <input type="checkbox"/> 6 months update | <input checked="" type="checkbox"/> Annual Review |
| Change in legal situation or sentence. | Yes <input checked="" type="checkbox"/> No | Comment: |
| Change in Education | Yes <input checked="" type="checkbox"/> No | Comment: |
| Change in Marital or Family Situation | Yes <input checked="" type="checkbox"/> No | Comment: |
| Current Medication | <input checked="" type="checkbox"/> Yes No | Comment: Prozac 20 mg AM |
| Current Diagnosis: | <input checked="" type="checkbox"/> Yes No | Comment: GID, Mood D/O, ETOH dep. |
| Appearance | Hygiene and grooming appropriate. Appears feminine. | |
| Motor Activity | WNL | |
| Speech | Regular rate, rhythm and volume | |
| Thought Process | Linear and organized | |
| Thought Content | unremarkable | |
| Perceptions | Ox4, alert | |
| Mood | depressed | |
| Affect | flat | |
| Attitude | cooperative | |
| Insight | good | |

Offender Name: Edmo, Mason
Offender Number: 94691
DOB: 10/29/87

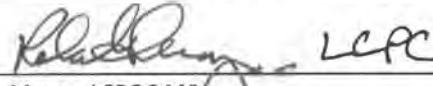
ER 1540

| Mental Health Assessment Report - | Page 2 Continued Update |
|---|---|
| | <p>Clinical Formulation: Edmo is a 35 year old Native American single male who is diagnosed with GID and has a feminine appearance. Mood and affect are mildly depressed. He misses his family and is annoyed by the drama of his roommate. He is medication compliant and attends a group for GID.</p> |
| | <p>Recommendations: Continue medication as prescribed. Continue group. Increase exercise and outdoor activities. Meet with Clinician as needed.</p> |
| <p>Signature of Clinician/Date: Robin Meyer, LCPC #2440 4/18/13</p> |  |

Offender Name: Edmo, Mason
Offender Number: 94691
DOB: 10/29/87

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | IDOC # | DATE OF BIRTH |
|-------------------------------|--|---------------|
| Edmo, Mason | 94691 | [REDACTED] |
| Date/Time Problem Number | Use SOAP Note Format | |
| 4/18/2013 1630 | <p>S: This clinician met with Edmo today for an updated assessment and 1 of 3 contact. He reports that he anxious. Some problems with sleep and appetite. He enjoys his GID group. He describes his anxiety as an 11 on a 1 to 10 scale, 10 being severe with no known stressor. He states he has been feeling this way for about a week. He is currently medication compliant with no complaints of side effects. (Prozac 20 mg.)</p> | |
| | <p>O: Edmo was alert with appropriate grooming and hygiene. He was Ox4. He maintained good eye contact and his speech was regular rate, rhythm and volume. His affect was full range and his mood was anxious. His insight and judgment were assessed as good. He did not appear to be endorsing illusions, delusions or hallucinations. He reported no suicidal ideation and no thoughts of self harm.</p> | |
| | <p>A: Edmo presented as anxious. He is starting to think about his pre-board hearing in October.</p> | |
| | <p>P: Edmo's assessment is updated. He will send me a concern form if he needs support.</p> | |


R. Meyer, LCPC 2440

4-18-13
Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)

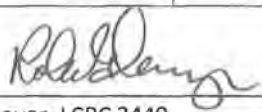


IDOC Clinical Contact Note 3.09

ER 1542

IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------|---|--------|---------------|
| Edmo, Mason | | 94691 | ██████ |
| Date/Time Problem Number | Use SOAP Note Format | | |
| 6/14/2013 1530 | S: This clinician met with Edmo today for the 1 of 3 contact. He reports that he is doing well. No problems with sleep or appetite. | | |
| | O: Edmo was alert with appropriate grooming and hygiene. He was Ox4. He maintained good eye contact and his speech was regular rate, rhythm and volume. His affect was full range and his mood was good. His insight and judgment were assessed as good. He did not appear to be endorsing illusions, delusions or hallucinations. He reported no suicidal ideation and no thoughts of self harm. | | |
| | A: Edmo presented as stable. He is medication compliant and attending group. | | |
| | P: Edmo will be seen in 60 days or as needed. | | |



R. Meyer, LCPC 2440

6/14/13
Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

Edmo, Mason

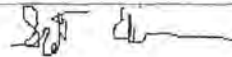
IDOC#: 94691

Psychiatric Progress Note

ISCI-BHU

6/26/13

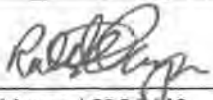
| |
|---|
| <p>S: The inmate said that the Prozac hasn't been "doing anything." He reported feeling kinda depressed. He said that he isn't sleeping that well but spends a lot of time in his bunk. He said he has a lot of groups. He said that the rest of his time he passes watching tv, reading, and playing cards. He said that he was not exercising. He complained of low motivation.</p> <p>Medications: Prozac 20mg am Wt 224 (-13)</p> |
| <p>O: MSE: Hygiene good. Groomed eyebrows. Appears feminine in his demeanor and interaction style. Thoughts logical and linear. Denied any SI/HI. No overt delusions. Affect full range and euthymic. Speech regular in rate, rhythm, and volume. Mood "kinda depressed."</p> |
| <p>A: 25 year old male with GID, Alcohol Dependence and mood d/o NOS. He doesn't meet criteria for Depression but he has been losing weight without trying, feeling low motivation, and low energy. Staff reported the inmate is very hyper-sexual.</p> <p>Axis I: Alcohol Dependence, Mood d/o NOS, GID Axis II: deferred Axis III: None Axis IV: Prison Axis V: GAF 68</p> |
| <p>P: Prozac 30mg AM RTC 3 months Need to confront the inmate about hypersexual behavior</p> |



Scott Eliason MD Page 1

IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------|--|--------|---------------|
| Edmo, Mason | | 94691 | ████████ |
| Date/Time Problem Number | Use SOAP Note Format | | |
| 6/27/2013 1500 | S: This clinician met with Edmo today regarding a concern. Edmo believes he is being scrutinized by staff because of his femininity. | | |
| | O: Edmo was alert with appropriate grooming and hygiene. He was Ox4. He maintained good eye contact and his speech was regular rate, rhythm and volume. His affect was angry with congruent mood. His insight and judgment were assessed as fair. He did not appear to be endorsing illusions, delusions or hallucinations. He reported no suicidal ideation and no thoughts of self harm. | | |
| | A: Edmo presented as stable. He is medication compliant and attending group. We reviewed IDOC's policy regarding GID offenders not wearing feminine hairstyles or makeup because of PREA. Edmo does not believe this risk exists. Dr. Craig spoke with Edmo yesterday about this issue and Craig said "choose your battles". | | |
| | P: This clinician will continue to address this issue with Edmo as needed. | | |

 LCPC
R. Meyer, LCPC 2440

6.27.13
Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09



IDAHO DEPARTMENT OF CORRECTION

*"Protecting Idaho through Safety, Accountability,
Partnerships And Opportunities for Offender Change"*

C.L. "Butch" Otter
Governor

Brent D. Reinke
Director

Behavioral Contract for Offender Edmo 94691

me I, Edmo 94691, understand that by signing this document, I am acknowledging that I am accepting to participate in a Behavior Contract

me This contract is designed assist you be successful with IDOC rules, other offenders, and staff and move towards your parole/release date successfully

me I acknowledge I must be case plan complaint and treatment plan compliant

me I acknowledge that I must follow all institutional rules and that any displays of behavior that break the rules could result in a DOR

me As part of my treatment plan I agree to actively engage in the following groups that are assigned by my clinician

me I understand that I that I need to work on the following behaviors:

- My housing area should be kept clean and free of trash - ready for inspection by 0800 weekdays/ 0900 weekend
- You will not create a sexually charged environment by your presentation (hairstyle, facial make-up, physical space and proximity, and adjustment of clothing in front of staff or offenders)

me I acknowledge that all inappropriate contact or communication with other offenders is prohibited

me This behavior contract will remain in effect for a total of ninety (90) days from the date of signature and could be extended by the treatment team if needed

me I further understand that by refusing this contract the following privileges may be restricted:

- Commissary
- Work Opportunities
- Visiting
- Recreation Activities
- Housing Assignment

Edmo 7-01-13
Offender Signature / Date

S. J. Hill 7/1/13
Security signature / Date

Shewamba J. Joki
Clinical Supervisor Signature

Date placed in Central File Below.

7/1/13

IDAHO STATE CORRECTIONAL INSTITUTION
PO BOX 14, BOISE, ID 83707
(208) 336-0740 FAX: (208) 334-2748

Offender Edmo 94691

| Week 1 | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--|------------------|------------------|--------------|------------------|------------------|------------------|------------------|
| 7-1 / 7-7 | Program 12-2 | Cell restriction | Program 12-2 | Cell restriction | Cell restriction | Cell restriction | Cell restriction |
| Week 2 | Program 12-2 | out of cell 8-10 | Program 12-2 | out of cell 8-10 | out of cell 8-10 | out of cell 8-10 | out of cell 8-10 |
| 7-8 / 7-14 | | | | | | | |
| Week 3 | Program 12-2 | out of cell 8-12 | Program 12-2 | out of cell 8-12 | out of cell 8-12 | out of cell 8-12 | out of cell 8-12 |
| 7-15 / 7-21 | | | | | | | |
| Week 4 | Program 12-2 | out of cell 8-2 | Program 12-2 | out of cell 8-2 | out of cell 8-2 | out of cell 8-2 | out of cell 8-2 |
| 7-22 / 7-28 | | | | | | | |
| Week 5 until cleared by treatment team | Unit restriction | | | | | | |
| | Program 12-2 | | Program 12-2 | | | | |
| | | | | | | | |
| | | | | | | | |
| 7-29 -- | | | | | | | |

On ALL Tuesday's Offender Edmo will need to attend group with Watson from 1230 - 1400

All Programming (Mon and Wen) will need to be escorted to the education building by staff and returned under escort. NO EXCEPTION

Week 1: Offender Edmo will receive time out of cell after unit count clears at 1100 to use dayroom and phone time

Offender Edmo will receive time out of cell to shower when other offenders who are GID offenders shower.

This will be after cell up time at 2220 hrs

Week 2: Offender Edmo will be receive time out of cell from 0800 - 1000 for dayroom time and to use phone.

Offender Edmo will receive time out of cell to shower when other offenders who are GID offenders shower.

This will be after cell up time at 2220 hrs

Week 3: Offender Edmo will receive time out of cell from 0800 - 1200 for dayroom time and to use phone. (not during count)

Week 4: Offender Edmo will receive time out of cell from 0800 - 1400 for dayroom time and to use phone. (not during count)

Week 5: Offender Edmo will be on full day unit restriction. Until further notice.

Drop-in Mental Health Clinic

- 1. Offender Name/DOC number: Edmo 94691
- 2. Date: 7/15/13
- 3. Time: 1520
- 4. Identified Problem: wanted to discuss frustrations with staff, processes, PTSD policy, etc. feels treated unfairly and admits to wanting to "blow up" but has refrained.
- 5. Suicidal ideation: Y N
 - a. If yes, statement about plan/intent: refrained.
- 6. Homicidal ideation: Y N
 - a. If yes, statement about plan/intent:
- 7. Intervention: encouraged Edmo to identify other civil right "fights" and explore those that were the most successful. Explored skills Edmo could use to get Edmo's message heard without diverting attn to b/s.
- 8. Mental Status:
 - a. Mood: "better"
 - b. Affect: euthymic Pleasant
 - c. Thought process: logical/clear
 - d. Thought Content: appropriate
 - e. Hallucinations/Delusions/Ilusions: none evident
 - f. Oriented: Time Place Person Reason for Visit
 - g. Hygiene/grooming: moderate/feminine
 - h. Speech: WNL
 - i. Insight: fair
 - j. Judgment: fair

9. Plan of action:
 flu as needed
 [Signature] 7/15/13

L. Watson, LCSW 0367

Date



IDAHO TRANSPORTATION DEPARTMENT
Division of Motor Vehicles
PO Box 7129 • Boise ID 83707-1129

dmv.idaho.gov

July 26, 2013

MASON EDMO, ON 94691
ISCI UNIT 16B-34A
PO BOX 14
BOISE ID 83707

Dear Mason Edmo,

Thank you for your correspondence.

Previously, the Idaho Transportation Department required an affidavit that specified an individual had undergone a complete surgical change of gender, and the affidavit had to be completed by the doctor who performed the final surgery.

Beginning April 22, 2013, affidavits only needed to state an individual has undergone a change of gender, and the affidavit can be completed by any licensed medical doctor. If your doctor feels that Hormone Replacement Therapy is equivalent to a change of gender, they may sign an affidavit that you "have undergone a change of gender from male to female". The statement worded in this way would be acceptable.

Please contact us with any further questions.

Sincerely,

A handwritten signature in cursive script that reads "Edward R Pemble".

Edward R Pemble
Driver Services Manager

ERP: leh

ER 1549

RECEIVED AUG 02 2019

MASON EDMO
IDOC#94691
ISCI Unit 16B-34A
PO BOX 14
BOISE, ID 83707

July 30, 2013

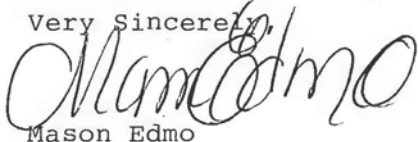
Idaho Department of Corrections
Chief of Psychology, Dr. Craig
1299 N. Orchard St., Ste. 110
Boise, ID 83706

Dear Dr. Craig:

I have written a letter to the Idaho Department of Transportation regarding changing my gender marker on my Idaho Driver's License. They have told me that I need an affidavit from a licensed medical doctor stating that I have undergone a change of gender, whether it be by mentally, physically or how you feel I have changed gender in your respectful profession. I would like to ask if you could provide me with this affidavit because you are the Idaho Department of Corrections Chief of Psychology who has been involved with the treatment of my Gender Identity Disorder and that Idaho Law no longer requires a specified doctor, only a licensed medical doctor, sign an affidavit stating this change, which I feel you are the appropriate licensed medical physician for this affidavit. I would greatly appreciate this if you can sign an affidavit.

I look forward from hearing from you Dr. Craig.

Very Sincerely,



Mason Edmo

**IDAHO DEPARTMENT OF CORRECTION
TREATMENT PLAN**

| | | | | | |
|---------------------------------------|---|--------------------|--|-------------|-----------|
| DATE | 7/31/13 | INMATE NAME | Edmo, Mason | | |
| IDOC # | 94691 | DOB | ██████ | LOC | CMHS 1 |
| PROBLEM (in operational terms) | | | GOAL | | |
| 1. | Offender Edmo continues to struggles managing his anxiety and stress. He reports that stress and frustration trigger his symptoms of depression such as irritability. | | Offender Edmo will report a reduction on his anxiety by 30% and will implement at least 2 new coping skills to include positive self-talk and behavioral activation. | | |
| 2. | Offender Edmo is working on understanding and accepting his gender identity. | | Offender Edmo will have peer and group support for this adjustment. | | |
| PREPARED BY | L Venegas, LPC A245 | | | DATE | 7/31/2013 |

| INTERVENTIONS Problem # | Treatment Intervention | Staff/Person Responsible | Frequency/ Duration | Date Goal Closed |
|--------------------------------|--|---------------------------------|----------------------------|-------------------------|
| 1 | Edmo will use 2 new coping skills when managing his anxiety and depression symptoms. | Edmo | As needed | |
| 1,2 | Edmo will utilize the concern form system to request support from a clinician. | Edmo/Clinician | As needed | |
| 2 | Edmo will attend psychoeducational groups as scheduled. Edmo is in the GID group. | Edmo | As scheduled | |
| 1 | Edmo will take any medication prescribed by the psychiatrist, reporting any problems | Edmo/ Psychiatry | As prescribed | |
| 2 | Edmo will be housed at the BHU in a cell with another GID offender for support. | Edmo | Daily | |

OFFENDER SIGNATURE

IDOC #

DATE



IDOC Treatment Plan Form Rev. 5.10

ER 1551



IDAHO DEPARTMENT OF CORRECTIONS
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | IDOC # | DATE OF BIRTH |
|-------------------------------|--|---------------|
| Edmo, Mason | 94691 | ██████ |
| Date/Time Problem Number | Use SOAP Note Format | |
| 7/31/13 1010 | <p>S: Met with Offender Edmo to complete 3 of 3 and update his treatment plan. Offender Edmo reported that he was doing "ok" but was feeling very frustrated regarding the behavior contract he felt "pushed" to sign. He reports that he gets irritated and takes it very personal when officers try to discriminate against him due to his GID. He reported that he tries to educate people about his gender identity but can do little to change his appearance and the way he is changing due to hormones. He reports that he would like his treatment plan to include a way he can express his gender identity.</p> | |
| | <p>O: Appearance: clean, appropriate for prison setting. Orientation: x4 Behavior: tense Eye Contact: good Speech: wnl Mood: anxious Affect: congruent Thought Process: logical Thought Content: GID SI: denied HI: denied Delusions: denied Hallucinations: denied Insight: fair Judgment: fair</p> | |
| | <p>A: Clinician discussed with Offender Edmo the reality of the system adjusting and not caching up yet with the changing word of accepting people in transition of gender. Clinician encouraged Offender Edmo to concentrate on meeting the requirements to get on parole and to pick the battle when it comes to feeling disrespected or discriminated. This offender was encouraged to abide by his behavioral contract and all the regulations of the institution. Offender Edmo appeared to be on an identity development stage of anger against the lack of acceptance of her identity.</p> | |
| | <p>P: Offender Edmo's treatment pal was updated. He was encouraged to explore and process during group and with assigned clinician his feeling of anger. She was also encouraged to work towards self-acceptance in order to help her avoid being affected or impacted by the opinions of others.</p> | |


L. Venegas, LPC A245

7/31/13
Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TIT
(SOAP - Subjective Objective Assessment Plan) / DOC Clinical Contact Note 5.10

Mental Health Group Referral

Inmate Name: Edmo Mason

Inmate IDOC #: 94691

Date of Referral: 7/31/13

Referring Clinician: L. Venegas

Clinician Groups:

- Co-Occurring Disorders
- Empowerment
- Gender Identity Group *already enrolled*
- Legacy Geriatric Group
- Lifer's Group
- Living with Anxiety/OCD
- Living with Bipolar Disorder
- Living with Depression
- Living with Schizophrenia
- Mindfulness I and II
- Mood Management
- PTSD
- Self Control

Psych Tech/Officer Groups:

- Assertive Communication
- Community Reentry
- Creative Writing
- Games
- Music
- Problem Solving
- Puzzle
- Reading Circle
- Social Skills

Other

- Day Treatment Program


IDOC MENTAL HEALTH SCREENING

| | | | | | | | | | |
|---|---|--|------------|---|---|--|-----------------------------|------------|-----------|
| INMATE NAME: <u>Edmo</u> | | DOB: [REDACTED] | | DATE OF REPORT: <u>8/2/13</u> | | | | | |
| IDOC #: <u>94691</u> | | | | | | | | | |
| <input type="checkbox"/> Intake/New Arrival | | <input type="checkbox"/> Inter Institutional Transfer | | <input checked="" type="checkbox"/> Restrictive Housing | | | | | |
| Current Risk Factors | 1. Did the transporting officer report any concerns? If so please explain: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Immediately notify the shift commander | | | |
| | 2. Right now, do you have thoughts of hurting yourself? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| | 3. Do you have any <u>immediate</u> plans to hurt yourself? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Refer to MH for follow up within 24 hrs | | | |
| | 4. Right now, do you feel like there is nothing to look forward to in the future? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| | 5. Right now, do you have any mental health symptoms or complaints? On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extremely serious</i> ; rate your symptoms, please describe: (If rated at "5" or above, refer for clinician follow-up) | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| | 6. Within the past year have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____ Date: _____ Means/Method: _____ Intent: _____ | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| Suicide/Self Harm History | 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? <u>Last SRA 6/15/12</u> Date: _____ Means/Method: _____ Intent: _____ In custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: _____ Means/Method: _____ Intent: _____ In custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Refer to MH for follow up within 72 hours | | | |
| | Prior Treatment | 8. Do you have a History of Mental Health Hospitalizations and Outpatient Treatment? Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ | | | <input checked="" type="checkbox"/> Yes | | <input type="checkbox"/> No | | |
| Medication | | 9. Are you currently taking mental health medications? <u>Pharmacy notified she is in Unit 8</u> Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ | | | <input checked="" type="checkbox"/> Yes | | <input type="checkbox"/> No | | |
| | | 10. Have you ever taken mental health medications in the past? Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Substance Use | 11. Have you ever used any type of substances: | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Routine MH follow up if indicated or requested | | | |
| | What? | First Used: | Last Used: | How Much? | What? | | First Used: | Last Used: | How Much? |
| | <input checked="" type="checkbox"/> Alcohol: | | | | <input type="checkbox"/> Marijuana: | | | | |
| | <input type="checkbox"/> Methamphetamines: | | | | <input type="checkbox"/> Cocaine: | | | | |
| | <input type="checkbox"/> Prescription drugs: | | | | <input type="checkbox"/> Heroin: | | | | |
| | <input type="checkbox"/> Other: | | | | | | | | |
| | 12. Have you ever participated in substance abuse treatment? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| | 13. Did you successfully complete? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| | 14. Providers name: | | | | | | | | |
| Other contributing suicide risk factors | 15. Is this your first time in prison? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| | 16. Have any family members or significant persons in your life attempted or committed suicide? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| | 17. Have you recently experienced a significant loss such as a death of a close family member or friend? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| | 18. Have you ever been arrested for a sex crime? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| | 19. Have you ever been a victim of sexual or physical abuse? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| | 20. Have you had a head injury? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| | 21. Have you ever received special education services? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| | 22. Are you worried about something other than your current legal situation? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| | 23. Do you have a physical illness that is causing you distress or pain? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |

| | | | | | | | | |
|--|---|---|---|--|---|--|---|--|
| Current Mental Health Status (Check all that apply) | <input checked="" type="checkbox"/> Alert, oriented x <u>4</u> | | <input type="checkbox"/> Disoriented | | <input type="checkbox"/> Reports Hallucinations | | <input type="checkbox"/> Endorses Delusions | |
| | Grooming/Hygiene | Eye Contact | Affect | Mood | Thought Process | Speech | Movement/Activity | |
| <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Unkempt <input type="checkbox"/> Dirty <input type="checkbox"/> Other: | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> None | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Flat <input type="checkbox"/> No emotion <input type="checkbox"/> Tearful <input type="checkbox"/> Smiling <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Angry <input type="checkbox"/> Cheerful <input type="checkbox"/> Calm <input type="checkbox"/> Sad <input type="checkbox"/> Hopeless <input type="checkbox"/> Anxious | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Logical <input type="checkbox"/> Goal directed <input type="checkbox"/> Disorganized <input type="checkbox"/> Moving from topic to topic quickly <input type="checkbox"/> Irrelevant <input type="checkbox"/> Distractible | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Loud <input type="checkbox"/> Quiet <input type="checkbox"/> Rambling | <input type="checkbox"/> Appropriate to situation <input type="checkbox"/> Restless <input type="checkbox"/> Slowed <input type="checkbox"/> Active <input type="checkbox"/> Agitated <input type="checkbox"/> Aggressive | | |
| DISPOSITION | Action Taken | | | | Initial Housing Recommendation | | | |
| | <input type="checkbox"/> Emergent/Urgent: Referred to the Shift Commander under Policy 315 <input type="checkbox"/> Refer to Mental Health for follow up within 24 hours <input type="checkbox"/> Refer to Mental Health for follow up within 72 hours <input type="checkbox"/> Refer for routine Mental Health follow up <input type="checkbox"/> No need for Mental Health follow up - cleared | | | | <input type="checkbox"/> Cleared for general housing placement <input type="checkbox"/> Not cleared - referred for holding cell placement <input checked="" type="checkbox"/> Other placement: <u>Unit 8</u> | | | |
| Informed Consent | I acknowledge that I have answered all questions truthfully and have been informed about how to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals. | | | | | | | |
| Screener/Reviewer | Inmate Signature: _____ | | | | Date: _____ | | | |
| Screener/Reviewer | Screened by: <u>8/2/13</u> <u>0845</u> | | <u>K. Singer</u> | | <u>[Signature]</u> | | | |
| Screener/Reviewer | Date Time | | Printed Name | | Clinician Signature | | | |
| Screener/Reviewer | Screening Reviewed: _____ | | Date Time | | Printed Name | | Clinician Signature | |
| Screener/Reviewer | <input type="checkbox"/> MH Secondary Assessment Completed: _____ | | Date | | Printed Name | | Signature | |
| Clinical Follow Up | Follow Up SOAP Note/if indicated: | | | | | | | |
| Clinical Follow Up | <p><u>Clinician assessed Edmo and she is MHC to be in unit 8. She will receive weekly MH checks. Medications will go to W8 per Pharmacy.</u></p> | | | | | | | |
| Clinical Follow Up | Date | Time | Printed Name | | Clinician Signature | | | |

IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------|--|--------|---------------|
| Edmo, Mason | | 94691 | ██████ |
| Date/Time Problem Number | Use SOAP Note Format | | |
| 8/2/13 0845 | S: Met with Edmo today in Unit 8 per security. Edmo said she did not know why she was in Unit 8. She denied any SI/HI, reported no depression or anxiety and no other mental health symptom problems at this time. She said she was fine, but was concerned about getting her medications, especially estrogen for her treatments. | | |
| | O: Edmo was alert and Ox4. Her affect presented as calm. She made direct eye contact, speech was WNL, thought process/content was linear and organized per interview, insight/judgment presented as fair, and her grooming/hygiene were appropriate. | | |
| | A: Edmo presents as stable at this time. We spoke about her current mental health status, medication concerns, and coping mechanisms for Unit 8. | | |
| | P: Edmo confirmed she will wait to find out why she has been placed in Unit 8. Clinician called Pharmacy (Lindsey) to have Edmo's medications taken to Unit 8, and contacted PT Brackin to provide Edmo ear plugs and puzzles to assist her with coping with Unit 8. | | |


K. Sligar, LMSW

8/2/13
Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

| INMATE NAME | IBOC # | EVALUATION DATE |
|--------------------|--------------|-----------------|
| <i>Edmo, Mason</i> | <i>94691</i> | <i>8/4/13</i> |

Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation

Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

| Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Oriented X 4, (person, place, time, and circumstance). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Affect and mood within normal limits. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Speech normal in tone and structure; thought content is orderly and goal directed. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Currently prescribed and medication compliant with psychotropic medication. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Expresses auditory, visual, other hallucinations, or delusional thought. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Current suicidal ideation or intent. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Judgment and insight impaired. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Current psychosocial stressors increasing the risk of harm to self or others. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Intellect is estimated to be average or above. |
| <input type="checkbox"/> | <input type="checkbox"/> | Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input checked="" type="checkbox"/> Remained Stable |
| <input type="checkbox"/> | <input type="checkbox"/> | Requires mental health plan. Date completed: |

Comments:

Reported Rx compliance. Denied *MH concerns*
MH Release

| | |
|-------------|----------|
| REFERRAL ID | <i>0</i> |
|-------------|----------|

| MENTAL HEALTH ASSESSOR | DATE |
|--|---------------|
| <i>B. Lewis LMSW</i> B. Lewis, LMSW #2445 | <i>8/4/13</i> |



IDOC Restricted Housing MH Evaluation Form 3.09

IDOC MENTAL HEALTH SCREENING

| | | | | | | | | | |
|--|---|---|--|---|--|--|-------|-------------|------------|
| INMATE NAME: <u>Edmo, Masan</u> | | DOB: [REDACTED] | DATE OF REPORT: <u>8/12/13</u> | | | | | | |
| <input type="checkbox"/> Intake/New Arrival | | <input checked="" type="checkbox"/> Inter Institutional Transfer | | <input type="checkbox"/> Restrictive Housing | | | | | |
| Current Risk Factors | 1. Did the transporting officer report any concerns? If so please explain: | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Immediately notify the shift commander | | | | |
| | 2. Right now, do you have thoughts of hurting yourself? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| | 3. Do you have any <u>immediate</u> plans to hurt yourself? Describe: | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| | 4. Right now, do you feel like there is nothing to look forward to in the future? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Refer to MH for follow up within 24 hrs | | | | |
| | 5. Right now, do you have any mental health symptoms or complaints? On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extremely serious</i> ; rate your symptoms, please describe: (If rated at "5" or above, refer for clinician follow-up) | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| | 6. Within the past year have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____ Date: _____ Means/Method: _____ Intent: _____ | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Suicide/Self Harm History | 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Date: <u>2010</u> Means/Method: <u>Cutting</u> Intent: <u>Attempted</u> In custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: _____ Means/Method: _____ Intent: _____ In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Means/Method: _____ Intent: _____ In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Refer to MH for follow up within 72 hours | | | | |
| | Prior Treatment | 8. Do you have a History of Mental Health Hospitalizations and Outpatient Treatment? Date: _____ Care Provider: <u>Partners BHS</u> Reason: <u>Attempted suicide</u> Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Medication | 9. Are you currently taking mental health medications? Medication Name: <u>Prozac</u> Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 10. Have you ever taken mental health medications in the past? Medication Name: <u>Zoloft</u> Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Substance Use | 11. Have you ever used any type of substances: | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Routine MH follow up if indicated or requested | | | |
| | What? | First Used: | Last Used: | How Much? | | | What? | First Used: | Last Used: |
| | <input checked="" type="checkbox"/> Alcohol: | | <u>2011</u> | | <input checked="" type="checkbox"/> Marijuana: | | | <u>2004</u> | |
| | <input checked="" type="checkbox"/> Methamphetamines: | | <u>2009</u> | | <input checked="" type="checkbox"/> Cocaine: | | | <u>2004</u> | |
| | <input type="checkbox"/> Prescription drugs: | | | <input type="checkbox"/> Heroin: | | | | | |
| | <input type="checkbox"/> Other: | | | | | | | | |
| | 12. Have you ever participated in substance abuse treatment? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | 13. Did you successfully complete? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | 14. Providers name: <u>IDOC</u> | | | | | | | | |
| Other contributing suicide risk factors | 15. Is this your first time in prison? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | 16. Have any family members or significant persons in your life attempted or committed suicide? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| | 17. Have you recently experienced a significant loss such as a death of a close family member or friend? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| | 18. Have you ever been arrested for a sex crime? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | 19. Have you ever been a victim of sexual or physical abuse? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | 20. Have you had a head injury? Describe: | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | 21. Have you ever received special education services? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| | 22. Are you worried about something other than your current legal situation? Describe: | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| | 23. Do you have a physical illness that is causing you distress or pain? Describe: | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |

| | | | | | | | | | | | |
|---|--|---|---|--|---|---|---|--------------|---|---|--|
| Current Mental Health Status (Check all that apply) | <input checked="" type="checkbox"/> Alert, oriented x 4 | | <input type="checkbox"/> Disoriented | | <input type="checkbox"/> Reports Hallucinations | | <input type="checkbox"/> Endorses Delusions | | | | |
| | Grooming/Hygiene | Eye Contact | Affect | Mood | Thought Process | Speech | Movement/Activity | | | | |
| <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Unkempt <input type="checkbox"/> Dirty <input type="checkbox"/> Other: | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> None | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Flat <input type="checkbox"/> No emotion <input type="checkbox"/> Tearful <input type="checkbox"/> Smiling <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Angry <input type="checkbox"/> Cheerful <input type="checkbox"/> Calm <input type="checkbox"/> Sad <input type="checkbox"/> Hopeless <input type="checkbox"/> Anxious | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Logical <input type="checkbox"/> Goal directed <input type="checkbox"/> Disorganized <input type="checkbox"/> Moving from topic to topic quickly <input type="checkbox"/> Irrelevant <input type="checkbox"/> Distractible | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Loud <input type="checkbox"/> Quiet <input type="checkbox"/> Rambling | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Restless <input type="checkbox"/> Slowed <input type="checkbox"/> Active <input type="checkbox"/> Agitated <input type="checkbox"/> Aggressive | | | | | |
| DISPOSITION | Action Taken | | | | Initial Housing Recommendation | | | | | | |
| | <input type="checkbox"/> Emergent/Urgent: Referred to the Shift Commander under Policy 315 <input type="checkbox"/> Refer to Mental Health for follow up within 24 hours <input checked="" type="checkbox"/> Refer to Mental Health for follow up within 72 hours <input type="checkbox"/> Refer for routine Mental Health follow up <input type="checkbox"/> No need for Mental Health follow up - cleared | | | | <input type="checkbox"/> Cleared for general housing placement <input type="checkbox"/> Not cleared - referred for holding cell placement <input type="checkbox"/> Other placement: | | | | | | |
| Informed Consent | I acknowledge that I have answered all questions truthfully and have been informed about how to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals. | | | | | | | | | | |
| Screener/Reviewer | Inmate Signature: <i>[Signature]</i> | | Date: 8-12-13 | | | | | | | | |
| Clinical Follow Up | Screened by: 8/12/13 10:50 | | Date | | Time | | Tammy Miller, RN Printed Name | | <i>[Signature]</i> Signature | | |
| | Screening Reviewed: 8/13/13 | | Date | | Time | | TERRI TACKET Printed Name | | <i>[Signature]</i> Clinician Signature | | |
| | <input type="checkbox"/> MH Secondary Assessment Completed: _____ Date _____ Printed Name _____ Signature _____ | | | | | | | | | | |
| Follow Up SOAP Note/if indicated: | | | | | | | | | | | |
| <p>3: seen 1:1 at transport. Reports no issues here with move - anticipate no problems w/ other inmates. Is 25 and diagnosed at CHU. Port Haul tribal. Culture has no issue w/ GID. Says is taking medications for mental health as well as for GID. Reports depression by hx. I'm reports good friends w/ other inmate here who is GID. I'm discusses hx w/ DR's at last prison.</p> <p>O: WNL - very feminine voice, mannerisms A: indications of personality disorder. S: see as requested or required due to GID status</p> | | | | | | | | | | | |
| 8-13-13 | | Date | | Time | | TERRI TACKET | | Printed Name | | <i>[Signature]</i> Clinician Signature | |



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | Date/Time | Problem number |
|-------------------------------|--|--------------------------|------------------------------------|--------------------------------|
| Edmo | | 94691 | 8-21-13 | |
| SUBJECTIVE | Edmo is seen for mental health clinic on A-block. Edmo reports Edmo is adjusting well to GP at ICIO and states there is less conflict in GP here than at the BHU at ISCI. Edmo discusses GID treatment with this clinician and asks questions about resources here at ICIO. Edmo discusses concerns for completing programs here at ICIO as Edmo is currently assigned pathway 13, this clinician informs Edmo that Edmo will be able to complete the program at this institution. | | | |
| | Orientation | Appearance | Behavior | Response to interviewer |
| | X 4 | Clean | Normal | Cooperative |
| | Mood (by report) | Affect (observed) | Thought Process | Thought Content |
| | "Good" | Appropriate | Logical | Relevant |
| | Delusions | Hallucinations | Self Harm/Suicidal Ideation | Homicidal Ideation |
| | NO | NO | NO | NO |
| | Consciousness | Attention | Insight | Judgment |
| | Normal | Normal | Good | Intact |
| | LOC | Last MHE date | TX plan date | Date last saw provider |
| | CMHS 1 | Optional to add | Optional to add | Optional to add |
| OBJECTIVE | Edmo spends some time discussing mental health history and treatment for GID with this clinician. Edmo reports Edmo is currently taking Prozac and feels as if it is working well. Edmo reports no current mental health concerns other than continuing to process the changes inherent in GID treatment, including adapting to societal expectations and ownership of new identity. | | | |
| | | | | |
| ASSESSMENT | Edmo presents with questions regarding availability of parole programming at this institution. Currently no concerns to note for mental health, other than continuing to process aspects of current treatment. | | | |
| PLAN | Edmo will receive follow up with this clinician in approximately one month. This clinician will staff with Clinician Gebhart, in the SOTP, regarding programming issues. Edmo articulates an understanding of how to contact mental health resources. | | | |
| Name | | Credential(s) | Signature | |
| Brandon McIntosh | | LMSW | | |



IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

C.L. "BUTCH" OTTER
Governor

BRENT REINKE
Director

August 6, 2013

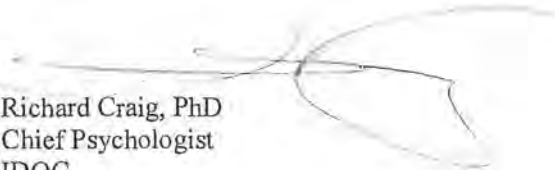
Mason Edmo #94691
ISCI
Unit 8 B 49 A

RE: Gender Marker

I have received your letter requesting an affidavit to submit to the Idaho Transportation Department requesting they change the gender marker on your driver's license. According to the letter you received from the transportation department, you need an affidavit from a medical doctor.

I am, therefore, forwarding your request to Dr. Scott Eliason, MD, Corizon Psychiatrist, for his response.

Sincerely,


Richard Craig, PhD
Chief Psychologist
IDOC

Cc: Scott Eliason, MD, Corizon Psychiatrist
File

ICIO

August 28, 2013

94691

Idaho Department of Transportation
Division of Motor Vehicles
PO Box 7129, Boise, ID 83707

To: To Whom It May Concern,

Please be advised that Offender Mason Edmo has undergone Hormone Replacement Therapy, which is equivalent to a change of gender. He now mentally considers himself a Female.

Sincerely,



SCOTT ELIASON, M.D.

ISCI- CORIZON PSYCHIATRIST



Psychiatric Progress Note

Visit date: **September 12, 2013**

Patient: **Mason Edmo** IDOC: **94691** DOB: [REDACTED]

Interval History:

Patient says is doing generally well . Says they help mostly with his anxiety. Reports that there is full compliance with medications, and sustained improvement of symptoms since the last visit. Current situational stressors are worse since the last visit . He thinks this has to do with him being in a new environment. Side effects are absent. Sleep is good. Describes the current level of anxiety as being moderate. Says it is worse in the mornings. Describes the general outlook on the future as being fair and unchanged from that at the last visit.

Current Ψ Medications:

Prozac 30mg PO QAM

Current non- Ψ Medications:

Estradiol
ASA

ALLERGIES:

NKDA

MENTAL STATUS EXAM:

Eye Contact: good. **Oriented** to time, to place, to person, and to situation. **Appearance:** Well-groomed , at stated age. **Activity:** Relaxed. **Mood:** "OK". **Affect:** Congruent **Speech:** Normal rate, normal volume, and normal prosody. **Thought Process:** Linear. **Thought Content:** Relevant to questions asked. No suicidal or homicidal thoughts. **Perception:** No disturbances noted. **Attitude:** Cooperative. **Cognition:** ST/LT memory intact as per conversational elements; IQ estimated average based on vocabulary. **Judgment:** Fair **Insight:** Fair
Strengths: Desire for insight and treatment , Communication . **Weaknesses:** TBD

ASSESSMENT:

Will be increasing his Prozac to a slightly higher dose with the hope of inducing remission. He has had a partial response thus far. Clinical presentation is reassuring.
Significant inconsistency - he claims he has no idea why Dr. Eliason switched him from Zoloft to Prozac, but the record indicates.

DIAGNOSIS:

Axis I: **GID; Mood DD NOS; EtOH Dep**
Axis II: **Deferred**
Axis III: **None**
Axis IV: **Prison**
Axis V: **GAF=70 Some mild symptoms**

PLAN AND RECOMMENDATIONS:

=> Increase to Prozac 40mg PO QAM x 120 days
=> RTC in four weeks

A global evaluation of factors that contribute to assessment for potential of risk to self or others is low.
Risks and benefits of the current medications and treatment plan are discussed with the patient, as well as the option to decline treatment with expected sequelae. The patient had no questions.

RICHARD MONTGOMERY, M.D.

DATE:

9/12/13
9:54:54 AM

Print Form



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | Date/Time | Problem number |
|-------------------------------|--|--------------------------|------------------------------------|--------------------------------|
| Edmo | | 94691 | Sep 15, 2013 | |
| SUBJECTIVE | Edmo is seen by this clinician as Edmo requested to see a clinician on the weekend and this clinician was the assigned On-Call Clinician. Edmo reports concerns regarding an interaction with security staff the previous week. Edmo reports security received reports that Edmo had altered undergarments and was in possession of unauthorized property, Edmo reports security staff responded to search Edmo, however Edmo felt that security was abrasive and forceful in their response. | | | |
| | Orientation | Appearance | Behavior | Response to interviewer |
| | X 4 | Clean | Normal | Cooperative |
| | Mood (by report) | Affect (observed) | Thought Process | Thought Content |
| | "Good" | Appropriate | Logical | Relevant |
| | Delusions | Hallucinations | Self Harm/Suicidal Ideation | Homicidal Ideation |
| | NO | NO | NO | NO |
| | Consciousness | Attention | Insight | Judgment |
| | Normal | Normal | Good | Intact |
| | LOC | Last MHE date | TX plan date | Date last saw provider |
| | Optional to add | Optional to add | Optional to add | |
| OBJECTIVE | Edmo reports that when security attempted to conduct the search Edmo felt confused and unsure of expectations. Edmo reports security staff were not clear in their expectations and were aggressive in demeanor. Edmo reports that security staff then consulted medical staff and later apologized for abrasive communication. Edmo discussed feelings of victimization regarding the aggressive behavior of security staff. This clinician discussed the needs of security with Edmo and Edmo was understanding of the limitations of this environment. Edmo reported primary concern was to follow up with concerns about security staff and to vent frustrations with the course of events. This clinician allowed Edmo to share Edmo's perspective and vent frustrations but discussed with Edmo the limitations and expectations of the prison environment, including the expectation that Edmo will comply with security. | | | |
| ASSESSMENT | Edmo presented with situational stress related to interaction with security. After processing some frustration Edmo reported a positive mood and motivation to continue with programming. Edmo reported Edmo would continue to comply with security and would work with program staff and administration pro-socially to complete expectations of program. | | | |
| PLAN | This clinician will forward Edmo's reported concerns regarding security to administration for follow up. Edmo is currently enrolled and participating in the SOTP with Clinician Gebhart and Clinician Bearden. Edmo will receive follow up as needed and in congruence with programming needs of the SOTP. Edmo articulates an understanding of how to contact mental health resources. | | | |
| Name | | Credential(s) | Signature | |
| Brandon McIntosh | | LMSW | | |

| | |
|----------------|--|
| CORIZON | Psychiatric Progress Note Visit date: October 8, 2013 |
|----------------|--|

| | | |
|----------------------------|--------------------|---|
| Patient: Mason Edmo | IDOC: 94691 | DOB: [REDACTED] |
|----------------------------|--------------------|---|

Interval History:

Patient says is doing generally well. Says the Prozac has been working well for him but he now has a constant headache at the higher dose. Has done well on Zoloft in the past. Reports that there is full compliance with medications, and sustained improvement of symptoms since the last visit. Current situational stressors are worse since the last visit. He says there is greater stress with the staff recently over issues surrounding his GID, a concern mirrored by Wendy prior to his arrival today. Side effects are a little bit worse. Headache coincided with the increase in his dosage of Prozac. Sleep is good. Is getting about ten hours a night. Describes the current level of anxiety as being a bit worse. Describes the general outlook on the future as being fair and unchanged from that at the last visit.

Current Ψ Medications:

Prozac 40mg PO QAM

Current non-Ψ Medications:

Estradiol
ASA

ALLERGIES:

NKDA

MENTAL STATUS EXAM:

Eye Contact: good. **Oriented** to time, to place, to person, and to situation. **Appearance:** Well-groomed, at stated age. **Activity:** Relaxed. **Mood:** "even". **Affect:** Congruent **Speech:** Normal rate, normal volume, and normal prosody. **Thought Process:** Linear. **Thought Content:** Relevant to questions asked. No suicidal or homicidal thoughts. **Perception:** No disturbances noted. **Attitude:** Cooperative. **Cognition:** ST/LT memory intact as per conversational elements; IQ estimated average based on vocabulary. **Judgment:** Fair **Insight:** Fair
Strengths: Desire for insight and treatment, Communication. **Weaknesses:** TBD

ASSESSMENT:

Will be switching from prozac back to Zoloft at patient's request d/t headaches experienced with the Prozac.

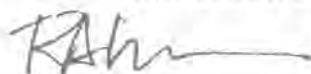
DIAGNOSIS:

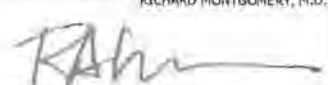
Axis I: **GID; Mood DO NOS; ETOH Dep**
Axis II: **Deferred**
Axis III: **None**
Axis IV: **Prison**
Axis V: **GAF=75**


PLAN AND RECOMMENDATIONS:

=> D/C Prozac
=> Start Zoloft 50mg PO QD x 5 days and then increase to 100mg PO QD x 120 days
=> RTC in four weeks

A global evaluation of factors that contribute to assessment for potential of risk to self or others is low. Risks and benefits of the current medications and treatment plan are discussed with the patient, as well as the option to decline treatment with expected sequelae. The patient had no questions.

| | |
|--|--|
| RICHARD MONTGOMERY, M.D.  | DATE: 10/8/13 8:19:51 AM |
|--|--|

| | | | |
|--|-------------------|--|--------------------------------------|
| CORIZON | | Psychiatric Progress Note Visit date: November 12, 2013 | |
| Patient: | Mason Edmo | IDOC: | 94691 |
| | | DOB: | [REDACTED] |
| Interval History: Patient says is doing generally well . Notes his mood has been good with the change in medication. He still has a headache, though. Will be seeing medical for this. Reports that there is full compliance with medications, and sustained improvement of symptoms since the last visit. Current situational stressors are unchanged since the last visit . Reports no new issues with his GID therapies. Side effects are minimal. Sleep is good. Is getting about ten hours a night. Describes the current level of anxiety as being moderately improved. Describes the general outlook on the future as being slightly better than at the last visit. | | | |
| Current Ψ Medications: Zoloft 100mg PO QD | | Current non-Ψ Medications: Estradiol ASA | ALLERGIES: NKDA |
| <p>MENTAL STATUS EXAM: Eye Contact: good. Oriented to time, to place, to person, and to situation. Appearance: Well-groomed, at stated age. Activity: Relaxed. Mood: "good". Affect: Congruent Speech: Normal rate, normal volume, and normal prosody. Thought Process: Linear. Thought Content: Relevant to questions asked. No suicidal or homicidal thoughts. Perception: No disturbances noted. Attitude: Cooperative. Cognition: ST/LT memory intact as per conversational elements; IQ estimated average based on vocabulary. Judgment: Fair Insight: Fair Strengths: Desire for insight and treatment , Communication . Weaknesses: TBD</p> <p>ASSESSMENT: Will be continuing with the Zoloft at the current dose. It does not appear directly related to the headaches.</p> <p>DIAGNOSIS: Axis I: GID; Mood DO NOS; EtOH Dep Axis II: Deferred Axis III: None Axis IV: Prison Axis V: GAF=75</p> <p>PLAN AND RECOMMENDATIONS: => RTC in three months A global evaluation of factors that contribute to assessment for potential of risk to self or others is low. Risks and benefits of the current medications and treatment plan are discussed with the patient, as well as the option to decline treatment with expected sequelae. The patient had no questions.</p> | | | |
| | | RICHARD MONTGOMERY, M.D. | DATE: |
| | |  | 11/12/13 8:22:11 AM |

| | |
|---|---|
|  | Psychiatric Progress Note Visit date: January 21, 2014 |
|---|---|

| | | |
|------------------------------------|--------------------|---|
| Patient: Mason "Adree" Edmo | IDOC: 94691 | DOB: [REDACTED] |
|------------------------------------|--------------------|---|

Interval History:
 Patient says is doing a little bit worse. He had a family member pass away a few weeks ago. He feels his depressive symptoms are worse. Apeetite is poor, and he is eating very little. Is not going to meals, but rarely leaves his cell. Energy level is "minimal". He says that waiting to get into the SOTP program is a source of anxiety for him. Self-esteem is very low. Anxiety level is high. Reports that there is full compliance with medications, and general worsening of symptoms since the last visit. Current situational stressors are worse since the last visit. Side effects are minimal. Sleep is so-so. He is getting only about four hours a month. Describes the current level of anxiety as being a bit worse. Describes the general outlook on the future as being "uncertain".

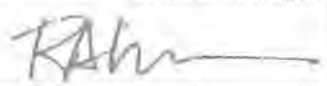
| | | |
|---|---|---------------------------|
| Current Ψ Medications: Zoloft 100mg PO QD | Current non-Ψ Medications: Estradiol ASA | ALLERGIES: NKDA |
|---|---|---------------------------|

MENTAL STATUS EXAM:
Eye Contact: good. **Oriented** to time, to place, to person, and to situation. **Appearance:** Well-groomed, at stated age.
Activity: Relaxed. **Mood:** "shitty". **Affect:** Congruent **Speech:** Normal rate, normal volume, and normal prosody. **Thought Process:** Linear. **Thought Content:** Relevant to questions asked. No suicidal or homicidal thoughts. **Perception:** No disturbances noted. **Attitude:** Cooperative. **Cognition:** ST/LT memory intact as per conversational elements; IQ estimated average based on vocabulary. **Judgment:** Fair **Insight:** Fair
Strengths: Desire for insight and treatment, Communication. **Weaknesses:** TBD

ASSESSMENT:
 Will be increasing his Zoloft to a higher dose. Will also emphasize that he needs to make ongoing contact with a clinician. He is definitely having worsening of his depression, but is not suicidal.

DIAGNOSIS:
 Axis I: **GID; Mood DO NOS; ETOH Dep**
 Axis II: **Deferred**
 Axis III: **None**
 Axis IV: **Prison**
 Axis V: **GAF=60 Moderate symptoms**

PLAN AND RECOMMENDATIONS:
 => Increase to Zoloft 150mg PO QD x 120 days
 => KITE to see clinician
 => RTC in four weeks
 A global evaluation of factors that contribute to assessment for potential of risk to self or others is low.
 Risks and benefits of the current medications and treatment plan are discussed with the patient, as well as the option to decline treatment with expected sequelae. The patient had no questions.

| | |
|---|--|
| <small>RICHARD MONTGOMERY, M.D.</small>  | <small>DATE:</small> 1/21/14 10:11:54 AM |
|---|--|

IDOC MENTAL HEALTH SCREENING

| | | | | | | | | | |
|---|---|---|------------|--|--|--|-----------------------------|------------|-----------|
| INMATE NAME: <u>EDWARD MASON</u> | | DOB: <u>94691</u> | | DATE OF REPORT: <u>02-12-14</u> | | | | | |
| <input type="checkbox"/> Intake/New Arrival | | <input checked="" type="checkbox"/> Inter Institutional Transfer | | <input type="checkbox"/> Restrictive Housing | | | | | |
| Current Risk Factors | 1. Did the transporting officer report any concerns? If so please explain: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Immediately notify the shift commander | | | |
| | 2. Right now, do you have thoughts of hurting yourself? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| | 3. Do you have any <u>immediate</u> plans to hurt yourself? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| | 4. Right now, do you feel like there is nothing to look forward to in the future? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Refer to MH for follow up within 24 hrs | | | |
| | 5. Right now, do you have any mental health symptoms or complaints? On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extremely serious</i> ; rate your symptoms, please describe: (If rated at "5" or above, refer for clinician follow-up) | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| | 6. Within the past year have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____ Date: _____ Means/Method: _____ Intent: _____ | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| Suicide/Self Harm History | 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Date: <u>2010</u> Means/Method: <u>overdose</u> Intent: <u>unknown</u> In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Means/Method: _____ Intent: _____ In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Means/Method: _____ Intent: _____ In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Refer to MH for follow up within 72 hours | | | |
| | Prior Treatment | 8. Do you have a History of Mental Health Hospitalizations and Outpatient Treatment? Date: _____ Care Provider: <u>Pocastello, J.D.</u> Reason: <u>Attempted suicide</u> Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ | | | <input checked="" type="checkbox"/> Yes | | <input type="checkbox"/> No | | |
| Medication | | 9. Are you currently taking mental health medications? <u>Humalog S</u> Medication Name: <u>Zoloft</u> Dose/Frequency: <u>30mg PO</u> Date of Last dose: <u>02-12-14 AM</u> Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | <input checked="" type="checkbox"/> Yes | | <input type="checkbox"/> No | | |
| | | 10. Have you ever taken mental health medications in the past? Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | |
| Substance Use | 11. Have you ever used any type of substances: | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Routine MH follow up if indicated or requested | | | |
| | What? | First Used: | Last Used: | How Much? | What? | | First Used: | Last Used: | How Much? |
| | <input checked="" type="checkbox"/> Alcohol: | | | | <input type="checkbox"/> Marijuana: | | | | |
| | <input checked="" type="checkbox"/> Methamphetamines: | | | | <input checked="" type="checkbox"/> Cocaine: | | | | |
| | <input checked="" type="checkbox"/> Prescription drugs: | | | | <input type="checkbox"/> Heroin: | | | | |
| | <input type="checkbox"/> Other: | | | | | | | | |
| | 12. Have you ever participated in substance abuse treatment? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| | 13. Did you successfully complete? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| | 14. Providers name: | | | | | | | | |
| Other contributing suicide risk factors | 15. Is this your first time in prison? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| | 16. Have any family members or significant persons in your life attempted or committed suicide? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| | 17. Have you recently experienced a significant loss such as a death of a close family member or friend? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| | 18. Have you ever been arrested for a sex crime? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| | 19. Have you ever been a victim of sexual or physical abuse? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| | 20. Have you had a head injury? Describe: | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| | 21. Have you ever received special education services? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| | 22. Are you worried about something other than your current legal situation? Describe: <u>GLD</u> | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| | 23. Do you have a physical illness that is causing you distress or pain? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |

| | | | | | | | |
|--|---|--|---|--|---|---|--|
| Current Mental Health Status (Check all that apply) | <input checked="" type="checkbox"/> Alert, oriented x <u>3</u> <input type="checkbox"/> Disoriented <input type="checkbox"/> Reports Hallucinations <input type="checkbox"/> Endorses Delusions | | | | | | |
| | Grooming/Hygiene <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Unkempt <input type="checkbox"/> Dirty <input type="checkbox"/> Other: | Eye Contact <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> None | Affect <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Flat <input type="checkbox"/> No emotion <input type="checkbox"/> Tearful <input type="checkbox"/> Smiling <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric | Mood <input checked="" type="checkbox"/> Appropriate to situation <input checked="" type="checkbox"/> Angry <input type="checkbox"/> Cheerful <input type="checkbox"/> Calm <input type="checkbox"/> Sad <input type="checkbox"/> Hopeless <input type="checkbox"/> Anxious | Thought Process <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Logical <input type="checkbox"/> Goal directed <input type="checkbox"/> Disorganized <input type="checkbox"/> Moving from topic to topic quickly <input type="checkbox"/> Irrelevant <input type="checkbox"/> Distractible | Speech <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Loud <input type="checkbox"/> Quiet <input type="checkbox"/> Rambling | Movement/Activity <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Restless <input type="checkbox"/> Slowed <input type="checkbox"/> Active <input type="checkbox"/> Agitated <input type="checkbox"/> Aggressive |
| DISPOSITION | Action Taken <input type="checkbox"/> Emergent/Urgent: Referred to the Shift Commander under Policy 315 <input type="checkbox"/> Refer to Mental Health for follow up within 24 hours <input checked="" type="checkbox"/> Refer to Mental Health for follow up within 72 hours <input type="checkbox"/> Refer for routine Mental Health follow up <input type="checkbox"/> No need for Mental Health follow up - cleared | | | Initial Housing Recommendation <input type="checkbox"/> Cleared for general housing placement <input type="checkbox"/> Not cleared - referred for holding cell placement <input type="checkbox"/> Other placement: | | | |
| | Inmate Signature: <u>[Signature]</u> Date: <u>02-12-14</u> | | | | | | |
| Informed Consent | I acknowledge that I have answered all questions truthfully and have been informed about how to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals. | | | | | | |
| Screener/ Reviewer | Screened by: <u>2-12-14</u> <u>0825</u> Date Time | | <u>M. Sawson LPN</u> Printed Name | | <u>[Signature]</u> Signature | | |
| | Screening Reviewed: <u>2-13-14</u> Date Time | | <u>Terri Tackett</u> Printed Name | | <u>[Signature]</u> Clinician Signature | | |
| | MH Secondary Assessment Completed: _____ Date Printed Name Signature | | | | | | |
| Clinical Follow Up | Follow Up SOAP Note/if indicated: <u>seen for SRA by Clinician Hardon see chart.</u> | | | | | | |
| | Date | | Time | | Printed Name | | Clinician Signature |

Print Form



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

SUICIDE RISK ASSESSMENT

| DATES OF WATCH/OBSERVATION | | | | | |
|---|----------------------------------|----------------------------|-----------------------------|-------------------------------------|----------------|
| DATE PLACED ON WATCH | 02/12/2014 | DATE PLACED ON OBSERVATION | 02/12/2014 | DATE REMOVED FROM WATCH/OBSERVATION | |
| OFFENDER LAST NAME | Edmo | OFFENDER FIRST NAME | Adree | IDOC# | 94691 |
| | | | | DOB | ██████████ |
| | | | | | DATE OF REPORT |
| | | | | | 02/12/2014 |
| INSTITUTION | ICIO | OFFENSE | Sex Abuse of Minor Under 16 | REGULAR HOUSING UNIT | B2 |
| | | | | CURRENT HOUSING UNIT | A 147 |
| CURRENT LEVEL OF CARE (LOC) | CMHS1 - Correctional MH Services | | | | |
| It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is reflected below. This level of risk will change over time and should be modified as circumstances change. | | | | | |
| SRA REPORT TYPE | Incoming (Initial) Only | | RISK LEVEL | Moderate | |
| REASON FOR REFERRAL | | | | | |
| Offender sent a Concern Form to Dr. Craig stating Edmo is contemplating self castration if he does not receive sex assignment surgery. | | | | | |
| MENTAL STATUS EXAM | | | | | |
| Presented as alert and oriented x 4, he maintained appropriate eye contact, grooming and hygiene consistent with incarceration, presented with depressed mood and congruent affect, thought process was linear and organized, judgment and insight assessed as limited. Mr. Edmo rated the severity of his depression to be at a 1 on a scale of 1-10, with 10 being the worst, and anxiety to be at a 6. He denied hallucinations at this time. | | | | | |
| INTERVIEW | | | | | |
| Edmo reported surprise at being on close observation. When his concern form was pointed out, Edmo reported he can see why he is on close observation. Edmo reported no intent to harm himself at the present time. Edmo reported the option of self castration is a viable option for the future. Edmo reported he would like to finish his program and return to the community and admitted sending concern forms about self castration is not an effective choice. Edmo reported he would like to increase his estrogen but acknowledges he is currently at policy limit. Edmo reported he went before the parole commission last week and received a date upon completion of Sex Offender Treatment. | | | | | |
| INTENT TO DIE | | | | | |
| No intent to die at present. Written threat of self castration | | | | | |
| PLAN OR METHOD | | | | | |
| No plan reported. | | | | | |

ER 1570



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|--|-------------------------------------|--------------------------------|-------------------------------------|----------------|
| Edmo | Adree | 94691 | [REDACTED] | 02/12/2014 |
| ACCESS TO MEANS | | | | |
| HISTORICAL FACTORS (check all that apply) | | | | |
| Family history of suicide | <input type="checkbox"/> | First time prison term | <input type="checkbox"/> | |
| Inmate history of suicide attempts | <input checked="" type="checkbox"/> | Current Ad Seg | <input type="checkbox"/> | |
| History of substance abuse | <input checked="" type="checkbox"/> | Other (list below) | <input type="checkbox"/> | |
| <p>Mr. Edmo reported to this Clinician that he has made 5 past attempts at committing suicide. Per PSI: He was admitted into the BHU of Portneuf medical center on 05-16-11, after he attempted suicide by drinking alcohol and overdosing on amitriptyline. He was diagnosed with Alcohol Dependence and Depressive D/O. Per PSI: per IDOC records he attempted suicide by cutting his arm while intoxicated on 08-05-10. Edmo's last suicide attempt was 04/12/2012.</p> | | | | |
| KNOWN STRESSORS/ DEMOGRAPHIC PREDICTORS (check all that apply) | | | | |
| Sleeping difficulties or irregular sleeping hours | <input type="checkbox"/> | Recent personal loss or crisis | <input type="checkbox"/> | |
| Non-compliance with prescribed psych medications | <input type="checkbox"/> | Neglect of personal hygiene | <input type="checkbox"/> | |
| Weight loss or loss of appetite | <input type="checkbox"/> | Long or life sentence | <input type="checkbox"/> | |
| Progressive health problems (chronic or terminal illness) | <input type="checkbox"/> | Poor compliance with treatment | <input checked="" type="checkbox"/> | |
| DOR | <input type="checkbox"/> | Conflict on tier | <input checked="" type="checkbox"/> | |
| Family event | <input type="checkbox"/> | Conflict with bunkmate | <input type="checkbox"/> | |
| Gambling or other debt | <input type="checkbox"/> | Parole/court hearing | <input type="checkbox"/> | |
| Fearful for safety | <input type="checkbox"/> | Other (list below) | <input checked="" type="checkbox"/> | |
| Relationship | <input type="checkbox"/> | Gender Dysphoria concerns. | <input type="checkbox"/> | |
| PSYCHOLOGICAL FACTORS | | | | |
| <p>Edmo reported he has consistent conflict with staff about hairstyle, wearing eyeliner and his lifestyle. Edmo reported he would like to be seen by a specialist who is familiar with Gender Dysphoria issues. Edmo reported he thinks he is singled out by different staff as being a "trouble maker" and it is obvious "they are against me". Edmo reported he just gets depressed about not being understood.</p> | | | | |



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|---|---------------------|-------|------------|----------------|
| Edmo | Adree | 94691 | [REDACTED] | 02/12/2014 |
| PROTECTIVE FACTORS | | | | |
| Edmo reported he desires to complete Sex Offender Treatment and return to his family. Edmo is currently compliant with medications. | | | | |
| EVALUATION OF RISK POTENTIAL <i>(It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is indicated below. This level of risk will change over time and should be modified as circumstances change.)</i> | | | | |
| The offender is currently a moderate risk for self harm | | | | |
| RECOMMENDATIONS | | | | |
| It is recommended that Edmo be placed on close observation as a safety measure. | | | | |

RISK REDUCTION/TREATMENT PLAN ADDENDUM

| RISK REDUCTION PLAN | | |
|--|--|--|
| PROBLEM <i>(The problem(s) should be specific to the offender's current reporting issues)</i> | GOAL <i>(There should be two (2) types of goals for each Problem: 1) Immediate goal(s) and 2) Short-term goal(s))</i> | INTERVENTION <i>(The interventions need to be specific and measurable to each of the two types of goals and relate to the presenting problem(s) of the offender)</i> |
| Edmo has thoughts of self harm | 1. Edmo to not harm himself. 2. Edmo to review self harm choices | 1. Edmo to remain on close observation to remain safe. 2. Edmo to review how self harm choices could limit his long term goals. 3. Continue to work with Clinicians to address his feelings of Dysphoria associated with being Transgendered |




IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|--|---------------------|--|---------------------------------------|----------------|
| Edmo | Adree | 94691 | [REDACTED] | 02/12/2014 |
| RISK REDUCTION PLAN CONT | | | | |
| | | | | |
| CHANGE IN LOC REQUIRED? | | NEW LOC IF APPLICABLE (enter in CIS if LOC has changed) | | |
| No | | CMHS1 - Correctional MH Services | | |
| NATURE OF INCIDENT | | | DEGREE OF MEDICAL INTERVENTION | |
| Other: Written threat | | | None | |
| OFFENDER'S STATED INTENT | | | LAST SUICIDE WATCH | |
| Manipulate housing | | | 6-12 months | |
| TREATMENT PLAN UPDATE | | | | |
| The offender's treatment plan will be updated based on change of their LOC | | | | |
| ADDITIONAL COMMENTS | | | | |
| | | | | |
| REPORT COMPLETED BY | CREDENTIAL | DATE | SIGNATURE | |
| Larry Bearden | LPC | 02/12/2014 | <i>Larry Bearden, LCPC</i> | |



Psychiatric Progress Note

Visit date: **February 13, 2014**

| | | | | | |
|--|---------------------------|--|--------------|---|--|
| Patient: | Mason "Adree" Edmo | IDOC: | 94691 | DOB: | [REDACTED] |
| <p>Interval History: Patient says is doing a little bit worse. He does not feel like castrating him self today, he says. This inquiry comes following his account of his last conversation with me in a concern letter sent to Dr. Craig, in which he says he told me he was contemplating castrating himself. This never happened, and I reviewed the case with Linda G. Reports that there is full compliance with medications, and little, if any, improvement of symptoms since the last visit. Current situational stressors are worse since the last visit. Side effects are minimal. Sleep is so-so. He is getting only about five hours a night. Describes the current level of anxiety as being unchanged from last visit. Describes the general outlook on the future as being "I'm not really thinking about it".</p> | | | | | |
| <p>Current Ψ Medications: Zoloft 150mg PO QD</p> | | <p>Current non-Ψ Medications: Estradiol ASA</p> | | <p>ALLERGIES: NKDA</p> | |
| <p>MENTAL STATUS EXAM: Eye Contact: good. Oriented to time, to place, to person, and to situation. Appearance: Well-groomed, at stated age. Activity: Relaxed. Mood: "the same". Affect: Congruent Speech: Normal rate, normal volume, and normal prosody. Thought Process: Linear. Thought Content: Relevant to questions asked. No suicidal or homicidal thoughts. Perception: No disturbances noted. Attitude: Cooperative. Cognition: ST/LT memory intact as per conversational elements; IQ estimated average based on vocabulary. Judgment: Fair Insight: Fair Strengths: Desire for insight and treatment, Communication. Weaknesses: TBD</p> | | | | | |
| <p>ASSESSMENT: He continues to work his program. He is utilizing the clinician and is seeing him individually. He has not yet had a full month on Zoloft at the current dose. Will be giving it more time for further efficacy. He states that he does not feel like harming himself in any way, including castration or suicide.</p> | | | | | |
| <p>DIAGNOSIS: Axis I: GID; Mood DO NOS; EtOH Dep Axis II: Deferred Axis III: None Axis IV: Prison Axis V: GAF=65</p> | | | | | |
| <p>PLAN AND RECOMMENDATIONS: => RTC in three weeks A global evaluation of factors that contribute to assessment for potential of risk to self or others is low. Risks and benefits of the current medications and treatment plan are discussed with the patient, as well as the option to decline treatment with expected sequelae. The patient had no questions.</p> | | | | | |
| <small>RICHARD MONTGOMERY, M.D.</small>  | | | | <small>DATE:</small> 2/13/14 8:53:15 AM | |

Print Form



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | Date/Time Problem number | |
|-------------------------------|--|---|------------------------------------|--------------------------------|
| Edmo, Adree | | 94691 | 02/13/2014 | |
| SUBJECTIVE | Edmo reported it was a bad choice to report self harm in a concern form. Edmo reported he can see how big concern was to keep him safe. | | | |
| | Orientation | Appearance | Behavior | Response to interviewer |
| | X 4 | Clean | Normal | Cooperative |
| | Mood (by report) | Affect (observed) | Thought Process | Thought Content |
| | Depressed | Appropriate | Logical | Relevant |
| | Delusions | Hallucinations | Self Harm/Suicidal Ideation | Homicidal Ideation |
| | NO | NO | NO | NO |
| | Consciousness | Attention | Insight | Judgment |
| | Normal | Normal | Average | Intact |
| | LOC | Last MHE date | TX plan date | Date last saw provider |
| CMHS 1 | Optional to add | Optional to add | Optional to add | |
| OBJECTIVE | Edmo reported depression level 2 out of 10 and anxiety 2 out of 10. Edmo reported no suicidal ideation or homicidal ideation. Edmo oriented 4x and appears to still have limited insight as evidenced by making a written desire to self harm himself. | | | |
| ASSESSMENT | This clinician has concern for Edmo's safety and ability to make effective choices to avoid self harm. | | | |
| PLAN | Edmo to remain on close observation at this time. | | | |
| Name | Credential(s) | Signature | | |
| Larry Bearden | LPC |  LCM | | |

Print Form



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | Date/Time Problem number | |
|-------------------------------|--|--------------------------|------------------------------------|--------------------------------|
| Edmo, Adree | | 94691 | 02/14/2014 | |
| SUBJECTIVE | Edmo reported it was a bad choice to report self harm in a concern form. Edmo reported he can see how breaking the rules can raise concern about keeping him safe. Edmo reported he has used his GD issues to cover up breaking of rules. | | | |
| | Orientation | Appearance | Behavior | Response to interviewer |
| | X 4 | Clean | Normal | Cooperative |
| | Mood (by report) | Affect (observed) | Thought Process | Thought Content |
| | Depressed | Appropriate | Logical | Relevant |
| | Delusions | Hallucinations | Self Harm/Suicidal Ideation | Homicidal Ideation |
| | NO | NO | NO | NO |
| | Consciousness | Attention | Insight | Judgment |
| | Normal | Normal | Average | Intact |
| | LOC | Last MHE date | TX plan date | Date last saw provider |
| | CMHS 1 | Optional to add | Optional to add | Optional to add |
| OBJECTIVE | Edmo reported depression level 1 out of 10 and anxiety 0 out of 10. Edmo reported no suicidal ideation or homicidal ideation. Edmo oriented 4x and appears to still have limited insight as evidenced by possessing coffee in close observation when not authorized to possess coffee. | | | |
| | This clinician has concern for Edmo's safety and ability to make effective choices to avoid self harm as evidenced by possessing unauthorized coffee. | | | |
| ASSESSMENT | Edmo to remain on close observation at this time. | | | |
| PLAN | | | | |
| Name | | Credential(s) | Signature | |
| Larry Burger | | LPC | <i>Burger, LPC</i> | |

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IDOC MENTAL HEALTH SCREENING

| | | | | | | |
|--|--|---|---|--|--|--|
| INMATE NAME: IDOC #: <u>EDMO / 04691</u> | | DOB: [REDACTED] | | DATE OF REPORT: <u>2/19/14</u> | | |
| <input type="checkbox"/> Intake/New Arrival | | <input checked="" type="checkbox"/> Inter Institutional Transfer | | <input type="checkbox"/> Restrictive Housing | | |
| Current Risk Factors | 1. Did the transporting officer report any concerns? If so please explain: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Immediately notify the shift commander |
| | 2. Right now, do you have thoughts of hurting yourself? <u>no/no</u> | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 3. Do you have any <u>immediate</u> plans to hurt yourself? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 4. Right now, do you feel like there is nothing to look forward to in the future? <u>program and getting out - date upon completion</u> | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Refer to MH for follow up within 24 hrs |
| | 5. Right now, do you have any mental health symptoms or complaints? On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extremely serious</i> ; rate your symptoms, please describe: (If rated at "5" or above, refer for clinician follow-up) <u>A-3/10</u> | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 6. Within the past year have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____ Date: _____ Means/Method: _____ Intent: _____ | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Suicide/Self Harm History | 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Date: <u>2010</u> Means/Method: <u>Cut arm</u> Intent: <u>Kill self</u> In custody: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Refer to MH for follow up within 72 hours |
| | Date: <u>2011</u> Means/Method: <u>overdose</u> Intent: <u>Kill self</u> In custody: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Prior Treatment | 8. Do you have a History of Mental Health Hospitalizations and Outpatient Treatment? Date: <u>2010</u> Care Provider: <u>Reno Medical Center</u> Reason: <u>Suicide attempt</u> Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | 9. Are you currently taking mental health medications? Medication Name: <u>Zoloft</u> Dose/Frequency: <u>150mg AM</u> Date of Last dose: <u>2/14/14</u> Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Medication | 10. Have you ever taken mental health medications in the past? Medication Name: <u>Prozac</u> Dose/Frequency: _____ Date of Last dose: <u>7 months ago</u> Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | 11. Have you ever used any type of substances: | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Routine MH follow up if indicated or requested |
| Substance Use | What? First Used: Last Used: How Much? | | What? First Used: Last Used: How Much? | | | |
| | <input checked="" type="checkbox"/> Alcohol: <u>14yrs 22yrs daily</u> | | <input checked="" type="checkbox"/> Marijuana: <u>14-15yrs red once twice</u> | | | |
| | <input checked="" type="checkbox"/> Methamphetamines: <u>18yrs 22yrs every 2 months</u> | | <input checked="" type="checkbox"/> Cocaine: <u>20yrs 21yrs 5x total</u> | | | |
| <input type="checkbox"/> Prescription drugs: | | <input type="checkbox"/> Heroin: | | | | |
| <input type="checkbox"/> Other: | | | | | | |
| 12. Have you ever participated in substance abuse treatment? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 13. Did you successfully complete? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 14. Providers name: <u>Catherine Kider</u> | | | | | | |
| Other contributing suicide risk factors | 15. Is this your first time in prison? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | 16. Have any family members or significant persons in your life attempted or committed suicide? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 17. Have you recently experienced a significant loss such as a death of a close family member or friend? <u>Grandma died Feb 2014</u> | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | 18. Have you ever been arrested for a sex crime? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | 19. Have you ever been a victim of (sexual or physical) abuse? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | 20. Have you had a head injury? Describe: <u>22yrs old multiple seizures from abuse</u> | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | 21. Have you ever received special education services? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 22. Are you worried about something other than your current legal situation? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| 23. Do you have a physical illness that is causing you distress or pain? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |

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Mental Health Group Referral (BHU)

Inmate Name: Edmo, Mason

Inmate IDOC #: 94691

Date of Referral: 2/20/14

Referring Clinician: Irvin

Clinician Groups:

- Living with Bipolar Disorder (CCG 7)
- Living with Schizophrenia (CCG 6)
- Living with Depression (CCG 8)
- Mood Management (CCG 12)
- PTSD (CCG 10)
- ~~Living with Anxiety (CCG 9)~~
- Mindfulness (CCG 4)
- Lifer's Group (CCG 1)
- Borderline Personality Disorder Skill Training (CCG 4)
- GD Process Group (CCG 12)
- Other
-

*Please enroll
in GD group.*

*That is all
at this time.*

Psych Tech/Officer Groups:

- Music
- Puzzles
- Games
- Art
- Reading
- Self-Esteem
- Creative Writing
- Social Skills
- Other

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH | DATE | TIME |
|-------------------------------|--|--|---------------|---------|------|
| Edmo, Mason, D. | | 94691 | ██████ | 2/22/14 | 0800 |
| S | Today this clinician met with offender Edmo in order to complete offender Edmo's treatment plan and to make clinical contact with Edmo. Edmo reported that Edmo experienced many negative interactions with staff while housed in ISCO. Edmo reported that Edmo is worried that staff here will do the same thing. Edmo stated that Edmo did not get along with many of the staff here as a result of previous interactions while being housed in the BHU previously. Edmo stated that Edmo wanted to get back into the GD group as "that really helped me a lot the last time that I was here at ISCI. Edmo reported that Edmo had already been given a parole date and will be released once Edmo has finished Edmo's programming. | | | | |
| O | Appearance | Good for LOC and housing placement. Edmo had curly long hair but Edmo reported that Edmo's hair was naturally curly. | | | |
| | Behavior | WNL. Made good eye contact. Interacted appropriately for interaction. | | | |
| | Speech | WNL. | | | |
| | Response to Interviewer | Was polite and willing to answer all questions that were asked of the offender. | | | |
| | Mood (by report) | "good" | | | |
| | Affect (observed) | Euthymic. | | | |
| | Thought Process | Clear, concise, and direct. | | | |
| | Thought Content | Appropriate for interaction. | | | |
| | Conscious Level | Good. | | | |
| | Orientation/Memory | Oriented x4; short and long-term memory appears to be intact. | | | |
| | Attention | Good. | | | |
| | Insight | Good. | | | |
| | Judgment | Fair. Edmo reports that Edmo will most likely spend time in the whole while in the BHU due to speaking inappropriately to staff. | | | |
| | Suicidal | Denies SI or SIB. | | | |
| | Violence | Denies HI. | | | |
| | Delusions | None were reported or observed by clinical staff. | | | |
| | Perceptions | Congruent with reality. | | | |
| A | Edmo appears to be slightly guarded and confrontational. Edmo assumes that every interaction with staff will result in Edmo having to defend Edmo's self. This belief is acting as a self-fulfilling prophecy. Edmo needs to work towards controlling Edmo's natural responses when working with staff in order to be successful at ISCI. | | | | |
| P | Edmo will go to MDTT in order to be enrolled in the BHU. Edmo will be enrolled in the Gender Dysphoria group in the BHU. Edmo will be followed by clinical staff in accordance with Edmo's level of care. | | | | |


J. L. Mason - LMSW A578

2/22/14
Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

**IDAHO DEPARTMENT OF CORRECTION
TREATMENT PLAN**

| | | | | | |
|---------------------------------------|--|---------------------------------|--|-------------------------|---------------|
| DATE | 2/22/14 | INMATE NAME | Edmo, Mason, D. | | |
| IDOC # | 94691 | DOB | ██████ | LOC | CMHS 1 |
| PROBLEM (in operational terms) | | | GOAL | | |
| 1. | Edmo reports having a history of being in abusive romantic relationships out in the community. | | Edmo will identify the primary reasons as to why Edmo enters into unhealthy relationships, as well as how to identify a health relationship out in the community upon release. This will be done over the next 3 months. | | |
| 2. | Edmo reports experiencing a history of substance abuse. | | Edmo will identify alternative healthy ways of coping with negative life stressors in Edmo's life so that upon release from prison Edmo will be able to use appropriate coping skills and not turn to self-medication to deal with life stressors. | | |
| 3. | Edmo reports that Edmo's diagnosis of gender dysphoria has had a negative impact on Edmo's life and interpersonal relationships. | | Edmo will work towards preparing emotionally and physically for living as Edmo's preferred gender upon release from prison. | | |
| PREPARED BY | J. Irvin, LMSW A578 | | | DATE | 2/22/14 |
| INTERVENTIONS | | | | | |
| Problem # | Treatment Intervention | Staff/Person Responsible | Frequency/Duration | Date Goal Closed | |
| 1, 2, 3 | Edmo will use coping skills when struggling to manage Edmo's symptoms. These coping skills include: listening to music, talking to positive social supports, and exercising, | Edmo | As needed | | |
| 1, 2, 3 | Edmo will voice an understanding of how Edmo can Kite a clinician for support, and will reach out as needed. | Edmo/ Clinician | As needed | | |
| 1, 2, 3 | Edmo will create a baseline that is focused on identifying an increase in interpersonal conflict when interacting with correctional staff. | Edmo | As scheduled | | |
| 1, 2, 3 | Edmo will complete a homework assigned that is focused on identifying a list of 20 aspects of previous romantic relationships. | Edmo | As scheduled. Edmo will turn this in two weeks. | | |
| 1, 2, 3 | Edmo will take any <i>Medication prescribed</i> | Edmo/ | As prescribed | | |

| | | | | |
|---------|--|--------|---------------|--|
| | by Edmo's psychiatrist or designee, as indicated, reporting any changes, concerns, or side effects. | | | |
| 1, 2, 3 | If placed on suicide watch or close observation, Edmo will complete therapeutic assignments prior to being released. | Client | As needed | |
| 1, 2, 3 | Edmo will attend all therapeutic groups as assigned. Currently, Edmo is to be enrolled in: GD Group. | Client | As scheduled. | |

M. Edmo
OFFENDER SIGNATURE

94691
IDOC #

2-22-14
DATE



IDOC Treatment Plan Form Rev. 5.10



IOWA DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | IDOC # | DATE OF BIRTH | DATE | TIME |
|----------------------------------|---|---------------|---------|------|
| Edmo, Mason | 94691 | ██████ | 2/24/14 | 1400 |
| S | Met with inmate per unit 8 request. Inmate refused to dress down and speak with medical. Inmate reported anger at being treated poorly by IDOC staff regarding inmate's GD status. Inmate was sent to unit 8 for refusal to remove makeup per policy. Inmate requested an appointment with assigned clinician and psychiatry. Inmate denied SI/HI and agreed to cooperate. | | | |
| O | Inmate presented as alert and oriented x 4. Inmate maintained appropriate eye contact and behavior with a cooperative attitude. Inmate's affect and mood were congruent and assessed as angry. Inmate's speech was clear with normal rate, tone and volume. Inmate's thought process was logical and goal driven with relevant content. Inmate's insight and judgment were assessed to be normal and intact. Inmate did not appear to be endorsing any hallucinations or delusions. No signs of SI/HI were noted. | | | |
| A | Inmate seems to be power struggling with staff | | | |
| P | No further primary follow up needed, refer to assigned clinician and psychiatry | | | |

A. Menlove, LPC
 Clinician Menlove, LPC

2/24/14
 Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)

2014-03-06 10:00 AM

MULTI-DISCIPLINARY TREATMENT TEAM SUMMARY

| | | | |
|---------|---------------|-------|---------------|
| DATE | OFFENDER NAME | IDOC | DATE OF BIRTH |
| 2/24/14 | Edmo Mason D | 94691 | [REDACTED] aw |

The following members were present at the treatment team meeting on this date: (type or print legibly)

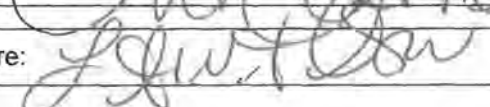
| NAME | TITLE | NAME | TITLE |
|---------|-----------|------|-------|
| Watson | Clinician | | |
| Bollman | CPL | | |
| Parthor | PTC | | |

| | | |
|---|---|-----------------------------|
| Input was sought from the psychiatrist: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The offender was present: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team reviewed the offender's concerns and discussed these with the offender: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team provided feedback regarding progress toward treatment goals: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team reviewed any current restrictions on the offender that may impact his/her mental health functioning: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team reviewed current housing status and any possible impact on mental health functioning: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team reviewed current level of care to ensure appropriateness: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team developed a current treatment plan in conjunction with the offender and discussed this plan with the offender during the team meeting: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Indicate what level of care treatment the offender will receive: | CMHS 1 | |
| The offender agrees with the treatment plan: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

**Any "NO" answer indicated above must have an explanation provided.
Please use the space below.**

Other Issues:

Offender Signature:  2-24-14

Clinician Signature:  2/24/14

IDOC MENTAL HEALTH SCREEN No.

| | | | |
|---|--|---|--|
| INMATE NAME: <u>Edmo, Mason</u> | | DATE OF REPORT: <u>2/24/14</u> | |
| IDOC #: <u>9-1091</u> | | [REDACTED] | |
| <input type="radio"/> Intake/New Arrival | | <input type="radio"/> Inter Institutional Transfer <u>Unit 16</u> | |
| <input type="radio"/> Restrictive Housing | | | |
| Current Risk Factors | 1. Did the transporting officer report any concerns? If so please explain: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | 2. Right now, do you have thoughts of hurting yourself? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | 3. Do you have any immediate plans to hurt yourself? Describe: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | 4. Right now, do you feel like there is nothing to look forward to in the future? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 5. Right now, do you have any mental health symptoms or complaints? On a 1-10 scale with 1 being not at all and 10 being extremely serious; rate your symptoms, please describe: (If rated at "5" or above, refer for clinician follow-up) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | 6. Within the past year have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____ | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Harm History | 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Date: <u>2010</u> Means/Method: <u>cut @ arm</u> Intent: <u>Kill self</u> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Date: <u>2011</u> Means/Method: <u>OD on pills</u> Intent: <u>Kill self</u> | | |
| Prior Treatment | 8. Do you have a History of Mental Health Hospitalizations and Outpatient Treatment? Date: <u>2011</u> Care Provider: <u>BHU Porcillo</u> Reason: <u>mental health</u> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Date: _____ Care Provider: _____ Reason: _____ | | |
| | Date: _____ Care Provider: _____ Reason: _____ | | |
| | Date: _____ Care Provider: _____ Reason: _____ | | |
| Medication | 9. Are you currently taking mental health medications? Medication Name: <u>Zoloft</u> Dose/Frequency: <u>150mg</u> Date of Last dose: <u>2/24/14 am</u> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | |
| | 10. Have you ever taken mental health medications in the past? Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Substance Use | 11. Have you ever used any type of substances: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | What? First Used: Last Used: How Much? | What? First Used: Last Used: How Much? | |
| | <input checked="" type="checkbox"/> Alcohol: | <input type="checkbox"/> Marijuana: | |
| | <input type="checkbox"/> Methamphetamines: | <input checked="" type="checkbox"/> Cocaine: | |
| | <input type="checkbox"/> Prescription drugs: | <input type="checkbox"/> Heroin: | |
| | <input type="checkbox"/> Other: | | |
| | 12. Have you ever participated in substance abuse treatment? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | 13. Did you successfully complete? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Providers name: | | | |
| Other contributing suicide risk factors | 15. Is this your first time in prison? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 16. Have any family members or significant persons in your life attempted or committed suicide? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | 17. Have you recently experienced a significant loss such as a death of a close family member or friend? <u>Grandpa</u> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 18. Have you ever been arrested for a sex crime? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 19. Have you ever been a victim of sexual or physical abuse? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 20. Have you had a head injury? Describe: <u>Physical abuse from last relationship</u> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 21. Have you ever received special education services? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | 22. Are you worried about something other than your current legal situation? Describe: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | 23. Do you have a physical illness that is causing you distress or pain? Describe: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

| | | | | | | | |
|--|---|--|---|---|---|---|--|
| Current Mental Health Status (Check all that apply) | <input checked="" type="checkbox"/> Alert, oriented x <input type="checkbox"/> Disoriented <input type="checkbox"/> Reports Hallucinations <input type="checkbox"/> Endorses Delusions | | | | | | |
| | Grooming/Hygiene <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Unkempt <input type="checkbox"/> Dirty <input type="checkbox"/> Other: | Eye Contact <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> None | Affect <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Flat <input type="checkbox"/> No emotion <input type="checkbox"/> Tearful <input type="checkbox"/> Smiling <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric | Mood <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Angry <input type="checkbox"/> Cheerful <input type="checkbox"/> Calm <input type="checkbox"/> Sad <input type="checkbox"/> Hopeless <input type="checkbox"/> Anxious | Thought Process <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Logical <input type="checkbox"/> Goal directed <input type="checkbox"/> Disorganized <input type="checkbox"/> Moving from topic to topic quickly <input type="checkbox"/> Irrelevant <input type="checkbox"/> Distractible | Speech <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Loud <input type="checkbox"/> Quiet <input type="checkbox"/> Rambling | Movement/Activity <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Restless <input type="checkbox"/> Slowed <input type="checkbox"/> Active <input type="checkbox"/> Agitated <input type="checkbox"/> Aggressive |
| DISPOSITION | Action Taken <input type="checkbox"/> Emergent/Urgent: Referred to the Shift Commander under Policy 315 <input checked="" type="checkbox"/> Refer to Mental Health for follow up within 24 hours <input type="checkbox"/> Refer to Mental Health for follow up within 72 hours <input type="checkbox"/> Refer for routine Mental Health follow up <input type="checkbox"/> No need for Mental Health follow up - cleared | | | Initial Housing Recommendation <input type="checkbox"/> Cleared for general housing placement <input type="checkbox"/> Not cleared - referred for holding cell placement <input checked="" type="checkbox"/> Other placement: <u>Unit 8</u> | | | |
| | I acknowledge that I have answered all questions truthfully and have been informed about how to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals. Inmate Signature: <u>[Signature]</u> Date: <u>2-24-14</u> | | | | | | |
| Screener/ Reviewer | Screened by: <u>2/24/14</u> <u>1410</u> <u>K. Larsen LPN</u> <u>K. Larsen LPN</u> Date Time Printed Name Signature Screening Reviewed: _____ Date Time Printed Name Clinician Signature <input type="checkbox"/> MH Secondary Assessment Completed: _____ Date Printed Name Signature | | | | | | |
| | Follow Up SOAP Note/if indicated: <u>BP 139/77 02/98 P 87 R 18</u> | | | | | | |
| Clinical Follow Up | _____ Date Time Printed Name Clinician Signature | | | | | | |
| | _____ Date Time Printed Name Clinician Signature | | | | | | |

U8A20

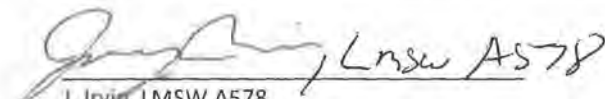
IDOC MENTAL HEALTH SCREENING

| INMATE NAME: <u>EDMO, MASOIT</u> | | DOB: [REDACTED] | | DATE OF REPORT: <u>2/24/19</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|------------------------------|--|--|--|-------------|------------|-------------|------------|-----------|--|--|--|--|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------------------|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|
| <input checked="" type="checkbox"/> Intake/New Arrival | | <input type="checkbox"/> Inter Institutional Transfer <u>Unit 16</u> | | <input type="checkbox"/> Restrictive Housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Risk Factors | 1. Did the transporting officer report any concerns? If so please explain: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Immediately notify the shift commander | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. Right now, do you have thoughts of hurting yourself? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. Do you have any <u>immediate</u> plans to hurt yourself? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4. Right now, do you feel like there is nothing to look forward to in the future? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Refer to MH for follow up within 24 hrs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5. Right now, do you have any mental health symptoms or complaints? On a 1-10 scale with 1 being <u>not at all</u> and 10 being <u>extremely serious</u> ; rate your symptoms, please describe: <u>of spoke 2 clinician minutes before medical assessment</u> | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6. Within the past year have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____ Date: _____ Means/Method: _____ Intent: _____ | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suicide/Self Harm History | 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Date: <u>2010</u> Means/Method: <u>cut @ arm</u> Intent: <u>Kill self</u> In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Refer to MH for follow up within 72 hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Date: <u>2011</u> Means/Method: <u>OD on pills</u> Intent: <u>Kill self</u> In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Date: _____ Means/Method: _____ Intent: _____ In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prior Treatment | 8. Do you have a History of Mental Health Hospitalizations and Outpatient Treatment? Date: <u>2011</u> Care Provider: <u>BHU Poratillo</u> Reason: <u>mental health</u> Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Refer to MH for follow up within 72 hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 9. Are you currently taking mental health medications? Medication Name: <u>Zoloft</u> Dose/Frequency: <u>150mg</u> Date of Last dose: <u>2/24/19 am</u> Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10. Have you ever taken mental health medications in the past? Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Use | 11. Have you ever used any type of substances: | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Routine MH follow up if indicated or requested | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>What?</th> <th>First Used:</th> <th>Last Used:</th> <th>How Much?</th> <th>What?</th> <th>First Used:</th> <th>Last Used:</th> <th>How Much?</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Alcohol:</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Marijuana:</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Methamphetamines:</td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Cocaine:</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Prescription drugs:</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Heroin:</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | What? | First Used: | Last Used: | | How Much? | What? | First Used: | Last Used: | How Much? | <input checked="" type="checkbox"/> Alcohol: | | | | <input type="checkbox"/> Marijuana: | | | | <input type="checkbox"/> Methamphetamines: | | | | <input checked="" type="checkbox"/> Cocaine: | | | | <input type="checkbox"/> Prescription drugs: | | | | <input type="checkbox"/> Heroin: | | | | <input type="checkbox"/> Other: | | | | | | | | | |
| | What? | First Used: | Last Used: | How Much? | What? | | First Used: | Last Used: | How Much? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Alcohol: | | | | <input type="checkbox"/> Marijuana: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Methamphetamines: | | | | <input checked="" type="checkbox"/> Cocaine: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Prescription drugs: | | | | <input type="checkbox"/> Heroin: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Have you ever participated in substance abuse treatment? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Did you successfully complete? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Providers name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other contributing suicide risk factors | 15. Is this your first time in prison? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Routine MH follow up if indicated or requested | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16. Have any family members or significant persons in your life attempted or committed suicide? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 17. Have you recently experienced a significant loss such as a death of a close family member or friend? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 18. Have you ever been arrested for a sex crime? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19. Have you ever been a victim of sexual or physical abuse? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20. Have you had a head injury? Describe: <u>physical abuse from last relationship</u> | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21. Have you ever received special education services? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 22. Are you worried about something other than your current legal situation? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 23. Do you have a physical illness that is causing you distress or pain? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | |
|--|---|--|---|---|---|---|--|
| Current Mental Health Status (Check all that apply) | <input checked="" type="checkbox"/> Alert, oriented x <input type="checkbox"/> Disoriented <input type="checkbox"/> Reports Hallucinations <input type="checkbox"/> Endorses Delusions | | | | | | |
| | Grooming/Hygiene <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Unkempt <input type="checkbox"/> Dirty <input type="checkbox"/> Other: | Eye Contact <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> None | Affect <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Flat <input type="checkbox"/> No emotion <input type="checkbox"/> Tearful <input type="checkbox"/> Smiling <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric | Mood <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Angry <input type="checkbox"/> Cheerful <input type="checkbox"/> Calm <input type="checkbox"/> Sad <input type="checkbox"/> Hopeless <input type="checkbox"/> Anxious | Thought Process <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Logical <input type="checkbox"/> Goal directed <input type="checkbox"/> Disorganized <input type="checkbox"/> Moving from topic to topic quickly <input type="checkbox"/> Irrelevant <input type="checkbox"/> Distractible | Speech <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Loud <input type="checkbox"/> Quiet <input type="checkbox"/> Rambling | Movement/Activity <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Restless <input type="checkbox"/> Slowed <input type="checkbox"/> Active <input type="checkbox"/> Agitated <input type="checkbox"/> Aggressive |
| DISPOSITION | Action Taken <input type="checkbox"/> Emergent/Urgent: Referred to the Shift Commander under Policy 315 <input checked="" type="checkbox"/> Refer to Mental Health for follow up within 24 hours <input type="checkbox"/> Refer to Mental Health for follow up within 72 hours <input type="checkbox"/> Refer for routine Mental Health follow up <input type="checkbox"/> No need for Mental Health follow up - cleared | | | Initial Housing Recommendation <input type="checkbox"/> Cleared for general housing placement <input type="checkbox"/> Not cleared - referred for holding cell placement <input checked="" type="checkbox"/> Other placement: <u>Unit 8</u> | | | |
| | I acknowledge that I have answered all questions truthfully and have been informed about how to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals. Inmate Signature: <u>[Signature]</u> Date: <u>2-24-14</u> | | | | | | |
| Screened/Reviewer | Screened by: <u>2/24/14</u> <u>1410</u> <u>K. Larsen LPN</u> <u>K. Larsen LPN</u> Date Time Printed Name Signature | | Screening Reviewed: <u>2/25/14</u> <u>0849</u> <u>Kelly Larsen, LPN</u> <u>[Signature]</u> Date Time Printed Name Clinician Signature | | | | |
| | <input type="checkbox"/> MH Secondary Assessment Completed: _____ Date _____ Printed Name _____ Signature _____ | | | | | | |
| Clinical Follow Up | Follow Up SOAP Note/if indicated: <u>BP 139/77 0298 P 87 R 18</u> <u>was seen by a clinician 2/24/14, see SOAP note in medical file.</u> | | | | | | |
| | <u>2/25/14</u> <u>0849</u> <u>Nata RUSA</u> <u>[Signature]</u> Date Time Printed Name Clinician Signature | | | | | | |

IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | IDOC # | DATE OF BIRTH | DATE | TIME |
|-------------------------------|--|--|---------|------|
| Edmo, Mason, D. | 94691 | [REDACTED] | 2/28/14 | 0900 |
| S | <p>Today this clinician met with offender Edmo after Edmo was transferred back from Unit 8. During the clinical interaction, offender Edmo reported that Edmo was doing "Okay. I survived barely." Offender Edmo reported that during Edmo's stay in Unit 8 Edmo realized that Edmo did not want to fight against policy, but rather Edmo wanted to try and get Edmo's time done and get out of ISCI in seven months. Edmo stated that Edmo wanted to work on content found in Edmo's treatment plan. Edmo stated that Edmo needed to learn how to not become defensive when correctional staff tried to get Edmo to follow IDOC policy. Edmo denied being SI or HI or experiencing a desire to engage in SIB. Edmo denied depression or anxiety at this time.</p> | | | |
| O | Appearance | Good for LOC and housing placement. Edmo 's hair was not curly this time and Edmo did not appear to be wearing makeup. | | |
| | Behavior | WNL. Made good eye contact. Interacted appropriately for interaction. | | |
| | Speech | WNL. | | |
| | Response to Interviewer | Was polite and willing to answer all questions that were asked of the offender. | | |
| | Mood (by report) | "good" | | |
| | Affect (observed) | Euthymic. | | |
| | Thought Process | Clear, concise, and direct. | | |
| | Thought Content | Appropriate for interaction. | | |
| | Conscious Level | Good. | | |
| | Orientation/Memory | Oriented x4; short and long-term memory appears to be intact. | | |
| | Attention | Good. | | |
| | Insight | Good. | | |
| | Judgment | Good. | | |
| | Suicidal | Denies SI or SIB. | | |
| | Violence | Denies HI. | | |
| | Delusions | None were reported or observed by clinical staff. | | |
| | Perceptions | Congruent with reality. | | |
| A | <p>Edmo reports having a desire to change in order to be less defensive as a person. This defensiveness could be a result of Edmo's previous experience with abusive partners. This is a learned behavior, but it is possible to experience change if there is a desire to.</p> | | | |
| P | <p>Edmo had been given homework to complete in regards to thinking about non-violent communication. Offender Edmo will be followed in accordance with Edmo's LOC and housing placement.</p> | | | |


J. Irvin, LMSW A578

2/28/14
Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3,09

IDOC MENTAL HEALTH SCREENING

| INMATE NAME: <u>Edmond</u> | | DOB: [REDACTED] | | DATE OF REPORT: <u>3/2/19</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|------------------------------|--|--|--|-------------|------------|-----------|-------------|------------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------------------|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Intake/New Arrival | | <input checked="" type="checkbox"/> Inter Institutional Transfer <u>Unit 10</u> | | <input type="checkbox"/> Restrictive Housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Risk Factors | 1. Did the transporting officer report any concerns? If so please explain: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Immediately notify the shift commander | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. Right now, do you have thoughts of hurting yourself? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. Do you have any <u>immediate</u> plans to hurt yourself? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4. Right now, do you feel like there is nothing to look forward to in the future? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Refer to MH for follow up within 24 hrs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5. Right now, do you have any mental health symptoms or complaints? On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extremely serious</i> ; rate your symptoms, please describe: (If rated at "5" or above, refer for clinician follow-up) | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6. Within the past year have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____ | | | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suicide/Self Harm History | 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Date: <u>2010</u> Means/Method: <u>cut @ arm</u> Intent: <u>Kill self</u> | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Refer to MH for follow up within 72 hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Date: <u>2011</u> Means/Method: <u>OD amphetamine</u> Intent: <u>Kill self</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prior Treatment | 8. Do you have a History of Mental Health Hospitalizations and Outpatient Treatment? Date: <u>2010</u> Care Provider: <u>BHU Pacotello</u> Reason: _____ | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Date: _____ Care Provider: _____ Reason: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Date: _____ Care Provider: _____ Reason: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Date: _____ Care Provider: _____ Reason: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication | 9. Are you currently taking mental health medications? Medication Name: <u>Zoloft</u> Dose/Frequency: _____ Date of Last dose: _____ | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Refer to MH for follow up within 72 hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Use | 10. Have you ever taken mental health medications in the past? Medication Name: <u>Prozac</u> Dose/Frequency: _____ Date of Last dose: _____ | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Routine MH follow up if indicated or requested | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11. Have you ever used any type of substances: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>What?</th> <th>First Used:</th> <th>Last Used:</th> <th>How Much?</th> <th>What?</th> <th>First Used:</th> <th>Last Used:</th> <th>How Much?</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Alcohol:</td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Marijuana:</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Methamphetamines:</td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Cocaine:</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Prescription drugs:</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Heroin:</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | What? | First Used: | | Last Used: | How Much? | What? | First Used: | Last Used: | How Much? | <input checked="" type="checkbox"/> Alcohol: | | | | <input checked="" type="checkbox"/> Marijuana: | | | | <input type="checkbox"/> Methamphetamines: | | | | <input checked="" type="checkbox"/> Cocaine: | | | | <input type="checkbox"/> Prescription drugs: | | | | <input type="checkbox"/> Heroin: | | | | <input type="checkbox"/> Other: | | | | | | | | | |
| | What? | First Used: | Last Used: | How Much? | What? | | First Used: | Last Used: | How Much? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> Alcohol: | | | | <input checked="" type="checkbox"/> Marijuana: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Methamphetamines: | | | | <input checked="" type="checkbox"/> Cocaine: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Prescription drugs: | | | | <input type="checkbox"/> Heroin: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Have you ever participated in substance abuse treatment? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Did you successfully complete? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Providers name: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other contributing suicide risk factors | 15. Is this your first time in prison? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16. Have any family members or significant persons in your life attempted or committed suicide? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 17. Have you recently experienced a significant loss such as a death of a close family member or friend? <u>Grandpa</u> | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 18. Have you ever been arrested for a sex crime? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19. Have you ever been a victim of sexual or physical abuse? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20. Have you had a head injury? Describe: <u>strikes/concussions</u> | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21. Have you ever received special education services? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 22. Are you worried about something other than your current legal situation? Describe: _____ | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Do you have a physical illness that is causing you distress or pain? Describe: _____ | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

IDOC MENTAL HEALTH SCREENING

| | | | | | | | |
|--|---|---|--|---|--|--|---|
| INMATE NAME: <u>Edmo</u> | | DOB: [REDACTED] | | DATE OF REPORT: <u>3/2/19</u> | | | |
| IDOC #: <u>94091</u> | | <input checked="" type="checkbox"/> Intake/New Arrival | | <input checked="" type="checkbox"/> Inter Institutional Transfer <u>Unit 10</u> | | | |
| | | | | <input type="checkbox"/> Restrictive Housing | | | |
| Current Risk Factors | 1. Did the transporting officer report any concerns? If so please explain: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Immediately notify the shift commander | |
| | 2. Right now, do you have thoughts of hurting yourself? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| | 3. Do you have any immediate plans to hurt yourself? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| | 4. Right now, do you feel like there is nothing to look forward to in the future? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| | 5. Right now, do you have any mental health symptoms or complaints? On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extremely serious</i> ; rate your symptoms, please describe: (If rated at "5" or above, refer for clinician follow-up) | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Refer to MH for follow up within 24 hrs | |
| | 6. Within the past year have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____ | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Suicide/Self Harm History | 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Date: <u>2010</u> Means/Method: <u>cut @ arm</u> Intent: <u>Kill self</u> | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Refer to MH for follow up within 72 hours | |
| | In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Prior Treatment | Date: <u>2011</u> Means/Method: <u>20 amphetamine</u> Intent: <u>Kill self</u> | | | | | | |
| | In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| | Date: _____ Means/Method: _____ Intent: _____ | | | | | | |
| Medication | 8. Do you have a History of Mental Health Hospitalizations and Outpatient Treatment? Date: <u>2010</u> Care Provider: <u>BHU Pacotello</u> Reason: _____ | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | Refer to MH for follow up within 72 hours |
| | Date: _____ Care Provider: _____ Reason: _____ | | | | | | |
| | Date: _____ Care Provider: _____ Reason: _____ | | | | | | |
| | Date: _____ Care Provider: _____ Reason: _____ | | | | | | |
| Substance Use | 9. Are you currently taking mental health medications? Medication Name: <u>add</u> Dose/Frequency: _____ Date of Last dose: _____ | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Refer to MH for follow up within 72 hours | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | | | | |
| Other contributing suicide risk factors | 10. Have you ever taken mental health medications in the past? Medication Name: <u>prozac</u> Dose/Frequency: _____ Date of Last dose: _____ | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Routine MH follow up if indicated or requested | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | | | | |
| Substance Use | 11. Have you ever used any type of substances: | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Routine MH follow up if indicated or requested | |
| | What? First Used: Last Used: How Much? | | What? First Used: Last Used: How Much? | | | | |
| | <input checked="" type="checkbox"/> Alcohol: | | <input checked="" type="checkbox"/> Marijuana: | | | | |
| | <input type="checkbox"/> Methamphetamines: | | <input checked="" type="checkbox"/> Cocaine: | | | | |
| Other contributing suicide risk factors | <input type="checkbox"/> Prescription drugs: | | | <input type="checkbox"/> Heroin: | | Routine MH follow up if indicated or requested | |
| | <input type="checkbox"/> Other: | | | | | | |
| | 12. Have you ever participated in substance abuse treatment? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| | 13. Did you successfully complete? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Other contributing suicide risk factors | 14. Providers name: | | | | | Routine MH follow up if indicated or requested | |
| | 15. Is this your first time in prison? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | 16. Have any family members or significant persons in your life attempted or committed suicide? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| | 17. Have you recently experienced a significant loss such as a death of a close family member or friend? <u>Grandpa</u> | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | 18. Have you ever been arrested for a sex crime? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | 19. Have you ever been a victim of sexual or physical abuse? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | 20. Have you had a head injury? Describe: <u>scribbles / concussion</u> | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | 21. Have you ever received special education services? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| 22. Are you worried about something other than your current legal situation? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | |
| 23. Do you have a physical illness that is causing you distress or pain? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | |

| | | | | | | | |
|--|---|--|---|---|---|---|--|
| Current Mental Health Status (Check all that apply) | <input checked="" type="checkbox"/> Alert, oriented x 4 <input type="checkbox"/> Disoriented <input type="checkbox"/> Reports Hallucinations <input type="checkbox"/> Endorses Delusions | | | | | | |
| | Grooming/Hygiene <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Unkempt <input type="checkbox"/> Dirty <input type="checkbox"/> Other: | Eye Contact <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> None | Affect <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Flat <input type="checkbox"/> No emotion <input type="checkbox"/> Tearful <input type="checkbox"/> Smiling <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric | Mood <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Angry <input type="checkbox"/> Cheerful <input type="checkbox"/> Calm <input type="checkbox"/> Sad <input type="checkbox"/> Hopeless <input type="checkbox"/> Anxious | Thought Process <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Logical <input type="checkbox"/> Goal directed <input type="checkbox"/> Disorganized <input type="checkbox"/> Moving from topic to topic quickly <input type="checkbox"/> Irrelevant <input type="checkbox"/> Distractible | Speech <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Slow <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Loud <input type="checkbox"/> Quiet <input type="checkbox"/> Rambling | Movement/Activity <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Restless <input type="checkbox"/> Slowed <input type="checkbox"/> Active <input type="checkbox"/> Agitated <input type="checkbox"/> Aggressive |
| DISPOSITION | Action Taken <input type="checkbox"/> Emergent/Urgent: Referred to the Shift Commander under Policy 315 <input type="checkbox"/> Refer to Mental Health for follow up within 24 hours <input checked="" type="checkbox"/> Refer to Mental Health for follow up within 72 hours <input type="checkbox"/> Refer for routine Mental Health follow up <input type="checkbox"/> No need for Mental Health follow up - cleared | | | Initial Housing Recommendation <input type="checkbox"/> Cleared for general housing placement <input type="checkbox"/> Not cleared - referred for holding cell placement <input checked="" type="checkbox"/> Other placement: <u>Unit 8</u> | | | |
| | Inmate Signature: <u>[Signature]</u> Date: <u>3-02-14</u> | | | | | | |
| Informed Consent | I acknowledge that I have answered all questions truthfully and have been informed about how to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals. | | | | | | |
| | Inmate Signature: <u>[Signature]</u> Date: <u>3-02-14</u> | | | | | | |
| Screener/Reviewer | Screened by: <u>3/2/14</u> <u>1800</u> <u>K. Larsen LPN</u> <u>K. Larsen LPN</u> <small>Date Time Printed Name Signature</small> | | Screening Reviewed: <u>3/3/14</u> <u>0800</u> <u>R. Lewis LMSW</u> <u>[Signature]</u> <small>Date Time Printed Name Clinician Signature</small> | | | | |
| | <input type="checkbox"/> MH Secondary Assessment Completed: Date Printed Name Signature | | | | | | |
| Clinical Follow Up | Follow Up SOAP Note/if indicated: <u>22/82 R20 96FA 108</u> <u>Seen by primary clinician on 3/3/14. Please see SRA for additional information. EOR</u> <u>[Signature]</u> <u>3/3/14</u> | | | | | | |
| | Date | | Time | | Printed Name | | Clinician Signature |

Print Form



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

SUICIDE RISK ASSESSMENT

| DATES OF WATCH/OBSERVATION | | | | | |
|--|----------------------------------|----------------------------|--------------------------|-------------------------------------|----------|
| DATE PLACED ON WATCH | 3/2/13 | DATE PLACED ON OBSERVATION | | DATE REMOVED FROM WATCH/OBSERVATION | |
| OFFENDER LAST NAME | Edmo | OFFENDER FIRST NAME | Mason | IDOC# | 94691 |
| | | | | DOB | ████████ |
| | | | | DATE OF REPORT | 3/3/14 |
| INSTITUTION | IMSI | OFFENSE | Sex Abuse of a Child <16 | REGULAR HOUSING UNIT | Unit 16 |
| | | | | CURRENT HOUSING UNIT | Unit 16 |
| CURRENT LEVEL OF CARE (LOC) | CMHS1 - Correctional MH Services | | | | |
| It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is reflected below. This level of risk will change over time and should be modified as circumstances change. | | | | | |
| SRA REPORT TYPE | Incoming (Initial) Only | RISK LEVEL | Low | | |
| REASON FOR REFERRAL | | | | | |
| Offender Edmo was placed on suicide watch after Unit 8 security staff received concern forms stating that Offender Edmo had plans to attempt harm self. | | | | | |
| MENTAL STATUS EXAM | | | | | |
| Offender Edmo was alert, cooperative, and OX4. Eye contact was good and speech was WNL. Mood was "lonely" with euthymic affect. Thoughts appeared to be logical and relevant to conversation. Reported SI with plan, but was illusive about intent. Denied HI. Denied hallucinatory and delusional thoughts, but stated "some times I feel the cops are out to get me." Insight and judgement appear to be limited, but intact. | | | | | |
| INTERVIEW | | | | | |
| Offender Edmo started the interview by stated that Edmo was "lonely" in unit 8 which caused thoughts of self harm. Additionally, Edmo stated that there was "too much drama" lately, and related this drama to security staff and Edmo's mental health concerns. Edmo stated that Edmo was experiencing thoughts of hurting self and stated that a "very good plan" was in place. Refused to discuss this plan. Edmo was illusive about any intent to act upon this plan by stating "I don't know, maybe later, I really won't say." Denied other significant mental health concerns. Reported rx compliance with good effect. | | | | | |
| INTENT TO DIE | | | | | |
| Offender Edmo was illusive about any intent to die. | | | | | |
| PLAN OR METHOD | | | | | |
| Offender Edmo stated that there was a plan in place, but refused to discuss this plan. | | | | | |

ER 1596



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|--|-------------------------------------|--------------------------------|-------------------------------------|----------------|
| Edmo | Mason | 94691 | | 3/3/14 |
| ACCESS TO MEANS | | | | |
| Offender Edmo will have access to means consistent with Edmo's incarceration. | | | | |
| HISTORICAL FACTORS (check all that apply) | | | | |
| Family history of suicide | <input type="checkbox"/> | First time prison term | <input type="checkbox"/> | |
| Inmate history of suicide attempts | <input checked="" type="checkbox"/> | Current Ad Seg | <input type="checkbox"/> | |
| History of substance abuse | <input checked="" type="checkbox"/> | Other (list below) | <input type="checkbox"/> | |
| <p>PSI indicates that Offender Edmo has attempted suicide three times by cutting (8/2010) an by attempted overdoses (9/2010 and 5/2011). No familial hx of suicide is mentioned in the PSI. Review of previous SRA(s) indicate that Offender Edmo has admitted to 5 suicide attempts. This same reports states that Offender Edmo's last SA was 4/12/2012.</p> <p>PSI also indicates that Offender Edmo has a hx of alcohol abuse issues. Offender Edmo reported first using alcohol at age 17 years old. Offender Edmo reported using alcohol "on the weekends." It appears that Offender Edmo has participated in various alcohol abuse treatment programs, but seems to have never completed a program.</p> | | | | |
| KNOWN STRESSORS/ DEMOGRAPHIC PREDICTORS (check all that apply) | | | | |
| Sleeping difficulties or irregular sleeping hours | <input type="checkbox"/> | Recent personal loss or crisis | <input type="checkbox"/> | |
| Non-compliance with prescribed psych medications | <input type="checkbox"/> | Neglect of personal hygiene | <input type="checkbox"/> | |
| Weight loss or loss of appetite | <input type="checkbox"/> | Long or life sentence | <input type="checkbox"/> | |
| Progressive health problems (chronic or terminal illness) | <input type="checkbox"/> | Poor compliance with treatment | <input type="checkbox"/> | |
| DOR | <input checked="" type="checkbox"/> | Conflict on tier | <input type="checkbox"/> | |
| Family event | <input type="checkbox"/> | Conflict with bunkmate | <input type="checkbox"/> | |
| Gambling or other debt | <input type="checkbox"/> | Parole/court hearing | <input type="checkbox"/> | |
| Fearful for safety | <input type="checkbox"/> | Other (list below) | <input checked="" type="checkbox"/> | |
| Relationship | <input type="checkbox"/> | Gender Dysphoria concerns | | |
| PSYCHOLOGICAL FACTORS | | | | |
| <p>Offender Edmo reported experiencing frequent conflicts with security staff d/t gender dysphoria diagnosis. Offender Edmo expressed experiencing resistance from security staff regarding Offender Edmo's ability to act and dress in a manner congruent with Offender Edmo's expressed gender. Offender Edmo also express experiencing frequent depression.</p> <p>Offender Edmo was most recently seen by Dr. Montgomery on 2/13/14 and was diagnosed as Gender Dysphoric, Mood DO NOS, and Alcohol Abuse Disorder. Subsequently, Offender Edmo was prescribed Zoloft.</p> | | | | |



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|---|---------------------|-------|----------|----------------|
| Edmo | Mason | 94691 | ████████ | 3/3/14 |
| PROTECTIVE FACTORS | | | | |
| Mr. Edmo failed to express any protective factors during the interview. However, Offender Edmo is currently on suicide watch and will receive daily f/u by the primary clinician while on watch. | | | | |
| EVALUATION OF RISK POTENTIAL <i>(It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is indicated below. This level of risk will change over time and should be modified as circumstances change.)</i> | | | | |
| The offender is currently a low risk for self harm | | | | |
| RECOMMENDATIONS | | | | |
| It is recommended that Offender Edmo remain on suicide watch until such time it can be accessed that Offender Edmo is no longer a risk to harm self. | | | | |

RISK REDUCTION/TREATMENT PLAN ADDENDUM

| RISK REDUCTION PLAN | | |
|---|---|--|
| PROBLEM <i>(The problem(s) should be specific to the offender's current reporting issues)</i> | GOAL <i>(There should be two (2) types of goals for each Problem: 1) Immediate goal(s) and 2) Short-term goal(s))</i> | INTERVENTION <i>(The interventions need to be specific and measurable to each of the two types of goals and relate to the presenting problem(s) of the offender)</i> |
| Offender Edmo reported experiencing suicidal ideation with plan. | 1) Offender Edmo will not act on any suicidal ideation. 2) Offender Edmo will establish coping skills to manage suicidal ideation. | Offender Edmo will remain on suicide watch to remain safe. Continue to work with clinical staff to address SI and mood sx related to Gender Dysphoria. |



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|---|---------------------|--|---------------------------------------|------------------|
| Edmo | Mason | 94691 | [REDACTED] | 3/3/14 |
| RISK REDUCTION PLAN CON'T | | | | |
| | | | | |
| CHANGE IN LOC REQUIRED? | | NEW LOC IF APPLICABLE (enter in CIS if LOC has changed) | | |
| No | | Not Applicable | | |
| NATURE OF INCIDENT | | | DEGREE OF MEDICAL INTERVENTION | |
| Verbal threat without action | | | None | |
| OFFENDER'S STATED INTENT | | | LAST SUICIDE WATCH | |
| Other: Being Lonely | | | 1-4 weeks | |
| TREATMENT PLAN UPDATE | | | | |
| The offender will return to their previous treatment plan upon stabilization | | | | |
| ADDITIONAL COMMENTS | | | | |
| It should be noted that the content of the interview with Offender Edmo has led this Clinician to believe that the purpose of Offender Edmo submitting concern forms stating intent to harm self was to manipulate housing to get out of unit 8 and back to unit 16. Offender Edmo express not enjoying the isolation and feeling "lonely" in unit 8. | | | | |
| REPORT COMPLETED BY | | CREDENTIAL | DATE | SIGNATURE |
| B. Lewis | | LMSW | 3/3/14 | |

11/2/71 916/ORA
102

meds until 4

IDOC MENTAL HEALTH SCREENING

| INMATE NAME: <u>Edmo Mason</u> | | DOB: <u>[REDACTED]</u> | DATE OF REPORT: <u>3/4/14</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|-------------|-------------|-------------|------------|-------------|------------|-----------|--|--|-------------|--|--|--|-------------|--|---|--|-------------|--|--|--|-------------|--|---|--|-------------|--|----------------------------------|--|--|--|---------------------------------|--|--|--|--|--|--|--|---|
| IDOC #: <u>941691</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Intake/New Arrival | | <input type="checkbox"/> Inter Institutional Transfer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Restrictive Housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Risk Factors | 1. Did the transporting officer report any concerns? If so please explain: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. Right now, do you have thoughts of hurting yourself? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. Do you have any <u>immediate</u> plans to hurt yourself? Describe: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4. Right now, do you feel like there is nothing to look forward to in the future? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5. Right now, do you have any mental health symptoms or complaints? On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extremely serious</i> ; rate your symptoms, please describe: (If rated at "5" or above, refer for clinician follow-up) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6. Within the past year have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____ Date: _____ Means/Method: _____ Intent: _____ | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suicide/Self Harm History | 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Date: <u>2011</u> Means/Method: <u>DD antipyrone</u> Intent: <u>Self-harm</u> In custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Date: <u>2010</u> Means/Method: <u>cut arm</u> Intent: <u>Self-harm</u> In custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: _____ Means/Method: <u>went to BHU in Peabody</u> Intent: _____ In custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prior Treatment | 8. Do you have a History of Mental Health Hospitalizations and Outpatient Treatment? Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Medication | 9. Are you currently taking mental health medications? Medication Name: <u>Zoloft</u> Dose/Frequency: <u>150mg</u> Date of Last dose: <u>3/4/14 AM</u> Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 10. Have you ever taken mental health medications in the past? Medication Name: <u>Prozac</u> Dose/Frequency: _____ Date of Last dose: _____ Medication Name: <u>Celebra</u> Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Substance Use | 11. Have you ever used any type of substances: <table border="1"> <thead> <tr> <th>What?</th> <th>First Used:</th> <th>Last Used:</th> <th>How Much?</th> <th>What?</th> <th>First Used:</th> <th>Last Used:</th> <th>How Much?</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Alcohol:</td> <td></td> <td><u>2011</u></td> <td></td> <td><input checked="" type="checkbox"/> Marijuana:</td> <td></td> <td><u>2005</u></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Methamphetamines:</td> <td></td> <td><u>2011</u></td> <td></td> <td><input checked="" type="checkbox"/> Cocaine:</td> <td></td> <td><u>2011</u></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Prescription drugs:</td> <td></td> <td><u>2011</u></td> <td></td> <td><input type="checkbox"/> Heroin:</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | What? | First Used: | Last Used: | How Much? | What? | First Used: | Last Used: | How Much? | <input checked="" type="checkbox"/> Alcohol: | | <u>2011</u> | | <input checked="" type="checkbox"/> Marijuana: | | <u>2005</u> | | <input checked="" type="checkbox"/> Methamphetamines: | | <u>2011</u> | | <input checked="" type="checkbox"/> Cocaine: | | <u>2011</u> | | <input checked="" type="checkbox"/> Prescription drugs: | | <u>2011</u> | | <input type="checkbox"/> Heroin: | | | | <input type="checkbox"/> Other: | | | | | | | | <input checked="" type="checkbox"/> Yes |
| What? | | | First Used: | Last Used: | How Much? | What? | First Used: | Last Used: | How Much? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Alcohol: | | <u>2011</u> | | <input checked="" type="checkbox"/> Marijuana: | | <u>2005</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Methamphetamines: | | <u>2011</u> | | <input checked="" type="checkbox"/> Cocaine: | | <u>2011</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Prescription drugs: | | <u>2011</u> | | <input type="checkbox"/> Heroin: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Have you ever participated in substance abuse treatment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Did you successfully complete? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Providers name: <u>New Direction</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other contributing suicide risk factors | 15. Is this your first time in prison? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16. Have any family members or significant persons in your life attempted or committed suicide? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 17. Have you recently experienced a significant loss such as a death of a close family member of <u>Grandpa</u> <u>2/20/14</u> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 18. Have you ever been arrested for a sex crime? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19. Have you ever been a victim of <u>sexual</u> or <u>physical</u> <u>abuse</u> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20. Have you had a head injury? Describe: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21. Have you ever received special education services? <u>Seizure concussion from abuse</u> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 22. Are you worried about something other than your current legal situation? Describe: | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 23. Do you have a physical illness that is causing you distress or pain? Describe: | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Immediately notify the shift coordinator

Refer to MH for follow up within 24 hrs

Refer to MH for follow up within 72 hours

Routine MH follow up if indicated or requested

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Current Mental Health Status (Check all that apply) | <input checked="" type="checkbox"/> Alert, oriented x <u>3</u> | | <input type="checkbox"/> Disoriented | | <input type="checkbox"/> Reports Hallucinations | | <input type="checkbox"/> Endorses Delusions | |
| | Grooming/Hygiene | Eye Contact | Affect | Mood | Thought Process | Speech | Movement/Activity | |
| <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | |
| <input type="checkbox"/> Neat/Clean | <input type="checkbox"/> Fair | <input type="checkbox"/> Flat | <input type="checkbox"/> Angry | <input type="checkbox"/> Logical | <input type="checkbox"/> Rapid | <input type="checkbox"/> Restless | | |
| <input type="checkbox"/> Unkempt | <input type="checkbox"/> Good | <input type="checkbox"/> No emotion | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Goal directed | <input type="checkbox"/> Slow | <input type="checkbox"/> Slowed | | |
| <input type="checkbox"/> Dirty | <input type="checkbox"/> None | <input type="checkbox"/> Tearful | <input type="checkbox"/> Calm | <input type="checkbox"/> Disorganized | <input type="checkbox"/> Pressured | <input type="checkbox"/> Active | | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Smiling | <input type="checkbox"/> Sad | <input type="checkbox"/> Moving from topic to topic quickly | <input type="checkbox"/> Slurred | <input type="checkbox"/> Agitated | | |
| | | <input type="checkbox"/> Depressed | <input type="checkbox"/> Hopeless | <input type="checkbox"/> Irrelevant | <input type="checkbox"/> Loud | <input type="checkbox"/> Aggressive | | |
| | | <input type="checkbox"/> Euphoric | <input type="checkbox"/> Anxious | <input type="checkbox"/> Distractible | <input type="checkbox"/> Quiet | | | |
| | | | | | <input type="checkbox"/> Rambling | | | |
| DISPOSITION | Action Taken | | | | Initial Housing Recommendation | | | |
| | <input type="checkbox"/> Emergent/Urgent: Referred to the Shift Commander under Policy 315 <input type="checkbox"/> Refer to Mental Health for follow up within 24 hours <input checked="" type="checkbox"/> Refer to Mental Health for follow up within 72 hours <input type="checkbox"/> Refer for routine Mental Health follow up <input type="checkbox"/> No need for Mental Health follow up - cleared | | | | <input type="checkbox"/> Cleared for general housing placement <input type="checkbox"/> Not cleared - referred for holding cell placement <input checked="" type="checkbox"/> Other placement: <u>unit 8</u> | | | |
| Informed Consent | I acknowledge that I have answered all questions truthfully and have been informed about how to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals. | | | | | | | |
| | Inmate Signature: <u>[Signature]</u> | | | | Date: <u>3-4-14</u> | | | |
| Screener/Reviewer | Screened by: <u>3/4/14</u> <u>1300</u> <u>Jennifer Buchonno</u> | | | | | | <u>Jennifer Buchonno</u> | |
| | Date | Time | Printed Name | | | | Signature | |
| | Screening Reviewed: _____ | | Date | | Time | | Printed Name | |
| | | | | | | | Clinician Signature | |
| | <input type="checkbox"/> MH Secondary Assessment Completed: _____ | | Date | | Printed Name | | Signature | |
| Clinical Follow Up | Follow Up SOAP Note/if indicated: | | | | | | | |
| | <u>Clinician Ruth</u> | | | | | | | |
| | Date | | Time | | Printed Name | | Clinician Signature | |

11/6/71 916/ORA (Meds) 102

Meds until 4

IDOC MENTAL HEALTH SCREENING

| INMATE NAME: <u>Edmo Mason</u> | | DOB: <u>[REDACTED]</u> | DATE OF REPORT: <u>3/4/14</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|--|------------|--|-------------|-------------|------------|-----------|--|--|-------------|--|--|--|-------------|--|---|--|-------------|--|--|--|-------------|--|---|--|-------------|--|----------------------------------|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Intake/New Arrival | | <input type="checkbox"/> Inter Institutional Transfer | <input checked="" type="checkbox"/> Restrictive Housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Risk Factors | 1. Did the transporting officer report any concerns? If so please explain: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Immediately notify the shift commander | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. Right now, do you have thoughts of hurting yourself? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. Do you have any <u>immediate</u> plans to hurt yourself? Describe: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4. Right now, do you feel like there is nothing to look forward to in the future? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Refer to MH for follow up within 24 hrs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5. Right now, do you have any mental health symptoms or complaints? On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extremely serious</i> ; rate your symptoms, please describe: (If rated at "5" or above, refer for clinician follow-up) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6. Within the past year have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____ Date: _____ Means/Method: _____ Intent: _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suicide/Self Harm History | 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Date: <u>2011</u> Means/Method: <u>DD amitriptyline</u> Intent: <u>Self-harm</u> In custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <u>2010</u> Means/Method: <u>cut arm</u> Intent: <u>Self-harm</u> In custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: _____ Means/Method: <u>Went to Btu in Peabody</u> Intent: _____ In custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Refer to MH for follow up within 72 hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8. Do you have a History of Mental Health Hospitalizations and Outpatient Treatment? Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication | 9. Are you currently taking mental health medications? Medication Name: <u>Edora</u> Dose/Frequency: <u>150mg</u> Date of Last dose: <u>3/4/14 AM</u> Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10. Have you ever taken mental health medications in the past? Medication Name: <u>Prozac</u> Dose/Frequency: _____ Date of Last dose: _____ Medication Name: <u>Lexa</u> Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Use | 11. Have you ever used any type of substances: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Routine MH follow up if indicated or requested | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>What?</th> <th>First Used:</th> <th>Last Used:</th> <th>How Much?</th> <th>What?</th> <th>First Used:</th> <th>Last Used:</th> <th>How Much?</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Alcohol:</td> <td></td> <td><u>2011</u></td> <td></td> <td><input checked="" type="checkbox"/> Marijuana:</td> <td></td> <td><u>2005</u></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Methamphetamines:</td> <td></td> <td><u>2011</u></td> <td></td> <td><input checked="" type="checkbox"/> Cocaine:</td> <td></td> <td><u>2011</u></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Prescription drugs:</td> <td></td> <td><u>2011</u></td> <td></td> <td><input type="checkbox"/> Heroin:</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | What? | | First Used: | Last Used: | How Much? | What? | First Used: | Last Used: | How Much? | <input checked="" type="checkbox"/> Alcohol: | | <u>2011</u> | | <input checked="" type="checkbox"/> Marijuana: | | <u>2005</u> | | <input checked="" type="checkbox"/> Methamphetamines: | | <u>2011</u> | | <input checked="" type="checkbox"/> Cocaine: | | <u>2011</u> | | <input checked="" type="checkbox"/> Prescription drugs: | | <u>2011</u> | | <input type="checkbox"/> Heroin: | | | | <input type="checkbox"/> Other: | | | | | | | | |
| | What? | First Used: | | Last Used: | How Much? | What? | First Used: | Last Used: | How Much? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> Alcohol: | | | <u>2011</u> | | <input checked="" type="checkbox"/> Marijuana: | | <u>2005</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Methamphetamines: | | <u>2011</u> | | <input checked="" type="checkbox"/> Cocaine: | | <u>2011</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Prescription drugs: | | <u>2011</u> | | <input type="checkbox"/> Heroin: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Have you ever participated in substance abuse treatment? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Did you successfully complete? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Providers name: <u>New Direction</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other contributing suicide risk factors | 15. Is this your first time in prison? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16. Have any family members or significant persons in your life attempted or committed suicide? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 17. Have you recently experienced a significant loss such as a death of a close family member of <u>Grandpa 2/1/14</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 18. Have you ever been arrested for a sex crime? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19. Have you ever been a victim of <u>sexual or physical abuse?</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20. Have you had a head injury? Describe: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21. Have you ever received special education services? <u>Seizure Concussion from 1980</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 22. Are you worried about something other than your current legal situation? Describe: _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 23. Do you have a physical illness that is causing you distress or pain? Describe: _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | |
|--|--|---|---|--|---|---|
| Current Mental Health Status (Check all that apply) | <input checked="" type="checkbox"/> Alert, oriented x <u>3</u> | | <input type="checkbox"/> Disoriented | <input type="checkbox"/> Reports Hallucinations | <input type="checkbox"/> Endorses Delusions | |
| | Grooming/Hygiene | Eye Contact | Affect | Mood | Thought Process | Speech |
| <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Unkempt <input type="checkbox"/> Dirty <input type="checkbox"/> Other: | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> None | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Flat <input type="checkbox"/> No emotion <input type="checkbox"/> Tearful <input type="checkbox"/> Smiling <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Angry <input type="checkbox"/> Cheerful <input type="checkbox"/> Calm <input type="checkbox"/> Sad <input type="checkbox"/> Hopeless <input type="checkbox"/> Anxious | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Logical <input type="checkbox"/> Goal directed <input type="checkbox"/> Disorganized <input type="checkbox"/> Moving from topic to topic quickly <input type="checkbox"/> Irrelevant <input type="checkbox"/> Distractible | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Loud <input type="checkbox"/> Quiet <input type="checkbox"/> Rambling | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Restless <input type="checkbox"/> Slowed <input type="checkbox"/> Active <input type="checkbox"/> Agitated <input type="checkbox"/> Aggressive |
| DISPOSITION | Action Taken | | | Initial Housing Recommendation | | |
| | <input type="checkbox"/> Emergent/Urgent: Referred to the Shift Commander under Policy 315 <input type="checkbox"/> Refer to Mental Health for follow up within 24 hours <input checked="" type="checkbox"/> Refer to Mental Health for follow up within 72 hours <input type="checkbox"/> Refer for routine Mental Health follow up <input type="checkbox"/> No need for Mental Health follow up - cleared | | | <input type="checkbox"/> Cleared for general housing placement <input type="checkbox"/> Not cleared - referred for holding cell placement <input checked="" type="checkbox"/> Other placement: <u>Unit 8</u> | | |
| Informed Consent | I acknowledge that I have answered all questions truthfully and have been informed about how to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals. | | | | | |
| | Inmate Signature: <u>M. Edmo</u> | | | Date: <u>3-4-14</u> | | |
| Screening/Reviewer | Screened by: <u>3/4/14</u> <u>1300</u> | | <u>Jennifer Pruchonno</u> | | <u>Jennifer Pruchonno</u> | |
| | Date | Time | Printed Name | | Signature | |
| | Screening Reviewed: _____ | | _____ | | _____ | |
| | Date | Time | Printed Name | | Clinician Signature | |
| | <input type="checkbox"/> MH Secondary Assessment Completed: _____ | | _____ | | _____ | |
| | Date | Time | Printed Name | | Signature | |
| Clinical Follow Up | Follow Up SOAP Note/if indicated: | | | | | |
| | <u>Clinician Ruth</u> | | | | | |
| | <u>Non-Contact Review; housed in Unit 6 with assigned clinician -</u> | | | | | |
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| | <u>3/5/14</u> <u>0645</u> | | <u>K. Shgar</u> | | <u>K. Shgar</u> | |
| | Date | Time | Printed Name | | Clinician Signature | |

Created: April 5, 2012
Revised: August 7, 2012

Print Form



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

SUICIDE RISK ASSESSMENT

| DATES OF WATCH/OBSERVATION | | | | | |
|--|--|----------------------------|--------------------------|-------------------------------------|------------|
| DATE PLACED ON WATCH | 3/3/14 | DATE PLACED ON OBSERVATION | | DATE REMOVED FROM WATCH/OBSERVATION | 3/4/14 |
| OFFENDER LAST NAME | Edmo | OFFENDER FIRST NAME | Mason | IDOC# | 94691 |
| | | | | DOB | [REDACTED] |
| | | | | DATE OF REPORT | 3/4/14 |
| INSTITUTION | ISCI | OFFENSE | Sex Abuse Child Under 16 | REGULAR HOUSING UNIT | Unit 8 |
| | | | | CURRENT HOUSING UNIT | Unit 16 HC |
| CURRENT LEVEL OF CARE (LOC) | CMHS1 - Correctional MH Services | | | | |
| It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is reflected below. This level of risk will change over time and should be modified as circumstances change. | | | | | |
| SRA REPORT TYPE | Exit Only | RISK LEVEL | Low | | |
| REASON FOR REFERRAL | Inmate Edmo was placed on suicide watch after submitting concern forms expression suicide ideation. | | | | |
| MENTAL STATUS EXAM | Inmate Edmo was alert and Ox4, making good eye contact with speech that was WNL. Inmate Edmo was wearing a suicide smock, hygiene appeared consistent with being in a holding cell. Inmate Edmo's thought content was relevant, process was clear and organized. Inmate Edmo did not appear to be endorsing delusions or hallucinations at the time of the interview. Insight and judgment regarding mental health appear fair today. | | | | |
| INTERVIEW | Inmate Edmo reported feeling "good" and "a lot better than yesterday and the day before." Inmate Edmo identified eating, sleeping and taking medication as prescribed. Inmate Edmo denied SI, denied plan/intent to harm self and denied having a plan before. Inmate Edmo talked about the impact gender dysphoria has on some people, and reported Edmo's behavior was to get people's attention. Inmate Edmo reported being ready to return to Unit 8 to finish detention, then return to complete programming. Inmate Edmo stated Edmo wanted to "get the hell out of here." | | | | |
| INTENT TO DIE | Denied SI and intent to harm self. | | | | |
| PLAN OR METHOD | Denied having plan to harm self. | | | | |

ER 1604



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|--|-------------------------------------|--------------------------------|-------------------------------------|----------------|
| Edmo | Mason | 94691 | ██████ | 3/4/14 |
| ACCESS TO MEANS | | | | |
| Inmate Edmo will have access to means consistent with housing location. | | | | |
| HISTORICAL FACTORS (check all that apply) | | | | |
| Family history of suicide | <input type="checkbox"/> | First time prison term | <input checked="" type="checkbox"/> | |
| Inmate history of suicide attempts | <input checked="" type="checkbox"/> | Current Ad Seg | <input type="checkbox"/> | |
| History of substance abuse | <input checked="" type="checkbox"/> | Other (list below) | <input type="checkbox"/> | |
| <p>Per PSI, Inmate Edmo has attempted suicide three times in the past, and has been hospitalized after two of these attempts. Suicide attempts include cutting his arm (8-2010) and overdosing on pills and alcohol (9-2010 and 5-2011). Inmate Edmo reported in the PSI that the suicide attempts were due to feeling upset about failed relationships and was having problems dealing with family and alcohol problem. In a mental health intake screen completed on 2/19/14, Inmate Edmo disclosed a history of substance/alcohol use that included alcohol, methamphetamine, cocaine and marijuana. Inmate Edmo reported alcohol was the primary substance used, stating Edmo used alcohol daily. Inmate Edmo reported this is Edmo's first time in prison.</p> | | | | |
| KNOWN STRESSORS/ DEMOGRAPHIC PREDICTORS (check all that apply) | | | | |
| Sleeping difficulties or irregular sleeping hours | <input type="checkbox"/> | Recent personal loss or crisis | <input checked="" type="checkbox"/> | |
| Non-compliance with prescribed psych medications | <input type="checkbox"/> | Neglect of personal hygiene | <input type="checkbox"/> | |
| Weight loss or loss of appetite | <input type="checkbox"/> | Long or life sentence | <input type="checkbox"/> | |
| Progressive health problems (chronic or terminal illness) | <input type="checkbox"/> | Poor compliance with treatment | <input type="checkbox"/> | |
| DOR | <input checked="" type="checkbox"/> | Conflict on tier | <input type="checkbox"/> | |
| Family event | <input type="checkbox"/> | Conflict with bunkmate | <input type="checkbox"/> | |
| Gambling or other debt | <input type="checkbox"/> | Parole/court hearing | <input type="checkbox"/> | |
| Fearful for safety | <input type="checkbox"/> | Other (list below) | <input type="checkbox"/> | |
| Relationship | <input type="checkbox"/> | | | |
| PSYCHOLOGICAL FACTORS | | | | |
| <p>Inmate Edmo disclosed on a mental health intake screen on 2/19/14 that Edmo's grandmother died in February 2014. When interviewed today, Inmate Edmo denied difficulty sleeping or eating, and acknowledged medication compliance. Reflections shows Inmate Edmo has a tentative parole date (7/3/14) and Inmate Edmo reported having a "date upon completion" of programming. Review of CIS shows Inmate Edmo has received 2 DORs in the past 2 weeks for Disobedience to Orders (2/23/14 and 2/24/14). Inmate Edmo was housed in Unit 8 when Edmo submitted the concern form disclosing suicidal ideation. Review of the medical chart shows Inmate Edmo was last seen on 2/13/14 by Dr. Montgomery and is diagnosed with Gender Dysphoria, Mood Disorder and Alcohol Dependence. Inmate Edmo is currently prescribed Zoloft 150mg qd, Estradiol and ASA.</p> | | | | |



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|---|---------------------|-------|--------|----------------|
| Edmo | Mason | 94691 | ██████ | 3/4/14 |
| PROTECTIVE FACTORS | | | | |
| Inmate Edmo reported having a date upon completion and being motivated to complete Unit 8 to get back into programming. Inmate Edmo will be seen daily for 3 days by a clinician upon release from the holding cell. | | | | |
| EVALUATION OF RISK POTENTIAL <i>(It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is indicated below. This level of risk will change over time and should be modified as circumstances change.)</i> | | | | |
| The offender is currently a low risk for self harm | | | | |
| RECOMMENDATIONS | | | | |
| It is recommended Inmate Edmo be released from suicide watch and returned to appropriate housing (Unit 8). | | | | |

RISK REDUCTION/TREATMENT PLAN ADDENDUM

| RISK REDUCTION PLAN | | |
|---|--|--|
| PROBLEM <i>(The problem(s) should be specific to the offender's current reporting issues)</i> | GOAL <i>(There should be two (2) types of goals for each Problem: 1) Immediate goal(s) and 2) Short-term goal(s))</i> | INTERVENTION <i>(The interventions need to be specific and measurable to each of the two types of goals and relate to the presenting problem(s) of the offender)</i> |
| Inmate Edmo reports frustration with staff related to rules associated with Gender Dysphoria. This frustration leads to conflicts with staff. | 1. Inmate Edmo will complete time in Unit 8. 2. Inmate Edmo will remain DOR-free for the next 60 days. | 1. Inmate Edmo will be given Sudokus and ear plugs to help maintain in Unit 8. Inmate Edmo will also be seen daily for 3 days by a clinician upon release from holding cell. 2. Inmate Edmo will follow treatment plan goals and attend Gender Dysphoria group for support regarding diagnosis. Inmate Edmo will focus on programming classes and goal of leaving prison. |



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|---|---|--------------------------------|-----------|----------------|
| Edmo | Mason | 94691 | ██████ | 3/4/14 |
| RISK REDUCTION PLAN CON'T | | | | |
| | | | | |
| CHANGE IN LOC REQUIRED? | NEW LOC IF APPLICABLE (enter in CIS if LOC has changed) | | | |
| No | Not Applicable | | | |
| NATURE OF INCIDENT | | DEGREE OF MEDICAL INTERVENTION | | |
| Other: Disclosed SI on concern form | | None | | |
| OFFENDER'S STATED INTENT | | LAST SUICIDE WATCH | | |
| Other: Wanted others to see how GD can impact people | | 6-12 months | | |
| TREATMENT PLAN UPDATE | | | | |
| The offender will return to their previous treatment plan upon stabilization | | | | |
| ADDITIONAL COMMENTS | | | | |
| According to the SRA database, Inmate Edmo's last SRA/suicide watch was more than a year ago (6/15/12). | | | | |
| REPORT COMPLETED BY | CREDENTIAL | DATE | SIGNATURE | |
| T. Ruth, 9282 | LMSW | 3/4/14 | | |



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------|---|--------|---------------|
| Edmo, Mason | | 94691 | ██████ |
| Date/Time Problem Number | Use SOAP Note Format | | |
| 3/6/14 0755 | S: Met with Offender Edmo to complete 2 of 3 after being released from Watch. Offender Edmo reported to be doing "ok." Edmo was cheerful and polite. Edmo stated that Edmo did not have any concerns and was not experiencing any mental health symptoms. | | |
| | O: Appearance: clean, appropriate for segregation. Orientation: x4 Behavior: relax Eye Contact: good Speech: wnl Mood: cheerful Affect: congruent Thought Process: logical Thought Content: relevant SI: denied HI: denied Delusions: denied Hallucinations: denied Insight: fair Judgment: fair | | |
| | A: Offender Edmo appeared stable and was cheerful. We discussed the follow up of Primary. | | |
| | P: Offender Edmo will received 3 of 3 follow up on 3/7/14 | | |


 L. Venegas, LPC A245

3-6-14
 Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TIT
 (SOAP - Subjective Objective Assessment Plan) IDOC Clinical Contact Note 5.10

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | IDOC # | DATE OF BIRTH | DATE | TIME |
|-------------------------------|---|---|--------|------|
| Edmo, Mason, D. | 94691 | [REDACTED] | 3/7/14 | 0830 |
| S | Today this clinician made clinical contact in order to complete Edmo's required 3 of 3 clinical follow up after being released from suicide watch. Offender Edmo reported that Edmo was doing "alright" but was feeling "a lot of stress" at this time as a result of being brought over to Unit 8. Edmo reported that Edmo was taking Edmo's medication. Edmo reported sleeping somewhat good, and eating at this time. Edmo denied SI, HI or a desire to engage in SIB. Edmo denied a desire to talk about anything at this time. Edmo affirmed that Edmo was doing well in Unit 8 and has not concerns about being able to finish Edmo's time in Unit 8. | | | |
| O | Appearance | Good for LOC and housing placement. | | |
| | Behavior | WNL. | | |
| | Speech | WNL. | | |
| | Response to Interviewer | Was polite and willing to answer all questions that were asked of Edmo. | | |
| | Mood (by report) | "Alright." | | |
| | Affect (observed) | Euthymic. | | |
| | Thought Process | Clear, concise, and direct. | | |
| | Thought Content | Appropriate for interaction. | | |
| | Conscious Level | Good. | | |
| | Orientation/Memory | Oriented x4; short and long-term memory appears to be intact. | | |
| | Attention | Good. | | |
| | Insight | Good. | | |
| | Judgment | Good. | | |
| | Suicidal | Denies SI or SIB. | | |
| | Violence | Denies HI. | | |
| | Delusions | None were reported or observed during the clinical interaction. | | |
| | Perceptions | Congruent with reality. | | |
| A | Edmo appears to be stable at this time and does not appear to be a danger to self or others. Edmo has completed the required 3 of 3 clinical follow up at this time and does not seem to need additional support. Edmo affirmed that Edmo would reach out to clinical staff if needed. | | | |
| P | Edmo will be seen by Edmo's clinician in accordance with Edmo's level of care. | | | |

[Handwritten Signature]
L. Irwin, LMSW A578

3/7/14
Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

| INMATE NAME (Last, First, MI) | IDOC # | EVALUATION DATE |
|--------------------------------------|---------------|------------------------|
| Edmo, Mason, D | 94691 | 03-08-14 |

Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation

SECTION I: Mental Health History (Admission Mental Health Evaluations)

| Yes | No | |
|------------|-----------|---|
| | | History of psychiatric hospitalization and/or outpatient psychiatric treatment |
| | | History of suicide attempts or suicidal ideation or violent/homicidal ideation. |
| | | History of mood symptoms, anxiety, hopelessness, irritability. |
| | | History of drug or alcohol abuse and/or dependence. History of drug or alcohol treatment. |
| | | History of sex offense(s). |
| | | History of victimization due to criminal violence. |
| | | History of placement in special education programs. |
| | | History of expressively violent behavior (violence with the goal of injuring another person). |
| | | History of psychotropic medication. Medication compliant? Circle one: Yes No |
| | | Intellect is estimated to be average or above. |

SECTION II: Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

| Yes | No | |
|---|-----------|--|
| x | | Oriented X 4, (person, place, time, and circumstance). |
| x | | Affect and mood within normal limits. |
| x | | Speech normal in tone and structure; thought content is orderly and goal directed. |
| x | | Currently prescribed and medication compliant with psychotropic medication. |
| | x | Expresses auditory, visual, other hallucinations, or delusional thought. |
| | x | Current suicidal ideation or intent. |
| | x | Judgment and insight impaired. |
| | x | Current psychosocial stressors increasing the risk of harm to self or others. |
| x | | Intellect is estimated to be average or above. |
| | | Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input checked="" type="checkbox"/> Remained Stable |
| | | Requires mental health plan. Date completed: |
| Comments: Edmo denied any mental health concerns at this time and was able to voice an understanding of how to contact a Clinician if needed. | | |

REFERRAL TO _____

| MENTAL HEALTH PROFESSIONAL SIGNATURE | DATE |
|--|-------------|
| Chris Bennett, LPC  | 3-08-14 |



**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

| INMATE NAME (Last, First, MI) | IDOC # | EVALUATION DATE |
|-------------------------------|--------|-----------------|
| Edmo, Mason | 94691 | 3/9/2014 |

Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation

Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

| Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Oriented X 4, (person, place, time, and circumstance). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Affect and mood within normal limits. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Speech normal in tone and structure; thought content is orderly and goal directed. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Currently prescribed and medication compliant with psychotropic medication. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Expresses auditory, visual, other hallucinations, or delusional thought. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Current suicidal ideation or intent. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Judgment and insight impaired. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Current psychosocial stressors increasing the risk of harm to self or others. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Intellect is estimated to be average or above. |
| <input type="checkbox"/> | <input type="checkbox"/> | Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input checked="" type="checkbox"/> Remained Stable |
| <input type="checkbox"/> | <input type="checkbox"/> | Requires mental health plan. Date completed: |

Comments:

Denied MH concerns

| | |
|--------------------|----------|
| REFERRAL TO | <i>Ø</i> |
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| MENTAL HEALTH PROFESSIONAL SIGNATURE | DATE |
|--------------------------------------|--------|
| <i>B. Lewis</i> LMSW #2445 | 3/9/14 |



IDOC Restricted Housing MH Evaluation Form 3.09

Psychiatric Progress Note

ID: 94691

Name: Edmo, Mason

3/10/14

| |
|---|
| <p>S: "I was supposedly threatening staff." He states he isn't sure why he was up North. He states he had to come here to get more hormones for his GID. He states he has been on the Zoloft for a couple of months and he doesn't see any change. He states he has sadness and states his anxiety has been really high. He states he gets really irritated. He states he is isolating. He states he totally "shuts down" and doesn't want to be around anyway. He states he sometimes becomes suicidal when he is depressed but he does not feel that now. He states his appetite is alright. He says his energy fluctuates and is low now. He states he feels drained. He states he is sleeping alright. He states he walks in his cell for exercise. He states when he is not in SEG he exercises with weights which are a stress reliever. He will be in prison until 2021.</p> <p>Response to TX: Improved Medication Compliance: Compliant Suicidal/Homicidal Ideation and/or Plan: Denies Medication Side Effects: Denies Auditory/Visual Hallucinations/Delusions/Paranoia: Denies Medications: Zoloft 50 mg. AM</p> <p>Wt: 215 (not weighed today—unit 8)</p> |
| <p>O: Alert and oriented. Speech is clear with RRR. Thoughts are coherent and goal oriented. Mood is sad. Attitude is cooperative. Affect slightly flat. Appearance is well groomed. Good eye contact. Cognition is intact. Insight is fair.</p> <p>AIMS: N/A</p> <p>Med Consent In Chart: Yes</p> |
| <p>A: 26 year old male (GID) who reports residual depressive symptoms. Will increase Zoloft. Diagnoses Include: GID Major Depressive Disorder Alcohol Use Disorder, in a controlled environment Social Stressor of Prison</p> |
| <p>P: Increase Zoloft 100 mg. AM Educated regarding the risks/benefits/side effects of Zoloft, including weight gain, SI, and sleepiness. Psycho-education regarding medication discussed; understanding verbalized. RTC: 6 weeks</p> |

**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

| INMATE NAME (Last, First, MI) | IDOC # | EVALUATION DATE |
|-------------------------------|--------|-----------------|
| Edmo, Mason | 94691 | 3/16/2014 |

Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation

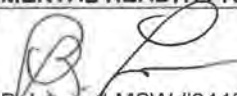
Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

| Yes | No | |
|-----|----|--|
| X | | Oriented X 4, (person, place, time, and circumstance). |
| X | | Affect and mood within normal limits. |
| X | | Speech normal in tone and structure; thought content is orderly and goal directed. |
| | X | Currently prescribed and medication compliant with psychotropic medication. |
| | X | Expresses auditory, visual, other hallucinations, or delusional thought. |
| | X | Current suicidal ideation or intent. |
| | X | Judgment and insight impaired. |
| | X | Current psychosocial stressors increasing the risk of harm to self or others. |
| ✓ | | Intellect is estimated to be average or above. |
| | | Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input checked="" type="checkbox"/> Remained Stable |
| | | Requires mental health plan. Date completed: |

Comments:

- Reported concerns about RX dosage.
- Asked to see Y

| | |
|--------------------|-------|
| REFERRAL TO | Psych |
|--------------------|-------|

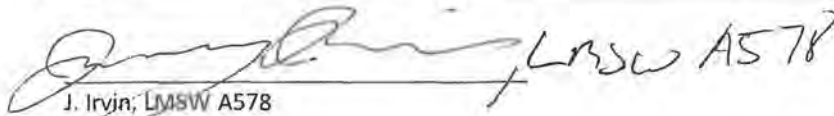
| MENTAL HEALTH PROFESSIONAL SIGNATURE | DATE |
|--|---------|
|  B. Lewis LMSW #2445 | 3/16/14 |



IDOC Restricted Housing MH Evaluation Form 3.09

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH | DATE | TIME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|---|--------|---------------|----------|------|------------|-------------------------------------|----------|------|--------|------|-------------------------|---|------------------|------------|-------------------|-----------|-----------------|-----------------------------|-----------------|------------------------------|-----------------|-------|--------------------|---|-----------|-------|---------|-------|----------|-------|----------|-------------------|----------|------------|-----------|---|-------------|-------------------------|
| Edmo, Mason, D. | | 94691 | ████████ | 04/02/14 | 1400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | <p>Today this clinician met with Offender Edmo after Edmo asked to speak with this clinician after group was over. During the meeting, Edmo and another offender talked about their frustration that their experience as a result of being gender dysphoric within a male dominated prison. Edmo stated that Edmo would like this clinician to be an advocate for the transgender community in prison by speaking up when this clinician sees or hears something that is offensive to this population. Edmo also spoke of abuse that Edmo experienced while at Orofino. Edmo reported that in the past Edmo has felt suicidal as a result of the gender dysphoria that is experienced on a daily basis. Edmo affirmed that Edmo was not currently suicidal, nor is Edmo currently experiencing any suicidal thoughts or ideations.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O | <table border="1"> <tr> <td>Appearance</td> <td>Good for LOC and housing placement.</td> </tr> <tr> <td>Behavior</td> <td>WNL.</td> </tr> <tr> <td>Speech</td> <td>WNL.</td> </tr> <tr> <td>Response to Interviewer</td> <td>Was polite and willing to answer all questions that were asked of Edmo.</td> </tr> <tr> <td>Mood (by report)</td> <td>"Alright."</td> </tr> <tr> <td>Affect (observed)</td> <td>Euthymic.</td> </tr> <tr> <td>Thought Process</td> <td>Clear, concise, and direct.</td> </tr> <tr> <td>Thought Content</td> <td>Appropriate for interaction.</td> </tr> <tr> <td>Conscious Level</td> <td>Good.</td> </tr> <tr> <td>Orientation/Memory</td> <td>Oriented x4; short and long-term memory appears to be intact.</td> </tr> <tr> <td>Attention</td> <td>Good.</td> </tr> <tr> <td>Insight</td> <td>Good.</td> </tr> <tr> <td>Judgment</td> <td>Good.</td> </tr> <tr> <td>Suicidal</td> <td>Denies SI or SIB.</td> </tr> <tr> <td>Violence</td> <td>Denies HI.</td> </tr> <tr> <td>Delusions</td> <td>None were reported or observed during the clinical interaction.</td> </tr> <tr> <td>Perceptions</td> <td>Congruent with reality.</td> </tr> </table> | | | | | Appearance | Good for LOC and housing placement. | Behavior | WNL. | Speech | WNL. | Response to Interviewer | Was polite and willing to answer all questions that were asked of Edmo. | Mood (by report) | "Alright." | Affect (observed) | Euthymic. | Thought Process | Clear, concise, and direct. | Thought Content | Appropriate for interaction. | Conscious Level | Good. | Orientation/Memory | Oriented x4; short and long-term memory appears to be intact. | Attention | Good. | Insight | Good. | Judgment | Good. | Suicidal | Denies SI or SIB. | Violence | Denies HI. | Delusions | None were reported or observed during the clinical interaction. | Perceptions | Congruent with reality. |
| Appearance | Good for LOC and housing placement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Behavior | WNL. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Speech | WNL. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Response to Interviewer | Was polite and willing to answer all questions that were asked of Edmo. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mood (by report) | "Alright." | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Affect (observed) | Euthymic. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thought Process | Clear, concise, and direct. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thought Content | Appropriate for interaction. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conscious Level | Good. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orientation/Memory | Oriented x4; short and long-term memory appears to be intact. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attention | Good. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insight | Good. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Judgment | Good. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suicidal | Denies SI or SIB. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Violence | Denies HI. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delusions | None were reported or observed during the clinical interaction. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Perceptions | Congruent with reality. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | <p>Edmo appears to be stable at this time and does not appear to be a danger to self or others. Edmo affirmed that Edmo would reach out to clinical staff if needed. Edmo did not appear to be manipulating housing at this time, and the frustration that was presented during the clinical interaction appeared to be legitimate.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P | <p>Edmo will be seen by Edmo's clinician in accordance with Edmo's level of care.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |


LMSW A578
4/6/14
 J. Irvin; LMSW A578 Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH | DATE | TIME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|--|--------|---------------|----------|------|------------|-------------------------------------|----------|------|--------|------|-------------------------|--|------------------|------------|-------------------|-----------|-----------------|-----------------------------|-----------------|------------------------------|-----------------|-------|--------------------|---|-----------|-------|---------|-------|----------|-------|----------|-------------------|----------|------------|-----------|---|-------------|-------------------------|
| Edmo, Mason, D. | | 94691 | ████████ | 04/08/14 | 0900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | <p>Today this clinician made clinical contact with Edmo in order to complete the 1 of 3 clinical contact that is required per Edmo's LOC and housing placement. Edmo reported that Edmo was doing "okay" at this time. Edmo reported that Edmo had some trouble at Pendyne this morning when Edmo overheard staff speaking poorly of Edmo's diagnosis. Edmo reported experiencing Depression at a 7 and anxiety at a 9 (both of which were on a ten-point scale with ten being the highest). Edmo reported having difficulties sleeping at this point in time. "I wake up every morning and think, what bad thing is going to happen to me today." This clinician talked about how Edmo's negative thought process may be impacting the way that Edmo interacts with the world. Edmo also reported that Edmo's psychotropic medication regiment was decreased. Edmo reports that this has increased Edmo's mental health symptoms; "I feel like I am being a bitch all day long." Edmo reported that Edmo would no longer be attending GD group because Edmo would now be taking SOTP classes during the same time.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O | <table border="1"> <tr> <td>Appearance</td> <td>Good for LOC and housing placement.</td> </tr> <tr> <td>Behavior</td> <td>WNL.</td> </tr> <tr> <td>Speech</td> <td>WNL.</td> </tr> <tr> <td>Response to Interviewer</td> <td>Was polite and willing to answer all questions that were asked of Edmo. Edmo was very pleasant and respectful throughout the clinical interaction.</td> </tr> <tr> <td>Mood (by report)</td> <td>"Alright."</td> </tr> <tr> <td>Affect (observed)</td> <td>Euthymic.</td> </tr> <tr> <td>Thought Process</td> <td>Clear, concise, and direct.</td> </tr> <tr> <td>Thought Content</td> <td>Appropriate for interaction.</td> </tr> <tr> <td>Conscious Level</td> <td>Good.</td> </tr> <tr> <td>Orientation/Memory</td> <td>Oriented x4; short and long-term memory appears to be intact.</td> </tr> <tr> <td>Attention</td> <td>Good.</td> </tr> <tr> <td>Insight</td> <td>Good.</td> </tr> <tr> <td>Judgment</td> <td>Good.</td> </tr> <tr> <td>Suicidal</td> <td>Denies SI or SIB.</td> </tr> <tr> <td>Violence</td> <td>Denies HI.</td> </tr> <tr> <td>Delusions</td> <td>None were reported or observed during the clinical interaction.</td> </tr> <tr> <td>Perceptions</td> <td>Congruent with reality.</td> </tr> </table> | | | | | Appearance | Good for LOC and housing placement. | Behavior | WNL. | Speech | WNL. | Response to Interviewer | Was polite and willing to answer all questions that were asked of Edmo. Edmo was very pleasant and respectful throughout the clinical interaction. | Mood (by report) | "Alright." | Affect (observed) | Euthymic. | Thought Process | Clear, concise, and direct. | Thought Content | Appropriate for interaction. | Conscious Level | Good. | Orientation/Memory | Oriented x4; short and long-term memory appears to be intact. | Attention | Good. | Insight | Good. | Judgment | Good. | Suicidal | Denies SI or SIB. | Violence | Denies HI. | Delusions | None were reported or observed during the clinical interaction. | Perceptions | Congruent with reality. |
| Appearance | Good for LOC and housing placement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Behavior | WNL. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Mood (by report) | "Alright." | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Affect (observed) | Euthymic. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thought Process | Clear, concise, and direct. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thought Content | Appropriate for interaction. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conscious Level | Good. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orientation/Memory | Oriented x4; short and long-term memory appears to be intact. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attention | Good. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insight | Good. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Judgment | Good. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suicidal | Denies SI or SIB. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Violence | Denies HI. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delusions | None were reported or observed during the clinical interaction. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Perceptions | Congruent with reality. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | <p>Edmo appears to be stable at this time. Edmo does not appear to need additional support at this time. Edmo reports having some difficulties with staff members, "I feel like they are singling me out." Edmo does appear to attract more attention than other offenders, but this is often due to Edmo often pushing the boundaries of what is considered appropriate in regards to hair styles.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P | <p>Edmo will be seen by Edmo's clinician in accordance with Edmo's level of care.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |


J. Irvin, LMSW A578

4/8/14
Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

Edmo, Mason

IDOC#: 94691

Psychiatric Progress Note

ISCI-BHU

4/9/14

S: The inmate reported he has been depressed since being in prison. He reported normal appetite. He reported extensive exercise. He described normal concentration (just graduated a paralegal course). He denied suicidal thoughts. He reported good med compliance. He said his Zoloft dose was just decreased accidentally.

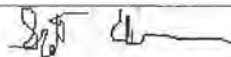
Medications: Zoloft 100mg AM
Wt 220

O: MSE: Hygiene good. Groomed eyebrows. Appears feminine in his demeanor and interaction style. Thoughts logical and linear. Denied any SI/HI. No overt delusions. Affect full range and euthymic. Speech regular in rate, rhythm, and volume. Mood "depressed."

A: 26 year old male with Gender Dysphoria, Alcohol Use disorder, and Depression. Doing well and in remission. Functioning well.

MDD,
GDD
Alcohol Use disorder

P: Put Zoloft back to 150mg.
RTC 3 months



Scott Eliason MD Page 1

ER 1617

Drop-in Mental Health Clinic

1. Offender Name/IDOC number: Edmo 94691
2. Date: 4/21/14
3. Time: 1525
4. Identified Problem: wanted to know if Edmo could live in GP. If not - wants to go to B tier. States other inmates told Edmo an officer watched Edmo shower. wants to go to twice ~~apologized~~ for attitude.
5. Suicidal ideation: Y N
 - a. If yes, statement about plan/intent:
6. Homicidal ideation: Y N
 - a. If yes, statement about plan/intent:
7. Intervention: assisted with problem solving. answered questions to the best of my ability + directed certain questions to appropriate staff. agreed to let Dobler know of staff wrongs. discussed what Edmo was working on in re: to mood/ emotions + reviewed goals
8. Mental Status:
 - a. Mood: "moody"
 - b. Affect: euthymic
 - c. Thought process: logical/clear
 - d. Thought Content: appropriate
 - e. Hallucinations/Delusions/Illusions: none evident
 - f. Oriented: Time Place Person Reason for Visit
 - g. Hygiene/grooming: moderate
 - h. Speech: WNL
 - i. Insight: fair
 - j. Judgment: fair
9. Plan of action: Email sent to Sgt. Dobler + CS Fisher re. staff issue

L. Watson 4/21/14

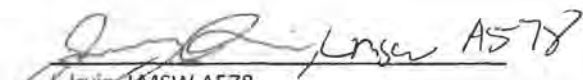
L. Watson, LCSW 0367

Date

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | IDOC # | DATE OF BIRTH | DATE | TIME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|---|---------------|----------|------|------------|-------------------------------------|----------|------|--------|------|-------------------------|--|------------------|---------|-------------------|-----------|-----------------|-----------------------------|-----------------|------------------------------|-----------------|-------|--------------------|---|-----------|-------|---------|-------|----------|-------|----------|-------------------|----------|------------|-----------|---|-------------|-------------------------|
| Edmo, Mason, D. | 94691 | [REDACTED] | 06/11/14 | 1015 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | <p>Today this clinician made clinical contact with Edmo in order to complete the 2 of 3 clinical contact that is required per Edmo's LOC and housing placement. This session was also used as an opportunity to allow Edmo to update Edmo's treatment plan, as Edmo had requested having a desire to include several interventions that were not previously there. Edmo reported that everything was going "good" today. Edmo stated that Edmo was doing well in programming at this time, and was not experiencing any difficulties related to that at this time. Edmo reported a desire to continue attending the Gender Dysphoria treatment group despite not being able to because of programming conflicts. It was discussed and decided that this clinician would bring up the idea of changing the time for group to a time that would work better for all people. This would hopefully allow everyone to attend and to take advantage of the group. Edmo reported that Edmo was experiencing some difficulties in trying to work with certain staff members, "Some of them still call me mister, even though they know that I am transgender. It bothers me, but I just walk away and try and calm myself down." Edmo has gone several months without receiving a new DOR, which shows that Edmo is trying to comply with rules and regulations. Edmo was given homework that is focused on crafting a theoretical framework that would explain Edmo's view on what is: gender, sexual orientation, gender identity, and transsexualism. Edmo reported that Edmo would be willing to do this.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Appearance</td> <td>Good for LOC and housing placement.</td> </tr> <tr> <td>Behavior</td> <td>WNL.</td> </tr> <tr> <td>Speech</td> <td>WNL.</td> </tr> <tr> <td>Response to Interviewer</td> <td>Was polite and willing to answer all questions that were asked of Edmo. Edmo was very pleasant and respectful throughout the clinical interaction.</td> </tr> <tr> <td>Mood (by report)</td> <td>"Good."</td> </tr> <tr> <td>Affect (observed)</td> <td>Euthymic.</td> </tr> <tr> <td>Thought Process</td> <td>Clear, concise, and direct.</td> </tr> <tr> <td>Thought Content</td> <td>Appropriate for interaction.</td> </tr> <tr> <td>Conscious Level</td> <td>Good.</td> </tr> <tr> <td>Orientation/Memory</td> <td>Oriented x4; short and long-term memory appears to be intact.</td> </tr> <tr> <td>Attention</td> <td>Good.</td> </tr> <tr> <td>Insight</td> <td>Good.</td> </tr> <tr> <td>Judgment</td> <td>Good.</td> </tr> <tr> <td>Suicidal</td> <td>Denies SI or SIB.</td> </tr> <tr> <td>Violence</td> <td>Denies HI.</td> </tr> <tr> <td>Delusions</td> <td>None were reported or observed during the clinical interaction.</td> </tr> <tr> <td>Perceptions</td> <td>Congruent with reality.</td> </tr> </table> | | | | Appearance | Good for LOC and housing placement. | Behavior | WNL. | Speech | WNL. | Response to Interviewer | Was polite and willing to answer all questions that were asked of Edmo. Edmo was very pleasant and respectful throughout the clinical interaction. | Mood (by report) | "Good." | Affect (observed) | Euthymic. | Thought Process | Clear, concise, and direct. | Thought Content | Appropriate for interaction. | Conscious Level | Good. | Orientation/Memory | Oriented x4; short and long-term memory appears to be intact. | Attention | Good. | Insight | Good. | Judgment | Good. | Suicidal | Denies SI or SIB. | Violence | Denies HI. | Delusions | None were reported or observed during the clinical interaction. | Perceptions | Congruent with reality. |
| Appearance | Good for LOC and housing placement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Behavior | WNL. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Speech | WNL. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Response to Interviewer | Was polite and willing to answer all questions that were asked of Edmo. Edmo was very pleasant and respectful throughout the clinical interaction. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mood (by report) | "Good." | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Affect (observed) | Euthymic. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thought Process | Clear, concise, and direct. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thought Content | Appropriate for interaction. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conscious Level | Good. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orientation/Memory | Oriented x4; short and long-term memory appears to be intact. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attention | Good. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insight | Good. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Judgment | Good. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suicidal | Denies SI or SIB. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Violence | Denies HI. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delusions | None were reported or observed during the clinical interaction. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Perceptions | Congruent with reality. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | <p>Edmo appears to be stable at this time. Edmo does not appear to need additional support at this time. Edmo has reported experiencing an increase in stress due to interpersonal conflict that has been experienced when interacting with other staff members. It is most likely true that this is the case, but Edmo has done a great job of trying to manage these increased stressors</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|---|---|
| | appropriately. Edmo has been doing a great job of reaching out to staff in order to get Edmo's needs met. |
| P | Edmo will be seen by Edmo's clinician in accordance with Edmo's level of care. |


J. Irvin, LMSW A578

6/11/14
Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

**IDAHO DEPARTMENT OF CORRECTION
TREATMENT PLAN**

| | | | | | |
|--|---|---------------------------------|---|-------------------------|---------------|
| DATE | 6/11/14 | INMATE NAME | Edmo, Mason, D. | | |
| IDOC # | 94691 | DOB | ██████ | LOC | CMHS 1 |
| PROBLEM (in operational terms) | | | GOAL | | |
| 1. | Edmo reports having a history of being in abusive romantic relationships out in the community. | | Edmo will identify the primary reasons as to why Edmo enters into unhealthy relationships, as well as how to identify a health relationship out in the community upon release. This will be done over the next 3 months. | | |
| 2. | Edmo reports experiencing a history of substance abuse. | | Edmo will identify alternative healthy ways of coping with negative life stressors in Edmo's life so that upon release from prison Edmo will be able to use appropriate coping skills and not turn to self-medication to deal with life stressors. | | |
| 3. | Edmo reports that Edmo's diagnosis of gender dysphoria has had a negative impact on Edmo's life and interpersonal relationships. | | Edmo will work towards preparing emotionally and physically for living as Edmo's preferred gender upon release from prison. This will be done by Edmo being able to express to others, upon request, the impact that Edmo's transsexual experience has on Edmo on a daily basis. Edmo will also work towards expressing Edmo's preferred self to the fullest extent within the context of IDOC. | | |
| PREPARED BY J. Irvin, LMSW A578 | | | | DATE | 6/11/14 |
| INTERVENTIONS | | | | | |
| Problem # | Treatment Intervention | Staff/Person Responsible | Frequency/Duration | Date Goal Closed | |
| 1, 2, 3 | Edmo will use coping skills when struggling to manage Edmo's symptoms. These coping skills include: listening to music, talking to positive social supports, and exercising. | Edmo | As needed | | |
| 1, 2, 3 | Edmo will voice an understanding of how Edmo can Kite a clinician for support, and will reach out as needed. | Edmo/ Clinician | As needed | | |
| 1, 2, 3 | Edmo will work towards composing a theoretic framework that would explain Edmo's current views on the topics of: gender, sexual orientation, gender identity, and transsexualism. | Edmo | As appropriate until completed. | | |

| | | | | |
|---------|--|---------------------|---|------------|
| 1, 2, 3 | Edmo will be given, and read, transgender literature that will help expose Edmo to other content areas within the trans community. This is to help expose Edmo to new concepts areas within the transgender community with the hope of encouraging internal exploration on areas related to the transgender experience and how they may apply to Edmo. | Edmo | As given. | |
| 1, 2, 3 | Edmo will identify a baseline of experienced interpersonal conflict when interacting with correctional staff. | Edmo | As scheduled | |
| 1, 2, 3 | Edmo will complete a homework assignment that is focused on identifying a list of 20 aspects of previous romantic relationships. | Edmo | As scheduled. Edmo will turn this in two weeks. | Completed. |
| 1, 2, 3 | Edmo will take any medication prescribed by Edmo's psychiatrist or designee, as indicated, reporting any changes, concerns, or side effects. | Edmo/ Psychiatry | As prescribed | |
| 1, 2, 3 | If placed on suicide watch or close observation, Edmo will complete therapeutic assignments prior to being released. | Client | As needed | |
| 1, 2, 3 | Edmo will attend all therapeutic groups as assigned. Currently, Edmo is to be enrolled in: GD Group . | Client | As scheduled. | |

Edmo Edmo

 OFFENDER SIGNATURE

94091

 IDOC #

June 14-141

 DATE



IDOC Treatment Plan Form Rev. 5.10

U-16
 mdf
 B/B - 11/9/11
 P - 2-16

| IDOC MENTAL HEALTH SCREENING | | INMATE NAME: EDAD, ARDEE | DOB: [REDACTED] | DATE OF REPORT: 6/20/14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|------------|-------------|------------|-------------|------------|-----------|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|---|--|--|--|----------------------------------|--|--|--|---------------------------------|--|--|--|--|--|--|--|---|-----------------------------|
| | | <input type="checkbox"/> Intake/New Arrival | <input type="checkbox"/> Inter Institutional Transfer | <input checked="" type="checkbox"/> Restrictive Housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Risk Factors | 1. Did the transporting officer report any concerns? If so please explain: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Immediately notify the shift commander | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. Right now, do you have thoughts of hurting yourself? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. Do you have any immediate plans to hurt yourself? Describe: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4. Right now, do you feel like there is nothing to look forward to in the future? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Refer to MH for follow up within 24 hrs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5. Right now, do you have any mental health symptoms or complaints? On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extremely serious</i> ; rate your symptoms, please describe: 5 Depression (If rated at "5" or above, refer for clinician follow-up) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6. Within the past year have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____ Date: _____ Means/Method: _____ Intent: _____ | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suicide/Self Harm History | 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____ In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Means/Method: _____ Intent: _____ In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Means/Method: _____ Intent: _____ In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Refer to MH for follow up within 72 hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prior Treatment | 8. Do you have a History of Mental Health Hospitalizations and Outpatient Treatment? Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication | 9. Are you currently taking mental health medications? Medication Name: Zolift Dose/Frequency 15mg AM Date of Last dose: 6/20/14 Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10. Have you ever taken mental health medications in the past? Medication Name: Seroquel Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Refer to MH for follow up or requested | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Use | 11. Have you ever used any type of substances: <table border="1"> <thead> <tr> <th>What?</th> <th>First Used:</th> <th>Last Used:</th> <th>How Much?</th> <th>What?</th> <th>First Used:</th> <th>Last Used:</th> <th>How Much?</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Alcohol:</td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Marijuana:</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Methamphetamines:</td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Cocaine:</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Prescription drugs:</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Heroin:</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | What? | First Used: | | Last Used: | How Much? | What? | First Used: | Last Used: | How Much? | <input checked="" type="checkbox"/> Alcohol: | | | | <input checked="" type="checkbox"/> Marijuana: | | | | <input checked="" type="checkbox"/> Methamphetamines: | | | | <input checked="" type="checkbox"/> Cocaine: | | | | <input checked="" type="checkbox"/> Prescription drugs: | | | | <input type="checkbox"/> Heroin: | | | | <input type="checkbox"/> Other: | | | | | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| What? | First Used: | Last Used: | How Much? | | What? | First Used: | Last Used: | How Much? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Alcohol: | | | | <input checked="" type="checkbox"/> Marijuana: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Methamphetamines: | | | | <input checked="" type="checkbox"/> Cocaine: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Prescription drugs: | | | | <input type="checkbox"/> Heroin: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12. Have you ever participated in substance abuse treatment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 13. Did you successfully complete? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 14. Providers name: Rider Program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other contributing suicide risk factors | 15. Is this your first time in prison? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Routine MH follow up if indicated or requested | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16. Have any family members or significant persons in your life attempted or committed suicide? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 17. Have you recently experienced a significant loss such as a death of a close family member or friend? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 18. Have you ever been arrested for a sex crime? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19. Have you ever been a victim of sexual or physical abuse? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20. Have you had a head injury? Describe: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21. Have you ever received special education services? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 22. Are you worried about something other than your current legal situation? Describe: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 23. Do you have a physical illness that is causing you distress or pain? Describe: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | |
|--|--|---|---|--|---|---|---|--|
| Current Mental Health Status (Check all that apply) | <input checked="" type="checkbox"/> Alert, oriented x <u>4</u> | | <input type="checkbox"/> Disoriented | | <input type="checkbox"/> Reports Hallucinations | | <input type="checkbox"/> Endorses Delusions | |
| | Grooming/Hygiene | Eye Contact | Affect | Mood | Thought Process | Speech | Movement/Activity | |
| <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Unkempt <input type="checkbox"/> Dirty <input type="checkbox"/> Other: | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> None | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Flat <input type="checkbox"/> No emotion <input type="checkbox"/> Tearful <input type="checkbox"/> Smiling <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Angry <input type="checkbox"/> Cheerful <input type="checkbox"/> Calm <input type="checkbox"/> Sad <input type="checkbox"/> Hopeless <input type="checkbox"/> Anxious | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Logical <input type="checkbox"/> Goal directed <input type="checkbox"/> Disorganized <input type="checkbox"/> Moving from topic to topic quickly <input type="checkbox"/> Irrelevant <input type="checkbox"/> Distractible | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Loud <input type="checkbox"/> Quiet <input type="checkbox"/> Rambling | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Restless <input type="checkbox"/> Slowed <input type="checkbox"/> Active <input type="checkbox"/> Agitated <input type="checkbox"/> Aggressive | | |
| DISPOSITION | Action Taken | | | | Initial Housing Recommendation | | | |
| | <input type="checkbox"/> Emergent/Urgent: Referred to the Shift Commander under Policy 315 <input checked="" type="checkbox"/> Refer to Mental Health for follow up within 24 hours <input type="checkbox"/> Refer to Mental Health for follow up within 72 hours <input type="checkbox"/> Refer for routine Mental Health follow up <input type="checkbox"/> No need for Mental Health follow up - cleared | | | | <input checked="" type="checkbox"/> Cleared for general housing placement <input type="checkbox"/> Not cleared - referred for holding cell placement <input type="checkbox"/> Other placement: | | | |
| Informed Consent | I acknowledge that I have answered all questions truthfully and have been informed about how to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals. Inmate Signature: <u>[Signature]</u> Date: <u>6/20/14</u> | | | | | | | |
| Screening/Reviewer | Screened by: <u>6/20/14</u> <u>1340</u> Date Time | | <u>REYARD, J</u> Printed Name | | <u>[Signature]</u> Signature | | | |
| | Screening Reviewed: <u>6/20/14</u> <u>1340</u> Date Time | | <u>L. Venegas, LSC</u> Printed Name | | <u>[Signature]</u> Clinician Signature | | | |
| | <input type="checkbox"/> MH Secondary Assessment Completed: _____ Date Printed Name Signature | | | | | | | |
| Clinical Follow Up | Follow Up SOAP Note/if indicated: <u>Followup during ad seg checks.</u> | | | | | | | |
| | <u>6/20/14</u> <u>1340</u> Date Time | | <u>L. Venegas</u> Printed Name | | <u>[Signature]</u> Clinician Signature | | | |

**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

| INMATE NAME (Last, First, MI) | IDOC # | EVALUATION DATE |
|-------------------------------|--------|-----------------|
| Edna | 04601 | 6/25/14 |

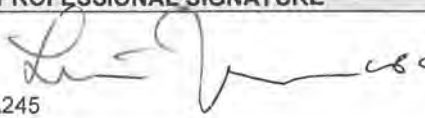
Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation

Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

| Yes | No | |
|-----------|----|---|
| X | | Oriented X 4, (person, place, time, and circumstance). |
| X | | Affect and mood within normal limits. |
| X | | Speech normal in tone and structure; thought content is orderly and goal directed. |
| X | | Currently prescribed and medication compliant with psychotropic medication. |
| | X | Expresses auditory, visual, other hallucinations, or delusional thought. |
| | X | Current suicidal ideation or intent. |
| | X | Judgment and insight impaired. |
| | X | Current psychosocial stressors increasing the risk of harm to self or others. |
| X | | Intellect is estimated to be average or above. |
| | | Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input type="checkbox"/> Remained Stable |
| | | Requires mental health plan. Date completed: |
| Comments: | | |

| | |
|--------------------|--|
| REFERRAL TO | |
|--------------------|--|

| MENTAL HEALTH PROFESSIONAL SIGNATURE | DATE |
|--|---------|
|  L. Venegas, LPC #A245 | 6/25/14 |



IDOC Restricted Housing MH Evaluation Form 3.09

Drop-in Mental Health Clinic

- 1. Offender Name/IDOC number: Edmo / 94691
- 2. Date: 7/16/14
- 3. Time: 0940
- 4. Identified Problem:

Reports experiencing frustration as a result of not being able to present as feminine as possible.

- 5. Suicidal ideation: Y
- a. If yes, statement about plan/intent:

- 6. Homicidal ideation: Y
- a. If yes, statement about plan/intent:

- 7. Intervention:


Listened to offender. Edmo reported just wanting to talk.

- 8. Mental Status:

- a. Mood: Okay
- b. Affect: Euthymic
- c. Thought process: Linear
- d. Thought Content: appropriate for interaction.
- e. Hallucinations/Delusions/Illusions: Denies all
- f. Oriented: Time Place Person Reason for Visit
- g. Hygiene/grooming: Wn1
- h. Speech: Wn1
- i. Insight: Wn1
- j. Judgment: Wn1

- 9. Plan of action:

NO further action necessary.


J. Irvin, LMSW, MEd., # A578

Date

7/16/14

Edmo, Mason

IDOC#: 94691

Psychiatric Progress Note

ISCI-BHU

7/16/14

S: The inmate reported he has been depressed since being in prison. He reported normal appetite. He reported extensive exercise. He described normal concentration (just graduated a paralegal course). He denied suicidal thoughts. He reported good med compliance. He said that he passes the day "just chilling and listening to music. Sometimes I play cards." He wanted to decrease the Zoloft dose, "to eventually get off of it."

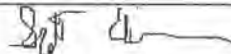
Medications: Zoloft 150mg AM
Wt 217 (-3)

O: MSE: Hygiene good. Groomed eyebrows. Appears feminine in his demeanor and interaction style. Thoughts logical and linear. Denied any SI/HI. No overt delusions. Affect full range and euthymic. Speech regular in rate, rhythm, and volume. Mood "good."

A: 26 year old male with Gender Dysphoria, Alcohol Use disorder, and Depression. Doing well and in remission. Functioning well.

MDD,
GDD
Alcohol Use disorder

P: Decrease Zoloft to 100mg AM at his request.
RTC 3 months



Scott Eliason MD Page 1



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

| EDMO NAME (Last, First, MI) | IDOC # | DATE OF BIRTH | DATE | TIME |
|--------------------------------|--|---------------|---------|------|
| Edmo, Mason | 94691 | ██████ | 8/24/14 | 1400 |
| S | Met with Edmo for routine check in. Edmo discussed GD issues as well as abusive relationship tendencies. Edmo also discussed his goals of moving to the yard. Edmo denied SI/HI. | | | |
| O | Edmo presented as alert and oriented x 4. Edmo maintained appropriate eye contact and behavior with a cooperative attitude. Edmo's affect and mood were congruent and assessed as appropriate to situation and WNL. Edmo's speech was clear with normal rate, tone and volume. Edmo's thought process was logical and goal driven with relevant content. Edmo's insight and judgment were assessed to be normal and intact. Edmo did not appear to be endorsing any hallucinations or delusions. No signs of SI/HI were noted. | | | |
| A | Edmo seems to be managing Edmo's symptoms appropriately – Edmo does not qualify for a move to the yard based on a DOR – Edmo seems to have borderline personality characteristics | | | |
| P | Continue LOC | | | |

A. Menlove
 Clinician Menlove, LPC

8/24/14
 Date

ALL ENTRIES MUST INCLUDE TEDMO WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)

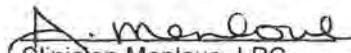
DOC - Idaho Department of Correction

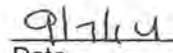


IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

| EDMO NAME (Last, First, MI) | IDOC # | DATE OF BIRTH | DATE | TIME |
|--------------------------------|--|---------------|--------|------|
| Edmo, Mason | 94691 | ██████ | 9/7/14 | 1400 |
| S | Met with Edmo to inform Edmo that Edmo may not participate in yard mental health services until Edmo is closer to meeting criteria to move out of the BHU. Edmo expressed frustration that only GD offenders have criteria to move out of the BHU and that the only reason Edmo does not meet criteria is due to a DOR. Edmo also discussed wanting to review Edmo's homework on relationships with clinician. Edmo denied SI/Hi. | | | |
| O | Edmo presented as alert and oriented x 4. Edmo maintained appropriate eye contact and behavior with a cooperative attitude. Edmo's affect and mood were congruent and assessed as appropriate to situation and WNL. Edmo's speech was clear with normal rate, tone and volume. Edmo's thought process was logical and goal driven with relevant content. Edmo's insight and judgment were assessed to be normal and intact. Edmo did not appear to be endorsing any hallucinations or delusions. No signs of SI/Hi were noted. | | | |
| A | Edmo seems to be managing Edmo's symptoms appropriately – Edmo does not qualify for a move to the yard based on a DOR – Edmo seems to have borderline personality characteristics | | | |
| P | Continue LOC, Edmo will have computer teacher email Edmo's homework to clinician who will review it with Edmo during open clinic | | | |


 Clinician Menlove, LPC


 Date

ALL ENTRIES MUST INCLUDE TEDMO WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)

IDOC Clinical Contact Note 5.10

Edmo, Mason

IDOC#: 94691

Psychiatric Progress Note

ISCI-BHU

9/17/14

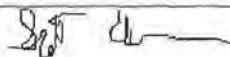
S: The inmate reported she has been more depressed since decreasing the Zoloft. She thought that maybe controlling her GDD better would relieve her MDD symptoms. In fact she stopped her Zoloft entirely in July but restarted it again. She denied suicidal thoughts. She reported isolating, low energy, poor mood.

Medications: Zoloft 150mg AM
Wt 210 (-7)

O: MSE: Hygiene good. Groomed eyebrows. Appears feminine in his demeanor and interaction style. Thoughts logical and linear. Denied any SI/HI. No overt delusions. Affect full range and euthymic. Speech regular in rate, rhythm, and volume. Mood "good."

A: 26 year old female with Gender Dysphoria, Alcohol Use disorder, and Depression. Return of depressive symptoms with decrease of dose.
MDD,
GDD
Alcohol Use disorder

P: Increase Zoloft to 150mg AM
RTC 3 months



Scott Eliason MD Page 1

need #1

Open Mental Health Clinic

- 1. Offender Name/IDOC number: Edmo 94691
- 2. Date: 9/21/14
- 3. Time: 1200
- 4. Identified Problem: saw Dr E Wednesday ↑ 2016/10

- looking for problem solving/persistence.
 - ALSO, female perspectives/Women's Studies

- 5. Suicidal ideation: Y (N)
 - a. If yes, statement about plan/intent:

- 6. Homicidal ideation: Y (N)
 - a. If yes, statement about plan/intent:

- 7. Intervention:

empathetic listening - process feelings/
goals.

- 8. Mental Status:

- a. Mood: anxious
- b. Affect: anxious
- c. Thought process: logical
- d. Thought Content: relevant
- e. Hallucinations/Delusions/Illusions: none
- f. Oriented: Time Place Person Reason for Visit
- g. Hygiene/grooming: clean
- h. Speech: clear
- i. Insight: average
- j. Judgment: intact

- 9. Plan of action: prepare yoga packet. - 20 minutes feeling per day -
 - look for women's issues articles/stories etc. -

J. Menlove 9/21/14
 J. Menlove LPC, NCC 2439 Date

Open Mental Health Clinic

- 1. Offender Name/IDOC number: *Edmo 94691*
- 2. Date: *9/23/14*
- 3. Time: *0845*
- 4. Identified Problem:

wanted to discuss relationship issues

- 5. Suicidal ideation: Y N
- a. If yes, statement about plan/intent:

- 6. Homicidal ideation: Y N
- a. If yes, statement about plan/intent:

- 7. Intervention:

empathetic listening

- 8. Mental Status:

- a. Mood: *good*
- b. Affect: *appropriate*
- c. Thought process: *logical*
- d. Thought Content: *relevant*
- e. Hallucinations/Delusions/Illusions: *none*
- f. Oriented: Time Place Person Reason for Visit
- g. Hygiene/grooming: *clean*
- h. Speech: *clear*
- i. Insight: *intact*
- j. Judgment: *average*

- 9. Plan of action:

HW about what he wants

J. Menlove *9/23/14*
J. Menlove LPC, NCC 2439 Date



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

| EDMO NAME (Last, First, MI) | IDOC # | DATE OF BIRTH | DATE | TIME |
|--------------------------------|--|---------------|----------|------|
| Edmo, Mason | 94691 | [REDACTED] | 10/19/14 | 1300 |
| S | Attempted to meet with Edmo for a routine check in. Edmo was not in the unit. | | | |
| O | Not assessed | | | |
| A | Edmo regularly attends this clinician's drop in clinics & sends concern forms, therefore, while it is technically due for a 60 follow up, Edmo is getting his necessary clinical contact. Edmo has been presenting as stable and functioning appropriately | | | |
| P | Continue LOC, attempt contact again within a week | | | |

A. Menlove
 Clinician Menlove, LPC

10/19/14
 Date

ALL ENTRIES MUST INCLUDE TEDMO WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)

IDOC Clinical Contact Note 5.10



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

| EDMO NAME (Last, First, MI) | IDOC # | DATE OF BIRTH | DATE | TIME |
|--------------------------------|--|---------------|----------|------|
| Edmo, Mason | 94691 | ████████ | 10/21/14 | 0800 |
| S | Met with Edmo for routine check in and to lend Edmo <u>Reconstructing Gender</u> book. Edmo reports Edmo does not want to participate in GD group anymore stating Edmo is not learning anything. Edmo also asked how long before he may move out of the BHU. Edmo must wait for most recent DOR to clear (December). Edmo denied SI/HI. | | | |
| O | Edmo presented as alert and oriented x 4. Edmo maintained appropriate eye contact and behavior with a cooperative attitude. Edmo's affect and mood were congruent and assessed as appropriate to situation and WNL. Edmo's speech was clear with normal rate, tone and volume. Edmo's thought process was logical and goal driven with relevant content. Edmo's insight and judgment were assessed to be normal and intact. Edmo did not appear to be endorsing any hallucinations or delusions. No signs of SI/HI were noted. | | | |
| A | Edmo seems to be managing Edmo's symptoms appropriately – Edmo does not qualify for a move to the yard based on a DOR – Edmo seems to have borderline personality characteristics | | | |
| P | Continue LOC | | | |

A. Menlove
 Clinician Menlove, LPC


10/21/14
 Date

ALL ENTRIES MUST INCLUDE TEDMO WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)

IDOC Clinical Contact Note 5.10

Clinical Contact Note

| Date/Time Problem Number | Use SOAP Note Format |
|-----------------------------------|---|
| 11/04/14 S | I/M Edmo has requested that the specifier "Postransition" be added to the presently recorded Dx of Gender Dysphoria. |
| O | This specifier was recently added to the DSM-5 and states: <i>the individual has transitioned to full-time living in the desired gender (with or without legalization of gender change) and has undergone (or is undergoing) at least one cross-sex medical procedure or treatment regimen, namely, regular cross-sex hormone treatment or gender reassignment surgery confirming the desired gender (e.g., penectomy, vaginoplasty in a natal male, mastectomy, phalloplasty in a natal female).</i> |
| A | I/M Edmo's GD (GID) Dx was confirmed through evaluations performed in 7/12 and recommendation for Tx was made by the MTC shortly thereafter. The offender began hormone Tx under the supervision and has maintained compliance since its initiation. By maintaining compliance and continuing to endorse the goal of eventual sexual re-assignment surgery, I/M Edmo has appeared to meet the criteria for this specifier within the existing limits of a correctional institution and its policies. |
| P | Diagnostic impressions: 302.85: Gender Dysphoria – posttransition (hormone therapy) 311: Unspecified depressive disorder 303.9: Alcohol use disorder - in a controlled environment V62.5: Imprisonment V62.83: Perpetrator of non-parental child sexual abuse V15.41: Personal history of sexual abuse in childhood  Richard Craig, Ph.D. Chief Psychologist |
| Inmate Name: Edmo, Mason (Andree) | |
| IDOC#: 94691 | DOB: [REDACTED] |

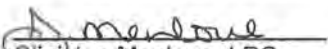
* All entries are to include the writer's printed name, signature, & title



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

| EDMO NAME (Last, First, MI) | IDOC # | DATE OF BIRTH | DATE | TIME |
|--------------------------------|--|---------------|----------|------|
| Edmo, Mason | 94691 | [REDACTED] | 11/23/14 | 1350 |
| S | Met with Edmo to review the pros and cons of moving to General Population. Edmo still wishes to move. Edmo denied SI/Hi. | | | |
| O | Edmo presented as alert and oriented x 4. Edmo maintained appropriate eye contact and behavior with a cooperative attitude. Edmo's affect and mood were congruent and assessed as appropriate to situation and WNL. Edmo's speech was clear with normal rate, tone and volume. Edmo's thought process was logical and goal driven with relevant content. Edmo's insight and judgment were assessed to be normal and intact. Edmo did not appear to be endorsing any hallucinations or delusions. No signs of SI/Hi were noted. | | | |
| A | Edmo seems ready to move to GP – Edmo appears to managing Edmo's symptoms appropriately | | | |
| P | Continue LOC – staff move with treatment team | | | |


 Clinician Menlove, LPC

11/23/14
 Date


ALL ENTRIES MUST INCLUDE TEDMO WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)

IDOC Clinical Contact Note 5.10

**IDAHO DEPARTMENT OF CORRECTION
TREATMENT PLAN**

| | | | | | |
|---------------------------------------|--|---------------------------------|--|--|--------|
| DATE | 12/7/14 | INMATE NAME | Edmo, Mason | | |
| IDOC # | 94691 | DOB | ██████ | LOC | CMHS-1 |
| PROBLEM (in operational terms) | | | GOAL | | |
| 1. | Edmo is in the process of moving out of the Behavior Health Unit | | Edmo will maintain mental health stability while in general population | | |
| PREPARED BY | | J. Menlove LPC | DATE | | |
| INTERVENTIONS | | | | | |
| Problem # | Treatment Intervention | Staff/Person Responsible | Frequency/Duration | Date Goal Closed | |
| 1 | Edmo will voice an understanding of how he can Kite a clinician for support | Offender/ Clinician | As needed | Long term goal | |
| 1 | Edmo will take any medication prescribed by his psychiatrist or designee, as indicated, reporting any changes, concerns, or side effects, following the psychiatric treatment plan unless his level of care increases. | Offender Psychiatry | As prescribed | Long term goal discussed with the psychiatrist during appointments | |
| 1 | Edmo ask staff for assistance as needed and attend Mood Management and PTSD groups as scheduled to learn additional coping and distraction skills. | Offender | As needed | Continuing | |
| 1 | Edmo will use identified coping skills (gym, groups) when struggling to manage his symptoms. | Offender | As needed | Continuing | |



OFFENDER SIGNATURE

94691
IDOC #

12-07-14
DATE



IDOC Treatment Plan Form Rev. 5.10



IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

CLINICAL CONTACT NOTE

| EDMO NAME (Last, First, MI) | IDOC # | DATE OF BIRTH | DATE | TIME |
|--------------------------------|--|---------------|---------------------|------|
| Edmo, Mason | 94691 | [REDACTED] | 11/23/14 12/7/14 | 1350 |
| S | Met with Edmo to complete treatment plan. Edmo reported Edmo is having a hard time, but did not wish to talk about it. Edmo reported Edmo is going to the gym and talking with friends to cope. Edmo and clinician discussed final process for moving out of the unit. Edmo denied SI/HI. | | | |
| O | Edmo presented as alert and oriented x 4. Edmo maintained appropriate eye contact and behavior with a cooperative attitude. Edmo's affect and mood were congruent and assessed as appropriate to situation and WNL. Edmo's speech was clear with normal rate, tone and volume. Edmo's thought process was logical and goal driven with relevant content. Edmo's insight and judgment were assessed to be normal and intact. Edmo did not appear to be endorsing any hallucinations or delusions. No signs of SI/HI were noted. | | | |
| A | Edmo seems ready to move to GP – Edmo appears to managing Edmo's symptoms appropriately | | | |
| P | Continue LOC – write discharge summary from unit 12/20 | | | |

A. Menlove
Clinician Menlove, LPC

12/7/14
Date

ALL ENTRIES MUST INCLUDE TEDMO WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)

IDOC Clinical Contact Note 5.10

Edmo, Mason

IDOC#: 94691

Psychiatric Progress Note

ISCI-BHU

12/10/14

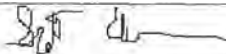
S: The inmate reported that things aren't going well. He was having back spasm. He reported he hasn't been taking his amitriptyline from medical because it causes some back problems. He said that he has let medical know about that. He denied suicidal thoughts. He said he was just hanging out. He said he doesn't exercise. He said that he doesn't do much because his GID rules out most activities. He said that he keeps getting into trouble for looking too feminine (DORs).

Medications: Zoloft 150mg AM (Amitriptyline from medical)
Wt 210

O: MSE: Hygiene good. Groomed eyebrows. Appears feminine in his demeanor and interaction style. Thoughts logical and linear. Denied any SI/HI. No overt delusions. Affect full range and euthymic. Speech regular in rate, rhythm, and volume. Mood "good."

A: 27 year old female with Gender Dysphoria, Alcohol Use disorder, and Depression. Doing well- in remission
MDD,
GDD
Alcohol Use disorder

P: Cont meds
RTC 3 months



Scott Eliason MD Page 1

DISCHARGE SUMMARY

| OFFENDER NAME (Last, First, MI) | IDOC # | DATE OF BIRTH | TODAY'S DATE |
|---------------------------------|--------|---------------|--------------|
| Edmo, Mason | 94691 | | 12/21/14 |

Current Level of Care (LOC):

CMHS-2
 CMHS-1
 ICMHS
 ACMHS
 MHMN

Proposed Level of Care (LOC):

CMHS-2
 CMHS-1
 ICMHS
 ACMHS
 MHMN

Course of Treatment: (Include date of admission, length of stay, admitting diagnosis, medical issues pertaining to mental health concerns, medication, medication compliance, progress and participation in succeeding with treatment plan goals, how the offender has met discharge criteria.)

Edmo was admitted to the Behavior Health Unit in February 2014. Since that time, Edmo has been treated for anxiety, depression and issues related to diagnosis of Gender Dysphoria. Edmo has had three Class B Disciplinary Offenses for Disobedience to Orders and one Class B offense for Battery. Edmo's Disobedience to Orders offenses primarily involve Edmo refusing to dress according to policy and instead dressing and wearing Edmo's hair in with a feminine presentation. Edmo participated in Gender Dysphoria group until October 2014. Edmo is currently participating in Art group and on the wait list for Mood Management and PTSD in general population. Per file review, Edmo's primary concerns and conversations with clinical staff appear to be related perceived negativity from staff members regarding his Gender Dysphoria. Edmo previously resided in the BHU 7/12-10/12.

Current Diagnosis (List in Descending Order of Severity)

Per Dr. Scott Eliason MD 12/10/14
 Major Depressive Disorder
 Gender Disphoria
 Alcohol Use Disorder

Current Medication:

Edmo is currently prescribed Zoloft. Further, Edmo is compliant and stable on hormone treatment.

Discharge Recommendations: (based on clinical assessment, treatment team meetings, etc.)

Based on clinical staffing, it has been determined that Edmo's mental health needs may be met in general population. Therefore, it is being clinically recommended that Edmo be discharged into general population at ISCI. It is further recommended that Edmo participate in group therapy in general population and continue to utilize open mental health clinics as needed for support.

Print

A. Mason
 CLINICIAN (Print and Sign)

12/21/14
 DATE

MULTI-DISCIPLINARY TREATMENT TEAM SUMMARY

| | | | |
|----------|---------------|-------|---------------|
| DATE | OFFENDER NAME | IDOC | DATE OF BIRTH |
| 12/22/14 | Edmo, Mason | 94691 | [REDACTED] |

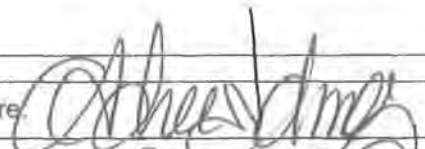
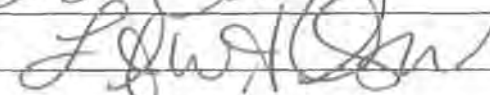
The following members were present at the treatment team meeting on this date: (type or print legibly)

| NAME | TITLE | NAME | TITLE |
|----------|-----------|----------|-------|
| C. Seely | 016 Sgt. | K. Brown | PT |
| J. Smith | PSRS | | |
| Watson | Clinician | | |

| | | |
|---|---|-----------------------------|
| Input was sought from the psychiatrist: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The offender was present: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team reviewed the offender's concerns and discussed these with the offender: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team provided feedback regarding progress toward treatment goals: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team reviewed any current restrictions on the offender that may impact his/her mental health functioning: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team reviewed current housing status and any possible impact on mental health functioning: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team reviewed current level of care to ensure appropriateness: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team developed a current treatment plan in conjunction with the offender and discussed this plan with the offender during the team meeting: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Indicate what level of care treatment the offender will receive: | CMAS I | |
| The offender agrees with the treatment plan: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

Any "NO" answer indicated above must have an explanation provided.
Please use the space below.

Other Issues:

| | | |
|----------------------|---|----------|
| Offender Signature: |  | 12-22-14 |
| Clinician Signature: |  | 12/22/14 |

Mental Health Group Referral (BHU)

Inmate Name: Edmo

Inmate IDOC #: 94691

Date of Referral: 12/22/14

Referring Clinician: Menlove

Clinician Groups:

- Lifer's (CCG 1)
- Suicide Prevention (CCG 1)
- Mindfulness (CCG 4)
- Living with Schizophrenia (CCG 6)
- Living with Bipolar (CCG 7)
- Living with Depression (CCG 8)
- Living with Anxiety (CCG 9)
- PTSD (CCG 10)
- Mood Management (CCG 12)
- GD Process (CCG 12)
- Psychogenic Pol (CCG 12)
- ADHD (CCG 12)
- Grief and Loss (CCG 13)
- Co-Occurring (CCG 14)
- Self-Esteem (CCG 15)
- Other

7 yard groups

Psych Tech Groups:

- Community Re-entry (CCG 17)
- Healthy Self (CCG 17)
- Healthy Relationships (CCG 17)
- Anger Reduction (CCG 17)
- Social Skills/ Goals (CCG 18)
- Social Roles (CCG 18)
- Building Character (CCG 18)
- Assertive Communication (CCG 18)
- Current Events (CCG 19)
- History (CCG 19)
- Reading (CCG 19)
- Creative Writing (CCG 19)
- Puzzles/ Games (CCG 20)
- Riddles/ Trivia (CCG 20)
- Music (CCG 20)
- Beginner's Music (CCG 20)
- Art (CCG 20)
- Other

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------|--|--------|---------------|
| Edmo, Mason | | 94691 | ██████ |
| Date/Time Problem Number | Use SOAP Note Format | | |
| 1/10/15 | S: I spoke with Offender Edmo today on the Breezeway. Offender Edmo stated the the job was enjoyable and that the job was started a few weeks ago. I asked Offender Edmo if everything else was going well and Offender Edmo stated that everything was well and the job is going well. | | |
| | O: Offender Edmo was delivering food to units at the time we spoke. Offender Edmo was wearing the red work clothes and had hair in a ponytail. Offender Edmo was holding food trays and was walking towards units 9 and 11. Offender Edmo made eye contact with me, had no expression on face, and was focused on the job. | | |
| | A: Offender Edmo appeared to be very focused and busy delivering food. Offender Edmo held a cohesive conversation with me and appeared to genuinely want to discuss matters with me. | | |
| | P: I informed Offender Edmo that I would check on Edmo's status again in the future and if he has any questions he can concern me. | | |

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE



IDOC Clinical Contact Note

(SOAP – Subjective Objective Assessment Plan)

Erica Clemens, Psychiatric Technician

Date 1/10/15

Edmo, Mason

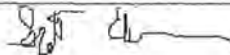
IDOC#: 94691

Psychiatric Progress Note

ISCI-BHU

1/28/15

| |
|--|
| <p>S: The inmate reported good mood, med tolerance, and denied suicidal thoughts. He is working in the cafeteria and going to school. He missed a few doses because of being at work.</p> <p>Medications: Zoloft 150mg AM Wt 207 (-3)</p> |
| <p>O: MSE: Hygiene good. Groomed eyebrows. Appears feminine in his demeanor and interaction style. Thoughts logical and linear. Denied any SI/HI, No overt delusions. Affect full range and euthymic. Speech regular in rate, rhythm, and volume. Mood "good."</p> |
| <p>A: 27 year old female with Gender Dysphoria, Alcohol Use disorder, and Depression. Doing well- in remission MDD, GDD Alcohol Use disorder</p> |
| <p>P: Cont meds but switch to HS for work RTC 3 months</p> |



Scott Eliason MD Page 1

IDOC MENTAL HEALTH SCREENING

9

| INMATE NAME: <u>SMO, Adree</u> | | DOB: [REDACTED] | DATE OF REPORT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|------------|-------------|-------------|-------------------|------------|-----------|----------|-------------|-------------|--------------|------------|-------------|-------------|-------------------|-------------------|-------------|-------------|-------------------|----------|--|--|--|---------------------|--|--|--|---------|--|--|--|--------|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Intake/New Arrival | | <input type="checkbox"/> Inter Institutional Transfer | <input checked="" type="checkbox"/> Restrictive Housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Risk Factors | 1. Did the transporting officer report any concerns? If so please explain: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Immediately notify the shift commander | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. Right now, do you have thoughts of hurting yourself? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. Do you have any immediate plans to hurt yourself? Describe: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4. Right now, do you feel like there is nothing to look forward to in the future? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Refer to MH for follow up within 24 hrs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5. Right now, do you have any mental health symptoms or complaints? On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extremely serious</i> ; rate your symptoms, please describe: (If rated at "5" or above, refer for clinician follow-up) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6. Within the past year have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suicide/Self Harm History | 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____ In custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Refer to MH for follow up within 72 hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8. Do you have a History of Mental Health Hospitalizations and Outpatient Treatment? Date: <u>2010</u> Care Provider: <u>BHU</u> Reason: <u>overdose</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 9. Are you currently taking mental health medications? Medication Name: <u>Zoloft</u> Dose/Frequency: <u>60 x 1</u> Date of Last dose: <u>2/6 HS</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication | 10. Have you ever taken mental health medications in the past? Medication Name: <u>Prozac</u> Dose/Frequency: _____ Date of Last dose: _____ Medication Name: <u>Celebra</u> Dose/Frequency: _____ Date of Last dose: _____ Medication Name: <u>Elavil</u> Dose/Frequency: _____ Date of Last dose: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Refer to MH for follow up within 72 hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11. Have you ever used any type of substances: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Use | <table border="1"> <thead> <tr> <th>What?</th> <th>First Used:</th> <th>Last Used:</th> <th>How Much?</th> <th>What?</th> <th>First Used:</th> <th>Last Used:</th> <th>How Much?</th> </tr> </thead> <tbody> <tr> <td>Alcohol:</td> <td><u>2003</u></td> <td><u>2011</u></td> <td><u>daily</u></td> <td>Marijuana:</td> <td><u>2001</u></td> <td><u>2004</u></td> <td><u>occasional</u></td> </tr> <tr> <td>Methamphetamines:</td> <td><u>2005</u></td> <td><u>2005</u></td> <td><u>occasional</u></td> <td>Cocaine:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Prescription drugs:</td> <td></td> <td></td> <td></td> <td>Heroin:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | What? | First Used: | Last Used: | How Much? | What? | First Used: | Last Used: | How Much? | Alcohol: | <u>2003</u> | <u>2011</u> | <u>daily</u> | Marijuana: | <u>2001</u> | <u>2004</u> | <u>occasional</u> | Methamphetamines: | <u>2005</u> | <u>2005</u> | <u>occasional</u> | Cocaine: | | | | Prescription drugs: | | | | Heroin: | | | | Other: | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Routine MH follow up if indicated or requested |
| | What? | First Used: | Last Used: | How Much? | What? | First Used: | Last Used: | How Much? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alcohol: | <u>2003</u> | <u>2011</u> | <u>daily</u> | Marijuana: | <u>2001</u> | <u>2004</u> | <u>occasional</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Methamphetamines: | <u>2005</u> | <u>2005</u> | <u>occasional</u> | Cocaine: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescription drugs: | | | | Heroin: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Have you ever participated in substance abuse treatment? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other contributing suicide risk factors | 13. Did you successfully complete? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Routine MH follow up if indicated or requested | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 14. Providers name: <u>New Directions</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 15. Is this your first time in prison? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16. Have any family members or significant persons in your life attempted or committed suicide? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 17. Have you recently experienced a significant loss such as a death of a close family member or friend? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 18. Have you ever been arrested for a sex crime? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19. Have you ever been a victim of sexual or physical abuse? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. Have you had a head injury? Describe: <u>Seizure past abuse</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. Have you ever received special education services? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. Are you worried about something other than your current legal situation? Describe: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Do you have a physical illness that is causing you distress or pain? Describe: <u>headaches</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

| INMATE NAME (Last, First, MI) | IDOC # | EVALUATION DATE |
|-------------------------------|--------|-----------------|
| Edmo | 94691 | 02/11/15 |

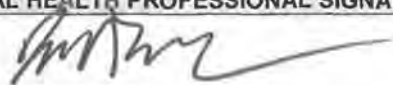
Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation

Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

| Yes | No | |
|-----------|----|--|
| X | | Oriented X 4, (person, place, time, and circumstance). |
| X | | Affect and mood within normal limits. |
| X | | Speech normal in tone and structure; thought content is orderly and goal directed. |
| | X | Currently prescribed and medication compliant with psychotropic medication. |
| | X | Expresses auditory, visual, other hallucinations, or delusional thought. |
| | X | Current suicidal ideation or intent. |
| | X | Judgment and insight impaired. |
| | X | Current psychosocial stressors increasing the risk of harm to self or others. |
| X | | Intellect is estimated to be average or above. |
| | | Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input checked="" type="checkbox"/> Remained Stable |
| | | Requires mental health plan. Date completed: |
| Comments: | | |

| | |
|--------------------|--|
| REFERRAL TO | |
|--------------------|--|

| MENTAL HEALTH PROFESSIONAL SIGNATURE | DATE |
|--|----------|
|  J. Ruhle, LMSW B250 | 02/11/15 |




IDOC Restricted Housing MH Evaluation Form 3.09



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------|---|--------|---------------|
| Edmo, Mason | | 94691 | ██████████ |
| Date/Time | Use SOAP Note Format | | |
| 3/3/15; 0915 | <p>S: Met with Offender Edmo for 1 of 3 CMHS-1 f/u. Offender Edmo stated that Edmo is "slowly" adjusting to life in GP. Edmo denied any significant mental health concerns citing that mood sx were "manageable." Edmo stated that Edmo has no taken prescribed Zoloft in over a week and would like to speak with a psychiatric provider to have the prescription reinstated. Discuss tx options. Offender Edmo stated that Edmo would like to be enrolled in a PTSD tx group when possible. Reviewed how to seek additional MH support as necessary through open clinics and concern forms. Offender Edmo voiced understanding.</p> <p>O:</p> <p>Appearance: Appropriate for a prison setting Orientation: OX4 Behavior: Cooperative Eye Contact: WNL Speech: Linear and fluid Mood: "ok" Affect: euthymic Thought Process: Logical Thought Content: Relevant SI: Denied HI: Denied Delusions: Denied Hallucinations: Denied Insight: Average Judgment: Intact</p> <p>A: Offender Edmo appears to be adjusting to GP. Edmo appears able to seek additional MH support as necessary.</p> <p>P: F/u in 60 days. Continue clinical contact via concern form, open mental health clinics and per LOC.</p> | | |


 B. Lewis, LMSW #2445

3/3/15
 Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)

Edmo, Mason

IDOC#: 94691 Psychiatric Progress Note ISCI

3/10/15

S: The inmate said that he moved to GP recently and was "getting too busy and forgetting to grab meds." He said that he stopped going because he was worried that they had been cancelled. He has been off Zoloft for about a week. He described chronic depression and stress related to "gender issues in a male institution." He said he has tried switching between Prozac and Zoloft and doesn't think he's had much response. He said that he gets in a lot of trouble because of GDD related behaviors and this increases irritability, SI and thoughts of castration. He said that this builds until he forces himself to go to sleep and they often resolve. He denied any intent to act on these.

Medications: Zoloft 150mg qhs (not taking)

O: MSE: Good hygiene. Feminine hair style. Thoughts logical and linear. SI as above. No evidence of attending to internal stimuli, delusions or paranoia. Affect restricted yet euthymic. Speech soft-spoken with a feminine tone. Mood "in a funk."

A: 27 year old with gender dysphoria, MDD and Alcohol Use Disorder who reports limited past response to multiple SSRIs but also has expectation that depression will persist while in this environment.

Problem List:

MDD

GDD

Alcohol Use Disorder

Prison

P: Stop Zoloft

Titrate Effexor to 75mg qam

Discussed the mechanism of action of the medication(s) as well as the risks/benefits and alternatives including no treatment. The inmate asked appropriate questions and expressed understanding.

RTC 6 weeks



Jeremy Stoddart MD - Page 1 of 1

ER 1649



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------|--|--------|---------------|
| Edmo, Mason | | 94691 | ████████ |
| Date/Time Problem Number | Use SOAP Note Format | | |
| 4/15/15; 1400 | <p>S: Met with Offender Edmo for 2 of 3 CMHS-1 f/u. Offender Edmo denied any significant mental health concerns. Edmo reported that Edmo would like back into the Gender Dysphoria group held in the BHU. Edmo was encouraged to contact the clinician that runs this group. Edmo reported rx compliance with good effect. Offender Edmo denied other concerns at this time. Reviewed how to seek additional MH support as needed. Offender Edmo voiced understanding.</p> | | |
| | <p>O: Appearance: Appropriate for a prison setting Orientation: Ox4 Behavior: Cooperative Eye Contact: WNL Speech: Linear and fluid Mood: "ok" Affect: euthymic Thought Process: Logical Thought Content: Relevant SI: Denied HI: Denied Delusions: Denied Hallucinations: Denied Insight: Average Judgment: Intact</p> | | |
| | <p>A: Offender Edmo appears to be managing Edmo's mental health concerns adequately at this time.</p> | | |
| | <p>P: F/u in 60 days. Continue clinical contact via concern form, open mental health clinics and per LOC.</p> | | |


 B. Lewis, LMSW #2445

4/15/15
 Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)

Secondary Mental Health Assessment Report - Update

| | | | |
|--|--|--------------------------------|---|
| Offender Name: | Edmo, Mason | Offender Number: | 94691 |
| Assessment Time & Date: | 4/15/15; 1400 | Date of Initial MH Assessment: | 4/18/14 |
| Clinician: | B. Lewis, LMSW | Current LOC | CMHS-1 |
| Reason for Update: | <input type="checkbox"/> Change <input type="checkbox"/> Referral Update <input checked="" type="checkbox"/> Annual Review | | |
| Change/Update due to legal situation or sentence | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Comment: (If more space is needed, go to Page 2 Additional Comments) | <div style="border: 1px solid black; height: 20px;"></div> | | |
| Change/Update in Education | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Comment: (If more space is needed, go to Page 2 Additional Comments) | <div style="border: 1px solid black; height: 20px;"></div> | | |
| Change/Update in Marital or Family Situation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Comment: (If more space is needed, go to Page 2 Additional Comments) | <div style="border: 1px solid black; height: 20px;"></div> | | |
| Change/Update in Current Medication | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Comment: (If more space is needed, go to Page 2 Additional Comments) | Effexor | | |
| Change/Update in Current Diagnosis | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Comment: (If more space is needed, go to Page 2 Additional Comments) | <div style="border: 1px solid black; height: 20px;"></div> | | |
| Appearance | Appropriate | | |
| Motor Activity | relaxed | | |
| Speech | Linear and fluid | | |
| Thought Process | logical | | |
| Thought Content | relevant | | |
| Perceptions | denied; no evidence of internally based stimuli | | |
| Mood | "ok" | | |
| Affect | euthymic | | |
| Attitude | cooperative | | |
| Insight | Fair | | |
| Judgment | Intact | | |
| Offender Name | Edmo, Mason | Offender Number | 94691 DOB [REDACTED] |

Secondary Mental Health Assessment Report - Update - Continued from Page 1

Clinical Formulation

Denied current MH concerns. Reported rx compliance with good effect. Reported that mood sx are well managed. Offender appears to understand how to seek out additional MH support as needed. Continue with previous dx:


- MDD
- GD
- ETOH Use DO
- Prison

Recommendations

Will continue with CMHS-1 until LOC review is needed. Will consider lowering level of care to CMHS-2 if continued stability is shown.

Additional Comments from Page 1

Clinician Signature

 LMSW

Date Signed

4/15/15

IDOC MENTAL HEALTH SCREENING

| | | | | | | |
|--|--|--|---|---|---|--|
| INMATE NAME: <u>Edms, Mason</u> | | DOB: [REDACTED] | | DATE OF REPORT: <u>4/21/15</u> | | |
| IDOC #: <u>94691</u> | | | | 15 APR 22 0:23 | | |
| <input type="checkbox"/> Intake/New Arrival | | <input type="checkbox"/> Inter Institutional Transfer | | <input checked="" type="checkbox"/> Restrictive Housing | | |
| Current Risk Factors | 1. Did the transporting officer report any concerns? If so please explain: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Immediately notify the shift commander |
| | 2. Right now, do you have thoughts of hurting yourself? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 3. Do you have any <u>immediate</u> plans to hurt yourself? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 4. Right now, do you feel like there is nothing to look forward to in the future? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Refer to MH for follow up within 24 hrs |
| | 5. Right now, do you have any mental health symptoms or complaints? On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extremely serious</i> ; rate your symptoms, please describe: (If rated at "5" or above, refer for clinician follow-up) | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 6. Within the past year have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____ Date: _____ Means/Method: _____ Intent: _____ | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Suicide/Self Harm History | 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____ In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Means/Method: _____ Intent: _____ In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Means/Method: _____ Intent: _____ In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Refer to MH for follow up within 72 hours |
| | Prior Treatment | 8. Do you have a History of Mental Health Hospitalizations and Outpatient Treatment? Date: <u>2010</u> Care Provider: <u>BHU</u> Reason: <u>AD</u> Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ | | | <input checked="" type="checkbox"/> Yes | |
| Medication | | 9. Are you currently taking mental health medications? Medication Name: <u>Zoloft</u> Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ | | | <input checked="" type="checkbox"/> Yes | |
| | | 10. Have you ever taken mental health medications in the past? Medication Name: <u>Prozac</u> Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Substance Use | 11. Have you ever used any type of substances: | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Routine MH follow up if indicated or requested |
| | What? First Used: Last Used: How Much? | | What? First Used: Last Used: How Much? | | | |
| | <input checked="" type="checkbox"/> Alcohol: <u>2003 2011 qday</u> | | <input checked="" type="checkbox"/> Marijuana: <u>2001 2004 occ</u> | | | |
| | <input checked="" type="checkbox"/> Methamphetamines: <u>2005-2005 occ.</u> | | <input checked="" type="checkbox"/> Cocaine: <u>occ</u> | | | |
| <input type="checkbox"/> Prescription drugs: <u>drugs</u> | | <input type="checkbox"/> Heroin: <u>drugs</u> | | | | |
| <input type="checkbox"/> Other: _____ | | | | | | |
| 12. Have you ever participated in substance abuse treatment? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 13. Did you successfully complete? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 14. Providers name: <u>New Directions</u> | | | | | | |
| Other contributing risk factors | 15. Is this your first time in prison? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 16. Have any family members or significant persons in your life attempted or committed suicide? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 17. Have you recently experienced a significant loss such as a death of a close family member or friend? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 18. Have you ever been arrested for a sex crime? | | | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 19. Have you ever been a victim of sexual or physical abuse? | | | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 20. Have you had a head injury? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 21. Have you ever received special education services? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 22. Are you worried about something other than your current legal situation? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 23. Do you have a physical illness that is causing you distress or pain? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |

MDD GILD HTN Mood D/O

| | | | | | | | |
|---|---|--|---|--|--|---|--|
| Current Mental Health Status (Check all that apply) | <input checked="" type="checkbox"/> Alert, oriented x <input type="checkbox"/> Disoriented <input type="checkbox"/> Reports Hallucinations <input type="checkbox"/> Endorses Delusions | | | | | | |
| | Grooming/Hygiene <input type="checkbox"/> Appropriate to situation <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Unkempt <input type="checkbox"/> Dirty <input type="checkbox"/> Other: | Eye Contact <input type="checkbox"/> Appropriate to situation <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Good <input type="checkbox"/> None | Affect <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Flat <input type="checkbox"/> No emotion <input type="checkbox"/> Tearful <input type="checkbox"/> Smiling <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric | Mood <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Angry <input type="checkbox"/> Cheerful <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Sad <input type="checkbox"/> Hopeless <input type="checkbox"/> Anxious | Thought Process <input checked="" type="checkbox"/> Appropriate to situation <input checked="" type="checkbox"/> Logical <input type="checkbox"/> Goal directed <input type="checkbox"/> Disorganized <input type="checkbox"/> Moving from topic to topic quickly <input type="checkbox"/> Irrelevant <input type="checkbox"/> Distractible | Speech <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Loud <input type="checkbox"/> Quiet <input type="checkbox"/> Rambling | Movement/Activity <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Restless <input type="checkbox"/> Slowed <input type="checkbox"/> Active <input type="checkbox"/> Agitated <input type="checkbox"/> Aggressive |
| DISPOSITION | Action Taken <input type="checkbox"/> Emergent/Urgent: Referred to the Shift Commander under Policy 315 <input type="checkbox"/> Refer to Mental Health for follow up within 24 hours <input type="checkbox"/> Refer to Mental Health for follow up within 72 hours <input checked="" type="checkbox"/> Refer for routine Mental Health follow up <input type="checkbox"/> No need for Mental Health follow up - cleared | | | Initial Housing Recommendation <input checked="" type="checkbox"/> Cleared for general housing placement <input type="checkbox"/> Not cleared - referred for holding cell placement <input type="checkbox"/> Other placement: <i>Pat B/P 122/85 RR 18. Q2 98 %RA.</i> | | | |
| | Inmate Signature: <i>Tammy McCall</i> Date: <i>04-21-15</i> | | | | | | |
| Informed Consent | I acknowledge that I have answered all questions truthfully and have been informed about how to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals. | | | | | | |
| | Inmate Signature: <i>Tammy McCall</i> Date: <i>04-21-15</i> | | | | | | |
| Screener/ Reviewer | Screened by: <i>4/21/15 2130 Tammy McCall, L.P.N.</i> Signature: <i>Tammy McCall</i> | | | | | | |
| | Screening Reviewed: <i>4/22/15 1137 C. Bennett, M.D.</i> Clinician Signature: <i>C. Bennett</i> | | | | | | |
| <input type="checkbox"/> MH Secondary Assessment Completed: _____ Date _____ Printed Name _____ Signature _____ | | | | | | | |
| Clinical Follow Up | Follow Up SOAP Note/if indicated: <i>pt. has new lacerations on R side of neck & (R) wrist. [Signature] McCall, L.P.N.</i> | | | | | | |
| | <i>Non contact review. Currently being followed by clinician on the yard. can receive additional clinical follow up per request.</i> | | | | | | |
| Date: <i>4/22/15</i> Time: <i>1138</i> Printed Name: <i>C. Bennett, M.D.</i> Clinician Signature: <i>C. Bennett</i> | | | | | | | |

4A

**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

| INMATE NAME (Last, First, MI) | IDOC # | EVALUATION DATE |
|-------------------------------|--------|-----------------|
| Edmo | 94691 | 4-22-15 |

Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation

SECTION I: Mental Health History (Admission Mental Health Evaluations)

| Yes | No | |
|-----|----|---|
| | | History of psychiatric hospitalization and/or outpatient psychiatric treatment |
| | | History of suicide attempts or suicidal ideation or violent/homicidal ideation. |
| | | History of mood symptoms, anxiety, hopelessness, irritability. |
| | | History of drug or alcohol abuse and/or dependence. History of drug or alcohol treatment. |
| | | History of sex offense(s). |
| | | History of victimization due to criminal violence. |
| | | History of placement in special education programs. |
| | | History of expressively violent behavior (violence with the goal of injuring another person). |
| | | History of psychotropic medication. Medication compliant? Circle one: Yes No |
| | | Intellect is estimated to be average or above. |

SECTION II: Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

Segregation

| Yes | No | |
|-----------|----|--|
| | | Oriented X 4, (person, place, time, and circumstance). |
| | | Affect and mood within normal limits. |
| | | Speech normal in tone and structure; thought content is orderly and goal directed. |
| | | Currently prescribed and medication compliant with psychotropic medication. |
| | | Expresses auditory, visual, other hallucinations, or delusional thought. |
| | | Current suicidal ideation or intent. |
| | | Judgment and insight impaired. |
| | | Current psychosocial stressors increasing the risk of harm to self or others. |
| | | Intellect is estimated to be average or above. |
| | | Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input checked="" type="checkbox"/> Remained Stable |
| | | Requires mental health plan. Date completed: |
| Comments: | | |

REFERRAL TO

| MENTAL HEALTH PROFESSIONAL SIGNATURE | DATE |
|--------------------------------------|---------|
| A. Dodge D. Dodge LSW B254 | 4-22-15 |



IDOC Restricted Housing MH Evaluation Form 3.09

4/22/15

**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

| INMATE NAME (Last, First, MI) | IDOC # | EVALUATION DATE |
|-------------------------------|--------|-----------------|
| Edmo | 94691 | 04/29/15 |

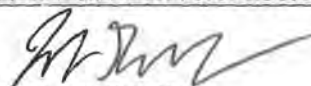
Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation

Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

| Yes | No | |
|-----------|----|--|
| X | | Oriented X 4, (person, place, time, and circumstance). |
| X | | Affect and mood within normal limits. |
| X | | Speech normal in tone and structure; thought content is orderly and goal directed. |
| X | | Currently prescribed and medication compliant with psychotropic medication. |
| | X | Expresses auditory, visual, other hallucinations, or delusional thought. |
| | X | Current suicidal ideation or intent. |
| | X | Judgment and insight impaired. |
| | X | Current psychosocial stressors increasing the risk of harm to self or others. |
| X | | Intellect is estimated to be average or above. |
| | | Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input checked="" type="checkbox"/> Remained Stable |
| | | Requires mental health plan. Date completed: |
| Comments: | | |

| | |
|--------------------|--|
| REFERRAL TO | |
|--------------------|--|

| MENTAL HEALTH PROFESSIONAL SIGNATURE | DATE |
|--|----------|
|  J. Kuhle, LMSW B250 | 04/29/15 |



IDOC Restricted Housing MH Evaluation Form 3.09

Psychiatric Progress Note

ID: 94691

Name: Edmo, Mason

4/30/15

S: "I am doing good." He states he came to unit 8 on the 21st. He states he should get out on the 6th. He states he likes the Effexor and his moods are good. He states his appetite is good. He states he has lost weight; is trying to. He says he exercises when he is not in unit 8 but walks the track otherwise. Sleep is not an issue. He will be in prison until 2021.

Response to TX: See above

Medication Compliance: Compliant

Suicidal/Homicidal Ideation and/or Plan: Denies

Medication Side Effects: Denies

Auditory/Visual Hallucinations/Delusions/Paranoia: Denies

Medications: Effexor 75 mg. AM

Wt: 200

O: Alert and oriented. Speech is clear with RRR. Thoughts are coherent and goal oriented. Mood is WNL. Attitude is cooperative. Affect WNL. Appearance is well groomed. Good eye contact. Cognition is intact. Insight is fair.

AIMS: N/A

Med Consent In Chart: Yes

A: 27 year old male (GID) who reports doing well with Effexor; no changes will be made.

Diagnoses Include:

GID

Major Depressive Disorder

Alcohol Use Disorder, in a controlled environment

Social Stressor of Prison

P: RTC Dr. Stoddart; Effexor 75 mg. AM

Educated regarding the risks/benefits/side effects of Zoloft, including weight gain, SI, and sleepiness.

Psycho-education regarding medication discussed; understanding verbalized.

RTC: 3 months

**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

4

| INMATE NAME (Last, First, MI) | IDOC # | EVALUATION DATE |
|-------------------------------|--------|-----------------|
| Edmo | 94691 | 05/06/15 |

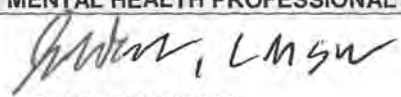
Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation

Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

| Yes | No | |
|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Oriented X 4, (person, place, time, and circumstance). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Affect and mood within normal limits. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Speech normal in tone and structure; thought content is orderly and goal directed. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Currently prescribed and medication compliant with psychotropic medication. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Expresses auditory, visual, other hallucinations, or delusional thought. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Current suicidal ideation or intent. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Judgment and insight impaired. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Current psychosocial stressors increasing the risk of harm to self or others. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Intellect is estimated to be average or above. |
| <input type="checkbox"/> | <input type="checkbox"/> | Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input checked="" type="checkbox"/> Remained Stable |
| <input type="checkbox"/> | <input type="checkbox"/> | Requires mental health plan. Date completed: |
| Comments: Apr 7/10 <i>Remains in Segregation.</i> <i>Leads elimination.</i> | | |

| | |
|--------------------|--|
| REFERRAL TO | |
|--------------------|--|

| MENTAL HEALTH PROFESSIONAL SIGNATURE | DATE |
|--|----------|
|  J. Ruhle, LMSW B250 | 05/06/15 |



IDOC Restricted Housing MH Evaluation Form 3.09



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

| | | | |
|--------------------------------------|--|---------------|----------------------|
| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
| Edmo, Mason | | 94691 | ██████ |
| Date/Time | Use SOAP Note Format | | |
| Problem Number | | | |
| 6/21/15 1235 | S: Met with Edmo to update Edmo's treatment plan. Edmo reported that lately Edmo has not motivation to "do anything" and spends most of Edmo's time sleeping. Edmo stated to feel down. Edmo attributed some of the feelings of depression to Edmo's gender dysphoria. Edmo reported that Edmo sometimes feels unworthy. Edmo was able to identify music as open coping skill. Edmo reported that Edmo still finds GD groups as helpful. | | |
| 3 of 3 | O: Appearance: Appropriate to prison setting. Orientation: x4 Eye Contact: direct Speech: WNL Mood: depress Affect: Congruent Thought Process: logical Thought Content: Relevant SI: denied HI: denied Delusions: denied Hallucinations: denied Insight: fair Judgment: fair | | |
| | A: Edmo appears depress and Edmo's ability to functions is being impacted by it. Edmo review new treatment plan. | | |
| | P: Treatment plan update. Scheduled per LOC. | | |


 L. Venegas, LPC

A245

6/21/15

Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE
 (SOAP - Subjective Objective Assessment Plan)

**IDAHO DEPARTMENT OF CORRECTION
TREATMENT PLAN**

| | | | | | |
|---------------------------------------|---|--------------------|---|-------------|--------|
| DATE | 6/21/15 | INMATE NAME | Edmo, Mason | | |
| IDOC # | 94691 | DOB | ██████████ | LOC | CMHS-1 |
| PROBLEM (in operational terms) | | | GOAL | | |
| 1. | Edmo struggles with feeling down, lack of motivation, sleeping a lot, and not wanting to go to do anything. | | Edmo will decrease Edmo's identified symptoms of depression by 20% demonstrated by an increase of activates Edmo is participating on. | | |
| 2. | Edmo struggles with feelings of unworthiness related to Edmo's gender dysphoria. | | Edmo will increase Edmo's self-esteem by being able to identify 3 new things that Edmo feels good about who Edmo is. | | |
| PREPARED BY | L. Venegas, LPC #A245 | | | DATE | |

| INTERVENTIONS Problem # | Treatment Intervention | Staff/Person Responsible | Frequency/ Duration | Date Goal Closed |
|------------------------------------|--|---------------------------------|----------------------------|-------------------------|
| 1 | Edmo understands how to send a concern form for clinical support. | Offender / Clinician | As needed | |
| 1 | Edmo will practice Edmo's identified skills. | Offender | As needed. | |
| 2 | Edmo will identify and practice at least one new activity weekly. | | | |
| 2 | Edmo should be able to express who Edmo is within policy of IDOC. | | | |
| 1 | Edmo will take any medication prescribed by Offender's psychiatrist or designee, as indicated, reporting any changes, concerns, or side effects. | Offender / Psychiatry | As prescribed | |
| 1,2 | Edmo will be enrolled in mental health groups : Gender Dysphoria in the BHU | Offender | As scheduled | |
| 2 | Edmo will identify 3 new things about Edmo that make Edmo feel good about who Edmo is. | | | |

Edmo
OFFENDER SIGNATURE

94691
IDOC #

06/21/15
DATE



IDOC Treatment Plan Form Rev. 5.10



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------|--|--------|---------------|
| Edmo, Mason | | 94691 | ████████ |
| Date/Time Problem Number | Use SOAP Note Format | | |
| 7/09/15 0735 | S: Met with Edmo to discuss concern from. Edmo reported to feel Edmo's depression to get worse. Edmo stated that Edmo continues to struggle with expressing Edmo's gender due to regulations on appearance. Edmo reported low energy and motivation. We discuss the use of GD group to address Edmo's issues related to expressing Edmo's gender through appearance. | | |
| | O: Appearance: Appropriate to prison setting. Orientation: x4 Eye Contact: direct. Speech: WNL Mood: depress Affect: Congruent Thought Process: logical Thought Content: Relevant SI: denied HI: denied Delusions: denied Hallucinations: denied Insight: fair Judgment: fair | | |
| | A: Edmo appears depress and Edmo's ability to functions is being impacted by it. | | |
| | P: Referred to Psych. | | |

L. Venegas, LPC

A245

7/9/15
 Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE
 (SOAP - Subjective Objective Assessment Plan) IDOC Clinical Contact Note 5.10

Edmo, Mason

IDOC#: 94691

Psychiatric Progress Note ISCI

7/21/15

S: The inmate said that he has been feeling more depressed lately. He said that Effexor seemed to work better before it was being crushed. He said that he has been struggling with low energy and motivation as well as more frustrating with gender dysphoria. He said he gets in trouble for acting too feminine (eg. wearing hair in a pony tail, etc.). He said that he just wants to stay in bed and sleep all the time. He said that he has been very frustrated with feeling like he is getting a run around by having clinicians change often and is upset that Dr. Winnery retired. He said he felt like she was a good advocate for him. He denied any SI but said, when frustrated, thinks about castration. He said he is able to stop himself and remind himself that he needs to stay on hormones and have surgery after getting out of prison.

Medications: Effexor 75mg qam
Wt: 217 (+17)

O: MSE: Good hygiene. Feminine hair style. Thoughts logical and linear. No HI or SI. No evidence of attending to internal stimuli, delusions or paranoia. Affect restricted yet euthymic. Speech soft-spoken with a feminine tone. Mood "really down."

A: 27 year old with gender dysphoria, MDD and Alcohol Use Disorder responded better to Effexor but needs a change.

Problem List:

MDD

GDD

Alcohol Use Disorder

Prison

P: Change Effexor to XR 150mg qam

Discussed the mechanism of action of the medication(s) as well as the risks/benefits and alternatives including no treatment. The inmate asked appropriate questions and expressed understanding.

RTC 6 weeks



Jeremy Stoddart MD - Page 1 of 1

Print Form



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

SUICIDE RISK ASSESSMENT

| DATES OF WATCH/OBSERVATION | | | | | |
|---|--------------------------|----------------------------------|--|-------------------------------------|------------|
| DATE PLACED ON WATCH | 08-18-2015 | DATE PLACED ON OBSERVATION | | DATE REMOVED FROM WATCH/OBSERVATION | 08-19-2015 |
| OFFENDER LAST NAME | Edmo | OFFENDER FIRST NAME | Mason | IDOC# | 94691 |
| INSTITUTION | ISCI | OFFENSE | Sex Abuse of a Minor <16/Checks w/o suf. fur | REGULAR HOUSING UNIT | Unit 15 |
| DATE OF REPORT | 08-19-2015 | CURRENT HOUSING UNIT | Unit 16 | CURRENT LEVEL OF CARE (LOC) | |
| | | CMHS1 - Correctional MH Services | | | |
| It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is reflected below. This level of risk will change over time and should be modified as circumstances change. | | | | | |
| SRA REPORT TYPE | Incoming/Exit Concurrent | RISK LEVEL | Low | REASON FOR REFERRAL | |
| Per Shift briefing dated 08-18-15: • Offender Edmo, Mason #94691 placed on suicide watch in Unit 16, H/C #31 after telling unit staff that he felt like hurting himself. | | | | | |
| MENTAL STATUS EXAM | | | | | |
| Edmo presented as alert and oriented x 4, maintained appropriate eye contact, grooming and hygiene was consistent with placement on suicide watch, affect was appropriate to situation, inmate was calm and cooperative with interview, thought process was linear and organized, judgment and insight appear fair at this time. | | | | | |
| INTERVIEW | | | | | |
| Edmo stated that last night Edmo was having suicidal thoughts in unit 15. Edmo stated "I feel like emotionally tired, I feel drained". Edmo stated that Edmo is not feeling as depressed as last two days and that anxiety is "pretty low". In regards to residing in unit 15, Edmo stated "alot of people are hyper sensitive about GID issues, it's not like it was when I was in unit 16". Edmo denied the presence of hallucinations at this time. Edmo affirmed Edmo is taking medications as prescribed. Edmo requested to be moved into unit 16. This Clinician called Clinical Supervisor Clark to request for permission to have Edmo moved into Unit 16. CS Clark and Dr. Craig approved Edmo being moved into Unit 16. This Clinician informed Edmo that Edmo will be housed in unit 16. | | | | | |
| INTENT TO DIE | | | | | |
| Edmo denied SI/II and denied a plan or intent to kill or harm self. | | | | | |
| PLAN OR METHOD | | | | | |
| Edmo did not divulge a plan or method. | | | | | |

ER 1663



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|--|--------------------------|--------------------------------|-------------------------------------|----------------|
| Edmo | Mason | 94691 | [REDACTED] | 08-19-2015 |
| ACCESS TO MEANS | | | | |
| Access consistent with incarceration. | | | | |
| HISTORICAL FACTORS (check all that apply) | | | | |
| Family history of suicide | <input type="checkbox"/> | First time prison term | <input type="checkbox"/> | |
| Inmate history of suicide attempts | <input type="checkbox"/> | Current Ad Seg | <input type="checkbox"/> | |
| History of substance abuse | <input type="checkbox"/> | Other (list below) | <input type="checkbox"/> | |
| Edmo reported 3 past suicide attempts, the first attempt was when Edmo was 17 years old and the method was by trying to overdose on amitriptyline, the second attempt was by trying to overdose on alcohol, the most recent attempt was in 2010, the method was cutting a vein and artery in the arm. Edmo denied a family history of suicide. | | | | |
| Per PSI: Edmo reported using marijuana 4 times in Edmo's lifetime, and using alcohol on the weekends. | | | | |
| KNOWN STRESSORS/ DEMOGRAPHIC PREDICTORS (check all that apply) | | | | |
| Sleeping difficulties or irregular sleeping hours | <input type="checkbox"/> | Recent personal loss or crisis | <input type="checkbox"/> | |
| Non-compliance with prescribed psych medications | <input type="checkbox"/> | Neglect of personal hygiene | <input type="checkbox"/> | |
| Weight loss or loss of appetite | <input type="checkbox"/> | Long or life sentence | <input type="checkbox"/> | |
| Progressive health problems (chronic or terminal illness) | <input type="checkbox"/> | Poor compliance with treatment | <input type="checkbox"/> | |
| DOR | <input type="checkbox"/> | Conflict on tier | <input type="checkbox"/> | |
| Family event | <input type="checkbox"/> | Conflict with bunkmate | <input type="checkbox"/> | |
| Gambling or other debt | <input type="checkbox"/> | Parole/court hearing | <input type="checkbox"/> | |
| Fearful for safety | <input type="checkbox"/> | Other (list below) | <input checked="" type="checkbox"/> | |
| Relationship | <input type="checkbox"/> | See below | | |
| PSYCHOLOGICAL FACTORS | | | | |
| Edmo reported that Edmo had difficulty sleeping the last couple of days but stated is sleeping and eating ok now. Edmo denied being fearful for safety. Edmo reported that in unit 15 "alot of people are hypersensitive about GID issues, it's not like it was when I was in unit 16". | | | | |
| Edmo was seen by Dr. Stoddart on 07-21-15 and was diagnosed with MDD, GDD, Alcohol Use Disorder, Prison. | | | | |
| Medications Effexor XR 150 q am. | | | | |



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|---|---------------------|-------|--------|----------------|
| Edmo | Mason | 94691 | ██████ | 08-19-2015 |
| PROTECTIVE FACTORS | | | | |
| Edmo reported that Edmo is looking forward to getting out of prison in 1-5 years. Edmo will be followed up with by a clinician daily for next 3 days. Edmo has been moved into the BHU. | | | | |
| EVALUATION OF RISK POTENTIAL <i>(It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is indicated below. This level of risk will change over time and should be modified as circumstances change.)</i> | | | | |
| The offender is currently a low risk for self harm | | | | |
| RECOMMENDATIONS | | | | |
| It is being clinically recommended that Edmo be released from suicide watch and be housed in the BHU at this time. | | | | |

RISK REDUCTION/TREATMENT PLAN ADDENDUM

| RISK REDUCTION PLAN | | |
|--|--|--|
| PROBLEM <i>(The problem(s) should be specific to the offender's current reporting issues)</i> | GOAL <i>(There should be two (2) types of goals for each Problem: 1) Immediate goal(s) and 2) Short-term goal(s))</i> | INTERVENTION <i>(The interventions need to be specific and measurable to each of the two types of goals and relate to the presenting problem(s) of the offender)</i> |
| Edmo reported feeling like harming self in unit 15 on 08-18-15. | 1.) Edmo will not engage in any self harm within next 72 hours. 2.) Edmo will maintain mental and emotional stability when released from suicide watch. | 1.) Edmo will receive daily follow up for next three days by a clinician. 2.) Edmo will be housed in the BHU at this time and will seek out support from clinical staff as needed and will be assigned a clinician who will work with Edmo on maintaining emotional and mental health stability while in the BHU. |

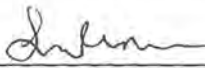


IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|--|---|--------------------------------|------------|----------------|
| Edmo | Mason | 94691 | [REDACTED] | 08-19-2015 |
| RISK REDUCTION PLAN CON'T | | | | |
| | | | | |
| CHANGE IN LOC REQUIRED? | NEW LOC IF APPLICABLE (enter in CIS if LOC has changed) | | | |
| No | Not Applicable | | | |
| NATURE OF INCIDENT | | DEGREE OF MEDICAL INTERVENTION | | |
| Verbal threat without action | | None | | |
| OFFENDER'S STATED INTENT | | LAST SUICIDE WATCH | | |
| Move from tier | | 6-12 months | | |
| TREATMENT PLAN UPDATE | | | | |
| The offender will return to their previous treatment plan upon stabilization | | | | |
| ADDITIONAL COMMENTS | | | | |
| | | | | |
| REPORT COMPLETED BY | CREDENTIAL | DATE | SIGNATURE | |
| Chris Bennett | LPC | 08-19-15 | | |

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------|--|--------|---------------|
| Edmo, Mason | | 94691 | ██████ |
| Date/Time Problem Number | Use SOAP Note Format | | |
| 8/20/15 1150 | <p>S: I met with Inmate Edmo today in Unit 16 for a 1 of 3 primary log check after being released from the holding cell. Inmate Edmo said Edmo was "alright." Inmate Edmo said Edmo was struggling with the "dysphoria" associated with Edmo's gender dysphoria. Inmate Edmo disclosed having considered self-castration. Inmate Edmo denied current plan to attempt castration. Inmate Edmo acknowledged having requested to move back to Unit 16. Inmate Edmo confirmed having more support and people to talk to in Unit 16. Inmate Edmo stated Edmo gets along okay with Edmo's cellmate and attends Gender Dysphoria group. Inmate Edmo reported struggling with depression, but stated the depression is "not as strong" today. Edmo confirmed medication compliance. Inmate Edmo was told Edmo would receive 2 more days of clinical follow-up. I also explained drop-in clinics that are available daily in Unit 16.</p> <p>O: Inmate Edmo was alert and Ox4. Hygiene and grooming were appropriate and speech was WNL. Thought content and process were clear and logical. No delusions, illusions, or hallucinations were noted.</p> <p>A: Inmate Edmo appears to be stable at this time. Edmo is assessed to have good insight and judgment.</p> <p>P: Inmate Edmo will be seen again tomorrow and the next day for clinical follow-up.</p> | | |



T. Ruth, LMSW

8/20/15

Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

Print Form



IDAHO DEPARTMENT OF CORRECTION
Protecting You and Your Community

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | Date/Time Problem number | |
|-------------------------------|--|--------------------------|------------------------------------|--------------------------------|
| EDMO, MASON DEAN | | 94691 | 08-21-2015 1332 | |
| SUBJECTIVE | Edmo stated "I'm stable". Edmo reported depression but denied anxiety at this time and denied SI. Edmo reported having thoughts of castrating but denied a plan or intent to do so, and stated the thoughts are not as bad at this time. Edmo reported that Edmo has been experiencing muscle tension at night and feeling agitated in the morning and voiced not being sure if this is due to Effexor. Edmo denied any other mental health concerns at this time. | | | |
| | Orientation | Appearance | Behavior | Response to interviewer |
| | X 4 | appropriate | Normal | Cooperative |
| | Mood (by report) | Affect (observed) | Thought Process | Thought Content |
| | "I'm stable" | Appropriate | Logical | Relevant |
| | Delusions | Hallucinations | Self Harm/Suicidal Ideation | Homicidal Ideation |
| | NO | NO | NO | NO |
| | Consciousness | Attention | Insight | Judgment |
| | Normal | Normal | intact | fair |
| | LOC | Last MHE date | TX plan date | Date last saw provider |
| CMHS 1 | Optional to add | Optional to add | Optional to add | |
| OBJECTIVE | | | | |
| ASSESSMENT | Edmo appears to be maintaining ok at this time. Edmo voiced thoughts of castrating but reported that the thoughts are not as bad at this time and denied a plan or intent to act on the thoughts. Edmo's risk for harming self or others appears low at this time. | | | |
| PLAN | Edmo will be seen by a clinician on 08-22-15. This Clinician discussed referring Edmo for a follow up with Psychiatrist to discuss medication concerns. Edmo requested to be seen by Dr. Stoddart. This Clinician referred Edmo for an appointment with Dr. Stoddart to discuss medication concerns. | | | |
| Name | | Credential(s) | Signature | |
| Chris Bennett | | LPC | | |

Print Form




IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

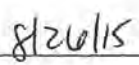
CLINICAL CONTACT NOTE

| | | | |
|--------------------------------------|---|--------------------------|------------------------------------|
| INMATE NAME (Last, First, MI) | | IDOC # | Date/Time Problem number |
| EDMO, MASON DEAN | | 94691 | 08-22-2015 |
| SUBJECTIVE | Met with Edmo for 3 of 3 contact after coming off watch. Edmo stated Edmo was "okay". Edmo denied staff issues in Unit 15 and said "it's just me and my GD stuff". Edmo reported feeling better and being happy with Edmo's roommate. Edmo said Edmo will take classes at Unit 16 and knows how to seek clinical support. | | |
| | Orientation | Appearance | Behavior |
| | X 4 | appropriate | Normal |
| | Mood (by report) | Affect (observed) | Thought Process |
| | "okay" | Appropriate | Logical |
| | Delusions | Hallucinations | Self Harm/Suicidal Ideation |
| | NO | NO | NO |
| | Consciousness | Attention | Insight |
| | Normal | Normal | intact |
| | LOC | Last MHE date | TX plan date |
| | CMHS 1 | Optional to add | Optional to add |
| OBJECTIVE | | | |
| | | | |
| ASSESSMENT | Edmo appears to be maintaining at this time. | | |
| PLAN | Clinical contact per LOC. | | |
| Name | Credential(s) | Signature | |
| Chris Bennett | LPC | | |

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------|---|--------|---------------|
| Edmo, Mason | | 94691 | [REDACTED] |
| Date/Time Problem Number | Use SOAP Note Format | | |
| 8/26/15 1500 | <p>S: I met with Inmate Edmo today in Unit 16 to develop a new treatment plan upon being moved to the BHU. Inmate Edmo stated Edmo is "alright." Inmate Edmo confirmed being seen by Dr. Eliason today and said there were no medication changes. Inmate Edmo stated Edmo attends Gender Dysphoria group in the BHU and PTSD group in GP. Inmate Edmo stated Edmo would like to continue attending both groups. We reviewed other groups offered in the BHU and Edmo reported Edmo was not interested in adding other groups at this time. Regarding mental health, inmate Edmo reported "not on the verge of hurting myself." Inmate Edmo reported it has been 2 days since Edmo has thought about self-castration. Inmate Edmo confirmed that being in the BHU around people Edmo feels Edmo can relate to is helpful. Inmate Edmo confirms getting along with Edmo's cellmate. We discussed problem areas and goals for Edmo's treatment plan. Inmate Edmo stated journaling and exercising are helpful. Inmate Edmo confirmed going to education 5 days a week was also helpful. Inmate Edmo asked me to email Mark McCullough and CM Harris about re-starting programming classes. I agreed and sent the email before the interview ended.</p> | | |
| | <p>O: Inmate Edmo was alert and Ox4. Hygiene and grooming were appropriate. Eye contact was good and speech was WNL. Thought content and process were clear, organized and relevant.</p> | | |
| | <p>A: Inmate Edmo appears to be stable at this time. Edmo is assessed to have good insight and judgment. No delusions, illusions, or hallucinations were noted.</p> | | |
| | <p>P: Inmate Edmo will continue to be seen based on CMHS-1 LOC, or as requested via the concern form and/or drop-in clinic process. Inmate Edmo signed and was given a copy of Edmo's treatment plan. Inmate Edmo was given blank copy paper for journaling.</p> | | |


T. Ruth, LMSW


Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

Edmo, Mason

IDOC#: 94691

Psychiatric Progress Note

ISCI-BHU

8/26/15

S: The inmate reported decreased sleep since switching to Effexor. She said that she likes Effexor because "It gives me energy and motivation." She reported that other than difficulty sleeping she likes the Effexor. She reported that she spends her time watching TV, and sometimes "walking around and saying hi to people." She said she doesn't nap.

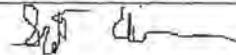
Medications: Effexor XR 150mg AM
Wt 208 (+1)

O: MSE: Hygiene good. Groomed eyebrows. Appears feminine in his demeanor and interaction style. Thoughts logical and linear. Denied any SI/HI. No overt delusions. Affect full range and euthymic. Speech regular in rate, rhythm, and volume. Mood "good."

A: 27 year old female with Gender Dysphoria, Alcohol Use disorder, and Depression. Doing well- in remission. Some sleep disturbance but she chose not to take Remeron and just work on improved sleep hygiene.

MDD,
GDD
Alcohol Use disorder

P: Cont meds
RTC 3 months



Scott Eliason MD Page 1

ER 1671

Mental Health Group Referral (BHU)

Inmate Name: MASON EDMO

Inmate IDOC #: 94691

Date of Referral: 8/26/15

Referring Clinician: RUTH

Clinician Groups:

- Lifer's Group (CCG 1)
 - Suicide Prevention (CCG 1)
 - Mindfulness (CCG 4)
 - Living with Schizophrenia (CCG 6)
 - Living with Bipolar (CCG 7)
 - Living with Depression (CCG 8)
 - Living with Anxiety (CCG 9)
 - PTSD (CCG 10)
 - Mood Management (CCG 12)
 - GD Process Group (CCG 12)
 - Psychogenic Pol (CCG 12)
 - ADHD (CCG 12)
 - Grief and Loss (CCG 13)
 - Co-Occurring (CCG 14)
 - Self-esteem (CCG 15)
 - Other
-) Already attending*

Psych Tech/Officer Groups:

- Community Re-entry (CCG17)
- Healthy Self (CCG 17)
- Healthy Relationships (CCG 17)
- Anger Reduction (CCG 17)
- Social Skills/ Goals (CCG 18)
- Social Roles (CCG 18)
- Assertive Communication (CCG 18)
- Current Events (CCG 19)
- History (CCG 19)
- Reading (CCG 19)
- Creative Writing (CCG 19)
- Puzzle/ Games (CCG 20)
- Riddles/ Trivia (CCG 20)
- Music (CCG 20)
- Art (CCG 20)
- Other

**IDAHO DEPARTMENT OF CORRECTION
TREATMENT PLAN**

| | | | | | |
|---------------------------------------|--|--|----------------------------|-------------------------|---------|
| DATE | 8/26/15 | INMATE NAME | Edmo, Mason | | |
| IDOC # | 94691 | DOB | ██████ | LOC | CMHS-1 |
| PROBLEM (in operational terms) | | GOAL | | | |
| 1. | Inmate Edmo struggles with thoughts of self-harm (self-castration). | Inmate Edmo will resist and reduce the urges to castrate self. | | | |
| 2. | Inmate Edmo has a history of depression, which Edmo states is related to self-esteem and self-image. | Inmate Edmo will be able to report an improvement in self-esteem, self-image and depression. | | | |
| PREPARED BY | T. Ruth, LMSW 9282 | | | DATE | 8/26/15 |
| INTERVENTIONS | | | | | |
| Problem # | Treatment Intervention | Staff/Person Responsible | Frequency/ Duration | Date Goal Closed | |
| 1, 2 | Edmo will use coping skills when struggling with mental health symptoms. | Edmo | As needed | | |
| 1, 2 | Edmo will voice an understanding of how to use a concern form and/or attend drop-in clinics to access clinical support. | Edmo | As needed | | |
| 1, 2 | Edmo will attend psychoeducational groups as scheduled. Edmo is currently attending Gender Dysphoria group and PTSD group. | Edmo | As scheduled | | |
| 1, 2 | Edmo will take any medication prescribed by the psychiatrist or designee, as indicated, reporting any changes, concerns, or side effects. | Edmo/ Psychiatry | As prescribed | | |
| 1, 2 | Edmo will notify staff right away of any suicidal or homicidal thoughts, or of any plan/intent to harm self or others. | Edmo | As needed | | |
| 1, 2 | Edmo reports spending time at education and exercising as beneficial activities and is encouraged to maintain these activities so long as they continue to be helpful. | Edmo | Daily | | |
| 1, 2 | Edmo will work on being who Edmo's gender is to the fullest extent possible within IDOC policy. | Edmo | Ongoing | | |
| 1, 2 | Edmo will use journaling as a tool help improve self-esteem and self-image. | Edmo | Ongoing | | |

Edmo
OFFENDER SIGNATURE

94691
IDOC #

08-26-15
DATE



IDOC Treatment Plan Form Rev. 5.10

MULTI-DISCIPLINARY TREATMENT TEAM SUMMARY

| | | | |
|---------|---------------|-------|---------------|
| DATE | OFFENDER NAME | IDOC | DATE OF BIRTH |
| 8/31/15 | MASON EDMO | 94691 | [REDACTED] |

The following members were present at the treatment team meeting on this date: (type or print legibly)

| NAME | TITLE | NAME | TITLE |
|----------------|-----------|-----------|-------|
| Watson | Clinician | T. Hansen | PTC |
| Wickham | PSRS | | |
| C. [Signature] | 016 Sgt. | | |

| | | |
|---|---|-----------------------------|
| Input was sought from the psychiatrist: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The offender was present: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team reviewed the offender's concerns and discussed these with the offender: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team provided feedback regarding progress toward treatment goals: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team reviewed any current restrictions on the offender that may impact his/her mental health functioning: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team reviewed current housing status and any possible impact on mental health functioning: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team reviewed current level of care to ensure appropriateness: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team developed a current treatment plan in conjunction with the offender and discussed this plan with the offender during the team meeting: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Indicate what level of care treatment the offender will receive: | CMHS-1 | |
| The offender agrees with the treatment plan: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

Any "NO" answer indicated above must have an explanation provided.
Please use the space below.

Other Issues:

Offender Signature: [Signature]

Clinician Signature: [Signature] 8/31/15

IDAHO DEPARTMENT OF CORRECTION
Mental Health DOR Recommendation

IDOC Number: 94691 Offender Name: Edmo Facility: ISCI

Offense Date: 9/27/15 Offense Description: Possession of Unauthorized Property Clinician: Watson

Documented history mental illness that could impair decision making. Yes: No:

Presently prescribed medication for mental health issues. Yes: No:

If yes, is inmate medication compliant? Yes: No:

Experienced significant increase in stressors prior to incident. Yes: No:

Documented increase in mental health symptoms prior to incident. Yes: No:

Mental illness contributing factor in incident. Yes: No:

Recommendations: _____

Mental illness a mitigating factor. Yes: No:

Recommendations: _____

Assignment of staff assistant recommended. Yes: No:

Mental illness not a factor in incident – no recommendations

Additional Recommendations: There does appear to be increases in stressors and symptoms partly related to housing about a month ago but Edmo reported stabilization and a desire to go back to GP which was facilitated. It should be noted that Edmo's mental health diagnosis could be a contributing factor in this incident but Edmo does know the rules of the institution. Edmos has missed one day of medication but has been compliant other than that. Any detention time can be served in unit 8.

Date of Report: 9/28/15

Clinician Name and Associate Number: L. Watson, LCSW 0367

Appendix F
318.02.01.001
(Appendix last updated 3/4/10)

Print Form



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

SUICIDE RISK ASSESSMENT

| DATES OF WATCH/OBSERVATION | | | | | |
|--|--|----------------------------|----------------------|-------------------------------------|---------|
| DATE PLACED ON WATCH | 09/29/15 | DATE PLACED ON OBSERVATION | | DATE REMOVED FROM WATCH/OBSERVATION | |
| OFFENDER LAST NAME | Edmo | OFFENDER FIRST NAME | Mason | IDOC# | 94691 |
| | | | | DOB | ██████ |
| DATE OF REPORT | 09/30/15 | | | | |
| INSTITUTION | SICI | OFFENSE | Sex Abuse of A Minor | REGULAR HOUSING UNIT | Unit 15 |
| | | | | CURRENT HOUSING UNIT | Unit 16 |
| CURRENT LEVEL OF CARE (LOC) | <Select Here> | | | | |
| It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is reflected below. This level of risk will change over time and should be modified as circumstances change. | | | | | |
| SRA REPORT TYPE | Incoming (Initial) Only | RISK LEVEL | High | | |
| REASON FOR REFERRAL | Attempting to cut testicles off. | | | | |
| MENTAL STATUS EXAM | Inmate was dressed appropriately for time and place, was cooperative with clinician and displayed normal speech. Inmate thought process displayed normal flow and organized, thought content was logical. Inmate Ox4 and memory intact with poor insight and poor judgement. Appropriate attention and inmate denies SI, HI, and reports to want to remove genitals. | | | | |
| INTERVIEW | Edmo reports to be fed up with multiple things that are increasing stress while in prison. Currently, Edmo reports medication issues and medical does not believe Edmo is taking medications. Edmo reports to have attempted to cut testicles off due to dysphonia and will attempt again. Edmo reports to have stopped due to the amount of blood and could not finish. | | | | |
| INTENT TO DIE | No intent to die. | | | | |
| PLAN OR METHOD | Would like to remove testicles and penis with razor blade. | | | | |

ER 1676



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|---|-------------------------------------|-----------------------------------|-------------------------------------|----------------|
| Edmo | Mason | 94691 | ██████ | 09/30/15 |
| ACCESS TO MEANS | | | | |
| HISTORICAL FACTORS (check all that apply) | | | | |
| Family history of suicide | <input type="checkbox"/> | First time prison term | <input type="checkbox"/> | |
| Inmate history of suicide attempts | <input checked="" type="checkbox"/> | Current Ad Seg | <input type="checkbox"/> | |
| History of substance abuse | <input checked="" type="checkbox"/> | Other (list below) | <input type="checkbox"/> | |
| Per PSI-Inmate has a history of being hospitalized for self-harm behavior at the Behavior Health Unit at Portneuf Medical Center. May 2011, Mason claimed he started individual counseling with Annie Marshall at Sho-Ban Family Services in Fort Hall. Edmo was was diagnosed with Alcohol Dependence and Depressive Disorder. | | | | |
| KNOWN STRESSORS/ DEMOGRAPHIC PREDICTORS (check all that apply) | | | | |
| Sleeping difficulties or irregular sleeping hours | <input type="checkbox"/> | Recent personal loss or crisis | <input type="checkbox"/> | |
| Non-compliance with prescribed psych medications | <input type="checkbox"/> | Neglect of personal hygiene | <input type="checkbox"/> | |
| Weight loss or loss of appetite | <input type="checkbox"/> | Long or life sentence | <input type="checkbox"/> | |
| Progressive health problems (chronic or terminal illness) | <input type="checkbox"/> | Poor compliance with treatment | <input type="checkbox"/> | |
| DOR | <input checked="" type="checkbox"/> | Conflict on tier | <input type="checkbox"/> | |
| Family event | <input type="checkbox"/> | Conflict with bunkmate | <input type="checkbox"/> | |
| Gambling or other debt | <input type="checkbox"/> | Parole/court hearing | <input type="checkbox"/> | |
| Fearful for safety | <input type="checkbox"/> | Other (list below) | <input checked="" type="checkbox"/> | |
| Relationship | <input type="checkbox"/> | Medication issues with providers. | <input type="checkbox"/> | |
| PSYCHOLOGICAL FACTORS | | | | |
| MDD; GD; alcohol use DO last saw psychiatry 08/26/15 | | | | |
| Recent DOR for having make-up, medication concerns with medical. | | | | |



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|---|---------------------|-------|------------|----------------|
| Edmo | Mason | 94691 | [REDACTED] | 09/30/15 |
| PROTECTIVE FACTORS | | | | |
| Edmo will have daily clinical contact while on suicide watch, Edmo is cooperative with clinician, Edmo is compliant with medication. | | | | |
| EVALUATION OF RISK POTENTIAL <i>(It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is indicated below. This level of risk will change over time and should be modified as circumstances change.)</i> | | | | |
| The offender is currently a high risk for self harm | | | | |
| RECOMMENDATIONS | | | | |
| It is clinically recommended that Edmo be placed on Suicide watch due to Self-harm behaviors and verbal threats to do continue to attempt to self-harm. | | | | |

RISK REDUCTION/TREATMENT PLAN ADDENDUM

| RISK REDUCTION PLAN | | |
|--|--|---|
| PROBLEM <i>(The problem(s) should be specific to the offender's current reporting issues)</i> | GOAL <i>(There should be two (2) types of goals for each Problem: 1) Immediate goal(s) and 2) Short-term goal(s))</i> | INTERVENTION <i>(The interventions need to be specific and measurable to each of the two types of goals and relate to the presenting problem(s) of the offender)</i> |
| 1) Edmo is engaging in self-harm behavior. | 1) Edmo will refrain from self-harm behaviors. 2). Edmo will work with clinical staff to reduce dysphoric symptoms. | 1). Edmo will move back into Unit 16 to address dysphoric symptoms. 2) Edmo will continue to work with clinical staff to reduce urge for self-harm. |

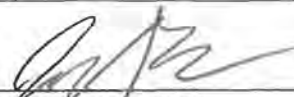


IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|--|---|--------------------------------|------------|----------------|
| Edmo | Mason | 94691 | [REDACTED] | 09/30/15 |
| RISK REDUCTION PLAN CON'T | | | | |
| | | | | |
| CHANGE IN LOC REQUIRED? | NEW LOC IF APPLICABLE (enter in CIS if LOC has changed) | | | |
| No | Not Applicable | | | |
| NATURE OF INCIDENT | | DEGREE OF MEDICAL INTERVENTION | | |
| Cutting | | In-house medical | | |
| OFFENDER'S STATED INTENT | | LAST SUICIDE WATCH | | |
| Other: remove testicles | | 1-6 months | | |
| TREATMENT PLAN UPDATE | | | | |
| The offender will return to their previous treatment plan upon stabilization | | | | |
| ADDITIONAL COMMENTS | | | | |
| | | | | |
| REPORT COMPLETED BY | CREDENTIAL | DATE | SIGNATURE | |
| J. Ruhle B250 | LMSW | 9-30-15 | | |

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH | DATE | TIME |
|---|--|--------------------------------|---------------|----------|------|
| Edmo, Mason | | 94691 | ████████ | 09/30/15 | 0950 |
| S | Edmo reports to be fed up with multiple things that are increasing stress while in prison. Currently, Edmo reports medication issues and medical does not believe Edmo is taking medications. Edmo reports to have attempted to cut testicles off due to dysphonia and will attempt again. Edmo reports to have stopped due to the amount of blood and could not finish. | | | | |
| O | Appearance | Appropriate for time and place | | | |
| | Behavior | Cooperative | | | |
| | Speech | Normal | | | |
| | Response to Interviewer | Cooperative | | | |
| | Mood (by report) | upset | | | |
| | Affect (observed) | Appropriate for time and place | | | |
| | Thought Process | Normal flow and organized | | | |
| | Thought Content | Logical | | | |
| | Conscious Level | Normal | | | |
| | Orientation/Memory | Ox4, memory intact | | | |
| | Attention | Good | | | |
| | Insight | Poor | | | |
| | Judgment | Poor | | | |
| | Suicidal | Denies | | | |
| | Violence | Denies | | | |
| | Delusions | None | | | |
| | Perceptions | Denies | | | |
| Seen in Unit 16; medically cleared after attempting to cut testicles off, no stiches needed. Medically cleared. | | | | | |
| A | Edmo is reacting to dysphoric symptoms due to inability to feel comfortable. Inmate is high risk at this time for self-harm. | | | | |
| P | Daily contact while on Suicide Watch. Stay in BHU when released. | | | | |



 J. Kuhle, LMSW B250

09/30/15
 Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)



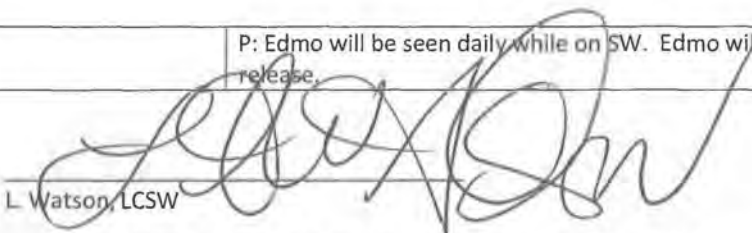
IDOC Clinical Contact Note 3.09

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | IDOC # | DATE OF BIRTH |
|-------------------------------------|--|---------------|
| Edmo, Mason | 94691 | [REDACTED] |
| Date/Time Problem Number | Use SOAP Note Format | |
| 9/30/15 1511 Clinical contact | <p>S: Met with Edmo today at Edmo's request while on suicide watch for attempting to remove Edmo's genitals. Edmo asked about what the plan is for Edmo. Edmo states Edmo doesn't know what the options are so Edmo doesn't know what to do. Edmo discussed issues with parts of Edmo that don't make Edmo feel feminine. Edmo spoke of struggles with wanting and needing attention from males and how this makes Edmo feel needed/wanted/feminine. Edmo admitted that this was what fueled Edmo's desire to be moved out of unit 16 as it was "easier."</p> | |
| | <p>O: Edmo was OX4 and alert. Edmo's hygiene and grooming were consistent with Edmo's placement in a holding cell and Edmo's speech was WNL. Edmo appeared relaxed and presented with direct eye contact. Edmo denied HI/SI but did state Edmo wants Edmo's genitals gone. However, through the conversation, Edmo reported that Edmo knows it won't fix everything and had no plan or intent to follow through at this moment. Edmo presented as pleasant and euthymic and indicated Edmo was feeling "alright." Edmo's thought process was logical and clear and Edmo's content of thought was appropriate. Edmo's insight and judgment were assessed as fair. Edmo did not appear to be endorsing any delusions, illusions, or hallucinations. Edmo was cooperative.</p> | |
| | <p>A: Edmo appears to be stable at this point. I spent quite a bit of time with Edmo confronting Edmo's long standing maladaptive behaviors of engrossing Edmo's self in all of these other things (legal fights, males in general population, complaints over everything, outward beauty, etc.) while not taking any of the time needed to focus and work on the struggles Edmo has had for a very long time (low self-esteem, relationship issues, being a victim of domestic violence, substance abuse, dependency and acceptance issues, etc.). I validated the other things Edmo focused on were important to Edmo and that Edmo should continue to advocate for Edmo's self and work on those things. . . but we processed how Edmo's entire sense of identity is wrapped up in that and how Edmo uses it as an escape from having to deal with some of the long standing issues. Edmo agreed that all of those things help Edmo refrain from dealing with Edmo's problems. We discussed how if Edmo looked exactly the way Edmo wanted (including having surgery), Edmo would still be broken inside. Edmo agreed and we discussed ways Edmo could begin to work more on Edmo's self and the issues Edmo has had throughout Edmo's life rather than only focusing on the outside. Explored insecurities that all men and women have and how fixing things on the outside, don't fix things on the inside the way we expect them to. Edmo was very receptive and identified a plan to identify how Edmo is going to refrain from attempting to take off Edmo's genitals. Edmo agreed to do this. I also told Edmo that release from 16 requires stability and Edmo does not appear stable. Edmo agreed and requested to remain in 16 upon release.</p> | |

P: Edmo will be seen daily while on SW. Edmo will remain in unit 16 upon release.

L. Watson, LCSW



Date

9/30/15

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

Print Form



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

SUICIDE RISK ASSESSMENT

| DATES OF WATCH/OBSERVATION | | | | | |
|--|---|----------------------------|----------------------------------|-------------------------------------|------------|
| DATE PLACED ON WATCH | 9/29/15 | DATE PLACED ON OBSERVATION | 10/1/15 | DATE REMOVED FROM WATCH/OBSERVATION | |
| OFFENDER LAST NAME | Edmo | OFFENDER FIRST NAME | Mason | IDOC# | 94691 |
| | | | | DOB | ████████ |
| DATE OF REPORT | 10/1/15 | | | | |
| INSTITUTION | ISCI | OFFENSE | Sexual Abuse of a Child Under 16 | REGULAR HOUSING UNIT | Unit 15 |
| | | | | CURRENT HOUSING UNIT | Unit 16 HC |
| CURRENT LEVEL OF CARE (LOC) | CMHS1 - Correctional MH Services | | | | |
| It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is reflected below. This level of risk will change over time and should be modified as circumstances change. | | | | | |
| SRA REPORT TYPE | Follow-up Only | | RISK LEVEL | Moderate | |
| REASON FOR REFERRAL | Inmate Edmo was placed on suicide watch 9/29/15 after Edmo attempted to remove Edmo's testicles. | | | | |
| MENTAL STATUS EXAM | Inmate Edmo came to the door to talk. Edmo was dressed in suicide smock, hygiene and grooming were fair for placement. Inmate Edmo made good eye contact, speech was WNL. Inmate Edmo displayed a range of affect and was respectful. Thought process was organized, clear and linear. Thought content was relevant. Inmate Edmo did not appear to be endorsing delusions or hallucinations. Insight and judgment appear fair at this time. | | | | |
| INTERVIEW | Inmate Edmo acknowledged having a direct conversation with Clinician Watson yesterday. Edmo reported feeling "good...better" today. Edmo said Edmo realized Edmo needs to work on the inside first before changing the outside. Edmo acknowledged needing to work on self-esteem, negative attention-seeking, and "fulfilling myself." In addition, Edmo said Edmo wants to have a professional complete the surgery so it is completed properly. Edmo said Edmo has waited this long and can wait a little while longer. Edmo confirmed Edmo will remain in the Unit after released from the holding cell and asked who will be Edmo's assigned clinician. Edmo stated Edmo is eating, sleeping "off and on" and taking the mental health medication. Edmo denied plan or intent to harm self. | | | | |
| INTENT TO DIE | Did not report intent to die. | | | | |
| PLAN OR METHOD | Denied plan and intent to harm self. | | | | |

ER 1683



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|---|-------------------------------------|--------------------------------|-------------------------------------|----------------|
| Edmo | Mason | 94691 | [REDACTED] | 10/1/15 |
| ACCESS TO MEANS | | | | |
| Inmate Edmo will have access to means consistent with being on close observation. | | | | |
| HISTORICAL FACTORS (check all that apply) | | | | |
| Family history of suicide | <input type="checkbox"/> | First time prison term | <input checked="" type="checkbox"/> | |
| Inmate history of suicide attempts | <input checked="" type="checkbox"/> | Current Ad Seg | <input type="checkbox"/> | |
| History of substance abuse | <input checked="" type="checkbox"/> | Other (list below) | <input type="checkbox"/> | |
| <p>Inmate Edmo reported one suicide attempt in 2010 by cutting Edmo's arm. Inmate Edmo denied family history of suicide. Inmate Edmo acknowledged a substance history of alcohol only - denied using other substances. Inmate Edmo said this is Edmo's first time in prison.</p> <p>According to the PSI, Inmate Edmo reported 3 suicide attempts (cutting in August 2010, overdosing in September 2010 and May 2011). The PSI shows Edmo disclosed alcohol use and some experience with marijuana (4 times total).</p> <p>Inmate Edmo's report of suicide attempts and substance use are somewhat different today than what was reported in the 2011 PSI.</p> | | | | |
| KNOWN STRESSORS/ DEMOGRAPHIC PREDICTORS (check all that apply) | | | | |
| Sleeping difficulties or irregular sleeping hours | <input checked="" type="checkbox"/> | Recent personal loss or crisis | <input type="checkbox"/> | |
| Non-compliance with prescribed psych medications | <input type="checkbox"/> | Neglect of personal hygiene | <input type="checkbox"/> | |
| Weight loss or loss of appetite | <input type="checkbox"/> | Long or life sentence | <input type="checkbox"/> | |
| Progressive health problems (chronic or terminal illness) | <input type="checkbox"/> | Poor compliance with treatment | <input type="checkbox"/> | |
| DOR | <input checked="" type="checkbox"/> | Conflict on tier | <input type="checkbox"/> | |
| Family event | <input type="checkbox"/> | Conflict with bunkmate | <input type="checkbox"/> | |
| Gambling or other debt | <input type="checkbox"/> | Parole/court hearing | <input type="checkbox"/> | |
| Fearful for safety | <input type="checkbox"/> | Other (list below) | <input checked="" type="checkbox"/> | |
| Relationship | <input type="checkbox"/> | Gender dysphoria | <input type="checkbox"/> | |
| PSYCHOLOGICAL FACTORS | | | | |
| <p>Inmate Edmo reported having difficulty sleeping prior to this incident. Edmo reported medication compliance and good appetite. Inmate Edmo received a DOR less than a week ago, but did not report this as a factor. Inmate Edmo acknowledged struggling with gender dysphoria. Inmate Edmo reported physical health as fine and good family support.</p> <p>Review of Edmo's PSI shows a history of depression and suicide attempts with medication and counseling the identified interventions.</p> <p>Inmate Edmo was last seen by a provider on 8/26/15 and is prescribed Effexor. Inmate Edmo is currently diagnosed with MDD; GD and Alcohol Use Disorder.</p> | | | | |



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|--|---------------------|-------|--------|----------------|
| Edmo | Mason | 94691 | ██████ | 10/1/15 |
| PROTECTIVE FACTORS | | | | |
| Inmate Edmo will be reduced to close observation with razor restriction. Once released from close observation, Inmate Edmo will have 3 days of clinical follow-up. Inmate Edmo will be moved to the BHU for continued clinical services. | | | | |
| EVALUATION OF RISK POTENTIAL. <i>(It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is indicated below. This level of risk will change over time and should be modified as circumstances change.)</i> | | | | |
| The offender is currently a moderate risk for self harm | | | | |
| RECOMMENDATIONS | | | | |
| It is recommended inmate Edmo be reduced to close observation today with continued razor restriction until determined otherwise. | | | | |
| Inmate Edmo appears to be a moderate risk for self-harm, but low risk for attempting to kill self intentionally. | | | | |

RISK REDUCTION/TREATMENT PLAN ADDENDUM

| RISK REDUCTION PLAN | | |
|---|--|---|
| PROBLEM <i>(The problem(s) should be specific to the offender's current reporting issues)</i> | GOAL <i>(There should be two (2) types of goals for each Problem: 1) Immediate goal(s) and 2) Short-term goal(s))</i> | INTERVENTION <i>(The interventions need to be specific and measurable to each of the two types of goals and relate to the presenting problem(s) of the offender)</i> |
| Inmate Edmo cut Edmo's testicles due to gender dysphoria. Inmate Edmo acknowledged focusing too much on the external self and not enough on the internal self, and acknowledged needing to improve self-esteem. | <ol style="list-style-type: none"> 1. Inmate Edmo will refrain from harming or cutting on self. 2. Inmate Edmo will use coping skills to manage distress related to dysphoria. Inmate Edmo will work on improving self-esteem. | <ol style="list-style-type: none"> 1. Inmate Edmo was placed on suicide watch, then reduced to close observation with daily clinical contact. Inmate Edmo will demonstrate and voice stability. 2. Inmate Edmo will be referred to groups, given homework and work with assigned clinician to improve self-esteem. Homework given on 10/1/15. |



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|--|---------------------|--|---------------------------------------|----------------|
| Edmo | Mason | 94691 | [REDACTED] | 10/1/15 |
| RISK REDUCTION PLAN CON'T | | | | |
| | | | | |
| CHANGE IN LOC REQUIRED? | | NEW LOC IF APPLICABLE (enter in CIS if LOC has changed) | | |
| No | | Not Applicable | | |
| NATURE OF INCIDENT | | | DEGREE OF MEDICAL INTERVENTION | |
| Cutting | | | In-house medical | |
| OFFENDER'S STATED INTENT | | | LAST SUICIDE WATCH | |
| Other: Remove testicles | | | 1-6 months | |
| TREATMENT PLAN UPDATE | | | | |
| The offender will return to their previous treatment plan upon stabilization | | | | |
| ADDITIONAL COMMENTS | | | | |
| According to records, Inmate Edmo was last on suicide watch 8/18/15. | | | | |
| | | | | |
| REPORT COMPLETED BY | CREDENTIAL | DATE | SIGNATURE | |
| T. Ruth, 9282 | LMSW | 10/1/15 | | |

Print Form



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

SUICIDE RISK ASSESSMENT

| DATES OF WATCH/OBSERVATION | | | | | |
|--|----------------------------------|----------------------------|----------------------------------|-------------------------------------|------------|
| DATE PLACED ON WATCH | 9/29/15 | DATE PLACED ON OBSERVATION | 10/1/15 | DATE REMOVED FROM WATCH/OBSERVATION | 10/2/15 |
| OFFENDER LAST NAME | Edmo | OFFENDER FIRST NAME | Mason | IDOC# | 94691 |
| | | | | DOB | [REDACTED] |
| | | | | DATE OF REPORT | 10/2/15 |
| INSTITUTION | OFFENSE | | REGULAR HOUSING UNIT | CURRENT HOUSING UNIT | |
| ISCI | Sexual Abuse of a Child Under 16 | | Unit 15 | Unit 16 HC | |
| CURRENT LEVEL OF CARE (LOC) | | | CMHS1 - Correctional MH Services | | |
| It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is reflected below. This level of risk will change over time and should be modified as circumstances change. | | | | | |
| SRA REPORT TYPE | Exit Only | | RISK LEVEL | Low | |
| REASON FOR REFERRAL | | | | | |
| Inmate Edmo was placed on suicide watch 9/29/15 after Edmo attempted to remove Edmo's testicles. Edmo was assessed today to determine housing and safety needs. | | | | | |
| MENTAL STATUS EXAM | | | | | |
| Inmate Edmo came to the door to talk. Edmo was dressed in suicide smock, hygiene and grooming were fair for placement. Inmate Edmo made good eye contact, speech was WNL. Inmate Edmo displayed a range of affect and was respectful. Thought process was organized, clear and linear. Thought content was relevant. Inmate Edmo did not appear to be endorsing delusions or hallucinations. Insight and judgment appear fair at this time. Edmo denied SI/SHB. | | | | | |
| INTERVIEW | | | | | |
| Edmo reported being "good". Edmo denied SI/Hi/SHB. Edmo reported eating and sleeping well. Edmo said last night Edmo realized Edmo was building up to the self-destructive behavior for a couple of weeks. Edmo reported that the atmosphere in Unit 15 made Edmo feel "devalued and unworthy". Edmo denied anxiety of depression. Edmo was released from CO to Unit 16 general population. | | | | | |
| INTENT TO DIE | | | | | |
| Did not report intent to die. | | | | | |
| PLAN OR METHOD | | | | | |
| Denied plan and intent to harm self. | | | | | |



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|--|-------------------------------------|--------------------------------|-------------------------------------|----------------|
| Edmo | Mason | 94691 | ██████ | 10/2/15 |
| ACCESS TO MEANS | | | | |
| Inmate Edmo will have access to means consistent with housing. | | | | |
| HISTORICAL FACTORS (check all that apply) | | | | |
| Family history of suicide | <input type="checkbox"/> | First time prison term | <input checked="" type="checkbox"/> | |
| Inmate history of suicide attempts | <input checked="" type="checkbox"/> | Current Ad Seg | <input type="checkbox"/> | |
| History of substance abuse | <input checked="" type="checkbox"/> | Other (list below) | <input type="checkbox"/> | |
| <p>Inmate Edmo reported one suicide attempt in 2010 by cutting Edmo's arm. Inmate Edmo denied family history of suicide. Inmate Edmo acknowledged a substance history of alcohol only - denied using other substances. Inmate Edmo said this is Edmo's first time in prison.</p> <p>According to the PSI, Inmate Edmo reported 3 suicide attempts (cutting in August 2010, overdosing in September 2010 and May 2011). The PSI shows Edmo disclosed alcohol use and some experience with marijuana (4 times total).</p> | | | | |
| KNOWN STRESSORS/ DEMOGRAPHIC PREDICTORS (check all that apply) | | | | |
| Sleeping difficulties or irregular sleeping hours | <input type="checkbox"/> | Recent personal loss or crisis | <input type="checkbox"/> | |
| Non-compliance with prescribed psych medications | <input type="checkbox"/> | Neglect of personal hygiene | <input type="checkbox"/> | |
| Weight loss or loss of appetite | <input type="checkbox"/> | Long or life sentence | <input type="checkbox"/> | |
| Progressive health problems (chronic or terminal illness) | <input type="checkbox"/> | Poor compliance with treatment | <input type="checkbox"/> | |
| DOR | <input checked="" type="checkbox"/> | Conflict on tier | <input type="checkbox"/> | |
| Family event | <input type="checkbox"/> | Conflict with bunkmate | <input type="checkbox"/> | |
| Gambling or other debt | <input type="checkbox"/> | Parole/court hearing | <input type="checkbox"/> | |
| Fearful for safety | <input type="checkbox"/> | Other (list below) | <input checked="" type="checkbox"/> | |
| Relationship | <input type="checkbox"/> | Gender dysphoria | | |
| PSYCHOLOGICAL FACTORS | | | | |
| <p>Inmate Edmo reported sleeping well last night. Edmo reported medication compliance and good appetite. Inmate Edmo received a DOR less than a week ago, but did not report this as a factor. Inmate Edmo acknowledged struggling with gender dysphoria. Inmate Edmo reported physical health as fine and good family support.</p> <p>Review of Edmo's PSI shows a history of depression and suicide attempts with medication and counseling the identified interventions.</p> <p>Inmate Edmo was last seen by a provider on 8/26/15 and is prescribed Effexor. Inmate Edmo is currently diagnosed with MDD; GD and Alcohol Use Disorder.</p> | | | | |



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

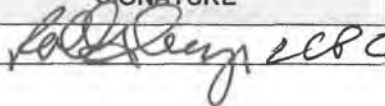
| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|---|---------------------|-------|------------|----------------|
| Edmo | Mason | 94691 | [REDACTED] | 10/2/15 |
| PROTECTIVE FACTORS | | | | |
| Inmate Edmo denied SI/SHB. Edmo will receive three days clinical contact. Edmo was moved to Unit 16. | | | | |
| EVALUATION OF RISK POTENTIAL <i>(It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is indicated below. This level of risk will change over time and should be modified as circumstances change.)</i> | | | | |
| The offender is currently a low risk for self harm | | | | |
| RECOMMENDATIONS | | | | |
| It is recommended that Edmo be released from CO to general population in Unit 16. | | | | |

RISK REDUCTION/TREATMENT PLAN ADDENDUM

| RISK REDUCTION PLAN | | |
|---|--|---|
| PROBLEM <i>(The problem(s) should be specific to the offender's current reporting issues)</i> | GOAL <i>(There should be two (2) types of goals for each Problem: 1) Immediate goal(s) and 2) Short-term goal(s))</i> | INTERVENTION <i>(The interventions need to be specific and measurable to each of the two types of goals and relate to the presenting problem(s) of the offender)</i> |
| Inmate Edmo cut Edmo's testicles due to gender dysphoria. Inmate Edmo acknowledged focusing too much on the external self and not enough on the internal self, and acknowledged needing to improve self-esteem. | 1. Inmate Edmo will refrain from harming or cutting on self. 2. Inmate Edmo will use coping skills to manage distress related to dysphoria. Inmate Edmo will work on improving self-esteem. | 1. Inmate Edmo will be seen for the next three days by clinical staff. 2. Inmate Edmo will be referred to groups, given homework and work with assigned clinician to improve self-esteem. Homework given on 10/1/15. |



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|--|---|--------------------------------|--|----------------|
| Edmo | Mason | 94691 | ██████ | 10/2/15 |
| RISK REDUCTION PLAN CON'T | | | | |
| | | | | |
| CHANGE IN LOC REQUIRED? | NEW LOC IF APPLICABLE (enter in CIS if LOC has changed) | | | |
| No | Not Applicable | | | |
| NATURE OF INCIDENT | | DEGREE OF MEDICAL INTERVENTION | | |
| Cutting | | In-house medical | | |
| OFFENDER'S STATED INTENT | | LAST SUICIDE WATCH | | |
| Other: Remove testicles | | 1-6 months | | |
| TREATMENT PLAN UPDATE | | | | |
| The offender will return to their previous treatment plan upon stabilization | | | | |
| ADDITIONAL COMMENTS | | | | |
| According to records, Inmate Edmo was last on suicide watch 8/18/15. | | | | |
| REPORT COMPLETED BY | CREDENTIAL | DATE | SIGNATURE | |
| R. Meyer 2440 | LCPC | 10/2/15 |  | |

Print Form



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | Date/Time Problem number | | |
|-------------------------------|---|--|------------------------------------|--------------------------------|--|
| EDMO, MASON DEAN | | 94691 | 10-03-15 1112 | | |
| SUBJECTIVE | This Clinician met with Inmate Edmo for Edmo's day one of three follow up after release from close observations. Inmate Edmo reported that Edmo is "a little more depressed". Edmo stated "they don't seem to want to give me my meds". Edmo denied SI/HI and stated "I am coping ok". Edmo stated that Edmo is irritated and stated this is because staff keep pointing and referring to Edmo as "he" or "him". Edmo denied any other mental health concerns at this time. | | | | |
| | Orientation | Appearance | Behavior | Response to interviewer | |
| | X 4 | Clean | Normal | Cooperative | |
| | Mood (by report) | Affect (observed) | Thought Process | Thought Content | |
| | "a little more depressed" | Appropriate | Logical | Relevant | |
| | Delusions | Hallucinations | Self Harm/Suicidal Ideation | Homicidal Ideation | |
| | NO | NO | NO | NO | |
| | Consciousness | Attention | Insight | Judgment | |
| | Normal | Normal | fair | fair | |
| | LOC | Last MHE date | TX plan date | Date last saw provider | |
| | CMHS 1 | Optional to add | Optional to add | Optional to add | |
| | OBJECTIVE | -This Clinician called pharmacy at 1750 and spoke with Amber and notified her that Edmo reported he has not been getting the medications Edmo is supposed to be getting. Amber said she will be in unit 16 this evening and will speak with Edmo regarding Edmo's medication concerns. | | | |
| | ASSESSMENT | Edmo appears to be maintaining ok at this time. | | | |
| | PLAN | Edmo will be followed up with by a clinician on 10-04-15. | | | |
| | Name | | Credential(s) | Signature | |
| Chris Bennett | | LPC | | | |



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------|---|--------|---------------|
| Edmo, Mason | | 94691 | ██████ |
| Date/Time | Use SOAP Note Format | | |
| Problem Number | | | |
| 10/04/15 1020 | S: Met with Edmo to complete Edmo's 2 of 3 follow up after being released from watch. Edmo reported that Edmo's still does not have any of Edmo's medications and pharmacy continues to state that they do not have the. Edmo reported to feel in pain because of the wound and very frustrated with Medical because of Edmo's medications. Edmo continues to feel depress but is coping and trying to get better. Edmo denied SI/HI. | | |
| 2 of 3 | O: Appearance: Appropriate to prison setting. Orientation: x4 Eye Contact: direct. Speech: WNL Mood: depress Affect: Congruent Thought Process: logical Thought Content: Relevant SI: denied HI: denied Delusions: denied Hallucinations: denied Insight: fair Judgment: fair | | |
| | A: Edmo appears depress and Edmo's ability to functions is being impacted by it. This Clinician contacted Medical to request Edmo get Edmo's medications. Medical Response stated that they will make sure Edmo's medications get on the pill cart. | | |
| | P: 3 of 3 follow up on 10/5/15 | | |

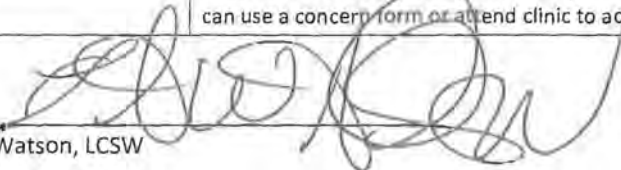

 L. Veregas, LP A245

10/4/15
 Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE
 (SOAP - Subjective Objective Assessment Plan) IDOC Clinical Contact Note 5.10

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------|---|--------|---------------|
| Edmo, Mason | | 94691 | |
| Date/Time Problem Number | Use SOAP Note Format | | |
| 10/5/15 0900 3 of 3 | <p>S: Met with Edmo today for Edmo's 3 of 3 after being released from a holding Spent quite a bit of time discussing Edmo's reported need to "feminize." Edmo states that the issues seem to ebb and flow in regards to feeling like Edmo can handle it and then feeling like there is no way to handle it. Edmo expressed frustration at medical stating Edmo knows Edmo's own body and knows the meds are not where they should be. Edmo states this is partly why Edmo decided Edmo would take things into Edmo's own hands by attempting to castrate Edmo's self. Edmo stated that Edmo had time to think about our last conversation and stated that Edmo feels that Edmo doesn't really have any mental health concerns as Edmo has worked through most of these but struggles with dysphoria which Edmo attributes to lack of appropriate medical care. Edmo states Edmo only sees self as a woman and that Edmo struggles with "normal" female self-esteem issues such as worrying about how Edmo looks and how others will perceive Edmo.</p> | | |
| | <p>O: Edmo was Ox4 and alert. Edmo's hygiene and grooming were appropriate and Edmo's speech was WNL. Edmo appeared relaxed and presented with direct eye contact. Edmo denied HI/SI but did state Edmo wants Edmo's genitals gone. However, Edmo denied plan or intent to follow through at this moment and agreed to seek out staff if needed. Edmo presented as pleasant and euthymic and indicated Edmo was feeling "just frustrated." Edmo's thought process was logical and clear and Edmo's content of thought was appropriate. Edmo's insight and judgment were assessed as fair. Edmo did not appear to be endorsing any delusions, illusions, or hallucinations. Edmo was cooperative.</p> | | |
| | <p>A: Edmo appears to be stable at this point. Spent quite a bit of time problem solving and formulated a plan for medical follow up and communication. Discussed the medical treatment being separate from mental health treatment. Edmo indicated that we should work together and I agreed but also stated that I am not a medical provider so I cannot recommend more or less meds and I am happy to talk with them about Edmo's struggles with depression, anxiety, and dysphoria related to having male genitals. Edmo seemed to vacillate back and forth between what Edmo felt Edmo needed from mental health. However, Edmo was able to recognize that attention from men seems to help with the dysphoria and was able to see the similarities with attention and drug use. Edmo had a much different presentation today than last week. Today Edmo's frustration was medical and there was a significant denial of internal issues which may be leading to some of the struggles. Last week there seemed to be more of an acceptance of things Edmo needed to work on in regards to self-esteem, boundaries issues, and self-acceptance.</p> | | |
| | <p>P: Edmo will continue to be followed by clinical staff congruent with Edmo's LOC. Edmo can use a concern form or attend clinic to access MH staff as well.</p> | | |

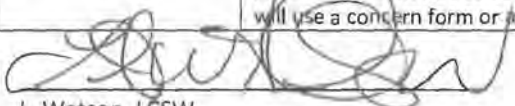

L. Watson, LCSW

10/5/15
Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|--------------------------------------|--|--------|---------------|
| Edmo, Mason | | 94691 | [REDACTED] |
| Date/Time Problem Number | Use SOAP Note Format | | |
| 10/13/15 1310 Clinical contact | <p>S: Met with Edmo today per Edmo's concern form. Edmo stated Edmo met with medical and the increased Estrogen by 1mg. Edmo felt good about this and felt like maybe this was a sign of good things to come. Edmo discussed historical details of Edmo's past including information regarding diagnoses. Edmo stated that recently Edmo has struggled with getting into a place where Edmo cannot see out of the tunnel vision that seems to be present. Edmo states that Edmo knows there are many good things going on and Edmo has made a great deal of progress but struggles seeing that in the moment. Edmo states Edmo is not sure how to pull Edmo's self out of that mindset. Edmo talked about not being open and honest with Edmo's significant other regarding struggles as Edmo is a "strong, independent woman who can handle these things myself." However, Edmo also admitted that Edmo manipulates to present things in a certain way order to not be vulnerable with others.</p> | | |
| | <p>O: Edmo was Ox4 and alert. Edmo's hygiene and grooming were consistent with Edmo's placement in a holding cell and Edmo's speech was WNL. Edmo appeared relaxed and presented with direct eye contact. Edmo denied HI/Sl. Edmo states Edmo still wants to remove "that thing" (referring to penis/testicles) but denies having a plan or intent to follow through stating Edmo "just wants it gone." Edmo presented as pleasant and euthymic and indicated Edmo was feeling "okay." Edmo's thought process was logical and clear and Edmo's content of thought was appropriate. Edmo's insight and judgment were assessed as fair. Edmo did not appear to be endorsing any delusions, illusions, or hallucinations. Edmo was cooperative.</p> | | |
| | <p>A: Edmo appears to be stable at this point. We discussed how this clinician will be transferring to another position and the plan will be to transfer Edmo to clinician Irvin's caseload, Edmo was receptive to this. Spent time building rapport and discussing history and the impact this has on Edmo's current functioning. Explored Edmo's insight about manipulating so that other's only see what Edmo is willing to show them and pointed out how Edmo has done this recently (while in the holding cell was open about issues regarding self-esteem and acceptance and then the next time we met identified that this wasn't a problem at all and Edmo had worked through all of this). Pointed out how Edmo will continue to have identify and acceptance issues outside of gender as long as Edmo is unwilling/unable to process some of the other issues Edmo struggles with (such as trauma history, relationship issues, issues with power and control, perfection issues, etc.). Explored ways in which Edmo can begin to identify issues as they arise and address them at that point rather than allowing them to build up (as Edmo has done recently) and then become a crisis. Used the analogy of a flat tire versus a broken engine. . . one is much easier to "fix." Edmo has great insight but needs to work on trust in regards to being vulnerable to really make progress in some of the areas Edmo struggles with.</p> | | |
| | <p>P: Edmo will continue to be followed by clinical staff congruent by Edmo's LOC. Edmo will use a concern form or attend clinic as needed.</p> | | |


L. Watson, LCSW

10/13/15
Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE
(SOAP - Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | IDOC # | DATE OF BIRTH |
|-------------------------------|---|---------------|
| Edmo, Mason CMHS | 94691 | [REDACTED] |
| Date/Time Problem Number | Use SOAP Note Format | |
| Nov. 5, 2015 90 day update | S: I met with Offender Edmo for Offender Edmo 90 day update. Offender Edmo reports is currently prescribed and medication compliant with psychotropic medications. Offender Edmo reports Offender Edmo is trying to get along with others and will notify clinical & security staff if Offender Edmo feels Offender Edmo is being threaten. | |
| | O: Offender Edmo was dressed constant with incarceration. Offender Edmo was oriented X 4. 1. Affect and mood was within normal limits, 2. Maintained appropriate eye contact, 3. Speech normal in tone and structure 4. Has no thought of SIS or HI. | |
| | A: Offender Edmo appears stable with evidence of clear speech and calm demeanor. | |
| | P: Will continue to follow treatment plan and monitor Offender Edmo. | |

Psy. Tech J. Brackin
DATE

J. Brackin PT
Nov 6, 2015

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE



IDOC Clinical Contact Note

(SOAP – Subjective Objective Assessment Plan)

IDOC MENTAL HEALTH SCREENING

| | | | | | | | | |
|--|---|---|---|---|--|---|------------|-----------|
| INMATE NAME: <u>Edmo</u> | | DOB: [REDACTED] | | DATE OF REPORT: <u>11/15/15</u> | | | | |
| IDOC #: <u>94691</u> | | | | | | | | |
| <input type="checkbox"/> Intake/New Arrival | | <input type="checkbox"/> Inter Institutional Transfer | | <input checked="" type="checkbox"/> Restrictive Housing <u>Unit 10</u> | | | | |
| Current Risk Factors | 1. Did the transporting officer report any concerns? If so please explain: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Immediately notify the shift commander | | |
| | 2. Right now, do you have thoughts of hurting yourself? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | |
| | 3. Do you have any <u>immediate</u> plans to hurt yourself? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | |
| | 4. Right now, do you feel like there is nothing to look forward to in the future? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Refer to MH for follow up within 24 hrs | | |
| | 5. Right now, do you have any mental health symptoms or complaints? On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extremely serious</i> ; rate your symptoms, please describe: (If rated at "5" or above, refer for clinician follow-up) | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | |
| | 6. Within the past year have you engaged in self-harm or attempted suicide? Date: <u>9/29</u> Means/Method: <u>Cutting</u> Intent: <u>cut off testicles</u> | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Suicide/Self Harm History | 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Date: <u>2011</u> Means/Method: <u>cut open</u> Intent: <u>end life</u> | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Refer to MH for follow up within 72 hours | | |
| | Date: <u>2010</u> Means/Method: <u>pills and alcohol</u> Intent: <u>end life</u> | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| | Date: _____ Means/Method: <u>OD</u> Intent: _____ | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Prior Treatment | 8. Do you have a History of Mental Health Hospitalizations and Outpatient Treatment? Date: <u>2011</u> Care Provider: <u>Parade</u> Reason: _____ | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| | Date: <u>2010</u> Care Provider: <u>BA</u> Reason: _____ | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| | Date: _____ Care Provider: _____ Reason: _____ | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Medication | 9. Are you currently taking mental health medications? Medication Name: <u>Alcohol</u> Dose/Frequency: <u>150mg</u> Date of Last dose: <u>11-15 am</u> | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Substance Use | 10. Have you ever taken mental health medications in the past? Medication Name: <u>Zoloff</u> Dose/Frequency: _____ Date of Last dose: <u>6 months</u> | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Other contributing suicide risk factors | 11. Have you ever used any type of substances: | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| | What? | First Used: | Last Used: | How Much? | What? | First Used: | Last Used: | How Much? |
| | <input checked="" type="checkbox"/> Alcohol | | | | <input checked="" type="checkbox"/> Marijuana | | | |
| | <input type="checkbox"/> Amphetamines | | | | <input type="checkbox"/> Cocaine | | | |
| 12. Have you ever participated in substance abuse treatment? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Routine MH follow up if indicated or requested | | | |
| 13. Did you successfully complete? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| 14. Providers name: <u>Rider</u> | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| 15. Is this your first time in prison? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| 16. Have any family members or significant persons in your life attempted or committed suicide? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| 17. Have you recently experienced a significant loss such as a death of a close family member or friend? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| 18. Have you ever been arrested for a sex crime? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| 19. Have you ever been a victim of sexual or physical abuse? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| 20. Have you had a head injury? Describe: <u>Concussion 2010 - abusive relationship</u> | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| 21. Have you ever received special education services? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| 22. Are you worried about something other than your current legal situation? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| 23. Do you have a physical illness that is causing you distress or pain? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |

2074

IDOC MENTAL HEALTH SCREENING

| | | | | | | |
|--|---|---|---|---|--|--|
| INMATE NAME: <u>Edmo</u> | | DOB: <u>[REDACTED]</u> | | DATE OF REPORT: <u>1/15/19</u> | | |
| IDOC #: <u>94691</u> | | | | | | |
| <input type="checkbox"/> Intake/New Arrival | | <input type="checkbox"/> Inter Institutional Transfer | | Restrictive Housing <u>Unit 10</u> | | |
| Current Risk Factors | 1. Did the transporting officer report any concerns? If so please explain: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Immediately notify the shift commander |
| | 2. Right now, do you have thoughts of hurting yourself? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 3. Do you have any <u>immediate</u> plans to hurt yourself? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Refer to MH for follow up within 24 hrs |
| | 4. Right now, do you feel like there is nothing to look forward to in the future? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 5. Right now, do you have any mental health symptoms or complaints? On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extremely serious</i> ; rate your symptoms, please describe: (If rated at "5" or above, refer for clinician follow-up) | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 6. Within the past year have you engaged in self-harm or attempted suicide? Date: <u>9/29</u> Means/Method: <u>Cutting</u> Intent: <u>Cut off testicles</u> Date: _____ Means/Method: _____ Intent: _____ | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Suicide/Self Harm History | 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Date: <u>2011</u> Means/Method: <u>Cut open</u> Intent: <u>end life</u> In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <u>2010</u> Means/Method: <u>pills and alcohol</u> Intent: <u>end life</u> In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Means/Method: <u>OD</u> Intent: _____ In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Refer to MH for follow up within 72 hours |
| | 8. Do you have a History of Mental Health Hospitalizations and Outpatient Treatment? Date: <u>2011</u> Care Provider: <u>Psychiatrist</u> Reason: _____ Date: <u>2010</u> Care Provider: <u>BF</u> Reason: _____ Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | 9. Are you currently taking mental health medications? Medication Name: <u>Ataxol</u> Dose/Frequency <u>150mg</u> Date of Last dose: <u>11:15 am</u> Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Medication | 10. Have you ever taken mental health medications in the past? Medication Name: <u>Zoloft</u> Dose/Frequency _____ Date of Last dose: <u>6 months</u> Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency _____ Date of Last dose: _____ | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | 11. Have you ever used any type of substances: What? First Used: Last Used: How Much? What? First Used: Last Used: How Much? <input checked="" type="checkbox"/> Alcohol: <input type="checkbox"/> Marijuana: <input checked="" type="checkbox"/> Methamphetamines: <input type="checkbox"/> Cocaine: <input type="checkbox"/> Prescription drugs: <input type="checkbox"/> Heroin: <input type="checkbox"/> Other: | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Routine MH follow up if indicated or requested |
| 12. Have you ever participated in substance abuse treatment? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 13. Did you successfully complete? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Other contributing suicide risk factors | 14. Providers name: <u>Kidder</u> | | | | | |
| | 15. Is this your first time in prison? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | 16. Have any family members or significant persons in your life attempted or committed suicide? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 17. Have you recently experienced a significant loss such as a death of a close family member or friend? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 18. Have you ever been arrested for a sex crime? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | 19. Have you ever been a victim of sexual or physical abuse? | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | 20. Have you had a head injury? Describe: <u>Concussion 2010 - abusive relationship</u> | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | 21. Have you ever received special education services? | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 22. Are you worried about something other than your current legal situation? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | 23. Do you have a physical illness that is causing you distress or pain? Describe: | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |

| | | | | | | | | |
|---|--|---|---|---|--|---|---|--|
| Current Mental Health Status (Check all that apply) | <input checked="" type="checkbox"/> Alert, oriented x <u>4</u> | | <input type="checkbox"/> Disoriented | | <input type="checkbox"/> Reports Hallucinations | | <input type="checkbox"/> Endorses Delusions | |
| | Grooming/Hygiene | Eye Contact | Affect | Mood | Thought Process | Speech | Movement/Activity | |
| | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Unkempt <input type="checkbox"/> Dirty <input type="checkbox"/> Other: | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> None | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Flat <input type="checkbox"/> No emotion <input type="checkbox"/> Tearful <input type="checkbox"/> Smiling <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Angry <input type="checkbox"/> Cheerful <input type="checkbox"/> Calm <input type="checkbox"/> Sad <input type="checkbox"/> Hopeless <input type="checkbox"/> Anxious | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Logical <input type="checkbox"/> Goal directed <input type="checkbox"/> Disorganized <input type="checkbox"/> Moving from topic to topic quickly <input type="checkbox"/> Irrelevant <input type="checkbox"/> Distractible | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Loud <input type="checkbox"/> Quiet <input type="checkbox"/> Rambling | <input checked="" type="checkbox"/> Appropriate to situation <input type="checkbox"/> Restless <input type="checkbox"/> Slowed <input type="checkbox"/> Active <input type="checkbox"/> Agitated <input type="checkbox"/> Aggressive | |
| DISPOSITION | Action Taken <input type="checkbox"/> Emergent/Urgent: Referred to the Shift Commander under Policy 315 <input checked="" type="checkbox"/> Refer to Mental Health for follow up within 24 hours <input type="checkbox"/> Refer to Mental Health for follow up within 72 hours <input type="checkbox"/> Refer for routine Mental Health follow up <input type="checkbox"/> No need for Mental Health follow up - cleared | | | | Initial Housing Recommendation <input checked="" type="checkbox"/> Cleared for general housing placement <input type="checkbox"/> Not cleared - referred for holding cell placement <input type="checkbox"/> Other placement: | | | |
| | I acknowledge that I have answered all questions truthfully and have been informed about how to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals. Inmate Signature: <u>[Signature]</u> Date: <u>11-15-15</u> | | | | | | | |
| Screener/ Reviewer | Screened by: <u>11/15/15</u> <u>1805</u> <u>K. Larsen LPR</u> Date Time Printed Name | | | | Signature: <u>[Signature]</u> | | | |
| | Screening Reviewed: <u>11/16/15</u> <u>0612</u> <u>L. Venegas, LPR</u> Date Time Printed Name | | | | Clinician Signature: <u>[Signature]</u> | | | |
| <input type="checkbox"/> MH Secondary Assessment Completed: _____ Date _____ Printed Name _____ Signature _____ | | | | | | | | |
| Clinical Follow Up | Follow Up SOAP Note/if indicated: <u>[24] 97RA 120P H</u> | | | | | | | |
| | S: Met with Edmo in unit & Edmo reported that Edmo was doing "OK" Edmo denied S/H/H or mental health concerns. Edmo said that Edmo will do "fine" in unit & and requested expulsion. O: Alert, O/Y, appropriate eye contact, speech w/NL mood "OK" affect appropriate, no abnormal vital signs. Thought process logical, and relevant in context. A: Edmo appeared to be adjusting and should be able to complete all tasks. Suggestion time in unit &. P: Provide expulsion and weekly mental health checks on Wednesdays while in unit &. Date: <u>11/16/15</u> Time: <u>0715</u> Printed Name: <u>L. Venegas, LPR</u> Clinician Signature: <u>[Signature]</u> | | | | | | | |

IDAHO DEPARTMENT OF CORRECTION
Mental Health DOR Recommendation

IDOC Number: 94691 Offender Name: Edmo, Mason Facility: ISCI

Offense Date: 11/17/15 Offense Description: Disobedience to Orders Levels 3 Clinician: Ruth

Documented history mental illness that could impair decision making. Yes: No:

Presently prescribed medication for mental health issues. Yes: No:

If yes, is inmate medication compliant? Yes: No:

Experienced significant increase in stressors prior to incident. Yes: No:

Documented increase in mental health symptoms prior to incident. Yes: No:

Mental illness contributing factor in incident. Yes: No:

Recommendations: _____

Mental illness a mitigating factor. Yes: No:

Recommendations: _____

Assignment of staff assistant recommended. Yes: No:

Mental illness not a factor in incident – no recommendations

Additional Recommendations: Inmate Edmo has a documented history of mental health issues, but mental health concerns are not a factor in this incident. It is recommended that Inmate Edmo write an apology letter to the staff involved. Inmate Edmo should be assessed by a clinician prior to serving time in Unit 8.

Date of Report: 11/18/15

Clinician Name and Associate Number: T. Ruth, LMSW #9282

**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

| INMATE NAME (Last, First, MI) | IDOC # | EVALUATION DATE |
|-------------------------------|--------|-----------------|
| Edmo, Adee | 94691 | 11/18/15 |

Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation

Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

| Yes | No | |
|---|----|--|
| X | | Oriented X 4, (person, place, time, and circumstance). |
| X | | Affect and mood within normal limits. |
| X | | Speech normal in tone and structure; thought content is orderly and goal directed. |
| | X | Currently prescribed and medication compliant with psychotropic medication. |
| | X | Expresses auditory, visual, other hallucinations, or delusional thought. |
| | X | Current suicidal ideation or intent. |
| | X | Judgment and insight impaired. |
| X | | Current psychosocial stressors increasing the risk of harm to self or others. |
| X | | Intellect is estimated to be average or above. |
| X | | Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input checked="" type="checkbox"/> Remained Stable |
| X | | Requires mental health plan. Date completed: <i>Return to plan upon release</i> |
| Comments: <i>wants to go to B on 10.</i> | | |

| | |
|--------------------|--|
| REFERRAL TO | |
|--------------------|--|

| MENTAL HEALTH PROFESSIONAL SIGNATURE | DATE |
|--|----------|
| <i>[Signature]</i> M. Hahn BSW J. Irvin LMSW | 11/18/16 |



IDOC Restricted Housing MH Evaluation Form 3.09

Reviewed by C Bennett, LPC [Signature] 11/19/15

Psychiatric Progress Note

ID: 94691

Name: Edmo, Mason

11/19/15

S: "I am here for fighting." She says he has been here since the 15th. She has not had her hearing yet. She states that she is a lot better since the pills are not being opened. She is not exercising in here but is reading a lot. She denies thoughts of self-harm or harm to others. Appetite is good. She is trying to lose weight. Sleep is good. She will be in prison until 2021.

Response to TX: See above

Medication Compliance: Compliant

Suicidal/Homicidal Ideation and/or Plan: Denies

Medication Side Effects: Denies

Auditory/Visual Hallucinations/Delusions/Paranoia: Denies

Medications: Effexor XR 150 mg. AM

Wt: 199 (-9)

O: Alert and oriented. Speech is clear with RRR. Thoughts are coherent and goal oriented. Mood is WNL. Attitude is cooperative. Affect WNL. Appearance is well groomed. Good eye contact. Cognition is intact.

AIMS: N/A

Med Consent In Chart: Yes

A: 28 year old male (GID) who reports doing well with Effexor; no changes will be made.

Diagnoses Include:

GDD

Major Depressive Disorder

Alcohol Use Disorder

Prison

P: Effexor XR 150 mg. AM

Educated regarding the risks/benefits/side effects of current medication and inmate verbalized understanding.

RTC: 3 months

**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

| INMATE NAME (Last, First, MI) | IDOC # | EVALUATION DATE |
|-------------------------------|--------|-----------------|
| Edmo | 94691 | 11/25/15 |

Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation


Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

| Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Oriented X 4, (person, place, time, and circumstance). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Affect and mood within normal limits. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Speech normal in tone and structure; thought content is orderly and goal directed. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Currently prescribed and medication compliant with psychotropic medication. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Expresses auditory, visual, other hallucinations, or delusional thought. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Current suicidal ideation or intent. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Judgment and insight impaired. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Current psychosocial stressors increasing the risk of harm to self or others. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Intellect is estimated to be average or above. |
| <input type="checkbox"/> | <input type="checkbox"/> | Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input checked="" type="checkbox"/> Remained Stable |
| <input type="checkbox"/> | <input type="checkbox"/> | Requires mental health plan. Date completed: |

Comments:

"Alright" TRANSIT TODAY - would like to return to U/L
 nurse edify Anxiety about meds - genuine process
 better on trans

| | |
|-------------|-------------------------------|
| REFERRAL TO | NIA SI - no self harm - NO |
|-------------|-------------------------------|

| MENTAL HEALTH PROFESSIONAL SIGNATURE | DATE |
|---|----------|
| T. Ruth, LMSW #9282  | 11/25/15 |

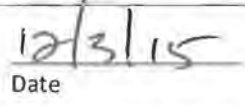


IDOC Restricted Housing MH Evaluation Form 3.09

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------------|---|--------|---------------|
| Edmo, Mason | | 94691 | |
| Date/Time Problem Number | Use SOAP Note Format | | |
| 12/3/15 1005 Clinical contact | <p>S: Met with Edmo today for Edmo's scheduled clinical contact. Clinician Houser was present as she will be the clinician that Edmo is transitioning to. Edmo stated that Edmo had been struggling a bit lately "because of the same old drama." Edmo stated Edmo broke up with the previous significant other but had already had one that Edmo was starting to see before breaking up with the other one. Edmo now states Edmo is in a relationship with someone else but warned them that it may not last. Edmo admitted to not doing well alone. Edmo states that the attention makes Edmo feel good and takes the focus off of things like still having a penis. Edmo stated that overall, Edmo feels better and is trying to work on being alone and setting boundaries. Edmo states Edmo's depression has been better with the increase in hormones but still feels it could be better.</p> | | |
| | <p>O: Edmo was Ox4 and alert. Edmo's hygiene and grooming were appropriate. Edmo appeared relaxed and presented with direct eye contact. Edmo denied HI/SI. Edmo states Edmo still has desires to self-castrate but states Edmo has been managing these well and denies plan or intent. Edmo presented as pleasant and euthymic and indicated Edmo was feeling "alright I guess." Edmo's thought process was logical and clear and Edmo's content of thought was appropriate. Edmo's insight and judgment were assessed as fair. Edmo did not appear to be endorsing any delusions, illusions, or hallucinations. Edmo was cooperative.</p> | | |
| | <p>A: Edmo appears to be stable at this point. Confronted Edmo on ongoing maladaptive patterns which continue to lead to issues in Edmo's life. Reviewed the challenges Edmo has with saying no and the concern Edmo has about hurting other's feelings which is why Edmo will remain in unhealthy relationships for far too long. Reviewed healthy boundaries that Edmo could set and ways in which Edmo could get healthy attention that Edmo felt Edmo needed rather than continuing to seek it from males in any way Edmo can. Spent some time reviewing Edmo's history and the things that Edmo was working on for the new clinician. Reviewed compliance towards treatment plan goals.</p> | | |
| | <p>P: Edmo will continue to be followed by clinical staff congruent by Edmo's LOC. Edmo will use a concern form or attend clinic as needed. Edmo was referred to healthy relationships.</p> | | |


L. Watson, LCSW


Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE
(SOAP – Subjective Objective Assessment Plan)

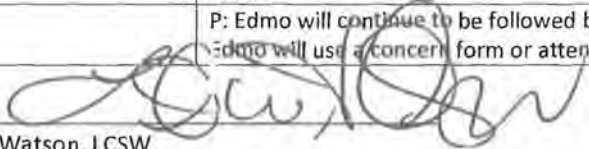


IDOC Clinical Contact Note 3.09

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|--------------------------------------|---|--------|---------------|
| Edmo, Mason | | 94691 | [REDACTED] |
| Date/Time Problem Number | Use SOAP Note Format | | |
| 12/17/15 1215 Clinical contact | <p>S: Met with Edmo today for per Edmo's concern form to update Edmo's treatment plan. Clinician Houser was present as Edmo will be transferring to her caseload. Edmo stated Edmo was doing better. I had attempted to meet with Edmo last week per the concern form but Edmo stated Edmo was given the wrong medication and it made Edmo too tired to participate. Edmo reported doing well now and had recently ended a relationship Edmo knew Edmo did not want to be in. Edmo states Edmo has one person "interested" but Edmo doesn't want to jump into a relationship and wants to get to know the person. Edmo admits to liking the attention from relationships and states Edmo has been in a relationship of some sorts the entire time Edmo has been incarcerated. Edmo spoke of recent self-harm and desires to self-castrate given Edmo feels overwhelmingly frustrated with still having male "parts." Edmo states Edmo has self harmed three times in the last six months and wants to work on this.</p> | | |
| | <p>O: Edmo was Ox4 and alert. Edmo's hygiene and grooming were appropriate. Edmo appeared relaxed and presented with direct eye contact. Edmo denied HI/SI but did report recent self harm (denied current plan or intent). Edmo presented as pleasant and euthymic and indicated Edmo was feeling "better." Edmo's thought process was logical and clear and Edmo's content of thought was appropriate. Edmo's insight and judgment were assessed as fair. Edmo did not appear to be endorsing any delusions, illusions, or hallucinations. Edmo was cooperative.</p> | | |
| | <p>A: Edmo appears to be stable at this point. We spent quite a bit of time updating Edmo's treatment plan and all needed items for MDTT. Edmo took an active role in treatment plan formation but seemed focused on wanting this clinician to include Edmo's need to feminize as Edmo continued to state if Edmo gets a DOR, Edmo wants the hearing officer to know it was part of the plan and that it plays a role in Edmo's dysphoria. We spoke at length about ways in which Edmo could feel feminine though going against policy but Edmo seemed resistant to this. I was honest with Edmo that I could not write a goal that goes against policy but that I could work with Edmo on ways in which Edmo could better meet these needs while refraining from self harm. We also spent quite a bit of time processing/discussing boundary issues and ways Edmo could work on these in order to meet Edmo's own needs.</p> | | |
| | <p>P: Edmo will continue to be followed by clinical staff congruent by Edmo's LOC. Edmo will use a concern form or attend clinic as needed. Edmo will attend MDTT.</p> | | |

L. Watson, LCSW



Date

12/17/15

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE
(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

Mental Health Group Referral (BHU)

Inmate Name: Edmo

Inmate IDOC #: 94691

Date of Referral: 12/17/15

Referring Clinician: Watson

Clinician Groups:

- Lifer's Group (CCG 1)
- Suicide Prevention (CCG 1)
- Mindfulness (CCG 4)
- Living with Schizophrenia (CCG 6)
- Living with Bipolar (CCG 7)
- Living with Depression (CCG 8)
- Living with Anxiety (CCG 9)
- PTSD (CCG 10)
- Mood Management (CCG 12)
- GD Process Group (CCG 12)
- ADHD (CCG 12)
- Grief and Loss (CCG 13)
- Co-Occurring (CCG 14)
- Self-esteem (CCG 15)
- Other


already enrolled

Psych Tech/Officer Groups:

- Community Re-entry (CCG17)
- Healthy Self (CCG 17)
- Healthy Relationships (CCG 17)
- Anger Reduction (CCG 17)
- Social Skills/ Goals (CCG 18)
- Social Roles (CCG 18)
- Assertive Communication (CCG 18)
- Current Events (CCG 19)
- History (CCG 19)
- Reading (CCG 19)
- Creative Writing (CCG 19)
- Puzzle/ Games (CCG 20)
- Riddles/ Trivia (CCG 20)
- Music (CCG 20)
- Art (CCG 20)
- Other

**IDAHO DEPARTMENT OF CORRECTION
TREATMENT PLAN**

| | | | | | |
|---|--|---|---------------------------|-------------------------|--------|
| DATE | 12/17/15 | INMATE NAME | Edmo, Mason | | |
| IDOC # | 94691 | DOB | ██████ | LOC | CMHS-1 |
| PROBLEM (in operational terms) | | GOAL | | | |
| 1. | Edmo states Edmo struggles setting boundaries in personal relationships out of fear or hurting someone else's emotions. | Edmo will identify at least one boundary Edmo needs to set in a personal relationship and follow through within at least one week 75% of the time. | | | |
| 2. | Edmo reports some struggles with attempting to self-castrate or desires to self-castrate. | Edmo will identify at least two ways Edmo could feel more feminine (within policy) and engage in these prior to giving into impulsive, self-harming thoughts. | | | |
| PREPARED BY L. Watson, LCSW 0367 | | DATE | | 12/17/15 | |
| INTERVENTIONS | | | | | |
| Problem # | Treatment Intervention | Staff/Person Responsible | Frequency/Duration | Date Goal Closed | |
| 1, 2 | Edmo will use coping skills when struggling with mental health symptoms. | Edmo | As needed | | |
| 1, 2 | Edmo will voice an understanding of how to use a concern form and/or attend drop-in clinics to access clinical support. | Edmo | As needed | | |
| 1, 2 | Edmo will attend psychoeducational groups as scheduled. Edmo is currently attending Gender Dysphoria group and has been referred to healthy relationship. | Edmo | As scheduled | | |
| 1, 2 | Edmo will take any medication prescribed by the psychiatrist or designee, as indicated, reporting any changes, concerns, or side effects. | Edmo/ Psychiatry | As prescribed | | |
| 1, 2 | Edmo will notify staff right away of any suicidal or homicidal thoughts, or of any plan/intent to harm self or others. | Edmo | As needed | | |
| 1, 2 | Edmo reports spending time at education and exercising as beneficial activities and is encouraged to maintain these activities so long as they continue to be helpful. | Edmo | Daily | | |
| 1, 2 | Edmo will use journaling as a tool help improve self-esteem and self-image. | Edmo | Ongoing | | |


OFFENDER SIGNATURE

94691
IDOC #

12/17/15
DATE



IDOC Treatment Plan Form Rev. 5.10

MULTI-DISCIPLINARY TREATMENT TEAM SUMMARY

| | | | |
|----------|---------------|-------|---------------|
| DATE | OFFENDER NAME | IDOC | DATE OF BIRTH |
| 12/22/15 | Edmo, Mason | 94691 | [REDACTED] |

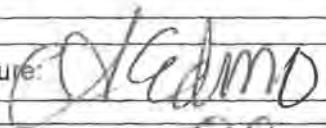
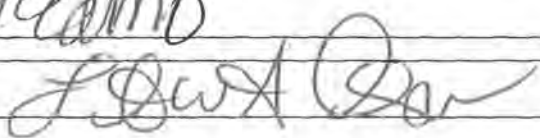
The following members were present at the treatment team meeting on this date: (type or print legibly)

| NAME | TITLE | NAME | TITLE |
|-----------|-----------|-----------|-------|
| Melomyllo | PSRS | T. Hansry | PTC |
| C. Seely | VIC Sgt. | | |
| Watson | Clinician | | |

| | | |
|---|---|-----------------------------|
| Input was sought from the psychiatrist: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The offender was present: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team reviewed the offender's concerns and discussed these with the offender: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team provided feedback regarding progress toward treatment goals: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team reviewed any current restrictions on the offender that may impact his/her mental health functioning: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team reviewed current housing status and any possible impact on mental health functioning: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team reviewed current level of care to ensure appropriateness: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| The treatment team developed a current treatment plan in conjunction with the offender and discussed this plan with the offender during the team meeting: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Indicate what level of care treatment the offender will receive: | CMHS-1 | |
| The offender agrees with the treatment plan: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

**Any "NO" answer indicated above must have an explanation provided.
Please use the space below.**

Other Issues:

| | | |
|----------------------|--|----------|
| Offender Signature: |  | 12/22/15 |
| Clinician Signature: |  | 12/22/15 |

**IDAHO DEPARTMENT OF CORRECTION
Mental Health DOR Recommendation**

IDOC Number: 94691 Offender Name: Edmo Facility: ISCI

Offense Date: 12/22/15 Offense Description: Tattoo or Piercing (Class B) Clinician: Ruth

Documented history mental illness that could impair decision making. Yes: No:

Presently prescribed medication for mental health issues. Yes: No:

If yes, is inmate medication compliant? Yes: No:

Experienced significant increase in stressors prior to incident. Yes: No:

Documented increase in mental health symptoms prior to incident. Yes: No:

Mental illness contributing factor in incident. Yes: No:

Recommendations: _____

Mental illness a mitigating factor. Yes: No:

Recommendations: _____

Assignment of staff assistant recommended. Yes: No:

Mental illness not a factor in incident – no recommendations

Additional Recommendations: _____

Date of Report: 12/24/15

Clinician Name and Associate Number: T. Ruth, LMSW #9282



IOWA DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|-------------------------------|--|--------|---------------|
| Edmo, Mason | | 94691 | ██████ |
| Date/Time Problem Number | Use SOAP Note Format | | |
| 12/28/15 1335 | S: Met with Edmo to discuss concern form. Edmo reported that Edmo has been thinking about castrating Edmo a lot more often. Edmo stated that Edmo wants to discussed this with Edmo's clinician. Edmo reported that last time Edmo tried castrating Edmo it started with ruminating a lot about castrating. Edmo denied any intent or plan to harm Edmo and stated that Edmo would just like to be able to talk to Edmo's clinician. | | |
| | O: Appearance: Appropriate to prison setting. Orientation: x4 Eye Contact: direct. Speech: WNL Mood: depress Affect: Congruent Thought Process: logical Thought Content: Relevant SI: denied HI: denied Delusions: denied Hallucinations: denied Insight: fair Judgment: fair | | |
| | A: Edmo appears depress but Edmo does not appear to be at risk for harming self at this time. However it is important that Edmo addresses Edmo's thought with Edmo's clinician. | | |
| | P: Referred to assigned clinician. | | |


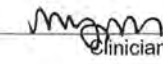
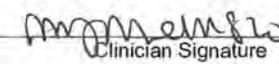

 L. Venegas, LCPC A245

12/28/15
 Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE
 (SOAP – Subjective Objective Assessment Plan) IDOC Clinical Contact Note 5.10

IDOC MENTAL HEALTH SCREENING

| | | | | | | |
|--|---|---|--|---|---|--|
| INMATE NAME: <u>Edmo, Mason</u> | | DOB: [REDACTED] | | DATE OF REPORT: <u>12/30/15</u> | | |
| <input type="checkbox"/> Intake/New Arrival | | <input type="checkbox"/> Inter Institutional Transfer | | <input checked="" type="checkbox"/> Restrictive Housing | | |
| Current Risk Factors | 1. Did the transporting officer report any concerns? If so please explain: | | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | 2. Right now, do you have thoughts of hurting yourself? | | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | 3. Do you have any immediate plans to hurt yourself? Describe: | | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | 4. Right now, do you feel like there is nothing to look forward to in the future? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 5. Right now, do you have any mental health symptoms or complaints? On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extremely serious</i> ; rate your symptoms, please describe: (If rated at "5" or above, refer for clinician follow-up) | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 6. Within the past year have you engaged in self-harm or attempted suicide? Date: <u>2015</u> Means/Method: <u>cut at penis</u> Intent: <u>self harm</u> | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Suicide/Self Harm History | 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Date: <u>2011</u> Means/Method: <u>cut arm open</u> Intent: <u>suicide</u> | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | In custody: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | Date: _____ Means/Method: _____ Intent: _____ | | | | | |
| Prior Treatment | 8. Do you have a History of Mental Health Hospitalizations and Outpatient Treatment? | | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | Date: _____ Care Provider: _____ Reason: _____ | | | | | |
| | Date: _____ Care Provider: _____ Reason: _____ | | | | | |
| | Date: _____ Care Provider: _____ Reason: _____ | | | | | |
| Medication | 9. Are you currently taking mental health medications? Medication Name: <u>Zypreho</u> Dose/Frequency: <u>150mg</u> Date of Last dose: <u>12/30/15</u> | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | | | |
| Substance Use | 10. Have you ever taken mental health medications in the past? Medication Name: <u>zoloft</u> Dose/Frequency: _____ Date of Last dose: <u>a few</u> | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Medication Name: <u>prozac</u> Dose/Frequency: _____ Date of Last dose: <u>years ago</u> | | | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | | | |
| | Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | | | | | |
| Other contributing suicide risk factors | 11. Have you ever used any type of substances: | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | What? First Used: Last Used: How Much? | What? First Used: Last Used: How Much? | | | | |
| | <input checked="" type="checkbox"/> Alcohol: | <input checked="" type="checkbox"/> Marijuana: | | | | |
| | <input checked="" type="checkbox"/> Methamphetamines: | <input checked="" type="checkbox"/> Cocaine: | | | | |
| Substance Use | <input type="checkbox"/> Prescription drugs: | | | | | |
| | <input type="checkbox"/> Other: | | | | | |
| | 12. Have you ever participated in substance abuse treatment? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 13. Did you successfully complete? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other contributing suicide risk factors | 14. Providers name: <u>Ridof</u> | | | | | |
| | 15. Is this your first time in prison? | | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | 16. Have any family members or significant persons in your life attempted or committed suicide? | | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | 17. Have you recently experienced a significant loss such as a death of a close family member or friend? | | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | 18. Have you ever been arrested for a sex crime? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 19. Have you ever been a victim of sexual or physical abuse? | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 20. Have you had a head injury? Describe: <u>2010 Physical abuse</u> | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 21. Have you ever received special education services? | | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | 22. Are you worried about something other than your current legal situation? Describe: | | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 23. Do you have a physical illness that is causing you distress or pain? Describe: | | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Current Mental Health Status (Check all that apply) | <input checked="" type="checkbox"/> Alert, oriented x <u>4</u> | | <input type="checkbox"/> Disoriented | | <input type="checkbox"/> Reports Hallucinations | | <input type="checkbox"/> Endorses Delusions | |
| | Grooming/Hygiene | Eye Contact | Affect | Mood | Thought Process | Speech | Movement/Activity | |
| <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | |
| <input type="checkbox"/> Neat/Clean | <input type="checkbox"/> Fair | <input type="checkbox"/> Flat | <input type="checkbox"/> Angry | <input type="checkbox"/> Logical | <input type="checkbox"/> Rapid | <input type="checkbox"/> Restless | | |
| <input type="checkbox"/> Unkempt | <input type="checkbox"/> Good | <input type="checkbox"/> No emotion | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Goal directed | <input type="checkbox"/> Slow | <input type="checkbox"/> Slowed | | |
| <input type="checkbox"/> Dirty | <input type="checkbox"/> None | <input type="checkbox"/> Tearful | <input type="checkbox"/> Calm | <input type="checkbox"/> Disorganized | <input type="checkbox"/> Pressured | <input type="checkbox"/> Active | | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Smiling | <input type="checkbox"/> Sad | <input type="checkbox"/> Moving from topic to topic quickly | <input type="checkbox"/> Slurred | <input type="checkbox"/> Agitated | | |
| | | <input type="checkbox"/> Depressed | <input type="checkbox"/> Hopeless | <input type="checkbox"/> Irrelevant | <input type="checkbox"/> Loud | <input type="checkbox"/> Aggressive | | |
| | | <input type="checkbox"/> Euphoric | <input type="checkbox"/> Anxious | <input type="checkbox"/> Distractible | <input type="checkbox"/> Quiet | | | |
| | | | | | <input type="checkbox"/> Rambling | | | |
| DISPOSITION | Action Taken | | | | Initial Housing Recommendation | | | |
| | <input type="checkbox"/> Emergent/Urgent: Referred to the Shift Commander under Policy 315 <input checked="" type="checkbox"/> Refer to Mental Health for follow up within 24 hours <input type="checkbox"/> Refer to Mental Health for follow up within 72 hours <input type="checkbox"/> Refer for routine Mental Health follow up <input type="checkbox"/> No need for Mental Health follow up - cleared | | | | <input checked="" type="checkbox"/> Cleared for general housing placement <input type="checkbox"/> Not cleared - referred for holding cell placement <input type="checkbox"/> Other placement: _____ | | | |
| Informed Consent | I acknowledge that I have answered all questions truthfully and have been informed about how to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals. | | | | | | | |
| | Inmate Signature:  | | | | Date: <u>12/30/15</u> | | | |
| Screener/Reviewer | Screened by: <u>12-30-15 1400</u> | | <u>Veronica Ferro</u> | | | | | |
| | Date | Time | Printed Name | | Signature | | | |
| | Screening Reviewed: <u>12.31.15 1200</u> | | <u>J. Myers LMSW</u> | |  | | | |
| | Date | Time | Printed Name | | Clinician Signature | | | |
| | <input type="checkbox"/> MH Secondary Assessment Completed: _____ | | Date | Printed Name | Signature | | | |
| Clinical Follow Up | Follow Up SOAP Note/if indicated: | | | | | | | |
| | <p>Contact Review - Met clin in Unit 8. Inmate denied MH/SI/SB. Inmate aware of how to access MH via concern form / HSB's / and support groups & shop in clinics. Lead clinician will file with any additional follow through for Edmos level of care.</p> | | | | | | | |
| | <u>12.31.15</u> | <u>1200</u> | <u>J. Myers LMSW</u> | |  | | | |
| | Date | Time | Printed Name | | Clinician Signature | | | |

Print Form



IDAHO DEPARTMENT OF CORRECTION
"Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | Date/Time Problem number | |
|-------------------------------|---|--------------------------|------------------------------------|--------------------------------|
| Edmo, Mason D. | | 94691 | 1/2/16 1345 | |
| SUBJECTIVE | Met with Edmo for clinical contact. Edmo is currently housed in Unit 8 for SPI and is experiencing increased thoughts of wanting to castrate. We discussed stressors and triggers that lead to castration thoughts, along with increased depressive thinking. Edmo feels limited in Edmo's coping skills while in Unit 8, but does feel that thinking about castration more tends to delay the act. Edmo is trying to distract by reading a book but can't seem to get into the book. Edmo is reporting | | | |
| | Orientation | Appearance | Behavior | Response to interviewer |
| | X 4 | Clean | Normal | Cooperative |
| | Mood (by report) | Affect (observed) | Thought Process | Thought Content |
| | "Fine" | Appropriate | Goal Oriented | Goal Oriented |
| | Delusions | Hallucinations | Self Harm/Suicidal Ideation | Homicidal Ideation |
| | NO | NO | YES | NO |
| | Consciousness | Attention | Insight | Judgment |
| | Normal | Normal | Good | Intact |
| LOC | Last MHE date | TX plan date | Date last saw provider | |
| CMHS 1 | Optional to add | Optional to add | Optional to add | |
| OBJECTIVE | confusion over why Edmo is under investigation and was asking leading questions to this clinician. This clinician stated that the process is sometimes slow and we did just have a holiday and that investigations would more than likely be down to see Edmo soon. Overall, Edmo reports doing "alright." Edmo does report thoughts of harming Edmo but no current plan/intent. | | | |
| | Edmo appears to be stable at this time and safely able to continue SPI status in Unit 8. | | | |
| ASSESSMENT | Edmo will be followed per LOC and will have primary clinician do a follow up with Edmo on 1/4/16 due to reported thoughts of harm | | | |
| PLAN | Edmo will be followed per LOC and will have primary clinician do a follow up with Edmo on 1/4/16 due to reported thoughts of harm | | | |
| Name | | Credential(s) | Signature | |
| A. Houser B948 | | LPC | | |

Print Form



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | Date/Time Problem number | |
|-------------------------------|--|--------------------------|------------------------------------|--------------------------------|
| EDMO, MASON | | 94691 | 01/04/2016 | |
| SUBJECTIVE | Offender Edmo was seen for primary clinician for status check in Unit 8. Offender Edmo reported stability in mood and denied experiencing any current depression or anxiety symptoms. Offender Edmo denied SI/Hi/SIB. Offender Edmo denied experiencing any other mental health symptoms. No other concerns were addressed and Edmo knows how to reach MH staff. | | | |
| | Orientation | Appearance | Behavior | Response to interviewer |
| | X 4 | Clean | Normal | Cooperative |
| | Mood (by report) | Affect (observed) | Thought Process | Thought Content |
| | "Good" | Appropriate | Logical | Relevant |
| | Delusions | Hallucinations | Self Harm/Suicidal Ideation | Homicidal Ideation |
| | NO | NO | NO | NO |
| | Consciousness | Attention | Insight | Judgment |
| | Normal | Normal | Good | Intact |
| | LOC | Last MHE date | TX plan date | Date last saw provider |
| CMHS 1 | | | | |
| OBJECTIVE | Eye Contact: WNL Speech: Typical in rate/volume/rhythm | | | |
| ASSESSMENT | Offender Edmo denied MH Sx and appeared stable within the current living environment. Edmo denied SI/Hi/SIB. | | | |
| PLAN | Offender Edmo expressed understanding of how to contact MH staff to address any change to status. | | | |
| Name | | Credential(s) | Signature | |
| Bradley Raburn #B401 | | LPC | | |

**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

| INMATE NAME (Last, First, MI) | IDOC # | EVALUATION DATE |
|-------------------------------|--------|-----------------|
| Edmo, mason | 94891 | 1/6/16 |

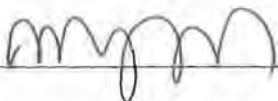
Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation

Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

| Yes | No | |
|---|----|--|
| X | | Oriented X 4, (person, place, time, and circumstance). |
| X | | Affect and mood within normal limits. |
| X | | Speech normal in tone and structure; thought content is orderly and goal directed. |
| X | | Currently prescribed and medication compliant with psychotropic medication. |
| | X | Expresses auditory, visual, other hallucinations, or delusional thought. |
| | X | Current suicidal ideation or intent. |
| | X | Judgment and insight impaired. |
| | X | Current psychosocial stressors increasing the risk of harm to self or others. |
| X | | Intellect is estimated to be average or above. |
| | | Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input checked="" type="checkbox"/> Remained Stable |
| | | Requires mental health plan. Date completed: |
| Comments: compliant with MH meds. aware of accessing MH via concern form & HSRIS. | | |

| | |
|--------------------|--|
| REFERRAL TO | |
|--------------------|--|

| MENTAL HEALTH PROFESSIONAL SIGNATURE | DATE |
|--|--------|
| J. Myers LMSW B075  | 1/6/16 |



IDOC Restricted Housing MH Evaluation Form 3.09

**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

| INMATE NAME (Last, First, MI) | IDOC # | EVALUATION DATE |
|-------------------------------|--------|-----------------|
| Edmo, Mason | 94691 | 1/13/16 |

Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation

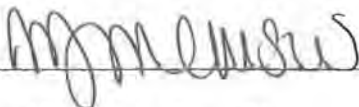
Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

| Yes | No | |
|-----|----|--|
| ✓ | | Oriented X 4, (person, place, time, and circumstance). |
| ✓ | | Affect and mood within normal limits. |
| ✓ | | Speech normal in tone and structure; thought content is orderly and goal directed. |
| ✓ | | Currently prescribed and medication compliant with psychotropic medication. |
| | ✓ | Expresses auditory, visual, other hallucinations, or delusional thought. |
| | ✓ | Current suicidal ideation or intent. |
| | ✓ | Judgment and insight impaired. |
| | ✓ | Current psychosocial stressors increasing the risk of harm to self or others. |
| ✓ | | Intellect is estimated to be average or above. |
| | | Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input checked="" type="checkbox"/> Remained Stable |
| | | Requires mental health plan. Date completed: |

Comments:

"I'm good"

| | |
|--------------------|--|
| REFERRAL TO | |
|--------------------|--|

| MENTAL HEALTH PROFESSIONAL SIGNATURE | DATE |
|---|---------|
| J.MYERS LMSW B075  | 1/13/16 |



IDOC Restricted Housing MH Evaluation Form 3.09

IDAHO DEPARTMENT OF CORRECTION
Mental Health DOR Recommendation

IDOC Number: 94691 Offender Name: Edmo, Mason Facility: ISCI

Offense Date: 12/30/15 Offense Description: Sexual Activity Clinician: Ruth

Documented history mental illness that could impair decision making. Yes: No:

Presently prescribed medication for mental health issues. Yes: No:

If yes, is inmate medication compliant? Yes: No:

Experienced significant increase in stressors prior to incident. Yes: No:

Documented increase in mental health symptoms prior to incident. Yes: No:

Mental illness contributing factor in incident. Yes: No:

Recommendations: _____

Mental illness a mitigating factor. Yes: No:

Recommendations: _____

Assignment of staff assistant recommended. Yes: No:

Mental illness not a factor in incident – no recommendations

Additional Recommendations: _____

Date of Report: 1/19/16

Clinician Name and Associate Number: T. Ruth, LMSW #9282

**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

| INMATE NAME (Last, First, MI) | IDOC # | EVALUATION DATE |
|-------------------------------|--------|-----------------|
| Edmond, MASON | 94691 | 1/20/16 |

Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation

Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

| Yes | No | |
|-----|----|--|
| x | | Oriented X 4, (person, place, time, and circumstance). |
| x | | Affect and mood within normal limits. |
| x | | Speech normal in tone and structure; thought content is orderly and goal directed. |
| x | | Currently prescribed and medication compliant with psychotropic medication. |
| | x | Expresses auditory, visual, other hallucinations, or delusional thought. |
| | x | Current suicidal ideation or intent. |
| | x | Judgment and insight impaired. |
| | x | Current psychosocial stressors increasing the risk of harm to self or others. |
| x | | Intellect is estimated to be average or above. |
| | | Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input checked="" type="checkbox"/> Remained Stable |
| | | Requires mental health plan. Date completed: |

Comments:

"I'm good"

| | |
|--------------------|--|
| REFERRAL TO | |
|--------------------|--|

| MENTAL HEALTH PROFESSIONAL SIGNATURE | DATE |
|--------------------------------------|---------|
| J.MYERS LMSW B075 | 1.20.16 |



IDOC Restricted Housing MH Evaluation Form 3.09

Print Form



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | Date/Time | Problem number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------------|-----------------------------|-------------------------|-------------|------------|----------|-------------------------|-----|-------|--------|-------------|------------------|-------------------|-----------------|-----------------|--------|-------------|---------|----------|-----------|----------------|-----------------------------|--------------------|----|----|-----|----|---------------|-----------|---------|----------|--------|--------|---------|--------|-----|---------------|--------------|------------------------|--------|-----------------|-----------------|-----------------|
| Edmo, Mason | | 94691 | 1/25/16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBJECTIVE | Met with Edmo for clinical contact after receiving a concern form indicating increased desire to castrate self. We discussed coping skills and how Edmo can distract from the urge to harm self. Edmo reports having thoughts of castrating multiple times per day with no plan/intent. Reports eating and sleeping well and adjusting well to being back on the tier after being in Unit 8 for approx 23 days. No conflicts on the tier/unit reported. Edmo is managing the urge to castrate at this time and denies SI/Hi/Delusions/Hallucinations. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Orientation</th> <th>Appearance</th> <th>Behavior</th> <th>Response to Interviewer</th> </tr> </thead> <tbody> <tr> <td>X 4</td> <td>Clean</td> <td>Normal</td> <td>Cooperative</td> </tr> <tr> <th>Mood (by report)</th> <th>Affect (observed)</th> <th>Thought Process</th> <th>Thought Content</th> </tr> <tr> <td>"Good"</td> <td>Appropriate</td> <td>Logical</td> <td>Relevant</td> </tr> <tr> <th>Delusions</th> <th>Hallucinations</th> <th>Self-Harm/Suicidal Ideation</th> <th>Homicidal Ideation</th> </tr> <tr> <td>NO</td> <td>NO</td> <td>YES</td> <td>NO</td> </tr> <tr> <th>Consciousness</th> <th>Attention</th> <th>Insight</th> <th>Judgment</th> </tr> <tr> <td>Normal</td> <td>Normal</td> <td>Average</td> <td>Intact</td> </tr> <tr> <th>LOC</th> <th>Last MHE date</th> <th>TX plan date</th> <th>Date last saw provider</th> </tr> <tr> <td>CMHS 1</td> <td>Optional to add</td> <td>Optional to add</td> <td>Optional to add</td> </tr> </tbody> </table> | | | | Orientation | Appearance | Behavior | Response to Interviewer | X 4 | Clean | Normal | Cooperative | Mood (by report) | Affect (observed) | Thought Process | Thought Content | "Good" | Appropriate | Logical | Relevant | Delusions | Hallucinations | Self-Harm/Suicidal Ideation | Homicidal Ideation | NO | NO | YES | NO | Consciousness | Attention | Insight | Judgment | Normal | Normal | Average | Intact | LOC | Last MHE date | TX plan date | Date last saw provider | CMHS 1 | Optional to add | Optional to add | Optional to add |
| | Orientation | Appearance | Behavior | Response to Interviewer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X 4 | Clean | Normal | Cooperative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mood (by report) | Affect (observed) | Thought Process | Thought Content | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | "Good" | Appropriate | Logical | Relevant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Delusions | Hallucinations | Self-Harm/Suicidal Ideation | Homicidal Ideation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NO | NO | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Consciousness | Attention | Insight | Judgment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Normal | Normal | Average | Intact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOC | Last MHE date | TX plan date | Date last saw provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CMHS 1 | Optional to add | Optional to add | Optional to add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thoughts of wanting to self castrate, denies plan or intent. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ASSESSMENT | Edmo is assessed as stable and able to return to assigned tier. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Edmo will continue to be followed per current LOC and can further access MH services through concern forms and/or open clinics. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name | Credential(s) | Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | A. Houser B948 | LPC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Edmo, Mason

IDOC#: 94691

Psychiatric Progress Note

ISCI-BHU

1/27/16

S: The inmate reported she has been in unit 8. She was there for a DOR for sexual activity. She said that her sexual activity was consensual and she does it to be diverted. She reported she was thinking about starting Remeron. She doesn't have much to do during the day. She doesn't nap. She is on gym restriction for a couple. She said her sleep has been bad for "about a month." She reported is it difficult to stop her mind from thinking at night and "I just have all these thoughts about castrating herself."

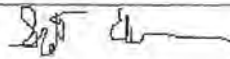
Medications: Effexor XR 150mg AM
Wt 208 (+1)

O: MSE: Hygiene good. Groomed eyebrows. Appears feminine in his demeanor and interaction style. Thoughts logical and linear. Denied any SI/HI. No overt delusions. Affect full range and euthymic. Speech regular in rate, rhythm, and volume. Mood "depressed."

A: 27 year old female with Gender Dysphoria, Alcohol Use disorder, and Depression. Will add low dose Remeron to Effexor for sleep.

MDD,
GDD
Alcohol Use disorder

P: Cont meds
Start Remeron 7.5mg hs
RTC 3 months

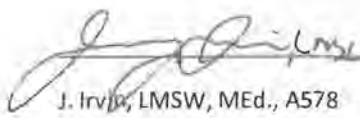


Scott Eliason MD Page 1

16

Drop-in Mental Health Clinic

- 1. Offender Name/IDOC number: Edmo 94691
- 2. Date: 2/9/16
- 3. Time: 1050
- 4. Identified Problem:
 - Needs to have this clinician send to property about ~~his~~ Brog memo's and that now Edmo should have access to it.
- 5. Suicidal ideation: Y N
 - a. If yes, statement about plan/intent:
- 6. Homicidal ideation: Y N
 - a. If yes, statement about plan/intent:
- 7. Intervention:
 - Emailed property about this as this has been confirmed. ~~Edmo~~ called Sgt Baross about this as well.
- 8. Mental Status:
 - a. Mood: "Alright."
 - b. Affect: ~~flat~~ wnl
 - c. Thought process: linear and content focused
 - d. Thought Content: appropriate for the interaction
 - e. Hallucinations/Delusions/Illusions: Denies all
 - f. Oriented: Time Place Person Reason for Visit
 - g. Hygiene/grooming: wnl
 - h. Speech: good
 - i. Insight: good
 - j. Judgment: good
- 9. Plan of action:
 - nothing needed ~~for~~ further at this time.

 A578 2/9/16
 J. Irvine, LMSW, MEd., A578 Date

Drop-in Mental Health Clinic

- 1. Offender Name/IDOC number: Edmo 94691
- 2. Date: 2/23/16
- 3. Time: 1030
- 4. Identified Problem:

Wants to be able to move out of unit 16 and be ~~able~~ able to purchase bras from commissary

- 5. Suicidal ideation: N
 - a. If yes, statement about plan/intent:

- 6. Homicidal ideation: Y N
 - a. If yes, statement about plan/intent:

- 7. Intervention:

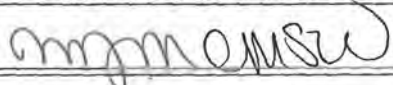
Reported that this would be started during the next MTC.

- 8. Mental Status:
 - a. Mood: "Alright."
 - b. Affect: wnl
 - c. Thought process: Linear and organized
 - d. Thought Content: appropriate
 - e. Hallucinations/Delusions/Illusions: Denies all
 - f. Oriented: Time Place Person Reason for Visit
 - g. Hygiene/grooming: wnl
 - h. Speech: goal
 - i. Insight: wnl
 - j. Judgment: wnl

- 9. Plan of action:

Staff during MTC

J. Irvin, LMSW, MEd., A578 2/23/16
 J. Irvin, LMSW, MEd., A578 Date

| MENTAL HEALTH DOR RECOMMENDATION | | |
|--|---------------------------------------|---|
| IDOC NUMBER | OFFENDER NAME | OFFENSE FACILITY |
| 94691 | Edmo, Mason | ISCI |
| OFFENSE DATE | OFFENSE DESCRIPTION | CLINICIAN |
| 03.15.2016 | Tweezers Broken In Half and Sharpened | Myers |
| Documented history of significant mental illness that would/could impair decision making and/or reality testing. | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Presently prescribed medication for mental health issues. | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| **If yes, is offender compliant? | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Experienced significant increase in stressors prior to incident? | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Documented increase in mental health symptoms prior to incident? | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Mental Illness contributing factor in incident? | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Recommendations: | | |
| | | |
| Mental Illness a mitigating factor? | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Recommendations: | | |
| | | |
| Assignment of staff assistant recommended? | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Mental illness not a factor in incident - no restrictions on proceedings are recommended. | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Additional Recommendations: | | |
| | | |
| CLINICIAN SIGNATURE | | DATE OF REPORT |
| J.Myers LMSW B075  | | 03.17.2016 |

Print Form



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | Date/Time Problem number | |
|-------------------------------|---|--------------------------|------------------------------------|--------------------------------|
| Edmo, Mason | | 94691 | 3/18/16 | |
| SUBJECTIVE | Met with Edmo to discuss Edmo's recent concerns about a member of the security staff being inappropriate in comments to the GD population. Edmo stated that it was reported to an officer and Edmo called the PREA line as well. We discussed the increased anxiety that has resulted from the incident and how Edmo is dealing with it. Denies SI/HI/SIB/Delusions/Hallucinations. Reports eating and sleeping well. | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| OBJECTIVE | Orientation | Appearance | Behavior | Response to Interviewer |
| | X 4 | Clean | Normal | Cooperative |
| | Mood (by report) | Affect (observed) | Thought Process | Thought Content |
| | "Good" | Appropriate | Logical | Relevant |
| | Delusions | Hallucinations | Self-Harm/Suicidal Ideation | Homicidal Ideation |
| | NO | NO | NO | NO |
| | Consciousness | Attention | Insight | Judgment |
| | Normal | Normal | Average | Intact |
| LOC | Last MHE date | TX plan date | Date last saw provider | |
| CMHS 1 | Optional to add | Optional to add | Optional to add | |
| ASSESSMENT | Edmo is assessed as stable and safe to return to the tier. | | | |
| | | | | |
| PLAN | Edmo will continue to be followed per current LOC and can further access MH services through concern forms and/or open clinics. | | | |
| | | | | |
| Name | | Credential(s) | Signature | |
| A. Houser B948 | | LPC | <i>[Handwritten Signature]</i> LPC | |

Secondary Mental Health Assessment Report - Update

| | | | | | |
|---|---|-----------------|-------|-----|------------|
| Offender Name: Edmo, Mason | Offender Number: 94691 | | | | |
| Assessment Time & Date: 3/24/16 1300 | Date of Initial MH Assessment: | | | | |
| Clinician: A. Houser, LPC B948 | Current LOC: CMHS1 | | | | |
| Reason for Update: <input type="checkbox"/> Change <input type="checkbox"/> Referral Update <input checked="" type="checkbox"/> Annual Review | | | | | |
| Change/Update due to legal situation or sentence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Comment: (If more space is needed, go to Page 2 Additional Comments) | | | | | |
| | | | | | |
| Change/Update in Education <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Comment: (If more space is needed, go to Page 2 Additional Comments) | | | | | |
| | | | | | |
| Change/Update in Marital or Family Situation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Comment: (If more space is needed, go to Page 2 Additional Comments) | | | | | |
| | | | | | |
| Change/Update in Current Medication <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Comment: (If more space is needed, go to Page 2 Additional Comments) | | | | | |
| Spiranolactone 125mg BID (used to be 100mg) | | | | | |
| Change/Update in Current Diagnosis <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Comment: (If more space is needed, go to Page 2 Additional Comments) | | | | | |
| | | | | | |
| Appearance | Clean/Appropriate | | | | |
| Motor Activity | Relaxed | | | | |
| Speech | WNL | | | | |
| Thought Process | Organized | | | | |
| Thought Content | Relevant | | | | |
| Perceptions | Did not appear to be endorsing any delusions/illusions/ hallucinations. | | | | |
| Mood | "good" | | | | |
| Affect | Appropriate | | | | |
| Attitude | Pleasant | | | | |
| Insight | Fair | | | | |
| Judgment | Fair | | | | |
| Offender Name | Edmo, Mason | Offender Number | 94691 | DOB | [REDACTED] |

Secondary Mental Health Assessment Report - Update - Continued from Page 1

Clinical Formulation

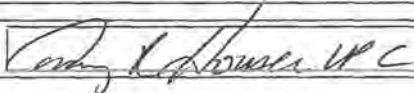
Edmo has struggled to remain DOR over the last year, receiving 8 DORs since June of 2015 (last DOR 12/30/15). Edmo is co-dependent and feels Edmo always needs to be in a relationship. Edmo has been working on improving Edmo's boundaries with others. Medication compliant and gets along well with others on the tier. Edmo continues to struggle with self harming ideation in relation to self castration. IDOC has recently approved for the GD population to be evaluated for SRS (sexual reconstruction surgery). This has assisted Edmo in resisting the urge to self castrate. Edmo would like to move out of Unit 16 and transfer to SIC1.

Recommendations

It is clinically recommended that Edmo remain in the BHU at this time. Edmo's continued stability is in part by being housed in Unit 16. It is further recommended that Edmo attend psychoeducational classes and be followed by psychiatry and clinical staff congruent with current LOC.

Additional Comments from Page 1

Clinician Signature



Date Signed

3/24/16

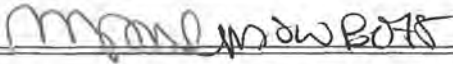
Print Form



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | Date/Time Problem number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|---|-------------------|-----------------------------|-------------------------|-------------|------------|----------|-------------------------|-----|-------|--------|-------------|------------------|-------------------|-----------------|-----------------|--------|-------------|---------|----------|-----------|----------------|-----------------------------|--------------------|----|----|----|----|---------------|-----------|---------|----------|--------|--------|------|--------|-----|---------------|--------------|------------------------|--------|-----------------|-----------------|-----------------|
| Edmo, Mason | | 94691 | 3/24/16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBJECTIVE | Met with Edmo to update annual assessment. Edmo is excited about the MD evaluations for SRS (sexual reconstruction surgery) that have recently been approved. Edmo feels that knowing Edmo can be evaluated has assisted Edmo in refraining from attempting to self castrate. Reports doing well and trying to stay out of trouble because Edmo would like to transfer to SICI at some point. Denies SI/HI/SIB/Delusions/Hallucinations; reports sleeping and eating well. Medication compliant. No mental health concerns at this time. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Orientation</th> <th>Appearance</th> <th>Behavior</th> <th>Response to Interviewer</th> </tr> </thead> <tbody> <tr> <td>X 4</td> <td>Clean</td> <td>Normal</td> <td>Cooperative</td> </tr> <tr> <th>Mood (by report)</th> <th>Affect (observed)</th> <th>Thought Process</th> <th>Thought Content</th> </tr> <tr> <td>"Good"</td> <td>Appropriate</td> <td>Logical</td> <td>Relevant</td> </tr> <tr> <th>Delusions</th> <th>Hallucinations</th> <th>Self-Harm/Suicidal Ideation</th> <th>Homicidal Ideation</th> </tr> <tr> <td>NO</td> <td>NO</td> <td>NO</td> <td>NO</td> </tr> <tr> <th>Consciousness</th> <th>Attention</th> <th>Insight</th> <th>Judgment</th> </tr> <tr> <td>Normal</td> <td>Normal</td> <td>Good</td> <td>Intact</td> </tr> <tr> <th>LOC</th> <th>Last MHE date</th> <th>TX plan date</th> <th>Date last saw provider</th> </tr> <tr> <td>CMHS 1</td> <td>Optional to add</td> <td>Optional to add</td> <td>Optional to add</td> </tr> </tbody> </table> | | | | Orientation | Appearance | Behavior | Response to Interviewer | X 4 | Clean | Normal | Cooperative | Mood (by report) | Affect (observed) | Thought Process | Thought Content | "Good" | Appropriate | Logical | Relevant | Delusions | Hallucinations | Self-Harm/Suicidal Ideation | Homicidal Ideation | NO | NO | NO | NO | Consciousness | Attention | Insight | Judgment | Normal | Normal | Good | Intact | LOC | Last MHE date | TX plan date | Date last saw provider | CMHS 1 | Optional to add | Optional to add | Optional to add |
| | Orientation | Appearance | Behavior | Response to Interviewer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X 4 | Clean | Normal | Cooperative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mood (by report) | Affect (observed) | Thought Process | Thought Content | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | "Good" | Appropriate | Logical | Relevant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Delusions | Hallucinations | Self-Harm/Suicidal Ideation | Homicidal Ideation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NO | NO | NO | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Consciousness | Attention | Insight | Judgment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Normal | Normal | Good | Intact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOC | Last MHE date | TX plan date | Date last saw provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CMHS 1 | Optional to add | Optional to add | Optional to add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OBJECTIVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ASSESSMENT | Edmo is assessed as stable and managing well on the unit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLAN | Edmo will continue to be followed per current LOC and can further access MH services through concern forms and/or open clinics. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | Credential(s) | Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Houser B948 | | LPC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| MENTAL HEALTH DOR RECOMMENDATION | | |
|---|---|--|
| IDOC NUMBER | OFFENDER NAME | OFFENSE FACILITY |
| 94691 | Edmo, Mason | ISCI |
| OFFENSE DATE | OFFENSE DESCRIPTION | CLINICIAN |
| 03.28.2016 | Disobedience to Orders | Myers |
| Documented history of significant mental illness that would/could impair decision making and/or reality testing. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Presently prescribed medication for mental health issues. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| **If yes, is offender compliant? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Experienced significant increase in stressors prior to incident? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Documented increase in mental health symptoms prior to incident? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Mental illness contributing factor in incident? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Recommendations: | | |
| | | |
| Mental Illness a mitigating factor? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Recommendations: | | |
| | | |
| Assignment of staff assistant recommended? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Mental illness not a factor in incident - no restrictions on proceedings are recommended. | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Additional Recommendations: | | |
| Intervention should include: | | |
| DOR Hearing Itself Work with assigned clinician to discuss concerns regarding this DOR (*Such as Edmo's reasonings for Disobedience to orders) | | |
| CLINICIAN SIGNATURE | | DATE OF REPORT |
| J.Myers LMSW B075  | | 03.29.2016 |

Drop-in Mental Health Clinic

1. Offender Name/IDOC number: Edmo 94691
2. Date: 4/2/16
3. Time: 0917
4. Identified Problem:
Feeling frustrated that GD population is not allowed to wear makeup as this is a coping skill for Edmo and Edmo continually receives DORs for wearing makeup. Feels MH should fight harder for the GD population with security.
5. Suicidal ideation: N
 - a. If yes, statement about plan/intent:
6. Homicidal ideation: N
 - a. If yes, statement about plan/intent:
7. Intervention:
Discussed that security is priority and that the rules are in place for safety reasons. Encouraged Edmo to develop additional coping skills to utilize instead of wearing makeup.
8. Mental Status:
 - a. Mood: OK
 - b. Affect: Appropriate
 - c. Thought process: Organized
 - d. Thought Content: Relevant
 - e. Hallucinations/Delusions/Illusions: Denied
 - f. Oriented: Time Place Person Reason for Visit OX4
 - g. Hygiene/grooming: Clean
 - h. Speech: WNL
 - i. Insight: Fair
 - j. Judgment: Fair
9. Plan of action:
Will continue to be followed per current LOC: CMHS1 and can further access MH services through open clinics and/or concern forms.

 4/2/16

A. Houser, LPC B948

Date

Drop-in Mental Health Clinic

- 1. Offender Name/IDOC number: Edmo 94691
- 2. Date: 4/11/16
- 3. Time: 1:10
- 4. Identified Problem:

Edmo wanted to be moved out of the unit and to have edmo's mental health hold dropped.

- 5. Suicidal ideation: Y N

 - a. If yes, statement about plan/intent:

- 6. Homicidal ideation: Y N

 - a. If yes, statement about plan/intent:

- 7. Intervention:

allowed Edmo to process the request

- 8. Mental Status:
 - a. Mood: "Alright"
 - b. Affect: euthymic
 - c. Thought process: Linear and content focused.
 - d. Thought Content: appropriate
 - e. Hallucinations/Delusions/Ilusions: denies all
 - f. Oriented: Time Place Person Reason for Visit
 - g. Hygiene/grooming: low
 - h. Speech: good
 - i. Insight: good
 - j. Judgment: good

- 9. Plan of action:

nothing else was needed at this time for edmo. Forwarded C.S. Clerk edmo's request.

J. Irvin, LMSW #1578 4-11-16
J. Irvin, LMSW, MEd., A578 Date

Edmo, Mason

IDOC#: 94691

Psychiatric Progress Note

ISCI-BHU

4/20/16

S: Inmate reports that she is "doing alright." Is eligible for parole but this has not been granted due to multiple DORs related to use of makeup and feminine appearance. Feminine appearance is subjective, which is very frustrating to the inmate. Wants to discuss sexual reassignment surgery. Has been on hormone replacement for the last year and a half, but feels that she needs more. Cites an improvement in gender dysphoria on hormone replacement, though has ongoing frustrations stemming from current anatomy. Cites that she made attempts to mutilate her genitalia this past fall because of the severity of distress. Also requests to be assigned to a different housing unit, emphasizes need for intact genitalia for successful SRS as a deterrent to self-mutilation. I spoke to prison staff about the inmate's behavior; which is notable for animated affect and no observed distress. I have also personally observed the inmate in these settings and did not observe significant dysphoria.

Medications: Effexor XR 150mg AM, Remeron 7.5mg hs
Wt 195 (-13)

O: MSE: Hygiene good. Eyebrows colored in with black pencil, wearing foundation. Appears feminine in his demeanor and interaction style. Thoughts logical and linear. Denied any SI/HI. No overt delusions. Affect full range, euthymic, frustrated. Speech regular in rate, rhythm, and volume. Mood "doing alright."

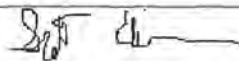
A: 27 year old male to female with Gender Dysphoria, Alcohol Use disorder, and Depression. Will continue current medications. Inmate has been observed to be functioning well in the correctional setting. Does not meet criteria for medical necessity for sex reassignment surgery. I staffed this case with Dr. Jeremy Stoddart, Dr. Murray Young, Jeremy Clark LCPC (clinical supervisor and WPATH member) and they agreed with my assessment. That being said I will continue to monitor and assess this inmate for the medical necessity of SRS throughout there stay here- For the time being it is my opinion that the combination of hormonal treatment and supportive counseling is sufficient for her gender dysphoria.

Medical Necessity for Sexual Reassignment Surgery is not very well defined and is constantly shifting but the following situations could meet medical necessity: 1) Congenital malformations or ambiguous genitalia would likely required sexual reassignment or reparative surgery. 2) Severe and devastating dysphoria that is primarily due to genitals could potentially meet criteria for gender reassignment surgery as well. 3) Some type of medical problem in which endogenous sexual hormones were causing severe physiological damage. There may also be other situation which could be determine as medically necessary as more information becomes available.

This inmate does not meet any of those above criteria.

MDD
Gender dysphoria
Alcohol Use disorder

P: Cont meds
RTC 3 months



Scott Eliason MD Page 1

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | IDOC # | DATE OF BIRTH |
|---------------------------------|--|---------------|
| Edmo, Mason CMHS | 94691 | [REDACTED] |
| Date/Time Problem Number | Use SOAP Note Format | |
| April 29, 2016 90 day update | S: I met with Offender Edmo for Offender Edmo 90 day update. Offender Edmo reports is currently medication compliant. Offender Edmo reports Offender Edmo is trying to get along with others and will notify clinical & security staff if Offender Edmo feels Offender Edmo is being threaten. | |
| | O: Offender Edmo was dressed constant with incarceration. Offender Edmo was oriented X 4. 1. Affect and mood was within normal limits, 2. Maintained appropriate eye contact, 3. Speech normal in tone and structure 4. Has no thought of SIS or HI. | |
| | A: Offender Edmo appears stable with evidence of clear speech and calm demeanor. | |
| | P: Will continue to follow treatment plan and monitor Offender Edmo. | |

Psy. Tech J. Brackin *J. Brackin*
 DATE 4/29/16

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE



IDOC Clinical Contact Note

(SOAP – Subjective Objective Assessment Plan)

IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | DATE OF BIRTH |
|---------------------------------|---|--------|---------------|
| Edmo, Mason CMHS | | 94691 | ██████████ |
| Date/Time Problem Number | Use SOAP Note Format | | |
| April 29, 2016 90 day update | S: I met with Offender Edmo for Offender Edmo 90 day update. Offender Edmo reports is currently prescribed and medication compliant with psychotropic medications. Offender Edmo reports Offender Edmo is trying to get along with others and will notify clinical & security staff if Offender Edmo feels Offender Edmo is being threaten. | | |
| | O: Offender Edmo was dressed constant with incarceration. Offender Edmo was oriented X 4. 1. Affect and mood was within normal limits, 2. Maintained appropriate eye contact, 3. Speech normal in tone and structure 4. Has no thought of SIS or HI. | | |
| | A: Offender Edmo appears stable with evidence of clear speech and calm demeanor. | | |
| | P: Will continue to follow treatment plan and monitor Offender Edmo. | | |

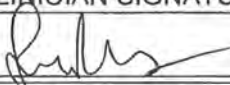
Psy. Tech J. Brackin J. Brackin PT
DATE 4/29/16

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE



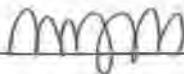
IDOC Clinical Contact Note

(SOAP – Subjective Objective Assessment Plan)

| MENTAL HEALTH DOR RECOMMENDATION | | |
|--|---|--|
| IDOC NUMBER | OFFENDER NAME | OFFENSE FACILITY |
| 94691 | Edmo, Mason | ISCI |
| OFFENSE DATE | OFFENSE DESCRIPTION | CLINICIAN |
| 5/6/16 | Disobedience to Orders Level 2 | Ruth |
| Documented history of significant mental illness that would/could impair decision making and/or reality testing. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Presently prescribed medication for mental health issues. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| **If yes, is offender compliant? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Experienced significant increase in stressors prior to incident? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Documented increase in mental health symptoms prior to incident? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Mental Illness contributing factor in incident? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Recommendations: | | |
| | | |
| Mental Illness a mitigating factor? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Recommendations: | | |
| | | |
| Assignment of staff assistant recommended? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Mental illness not a factor in incident - no restrictions on proceedings are recommended. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Additional Recommendations: | | |
| | | |
| CLINICIAN SIGNATURE | | DATE OF REPORT |
| T. Ruth, LMSW #9282  | | 5/9/16 |

Drop-in Mental Health Clinic

1. Offender Name/IDOC number: Edmo, Mason #94691
2. Date: 05.10.2016
3. Time: 1040
4. Identified Problem: Edmo discussed concerns regarding Edmo's DOR for wearing make-up
5. Suicidal ideation: Y N \emptyset
 - a. If yes, statement about plan/intent:
6. Homicidal ideation: Y N \emptyset
 - a. If yes, statement about plan/intent:
7. Intervention: Edmo and clinician discussed areas that Edmo can control versus areas Edmo cannot.
8. Mental Status:
 - a. Mood: Upset
 - b. Affect: Appropriate
 - c. Thought process: Logical
 - d. Thought Content: Relevant
 - e. Hallucinations/Delusions/Illusions: NONE
 - f. Oriented: Time Place Person Reason for Visit
 - g. Hygiene/grooming: Appropriate
 - h. Speech: WNL
 - i. Insight: Good
 - j. Judgment: Intact
9. Plan of action: Edmo will continue to utilize mental health options and utilize proper chain of command for DOR's such as receiving a mental health DOR recommendation on Edmo's DOR.



J. Myers LMSW B075

Date: 05.10.2016

Edmo, Mason

IDOC#: 94691

Psychiatric Progress Note

ISCI-BHU

5/18/16

S: I met with the inmate to explain that the decision regarding SRS has not yet been determined. In a previous visit I had told the inmate that SRS was not medically necessary. Since that time it has been determined that we will form a committee of physicians to determine the medical necessity of SRS. I informed the inmate that this will occur within the next few weeks to months. The inmate understood this.

Chart note

A: 27 year old female with Gender Dysphoria, Alcohol Use disorder, and Depression.

MDD,

GDD

Alcohol Use disorder



Scott Eliason MD Page 1

ER 1735

IDAHO DEPARTMENT OF CORRECTION
TREATMENT PLAN

Offender Name: Edmo, Mason Date: 5/20/16
 IDOC # 94691 Date of Birth: [REDACTED] LOC: CMHS-1

| PROBLEM (in operational terms) | | GOAL (short-term objective) | | |
|--------------------------------|---|--|--|--|
| 1 | Edmo states Edmo struggles setting boundaries in personal relationships out of fear or hurting someone else's emotions. | Edmo will identify at least one boundary Edmo needs to set in a personal relationship and follow through within at least one week 75% of the time. | | |
| 2 | Edmo reports some struggles with attempting to self-castrate or desires to self-castrate. Edmo struggles with dealing with the Dysphoria of Edmo's diagnosis and the limitations of feminizing. | Edmo will identify at least two ways Edmo could feel more feminine (within IDOC policy) and engage in these prior to giving into impulsive, self-harming thoughts. | | |
| 3 | | | | |

| INTERVENTIONS Problem # | Treatment Intervention | Staff/Person Responsible | Frequency/Duration | Date Goal Closed |
|-------------------------|--|--------------------------|--------------------|------------------|
| 1, 2 | Edmo will use coping skills when struggling to manage symptoms. and will notify staff if feeling suicidal wanting to engage in self-injurious behaviors. | Edmo | | |
| 1, 2 | Edmo will attend psychoeducational groups as scheduled. Edmo is enrolled in Gender Dysphoria group/Healthy Relations A journal will be provided to assist in symptom mngmt | Edmo | | |
| 1, 2 | Edmo will voice an understanding of how he can Kite a clinician for support | Edmo/Clinician | | |
| 1, 2 | Edmo will take any medication prescribed by his psychiatrist or designee, as indicated, reporting any changes, concerns, or side effects | Edmo/Psychiatry | | |

Offender Signature: *A. Edmo* Date: 05/20/16 Date of Appointment _____ Missed Scheduled Appointment _____
 Clinician: A. Houser, LPC B948
 Signature: *A. Houser* Date: 5/20/16 Date of Appointment _____ Missed Scheduled Appointment _____


Print Form



IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | Date/Time Problem number | |
|------------------------------------|---|---|--------------------------------|--|
| Edmo, Mason | | 94691 | 5/20/16 | |
| SUBJECTIVE | Met with Edmo for scheduled clinical contact and to update treatment plan. Edmo reports continued self-castration ideation, though it isn't as bad as it has been in the past. Edmo reports a new relationship that involves healthier boundaries in comparison to previous relationships. Edmo reports continued makeup use knowing Edmo is placing Edmo at risk for DORs. Edmo denies SI/HI/SIB/Delusions/Hallucinations; eating and sleeping well. Reviewed current coping skills. | | | |
| | Orientation | | Appearance | |
| | X 4 | | Clean | |
| | Mood (by report) | | Affect (observed) | |
| | "Good" | | Appropriate | |
| | Delusions | | Hallucinations | |
| | NO | | NO | |
| | Consciousness | | Attention | |
| | Normal | | Normal | |
| | LOC | | Last MHE date | |
| | CMHS 1 | | Optional to add | |
| | Behavior | | Response to Interviewer | |
| | Normal | | Cooperative | |
| | Thought Process | | Thought Content | |
| | Logical | | Relevant | |
| Self-Harm/Suicidal Ideation | | Homicidal Ideation | | |
| NO | | NO | | |
| Insight | | Judgment | | |
| Average | | Intact | | |
| TX plan date | | Date last saw provider | | |
| Optional to add | | Optional to add | | |
| ASSESSMENT | Edmo is assessed as stable and managing well in the unit. | | | |
| | PLAN | Edmo will continue to be followed per current LOC and can further access MH services through concern forms and/or open clinics. | | |
| Name | | Signature | | |
| A. Houser B948 | | LPC | | |
| | | | | |

| MENTAL HEALTH DOR RECOMMENDATION | | |
|--|--|--|
| IDOC NUMBER <div style="border: 1px solid black; padding: 2px;">94691</div> | OFFENDER NAME <div style="border: 1px solid black; padding: 2px;">Edmo, Mason</div> | OFFENSE FACILITY <div style="border: 1px solid black; padding: 2px;">ISCI</div> |
| OFFENSE DATE <div style="border: 1px solid black; padding: 2px;">5/22/16</div> | OFFENSE DESCRIPTION <div style="border: 1px solid black; padding: 2px;">Tatoo or Piercing</div> | CLINICIAN <div style="border: 1px solid black; padding: 2px;">Venegas</div> |
| Documented history of significant mental illness that would/could impair decision making and/or reality testing. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Presently prescribed medication for mental health issues. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| **If yes, is offender compliant? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Experienced significant increase in stressors prior to incident? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Documented increase in mental health symptoms prior to incident? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Mental Illness contributing factor in incident? Recommendations: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | | |
| Mental Illness a mitigating factor? Recommendations: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | | |
| Assignment of staff assistant recommended? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Mental illness not a factor in incident - no restrictions on proceedings are recommended. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Additional Recommendations: | | |
| | | |
| CLINICIAN SIGNATURE | | DATE OF REPORT |
| L. Venegas, LCPC A245  | | 5/23/16 |

Print Form




IDAHO DEPARTMENT OF CORRECTION
 "Protecting You and Your Community"

CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | Date/Time Problem number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|---|-----------------------------|--------------------------|--|-------------|------------|----------|-------------------------|-----|-------|--------|-------------|------------------|-------------------|-----------------|-----------------|--------|-------------|---------|----------|-----------|----------------|-----------------------------|--------------------|----|----|----|----|---------------|-----------|---------|----------|--------|--------|------|--------|-----|---------------|--------------|------------------------|--------|-----------------|-----------------|
| Edmo, Mason | | 94691 | 6/2/16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBJECTIVE | Today this clinician met with Edmo to obtain clinical contact to inform Edmo about the MTC's decision regarding Edmo's request to move out of unit 16. The MTC denied Edmo's request to move out of the unit due to safety concerns. The MTC decided that the GD population has more support as well as a more well education staff when it comes to the GD population. The MTC would like to see more consistency with good behavior such as a reduction in DOR's. Edmo stated that Edmo is going to continue wearing make up even if they cause DOR's. Edmo stated the Edmo is going to continue requesting to move out of unit 16 because being in unit 16 is not good for Edmo's mental health. Edmo denied SI, HI and SIB. Edmo is medication compliant. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Orientation</th> <th>Appearance</th> <th>Behavior</th> <th>Response to interviewer</th> </tr> </thead> <tbody> <tr> <td>X 4</td> <td>Clean</td> <td>Normal</td> <td>Cooperative</td> </tr> <tr> <th>Mood (by report)</th> <th>Affect (observed)</th> <th>Thought Process</th> <th>Thought Content</th> </tr> <tr> <td>"Good"</td> <td>Appropriate</td> <td>Logical</td> <td>Relevant</td> </tr> <tr> <th>Delusions</th> <th>Hallucinations</th> <th>Self-Harm/Suicidal Ideation</th> <th>Homicidal Ideation</th> </tr> <tr> <td>NO</td> <td>NO</td> <td>NO</td> <td>NO</td> </tr> <tr> <th>Consciousness</th> <th>Attention</th> <th>Insight</th> <th>Judgment</th> </tr> <tr> <td>Normal</td> <td>Normal</td> <td>Good</td> <td>Intact</td> </tr> <tr> <th>LOC</th> <th>Last MHE date</th> <th>TX plan date</th> <th>Date last saw provider</th> </tr> <tr> <td>CMHS 1</td> <td>Optional to add</td> <td>Optional to add</td> <td>Optional to add</td> </tr> </tbody> </table> | | | | Orientation | Appearance | Behavior | Response to interviewer | X 4 | Clean | Normal | Cooperative | Mood (by report) | Affect (observed) | Thought Process | Thought Content | "Good" | Appropriate | Logical | Relevant | Delusions | Hallucinations | Self-Harm/Suicidal Ideation | Homicidal Ideation | NO | NO | NO | NO | Consciousness | Attention | Insight | Judgment | Normal | Normal | Good | Intact | LOC | Last MHE date | TX plan date | Date last saw provider | CMHS 1 | Optional to add | Optional to add |
| Orientation | Appearance | Behavior | Response to interviewer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X 4 | Clean | Normal | Cooperative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mood (by report) | Affect (observed) | Thought Process | Thought Content | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| "Good" | Appropriate | Logical | Relevant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delusions | Hallucinations | Self-Harm/Suicidal Ideation | Homicidal Ideation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | NO | NO | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consciousness | Attention | Insight | Judgment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Normal | Normal | Good | Intact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOC | Last MHE date | TX plan date | Date last saw provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CMHS 1 | Optional to add | Optional to add | Optional to add | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ASSESSMENT | Edmo appears to be frustrated with the decision made by the MTC but understands the reasons that Edmo was denied. Edmo does not appear to be a danger to Edmo's self or others at this point in time. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLAN | Edmo will be seen in accordance with Edmo's LOC and housing placement. Edmo may also receive additional services by way of open clinic or concern form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | Credential(s) | Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M. Hahn, #C166 | | LMSW | <i>Morgan Hahn</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE**

| INMATE NAME (Last, First, MI) | IDOC # | DATE OF BIRTH |
|--------------------------------|--|---------------|
| Edmo, Mason CMHS | 94691 | [REDACTED] |
| Date/Time Problem Number | Use SOAP Note Format | |
| July 8, 2016 90 day update | S: I met with Offender Edmo for Offender Edmo 90 day update. Offender Edmo reports is currently medication compliant. Offender Edmo reports Offender Edmo is trying to get along with others and will notify clinical & security staff if Offender Edmo feels Offender Edmo is being threaten. | |
| | O: Offender Edmo was dressed constant with incarceration. Offender Edmo was oriented X 4. 1. Affect and mood was within normal limits, 2. Maintained appropriate eye contact, 3. Speech normal in tone and structure 4. Has no thought of SIS or HI. | |
| | A: Offender Edmo appears stable with evidence of clear speech and calm demeanor. | |
| | P: Will continue to follow treatment plan and monitor Offender Edmo. | |

Psy. Tech J. Brackin 
DATE 7-8-16

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE



IDOC Clinical Contact Note

(SOAP – Subjective Objective Assessment Plan)

IDOC MENTAL HEALTH SCREENING

| | | | |
|---|---|---|---|
| INMATE NAME: <u>EDMUND MASH</u> | | DOB: <u>[REDACTED]</u> | DATE OF REPORT: <u>7/13/19</u> |
| <input type="checkbox"/> Intake/New Arrival | | <input type="checkbox"/> Inter Institutional Transfer | <input checked="" type="checkbox"/> Restrictive Housing |
| Current Risk Factors | 1. Did the transporting officer report any concerns? If so please explain: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Immediately notify the shift commander |
| | 2. Right now, do you have thoughts of hurting yourself? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 3. Do you have any <u>immediate</u> plans to hurt yourself? Describe: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 4. Right now, do you feel like there is nothing to look forward to in the future? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Refer to MH for follow up within 24 hrs |
| | 5. Right now, do you have any mental health symptoms or complaints? On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extremely serious</i> ; rate your symptoms, please describe: (If rated at "5" or above, refer for clinician follow-up) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 6. Within the past year have you engaged in self-harm or attempted suicide? Date: _____ Means/Method: _____ Intent: _____ Date: _____ Means/Method: _____ Intent: _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Suicide/Self Harm History | 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Date: <u>2010</u> Means/Method: <u>OD</u> Intent: <u>Death</u> In custody: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Refer to MH for follow up within 72 hours |
| | Date: <u>2011</u> Means/Method: <u>Cutting</u> Intent: <u>Death</u> In custody: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | 8. Do you have a History of Mental Health Hospitalizations and Outpatient treatment? Date: <u>2010-11</u> Care Provider: _____ Reason: <u>Depression</u> Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ Date: _____ Care Provider: _____ Reason: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 9. Are you currently taking mental health medications? Medication Name: <u>sertraline</u> Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Medication | 10. Have you ever taken mental health medications in the past? Medication Name: <u>Zoloft</u> Dose/Frequency: _____ Date of Last dose: _____ Medication Name: <u>Prozac</u> Dose/Frequency: _____ Date of Last dose: _____ Medication Name: <u>Paxil</u> Dose/Frequency: _____ Date of Last dose: _____ Medication Name: _____ Dose/Frequency: _____ Date of Last dose: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Refer to MH for follow up if indicated or requested |
| | 11. Have you ever used any type of substances: What? First Used: Last Used: How Much? What? First Used: Last Used: How Much? <input type="checkbox"/> Alcohol: <input checked="" type="checkbox"/> Marijuana: <input checked="" type="checkbox"/> Melting/phetamines: <input checked="" type="checkbox"/> Cocaine: <input checked="" type="checkbox"/> Prescription drugs: <input checked="" type="checkbox"/> Heroin: <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 12. Have you ever participated in substance abuse treatment? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 13. Did you successfully complete? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Other contributing suicide risk factors | 14. Providers name: <u>NO</u> | | Routine MH follow up if indicated or requested |
| | 15. Is this your first time in prison? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 16. Have any family members or significant persons in your life attempted or committed suicide? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 17. Have you recently experienced a significant loss such as a death of a close family member or friend? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 18. Have you ever been arrested for a sex crime? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 19. Have you ever been a victim of sexual or physical abuse? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 20. Have you had a head injury? Describe: <u>Surfers</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 21. Have you ever received special education services? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 22. Are you worried about something other than your current legal situation? Describe: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 23. Do you have a physical illness that is causing you distress or pain? Describe: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | | |
|--|---|--|--|--|---|--|--|--|
| Current Mental Health Status (Check all that apply) | <input checked="" type="checkbox"/> Alert, oriented x <u>4</u> | | <input type="checkbox"/> Disoriented | | <input type="checkbox"/> Reports Hallucinations | | <input type="checkbox"/> Endorses Delusions | |
| | Grooming/Hygiene | Eye Contact | Affect | Mood | Thought Process | Speech | Movement/Activity | |
| <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | <input checked="" type="checkbox"/> Appropriate to situation | |
| <input checked="" type="checkbox"/> Neat/Clean | <input type="checkbox"/> Fair | <input type="checkbox"/> Flat | <input type="checkbox"/> Angry | <input type="checkbox"/> Logical | <input type="checkbox"/> Rapid | <input type="checkbox"/> Restless | | |
| <input type="checkbox"/> Unkempt | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> No emotion | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Goal directed | <input type="checkbox"/> Slow | <input type="checkbox"/> Slowed | | |
| <input type="checkbox"/> Dirty | <input type="checkbox"/> None | <input type="checkbox"/> Tearful | <input type="checkbox"/> Calm | <input type="checkbox"/> Disorganized | <input type="checkbox"/> Pressured | <input type="checkbox"/> Active | | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Smiling | <input type="checkbox"/> Sad | <input type="checkbox"/> Moving from topic to topic quickly | <input type="checkbox"/> Slurred | <input type="checkbox"/> Agitated | | |
| | | <input type="checkbox"/> Depressed | <input type="checkbox"/> Hopeless | <input type="checkbox"/> Irrelevant | <input type="checkbox"/> Loud | <input type="checkbox"/> Aggressive | | |
| | | <input type="checkbox"/> Euphoric | <input type="checkbox"/> Anxious | <input type="checkbox"/> Distractible | <input type="checkbox"/> Quiet | | | |
| | | | | | <input type="checkbox"/> Rambling | | | |
| DISPOSITION | Action Taken | | | | Initial Housing Recommendation | | | |
| | <input type="checkbox"/> Emergent/Urgent: Referred to the Shift Commander under Policy 315 <input type="checkbox"/> Refer to Mental Health for follow up within 24 hours <input checked="" type="checkbox"/> Refer to Mental Health for follow up within 72 hours <input type="checkbox"/> Refer for routine Mental Health follow up <input type="checkbox"/> No need for Mental Health follow up - cleared | | | | <input type="checkbox"/> Cleared for general housing placement <input type="checkbox"/> Not cleared - referred for holding cell placement <input checked="" type="checkbox"/> Other placement: <u>US Seg</u> | | | |
| Informed Consent | I acknowledge that I have answered all questions truthfully and have been informed about how to obtain mental health services. I consent to receiving mental health care provided by facility healthcare professionals. | | | | | | | |
| | Inmate Signature: <u>[Signature]</u> | | | | Date: <u>07/13/16</u> | | | |
| Screening/Reviewer | Screened by: <u>7/13/16</u> <u>1240</u> | | Tammy Case, LPN | | <u>[Signature]</u> | | | |
| | Date | Time | Printed Name | | Signature | | | |
| | Screening Reviewed: <u>7/14/16</u> <u>0610</u> | | K. Stewart LPC | | <u>[Signature]</u> | | | |
| | Date | Time | Printed Name | | Clinician Signature | | | |
| | <input type="checkbox"/> MH Secondary Assessment Completed: _____ Date _____ Printed Name _____ Signature _____ | | | | | | | |
| Clinical Follow Up | Follow Up SOAP Note/if indicated: | | | | | | | |
| | Non-contact review completed. No MH concerns noted per screen. Offender can access MH services via concern forms and open MH clinics. Assigned LOC: MHC | | | | Non-contact review. Will continue to be followed by clinical staff congruent with their Level of Care. Can use a concern form as needed to access mental health. If housed in segregation, will be seen weekly by clinical staff. | | | |
| | Initials: <u>[Signature]</u> | | Date: <u>7/14/16</u> | | Date: <u>7/14/16</u> <u>[Signature]</u> | | | |
| | Date: <u>7/14/16</u> <u>1412</u> | | K. Stewart LPC | | <u>[Signature]</u> | | | |
| | Date | Time | Printed Name | | Clinician Signature | | | |

MENTAL HEALTH DOR RECOMMENDATION

| | | |
|--------------|---------------------|------------------|
| IDOC NUMBER | OFFENDER NAME | OFFENSE FACILITY |
| 94891 | Edmo. Mason | ISCI |
| OFFENSE DATE | OFFENSE DESCRIPTION | CLINICIAN |
| 07/13/2016 | Battery (B) | Meyer |

| | | |
|--|---|--|
| Documented history of significant mental illness that would/could impair decision making and/or reality testing. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Presently prescribed medication for mental health issues. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| **If yes, is offender compliant? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Experienced significant increase in stressors prior to incident? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Documented increase in mental health symptoms prior to incident? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Mental Illness contributing factor in incident? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Recommendations: | | |

| | | |
|-------------------------------------|------------------------------|--|
| Mental Illness a mitigating factor? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Recommendations: | | |

| | | |
|---|---|--|
| Assignment of staff assistant recommended? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Mental illness not a factor in incident - no restrictions on proceedings are recommended. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

Additional Recommendations:

| | |
|---------------------|----------------|
| CLINICIAN SIGNATURE | DATE OF REPORT |
| R. Meyer, LCPC 2440 | 07/14/2016 |

Print Form



IDAHO DEPARTMENT OF CORRECTION
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CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | Date/Time Problem number | |
|-------------------------------|---|--------------------------------|--------------------------------|--|
| Edmo, Mason | | 94691 | 7/16/16 | |
| SUBJECTIVE | <p>Attempted to meet with Edmo for scheduled clinical contact. Edmo is currently in Unit 8 after engaging in a physical altercation in Unit 16 with another inmate. Edmo was sleeping when I arrived. I offered to have Edmo pulled out into the dayroom to visit, but Edmo declined. Edmo stated that Edmo was doing well and reports eating and sleeping well and medication compliance. Denied any MH concerns at this time.</p> | | | |
| | Orientation | | Appearance | |
| | X 4 | | Clean | |
| | Mood (by report) | | Affect (observed) | |
| | "Good" | | Appropriate | |
| | Delusions | | Hallucinations | |
| | NO | | NO | |
| | Consciousness | | Attention | |
| | Normal | | Normal | |
| | LOC | | Last MHE date | |
| CMHS 1 | | Optional to add | | |
| OBJECTIVE | Behavior | | Response to Interviewer | |
| | Normal | | Cooperative | |
| | Thought Process | | Thought Content | |
| | Logical | | Relevant | |
| | Self-Harm/Suicidal Ideation | | Homicidal Ideation | |
| | NO | | NO | |
| | Insight | | Judgment | |
| | Average | | Intact | |
| | TX plan date | | Date last saw provider | |
| | Optional to add | | Optional to add | |
| ASSESSMENT | <p>Edmo is assessed as stable and managing well in Unit 8</p> | | | |
| PLAN | <p>Edmo will continue to be followed per current LOC and can further access MH services through concern forms and will have weekly clinical contact while in seg status.</p> | | | |
| Name | | Credential(s) | | |
| A. Houser B948 | | LPC | | |
| | | Signature | | |
| | | <i>[Handwritten Signature]</i> | | |

| MENTAL HEALTH DOR RECOMMENDATION | | |
|--|---|--|
| IDOC NUMBER 94691 | OFFENDER NAME EDMO, MASON DEAN | OFFENSE FACILITY ISCI |
| OFFENSE DATE 07/14/2016 | OFFENSE DESCRIPTION Destruction of Property Under \$25 | CLINICIAN Y. Ponder |
| Documented history of significant mental illness that would/could impair decision making and/or reality testing. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Presently prescribed medication for mental health issues. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| **If yes, is offender compliant? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Experienced significant increase in stressors prior to incident? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Documented increase in mental health symptoms prior to incident? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Mental illness contributing factor in incident? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Recommendations: | | |
| | | |
| Mental illness a mitigating factor? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Recommendations: | | |
| | | |
| Assignment of staff assistant recommended? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Mental illness not a factor in incident - no restrictions on proceedings are recommended. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Additional Recommendations: | | |
| | | |
| CLINICIAN SIGNATURE | | DATE OF REPORT |
| Y. Ponder, LCSW <i>Y. Ponder (CSW)</i> | | 07/18/2016 |

**IDAHO DEPARTMENT OF CORRECTION
RESTRICTED HOUSING MENTAL HEALTH EVALUATION**

| INMATE NAME (Last, First, MI) | IDOC # | EVALUATION DATE |
|-------------------------------|--------|-----------------|
| Edmo, Mason | 94691 | 7/20/16 |


Type of Evaluation:

- Admission Weekly Mental Health
 30 Day Segregation 90 Day Segregation

Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

| Yes | No | |
|--|----|--|
| / | | Oriented X 4, (person, place, time, and circumstance). |
| | | Affect and mood within normal limits. |
| / | | Speech normal in tone and structure; thought content is orderly and goal directed. |
| | | Currently prescribed and medication compliant with psychotropic medication. |
| | | Expresses auditory, visual, other hallucinations, or delusional thought. |
| | | Current suicidal ideation or intent. |
| | | Judgment and insight impaired. |
| | | Current psychosocial stressors increasing the risk of harm to self or others. |
| / | | Intellect is estimated to be average or above. |
| | | Mental health has: <input type="checkbox"/> Improved <input type="checkbox"/> Deteriorated <input checked="" type="checkbox"/> Remained Stable |
| | | Requires mental health plan. Date completed: |
| Comments: <p align="center">"Done ok"</p> | | |

| | |
|--------------------|--|
| REFERRAL TO | |
|--------------------|--|

| MENTAL HEALTH PROFESSIONAL SIGNATURE | DATE |
|--|---------|
| A. Whiteley, LSMW #0153  (MSW) | 7/20/16 |



IDOC Restricted Housing MH Evaluation Form 3.09

MENTAL HEALTH DOR RECOMMENDATION

| | | |
|--------------|------------------------------------|------------------|
| IDOC NUMBER | OFFENDER NAME | OFFENSE FACILITY |
| 94691 | EDMO, MASON | ISCI |
| OFFENSE DATE | OFFENSE DESCRIPTION | CLINICIAN |
| 07/14/2016 | Destruction of Property Under \$25 | Meyer |

| | | |
|--|---|--|
| Documented history of significant mental illness that would/could impair decision making and/or reality testing. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Presently prescribed medication for mental health issues. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| **If yes, is offender compliant? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Experienced significant increase in stressors prior to incident? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Documented increase in mental health symptoms prior to incident? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Mental Illness contributing factor in incident? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

Recommendations:

| | | |
|-------------------------------------|------------------------------|--|
| Mental Illness a mitigating factor? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|-------------------------------------|------------------------------|--|

Recommendations:

| | | |
|---|---|--|
| Assignment of staff assistant recommended? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Mental illness not a factor in incident - no restrictions on proceedings are recommended. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

Additional Recommendations:

Inmate Edmo has a documented history of MH concerns. Medical staff reported that Edmo is prescribed MH medications and is currently medication compliant. There is no documentation within the past three months indicating a significant increase in MH symptoms that would pertain to this DOR. Therefore, Inmate Edmo's MH status is not a contributing or mitigating factor in this incident. Inmate Edmo has been housed in Unit 8 in the past and appears capable of completing any additional time in Unit 8, as determined necessary by the result of this DOR.

| | |
|---------------------|----------------|
| CLINICIAN SIGNATURE | DATE OF REPORT |
| R. Meyer, LCPC 2440 | 07/22/2016 |

MENTAL HEALTH DOR RECOMMENDATION

| | | |
|--------------|------------------------------------|------------------|
| IDOC NUMBER | OFFENDER NAME | OFFENSE FACILITY |
| 94691 | EDMO, MASON | ISCI |
| OFFENSE DATE | OFFENSE DESCRIPTION | CLINICIAN |
| 07/26/2016 | Destruction of Property Under \$25 | Meyer |


| | | |
|--|---|--|
| Documented history of significant mental illness that would/could impair decision making and/or reality testing. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Presently prescribed medication for mental health issues. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| **If yes, is offender compliant? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Experienced significant increase in stressors prior to incident? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Documented increase in mental health symptoms prior to incident? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Mental illness contributing factor in incident? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Recommendations: | | |

| | | |
|-------------------------------------|------------------------------|--|
| Mental illness a mitigating factor? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Recommendations: | | |

| | | |
|---|---|--|
| Assignment of staff assistant recommended? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Mental illness not a factor in incident - no restrictions on proceedings are recommended. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

Additional Recommendations:

Inmate Edmo has a documented history of MH concerns. Medical staff reported that Edmo is prescribed MH medications and is currently medication compliant. There is no documentation within the past three months indicating a significant increase in MH symptoms that would pertain to this DOR. Therefore, Inmate Edmo's MH status is not a contributing or mitigating factor in this incident. Inmate Edmo has been housed in Unit 8 in the past and appears capable of completing any additional time in Unit 8, as determined necessary by the result of this DOR.

| | |
|--|----------------|
| CLINICIAN SIGNATURE | DATE OF REPORT |
| R. Meyer, LCPC 2440  | 07/27/2016 |

Psychiatric Progress Note

ID: 94691

Name: Edmo, Mason

7/28/16

S: "Content." She states he is getting exercise. She says she requested to leave unit 16 and so she was moved out. She was in unit 8 d/t a fight. She says she is happier outside of unit 16. She says for a couple weeks she has been feeling down. She says she has been moody and sleeping. She has to make herself go to the gym and then she goes to sleep right after. She says she has no energy. She says she has a good appetite but is trying to lose some weight. She has no sleep complaints other than too much. She will be in prison until 2021.

Response to TX: See above

Medication Compliance: Compliant

Suicidal/Homicidal Ideation and/or Plan: Denies

Medication Side Effects: Denies

Auditory/Visual Hallucinations/Delusions/Paranoia: Denies

Medications: Effexor XR 150 mg. AM

Wt: 188 (-7)

O: Alert and oriented. Speech is clear with RRR. Thoughts are coherent and goal oriented. Mood is WNL. Attitude is cooperative. Affect WNL. Appearance is well groomed. Good eye contact. Cognition is intact.

AIMS: N/A

Med Consent In Chart: Yes

A: 28 year old (GID) who reports some residual depressive symptoms; will increase Effexor.

Diagnoses Include:

GDD

Major Depressive Disorder

Alcohol Use Disorder

Prison

P: Effexor XR 225 mg. AM

Educated regarding the risks/benefits/side effects of current medication and inmate verbalized understanding.

RTC: 3 months

Print Form



IDAHO DEPARTMENT OF CORRECTION
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CLINICAL CONTACT NOTE

| INMATE NAME (Last, First, MI) | | IDOC # | Date/Time | Problem number | |
|-------------------------------|--|---|--------------------------|------------------------------------|--------------------------------|
| Edmo, Mason | | 94691 | 08/16/2016 | | |
| SUBJECTIVE | This Clinician and Clinician Hahn with Inmate Edmo in response to a concern form received on 08/16/2016. Edmo was requesting information related to attending the Gender Dysphoria group and asking for information related to why Edmo was no longer able to attend. Explained to Edmo that the MTC has convened to address the matter and had decided to place Inmate Edmo on a 90 day suspension due to a recent physical altercation with another GD Inmate in the group. Edmo exhibited limited to no accountability for Edmo's actions and instead blamed the other Inmate for making a false PREA claim. Clinician attempted to redirect Edmo to examine thinking errors related to the incident and other methods of potentially handling the situation in a more adaptive and prosocial manner. Inmate Edmo reported that due to "prison culture and rules" Edmo was forced to take action in the manner Edmo did. Clinician then attempted to ensure Edmo that my concern was for the GD group as well as Edmo; and my continued ability to work with Edmo to address issues related to dysphoria, and this took precedence over "prison culture and rules." Ensuring that it was understood my role was to provide a therapeutic treatment for Edmo. Edmo then reported if put in the same situation in the future Edmo would make the same choice. Edmo then informed this clinician that Edmo was indifferent to attending GD group, but would like to ensure Edmo had access to a clinician. Encouraged Edmo to attend drop in clinic in Education to find out who Edmo's assigned clinician was. Informed Edmo that the MTC would readdress the matter in 90 to determine if Edmo would be eligible at this time to return to GD group. Edmo expressed limited concern related to the decision. | | | | |
| | Orientation | | Appearance | Behavior | Response to Interviewer |
| | X 4 | | Clean | Normal | Cooperative |
| | Mood (by report) | | Affect (observed) | Thought Process | Thought Content |
| | "Good" | | Appropriate | Logical | Relevant |
| | Delusions | | Hallucinations | Self-Harm/Suicidal Ideation | Homicidal Ideation |
| | NO | | NO | NO | NO |
| | Consciousness | | Attention | Insight | Judgment |
| | Normal | | Normal | Average | Intact |
| | LOC | | Last MHE date | TX plan date | Date last saw provider |
| | CMHS 1 | | Optional to add | Optional to add | Optional to add |
| | OBJECTIVE | | | | |
| | | | | | |
| | ASSESSMENT | Edmo is assessed as stable and managing well in Unit 9 | | | |
| | PLAN | Edmo will continue to be followed per current LOC and can further access MH services through concern forms. | | | |
| Name | | Credential(s) | Signature | | |
| Y. Ponder, C102 | | LCSW | | | |

Print Form



IDAHO DEPARTMENT OF CORRECTION
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SUICIDE RISK ASSESSMENT

| DATES OF WATCH/OBSERVATION | | | | |
|--|----------------------------------|----------------------------|---------------------------|-------------------------------------|
| DATE PLACED ON WATCH | 08/31/2016 | DATE PLACED ON OBSERVATION | 09/01/2016 | DATE REMOVED FROM WATCH/OBSERVATION |
| OFFENDER LAST NAME | EDMO | OFFENDER FIRST NAME | MASON | IDOC# |
| | | | | 94691 |
| | | | | DOB |
| | | | | [REDACTED] |
| | | | | DATE OF REPORT |
| | | | | 09/01/2016 |
| INSTITUTION | ISCI | OFFENSE | SEXUAL ABUSE OF CHILD <16 | REGULAR HOUSING UNIT |
| | | | | UNIT 9 |
| | | | | CURRENT HOUSING UNIT |
| | | | | UNIT 16 HC |
| CURRENT LEVEL OF CARE (LOC) | CMHS1 - Correctional MH Services | | | |
| It should be noted that precise prediction of suicide and other self-injurious behavior is difficult, of limited reliability, and diminishes significantly over time. However, based upon the historical information, an individual interview, existing environmental conditions, and other information available at the time of the review, inmate's current level of risk probably of suicide is reflected below. This level of risk will change over time and should be modified as circumstances change. | | | | |
| SRA REPORT TYPE | Incoming/Follow-up Concurrent | RISK LEVEL | Low | |
| REASON FOR REFERRAL | | | | |
| Edmo was placed in restrictive housing, SPI Status, due to stated sexual activity and stated possible PREA incident with no information given. Edmo placed on Suicide Watch in Unit-16 per Policy #315 due to making statements of suicidal ideation to restrictive housing staff. | | | | |
| MENTAL STATUS EXAM | | | | |
| Edmo presented as alert and OX4. Edmo reported being "okay". Edmo's affect was flat. Edmo was soft spoken and eye contact was WNL. Edmo denied current SI/HI/SHB. Edmo's thought content was relevant and process was logical. Edmo was cooperative with the interview. | | | | |
| INTERVIEW | | | | |
| Edmo reported doing "okay". Edmo stated Edmo reported a possible PREA incident and was placed in Unit 8 due to this. Edmo reported feeling overwhelmed last night and considered harming Edmo's self. Edmo reported having concerns about returning to Unit 8. Edmo stated, "The more I'm alone, the more pressure I feel from other inmates, the more I'm going to do something" indicating an expectation that Edmo may engage in self-injurious behaviors. Edmo reported no support system in the community. Edmo reported having a few friends on the yard that Edmo trusts and can be supportive. Edmo identified coping skills for managing stress. Edmo identified some hope that Edmo's future will be better than today. Edmo stated the Edmo is looking forward to "getting back to normal". Edmo defined this as "not feeling dirty anymore" and "not feeling targeted." Edmo requested information on dealing with sexual assault. | | | | |
| INTENT TO DIE | | | | |
| Denied current intent | | | | |
| PLAN OR METHOD | | | | |
| No plan/method identified | | | | |



IDAHO DEPARTMENT OF CORRECTION
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| OFFENDER LAST NAME | OFFENDER FIRST NAME | IDOC# | DOB | DATE OF REPORT |
|---|-------------------------------------|-----------------------------------|-------------------------------------|----------------|
| EDMO | MASON | 94691 | [REDACTED] | 09/01/2016 |
| ACCESS TO MEANS | | | | |
| Access to means limited while on suicide watch/close observation | | | | |
| HISTORICAL FACTORS (check all that apply) | | | | |
| Family history of suicide | <input type="checkbox"/> | First time prison term | <input checked="" type="checkbox"/> | |
| Inmate history of suicide attempts | <input checked="" type="checkbox"/> | Current Ad Seg | <input type="checkbox"/> | |
| History of substance abuse | <input checked="" type="checkbox"/> | Other (list below) | <input type="checkbox"/> | |
| <p>Edmo denied a family history of suicide. Edmo reported a history of suicide attempts, including two significant attempts - one in 2010 via overdose and one in 2011 via cutting. Edmo reported a history of substance abuse including alcohol, heroin, and methamphetamine. Edmo reported this is Edmo's first time in prison; Edmo has been in prison since 2011. Edmo is not currently Ad Seg.</p> <p>Per PSI: Edmo reported 3 suicide attempts (2010 cutting & 2010/11 overdose). Edmo reported a history of substance abuse including alcohol and marijuana.</p> | | | | |
| KNOWN STRESSORS/ DEMOGRAPHIC PREDICTORS (check all that apply) | | | | |
| Sleeping difficulties or irregular sleeping hours | <input checked="" type="checkbox"/> | Recent personal loss or crisis | <input type="checkbox"/> | |
| Non-compliance with prescribed psych medications | <input type="checkbox"/> | Neglect of personal hygiene | <input type="checkbox"/> | |
| Weight loss or loss of appetite | <input type="checkbox"/> | Long or life sentence | <input type="checkbox"/> | |
| Progressive health problems (chronic or terminal illness) | <input type="checkbox"/> | Poor compliance with treatment | <input type="checkbox"/> | |
| DOR | <input type="checkbox"/> | Conflict on tier | <input type="checkbox"/> | |
| Family event | <input type="checkbox"/> | Conflict with bunkmate | <input type="checkbox"/> | |
| Gambling or other debt | <input type="checkbox"/> | Parole/court hearing | <input type="checkbox"/> | |
| Fearful for safety | <input checked="" type="checkbox"/> | Other (list below) | <input checked="" type="checkbox"/> | |
| Relationship | <input type="checkbox"/> | Reported a possible PREA Incident | <input type="checkbox"/> | |
| PSYCHOLOGICAL FACTORS | | | | |
| <p>Edmo reported sleeping less than normal (4-5hrs per night). Edmo reported medication compliance and a decrease appetite, however Edmo reported eating regularly to avoid becoming nauseated. Edmo reported fear for Edmo's safety related to the reported PREA incident/threats that led Edmo to be placed in restrictive housing on SPI status. Edmo reported working with security to address safety issues.</p> <p>Edmo was last seen on 07/28/2016 by PNP Seys and diagnosed with GDD, Major Depressive Disorder, and Alcohol Use Disorder. Edmo was prescribed Effexor XR 225 mg. AM and is taking hormones for GDD. Edmo was recently discharged from the Behavioral Health Unit to general population after assaulting another inmate in Unit 16.</p> | | | | |