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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)

Lawrence G. Wasden, Attorney General State of Idaho Brady J. Hall, Special Deputy Attorney General Marisa S. Crecelius Moore Elia Kraft & Hall, LLP P.O. Box 6756 Boise, ID 83707 (208) 336-6900 brady@melawfirm.net marisa@melawfirm.net Attorneys for Defendants-Appellants Idaho Department of Corrections, Henry Atencio, Jeff Zmuda, Howard Keith Yordy, Richard Craig, and Rona Siegert Dylan Eaton J. Kevin West Parsons Behle & Latimer 800 West Main Street Suite 1300 Boise, ID 83702 (208) 562-4900 Deaton@parsonsbehle.com KWest@parsonsbehle.com Attorney for Defendants-Appellants Corizon, Inc., Scott Eliason, Murray Young, and Catherine Whinnery

Dated: March 6, 2019

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BioReference					FI	NAL REP
D AGLER, DAVID CORCMS IDAHO 13500 PLEASANT VALL Kuna, ID 83634 Acct #: (ID302-1) P: (208) 424-3726		P EDMO, MASON A DOB: ID: 94691 Address: ID P: N T	Age:28 Y Se	X:M PLE	Specimen ID: 9 Date Of Report: Date Collected: Time Collected: Date Received: Time Received: North America M	05/04/201 05/02/201 09:38 05/03/201 00:48
CLINICAL REPOR	T					
Test	Hesult	Abnorskal	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	Confliction and	
LYMPHS	35.0		12.0-48.0	%		1
LYMPHS, ABS. COUNT	1.75		0.98-3.46	x10(3)/uL		1
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	al a construction of the	
IMMATURE GRANULOCYTES	0.2		0.0-1.5	%		
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 ar	e effective 4/2	5/2016.		
MISCELLANEOUS					a loss to a construction of the	
Test	Result	dbrormal	Reference	Units	Previous Result	Date
TSH	2.597		0.550-4.780	uIU/mL		
Thyroxine(T4)	ter	1 2 EU 11 11	4.5-10.9	ug/dL		
TESTOSTERONE, TOT.,S.	395.0)		129.0-767.0		<20.0 LO	03/10/20
SEX HORM.BIND.GLOB. *NJ1		103 HI	10-57	nmol/L	115 HI	03/10/20
FREE TESTOSTERONE	33,95		30.00-150.00	pg/mL	Can't Calc	03/10/20
PROLACTIN, SERUM	16.77		2.1-17.7	ng/mL	13.7	09/03/20
ESTRADIOL	0	41.84 HI	<39.90	pg/mL	57.00 HI	03/10/20

*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

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Gerald A. Weiss, M.D. Laboratory Director

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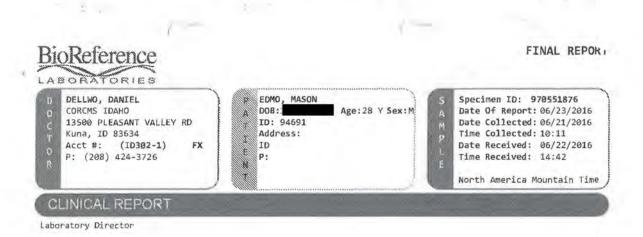
Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 15 of 293

. . + cruze LING U LAY DALARL FINAL REPORT Bioketerence ORIES I A D DELLWO, DANIEL EDMO MASON Specimen ID: 970551876 32 CORCMS IDAHO DOB: Age: 28 Y Sex: M Date Of Report: 06/23/2016 13500 PLEASANT VALLEY RD ID: 94691 Date Collected: 06/21/2016 ST. Kuna, ID 83634 Address: Time Collected: 10:11 r Acct #: (ID302-1) FX ID Date Received: 06/22/2016 E P: (208) 424-3725 P: Time Received: 14:42 . X North America Mountain Time CLINICAL REPORT clinical Abnormalities Summary: (May not contain all abnormal results; namafive results; naws not have expensed Bage. Presse process enter report.) TESTOSTERONE, 83.3 LO SEX 117 HI FREE TESTOSTERONE 6.18 LO TOT.,S. HORM.BIND.GLOB. *NJ1 ESTRADIOL 49.09 HI PATIENT FASTING CHEMISTRY Lest Reference Units . . Previous Result Date Realt Abnorjal. 3.2-4.8 Albumin 3.7 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 05/03/2016 395.0 10-57 SEX HORM.BIND.GLOB. *NJ1 117 HI 103 HI nmol/L 05/03/2016 FREE TESTOSTERONE 6.18 LO 30.00-150.00 pg/mL 33.95 05/03/2016 05/03/2016 PROLACTIN, SERUM 17.3 2.1-17.7 ng/mL 16.7 ESTRADIOL 49.09 HI <39.90 pg/mL 41.84 HI 05/03/2016 Final Report Daplet Dolwo, PA-C JUN 2-3 2016 *Performing Laboratory Information NJ1 - BioReference Laboratories, Inc. 481 Edward H. Ross Dr. 199000 M. NJ 07407; James Weisberger, M.D.,

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Assay Information: Ass and Vir and Met Dia HEP, C Ab. HEP, C Ab. HEP, C Ab. CI/GC RRNA,APTIMA,URI TEST NOT PERFORMED; UR	d antibodies to rus Type 1,inclu d/or Type 2 (HIV thod: Chemilumin agnostics) Non-React 0.03 INE INP RINE CONTAINER-Continues	Human Immunodefi Iding Group O (HI 7-2) rescence (Siemens rive SENPROBE-APTIMA N Interpretation	antigen ciency V-1 + "O") Healthcare Non-Reactive <0 80			
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Assay Information: Ass and Vir and Met Dia HEP. C Ab. HEP. C Ab. HEP. C Ab. TI/GC RRNA,APTIMA,URI TEST NOT PERFORMED; UR Hepa	d antibodies to rus Type 1,inclu d/or Type 2 (HIV thod: Chemilumin agnostics) Non-React 0.03 INE INP RINE CONTAINER-Continues	Human Immunodefi ding Group O (HI /-2) rescence (Siemens :ive :ive :ENPROBE-APTIMA N Interpretation : use only)	antigen ciency V-1 + "O") Healthcare Non-Reactive <0 80			
Assay Information: Ass and Vir and Met Dia HEP. C Ab. HEP. C Ab. HEP. C Ab. CI/GC RRNA,APIIMA,URI TEST NOT PERFORMED; US Hepa Marker	d antibodies to rus Type 1,inclu d/or Type 2 (HIV thod: Chemilumin agnostics) Non-React 0:03 INE INP RINE CONTAINER-C titis B Result (for reference	Human Immunodefi ding Group 0 (HI /-2) rescence (Siemens tive SENPROBE-APTIMA N Interpretation e use only) Past Chronic	antigen ciency V-1 + "O") Healthcare Non-Reactive <0 80 DT RECEIVED			
Assay Information: Ass and Vir and Met Dia HEP. C Ab. HEP. C Ab. HEP. C Ab. CT/GC RRNA,APTIMA,URI TEST NOT PERFORMED; UP Hepa Marker L HBSAg	d antibodies to rus Type 1,inclu d/or Type 2 (HIV thod: Chemilumin agnostics) Non-React 0:03 INE INP RINE CONTAINER-C titis B Result (for reference	Human Immunodefi ding Group 0 (HI /-2) rescence (Siemens ive ENPROBE-APTIMA Nu Interpretation e use only) Past Chronic	antigen ciency V-1 + "O") Healthcare Non-Reactive <0 80 DT RECEIVED			
Assay Information: Ass and Vir and Met Dia HEP. C Ab. HEP. C Ab. CT/GC RRNA,APTIMA,URI TEST NOT PERFORMED; UF Hepa Marker L 	d antibodies to rus Type 1,inclu d/or Type 2 (HIV thod: Chemilumin agnostics) Non-React 0.03 INE TNP RINE CONTAINER-C AINE CONTAINER-C AINE CONTAINER-C AINE CONTAINER-C AINE CONTAINER-C AINE A CONTAINER-C AINE CONTAINER-C AINE A CONTAINER-C AINE CONTAINER-C AINE A CONTAINE A CONTAINE A CONTAINE A CONTAINE A C AINE A CONTAINE A C AINE	Human Immunodefi ding Group 0 (HI /-2) rescence (Siemens tive SENPROBE-APTIMA N Interpretation e use only) Past Chronic	antigen ciency V-1 + "O") Healthcare Non-Reactive <0 80 DT RECEIVED			
Assay Information: Ass and Vir and Met HEP. C Ab. HEP. C Ab. HEP. C Ab. TST NOT PERFORMED; UF Hepa Marker HBSAg HBEAg HBEAg HEP.B.CORE AB, IgM	d antibodies to rus Type 1,inclu d/or Type 2 (HIV thod: Chemilumin agnostics) Non-React 0:03 INE INP RINE CONTAINER-C titis B Result (for reference	Human Immunodefi ding Group 0 (HI /-2) tescence (Siemens tive EENPROBE-APTIMA N Interpretation 2 use only) Past Chronic - + - +/- 	antigen ciency V-1 + "O") Healthcare Non-Reactive <0 80 DT RECEIVED			
Assay Information: Ass and Vir and Met Dia HEP, C Ab. HEP, C Ab. HEP, C Ab. TSTOC RATIO) CT/GC RRNA,APTIMA,URI TEST NOT PERFORMED; UF Hepa Marker HBSAg HBEAg HBEAg HEP.B.CORE AB,IgM HEP.B.CORE AB.	d antibodies to rus Type 1,inclu d/or Type 2 (HIV thod: Chemilumin agnostics) Non-React 0.03 INE TNP RINE CONTAINER-C AINE CONTAINER-C AINE CONTAINER-C AINE CONTAINER-C AINE CONTAINER-C AINE A CONTAINER-C AINE CONTAINER-C AINE A CONTAINER-C AINE CONTAINER-C AINE A CONTAINE A CONTAINE A CONTAINE A CONTAINE A C AINE A CONTAINE A C AINE	Human Immunodefi ding Group O (HI /-2) rescence (Siemens Sive SENPROBE-APTIMA N Interpretation e use only) Past Chronic - + - +/- + +	antigen ciency V-1 + "O") Healthcare Non-Reactive <0 80 DT RECEIVED			
Assay Information: Ass and Vir and Met HEP. C Ab. HEP. C Ab. HEP. C Ab. TST NOT PERFORMED; UF Hepa Marker HBSAg HBEAg HBEAg HEP.B.CORE AB, IgM	d antibodies to rus Type 1,inclu d/or Type 2 (HIV thod: Chemilumin agnostics) Non-React 0.03 INE TNP RINE CONTAINER-C AINE CONTAINER-C AINE CONTAINER-C AINE CONTAINER-C AINE CONTAINER-C AINE A CONTAINER-C AINE CONTAINER-C AINE A CONTAINER-C AINE CONTAINER-C AINE A CONTAINE A CONTAINE A CONTAINE A CONTAINE A C AINE A CONTAINE A C AINE	Human Immunodefi ding Group 0 (HI /-2) tescence (Siemens tive EENPROBE-APTIMA N Interpretation 2 use only) Past Chronic - + - +/- 	antigen ciency V-1 + "O") Healthcare Non-Reactive <0 80 DT RECEIVED			

Need chart, repeat 64CT AS 8/4/16 1145

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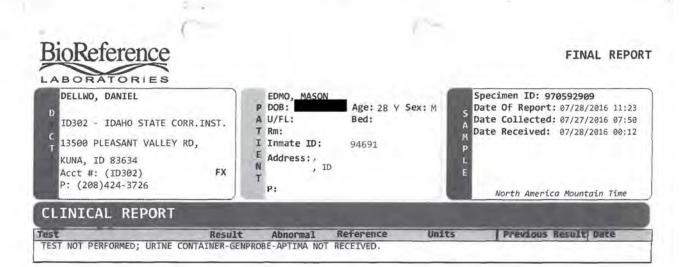
Gerald A. Weiss, M.D. Laboratory Director

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		1				(5			
BioRefere	ence								FIN	AL REPO
LABORATOR	RIES									
DELLWO, DANIE DI 10302 - IDAHO 13500 PLEASAN KUNA, ID 8363 Acct #: (ID30) P: (208)424-3	STATE CO T VALLEY 4 2)		. 7 1 1 1 1	Audi ess.	Age Bed D: 946		ex: M	Date Date Date	imen ID: 9705929 Of Report: 07/28 Collected: 07/27 Received: 07/28	/2016 11:23 /2016 07:50 /2016 00:12
Notes: PATIENT F	ASTING									
CLINICAL R	EPORT									
Clinical Abno	rmaliti	.es Sum	mary:	(May no					tive results may n tire report.)	ot have
HEP. B SURF. AB.	R	eactive	*							
* MISCELLAN	EOUS *					-	-	-	and the second second	-
Test		Res	ult	Abnormal		2000	Units		Previous Result	late
HEP. B CORE Ab.		Non	n- octive		Non-Re	eactive	_			
IEP. B SURF. AB.		Nea	cuive	Reactive	* Non-Re	eactive		-1		
EP. B SURF. AG		Non			and the second	eactive				
RPR		Rea	ctive		Non Pr	eactive	Titer		Non-Reactive	05/01/201
NP.6			ctive		MOII-Ke	accive	i t cer		NON-REALLIVE	05/01/201
HIV Ag/Ab		Non Rea	- ctive		Non-Re	eactive				
Assay Information:	and antil Virus Typ and/or Typ	bodies to pe 1,inc ype 2 (H Chemilum	o Human luding IV-2)	Immunodef: Group 0 (H)						
			-		Non-Re	active		-		1
HEP. C Ab.		Non Rea	ctive		Mon-Ne			1		
	1710)	49,000	ctive		<0.80					
HEP C AD. (S/CO RA	lepatitis E	Rea 0.0	ctive 3 Interp							
IEP C Ab. (S/CO RA H Marker	lepatitis E (for r	Rea 0.0 B Result reference	ctive 3 Interp							
IEP C Ab. (S/CO RA H Marker Vacc.	lepatitis E (for r	Rea 0.0 B Result reference	ctive 3 Interp	nly)	<0.80			_		
HEP C Ab. (S/CO RA H Marker Vacc. HBSAg	lepatitis E (for r	Rea 0.0 B Result reference	ctive 3 Interp	nly) Chronic ********** +	<0.80					
EP C Ab. (S/CO RA H Marker Vacc. HBSAg HBEAg	lepatitis E (for r	Rea 0.0 B Result reference	ctive 3 Interp	nly)	<0.80					
HEP C Ab. (S/CO RA Marker Vacc. HBSAg HEP.B.CORE AB,IgM HEP.B.CORE AB.	lepatitis E (for r	Rea 0.0 B Result reference	ctive 3 Interp e use o Past *******	nly) Chronic ********** + +/- +	<0.80	***				
HEP C Ab. (S/CO RA Marker Vacc. HBSAg HBEAg HEP.B.CORE AB,IgM HEP.B.CORE AB. HBEAD HBSAD	Hepatitis H (for r LI/EA* + + - -	Rea 0.0 B Result reference Acute + + + + +	Ctive 3 Interpe e use o Past	nly) Chronic ********** +	<0.80					
HEP C Ab. (S/CO RA Marker Vacc. HBSAg HBEAg HEP.B.CORE AB,IgM HEP.B.CORE AB. HBSAb HBSAb *Late Incubation/E; NOTE: In remote pa:	Hepatitis H (for r LI/EA* + + - arly Acute st infecti	Rea 0.0 B Result reference Acute ********* + + + + + e ion, HBsA	ctive 3 Interp e use o Past +++- +/- +/-	nly) Chronic + +/- + +/- - + +/-	<0.80 HBV					
HEP C Ab. (S/CO RA H Marker Vacc.	epatitis E (for r LI/EA* + + arly Acute st infecti me patient	Rea 0.0 B Result reference Acute ********* + + + + + ts. TNP	ctive 3 Interp e use of Past ******* + +/- +/- Ab leve	nly) Chronic +++/- + +/- - 1 may be Ne	<0.80 HBV	***				
HEP C Ab. (S/CO RA Marker Vacc. ***********************************	epatitis E (for r LI/EA* + + arly Acute st infecti me patient	Rea 0.0 B Result reference Acute ********* + + + + + ts. TNP	ctive 3 Interp e use of Past ******* + +/- +/- Ab leve	nly) Chronic +++/- + +/- - 1 may be Ne	<0.80 HBV	aniel.B				
HEP C Ab. (S/CO RA Marker Vacc. ***********************************	epatitis E (for r LI/EA* + + arly Acute st infecti me patient	Rea 0.0 B Result reference Acute ********* + + + + + ts. TNP	ctive 3 Interp e use of Past ******* + +/- +/- Ab leve	nly) Chronic + +/- + +/- 1 may be Ne	<0.80 HBV	anielB	1 30 2016A.	3		

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BioReference			
BUSHNELL, ANTHONY D ID302 - IDAHO STATE CORR.INST. 13500 PLEASANT VALLEY RD, KUNA, ID 83634 Acct #: (ID302) FX	EDMO, MASON P DOB: A U/FL: T Rm: I Inmate ID: E Address:, N , ID T	Age: 28 ү Sex: м Bed: 94691	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 P L E
P: (208)424-3726	P:		North America Mountain Time

Test	Result Abno	rmal Reference Un	its Previous Result Pate
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.

2016 Dar

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BioReference			FINAL REPOR
ABORATORIES BUSHNELL, ANTHONY CORCMS IDAHO 13500 PLEASANT VALLEY RD KUNA, ID 83634 Acct #: (ID302-1) FX P: (208) 424-3726	EDMO, MASON A DOB: ID: 94691 Address: ID P: N	Age:28 Y Sex:M	S Specimen ID: 970611143 Date Of Report: 08/11/2016 Date Collected: 08/10/2016 Time Collected: 07:33 Date Received: 08/11/2016 Time Received: 00:53 North America Mountain Time
CLINICAL REPORT			
PATIENT FASTING			
	AUNOCHEI	teference u.e.e.	Frevious Lesuit Date
TRACHOMATIS RRNA URINE NEGATIVE	in the second of	NEGATIVE	SALE BOLLES LESAR
GONORRHOEAE RRNA URINE NEGATIVE		NEGATIVE	

Final Report

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Anthony Bushnell, PA-C 1345 AUG 12 2016

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D' D <i>C</i>	5	5.84.5		1 40	ET!	NAL REPOR
BUSHNELL, AM D BUSHNELL, AM C CORCMS IDAHO 13500 PLEASA Kuna, ID 8356 Acct #: (1) P: (208) 424	TIES NTHONY NT VALLEY RD 034 ED302-1) FX	EDMO, MASON DOB: 1D: 94691 Address: 1D P: N	Age:28 Y Sex:M	A Date M Date Date Date	cimen ID: 97 9 Of Report: 9 Collected: 9 Received: 9 Received: 9 Received:	0663779 09/20/2015 09/19/2016 10:44 09/20/2016
STATES -)			Nort	h America Mo	untain Time
PATIENT FASTING	EPORT 5 Result	Abnormat	Reference Unit.		ch America Mo	puntain Time Date
PATIENT FASTING MTSCELLANEOUS	S Result Non-React	Abnormal tive	Non-Reactive Tite	s Po	ertour Result	Date 07/28/2016
PATIENT FASTING MTSCELLANEOUS RPR RIV Ag/Ab	Result Non-React Non-React Assay for the det and antibodies to Virus Type 1,inclu and/or Type 2 (HIV Method: Chemilumin	Abnormal tive tive ection of HIV p24 anti Human Immunodeficienc uding Group 0 (HIV-1 +	Non-Reactive Tite Non-Reactive gen y "O")	s Po	ercout Result	Date
PATIENT FASTING MTSCELLANEOUS RPR RIV Ag/Ab	Non-React Non-React Non-React Assay for the det and antibodies to Virus Type 1, inclu and/or Type 2 (HIV Method: Chemilumin Diagnostics)	Abnormal tive tive ection of HIV p24 anti Human Immunodeficienc uding Group 0 (HIV-1 + V-2)	Non-Reactive Tite Non-Reactive gen y "O")	s Po	ertour Result	Date 07/28/2016

gizilico David Agler, noo

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Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 23 of 293

BUSHNELL, ANTHONY D ID302 - IDAHO STATE 13500 PLEASANT VALU KUNA, ID 83634 Acct #: (ID302) P: (208)424-3726		EDMO, MASON P DOB: A U/FL: T Rm: I Inmate ID: E Address:, N , ID T P:	Age: 28 Y Se Bed: 94691	ex: M S D	pecimen ID: 9706637 bate Of Report: 09/20 ate Collected: 09/19 bate Received: 09/20 North America Moun	/2016 06:30 /2016 10:44 /2016 00:52
Notes: PATIENT FASTIN CLINICAL REPOR	т					
CLINICAL REPOR	т	Abnormal	Reference	Units	Previous Result	Date
CLINICAL REPOR	T *		Reference Non-Reactive	Units Titer	Previous Result Non-Reactive	Date 07/26/2010
	T * Result Non-	2				
CLINICAL REPOR MISCELLANEOUS Test RPR HIV Ag/Ab Assay Information: Assay and a Virus and/a Metho	T * Result Non- Reactive Non- Reactive	on of HIV p24 an an Immunodeficie g Group O (HIV-1	Non-Reactive Non-Reactive htigen ency L + "0")		Non-Reactive	07/26/201

Reordered CT/GC

Daniel Barry, PA-C

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BioReference				FINAL REPO
D BUSHNELL, ANTHONY O CORCMS IDAHO 13500 PLEASANT V/ Kuna, ID 83634 Acct #: (ID302 P: (208) 424-372	Y ALLEY RD -1) FX	EDMO, MASON DOB: ID: 94691 Address: ID P:	Age:29 Y Sex:M	S 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 E North America Mountain Tim
CLINICAL REPO	RT			

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NON FASTING					
CHEMISTRY	and the second sec	the second s	-	All and the second second	
Test	Result Absorna)	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	mmo1/L	105	05/03/2016
C02	29	20-31	mmo1/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/LIP	IDS				
(en)	Resul	Relation	dia to	Prest of the let	Late
holesterol	160	<200	mg/dL	11.0	16_7 1 IG
riglycerides	78	<150	mg/dL	152 HI	05/03/2016
IDL CHOL., DIRECT	49	>40	mg/dL		
HDL as % of Cholesterol Evaluation: BELOW AVERAGE	31 PT5K	>14	%	1	
Chol/HDL Ratio	3.3	<7.4			T.
Evaluation: BELOW AVERAGE		\$744		1	
LDL/HDL Ratio	1.94	<3.56			1
Non-HDL Cholesterol	111	<130 -	mg/dL	1	
				1	

NEED CHART TO REVIEW

Need chert 11-25 315 1

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16

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mg/dL

mg/dL

<100

7-32

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LDL Cholesterol

VLDL; CALCULATED

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BioReference					FI	NAL RE
BUSHNELL, ANTHONY CORCMS IDAHO 13500 PLEASANT VA Kuna, ID 83634 Acct #: (ID302- P: (208) 424-3726	LLEY RD	EDMO MASON DOB: ID: 94691 Address: ID E P: N T	Age:29 Y 56	ex : M P E E	Specimen ID: 9 Date Of Report: Date Collected: Time Collected: Date Received: Time Received: North America M	11/23/20 11/22/20 10:40 11/23/20 00:01
CLIN CAL REPOI	a			2.2.2		1.37
HEMATOLOGY	Result	Abnoreal	Aeference	Units	Previous to any	Bata
WBC	5.55	and a state of the state of	3.66-11.99	x10(3)/uL	5.00	05/03/
RBC	4.27		4.20-5.90	x10(6)/UL	4.54	05/03/
HGB	13.7	the second s	12.3-17.0	gm/dL	14.4	05/03/
HCT	-	38.9 LO	39,3-52,5	%	42.9	05/03/
MCV	91.1		80.0-100.0	fL	94.5	05/03/
MCH	32.1		25.0+34.1	pg	31.7	05/03/
MCHC		35.2 HI	29.0-35.0	gm/dL	33.0	05/03/
RDW	11.8		10.9-16.9	00- 100	12.1	05/03/
POLYS	55.1		36.0-78.0	%	51.6	05/03/
POLYS, ABS. COUNT	3.06		1,43-6.80	x10(3)/uL	2,58	05/03/
LYMPHS	30.8		12.0-48.0	%	35.0	05/03/
LYMPHS, ABS. COUNT	1.71		0.98-3,46	x10(3)/uL	1.75	05/03/
MONOS	10.5		0.0-13.0	%	8.2	05/03/
MONOS, ABS. COUNT	0.58		0.23-0.90	x10(3)/UL	0.41	05/03/
EOS	2.9		0.0-8.0	%	4.2	05/03/
	0.16		0.01-0.35	x10(3)/uL	0.21	05/03/
EOS, ABS. COUNT	0 5		0.0-2.0	%	0.8	05/03/
EOS, ABS. COUNT BASOS	0.5		10 10 2 10 00 00 00 00 00 00 00 00 00 00 00 00	x10(3)/uL	0.04	05/03/
BASOS BASOS, ABS. COUNT	0.5		0.00-0.07			01 1021
BASOS	7.05		0.00-0.07	%	0.2	102/03/
BASOS BASOS, ABS. COUNT IMMATURE GRANULOCYTES PLATELET COUNT	0.03 0.2 264		0.0-1.6 144-400	% x10(3)/uL	233	05/03/
BASOS BASOS, ABS. COUNT IMMATURE GRANULOCYTES	0.03 0.2		0.0-1.6	%		05/03/
BASOS BASOS, ABS. COUNT IMMATURE GRANULOCYTES PLATELET COUNT MPV MISCELLANEOUS	0.03 0.2 264		0.0-1.6 144-400	% x10(3)/uL	233	05/03/
BASOS BASOS, ABS. COUNT IMMATURE GRANULOCYTES PLATELET COUNT MPV	0.03 0.2 264 9.1 Result	Abnoyce3	0.0-1.6 144-400	% x10(3)/uL	233	05/03/ 05/03/
BASOS BASOS, ABS. COUNT IMMATURE GRANULOCYTES PLATELET COUNT MPV MISCELLANEOUS	0.03 0.2 264 9.1	Abnorse2	0.0-1.6 144-400 8.2-11.9	% x10(3)/uL fL Units	233 9.1	05/03/ 05/03/ Date
BASOS BASOS, ABS. COUNT IMMATURE GRANULOCYTES PLATELET COUNT MPV MISCELLANEOUS	0.03 0.2 264 9.1 Result	Abnores1	0.0-1.6 144-400 8.2-11.9	% x10(3)/uL fL Units	233 9.1 Previous Result	05/03/ 05/03/ Date 06/22/
BASOS BASOS, ABS, COUNT IMMATURE GRANULOCYTES PLATELET COUNT MPV MISCELLANEOUS Text TESTOSTERONE, TOT.,S.	0.03 0.2 264 9.1 Result 229.0	6	0.0-1.6 144-400 8.2-11.9 Acterance 129.0-767.0	% x10(3)/uL fL units ng/dL nmol/L	233 9.1 Previous Result 83.3 LO	05/03/ 05/03/ 05/03/ 05/03/ 05/03/ 05/03/ 05/03/ 06/22/ 06/22/ 06/22/

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Gerald A. Weiss, M.D. Laboratory Director Clinical Page 2 of 2 Printed 11/24/2016 05:28

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ESTRADIOL 125.69 HT <39.90	e		FINAL RE
Clinical Abnormalities Summary: (http://www.comm.diabnormalinaula:candle	VALLEY RD 2-1) FX	Date Of Re Date Colle Time Colle Date Recei Time Recei	ected: 12/14/20 ected: 12/12/20 ected: 11:11 ived: 12/13/20 ived: 00:09
ESTRADIC 125.69 HI NON FASTING MERCELLANEOUS Test Result Result Result Test Result Result Result Test Result Result Result Test Result Result <th< th=""><th>ORT</th><th></th><th></th></th<>	ORT		
NON FASTING MISCELLANEOUS Result Resul	alities Su	isults may not have absorbed its	ga. Picase union rotus r
MTSCELLANEOUS Result Result <thr< td=""><td>25.69 HI</td><td></td><td></td></thr<>	25.69 HI		
Test Result Result <td></td> <td></td> <td></td>			
ESTRADIOL 125.69 HI <39.90 pg/mL 49.09 HI NOTE: The result for ESTRADIOL was confirmed by repeat analysis. ESTRIDL, UNCONJUGATED 0.1 See Below ng/mL *NJ1 RANGES FOR UNCONJUGATED ESTRIOL Gestational Week Central 95% Range (ng/mL) 7 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 3.0-512.0 36 4.7-512.0 36 4.7-512.0 38 6.6-512.0 39 7.3-512.0 38 6.6-512.0 39 7.3-512.0 38 6.6-512.0 39 7.3-512.0 38 6.6-512.0 39 7.3-512.0 38 6.6-512.0 39 7.3-512.0 38 6.6-512.0 39 7.3-512.0 38 6.6-512.0 39 7.3-512.0 30 7.6-512.0 30 7.6-512.0 30 7.6-512.0 30 7.6-512.0 30 31.2.0 32 30 30 30 30 30 30 30 30 30 30 <			
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BioReference Laboratories, Inc. AIDO/16 Gerald A. Weiss, M.D. Clinical			Clinical Page 1 (

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Ŧ	BioReference	FINAL REP
	p DELLWO, DANIEL CORCMS IDAHO P EDMO, MASON Age: 29 Y Sex: M S 0 13500 PLEASANT VALLEY RD DOB: Age: 29 Y Sex: M M M 13500 PLEASANT VALLEY RD Address: ID 94691 Address: P E 0 P: (208) 424-3726 FX P E P: E	Specimen ID: 970775035 Date Of Report: 12/14/2010 Date Collected: 12/12/2010 Time Collected: 11:11 Date Received: 12/13/2010 Time Received: 00:09
	CLINICAL REPORT	North America Mountain Ti
	 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

2

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

ER 1486

BioReference Laboratories, Inc. 2605 S. Winchester Blvd. | Campbell, CA 95008 | (800) 762-9722 Gerald A. Weiss, M.D. Laboratory Director Clinical Page 2 of 2 Printed 12/14/2016 15:34 Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 28 of 293

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BioReferen					FJ	INAL REPORT
BUSHNELL, ANTH CORCMS IDAHO 13500 PLEASANT Kuna, ID 83634 Acct #: (ID P: (208) 424-	HONY T VALLEY RD 1 302-1) FX	EDMO, MASON DOB: ID: 94691 Address: ID P:	■ Age: 29 Y S	ex:M	Specimen ID: 9 Date Of Report: Date Collected: Time Collected: Date Received: Time Received: North America M	01/18/2017 01/17/2017 12:24 01/18/2017 00:32
NON FASTING						
NUMBER OF STREET				5 0.20%	Sec. 200 (4000)	grate 1
PROLACTIN, SERUM -	: 12/.4		2.1-17.7	neZat	16.2	11/23/2016
		Final Rep	ort			

Lill on Astron Tripper Povar, NP-C

BioReference Laboratories, Inc. 2605 S. Winchester Blvd. | Campbell, CA 95008 | (800) 762-9722 Gerald A. Weiss, M.D. Laboratory Director Clinical Page 1 of 1 Printed 01/18/2017 06:39

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CORRECTIONAL MEDICAL SERVICES INTAKE MENTAL HEALTH SCREENING

Facility ISCI

NMATE NAME: Meeks, Mason	ID#: 94691	RACE: 1	ative amaion	DOB:	
SUICIDE POTENTIAL AND INMATE QUESTIONNAIRE				YES	dip
Arresting or transporting officer reports subject may be at risk?					
Do you have thoughts about killing or hurting yourself right now?				YES	(NO)
. Do you feel like there is nothing to look forward to in the future? (ho	pelessness/helplessness)			YES	000
Holds a position of respect in community (i.e., professional, public of	fficial) and/or alleged crime is shock	ing in nature?	-	YES	610
Have you ever tried to hurt or kill yourself? (If yes, refer inmale to bate(s) Method	Mental Health) In Custody at Time of Incident?			YES	NO
If yes to #5, did the self-injury occur within the past 5 years?			-	YES	60
Shows signs of depression (crying, emotional flatness) (II yes, refer	inmate to Montal Health)			YES	(NO)
Is acting/talking in a strange manner (Cannot focus attention, hearing		alas inmata to Mantal Health)		YES	NO
		eler linnale to memai ricarry		YES	00
Subject is a juvenile (17 years of age or younger) (If yes, refer inma				YES	CNO
 Do you have any current mental health complaints? (If yes, refer in Has a psychiatric history? (Psychotropic medication or treatment by Inpatient Treatment: (Where)		ves, refer inmate to Mental Health)		YES	010
Psychotropic Medication Use: Pharmacy/Clinic Name					1.1
Drug Name:	Dose/Frequency:	Date of Last Dose:			
Drug Name:	Dose/Frequency:	Date of Last Dose:			
Drug Name:	Dose/Frequency:	Date of Last Dose:			-
. Appears to have impaired intellectual or cognitive functioning? (//)	es, refer inmate to Mental Health)			YES	CN
Is this your first time in jail/prison?				YES	NO
Have any family members or a similicant other attempted or commi	ted suicide such as a shouse na	ent sibling close friend or lover?		YES	CNO
Have you recently experienced a loss, such as loss of job or death of		und oronge, occordinated at the set		YES	CNO
Are you worried about any major problems other than your legal situ	a close lamity memberimenu?			YES	CNO
Are you worried about any major problems other than your legal situ	ation?			YES	CNO
Have you ever been treated for alcohol or drug abuse?					
Have you ever been arrested for a sex offense?				YES	CNQ
Have you ever been victimized, i.e., victim of physical or sexual abus	se?			YES	190
Have you ever behaved violently, such as physical assault of anothe				YES	ONO
Have you ever had a serious head injury? If yes, when:				YES	080
Have you ever been placed in special education classes or services	2			YES	(NC
Appears to feel unusually embarrassed or ashamed?		C 3 C 2		YES	,80
Appears overly anxious, afraid, or angry?					10
Appears overly anxious, atraid, or andry?					
	find the second second	i and fallen and		YES	
Is apparently under the influence of alcohol or drugs? (If yes, refer the TAL "Yes" in any shaded areas = Contact Mental Health immediate notifying Shift Commander. "Yes" in unshaded areas contact Mental Health immediately OR for	ely OR follow site procedure for	management of potentially suici		YES.	CNO
Is apparently under the influence of alcohol or drugs? (If yes, refer to TTAL "Yes" in any shaded areas = Contact Mental Health immediate notifying Shift Commander. "Yes" in unshaded areas contact Mental Health immediately OR for 7 or more Total "Yes" responses OR Credibility of the immate is questionable AND/OR Screener believes immate health record) AND/OR Immate picked up or recently released from hospital, ER, Ment IRRENT MENTAL STATUS (Check all that apply) Calert, Oriented x 3 Disoriented Hallucinations: [ely OR follow site procedure for llow site procedure for manageme dgment and/or assessment of inn tal Health Facility or Drug Program	management of potentially suici nt of potentially suicidal inmates IF ate during screening interview (Do 1	ighest Grade Co	YES Now site provide the site of the site	cedure fo
Is apparently under the influence of alcohol or drugs? (If yes, refer to DTAL "Yes" in any shaded areas = Contact Mental Health immediate notifying Shift Commander. "Yes" in unshaded areas contact Mental Health immediately OR fo 7 or more Total "Yes" responses OR Credibility of the inmate is questionable AND/OR Credibility of the inmate is questionable AND/OR Credibility of the inmate health record) AND/OR Credibility of the inmate health record) AND/OR Inmate picked up or recently released from hospital, ER, Ment IRRENT MENTAL STATUS (Check all that apply) Calert, Oriented x 3 Disoriented Hallucinations: Ect: Appropriate Mood: Appropriate Speet Flat Represed Hallucinations: Credibility of the immediate of the propriate Speet Credibility of the propriate Credibi	aly OR follow site procedure for llow site procedure for management adgment and/or assessment of inn tal Health Facility or Drug Program Yes No Delusion ach: Appropriate Appea	management of potentially suicid nt of potentially suicidal inmates IF ate during screening interview (Do n s: Ves No H rance: Neat & Clean Poor Hygiene	ighest Grade Co	VES low site produces of the second s	cedure fo
Is apparently under the influence of alcohol or drugs? (If yes, refer to the influence of alcohol or drugs? (If yes, refer to the intervention of	ely OR follow site procedure for llow site procedure for manageme dgment and/or assessment of inn tal Health Facility or Drup Program Ves No Delusion ech: Appropriate Appea Slurred Pressured	management of potentially suici nt of potentially suicidal inmates IF ate during screening interview (Do s: Yes No H rance: Neat & Clean Poor Hygiene Disheveled	ighest Grade Co	YES Now site provide the site of the site	cedure fo
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Is apparently under the influence of alcohol or drugs? (If yes, refer to DTAL "Yes" in any shaded areas = Contact Mental Health immediate notifying Shift Commander. "Yes" in unshaded areas contact Mental Health immediately OR fo Tor more Total "Yes" responses OR Credibility of the immate is questionable AND/OR Screener believes inmate health record) AND/OR Credibility of the immate is at risk based on his/her clinical ju Progress Notes in inmate health record) AND/OR Immate picked up or recently released from hospital, ER, Ment IRRENT MENTAL STATUS (Check all that apply) Calert, Oriented x 3 Disoriented Hallucinations: Eet: Appropriate Mood: Appropriate Speet Depressed Inappropriate Depressed Routine Mental Health Follow Up	Aly OR follow site procedure for Ilow site procedure for management adgment and/or assessment of inn tal Health Facility or Drup Program Yes No Delusion ach: Appropriate Appea Sturred Pressured Housing Recommendation Implement site procedure Other Placement (description in told the way to obtain mental here	management of potentially suicid nt of potentially suicidal inmates IF ate during screening interview (Do n es: Yes No H rance: Neat & Clean Poor Hygiene Disheveled te for management of potentially suicidations the services. I consent to routine	ighest Grade Co Activity:	YES Now site produced in Interdiscip mpleted:	cedure fo
Is apparently under the influence of alcohol or drugs? (If yes, refer to DTAL "Yes" in any shaded areas = Contact Mental Health immediate notifying Shift Commander. "Yes" in unshaded areas contact Mental Health immediately OR for 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 ju Progress Notes in inmate health record) AND/OR Immate picked up or recently released from hospital, ER, Ment IRRENT MENTAL STATUS (Check all that apply) Calert, Oriented x Disoriented Hallucinations: Credibility of the low UP Fiat Depressed None Indicated Emergency Mental Health Follow UP Routine Mental Health Follow UP ASAP Provider Foliow Up for mental health medications. Medical Follow-up for potential drug/ETOH withdrawal Knowledge that I have answered all questions truthfully and have beer lity healthcare professionals.	Aly OR follow site procedure for Ilow site procedure for management adgment and/or assessment of inn tal Health Facility or Drup Program Yes No Delusion ach: Appropriate Appea Sturred Pressured Housing Recommendation Implement site procedure Other Placement (description in told the way to obtain mental here	management of potentially suicid nt of potentially suicidal inmates IF ate during screening interview (Do n us: Yes No H rance: Neat & Clean Poor Hygiene Disheveled t to management of potentially suicidal potentially suicidal	ighest Grade Co Activity:	VES Now site provided to S Slow No Eye Con Describe) Te provided to CO CO CO CO CO CO CO CO CO CO	Dinary

BH7123-Intake Mental Health Screening-Revised 11/06, Revised 08/07, Revised 01/09 Copyright 2008 by Correctional Medical Services, Inc., All Rights Reserved.

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CORRECTIONAL MEDICAL SERVICES INTAKE MENTAL HEALTH SCREENING

MAKING A DIFFERENCE		Facility: NICI		
INMATE NAME: MOISDN MEEKS	ID#: 94691	RACE: A	I DOB:	
SUICIDE POTENTIAL AND INMATE QUESTIONNAIRE				rcle)
1. Arresting or transporting officer reports subject may be at risk?		and the second second	YES	(ND
 Do you have thoughts about killing or hurting yourself right now? Do you feel like there is nothing to look forward to in the future? (fr 		the second second	YES	CO
 Do you reel like there is nothing to look forward to in the future? (1 Holds a position of respect in community (i.e., professional, public 		in natura?	YES	NO NO
5. Have you ever tried to hurt or kill yourself? (If yes, refer inmate i		All option of the	120	140
Date(s) Method	In Custody at Time of Incident? (Ye	es or No)	YES	NO
 If yes to #5, did the self-injury occur within the past 5 years? Shows signs of depression (crying, emotional flatness) (If yes, ref. 	er inmate to Mental Health)		YES	CNO
 B. Is acting/talking in a strange manner (Cannot focus attention, hear 	ing/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 inm			YES	CNO
10. Do you have any current mental health complaints? (If yes, refer			YES	(NO
1. Has a psychiatric history? (Psychotropic medication or treatment		refer inmate to Mental Health)		0
Inpatient Treatment: (Where)	(When) (When)		YES	NO
Outpatient Treatment: (Where) Psychotropic Medication Use: Pharmacy/Clinic Name	(when)			
Drug Name:	Dose/Frequency:	Date of Last Dose:		
Drug Name:	Dose/Frequency:	Date of Last Dose:		
Drug Name:	Dose/Frequency:	Date of Last Dose:		10
2. Appears to have impaired intellectual or cognitive functioning? (If	yes, refer inmate to Mental Health)		YES	NO
3. Is this your first time in jail/prison?			YES	
 Have any family members or a significant other attempted or common tempted or common significant or common significant or common tempted or common significant or common significant or common significant or common tempted or common significant or common significan		sibling, close friend, or lover?	YES	NO
5. Have you recently experienced a loss, such as loss of job or death			(YES)	NO
6. Are you worried about any major problems other than your legal silf. Have you ever been treated for alcohol or drug abuse?	tuation?		YES YES	NO
Have you ever been arrested for a sex offense?			YES	(NQ
 Have you ever been victimized, i.e., victim of physical or sexual ab 	use?		YES	100
. Have you ever behaved violently, such as physical assault of anoth			YES	QQ'
Have you ever had a serious head injury? If yes, when:			YES	940
2. Have you ever been placed in special education classes or service	es?		- YES	(NO)
Appears to feel unusually embarrassed or ashamed?			YES	(NO)
 Appears overly anxious, afraid, or angry? 			YES	1000
5. Is apparently under the influence of alcohol or drugs? (If yes, refer	to medical for withdrawal/detox assessn	ment and follow-up)	YES 2	22
OTAL "Yes" in any shaded areas = Contact Mental Health immedia		and the second discovery the		
Ifect: Appropriate Mood: Appropriate Spectra Flat Depressed Elated Scared/crying	ntal Health Facility or Drug Program	Ves No Highest	t rationale in Interdiscipl Grade Completed: Vity: Appropriate Unable to Sit Slow No Eye Conta	zth
Hostile				
SPOSITION	Housing Recommendation			-
founds 1 A 20A				
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 cknowledge that I have answered all questions truthfully and have ber filly healthcare professionals.	General Population Implement site procedure for m Other Placement (describe): en told the way to obtain mental health set	nanagement of potentially suicidal in ervices. I consent to routine mental		
SNone Indicated Emergency Mental Health Follow Up Routine Mental Health Follow Up ASAP Provider Follow Up for mental health medications.	General Population Implement site procedure for m Other Placement (describe):			

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CINC	1.	Probation 6-29-10	×.		V
		ECTIONAL MEDICAL SER E MENTAL HEALTH SCRE			7
MANING A DIFFERENCE		F	acility: IS	CT .	7
	G Mason	ID#: 94691	RACE	ican DOE	: (Circle)
Arresting or transporting officer	reports subject may be at risk?			YE	S NO
 Do you have thoughts about kill Do you feel like there is nothing 	to look forward to in the future? (ho	ppelessness/helplessness)		YE	
4. Holds a position of respect in co	ommunity (i.e., professional, public o	fficial) and/or alleged crime is shocking in	nature?	YE	
 Have you ever fried to hurl or F Date(s) 	kill yourself? (If yes, refer inmate to Method	In Custody at Time of Incident? (Yes	or No)	YE	s NO
6. If yes to #5, did the self-injury or				YE	
	ing, emotional flatness) (If yes, refer	r inmate to Mental Health) ng/seeing things not there) (If yes, refer it	ormatic to Ministel Hardthi	YE	
	of age or younger) (II yes, refer inma		ninale to mental meaning	YE	
10. Do you have any current menta	al health complaints? (If yes, refer in	nmate to Mental Health)	factorials to Develop 100 and	YE	
 Has a psychiatric history? (Psy Inpatient Treatment: (Where) 	chotropic medication or treatment b	y a mental health professional) (If yes, n (When)	erer inmate to Mental Health)	YE	S (NO)
Outpatient Treatment: (Where)	pl	(When)			-
Psychotropic Medication Use: 1 Drug Name:	Pharmacy/Clinic Name	Dose/Frequency:	Date of Last Dose:		
Drug Name:		Dose/Frequency:	Date of Last Dose:		
Drug Name:	ectual or cognitive functioning? (If y	Dose/Frequency:	Date of Last Dose:	YE	s CNO
13. Is this your first time in jail/priso	n?			YE	S CHER
		itted suicide, such as a spouse, parent, s	ibling, close friend, or lover?	YE	
	a loss, such as loss of job or death or problems other than your legal site			YE	the second se
17. Have you ever been treated for	alcohol or drug abuse?			CYE	\$ 90
 Have you ever been arrested for Have you ever been victimized 	or a sex offense? i.e., victim of physical or sexual abu	ise?		YE	CONTRACTOR OF THE OWNER OWNER OF THE OWNER OWNE
20. Have you ever behaved violentl	ly, such as physical assault of anoth			YE	S ICHAZ
21. Have you ever had a serious he	ead injury? If yes, when: special education classes or services	0		YES	
 Place you ever been placed in s Appears to feel unusually emba 		5f		YES	
24. Appears overly anxious, afraid,			12.11	YES	
 Is apparently under the influence IOTAL. 	e of alcohol or drugs? (Il yes, reler	to medical for withdrawal/detox assessm	ent and tollow-up)	YES	S (NOY
 7 or more Total "Yes" res Credibility of the inmate is Screener belleves inmate Progress Notes in inmate 	sponses OR s questionable AND/OR a is at risk based on his/her clinical ju a health record) AND/OR ntly released from hospital, ER, Mer	ollow site procedure for management of p udgment and/or assessment of inmate du ntal Health Facility or Drug Program		nent rationale in Interdi	sciplinary
	soriented Hallucinations:	Ves No Delusions:	Yes No Highe	est Grade Completed	11-GE
Affect: Appropriate Me Flat Inappropriate	Depressed Elated Scared/crying	eech: Appropriate Appearance:	Neat & Clean Poor Hygiene Disheveled	Activity: Appropria Unable to Slow No Eye 0	o Sit still
DISPOSITION	Hostile				
Referrals None Indicated Emergency Mental Health Folic Routine Mental Health Folic ASAP Provider Folicw Up for m Medical Follow-up for potential acknowledge that I have answered	Up nental health medications, drug/ETOH withdrawal	Housing Recommendation General Population Implement site procedure for m Coher Plement (describe): Told the way to obtain ments, healpree	0		d by
acility healthcare professionals.		I DAN IN	1011 A	<	
acility healthcare professionals.	mate Signature:	DATE	61510	TIME: 2	20
In	Marchie Oyan	DATE:	61510	TIME: 2	

BH7123-Intake Mental Health Screening-Revised 11/06, Revised 08/07, Revised 01/09 Copyright=2008 by Correctional Medical Services, Inc., All Rights Reserved.

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CMS								
	BIN-87.		TIONAL MEDICA MENTAL HEALTH		ISCI			
		0-150			1 1	A	-	
NMATE NAME: 19	Ino mason		ID#: 94691		RACE: N	7	DOB	
	LAND INMATE QUESTIO						(Circ	
	ting officer reports subject may is about killing or hurting yours						YES	/NO/
Do you feel like there	e is nothing to look forward to i	in the future? (hopel					YES)	399
Holds a position of re Have you ever tried	espect in community (i.e., profe to hurt or kill yourself? (If yes	s, refer inmate to Me	ental Health)	2			YES	(NQ)
ate(s) 6/11	Method O.D	· antrutik	In Custody at Time of Incide	nt? (Yes (No)		(YES	NO
	elf-injury occur within the past ession (crying, emotional flatne		nate to Mental Health)				YED	NO
	strange manner (Cannol focus			es, refer inmate to Me	ntal Health)	-	YES	CNA
	(17 years of age or younger) rrent mental health complaints						YES	NO
. Has a psychiatric his	story? (Psychotropic medicatio	on or treatment by a	mental health professional)	(If yes, refer inmate	to Mental Health)	-	TEO	NU
Inpatient Treatment: Outpatient Treatmen Psychotropic Medica Drug Name: Drug Name:	(Where) POCATCIN	Ja	(When) (When) Dose/Frequency Dose/Frequency	G/II Da Da	e of Last Dose e of Last Dose e of Last Dose;	12	YES	NO
Drug Name: Appears to have imp	aired intellectual or cognitive f	functioning? (If yes,	Dose/Frequency refer inmate to Mental Heal		e of Last Dose:	-	YES	(Nex
Is this your first time	In jail/prison?				(C.)		YES	(NO)
	mbers or a significant other att perienced a loss, such as loss				mend, or lover?		圈	NO
Are you worried about	ut any major problems other th	nan your legal situation					3	NO
	treated for alcohol or drug abu	use?						NO
	arrested for a sex offense? victimized, i.e., victim of physi	cal or sexual abuse?	7					NO
Have you ever behav	ved violently, such as physical	assault of another p					(CES)	NO
	serious head injury? If yes, w						YES	NO
Have you ever been	blaced in special education ca						T Land	C NO
Appears to feel unus	ually embarrassed or ashame					1	(YES)	NO
Appears to feel unus Appears overly anxio	ually embarrassed or ashame ous, afraid, or angry?	d?	nedical for withdrawal/detay	accessment and follo	w.usl	1	YES	NO
 Appears to feel unus Appears overly anxio Is apparently under the other statement of the othe other statement of the othe	ually embarrassed or ashame ous, afräid, or angry? he influence of alcohol or drug ded areas - Contact Mental H	d? gs? (If yes, refer to r				1	YES	NO
 Appears overly anxie Is apparently under II OTAL "Yes" in any shad notifying Shift Com "Yes" in unshaded 7 or more Tota Credibility of the Screener belie Progress Note Inmate picked 	ually embarrassed or ashame pus, afräid, or angry? he influence of alcohol or drug led areas = Contact Mental H mander. areas contact Mental Health in al "Yes" responses OR he inmate is questionable ANC ves inmate is at risk based or as in inmate health record) AN up or recently released from I STATUS (Check all that an Disoriented H Mood: Appropris e Elated Scared/c	d? Ja? (If yes, refer to r Health immediately mmediately OR follow D/OR his/her clinical judg D/OR hospital, ER, Mental pply) atlucinations: X atle Speech iate Speech	OR follow site procedure w site procedure for manage ment and/or assessment of Health Facility or Drug Prog Yes _ No Detu:	for management of ment of potentially su inmate during screen	iotentially suicidal in loidal inmates IF: ng interview (Docume No Highes Clean Ac Hygiene	Int rationale in Ir It Grade Compl Stivity: App Slov	YES YES a site proce	NO NO dure for nary
Appears to feel unus Appears overly anxio Is apparently under II OTAL "Yes" in any shad notifying Shift Com "Yes" in unshaded 7 or more Tota Credibility of ft Screener belie Progress Note Inmate picked URRENT MENTAL S Alert, Oriented x Flat Appropriate Inappropriate SPOSITION	ually embarrassed or ashame bus, afräid, or angry? he influence of alcohol or drug ded areas = Contact Mental H mander. areas contact Mental Health ir al "Yes" responses OR he inmate is questionable ANE eves inmate is at risk based or as in inmate health record) AN up or recently released from 1 STATUS (Check all that a) Disoriented H Mood: Appropri Depress e Elated	d? d? dealth immediately mmediately OR follow D/OR his/her clinical judg D/OR hospital, ER, Mental pply) allucinations: allucinations: allucinations: allucinations: allucinations: biology bi	OR follow site procedure w site procedure for manage ment and/or assessment of Health Facility or Drug Prog , Yes No Detu: h: Appropriate App Sturred Pressured	for management of periods of potentially su inmate during screen ram sions: Yes pearance: Poor Dishe	iotentially suicidal in loidal inmates IF: ng interview (Docume No Highes Clean Ac Hygiene	Int rationale in Ir It Grade Compl Stivity: App Slov	YES YES a site proce	NO NO dure for nary
Appears to feel unus Appears overly anxio Appears overly anxio Appears overly anxio Appears overly anxio Tor AL "Yes" in any shad notifying Shift Com "Yes" in unshaded i Tor more Tote Credibility of th Screener belie Progress Note Inmate picked URRENT MENTAL S Alert, Oriented x Appropriate Flat Inappropriate SPOSITION eferrals None Indicated Emergency Mental Hea AsAP Provider Folic Medical Folice Aplant Appropriate AsAP Provider Folic Medical Folice Aplant Aplant Appropriate SPOSITION eferrals None Indicated Gemergency Mental Hea AsAP Provider Folic Medical Folice Aplant Aplant Aplant Appropriate AsAP Provider Folic Aplant Aplant Aplant Aplant Aplant Aplant Aplant Aplant Appropriate SPOSITION eferrals Aplant A	ually embarrassed or ashame pus, afräid, or angry? he influence of alcohol or drug led areas - Contact Mental H mander. areas contact Mental Health in al "Yes" responses OR he inmate is questionable AND ves inmate is at risk based or as in inmate health record) AN up or recently released from H STATUS (Check all that an Disoriented H Mood: Appropri Depress e Elated Scared/c Health Follow Up th Follow Up bw Up for mental health medic or patential drug/ETOH withdri- ant vere all questions trut without the start of the ant vere all questions trut without the start of the health recent of the start of the start of the start of the start of the health recent of the start of the s	d? Is? (If yes, refer to r Health immediately mmediately OR follow D/OR his/her clinical judg D/OR hospital, ER, Mental pply) allucinations: allors. aval Exallons. aval	OR follow site procedure w site procedure for manage ment and/or assessment of Health Facility or Drug Prog Yes No Detus N: Appropriate App Sturred Pressured Housing Recommendat General Population Implement site proced	for management of periods of potentially summate during screen ram	otentially suicidal in loidal inmates IF: ng interview (Docume Volume Volume Volume veled	Intrationale in Ir It Grade Compl Itivity: App Slov Slov No I	YES YES a site proce nterdisciplin neted: bio to Sit s X Eye Conta bio	NO NO dure for nary
Appears to feel unus Appears overly anxie Appears overly anxie Is apparently under II OTAL "Yes" in any shad notifying Shift Com "Yes" in unshaded T or more Tota T credibility of tt Screener belie Progress Note Inmate picked URRENT MENTAL S Alert, Oriented x Tetal Inappropriate Inappropriate Inappropriate SPOSITION eferrals None Indicated Emergency Mental Hea AsAP Provider Folic Medicate Medicate Folic Medicate Medicate Folic Medicate Appropriate Section Folic Medicate Medicat	ually embarrassed or ashame pus, afräid, or angry? he influence of alcohol or drug led areas - Contact Mental H mander. areas contact Mental Health in al 'Yes' responses OR he inmate is questionable ANC yes inmate is at risk based or as in inmate health record) AN up or recently released from 1 STATUS (Check all that an Disoriented H Mood: Appropris Pepress e Elated Scared/c Health Follow Up th Follow Up th Follow Up th Follow Up by for mental health medic or patential drug/ETOH withdra and recental questions trut in minate Signature	d? Is? (If yes, refer to r Health immediately mmediately OR follow D/OR his/her clinical judg D/OR hospital, ER, Mental pply) allucinations: allors. aval Exallons. aval	OR follow site procedure w site procedure for manage ment and/or assessment of Health Facility or Drug Prog Yes No Detus N: Appropriate App Sturred Pressured Housing Recommendat General Population Implement site proced	for management of periods of potentially summate during screen ram	otentially suicidal in loidal inmates IF: ng interview (Docume Volume Volume Volume veled	Intrationale in Ir It Grade Compl Itivity: App Slov Slov No I	YES YES a site proce aterd/sciplin leted: ble to Sit s N Eye Conta bla)	NO NO dure for hary

BH7123-Intake Mental Health Screening-Revised 11/06, Revised 08/07, Revised 01/09. Cheuronal@2000.isu Conventional Interfeat Services. Inc. All Richts Reserved

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CORRECTIONAL MEDICAL SERVICES, IDAHO			
	Facility: ISCI	-	
INMATE NAME: Edwo, Mason	IDA 74691 RACE: Avences Tudes	DOB:	
Marital Status: 6 M D W			
SUICIDE POTENTIAL AND INMATE QUESTIONNAIRE		(Circ	cle)
 Transporting officer reports subject may be all risk? 		TES	(NO)
8. Killing 3. Do you feel live there is nothing to look forward to in the turne?	indul Prevalue rader	VES	NO
A. Have you ever tried to hurt or kill yoursell? (If yes, refer inmale to IDOC Date(s) 3 M Method	Mental Health)	CIESO	NO
		YES	NO
June of 2011 Overdosd on Ant	rupplue - last attent	0000	NO
 If yes to #4, did the self-injury occur within the past year? 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, refe		YES	NO
	ing/seeing things not there) (If yes, refer inmate to IDOC Mental Health)	YES	NOT
9. Subject is a juvenile (17 years of age or younger) (If yes, refer inma		YES	(NO)
10. Do you have any current mental health symptoms or complaints?	-01/0-	(YES)	NO
Inpatient Treatment: (Where) Porthaget medical	t by a mental health professional) (If yes, refer inmale to IDOC Mental Health) (When) June 2011 (When) Tune 2011 - Lincon Th	YES	NO
Psychotropic Medication Use: (Psychotropic medication currently pres Drug Name:	cribed) (If yes, refer to CMS Mental Health) Dose/Frequency: 100> Dose/Frequency: 50> Dose/Frequency: 50> Dose/Frequency: 50> Date of Last Dose: 30> Date of Last Dose: 30> Date of Last Dose: 30>	(YES)	NO
3. Appears to have impaired intellectual or cognitive functioning? (If yes,	refer inmate to IDOC Mental Health)	YES	(NO)
4. Is this your first time in prison?	mitted suicide, such as a spouse, parent, sibling, close friend, or lover?	(YES)	NO
 Have any family members of a significant other attempted or coming Have you recently experienced a loss, such as loss of job or death 	to of a close family member/friend?	(TES)	NO
7. Are you worried about any major problems other than your legal situation		YES	NO
8. Have you ever been treated for alcohol or drug abuse?		(YES)	NO
 Have you ever been arrested for a sex offense? Have you ever been victimized, i.e., victim of physical or sexual abuse? 		CYES)	NO
 Have you ever behaved violently, such as physical assault of another p 		(YES)	NO
2. Have you ever had a serious head injury? If yes, when:		(YES)	NO
3. Have ou ever been placed in special education classes or services?		YES	(NO)
4. Al ars to feel unusually embarrassed or ashamed?		YES	
 Any ars overly anxious, afraid, or angry? Do you have a physical illness? (Type and severity of impact on daily fi 	unctioning.)	YES	(NO)
OTAL for "Yes" responses for all bolded (not shaded) question		120	0
	es (including bolded, positive findings on the MSE) OR inmate is at risk based on his/her clinical judgment and/or assessment of inmate s in inmate health record) OR.	a during scree	ening
☐ Inappropriate ☐ Depressed ☐ Inappropriate ☐ Elated ☐ Scared/crying	□ Yes ☑ No Delusions: □ Yes ☑ No n: □ Appropriate Appearance: ☑ Neat & Clean Activity: ☑ App □ Slurred □ Poor Hygiene □ U □ Pressured □ Disheveled □ Sk	hable to Sit	
Current Mental Status presents as Disoriented, Halluci URRENT MENTAL STATUS (Check all that apply) Alert, Oriented x 4 Disoriented Hallucinations: Iffect: Appropriate Mood: Appropriate Speech Appropriate Depressed Inappropriate Elated Scared/crying Hostile ISPOSITION eferrals	Yes No Delusions: Yes No Appropriate Appearance: Neat & Clean Activity: Ap Slurred Poor Hygiene Ur Rambling No	hable to Sit	
Current Mental Status presents as Disoriented, Halluci URRENT MENTAL STATUS (Check all that apply) Alert, Oriented x 7 Disoriented Hallucinations: Appropriate Mood: Appropriate Speect Appropriate Disoriented Elated Discreed/crying Hostile	Yes No Delusions: Yes No Appropriate Appearance: Neat & Clean Activity: Appearance Door Hygiene U Pressured Disheveled Sk Rambling No	nable to Sit	
Current Mental Status presents as Disoriented, Halluci URRENT MENTAL STATUS (Check all that apply) Alert, Oriented x 4 Disoriented Hallucinations: flect: Appropriate Mood: Appropriate Speech Flat Depressed Inappropriate Elated Scared/crying Hostile ISPOSITION eferrals None-indicated Emergency Mental Health Follow Up Routine Mental Health Follow Up ASAP Provider Follow Up for mental health medications. acknowledge that have enswered all guestions truthully end the performate althcare professionals.	Yes No Delusions: Yes No Appropriate Appearance: Neat & Clean Activity: Ap Slurred Poor Hygiene U Pressured Disheveled Sk Rambling No	nable to Sit	act
Current Mental Status presents as Disoriented, Halluci URRENT MENTAL STATUS (Check all that apply) Alert, Oriented x 4 Disoriented Hallucinations: ffect: Appropriate Mood: Appropriate Speech Flat Depressed Inappropriate Elated Scared/crying Hostile ISPOSITION eferrals None-Indicated Routine Mental Health Follow Up Routine Mental Health Follow Up ASAP Provider Follow Up for mental health medications.	Yes No Delusions: Yes No Appropriate Appearance: Neat & Clean Activity: Ap Slurred Poor Hygiene U Pressured Disheveled Sk Rambling No	nable to Sit	act

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IDAHO DEPARTMENT OF CORRECTION "Protecting You and Your Community"

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SUICIDE RISK ASSESSMENT

OFFENDER LAST	OFFENDER LAST NAME		OFFENDER FIRST NAME			DOB	
Edmo		Mason			94691		
INSTITUTION		OFFENSE		A set of the set of		CURRENT HOUSING UNIT	
ISCI	Check With	ithout funds/Sex Abuse <16		15		16	
CURRENT LEVEL OF C	ARE (LOC)		MHC	C - Mental Health Clea		ir	
It should be noted that prec and diminishes significantly existing environmental cond of risk probably of suicide is circumstances change.	over time. He ditions, and oth	owever, based wher information	upon the historia available at the	cal info time o	rmation, an f the review,	individual interview, inmate's current level	
SRA REPORT TYPE	Incomi	ng (Initial) Only	RISK	LEVE	5L	Moderate	
REASON FOR REFERR	AL			-			
with 10 being the worst, and experienced auditory hallucin INTENT TO DIE He denied a plan or intent to he does not know how tonig intent to commit suicide occu PLAN OR METHOD He stated that while in count	nations a week die at this tim ght will go, if h urs he stated th	k ago. ne. He stated he ne will be at ris hat he does not	e experienced s k for suicide or know.	uicidal	ideation this	morning. He stated th	
ACCESS TO MEANS Access limited while on close	e observations						
HISTORICAL FACTORS	(check all that						
Family history of suicide			First prison				
Inmate history of suicide a		1	Current Ad S				
History of substance abus		1	Other (list bel				
Ar. Edmo reported to this of admitted into the BHU of Po overdosing on amitriptyline, ecords he attempted suicide	rtneuf medica He was diagn	osed with Alcol	16-11, after he hol Dependence	attemp e and l	oted suicide	by drinking alcohol an	

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SUICIDE RISK ASSESSMENT

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IDAHO DEPARTMENT OF CORRECTION "Protecting You and Your Community"

SUICIDE RISK ASSESSMENT ADDENDUM

				DATES C	DATES OF WATCH		
OFFENDER LAST NAME	OFFENDER FIRST	NAME	IDOC #	FROM	то		
Edmo	Mason		94691	04-26-12	present		
	RISK REDUC	CTION P	LAN				
PROBLEM	GOA			the second se	ENTION		
Mr. Edmo stated that he is not sure whether or not he will commit suicide tonight.				He will be p observations at th re assessed by 04-27-12.	is time and will be		
CHANGE IN LOC REQUIRED Yes	? NEW LOC IF AP	CMHS	- Correctio	in CIS if LOC has ch mal MH Services			
		DEGRE	E OF ME		NTION		
Verbal threat without							
OFFENDER'S STATED INTENT		LAST SUICIDE WATCH					
Move from tie	er			Never			
ADDITIONAL COMMENTS							
NATURE OF INCIDENT Verbal threat withou OFFENDER'S STATED INTEN Move from tie	IT	DEGRE	E OF ME	DICAL INTERVE	NTION		
			C				
Chris Bennett	CREDENTIAL	DATE 04-26-12	-/	SIGNATU	RE		

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IDAHO DEPARTMENT OF CORRECTION "Protecting You and Your Community"

SUICIDE RISK ASSESSMENT

OFFENDER LAST NAME OF		OFFEND	FFENDER FIRST NAME		IDOC#	DOB	
Edmo			Mason	94691			
INSTITUTION		OFFENSE			JLAR IG UNIT	CURRENT HOUSING UNIT	
ISCI	Check With	out funds/Sex	Abuse <16	1	5	16	
CURRENT LEVEL OF C	ARE (LOC)		MHC -	Mental H	lealth Clea	r	
It should be noted that prec and diminishes significantly existing environmental cond of risk probably of suicide is circumstances change.	over time. Ho	wever, based her information	upon the historica available at the t	al information me of the	ation, an in e review, ir	dividual interview, mate's current level	
SRA REPORT TYPE	E	Exit Only	RISK	EVEL		Low	
REASON FOR REFERR	AL						
as fair, and his grooming/hyg INTENT TO DIE Te denied any intent to die a PLAN OR METHOD Te did not divulge a plan or r	t this time.	propriate for his	placement.				
ACCESS TO MEANS							
le will have access to mean	s consistent wi	th his incarcera	ation.				
HISTORICAL FACTORS	(check all that		1				
amily history of suicide	10. m		First prison te				
nmate history of suicide a			Current Ad Se	-			
History of substance abus		V	Other (list below				
revious SRA: Mr. Edmo rep le was admitted into the B lcohol and overdosing on ar er IDOC records he attempt	HU of Portner mitriptyline. He	uf medical cer was diagnose	nter on 05-16-11 d with Alcohol De	, after he	e attempte ce and Dep	ed suicide by drinkin	

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

1

SUICIDE RISK ASSESSMENT

	OFFENDE	R FIRST NAME	IDOC#	DOB
Edmo	N	lason	94691	
KNOWN STRESSORS/ DEMOGRAP	HIC PREDICTOR	S (check all that app	ly)	
Sleeping difficulties or irregular sleepin Non-compliance with prescribed psych Weight loss or loss of appetite	Recent personal Neglect of pers Long or life sen	onal hygiene		
Progressive health problems (chronic or DOR		Poor compliance		nt 🗆
Family event	Ē	0 11 1 11 1	nkmate	
Gambling or other debt	i i i	Dest to the	aring	Ē
Fearful for safety	1		C	
Relationship	V			
PROTECTIVE FACTORS le reported no protective factors at this tim	16.			
e reported no protective factors at this tim	ie,			
e reported no protective factors at this tim	1e.			

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

SUICIDE RISK ASSESSMENT ADDENDUM

				DATES O	FWATCH
OFFENDER LAST NAME	OFFENDER FIR	ST NAME	IDOC #	FROM	то
Edmo	Mason	Con Said	94691	04-26-12	4/27/12
		DUCTION P	PLAN		
PROBLEM		OAL			ENTION
Mr. Edmo stated that he is no sure whether or not he wil commit suicide tonight.				and utilize three decrease his SI behaviors 75% of t	coping skills t and self-harmin
CHANGE IN LOC REQUIRED	? NEW LOC IF	APPLICAB	LE (enter	in CIS if LOC has chi	anged)
Yes				anal MH Services	
NATURE OF INCIDENT		DEGRE	E OF ME	DICAL INTERVE	NTION
Verbal threat witho	ut action			None	
OFFENDER'S STATED INTE	A State of the second sec	LASTS	SUICIDE	WATCH	
Move from ti				Never	
ADDITIONAL COMMENTS					
Referral placed to see the MH Pro	vider for a modication	Avaluation			
REPORT COMPLETED BY	CREDENTIAL	DATE		SIGNATU	RE

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IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

INMATI	E NAME (Last, First, MI)	IDOC #	DATE OF BIRTH			
Edmo		94691				
Date/Time Problem Number		SOAP Note Format	12 US			
4/28/12	Presenting Problem: 1 of 3 clinica S: Offender states, "I'm doing goo on unit 15 . He denied having any 9 symptoms. He said he is sleeping a did when he first arrived in RDU.	d." He described himself a SI/HI and said he wasn't ex	s calm and doing fine operiencing any mood			
	O: Offender Edmo was dressed in confirmed he had just woke up. H noted, he made good eye contact slow and linear. His affect blunted delusions noted during the conver	e was alert and oriented x and his speech was WNL. , mood even. There were	4, no restlessness His thought process was			
	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 need day 2 of 3 on 4/29/12.	contacts after being relea Sheel wample Jun				
	Sheel wamble From					

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

(SOAP - Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

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IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

INMAT	E NAME (Last, First, MI)	IDOC #	DATE OF BIRTH			
Edmo, Mason		94691				
Date/Time Problem Number	Use SC	OAP Note Format	- 20°			
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

yelalis Date

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

(SOAP - Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

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MENTAL HEALTH ASSESSMENT REPORT Assessment Date/time Clinician: Offender Name and Number: Edmo 9469 Presenting Problem/Reason for Assessment (List of current symptoms or concerns and the source of information): Initial Assessment OUV / YR - UNT / CURRENT Charge. Current Living Situation: Unit 15 2010 - lasofficit Fands (Fraud) 1-5+1-5+Rider. Current Charge and Sentence: First time in prison? ____yes ____no 12-2011 - Supral Aluss of Maria 416 3+7 - (male) OFF-under 15 gay Rider X / Education: _GED ____ HSD History of Special Education Highest grade completed: 12 - dunier specing Ed **Developmental Concerns:** Family History: - pocs - denies physical alust - sixual aluse to age & 12 - step box + cousin - good relationship of mother Marital Status: _____ never married married _____ divorced separated significant other/in a relationship. DO current relationship - offender is openly gay the within in curament crimit up/15 yr old boy - (physical aleuse is lest gay relationship)-Substance Use/Abuse: Amount What FTU LTU FEQ Comments Lam denies dang. Offender Name: IDOC #

Treatment and recovery comments: Family History of Substance Use/Abuse: ___yes __ no en-active MOTLUB (RECOURCE) MENTAL HEALTH/PSYCHIATRIC HISTORY Orientation: ____person ___place ____time ____situation Short term memory _____ no Long term memory yes Comment: In aci Past Psychiatric Services: p inpatient (When, where, why) BHC-Poetnu FF MA. Cute. X3 outpatient (When, where, why) QC = age 22 X2 - age 23 -OC = a C (awi(- p/l 5/l) counseling/therapy (When, where, why) Left HMA-I wk - detox -Past Psychiatric Services: counseling/therapy (When, where, why) p medications (When, where, why, what) / 2 f meds - aqt a3 - 2011-BHC-DX w/ MOD - PROZAC Current services including medications (When, where, why what) Current services including medications (When, where, why what) mells 2 whs- Visteral who diagnosis offender with the following Last saw Psychiatrist diagnosis: Family Psychiatric History: no yeyes What Matheled SISTER- MDD-MENTAL STATUS EXAM - SUMMARY Appearance: (grooming, hygiene, dress): Motor Activity (relaxed, constant movement, restlessness): stably -Speech: (rapid, slow, rate, volume): Thought process (disorganized, logical, organized, altered associations): no alganemalities

Offender Name: IDOC #

ER 1502

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Thought content (somatic concerns, guilt, aggressiveness, unusual thoughts, suspiciousness, grandiosity, sociality, concept of self): poor Sill image -Perceptions (delusions, hallucinations): Mood (depressed, elevated): - - fas expt-engivin mood swings-- Relationship issues are the permany reason for his depressed moods & suicide a bunchs-Affect (flat, blunted, appropriate to situation): Attitude (positive, negative, friendly, guarded): -10-operation -Insight (awareness and understanding of situations): - does not take Responsibility - loes not see hunself as a sex funder -Judgement (poor/good decision making, intellectual functioning): - poor - mpulsive - immerice - dependent easyly were unelmed - S/L 15 were relationship issues CLINICAL FORMULATION (Summarize data gathered, substantiating formulation of diagnosis and current symptoms and include a statement of ability to provide informed consent): - dys/uw chinal family - sexual alus + - but has a good relationship up mother -- I mited by of & mads- has been by w/ moo due to relationship issues & suite attempts x2 -- Ing hy of alcohal adduction - Downder lives an openly gay lift style a doesn't he lives he should be classified as a sex Auder enem-the his viction w/a 15 up old unwilling male - no cape and S/P Offender Name: ___ _ IDOC # ____

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1

PROVISIONAL DIAGNOSIS Axis I: moderale w Auxi. Axis II: in tra Axis III: Axis IV: 121 limited socia ad/ paa Axis IV: Highest GAF in Past Year: Diagnosis by: Roth -4- 30-12 RECOMMENDATIONS Date: medication wal. -Refer to psych bou Roth 4-30-12 T Signature/Date:

IDOC #

IDAHO DEPARTMENT OF CORRECTION TREATMENT PLAN

DATE	4-20-13	INMATE	Edmo	
IDOC #	16946	DOB	FOC	CMHS 2
PROBLEM (in o	PROBLEM (in operational terms)	GOAL	and a second	~ 日本の日本の
*	Mr. has a mental health diagnosis. He may need help with medication management and how to access mental health services		Remain consistent and cor	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 un	will voice an understanding of how to access mental health services.
PREPARED BY Roth, 9892	Roth, 9892		DATE	4-30-12
INTERVENTION Problem #	Treatment Intervention	Staff/Person Responsible	n Frequency/ le Duration	Date Goal Closed
12	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

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Correctional Medical Services Inter Disciplinary Progress Notes

Date	Time	DOB: Sex: Male Notes	Signature
4/2012		cc: Anxiety & Depression	
		HP1: Patient states he was taking Zolog.	¥.
	4.4.4	Vistavil & Gabapentin for his depressi vie has not had these meds for 1 m	
		VHe has not had these meds for 1 m & Inxiety. He states he was diagnose	
		with myiety & depression in May 2011	S
		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 antidepressar	28
		in the past without noticing much	
		effect on his moods. He mentions	-
	111	he flue trates "A & V". He admits to	
		periods of time when his minds	
-		races, he feels like the super energy	izer
		bunny, stays up for long periods of	
		time, can't concentrate & engages	
		in risky behavior. He states he do	es
		Not exercise because he is not up	
		for it right now. His appetite is	-
		"down" Denics SI or HI.	
	-	Psych Hx: Denies psychiatric hospitalization	eno

CMS 7113 -Inter Disciplinary Progress Notes - Rev 08/2008

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Correctional Medical Services Inter Disciplinary Progress Notes

Pati Nan		ID#: Institution:	
Date	Time	Notes	Signature
contd 14/201		Fam Hx: Mother & sister have MDD	
		Social Hx: No current relationship, pation	nt
		is openly homosexual. Patient is a	
		Timer for sexual abuse of a minor	
		under 16. Highest level of education	-
		is high school.	
		Medications' None convently	
		O: MSE: Pt is ALOX3. Appearance is	
_		well groomed. Pt has good eye conta	с.
		Thought progression is linear. Though	nt
		content is congruent to a sked quest	ions.
		Attitude is cooperative - speech has	
		2 normal cadence & volume. Moo	1
		is 'depressed'. Affect is mildly	-
		blunted.	
		A: I feel this patient is exhibiting	
		many sighs of Bipolar based on	
	101	our interview. I advise the patie	ฟ
	1-1	that perhaps some Lamictal may)
		help stabilize his mood. He agree	es
100		to give this a try.	

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Correctional Medical Services Inter Disciplinary Progress Notes

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the second se	Time Do	B: Sex: Male Notes	Signature
ont'df f/2012		Axis 1: Mood D/O Nos	
		Axis 11: Deferred	
		Axis III: HTN	
		Axis IV: Prison	
		Axis V: GAFLE	
	P:	Start Lamictal 25 mg PO QAMX14	
	_	days, then increase to 50 mg PO	
		QAM. Patient is advised to discontin	ve
	_	this medication immediately if he	
	_	develops 7 rash. MH F/V in 7 mor	th.
	E	: Encouraged patient to exercise	
		3x week & drink adequate fluids	
	SI	hort term gozi: Stabilize daily function	nality
	10	ong term gozi' Maintain functionality	•
		& minimize symptoms.	
		Ki Bunt Culumo El cumon	PA-S
		Karen Barrett MS, PA-C Artumn Herman P.	+-S

112 Inter Disciplinary Program Notes - Rev 08/2008



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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

SUICIDE RISK ASSESSMENT

OFFENDER LAS	TNAME	OFFEND	ER FIRST NA	ME	IDOC#	DOB
Edmo			Mason		94691	
INSTITUTION		OFFENSE	1	and the second se	GULAR SING UNIT	CURRENT HOUSING UNIT
ISCI	Check With	nout funds/Sex	Abuse <16	-	10	16
CURRENT LEVEL OF	CARE (LOC)	1	CMHS - 0	Correct	ional MH Serv	vices
It should be noted that pre and diminishes significant existing environmental co of risk probably of suicide circumstances change.	ly over time. He nditions, and oth	owever, based i her information	upon the historic available at the	cal info time of	rmation, an in f the review, in	dividual interview, imate's current level
SRA REPORT TYPE	Incoming	g/Exit Concurren	nt RISK	LEVE	iL.	Low
REASON FOR REFER	RAL	5. 44 million	1		Constant in	
INTENT TO DIE le denied any intent to die PLAN OR METHOD le did not divulge a plan or					- 0 ₁ -10	
				2767		
ACCESS TO MEANS le will have access to mea	ns consistent w	ith his incarcera	ation.	CALCULAR DE LA CALCOLARIZA		
HISTORICAL FACTOR	S (check all that	t apply)	C. In C. Street			
amily history of suicide			First prison t	erm		
nmate history of suicide	attempts	\checkmark	Current Ad S	Seg		
History of substance abu	lse	\checkmark	Other (list bel	ow)		
revious SRA: Mr. Edmo re le was admitted into the lcohol and overdosing on a er IDOC records he attemp	BHU of Portne amitriptyline. He	euf medical cer e was diagnose	ter on 05-16-1 d with Alcohol E	1, afte Depend	r he attempte ence and Dep	d suicide by drinking

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IDOC Suicide Risk Assessment PDF Fillable Rev. 7-11

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IDAHO DEPARTMENT OF CORRECTION

1

"Protecting You and Your Community"

SUICIDE RISK ASSESSMENT

OFFENDER LAST NAME	OFFEND	ER FIRST NAME	IDOC#	DOB
Edmo		Mason	94691	
KNOWN STRESSORS/ DEMOGRAPH	HIC PREDICT	ORS (check all that app	ly)	- 1
Sleeping difficulties or irregular sleepin Non-compliance with prescribed psych Weight loss or loss of appetite Progressive health problems (chronic or DOR Family event Gambling or other debt Fearful for safety Relationship PSYCHOLOGICAL FACTORS Mr. Edmo reports that he is not suicidal the GID concerns. He has submitted a HSR to	ng hours medications terminal illness) at it was a "mis	Recent persona Neglect of personal Long or life sem Poor compliance Conflict on tier Conflict with but Parole/court heat Other (list below) GID concerns.	Il loss or crisis onal hygiene tence e with treatmen nkmate aring wants to see Dr	Craig about hi
5/7/12 and prescribed Neurontin 600mg TID	and Lamictal 5	0mg am with a diagnos	is of Mood D/O N	IOS.
He reported no protective factors at this time				
EVALUATION OF RISK POTENTIAL				
Risk is assessed as low at this time.				
RECOMMENDATIONS	-			
t is recommended that Mr. Edmo be rem iousing with three days of clinical follow up.	oved from suic	ide watch at this time	and be released	I to appropriate

ER 1510

IDOC Suicide Risk Assessment PDF Fillable Rev. 7-11

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

SUICIDE RISK ASSESSMENT ADDENDUM

	1		DATES C	OF WATCH
OFFENDER FIR	RST NAME	IDOC #	FROM	то
Mason	1	94691	6/14/12	6/15/12
RISK RE	DUCTION F	LAN	and the second	The state
				ENTION
			to utilize three decrease his SI	coping skills to and self-harming
D? NEW LOC IF	APPLICAB	LE (enter i	in CIS if LOC has ch	anged)
	DEGRE			NTION
out action			None	
Carden and data in the	LASTS	UICIDE	VATCH	With the state of the state
			Never	
The second second	State of the second	1000	15 States	City Bark
D concerns.				
CREDENTIAL	DATE		SIGNATU	RE
	Masor RISK RE C a Mr. Edmo will not not engage in self i not engage in self i NEW LOC IF NEW LOC IF out action NT isunderstanding."	GOAL a Mr. Edmo will not commit suicid not engage in self injurious beha bit O? NEW LOC IF APPLICAB DEGRE put action NT LAST S sunderstanding."	Mason 94691 RISK REDUCTION PLAN GOAL a Mr. Edmo will not commit suicide and will not engage in self injurious behaviors. a Mr. Edmo will not commit suicide and will not engage in self injurious behaviors. b New LOC IF APPLICABLE (enter involve) NEW LOC IF APPLICABLE (enter involve) Not App DEGREE OF Me out action DEGREE OF Me isunderstanding."	OFFENDER FIRST NAME IDOC # FROM Mason 94691 6/14/12 RISK REDUCTION PLAN INTERV GOAL INTERV a Mr. Edmo will not commit suicide and will Mr. Edmo will wort not engage in self injurious behaviors. IMTERV a Mr. Edmo will not commit suicide and will Mr. Edmo will wort to utilize three decrease his SI behaviors 75% of the second

IDOC Suicide Risk Assessment PDF Fillable Rev. 7-11

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Print Form

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IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

INMAT	E NAME (Last, First, MI)	IDOC #	DATE OF BIRTH
Edmo, Mason		94691	
Date/Time Problem Number	Use SC	OAP Note Format	
6/18/12 1305	S: I met with Mr. Edmo today in Un said he is "okay." He reported he h doesn't help. He reported he has "n anxiety a 15 (both on a 1-10 scale). himself, but denied plan or intent. well.	as been taking his Lamicata nood swings." He rated his He acknowledged some th	al, but said it s depression a 9 and loughts of harming
	O: Mr. Edmo was alert and Ox4. Hi his speech was WNL. His thought co did not appear to be endorsing any	ontent and process were cl	ear and logical. He
	A: Mr. Edmo appears to be stable a insight and judgment. He was infor provide future clinical support.	at this time. He is assessed	to have good
	P: Mr. Edmo will utilize the offende support as needed.	er concern form process to	access clinical

Coholo Date

T. Ruth, LMSW

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

(SOAP - Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

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Edmo, Mason

IDOC#: 94691

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 ghs for one week then increase to 150mg **RTC 3 months**

Scott Eliason MD Page 1

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CORRECTIONAL MEDICAL SERVICES, IDAHO				
INTAKE MENTAL HEALTH SCREENING FORM	Facility IMSI	L DAOS	0.00	
NMATE NAME: Homo, Mason Varital Status: (S)M D W	10# 44491	RACE:	DOB	
SUICIDE POTENTIAL AND INMATE QUESTIONNAIRE			(Cir	cle)
. Transporting officer reports subject may be at risk?			YES	
Do you have thoughts about killing or hurting yourself right n			YES	
 Do you feel like there is nothing to look forward to in the futu Have you ever tried to hurt or kill yoursel?? (If yes, refer inma) 	te to IDOC Mental Health)		TEO	QN
ate(s) 6/2011 Method Cut @ Arr	MW KA Zor	0)	(ES)	N
If yes to #4, did the self-injury occur within the past year? Inmate holds a position of respect in community (i.e., pr	ofessional, public official) and/or alleged crime is	shocking in nature?	YES	S
Shows signs of depression (crying, emotional flatness)	(If yes, refer inmate to IDOC Mental Health)		YES	
Is acting/talking in a strange manner (Cannot focus atter		inmate to IDOC Mental Health)	YES	S
Subject is a juvenile (17 years of age or younger) (If yes, Do you have any current mental health symptoms or co		(6)	YES	Se Se
		the second se	120	
I. Has a psychlatric history? (Psychotropic medication or Inpatient Treatment: (Where) Dertheup Mc Outpatient Treatment: (Where) Bats Houselly	(When) 201 (When) 201		TES	N
Psychotropic Medication Use: (Psychotropic medication cur		particip and along	ES	N
Drug Name: Drug Name: Drug Name:	Dose/Frequency: SOMA Dose/Frequency: Dose/Frequency:	Date of Last Dose: Upoferday Date of Last Dose: Date of Last Dose:		1
Appears to have impaired intellectual or cognitive functioning	? (If yes, refer inmate to IDOC Mental Health)		YES	N
Is this your first time in prison?			(YES)	N
Have any family members or a significant other attempte Have you recently experienced a loss, such as loss of jo		, sibling, close friend, or lover?	YES	DE E
Are you worried about any major problems other than your is			YES	CNO
Have you ever been treated for alconobor drug abuse?			SES)	N
Have you ever been arrested for a sex offense?	Alouse Miner	2 will at	CES	NO
Have you ever been victimized, i.e., victim of the all or an Have you ever behaved violently, such as physical assault of	another person	Buther	JES)	NO
Have you ever had a serious head injury? If yes, when:	809		VES	NC
Have you ever been placed in special education classes or s			YES	SHE SHE
Appears to feel unusually embarrassed or ashamed? Appears overly anxious, afraid, or angry?			YES	
Do you have a physical illness? (Type and severity of impact	t on daily functioning.)		YES	SNO
TAL for "Yes" responses for all bolded (not shaded "Yes" in any shaded areas = Contact Mental Health Imi			9	1
 There are 7 or more Total Bolded (not shaded) "Yes Credibility of the inmate is guestionable and Screene 	r believes inmate is at risk based on his/her clinical ress Notes in inmate health record) OR	n the MSE) OR Judgment and/or assessment of inmate	0.2	ening
Interview (Document rationale in Interdisciplinary Prog Current Mental Status presents as Disoriented IRRENT MENTAL STATUS (Check all that apply) Alert, Oriented x Disoriented Halluci	nations: 🗆 Yes 🔏 No 🛛 Delusions:	10	oropriate	
Interview (Document rationale in Interdisciplinary Prog Current Mental Status presents as Disoriented JRRENT MENTAL STATUS (Check all that apply) (Alert, Oriented x Disoriented Halluci iect: (Appropriate I Flat I nappropriate Scared/crying Hostile	nations: Yes X No Delusions: Speech: X Appropriate Appearance: Slurred	leat & Clean Activity: XAp Poor Hygiene Ur Disheveled Ski	nable to Si	
Interview (Document rationale in Interdisciplinary Prog Current Mental Status presents as Disoriented IRRENT MENTAL STATUS (Check all that apply) Alert, Oriented x Disoriented Halluci ect: Appropriate Mood: Appropriate Flat Depressed Inappropriate Elated Scared/crying Hostile SPOSITION ferrals None Indicated	nations: Yes No Delusions: Speech: Appropriate Appearance: Slurred Pressured Rambling Housing Recommendation General Population	Neat & Clean Activity: Ap Poor Hygiene Ur Disheveled SI No	nable to Si ow o Eye Cont	
Interview (Document rationale in Interdisciplinary Prog Current Mental Status presents as Disoriented RRENT MENTAL STATUS (Check all that apply) Alert, Oriented x Disoriented Halluci act: Appropriate Mood: Appropriate Flat Depressed Inappropriate Elated Scared/crying Hostile POSITION Errals None Indicated Emergency Mental Health Follow Up Rouline Mental Health Follow Up	nations: Yes No Delusions: Speech: Appropriate Appearance: Slurred Pressured Rambling Housing Recommendation General Population	leat & Clean Activity: XAp Poor Hygiene Ur Disheveled Ski	nable to Si ow o Eye Cont	
Interview (Document rationale in Interdisciplinary Prog Current Mental Status presents as Disoriented RRENT MENTAL STATUS (Check all that apply) Alert, Oriented x Disoriented Halluci ect: Appropriate Mood: Appropriate Flat Depressed Inappropriate Elated Scared/crying Hostile POSITION ferrals None Indicated	nations: Yes X No Delusions: Speech: Appropriate Appearance: Slurred Pressured Rambling	Activity: Ap Poor Hygiene Disheveled Inneted ement of potentially suicidal innetes: (des I consent to routine mental health care p	able to Si ow be Eye Cont cribe)	act
Interview (Document rationale in Interdisciplinary Prog Current Mental Status presents as Disoriented RRENT MENTAL STATUS (Check all that apply) Alert, Oriented x Disoriented Halluci act: Appropriate Mood: Appropriate Flat Depressed Inappropriate Elated Scared/crying Hostile POSITION Ferrals None Indicated Emergency Mental Health Follow Up Rouling Mental Health Follow Up	nations: Yes XNo Delusions: Speech: Appropriate Appearance: Silurred Pressured Rambling	Activity: Ap Poor Hygiene Disheveled Inneted ement of potentially suicidal innetes: (des I consent to routine mental health care p	able to Si ow be Eye Cont cribe)	act

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CORIZON

Psychological Evaluation

July 19, 2012

Inmate/Patient:Mason EdmoIDOC#:94691Evaluation 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

6

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 IVIncarcerationAxis VGAF 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 since 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

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INMA IDOC	TE NAME: Edmo, 4409 Mason Honore Locitudianal Transfor	DATE OF	REPORT:	
	Intake/New Arrival	10	Restrictive H	lousing
	1. Did the transporting officer report any concerns? If so please explain	: (Pes	1 CHO	shift
	2. Right now, do you have thoughts of hurting yoursell?	(:Yes	1 AR	ately he st
	 Do you have any <u>immediate</u> plan to kill/hurt yourself? Describe: 	ţ Yes	0	Immediately
Curre	4. Right now, do you feel like there is nothing to look forward to in the fut	ure? I Yes	The	. <u>s</u>
Current Risk Factors	 Right now, do you have any mental health symptoms or complains? On a 1-10 scale with 1 being not at all and 10 being extremely serious; rate symptoms, please describe: 	e your	Yo	Refer to MH for follow up within 24 hours
ctors	6. Within the past year have you engaged in self-harm or attempted suicion Date:Means/Method:	de? ("Yes	Kino	for follo
	Intent:			HW
	Date:Means/Method:			fer to
	Intent:			Re 24
Suicide/Self Harm History	7. Prior to one year ago, have engaged in self-harm or attempted suicide? Date:		Ţ No	
larm Histo	Intent: In custody: ("Yes ("No Date:Means/Method:			hours
2	Intent: In custody: [_Yes _ [_No			in 72
	8. Are you currently taking mental health medications? Medication Name:	- Cos	UNo	r follow up within 72 hours
Mec	Medication Name:Dose/FrequencyDate of Last dose:	1		Refer to MH for fo
Medication	9. Have you ever taken mental health medications in the past? Medication Name:Dose/Frequency Date of Last dose:	(Yes)	i, No	Refer to
	Medication Name:Dose/Frequency Date of Last dose:	<		
	Medication Name: Dose/Frequency Date of Last dose:			

Created April 5, 2012 Revised: May 3, 2012

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6.10

	10. Have you ever used any ty	/pe of substances:		Kie	[DNo
	What?	First Used:	Last Used:	1	low Much?
	Cohol				
	Methamphetamines				
	Matijuania				
	Cocaine				
	DHeroin				
	Prescription drugs Other				
	Liother				
	11. Have you ever particip	pated in substance abuse t	realment?	()Yes	XO
	12. Did you successfully o	complete?		(iYes	C HING
	13. Providers name:			l.	1
-	14. Is this your first time in	prison?		⊡Yes	500
	15. Have any family memb committed suicide?	ers or a significant person	in your life attempted or	ÇYes	(pro
	16. Have you recently exp family member or friend?	erlenced a significant loss	such as a death of a close	QYes	END
	17. Have you ever been a	rrested for a sex crime?		(es)	CN0
	18. Have you ever been a	victim of sexual or physica	l abuse?	Yes	ÇNo
	19. Have you had a head i Describe:	injury? concusi	m	tes	C.No
	20. Do you or have you ev	er received special educat	ion services?	As	ÇNo
	21. Are you worried about Describe:	something other than your	current legal situation?	₽Yes	(m)
	22. Do you have a physica Describe:	I illness that is causing you	udistress or pain?	OYes	Setto

Grooming/ Hygiene	Eye Contact	Affect	Mood	Thought Process	Speech	Movement/Activity
Apphopriate to situation	10 situation	If Appropriate	Appripriate	to situation	Appropriate to situation	BAppropriate to situation
(2Neat/Clean	LiFair	(, Flat	I[Angry	()Logical	()Rapid	I, Restless
ÜUnkempt	l⊒Good	UNo emotion	()Cheerful	[]Goal directed	I,ISlow	CSlowed
⊡Dirty	CNone	[]Tearful	(]Calm	Disorganized	Pressured	∏Active
()Other:		CSmiling CDepressed	ָרָSad (וֲHopeless (וֲAnxious	CMoving from topic to topic quickly Cfrrelevant	()Slurred ()Loud ()Quiet ()Rambling	CiAgitated

Created April 5, 2012 Revised: May 3, 2012

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	Action Taken	Initial Housing Recommendation
DISPOSITION	Referred to the Shift Commander under Policy 315 Refer to Mental Health for follow up within 72 hours Refer to Mental Health for follow up within 24 hours Refer for routine Mental Health follow up Date and time referral made:	El Cleared for general housing placement INot cleared - referred for holding cell placement ID Other placement:
Informed Consent	I acknowledge that I have answered all the questions truth consent to routine mental health care provided by facility Inmate Signature:	hfully and have been told the way to obtain mental health services healthcare professionals. Date 7-36-13
Screener	Screened by: Printed Name and Signature	Date:
Clinical Follow Un	Date/Time Screening Reviewed: Follow Up SOAP Note:	Clinician Signature
	() Clinician has referred the inmate for routine mental heat	th follow up
	Date/Time	Clinician Signature

Created April 5, 2012 Revised: May 3, 2012

IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

	94691	
	Use SOAP Note	Format
Edmo reported that Edmo has exp of harming self or others. Edmo af	perienced suicidal thoughts in the pa firmed that Edmo is taking Edmo's	ast. Edmo denied SI/HI at this time and denied thoughts
ncarceration, Edmo presented as	calm with euthymic mood and cor	
		지독 것은 것은 것 같아요. 특별 것은 것 같아요. 전 것은 것은 것 같아요. 것 같아요. 것 같아요. 지원 것 같아요. 지원 것 같아요. 이 것 같아요. 것 같아요. 것 같아요. 것
	dmo reported that Edmo has exp f harming self or others. Edmo at mental health issues or concerns D: Edmo Presented as alert and on nearceration, Edmo presented as udgment and insight assessed as A: Medical file was unavailable at oppear to be endorsing hallucinat issessed as low at this time. D: MDTT to review TX plan with B Clinician explained to Edmo how	 Edmo reported that Edmo experiences a moderate level of anxiety idmo reported that Edmo has experienced suicidal thoughts in the part of harming self or others. Edmo affirmed that Edmo is taking Edmo's mental health issues or concerns at this time. Edmo Presented as alert and oriented x4, maintained appropriate for a concerns at this time. Edmo Presented as alert and oriented x4, maintained appropriate for any intervention of the part of the part of the part of the presented as calm with euthymic mood and concerned and insight assessed as intact at this time. Medical file was unavailable at this time. Edmo appears to be many part to be endorsing hallucinations, delusions, or paranoia at this issessed as low at this time. MDTT to review TX plan with Edmo. Edmo will be referred to Livin Clinician explained to Edmo how to contact a Clinician if Edmo need:

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

Services
Iental Health Services
lealth Services
ssity

IDOC #	NAME	DOB
94691	Edmo, Mason	
MENTAL H	EALTH LEVEL OF CARE (LOC): CMHS 1	
CLINICIAN	SIGNATURE:	DATE: 2 7-27-12
Comments		
-		



IDOC CMHSS LOC Placement Record 3.09

IDAHO DEPARTMENT OF CORRECTION TREATMENT PLAN

DATE	07-27-12	INMATE			Edmo, Mason, D	
IDOC #	94691	DOB	L	LOC CN	CMHS 1	
PROBLEM (in operational	erational terms)	GOAL				
+	Edmo reported that Edmo experiences a moderate level of anxiety on a daily basis.	lmo e level of	Edmo will report that 27-13.	t Edmo ex	periences a mild leve	Edmo will report that Edmo experiences a mild level of anxiety on a daily basis by 01- 27-13.
6	Edmo reported that Edmo experiences a moderate level of depression on a daily basis.	dmo te level of basis.	Edmo will report that 01-27-13.	t Edmo ey	periences a mild leve	Edmo will report that Edmo experiences a mild level of depression on a daily basis by 01-27-13.
ň						
4,						
ù						
PREPARED BY	Chris Bennett, LPC		DATE	E 07-27-12	7-12	
INTERVENTION Problem	Treatment Intervention	Staff/Person Responsible	rson Frequency/ sible Duration	incy/ ion	4-	Date Goal Closed
1,2	Edmo will take Edmo's medication as prescribed by Psychiatrist or	Edmo	As pr	ed	01-27-13	

2.

IDOC Treatment Plan Form 3.09

ER 1526

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Mental Health Group Referral

Inmate IDOC #: 94691

Inmate Name: <u>E</u>	DMO
Date of Referral:	7-27-12
Referring Clinician:	Kar

Clinician Groups:

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

Psych Tech/Officer Groups:

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

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IDAHO DEPARTMENT OF CORRECTION MULTI-DISCIPLINARY TREATMENT TEAM SUMMARY

INMATE NAME	1	DOC #	DATE OF B	IRTH	TODAY'S DATE
F. J. Waso	- 94	691			
The following members we	ere present at the	treatment te		is date: (
NAME	TITLE	-	NAME		TITLE
W. Hog	P.T.C.				
BVA	PSPS				
Watson (Linicia	2		~	
Input was sought from the ps	sychiatrist:		((es)	No*
The inmate was present:			T	(es)	No*
The treatment team reviewed the inmates concerns and discussed these with the inmate:					No*
The treatment team provided feedback regarding progress toward treatment goals:					No*
The treatment team reviewed any current restrictions on the inmate that may impact his/her mental health functioning:					No*
The treatment team reviewed current housing status and any possible (res)					No*
The treatment team reviewed current level of care to ensure appropriateness:					No*
The treatment Team develop with the inmate and discusse meeting:				es)	No*
Indicate what level of care tre	eatment the inmal	e will receiv	e:	NM	HSI
The inmate agrees with the tr	eatment plan:		X	25	No*
Other issues:		A	21 0		
INMATE SIGNATURE:	W an	A	nol 1	DATE:	
CLINICIAN SIGNATURE:	*Arlexplar	DI	ter	DATE:	8/9/12



IDOC MDTT Summary Form 3.09

Edmo, Mason

IDOC#: 94691

ISCI-BHU

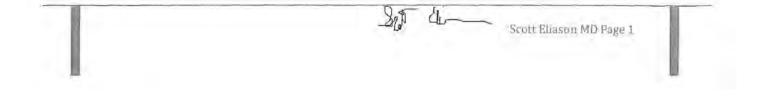
9/19/12

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



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IDAHO DEPARTMENT OF CORRECTION Mental Health DOR Recommendation

IDOC Number: 94691	Offender Name:	Edmo		Facility: <u>IS(</u>	<u>DI</u>
Offense Date: <u>10/15/12</u>	Offense Description:	Unauthorized tran property	nsfer of	Clinician:	Watson
Documented history men making.	tal illness that co	ould impair decision	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	g factor.		Yes:	No: 🛛	
Recommendations: <u>Although Edmo has a history of mental illness, it does not appear as though it was a</u> mitigating factor to this incident					
Assignment of staff assist	tant recommend	ed.	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

Appendix F 318.02.01.001 (Appendix last updated <u>3/4/10</u>)

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Edmo,	Mason
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IDOC#: 94691

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



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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	doing well. No problems with slee his GID group in January. He is no states his anxiety is a 5 on a 1 to 1 describes his depression as an 8, c	clinician met with Mr. Edmo today for his 2 of 3. He reports that he is vell. No problems with sleep or appetite. He is looking forward to sta group in January. He is not interested in other groups at this time. H is anxiety is a 5 on a 1 to 10 scale which is his self reported baseline, es his depression as an 8, due to missing his family during the holiday ntly medication compliant with no complaints of side effects.			
	O: Mr. Edmo was alert with appro maintained good eye contact and full range and his mood was "good fair. He did not appear to be endo reported no suicidal ideation and	priate grooming and hygien his speech was slow and qu d". His insight and judgmer prsing illusions, delusions or	e. He was Ox4. He iet. His affect was it were assessed as		
	A: Mr. Edmo presented as approp about the holidays but says it is m He is currently in compliance with clinical group in January.	riate. He is experiencing so anageable. This is his first C	hristmas in prison.		
0	P: Mr. Edmo will continue with cu	nue with current treatment plan. We reviewed the ncern form if he needs to be seen earlier than next			

LCPC R. Meyer, LCPC 2440

2012 12/21 Date

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

(SOAP - Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

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IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

INMATE(NAME (Last/First/MI)		IDOC =	DATEOPHICILI		
Edmo, Mason		94691			
Date/Time Problem Number	illa.	e 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 speech normal rate and volume v logical and goal directed with no solving assessed to be fair, Edmo	with appropriate eye contac unusual content, insight, ju	t, thought processes adgment and problem		
	A: Edmo reports an increase of anxiety irritability and depression with his current prescription.				
	P: Edmo voiced understanding on medical	how to make clinical conta	ict. A referral was made to		

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

Rhonda Kidney, LPC

(SOAP - Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

Date

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Edmo, Mason

IDOC#: 94691

Psychiatric Progress Note IS

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



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1049	Mental Health Group Referral	
Joel	Inmate Name: BALaur Edmo, MInmate IDOC #: 94691	
	Date of Referral: 2913 Referring Clinician: <u>F. Neyer</u>	

Clinician Groups:

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

Psych Tech/Officer Groups:

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

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INMATE NAME		IDOC #	DATE O	FBIRTH	TODAY'S DATE
Edmo, Mass	2	94691			
The following members w		t at the treatment te	am meeting o	n this date:	type or print legibly)
NAME		TLE	NAME		TITLE
N. Happ	P.T.	C.			
BAT	PSA				
Input was sought from the p	sychiatrist	:	_	(Ves)	No*
The inmate was present:				Yes	No*
The treatment team reviewe these with the inmate:	ed the inma	ates concerns and d	iscussed	Yes	No*
The treatment team provide treatment goals:	d feedbacl	regarding progress	toward	Yes	No*
The treatment team reviewe may impact his/her mental h	ed any curr nealth func	ent restrictions on th tioning:	ie inmate that	Yes	No*
The treatment team reviewe impact on mental health fund		nousing status and a	any possible	(Yes)	No*
The treatment team reviewe appropriateness:	d current I	evel of care to ensu	re	Yes	No*
The treatment Team develop with the inmate and discusse meeting:				es	No*
ndicate what level of care tr	eatment th	e inmate will receive	: CMH.	SI	
The inmate agrees with the l	treatment	plan:		(Yes)	No*
Other issues:		1 10,			
NMATE SIGNATURE:	M	an Elmi	P	DATE:	2.15-13
	01	1 111 10			and the second



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IDOC MDTT Summary Form 3.09

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IDAHO DEPARTMENT OF CORRECTION TREATMENT PLAN

DA	TE		INMATE NAME	Edmo, Mason			
IDO	DC #	94691	ОВ			CMHS 1	
PR	OBLEM (in o	perational terms)		GOAL			
1.	Offender Ed anxiety and	mo struggles with managir depression	ng his	and depr Managen	ession by 50% nent will includ	6 pe	reduction in anxiety r self report. aking, music , TV, rcising and family
2.		mo is working on understa ng his gender identity.	nding		Edmo will hav or this adjustn		eer and group
PR	EPARED BY	R. Meyer, LCPC 2440			DATE	2	/9/2013
INT	ERVENTION	S		W. 6. 75.			Thinks
	Problem #	Treatment Intervention		ff/Person ponsible	Frequen Duratio	C.A	Date Goal Closed
4		Edmo will use coping skills when manageing	Edm		As peoded		

#	Intervention	Responsible	Duration	Closed
1	Edmo will use coping skills when manageing 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 17	Edmo will be housed at the BHU in a cell with another GID offender for support.	Edmo	Daily.	

IDOC Treatment Plan Form Rev. 5.10

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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 that he is doing well. No problems with sleep or appetite. He enjoys group. He states his depression is a 4 on a 1 to 10 scale which is his reported baseline. He describes his anxiety as an 8 with no known st currently medication compliant with no complaints of side effects.					
	maintained good eye contact and full range and his mood was "goo fair. He did not appear to be end	D: Edmo was alert with appropriate grooming and hygiene. He naintained good eye contact and his speech was slow and qui ull range and his mood was "good". His insight and judgmen air. He did not appear to be endorsing illusions, delusions or eported no suicidal ideation and no thoughts of self harm.				
	A: Edmo presented as appropriate of the day about every other day. and family support to cope.	the second standard and the second standard st				
	P: Edmo's treatment plan has bee Mindfulness group. He was advise 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

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Psychiatric Progress Note

ISCI-BHU

IDOC#: 94691

Edmo, Mason

	the thought he needed an increase in Prozac. He denied suicidal thoughts. He
	e. He said his appetite was good. He said he was passing the time doing legal stuff g on others with their legal forms.
Medications: Prozac 20 Wt 237 (-8))mg am
Thoughts logical and lin	Groomed eyebrows. Appears feminine in his demeanor and interaction style. near. Denied any SI/HI. No overt delusions. Affect full range and euthymic. Speech , and volume. Mood "a little depressed."
A: 25 year old male wit Zoloft than the dose of same dose.	h GID, Alcohol Dependence and mood d/o NOS. Was really on a higher dose of Prozac. Doesn't meet criteria. We discussed it and he decided to remain on the
Axis I: Alcohol Depende Axis II: deferred	ence, Mood d/o NOS, GID
Axis III: None	
Axis IV: Prison	
Axis V: GAF 68	



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Mental Health Assessment **Report - Update**

Clinician: Robin Meyer, LCPC

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

Offender Number: 94691

Reason for Update:				
🗋 Change	6 months update	x Annual Review		
Change in legal situation or sentence.	Yes x No	Comment:		
Change in Education	Yes x No	Comment:		
Change in Marital or Family Situation	Yes x No	Comment:		
Current Medication	x Yes No	Comment: Prozac 20 mg AM		
Current Diagnosis:	x 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	good		

Offender Name: Edmo, Mason Offender Number: 94691 DOB: 10/29/87 Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 82 of 293

	Mental Health Assessment Page 2 Continued Report - Update
	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.
	Recommendations: Continue medication as prescribed. Continue group. Increase exercise and outdoor activities. Meet with Clinician as needed.
Signature of Clinician/Date: Robin Meyer, LCPC #2440 4/18/13	Childenge LCPC

Offender Name: Edmo, Mason Offender Number: 94691 DOB: 10/29/87 Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 83 of 293

IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		NMATE NAME (Last, First, MI) IDOC #			
Edmo, Mason		94691			
Date/Time Problem Number	Use SOAP Note Format				
4/18/2013 1630	S: This clinician met with Edmo to contact. He reports that he anxio enjoys his GID group. He describe being severe with no known stres about a week. He is currently med effects. (Prozac 20 mg.)	us. Some problems with sle es his anxiety as an 11 on a sor. He states he has been fo	ep and appetite. He L to 10 scale, 10 eeling this way for		
	O: Edmo was alert with appropria maintained good eye contact and volume. His affect was full range judgment were assessed as good. delusions or hallucinations. He re self harm.	his speech was regular rate, and his mood was anxious. I He did not appear to be en	, rhythm and His insight and dorsing illusions,		
	A: Edmo presented as anxious. He hearing in October.	e is starting to think about h	is pre-board		
	P: Edmo's assessment is updated. support.	. He will send me a concern	form if he needs		

LCPC

4.18-13 Date

R. Meyer, LCPC 2440(

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

(SOAP - Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

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IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI) Edmo, Mason		IDOC #	DATE OF BIRTH	
		94691		
Date/Time Use SOAP Note Form				
6/14/2013 1530	S: This clinician met with Edmo to is doing well. No problems with sle		He reports that he	
	O: Edmo was alert with appropriat maintained good eye contact and volume. His affect was full range a judgment were assessed as good. delusions or hallucinations. He rep self harm.	his speech was regular rate and his mood was good. His He did not appear to be er ported no suicidal ideation	, rhythm and insight and idorsing illusions, and no thoughts of	
	A: Edmo presented as stable. He is medication compliant and atten			
	P: Edmo will be seen in 60 days or	bebeen as		

Dat

R. Meyer, LCPC 2440

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(SOAP - Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

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Edmo, Mason	IDOC#: 94691	Psychiatric Progress Note	ISCI-BHU
6/26/13			
He said that he isn't groups. He said that	sleeping that well but spend the rest of his time he passe g. He complained of low mo	doing anything," He reported feeling Is a lot of time in his bunk. He said h is watching tv, reading, and playing tivation.	e has a lot of
O: MSE: Hygiene goo Thoughts logical and		pears feminine in his demeanor and overt delusions. Affect full range a la depressed."	
A: 25 year old male w Depression but he ha reported the inmate	vith GID, Alcohol Dependent	ce and mood d/o NOS. He doesn't n It trying, feeling low motivation, and	
P: Prozac 30mg AM RTC 3 months Need to confront the	inmate about hypersexual	behavior	



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IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

INMAT	E NAME (Last, First, MI)	IDOC #	DATE OF BIRTH
Edmo, Mason		94691	
Date/Time Problem Number	Use S	OAP Note Format	
6/27/2013 1500	S: This clinician met with Edmo to being scrutinized by staff because		dmo believes he is
	O: Edmo was alert with appropria maintained good eye contact and volume. His affect was angry with were assessed as fair. He did not hallucinations. He reported no su	his speech was regular rate n congruent mood. His insig appear to be endorsing illus	, rhythm and ht and judgment sions, delusions or
	A: Edmo presented as stable. He We reviewed IDOC's policy regard hairstyles or makeup because of F Craig spoke with Edmo yesterday battles".	ling GID offenders not wear PREA. Edmo does not believe	ing feminine e this risk exists. Dr
	P: This clinician will continue to a	ddress this issue with Edmo	as needed.

LCPC

6.27.13

R. Meyer, LCPC 2440

Date

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(SOAP - Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

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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

No participate in a Behavior Contract

move towards your parole/release date successfully

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

the rules could result in a DOR

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

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)

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

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

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

Commissary Housing Assignment

Work Opportunities Visiting

Recreation Activities

Offender Signature / Date

Security signature / Date

Clinical Supervisor Signature

Date placed in Central File Below.

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 restiction	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			
7-8 / 7-14							
Week 3	Program 12-2	out of cell 8-12	Program 12-2	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			
7-22 / 7-28							
Week 5) Unit r	estiction		
until	Program 12-2		Program 12-2				
cleared by treatment							
team							
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.

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Drop-in Mental Health Clinic 1. Offender Name/JDOC number: Edmno 94691 2. Date: 7 15 13 3. Time: 1520 4. Identified Problem: discuss prostrations, processes, GID policy, etc. ed, unfairly and admi to discuss wanted with te way ing to u blow 5. Suicidal ideation: Y (N) a. If yes, statement about plan/intent: 6. Homicidal ideation: Y (N) a. If yes, statement about plan/intent: Edno to ident. 7. Intervention: encouraged ht Bights L'rig CU other explore those SK 2-age 8. Mental Status: a. Mood: " be NC PL easant b. Affect: en c. Thought process: Logical (Cla d. Thought Content: approve evide e. Hallucinations/Delusions/Illusions: No ne f. Oriented: Time (Place) Person Reason for Visit g. Hygiene/grooming: modera te h. Speech: WNL i Insight: 60 9. Plan of action: needes as L Watson, LCSW 0367 Date

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IDAHO TRANSH ATION 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,

UARTS

Edward R Pemble Driver Services Manager

ERP: leh

-

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RECEIVED AUG 02

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 a 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 as 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 it 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 medial physician for this affidavit. I would greatly appreciate this if you can sign an affidavit.

I look forward from hearing from you Dr. Craig.

31 . 17

5

ason Edmo

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IDAHO DEPARTMENT OF CORRECTION TREATMENT PLAN

DA	TE	7/31/13	INMATE NAME	Edmo, Masc	'n		
IDO	DC#	94691	DOB		LOC	CMHS 1	
PR	OBLEM (in op	erational terms)		GOAL			
1.	managing his that stress an	no continues to stru anxiety and stress d frustration trigger such as irritability.	. He reports	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.		no is working on un g his gender identity		Offender Edi support for th		e peer and group ent.	
PR	EPARED BY	L Venegas, LPC A2	245	·	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

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IDAHO DEPARTMENT OF CORRECTION

16.1

"Protecting You and Your Community"

CLINICAL CONTACT NOTE

	AME (Last, First, MI)	IDOC #	DATE OF BIRTH
Edmo, Mason		94691	
Date/Time Problem Number	Use	SOAP Note Form	nat
7/31/13 1010	S: Met with Offender Edmo to plan. Offender Edmo reported frustrated regarding the behar reports that he gets irritated a discriminate against him due educate people about his gen appearance and the way he is he would like his treatment pla- gender identity.	that he was doing vior contract he felt nd takes it very per to his GID. He repo der identity but car s changing due to h	"ok" but was feeling very "pushed" to sign. He sonal when officers try to rted that he tries to do little to change his ormones. He reports tha
	Appearance: clean, appropria Orientation: x4 Behavior: tense Eye Contact: good Speech: wnl Mood: anxious Affect: congruent Thought Process: logical Thought Process: logical Thought Content: GID SI: denied HI: denied Delusions: denied Hallucinations: denied Insight: fair Judgment: fair		
	 A: Clinician discussed with Of adjusting and not caching up people in transition of gender. concentrate on meeting the rebattle when it comes to feeling offender was encouraged to a regulations of the institution. Clidentity development stage of identity. P: Offender Edmo's treatment explore and process during groups. 	vet with the changin Clinician encoura quirements to get of disrespected or d bide by his behavio Offender Edmo app anger against the l pal was updated. I oup and with assig	ng word of accepting ged Offender Edmo to on parole and to pick the iscriminated. This oral contract and all the eared to be on an ack of acceptance of her He was encouraged to ned clinician his feeling
	of anger. She was also encou order to help her avoid being a	raged to work towa	rds self-acceptance in
10	others.		

a ~ 11 TIC L. Venegas, LPC A245

7/3113 Date

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(SOAP - Subjective Objective Assessment Plan)/DOC Clinical Contact Note 5.10

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Mental Health Group Referral

Inmate Name; Edmo Mason

Inmate IDOC #: 9 469 1

Date of Referral: 7/31/13 Referring Clinician: L. Venugus

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
- D PTSD
- Self Control

Psych Tech/Officer Groups:

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

Other

Day Treatment Program

1

 $L^{(\overline{C}^{(1)})}$

IDOC MENTAL HEALTH SCREENING

NM/		B: /	DATE OF	REPOR	RT:	
I	C#: 9469) Intake/New Arrival	ter Institutional Transfe	er K	Restric	tive Hou	using
_	A Dilli to a free for a second and a second of the			-	12/200	
	1. Did the transporting officer report any concerns? If a			QYes	No	2 Hit
	2. Right now, do you have thoughts of hurting yourself?	?		₽Yes	No	ediate The s
Curre	3. Do you have any immediate plans to hurt yoursel? Describe:			Yes	[No	Immediately notify the shift
nt Ris	4. Right now, do you feel like there is nothing to look for	orward to in the future?		TYes	No	Now
Current Risk Factors	5. Right now, do you have any mental health symptom On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extr</i> describe: (If rated at "5" or above, refer for clinician follow-up)	ns or complaints? remely serious; rate you	symptoms, please	UYes	No	Refer to MH for follow
	6. Within the past year have you engaged in self-harm Date:Means/Method: Date:Means/Method:			(IYes	1-10	Refer
Suicide/Self	7. Prior to one year ago, have you engaged in self-harm Date:Means/Method: In custody: QYesNo Date:Means/Method: In custody: QYesNo Date:Means/Method; In custody: QYesNo	n or attempted suicide Intent: Intent:	E/15/12	Hes	ι Νo	2 hours
Prior	8. Do you have a History of Mental Health Hospitalization Date: Care Provider: Date: Care Provider: Date: Care Provider: Date: Care Provider: Date: Care Provider: Care Pro	Reason: Reason: Reason: Reason:		Hes	1,1 No	Refer to MH for follow up within 72 hours
Madioation	9. Are you currently taking mental health medications? Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency	Date of Last u	300.	Xes	ΠΝο	er to MH for fol
	10. Have you ever taken mental health medications in the Medication Name: Dose/Frequency	Date of Last d Date of Last d Date of Last d	DS6: DS6: DS6: DS6:	Wes	(No	Ref
	11. Have you ever used any type of substances:			QYes	ΠΝο	
	What? First Used: Last Used: How Much?	What? Fi	rst Used: Last Used: H	low Much	1?	
-	Alcohol:	Marijuana:				equested
	Methamphetamines:	Cocaine:				san
	Prescription drugs:	Heroin:				req
	Other:			-		ò
	12. Have you ever participated in substance abuse treat	ment?		UYes	Mo	Routine MH follow up if indicated or
	13. Did you successfully complete?			QYes	4 No	dice
-	14. Providers name:					fin
2	15, Is this your first time in prison?		11.0	pYes	No	dn
har	16. Have any family members or significant persons in your life			(JYes	No.	MO
3	17. Have you recently experienced a significant loss such as a c	death of a close family men	nber or friend?	Yes	No	follo
	18. Have you ever been arrested for a sex crime?			UYes	LNO	H
	19. Have you ever been a victim of sexual or physical abuse?			()Yes	12No	N al
F	20. Have you had a head injury? Describe:			∏Yes	No	utin
2	21. Have you ever received special education services?			UYes	JAK	Rol
Other contributing suicide	22. Are you worried about something other than your current leg	gal situation? Describe:		ĢYes	HO	
0	23. Do you have a physical illness that is causing you distress o	r pain? Describe:		Yes	THO	

BH7123ID IDDC Mental Health Screening, Created: April 5, 2012; Revised: August 7, 2012

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	KI Alert,	oriented x 4	Q D	isoriented	U Reports Hallucinal	ions 🛛 Endo	orses Delusions
Currer (C	Grooming/ Hygiene	Eye Contact	Affect	Mood	Thought Process	Speech	Movement/Activit
Current Mental Health Status (Check all that apply)	Contraction Contr	Appropriate to situation DFair DGood DNone	(TAppropriate to situation (Flat No emotion (Tearful (Smiling (Depressed (Euphoric	Appropriation Angry Cheerful Calm Sad Hopeless Anxious	e Appropriate to situation ULogical Goal directed Disorganized Moving from topic to topic quickly Dirrelevant Distractible	Appropriate to situation Rapid Slow Pressured Slurred LSlurred Coud Quiet Rambling	Appropriate to situation Restless Slowed Active Agitated Aggressive
	Action Taken			1	nitial Housing Recomm	endation	
DISPOSITION	under Policy Refer to Men Refer to Men	rgent: Referred to 315 htal Health for follo htal Health for follo tine Mental Health Mental Health follo	w up within 24 ho w up within 72 ho follow up	ours	Cleared for general ho Not cleared - <u>referred f</u> Other placement: Uwitt 8		acement
Informed Consent		sent to routine me			nave been informed ab ility healthcare profess Di		mental health
Screener/ Reviewer	Screening Revi	Date Date Date Date	Time		Name Printed Name		n Signature Inature
	Follow Up SOA	P Note/if indicated	l:				
Clinical Follow Un		Clinesi be m Checks. 1	assured unit 8. Nediceturs	She y	nd she is	myc fr weith m Pharmacy	p VtJ
							_

Created: April 5, 2012 Revised: August 7, 2012 Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 97 of 293

IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

INMAT	E NAME (Last, First, MI)	IDOC #	DATE OF BIRTH
Edmo, Mason		94691	
Date/Time Problem Number	Use S	OAP Note Format	
8/2/13 0845	S: Met with Edmo today in Unit 8 she was in Unit 8. She denied any no other mental health symptom but was concerned about getting treatments.	SI/HI, reported no depression problems at this time. She s	on or anxiety and aid she was fine,
	O: Edmo was alert and Ox4. Her a contact, speech was WNL, though interview, insight/judgment prese appropriate.	t process/content was linea	r and organized per
	A: Edmo presents as stable at this health status, medication concern		
	P: Edmo confirmed she will wait t Clinician called Pharmacy (Lindsey and contacted PT Brackin to provid with coping with Unit 8.) to have Edmo's medicatio	ns taken to Unit 8,

< K. Sligar, LMSW

12/13 8 Date

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

(SOAP - Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

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	INMACTE NAME	IDOC #	WALEANION BATE
Edn	o, Mason	94691	8/4/13
<u>Type o</u>	of Evaluation: Admission 30 Day Segrega	tion 🗆 90 Day	Mental Health Segregation
in I Ma	Mental Status (Admission Mental Evaluations)	Health Evaluations	s and Segregation
es No	Oriented X 4, (person, place, tim	e, and circumstance).
-	Affect and mood within normal lir	and the second se	
X	Speech normal in tone and struc	ture; thought content	t is orderly and goal directed.
\mathbf{z}	Currently prescribed and medica		
-	Expresses auditory, visual, other		elusional thought.
1	Current suicidal ideation or intent		
1.4.	Judgment and insight impaired.	A	
1	Current psychosocial stressors in		harm to self or others.
0	Intellect is estimated to be average		
	Mental health has: Improve	the second se	ated Remained Stable
omments	Requires mental health plan. Da	te completed:	
<u>ерол</u> внакъл	ed Rx complian	ee. Deni	ed Att Bom
IN WER	ADDA TROP		DATE
RY	ANN #2445		8/4/13

IDOC MENTAL HEALTH SCREENING

INM.	ATE NAME: Edmu, Masan C#: 94691	DOB:	DATE OF F	REPOR	T: 8/	12/13
1DO	Intake/New Arrival	V Inter Institutional Trans	fer 🛛	Restric	tive Hou	using
-	1. Did the transporting officer report any conc	erns? If so please explain:		GYes	No	
	2. Right now, do you have thoughts of hurting	yourself?		Ves	XNO	ately e shi
Curr	 Do you have any <u>immediate</u> plans to hurt y Describe; 	ourself?		TYes	XNo	Immediately notify the shift
ent Ri	4. Right now, do you feel like there is nothing	to look forward to in the future?		()Yes	No	No
Current Risk Factors	5. Right now, do you have any mental health On a 1-10 scale with 1 being <i>not at all</i> and 10 describe: (If rated at "5" or above, refer for clinician follow	being extremely serious; rate yo	a land to be a second to be a firmed at	ŅΥes	50No	Refer to MH for follow up within 24 hrs
	6. Within the past year have you engaged in a Date: Means/Method:			∏Yes	XNo	Refert
	Date: Means/Method:			Yes	UNO	
Suicide/Self Harm History	In custody: IYes INo Date:Means/Method:	Intent:	JI			2 hours
Prior	In custody: PYes DNo 8. Do you have a History of Mental Health for Date: Care Provider:	Reason: AHC Reason:	mphd suicid	Kes	□No	Refer to MH for follow up within 72 hours
Medi	9. Are you currently taking mental health medi Medication Name: Dose/Frequer Medication Name: Dose/Frequer Medication Name: Dose/Frequer Medication Name: Dose/Frequer	cations?	dose: dose: dose:	₩Yes	Xna	er to MH for fol
Medication	Medication Name: Dose/Frequen Medication Name: Dose/Frequen Medication Name: Dose/Frequen	cy Date of Last cy Date of Last cy Date of Last		Yes	()No	Refe
-	11. Have you ever used any type of substances		105c.	Yes	□No	-
- 11	What? First Used: Last Used: Ho		First Used: Last Used: Ho	w Much	?	
Sul	Xalcohol: 2011		2004	_		sted
Substa	Methamphetamines: 2009	Secone:	2004			sent
	DPrescription drugs:	UHeróin:				rec
nce Use	Other.	in the star suit?		A.		io p
e	12. Have you ever participated in substance al	buse treatment?		Yes	UNO	ate
	13. Did you successfully complete? 14. Providers name: T.D04			Yes	μNo	ndio
	15. Is this your first time in prison?			(Voc	DNG	ž
Oth	16. Have any family members or significant persons	in your life attempted or committed s	1010	Yes	QNo No	dn
Other contributing suicide	17. Have you recently experienced a significant loss			Yes Yes	-SNO	Routine MH follow up if indicated or requested
on	18. Have you ever been arrested for a sex crime?	and the second se		Yes	UNO	1 to
ontributing	19. Have you ever been a victim of sexual or physica	l abuse?		Yes	DNo	M
utin	20. Have you had a head injury? Describe:	·		OYes	DNo	tine
g s	21. Have you ever received special education service	s?		Yes	LINO	non
uici	22. Are you worried about something other than your			Yes	ANO	œ
ā	and the year method anear something error their your	on the following the stand of t				

BH7123ID IDOC Mental Health Screening, Created: April 5, 2012; Revised: August 7, 2012

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4 Reports Hallucinations Alert, oriented x Disoriented Endorses Delusions Current Mental Health Status (Check all that apply) Grooming/ Eye Contact Affect Mood Thought Speech Movement/Activity Process Hygiene Appropriate Appropriate Appropriate Appropriate Appropriate Appropriate Appropriate to to situation UNeat/Clean to situation to situation to situation to siluation to situation situation Angry Rapid Restless Fair Flat DLogical Good Unkempt **UNo emotion** Cheerful Goal directed Slow Slowed Pressured Dirty None Tearful Calm Disorganized Active from UAgitated Other Smiling Sad Moving Slurred Hopeless topic to topic Depressed Loud Aggressive quickly Euphoric Anxious Quiet Irrelevant Rambling Distractible Action Taken Initial Housing Recommendation Cleared for general housing placement Emergent/Urgent: Referred to the Shift Commander DISPOSITION under Policy 315 Not cleared - referred for holding cell placement Refer to Mental Health for follow up within 24 hours Other placement: Refer to Mental Health for follow up within 72 hours Refer for routine Mental Health follow up 11 No need for Mental Health follow up a cleared I acknowledge that I have answered all questions truthfully and have been informed about how to obtain mental health Informed services. I conservice to multiple mental heads are provided by facility healthcare professionals. Inmate Signature Date: 350 RN 8/12/13 Tammy Miller, RN Printed Name Screened by: Date Time Gature Screener/ Reviewer ACKE Screening Reviewed: B FERE Date Time Printed Name Clinician Signature MH Secondary Assessment Completed: Date Printed Name Signature Follow Up SOAP Note/if indicated: ove 491 0 No Clinical Follow Up te neresta 1000 Sul 8-13-13 Date IERRI -Act Sic Ker Clinician Signature Time Printed Name

Created: April 5, 2012

ER 1559

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IDAHO DEPARTMENT OF CORRECTION

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"Protecting You and Your Community"

C IAME FILM

			INICAL CONTACT NOTE	
	INMATE NA	ME (Last, First, MI)	IDOC #	Date/Time Problem number
		Edmo	94691	8-21-13
SUBJECTIVE	conflict in GP here than resources here at ICIO.	at the BHU at ISCI. Edmo Edmo discusses concerns f	discusses GID treatment with	ng well to GP at ICIO and states there is les this clinician and asks questions about e at ICIO as Edmo is currently assigned e 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 Idea	ation 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	continuing to process th new identity.	e changes inherent in GID	treatment, including adaptin	g to societal expectations and ownership (
OBJECTIVE	Carlos de la Carlo de Carlos de Carl	e changes inherent in GID	treatment, including adaptin	g to societal expectations and ownership
	new identity. Edmo presents with que	stions regarding availabilit		his institution. Currently no concerns to
Î	Edmo presents with que note for mental health, o Edmo will receive follow the SOTP, regarding prog	stions regarding availabilit other than continuing to p up with this clinician in ag gramming issues.	ty of parole programming at t process aspects of current trea	his institution. Currently no concerns to atment.
OBJECTIVE ASSESSMENT PLAN	Edmo presents with que note for mental health, o Edmo will receive follow the SOTP, regarding prog	stions regarding availabilit other than continuing to p up with this clinician in ag gramming issues.	ty of parole programming at t process aspects of current treat oproximately one month. This act mental health resources.	atment. s clinician will staff with Clinician Gebhart, i

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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

1299 NORTH ORCHARD - SUITE 110 - BOISE - IDAHO - 83706 - PHONE (208) 658-2000 - Fax (208) 327-7433

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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

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		1			
C@RIZON			Psychiatric Progress Note Visit date: September 12, 2013		
Patient:	Mason Edmo	IDOC: 9	04691 D	OB:	
and sustained im this has to do wi anxiety as being	provement of symptoms since the th him being in a new environmer moderate. Says it is worse in the ed from that at the last visit. ications:	a mostly with his anxiety. Reports e last visit. Current situational stree nt. Side effects are absent. Sleep mornings. Describes the general o Current non-W Medication: Estradiol ASA	essors are worse so is good. Descr butlook on the fut	since the la ibes the cu ture as bein	st visit . He thinks irrent level of
Eye Contact: go Activity: Relaxe Process: Linear.	bod. Oriented to time, to place, t d. Mood: "OK". Affect: Congru Thought Content: Relevant to	o person, and to situation. Appe ent Speech: Normal rate, normal questions asked. No suicidal or he Cognition: ST/I Tramory interf	al volume, and no omicidal thoughts	ormal prose	ody. Thought
Eye Contact: go Activity: Relaxer Process: Linear. No disturbances average based on Strengths: Desi ASSESSMENT: Will be increasing Clinical presentat	od. Oriented to time, to place, t d. Mood: "OK". Affect: Congru Thought Content: Relevant to noted. Attitude: Cooperative. In vocabulary. Judgment: Fair re for insight and treatment, Com this Prozac to a slightly higher do ion is reassuring.	ent Speech: Normal rate, norma o questions asked. No suicidal or ho Cognition: ST/LT memory intact Insight: Fair munication. Weaknesses: TBD se with the hope of inducing remis	al volume, and m omicidal thoughts as per conversat ssion. He has ha	ormal proso 5. Perce donal eleme d a partial	ody. Thought option: ents; IQ estimated response thus far.
Eye Contact: go Activity: Relaxer Process: Linear. No disturbances average based or Strengths: Desi ASSESSMENT: Will be increasing Clinical presentat	od. Oriented to time, to place, t d. Mood: "OK". Affect: Congru Thought Content: Relevant to noted. Attitude: Cooperative. In vocabulary. Judgment: Fair re for insight and treatment, Com this Prozac to a slightly higher do ion is reassuring.	ent Speech: Normal rate, norma o questions asked. No suicidal or ho Cognition: ST/LT memory intact Insight: Fair munication. Weaknesses: TBD	al volume, and m omicidal thoughts as per conversat ssion. He has ha	ormal proso 5. Perce donal eleme d a partial	ody. Thought option: ents; IQ estimated response thus far.
Activity: Relaxer Process: Linear. No disturbances in average based on Strengths: Desi ASSESSMENT: Will be increasing Clinical presentat Significant incons DIAGNOSIS: Axis I: G Axis I: G Axis II: D Axis II: N Axis IV: P	and. Oriented to time, to place, to d. Mood: "OK". Affect: Congrue Thought Content: Relevant to noted. Attitude: Cooperative. In vocabulary. Judgment: Fair re for insight and treatment, Com this Prozac to a slightly higher do ion is reassuring. istency - he claims he has no idea (ID; Mood DO NOS; EtOH Dep referred one rison	ent Speech: Normal rate, normal o questions asked. No suicidal or ho Cognition: ST/LT memory intact Insight: Fair munication. Weaknesses: TBD se with the hope of inducing remise a why Dr. Eliason switched him from	al volume, and m omicidal thoughts as per conversat ssion. He has ha	ormal proso 5. Perce donal eleme d a partial	ody. Thought option: ents; IQ estimated response thus far.
Eye Contact: gr Activity: Relaxer Process: Linear. No disturbances in average based or Strengths: Desi ASSESSMENT: Will be increasing Clinical presentat Significant incons DIAGNOSIS; Axis I: G Axis II: D Axis II: N Axis IV: P Axis V: G PLAN AND RECOI => Increase to P => RTC in four w A global evaluatio Risks and benefit:	and. Oriented to time, to place, t d. Mood: "OK". Affect: Congru Thought Content: Relevant to noted. Attitude: Cooperative. In vocabulary. Judgment: Fair re for insight and treatment , Com this Prozac to a slightly higher do ion is reassuring. istency - he claims he has no idea TD; Mood DO NOS; EtOH Dep referred one rison AF=70 Some mild symtoms MMENDATIONS: rozac 40mg PO QAM x 120 days reeks on of factors that contribute to ass	ent Speech: Normal rate, normal o questions asked. No suicidal or ho Cognition: ST/LT memory intact Insight: Fair munication. Weaknesses: TBD se with the hope of inducing remis a why Dr. Eliason switched him from why Dr. Eliason switched him from ressment for potential of risk to sel reatment plan are discussed with t	al volume, and m omicidal thoughts as per conversat ssion. He has ha m Zoloft to Proza	ormal proso s. Perce ional eleme d a partial ac, but the	ody. Thought option: ents; IQ estimated response thus far. record indicates.
Eye Contact: gr Activity: Relaxer Process: Linear. No disturbances in average based or Strengths: Desi ASSESSMENT: Will be increasing Clinical presentat Significant incons DIAGNOSIS; Axis I: G Axis II: D Axis II: N Axis IV: P Axis V: G PLAN AND RECOI => Increase to P => RTC in four w A global evaluatio Risks and benefit:	and. Oriented to time, to place, t d. Mood: "OK". Affect: Congru Thought Content: Relevant to noted. Attitude: Cooperative. In vocabulary. Judgment: Fair re for insight and treatment, Com this Prozac to a slightly higher do ion is reassuring. istency - he claims he has no idea TD; Mood DO NOS; EtOH Dep referred one rison AF=70 Some mild symtoms MMENDATIONS: rozac 40mg PO QAM x 120 days reeks in of factors that contribute to ass s of the current medications and t	ent Speech: Normal rate, normal o questions asked. No suicidal or ho Cognition: ST/LT memory intact Insight: Fair munication. Weaknesses: TBD se with the hope of inducing remis a why Dr. Eliason switched him from why Dr. Eliason switched him from ressment for potential of risk to sel reatment plan are discussed with t	al volume, and m omicidal thoughts as per conversat ssion. He has ha m Zoloft to Proza	ormal proso s. Perce ional elema d a partial ac, but the ac, but the ac, but the ac, but the	ody. Thought option: ents; IQ estimated response thus far. record indicates.

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

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	INMATE NA	ME (Last, First, MI)		ACT NOTE	Date/Time Problem number
		Edmo		94691	Sep 15, 2013
SUBJECTIVE	Call Clinician. Edmo rep received reports that Ec	orts concerns regarding ar Imo had altered undergar	n interaction wi ments and was	th security staf in possession o	end and this clinician was the assigned Or f the previous week. Edmo reports securi of unauthorized property, Edmo reports abrasive and forceful in their response.
	Orientation	Appearance	1	Behavior	Response to interviewer
	X 4	Clean	Normal		Cooperative
	Mood (by report)	Affect (observed)	Thou	ight Process	Thought Content
	"Good"	Appropriate	Logical		Relevant
	Delusions	Hallucinations		/Suicidal Idea	tion Homicidal Ideation
	NO	NO	NO	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	NO
	Consciousness	Attention		Insight	Judgment
	Normal	Normal	Good		Intact
	LOC	Last MHE date		X plan date	Date last saw provider
	State of the second second	Optional to add	Optional to a	dd	Optional to add
OBJECTIVE	victimization regarding t and Edmo was understa concerns about security Edmo's perspective and	he aggressive behavior of nding of the limitations of staff and to vent frustration	security staff. this environme ons with the co ussed with Edm	This clinician di ent. Edmo repo urse of events. o the limitation	
DBJECTIVE	victimization regarding t and Edmo was understa concerns about security Edmo's perspective and	he aggressive behavior of nding of the limitations of staff and to vent frustrations vent frustrations but discu	security staff. this environme ons with the co ussed with Edm	This clinician di ent. Edmo repo urse of events. o the limitation	scussed the needs of security with Edmo rted primary concern was to follow up w This clinician allowed Edmo to share
	victimization regarding t and Edmo was understa concerns about security Edmo's perspective and environment, including t Edmo presented with sit reported a positive moo	he aggressive behavior of nding of the limitations of staff and to vent frustrati- vent frustrations but discu- the expectation that Edmo uational stress related to d and motivation to contin	security staff. this environme ons with the co ussed with Edmo will comply with will comply with nue with progra	This clinician di ent. Edmo repo urse of events. o the limitation ith security. h security. Afte mming. Edmo	scussed the needs of security with Edmo orted primary concern was to follow up w This clinician allowed Edmo to share ns and expectations of the prison
ASSESSMENT PLAN	victimization regarding t and Edmo was understa concerns about security Edmo's perspective and environment, including t Edmo presented with sit reported a positive moo with security and would This clinician will forward enrolled and participatin	he aggressive behavior of nding of the limitations of staff and to vent frustrati- vent frustrations but discu- the expectation that Edmo uational stress related to d and motivation to contin- work with program staff a I Edmo's reported concern g in the SOTP with Clinicia	security staff. this environme ons with the co ussed with Edmo will comply with interaction with nue with progra and administrat	This clinician di ent. Edmo repo urse of events. o the limitation ith security. h security. Afte mming. Edmo ion pro-socially curity to admin Clinician Beard	scussed the needs of security with Edmo orted primary concern was to follow up w This clinician allowed Edmo to share ns and expectations of the prison r processing some frustration Edmo reported Edmo would continue to compl
PIAN	victimization regarding t and Edmo was understa concerns about security Edmo's perspective and environment, including t Edmo presented with sit reported a positive moo with security and would This clinician will forward enrolled and participatin and in congruence with p	he aggressive behavior of nding of the limitations of staff and to vent frustrati- vent frustrations but discu- the expectation that Edmo uational stress related to d and motivation to contin- work with program staff a I Edmo's reported concern g in the SOTP with Clinicia	security staff. this environme ons with the co ussed with Edm will comply wi will comply wi interaction with nue with progra and administrat hs regarding se- n Gebhart and SOTP. Edmo a	This clinician di ent. Edmo repo urse of events. o the limitation ith security. h security. Afte mming. Edmo ion pro-socially curity to admin Clinician Beard	scussed the needs of security with Edmo rted primary concern was to follow up w This clinician allowed Edmo to share ns and expectations of the prison r processing some frustration Edmo reported Edmo would continue to compl y to complete expectations of program.

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Prozac 40mg PO QAM Estradiol	e is full compliance with me uational stressors are wors D, a concern mirrored by W his dosage of Prozac. Sle	edications, and e since the last vis lendy prior to his ep is good. Is get	sit . He says there i arrival today. Side
Interval History: Patient says is doing generally well. Says the Prozac has been workin higher dose. Has done well on Zoloft in the past. Reports that there sustained improvement of symptoms since the last visit. Current siti greater stress with the staff recently over issues surrounding his GID effects are a little bit worse. Headache concided with the increase in hours a night. Describes the current level of anxiety as being a bit v fair and unchanged from that at the last visit. Current Ψ Medications: Current non Estradiol	ng well for him but he now e is full compliance with me uational stressors are wors D, a concern mirrored by W his dosage of Prozac. Sle	has a constant h dications, and e since the last vis lendy prior to his ep is good. Is get	sit . He says there i arrival today. Side
Patient says is doing generally well. Says the Prozac has been workin higher dose. Has done well on Zoloft in the past. Reports that there sustained improvement of symptoms since the last visit. Current sits greater stress with the staff recently over Issues surrounding his GID effects are a little bit worse. Headache concided with the increase in hours a night. Describes the current level of anxiety as being a bit v fair and unchanged from that at the last visit. Current W Medications: Prozac 40mg PO QAM	e is full compliance with me uational stressors are wors D, a concern mirrored by W his dosage of Prozac. Sle	edications, and e since the last vis lendy prior to his ep is good. Is get	sit . He says there is arrival today. Side
	-W Medications:		e future as being
ASA		IN B	(DA
Activity: Relaxed. Mood: "even". Affect: Congruent Speech: I Process: Linear. Thought Content: Relevant to questions asked. No disturbances noted. Attitude: Cooperative. Cognition: ST/LT average based on vocabulary. Judgment: Fair Insight: Fair Strengths: Desire for insight and treatment, Communication. Wea ASSESSMENT: Will be switching from prozac back to Zoloft at patient's request d/t I	No suicidal or homicidal th T memory intact as per cor iknesses: TBD	oughts. Perce aversational eleme	ption:
	neoducino esperiences me	and a restored	
DIAGNOSIS: Axis I: GID; Mood DO NOS; EtOH Dep			
xis II: Deferred			
Axis III: None Axis IV: Prison			
Ixis V: GAF=75			
PLAN AND RECOMMENDATIONS: => D/C Prozac			
Start Zoloft 50mg PO QD x 5 days and then increase to 100mg P RTC in four weeks	O QD x 120 days		
A global evaluation of factors that contribute to assessment for poter			
Risks and benefits of the current medications and treatment plan are	e discussed with the patient	t, as well as the of	ption to decline

1

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C@RIZON		Psychiatric Progress Note Visit date: November 12, 2013				
Patlent:	Mason Ec	imo	IDOC:	94691	DOB:	
though. Will t symptoms sind therapies. Side	ory: doing generally well. Notes be seeing medical for this. R the last visit. Current situ effects are minimal. Sleep ely improved. Describes th	eports that there is ational stressors are is good. Is getting a	full compliance with unchanged since the about ten hours a nig	medications, last visit . R ght. Describ	and sustaine eports no ne es the currer	ed improvement of w issues with his GID at level of anxiety as
Current Ψ M Zoloft 100mg		Current Estradio ASA	t non-Ψ Medicatio	ns:		ALLERGIES: NKDA
Eye Contact: Activity: Rela Process: Line No disturbance	good. Oriented to time, to xed. Mood: "good". Affec ar. Thought Content: Rel s noted. Attitude: Cooper	t: Congruent Spece evant to questions a ative. Cognition:	sked. No suicidal or ST/LT memory intact	ormal volume homicidal the	, and norma oughts. Pe	prosody. Thought proception:
Eye Contact: Activity: Rela Process: Line No disturbance average based Strengths: Do ASSESSMENT:	good. Oriented to time, to xed. Mood: "good". Affect ar. Thought Content: Rel s noted. Attitude: Cooper on vocabulary. Judgment estire for insight and treatment	t: Congruent Spece evant to questions a ative. Cognition: t: Fair Insight: Fa at, Communication.	ech: Normal rate, no sked. No suicidal or ST/LT memory intact r Weaknesses: TBD	ormal volume homicidal the t as per con-	, and norma oughts. Pe versational e	prosody. Thought proception:
Eye Contact: Activity: Rela Process: Line No disturbance average based Strengths: Dr ASSESSMENT: Will be continu DIAGNOSIS: Axis I: Axis II: Axis II: Axis II: Axis IV:	good. Oriented to time, to xed. Mood: "good". Affect ar. Thought Content: Rel s noted. Attitude: Cooper on vocabulary. Judgmen esire for insight and treatmer ing with the Zoloft at the cu GID; Mood DO NOS; EtC Deferred None Prison	t: Congruent Spece evant to questions a ative. Cognition: t: Fair Insight: Fai t:, Communication.	ech: Normal rate, no sked. No suicidal or ST/LT memory intact r Weaknesses: TBD	ormal volume homicidal the t as per con-	, and norma oughts. Pe versational e	prosody. Thought proception:
Eye Contact: Activity: Rela Process: Line No disturbance average based Strengths: Do ASSESSMENT: Will be continue DIAGNOSIS: Axis I: Axis II: Axis II: Axis II: Axis IV: Axis AXIS AXIS AXIS AXIS AXIS AXIS AXIS AXIS	good. Oriented to time, to xed. Mood: "good". Affect ar. Thought Content: Rel s noted. Attitude: Cooper on vocabulary. Judgment resire for insight and treatment ing with the Zoloft at the cu GID; Mood DO NOS; EtC Deferred None Prison GAF=75 OMMENDATIONS:	t: Congruent Spee evant to questions a ative. Cognition: t: Fair Insight: Fai t, Communication. rrent dose. It does H Dep	ech: Normal rate, no sked. No suicidal or ST/LT memory intact r Weaknesses: TBD not appear directly re potential of risk to s in are discussed with	entral volume homicidal the t as per con-	, and norma oughts. P e versational e headaches. is low.	l prosody. Thought prception: lements; IQ estimated
Activity: Rela Process: Line No disturbance average based Strengths: Do ASSESSMENT: Will be continu DIAGNOSIS: Axis I: Axis II: Axis II: Axis IV: Axis IV: PLAN AND REC => RTC in thre A global evalua Risks and bene	good. Oriented to time, to xed. Mood: "good". Affect ar. Thought Content: Rel s noted. Attitude: Cooper on vocabulary. Judgment sire for insight and treatment ing with the Zoloft at the cu GID; Mood DO NOS; EtC Deferred None Prison GAF=75 OMMENDATIONS: te months tion of factors that contribut fits of the current medicatio	t: Congruent Spee evant to questions a ative. Cognition: t: Fair Insight: Fai t, Communication. rrent dose. It does H Dep	ech: Normal rate, no sked. No suicidal or ST/LT memory intact r Weaknesses: TBD not appear directly re potential of risk to s in are discussed with	elated to the elated to the relf or others the patient	, and norma oughts. P e versational e headaches. is low.	Prosody. Thought erception: lements; IQ estimated

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 108 of 293

Patient: Mason "Adree" Edmo IDOC: 94691 DOB: 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 symp worse. Apeetite is poor, and he is eabing very little. Is not going to meals, but rarely leaves his cell. Energy level is "minimal." Stepsetite is poor, and he is eabing very little. To not going to meals, but rarely leaves his cell. Energy level is "minimal." Stepsetite is poor, and he is eabing very little. To not going to meals, but rarely leaves his cell. Energy level is "minimal." Stepsetime only about four hours a more poscibles the current level of anxiety as being a bit worse. Describes the general outlook on the future as being "uncertal Escavio". Current W Medications: Current non-W Medications: ALLERGIES Zoloft 100mg PO QD ASA MIDA MIDA MENTAL STATUS EXAM: Eye Contact: good. Oriented to time, to place, to person, and to situation. Appearance: Weil-groomed, at stated age Activity: Relaxed. Mood: "shifty". Affect: Congruent Speech: Normal rate, normal volume, and normal prosody. Th Process: Linear. Thought Content: Relevant to questions asked. No solidad or homicidal thoughts. Perception: No disturbances noted. Attitude: Cooperative. Cognition: ST/LT memory intact as per conversitional elements; IQ es average based on vocabulary. Judgment: Fair Strengths: Desire for insight and treatment , Communication. Weaknesses: TBD ASSESSMENT: Will be increasing his Zoloft to a higher dose.	C@RIZON		P	Visit date: January 21, 2014		
Patient says is doing a little bit worse. He had a family member pass away a few weeks ago. He feels his depressive symp worse. Apeetitle is poor, and he is eating very little. Is not going to meals, but rarely leaves his cell. Energy level is "mini asys that whiting to get into the SOTP program is a source of anxiety for him. Self-esteem is very low. Anxiety level is in Reports that there is full compliance with medications, and general worsening of symptoms since the last visit. Current sit stressors are worse since the last visit. Side effects are minimal. Sleep is so-so. He is getting only about four hours a mo Describes the current level of anxiety as being a bit worse. Describes the general outlook on the future as being "uncerta Current W Medications: Zoloft 100mg PO QD Zoloft 100mg PO QD 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. Th Process: Linear. Thought Content: Relevant to questions asked. No suicidal or homicidal throughts. Perception: No disturbances noted. Attitude: Cooperative. Cognition: ST/LT memory intact as per conversational elements; IQ esi 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. definitely having worsening of his depression, but is not suicidal. DIAGNOSIS: Axis I: GD; Mood DO NOS; EtOH Dep Axis II: Deferred Axis V: GAF=60 Moderate symptoms PLAN AND RECOMENDATIONS: => Increase to Zoloft 150mg PO QD x 120 days => KITTE to see clinician => RTC in four weeks A globel 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,	Patient:	Mason "Adree" Edm	IDOC:	94691	DOB:	
Zoloft 100mg PO QD Estradiol ASA 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. The 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 esi 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. definitely having worsening of his depression, but is not suicidal. DIAGNOSIS: Axis I: GID; Mood DO NOS; EtOH Dep Axis II: Axis IV: Prison Axis V: QAF=60 Moderate symptoms PLAN AND RECOMMENDATIONS: => Increase to Zoloft 150mg PO QD x 120 days => KTC 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 de reatment with expected sequelae. The patient had no questions.	Patient says is di worse. Apeetite says that waiting Reports that their stressors are wor Describes the cu	bing a little bit worse. He had a far is poor, and he is eating very little to get into the SOTP program is a re is full compliance with medication se since the last visit. Side effect ment level of anxiety as being a bit	Is not going to meals, but a source of anxiety for him, ons, and general worsening ts are minimal. Sleep is so t worse. Describes the ge	ot rarely leaves hi Self-esteem is v of symptoms sin o-so, He is getting neral outlook on t	s cell. Energ ery low. Any ce the last vi only about f	y level is "minimal". H kiety level is high. sit. Current situational four hours a month. being "uncertain".
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. Th 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 es 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. definitely having worsening of his depression, but is not suicidal. DIAGNOSIS: Axis I: GID; Mood DO NOS; EtOH Dep Axis II: Deferred Axis II: Deferred Axis III: None Axis V: GAF=60 Moderate symptoms PLAN AND RECOMMENDATIONS: => Increase to Zoloft 150mg PO QD x 120 days => KITE to see clinician > Kits to see clinician 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 de reatment with expected sequelae. The patient had no questions.	Accession of a case		Estradiol	cations:		
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 de reatment with expected sequelae. The patient had no questions.	Eye Contact: go Activity: Relaxe Process: Linear. No disturbances i	od. Oriented to time, to place, to d. Mood: "shitty". Affect: Cong Thought Content: Relevant to noted. Attitude: Cooperative.	ruent Speech: Normal ra questions asked. No suicion Cognition: ST/LT memory	ate, normal volum all or homicidal th	e, and norma oughts. P	al prosody. Thought erception:
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 de reatment with expected sequelae. The patient had no questions.	Eye Contact: go Activity: Relaxe Process: Linear. No disturbances in average based of Strengths: Desi ASSESSMENT: Will be increasing	bod. Oriented to time, to place, to d. Mood: "shitty". Affect: Cong Thought Content: Relevant to noted. Attitude: Cooperative. (n vocabulary. Judgment: Fair) re for insight and treatment, Comr his Zoloft to a higher dose. Will a this Zoloft to a higher dose. Will a	ruent Speech: Normal ra questions asked. No suicio Cognition: ST/LT memory Insight: Fair munication. Weaknesses also emphasize that he nee	ate, normal volum lal or homicidal th intact as per con : TBD	e, and norma oughts. Po oversational e	al prosody. Thought erception: elements; IQ estimated
 > 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 de treatment with expected sequelae. The patient had no questions. 	Eye Contact: go Activity: Relaxed Process: Linear. No disturbances i average based of Strengths: Desi ASSESSMENT: Will be increasing definitely having DIAGNOSIS: Axis I: G Axis II: G	bod. Oriented to time, to place, to d. Mood: "shitty". Affect: Cong Thought Content: Relevant to noted. Attitude: Cooperative. In vocabulary. Judgment: Fair 1 re for insight and treatment, Comr his Zoloft to a higher dose. Will a worsening of his depression, but is itD; Mood DO NOS; EtOH Dep referred	ruent Speech: Normal ra questions asked. No suicio Cognition: ST/LT memory Insight: Fair munication. Weaknesses also emphasize that he nee	ate, normal volum lal or homicidal th intact as per con : TBD	e, and norma oughts. Po oversational e	al prosody. Thought erception: elements; IQ estimated
RICHARD MONTGOMERY, M.D. T	Eye Contact: go Activity: Relaxed Process: Linear. No disturbances i average based or Strengths: Desi ASSESSMENT: Will be increasing definitely having DIAGNOSIS: Axis I: G Axis I: G Axis II: D Axis II: N Axis IV: P	bod. Oriented to time, to place, to d. Mood: "shitty". Affect: Cong Thought Content: Relevant to noted. Attitude: Cooperative. On noted. Attitude: Cooperative. On the Soloft to a higher dose. Will a worsening of his depression, but is SD; Mood DO NOS; EtOH Dep eferred one rison	ruent Speech: Normal ra questions asked. No suicio Cognition: ST/LT memory Insight: Fair munication. Weaknesses also emphasize that he nee	ate, normal volum lal or homicidal th intact as per con : TBD	e, and norma oughts. Po oversational e	al prosody. Thought erception: elements; IQ estimated
17/2 1	Eye Contact: go Activity: Relaxed Process: Linear. No disturbances i average based of Strengths: Desi ASSESSMENT: Will be increasing definitely having DIAGNOSIS: Axis I: G Axis II: D Axis II: D Axis II: D Axis IV: P Axis IV: P Axis V: G PLAN AND RECOI => Increase to Z => KITE to see C => RTC in four w A global evaluatio Risks and benefit	bod. Oriented to time, to place, to d. Mood: "shitty". Affect: Cong Thought Content: Relevant to noted. Attitude: Cooperative. If n vocabulary. Judgment: Fair 1 re for insight and treatment, Comr his Zoloft to a higher dose. Will a worsening of his depression, but is SID; Mood DO NOS; EtOH Dep Deferred one rison AF=60 Moderate symptoms MMENDATIONS: oloft 150mg PO QD x 120 days linician reeks n of factors that contribute to assiss of the current medications and to	ruent Speech: Normal ra questions asked. No suick Cognition: ST/LT memory Insight: Fair nunication. Weaknesses also emphasize that he need s not suicidal.	ate, normal volum lal or homicidal th intact as per con : TBD eds to make ongo	e, and norma oughts. Pa versational e ing contact w	al prosody. Thought erception: elements; IQ estimated

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IDOC MENTAL HEALTH SCREENING

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INMA	ATE NAME: Edwo, Mason DOI	BEGYLAI	DATE OF	REPOR	RT: 02.1	2-14
IDUC	Intake/New Arrival	er Institutional Trans	sfer 🗆	Restric	tive Hou	using
	1. Did the transporting officer report any concerns? If	so please explain		CYes	ANO	>€.
	2. Right now, do you have thoughts of hurting yourself?	?		ÇYes	12NO	diatel the sh
Curre	3. Do you have any immediate plans to hurt yourself? Describe:			UYes	PHO	Immediately notify the shift commander
ont Ris	4. Right now, do you feel like there is nothing to look for	orward to in the future	?	□Yes	THAO	
Current Risk Factors	5. Right now, do you have any mental health symptom On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extr</i> describe: (If rated at "5" or above, refer for clinician follow-up)	ns or complaints? remely serious; rate yo	our symptoms, please	lậYes	Mo	Refer to MH for follow up within 24 hrs
	6. Within the past year have you engaged in self-harm Date:Means/Method: Date:Means/Method:			∏Yes	HNO	Refer t
Suicide/Self Harm History	7. Prior to one year ago, have you engaged in self-harm Date: 2010 Means/Method: 0100000000000000000000000000000000000	n or attempted suicide Intent: الملك Intent:	heust	AVes	ΩNo	2 hours
Prior	8. Do you have a History of Mental Health Hospitalizatic Date: Care Provider: Care Provider: Date: Care Provider: Date: Care Provider: Date: Care Provider:	Reason: Reason: Reason: Reason: Reason:	eatment?	HTes	I, No	Refer to MH far follow up within 72 hours
Medi	9. Are you currently taking mental health medications? Medication Name: Zoloff Dose/Frequency 2000 Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency	PO Date of Last Date of Last Date of Last	dose: <u>DZ-1Z-14</u> AM dose: dose: dose:	Mes	i, iNo	er to MH far fol
Medication	10. Have you ever taken mental health medications in th Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency	Date of Last Date of Last Date of Last Date of Last Date of Last	dose: dose: dose:	∏Yes	ANO	Ref
	11. Have you ever used any type of substances:			Arres	UNO	
. 1	What? First Used: Last Used: How Much?	What?	First Used: Last Used:	How Much	1?	1
S	Alcohol:	□Marijuana:	10-0-1 DIC-			pa
sd	Methamphetamines:	Cocaine:				es
Substance	rescription drugs:	Heroin:				requested
e	Other:	-			1	
e Use	12. Have you ever participated in substance abuse treat	ment?		UYes	+No	pa
1	13. Did you successfully complete?			TYes	No	cat
t	14. Providers name:			- ya 1 00	1.00	ipu
1	15. Is this your first time in prison?			Ves	ONIA	if i
0	16. Have any family members or significant persons in your life	attempted or committed	suicido?		[]No	dn
er				Hes	UNO	MO
- COn	17. Have you recently experienced a significant loss such as a c	can or a close ramily m	entrer or metio r	Fres	UNO	Routine MH follow up if indicated or
1	18. Have you ever been arrested for a sex crime?			Hes	UNO	HW
uti	19. Have you ever been a victim of sexual or physical abuse?			Tes	(No	au
Bu	20. Have you had a head injury? Describe:			res	DNo	utii
Other contributing suicide	21. Have you ever received special education services?			JYes	No	Ro
side	22. Are you worried about something other than your current leg		611)	Pres	ΠNο	
	23. Do you have a physical illness that is causing you distress of	r pain? Describe:		TYes	no	

BH7123ID IDOC Mental Health Screening, Created: April 5, 2012; Revised: August 7, 2012

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	and the second s	oriented x 3	the second se		Reports Hallucinat		rses Delusions
Currei (C	Grooming/ Hygiene	Eye Contact	Affect	Mood	Thought Process	Speech	Movement/Activity
Current Mental Health Status (Check all that apply)	Appropriate to situation Neat/Clean Unkempt Dirty Other:	Appropriate to situation Fair Good None	Appropriate to situation Flat Do emotion Tearful Smiling Depressed Euphoric	Adoptopriate to situation angry Cheerful Calm Sad Hopeless Anxious	Appropriate to situation Cogical Cogic	Appropriate to situation Rapid Slow Pressured Slurred Loud Quiet Rambling	Appropriate to situation Restless Slowed Active Agitated Aggressive
	Action Taken			Initia	Housing Recomm	endation	
DISPOSITION	under Policy	rgent: Referred to 315 Ital Health for folio Ital Health for folio tine Mental Health Mental Health folio	ow up within 24 ho w up within 72 ho n follow up	U Not	ared for general hot cleared - <u>referred f</u> er placement:		acement
Informed Consent	services. I cons Inmate Signatu	fe:		rovided by facility		out how to obtain onals. the: $\frac{\partial 2}{\partial z} - \frac{1}{\partial z}$	1
Screener/ Reviewer	A CONTRACTOR	2.12.14 Date ewed: <u>3./3 -//</u> Date ry Assessment Co		M. Sawrod Printed Na TERRI TA Printed Na e Pr	I LPN me ICK CII me	Clinicia	re mson, LPN CCHEM n Signature nature
Clinical Follow Up	Follow Up SOA	P Note/if indicated		i by Cl	niclen	Karden	Dee
	Date	Time	Pri	nted Name		Clinician Signa	ature

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

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

1		SUICIDE RIS DATES OF WA	the second s				
DATE PLACED ON WATCH	02/12/2014	DATE PLACED ON OBSERVATION	02/12/20		DATE	REMOVED FROM	
OFFENDER LA	ST NAME	OFFENDER FIRST	NAME	IDO	DC#	DOB	DATE OF REPORT
Edmo)	Adree		94	691		02/12/2014
INSTITUTIO	N	OFFENSE				REGULAR USING UNIT	CURRENT HOUSING UNI
ICIO		Sex Abuse of Minor	Under 16		-	B2	A 147
CURRENT LEV	EL OF CARE	(LOC)	CN	1HS1 -	Correct	ional MH Services	1
of risk probably of circumstances ch SRA REPORT	ange. TYPE	cted below. This leve Incoming (Initial) On			LEVE		e modified as Moderate
INTERVIEW dmo reported sur	prise at being o	anxity to be at a 6. H	When his c	oncern	form w	as pointed out, Ec	
ne option of self ca eturn to the comm eported he would I	astration is a via unity and asmit like to increase	ration. Edmo reported able option for the futu- ted sending concern his estrogen but ackr h last week and receiv	ire. Edmo forms abou nowledges	reported at self c he is cu	d he wo astratio	ould like to finish h in is not an effectiv at policy limit. Edu	is program and re choice. Edmo mo reported he
NTENT TO DIE o intent to die at p		threat of self castration	on				
PLAN OR METH plan reported.	IOD			_			
DOC Suicide Risk A	ssessment PDF	8-13	_	-		_	Page 1 of 4

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Edmo	Adree		IDOC#	DOB	DATE OF REPORT
ACCESS TO MEANS			94691		02/12/2014
HISTORICAL FACTORS (chec	k all that apply)				
Family history of suicide		First	time prison terr	n	Γ
Inmate history of suicide attem	pts 🗸	and the second se	ent Ad Seg		Г
History of substance abuse	V	4	(list below)		Ē
4/12/2012.	tting his arm while intoxi				
			ueck all that apply		
NOWN STRESSORS/ DEMO	GRAPHIC PREDICT	DRS (cr			
NOWN STRESSORS/ DEMO Sleeping difficulties or irregular	GRAPHIC PREDICTO	DRS (cf	Recent personal	loss or crisis	
KNOWN STRESSORS/ DEMO Sleeping difficulties or irregular Non-compliance with prescribed	GRAPHIC PREDICTO	DRS (ctr		loss or crisis nal hygiene	
CNOWN STRESSORS/ DEMO Sleeping difficulties or irregular Jon-compliance with prescribed Veight loss or loss of appetite	GRAPHIC PREDICT sleeping hours d psych medications	DRS (cF	Recent personal Neglect of perso ong or life senti	loss or crisis nal hygiene	
CNOWN STRESSORS/ DEMO Sleeping difficulties or irregular Jon-compliance with prescribed Veight loss or loss of appetite Progressive health problems (cl	GRAPHIC PREDICT sleeping hours d psych medications	DRS (ctr	Recent personal Neglect of perso ong or life senti	loss or crisis nal hygiene ence	
KNOWN STRESSORS/ DEMO Bleeping difficulties or irregular Non-compliance with prescribed Veight loss or loss of appetite Progressive health problems (cl DOR	GRAPHIC PREDICT sleeping hours d psych medications	DRS (cf	Recent personal Neglect of perso ong or life sent Poor compliance	loss or crisis nal hygiene ence with treatment	
KNOWN STRESSORS/ DEMO Sleeping difficulties or irregular Non-compliance with prescribed Veight loss or loss of appetite Progressive health problems (cl DOR Samily event Sambling or other debt	GRAPHIC PREDICT sleeping hours d psych medications	DRS (ctr	Recent personal Neglect of perso ong or life sent Poor compliance Conflict on tier	loss or crisis nal hygiene ence with treatment kmate	
KNOWN STRESSORS/ DEMO Sleeping difficulties or irregular Non-compliance with prescribed Veight loss or loss of appetite Progressive health problems (cl DOR family event	GRAPHIC PREDICT sleeping hours d psych medications	DRS (ctr	Recent personal Neglect of perso Long or life sente Poor compliance Conflict on tier Conflict with bun	loss or crisis nal hygiene ence with treatment kmate ring	

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OFFENDER LAST NAME	OFFENDER FIRST NAME	IDOC#	DOB	DATE OF REPORT
Edmo	Adree	94691		02/12/2014
PROTECTIVE FACTORS	1			
hehavior is difficult, of limited relia Information, an individual interview eview, inmate's current level of ris	ENTIAL (It should be noted that pr bility, and diminishes significantly ov e, existing environmental conditions, k probably of suicide is indicated bel s change.)	er time. However and other inform	r. based upon the ation available a	e historical It the time of the
hehavior is difficult, of limited relia Information, an individual interview eview, inmate's current level of ris should be modified as circumstance	bility, and diminishes significantly ov e, existing environmental conditions, k probably of suicide is indicated bel	er time. Howeve, and other inform ow. This level of	r. based upon the ation available a risk will change	e historical It the time of the

RISK REDUCTION/TREATMENT PLAN ADDENDUM RISK REDUCTION PLAN

GOAL (There should be two (2) types of goals for each Problem: 1) Immediate goal(s) and 2) Short-term goal(s))	INTERVENTION (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)
 Edmo to not harm himself. Edmo to review self harm choices 	 Edmo to remain on close observation to remain safe. Edmo to review how self harm choices could limit his long term goals. Continue to work with Clinicians to address his feelings of Dysphoria associated with being Transgendered
	(There should be two (2) types of goals for each Problem: 1) Immediate goal(s) and 2) Short-term goal(s)) 1. Edmo to not harm himself.

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

OFFENDER LAST NAME	OFFENDER FIRS	TNAME	IDOC#	DOB	DATE OF REPORT
Edmo	Adree		94691		02/12/2014
	RISK REDUC	CTION PLAN	CON'T		
		100101	-		
CHANGE IN LOC REQUIRE	D? NEW LOC IF		Correctional	S if LOC has cha MH Services	nged)
NATURE OF INCIDENT				AL INTERVEN	TION
Other: Writter	threat			None	inten
OFFENDER'S STATED INT	ENT	LAST SI	JICIDE WAT	гсн	
Manipulate h	ousing			-12 months	
	TREATMEN	T PLAN UP	DATE		
The offende	r's treatment plan will	be updated bas	sed on change	e of their LOC	
ADDITIONAL COMMENTS					
REPORT COMPLETED BY	CREDENTIAL	DATE	1	SIGNATUR	RE

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1	C@RIZ	ON		ychiatric Visit date: Fe	100	ess Note 3, 2014
Patient:	Mason "A	dree" Edmo	IDOC:	94691	DOB;	
account of his las castrating himsel medications, and are worse since t current level of a chinking about it	st conversation with f. This never happe little, if any, improve he last visit. Side e nxiety as being unch	. He does not feel like ca me in a concern letter se ned, and I reveiwed the ement of symptoms since ffects are minimal. Slee hanged from last visit. D	ent to Dr. Craig, in case with Linda G e the last visit. Cu p is so-so. He is g bescribes the gene	which he says h Reports that th urrent situational etting only about and outlook on the	he told me he here is full co I stressors It five hours a	was contemplating mpliance with night. Describes the leing "I'm not really
Current ¥ Med Zoloft 150mg PO	Charles and the country	Estradio	nt non-Ψ Medica ol	tions:	-	ALLERGIES: NKDA
Thought Proces No disturbances r average based or Strengths: Desi ASSESSMENT: He continues to v Zoloft at the curro	ss: Linear. Though noted. Attitude: C n vocabulary. Judg re for insight and treat work his program. H ent dose. Will be given	e". Affect: Congruent at Content: Relevant to a cooperative. Cognition: ment: Fair Insight: Fa atment, Communication. the is utilizing the clinician ring it more time for furth ta	questions asked. I ST/LT memory in air Weaknesses: 7 and is seeing him	No suicidal or ho Nact as per conv FBD individually. He	micidal thoug versational ele e has not yet	hts. Perception: ements; IQ estimated had a full month on
DIAGNOSIS: Ixis I: G Ixis II: D Ixis III: N	g castration or suicic ID; Mood DO NOS eferred one tson					
Axis V: G PLAN AND RECOM => RTC in three A global evaluatio Risks and benefits	AF=65 MMENDATIONS: weeks n of factors that con s of the current medi	tribute to assessment fo ications and treatment pl he patient had no questio	an are discussed			e option to decline
				RICHARD N	IONTGOMERY, M.D.	DATI
				Set P		2/13/14

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Print Form

	100-	A CONTRACT OF A	PARTMENT OF CORRECTIO ecting You and Your Community"	
		CL	INICAL CONTACT NOTE	
		AME (Last, First, MI)	IDOC #	Date/Time Problem number
	and the second of the second sec	dmo, Adree	94691	02/13/2014
SUBJECTIVE	Edmo reported it was a to keep him safe.	bad choice to report self f	harm in a concern form. Edmo	reported he can see how big concern wa
-	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 Idea	tion 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	himself.	1 4x and appears to still ha	ve limited insight as evidence	d by making a written desire to self harn
OBIETTIVE		1 4x and appears to still ha	ve limited insight as evidence	d by making a written desire to self harr
	himself. This clinician has concern	n for Edmo's safety and ab	ve limited insight as evidence	
OBJECTIVE	himself. This clinician has concern	n for Edmo's safety and ab	ility to make effective choices	
ACCECCAATAT	himself. This clinician has concern	n for Edmo's safety and ab	ility to make effective choices	

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Print Form

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community

_			INICAL CONTACT NOTE	
_		ME (Last, First, MI)	IDOC #	Date/Time Problem number
		lmo, Adree	94691	02/14/2014
SUBJECTIVE				ported he can see how breaking the 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 Ideatio	n 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	when not authorized to		ve limited insight as evidenced b	
OBJECTIVE				
	when not authorized to	possess coffee. n for Edmo's safety and ab		avoid self harm as evidenced by
SSESSMENT	when not authorized to This clinician has concerr possessing unauthorized	possess coffee. n for Edmo's safety and ab		
ASSESSMENT	when not authorized to This clinician has concerr possessing unauthorized	possess coffee. n for Edmo's safety and ab coffee.	illity to make effective choices to	

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1815

1

IDOC MENTAL HEALTH SCREENING

IDOC	: #: EDMO / 94691	ATE OF REPO	r .	
1	Intake/New Arrival Intake/New Arrival	🗆 Restr	ictive Ho	using
	1. Did the transporting officer report any concerns? If so please explain:	TYes	INO	1
			N	ely
	2. Right now, do you have thoughts of hurting yourself?	(TYes	(All	Immediately
0	3. Do you have any immediate plans to hurt yourself?	C Yes	1000	Immediately
urre	Describe:		1	-
nt R	4. Right now, do you feel like there is nothing to look forward to in the future?	UYes	Sed	-
lisk	prepar and getty ant - date upon compes	Nan	1	e lo
Current Risk Factors	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, ple describe: (If rated at "5" or above, refer for clinician follow-up) $A - 3/10$	ease	XON0	Rafer to MH for follow
1.1	6. Within the past year have you engaged in self-harm or attempted suicide?	,∏Yes	XNO	Lar Lar
	Date: Means/Method: Intent: Date: Means/Method: Intent:		1	a a
		(Mas	DNo	-
H so	7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Date: 2010 Means/Method: Curcarn Intent: (Call Sour	P	1.1.10	1
Suicide/Self Harm History	In custody: Vas VNb		1	-
de/S Hist	Date: 2011 Means/Method: OJ-Wask Intent: YCuli Self			1
belf	In custody: TYes ADo Date: Means/Method: Intent:			nou
1.1	In custody: Ves No			72
-	8. Do you have a History of Mental Health Hospitalizations and Outpatient Treatment?	+ Wes	No	did
Prior Treatment	Date: <u>2010</u> Care Provider: <u>Care Provider</u> <u>Reason</u> : <u>Surch</u> <u>catter</u>	- /		wit
ior	Date: Care Provider: Reason:			an
R.	Date: Care Provider: Reason:			No
	9. Are you currently taking mental health medications?	Lyes	ONO	r fo
	Medication Name: Dose/Frequency ISD Arm Date of Last dose: 2/14/14 Medication Name: Dose/Frequency Date of Last dose: 2/14/14	_ /*		04 H
	Medication Name: Dose/Frequency Date of Last dose: Medication Name: Dose/Frequency Date of Last dose:	_		Refer to MH for follow up within 72 hours
edi	Medication Name: Dose/Frequency Date of Last dose:	_	-	erti
Medication	10. Have you ever taken mental health medications in the past?	Vies	UNO	Ref
S	Medication Name: Votac Dose/Frequency Date of Last dose: / Months	ago r	-	-
	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:	()Yes	ΠNo	
1.1	What? First Used: Last Used: How Much? What? First Used: Last			1.5
Su	Alcohol: 1/24rs 224rs daly Marijuana: 14-1540 R	e one	e-turi	ted a
sta	Methamphetamines: 1840 2210 events selocaine: 2040 21	415 54	latot ?	R requested
Ince		2000		
Substance Use	DOther:	1.0.	Tarr	Lo F
ê	12. Have you ever participated in substance abuse treatment?	Yes	DNo	atec
H	13. Did you successfully complete? 14. Providers name: Costonwook Wiles	Pres	DNo	dic
	14. Providers name: Contract Willer 15. Is this your first time in prison?	10	Lenki -	if it
Oth	16. Have any family members or significant persons in your life attempted or committed suicide?	X Des	UNo	dn
	 Have any family members of significant persons in your me attempted of committed solution. Have you recently experienced a significant loss such as a death of a close family member or friend? 	UYes	10 No	Routine MH follow up if indicated or
ris		chied whes	UNO	fol
ontributing	19. Have you ever been a victim of sexual or physical)abuse?	Ves	(∄No (⊒No	HW
utin	20. Have you had a head injury? Describe: 22,5 Jd muliple setemes from abay		QNo	ine
2 P	21. Have you ever received special education services?	OYes	Yerlo	out
10 L	22. Are you worried about something other than your current legal situation? Describe:	UYes	(No	œ
0	23. Do you have a physical illness that is causing you distress or pain? Describe:	UYes	Citto	

BH7123ID IDOC Mental Health Screening, Created: April 5, 2012; Revised: August 7, 2012

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-	Alert, oriented x 4					Reports Hallucinations Delusions		
Currei (C	Grooming/ Eye Contact A Hygiene		Affect	Affect Mood Th		Speech	Movement/Activi	
Current Mental Health Status (Check all that apply)	Appropriate to situation INeat/Clean Unkempt Dirty Other:	Anpropriate Situation Cair Good None	Appropriate Usituation UFiat UNo emotion Tearful Smiling Depressed Euphoric	CAppropriate to situation [Angry [Cheerful [Calm [Sad [Hopeless [Anxious	Coppropriate to situation Logical Goal directed Disorganized Moving from topic to topic quickly Irrelevant Distractible	URAppropriate to situation IRapid ISlow IPressured ISlurred ILoud IQuiet IRambling	Coppropriate to situation Restless Slowed Active Agitated Aggressive	
-	Action Taken			Initia	al Housing Recomme	endation		
DISPOSITION	under Policy 3	315 tal Health for follo		ours	eared for general hou I cleared - <u>referred fo</u> ner placement:		icement	
οΞ	l acknowledge t	hat I have answe	red all questions	truthfully and hav	e been informed abo healthcare profession	out how to obtain	mental health	
Informed Consent	Inmate Signatu	Max 1	almel		and the second	te: DD-19	-12/	
	Screened by:	Diely	1820	TOUR	ARA	A		
N IE	ourconica byc	Date	Time	Printed N		Signatu	re	
Screener/ Reviewer	Screening Revie	ewed: Date	Time	Printed N	2ma	Clinicia	n Signature	
her/	O MH Seconder			r filliou N	anie	Cimicia	n olghaldre	
	D MH Secondar	y Assessment Co	Dat	e P	rinted Name	Sig	nature	
	Seing	Note/if indicated		y allight	for has	For tre	ment-	
	Inc	N						
	pan	mç.						
-	pun	me.						
Clinica	par	mc.						
Clinical Fair	par	me.						
	par	me.						
Clinical Follow In	pum	WC.						
Clinical Follow (1-	pum	wč.						
	- Paum	mč.						
Clinical Exilour Da	- Para					4		
	2/ KIM	1820 Time		Tended Name	MTA_	Clinician Signa		

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

ER 1578

Mental Health Group Referral (BHU)

Inmate Name: Edmo, Mason

Inmate IDOC #: 94691

Date of Referral: 2/20/14 Referring Clinician: Truin

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 (CEG 9)

- Mindfulness (CCG 4)
- Lifer's Group (CCG 1)
- Borderline Personality Disorder Skill Training (CCG 4)
- GD Process Group (CCG 12)
- Other

Psych Tech/Officer Groups:

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

Please enroll in GD group.

That is all at this time.

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1.1

IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)			MAME (Last, First, IDOC # DATE OF BIRTH						
Edmo, Mason, D.			94691		2/22/14	0800			
S	Today this clinician met plan and to make clinic negative interactions w staff here will do the sa staff here as a result of stated that Edmo want time that I was here at and will be released on	al cont vith sta me thi previo ed to g ISCI. E	act with Edmo. Ed ff while housed in I ng. Edmo stated th us interactions wh et back into the GE dmo reported that	mo reported that SCO. Edmo report hat Edmo did not g ile being housed in group as "that re Edmo had already	Edmo experien ted that Edmo tet along with r the BHU prev ally helped me been given a	iced many is worried tha many of the iously. Edmo a lot the last			
0	Appearance	Good but E	for LOC and housi dmo reported that	ng placement. Ed Edmo's hair was r	mo had curly lo 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		Edmo reports that e while in the BHU						
	Suicidal	Denie	es SI or SIB.						
	Violence	Denie							
	Delusions	None	were reported or	observed by clinica	al staff.				
	Perceptions		ruent 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								
P	with staff in order to be successful at ISCI. 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.								

Lasu ASTY LIND LINSW A578

2/22/14 Date

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

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

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DATE 2/22/14 NAME E					Edmo, Mas	on, D.				
IDOC # 94691 DOI			ов		LOC	CMHS 1				
PR	OBLEM (in op	erational terms)		GOAL						
1.		s having a history of being antic relationships out in th		Edmo en well as he in the cor	ters into unhealthy					
2.	Edmo reports experiencing a history of substance abuse.			Edmo wil coping wi so that up able to us	I identify alternativ ith negative life str oon release from p se appropriate cop	e healthy ways of essors in Edmo's life prison Edmo will be bing skills and not eal with life stressors.				
3.	dysphoria has	that Edmo's diagnosis of s had a negative impact or nd interpersonal relationsh	n i	and phys	l work towards pre ically for living as pon release from p					
		J. Irvin, LMSW A578		1	DATE 2	/22/14				
INT	ERVENTIONS Problem #	Treatment Intervention		ff/Person ponsible	Frequency/ Duration	Date Goal Closed				
1, 2	, 3	skills when struggling to manage Edmo's symptoms. These coping skills include: listening to music, talking to positive social supports, and exercising,		2	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.	Ed m Clinic		As needed					
1, 2, 3		Edmo will create a baseline that is focused on identifying an		baseline that is focused on identifying an increase in Ed interpersonal conflict when interacting with		baseline that is focused on identifying an increase in Edmo interpersonal conflict when interacting with)	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 will take any	Edm		As scheduled. Edmo will turn this in two week	s.				
-										

IDAHO DEPARTMENT OF CORRECTION TREATMENT PLAN

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	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 ip: GD Group.	Client	As scheduled.	

IDOC #

DATE

IDOC Treatment Plan Form Rev. 5.10

OFFENDER SIGNATURE

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ILAHO DEPARTMENT OF CORRECTION "Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #		DATE	TIME		
Edn	no, Mason	94691		2/24/14	1400		
S	medical. Inma inmate's GD s policy. Inmate	ate reported anger tatus. Inmate was requested an app	st. Inmate refused that being treated poor sent to unit 8 for re ointment with assig to cooperate.	orly by IDOC stat fusal to remove i	ff regarding makeup per		
0	Inmate denied SI/HI and agreed to cooperate.						
A	Inmate seems	ns to be power struggling with staff					

moneone ype Clinician Menlove, LPC

where the organizer (Prode as 12

alauliy Date

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

(SOAP - Subjective Objective Assessment Plan)

MULTI-DISCIPLINARY TREATMENT TEAM SUMMARY

DATE 2/24 14 E	OFFENDER NAME DMU Mason D	1DOC	DATE OF BIRTH
The following member	ers were present at the treatment to	eam meeting on this date	e: (type or print legibly)
NAME	TITLE	NAME	TITLE
Watson	Clinician		
Bollman Parthor	4PL		11
Parthor	PTC		

Input was sought from the psychiatrist:	Yes 📈	No 🗆
The offender was present:	Yes 🕅	No 🗆
The treatment team reviewed the offender's concerns and discussed these with the offender:	Yes 📈	No 🗆
The treatment team provided feedback regarding progress toward treatment goals:	Yes 🞾	No 🗆
The treatment team reviewed any current restrictions on the offender that may impact his/her mental health functioning:	Yes 🕅	No 🗆
The treatment team reviewed current housing status and any possible impact on mental health functioning:	Yes 🗖	No 🗆
The treatment team reviewed current level of care to ensure appropriateness:	Yes X	No 🗆
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 🕅	No 🗆
Indicate what level of care treatment the offender will receive:	CMHS 1	
The offender agrees with the treatment plan:	Yes X	No 🗆

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

		< A		
6	>11	CRA		
ffender Signature:	MU	MAG	NQ	2-24-14
linician Signature:	Paul	Alter	7	2/24/1

Intake/New Arrival Inter Institutional Transfer Restrictive Housing 1. Did the transporting officer report any concerns? If so please explain: UYes Wo 2. Right now, do you have thoughts of hurting yourself? UYes No 3. Do you have any immediate plans to hurt yourself? UYes No	INM	ATE NAME: EMO, Mason	DATEO	REPOR	RT:	
1 Did the transporting officer report any concerns? If so please explain: UYes UYes Wo 2. Right now, do you have thoughts af hurting yourself? UYes Wo UYes Wo 3 Do you have any immediate plans to hurt yourself? UYes Wo UYes Wo 4. Right now, do you have any immediate plans to hurt yourself? UYes Wo UYes Wo 5. Right now, do you have any immediate plans to hurt yourself? UYes Wo UYes Wo 6. Wint to you have any immediate plans to hurt yourself? UYes Wo UYes Wo 6. Right now, do you have any mental health symptoms or complaints? UYes Wo UYes Wo 6. Wint the past your aggoed in self-harm or attempted suicide? UYes Wo UYes Wo 10. T. Prior to one year ago, have you engaged in self-harm or attempted suicide? Wes Wies Wies Wies Wo 11. Ustody: UYes Wo Means/Method: Intent: Suicide? Wes Wies Wies Wo 12. Opale Plate Intent: <td< th=""><th></th><th></th><th>r Instituțional Transfer</th><th></th><th></th><th>sing</th></td<>			r Instituțional Transfer			sing
4. Right now, do you feet like there is nothing to look forward to in the future? Ves INO 5. Right now, do you have any mental health symptoms or complaints? (IYes Ves INO 6. Within the past year have you engaged in self-harm or attempted suicide? IYes IVes INO 0 tat: Means/Method: Intent: Ves INO 0 tat: On a pass/Method: Intent: Ves INO 0 tat: On a pass/Method: Intent: Kill Still Ves INO 0 tat: On a pass/Method: Intent: Kill Still Ves INO 0 tat: Care Provider: Reason: Medication Name: Dose/Frequency Date of Last dose: Ves INO 0 tat: Care Provider: Reason: Date of Last dose: Ves INO 0 tat dose: <t< th=""><th>-</th><th>1. Did the transporting officer report any concerns? If se</th><th></th><th>UYes</th><th>MNO</th><th>. E.</th></t<>	-	1. Did the transporting officer report any concerns? If se		UYes	MNO	. E.
4. Right now, do you feet like there is nothing to look forward to in the future? Ves INO 5. Right now, do you have any mental health symptoms or complaints? (IYes Ves INO 6. Within the past year have you engaged in self-harm or attempted suicide? IYes IVes INO 0 tat: Means/Method: Intent: Ves INO 0 tat: On a pass/Method: Intent: Ves INO 0 tat: On a pass/Method: Intent: Kill Still Ves INO 0 tat: On a pass/Method: Intent: Kill Still Ves INO 0 tat: Care Provider: Reason: Medication Name: Dose/Frequency Date of Last dose: Ves INO 0 tat: Care Provider: Reason: Date of Last dose: Ves INO 0 tat dose: <t< td=""><td></td><td>2. Right now, do you have thoughts of hurting yourself?</td><td></td><td>∏Yes</td><td>VN0</td><td>liately ie shi ander</td></t<>		2. Right now, do you have thoughts of hurting yourself?		∏Yes	VN0	liately ie shi ander
4. Right now, do you feet like there is nothing to look forward to in the future? Ves INO 5. Right now, do you have any mental health symptoms or complaints? (IYes Ves INO 6. Within the past year have you engaged in self-harm or attempted suicide? IYes IVes INO 0 tat: Means/Method: Intent: Ves INO 0 tat: On a pass/Method: Intent: Ves INO 0 tat: On a pass/Method: Intent: Kill Still Ves INO 0 tat: On a pass/Method: Intent: Kill Still Ves INO 0 tat: Care Provider: Reason: Medication Name: Dose/Frequency Date of Last dose: Ves INO 0 tat: Care Provider: Reason: Date of Last dose: Ves INO 0 tat dose: <t< td=""><td>Curr</td><td></td><td></td><td>(IYes</td><td>DNo</td><td>Immed notify ti comm</td></t<>	Curr			(IYes	DNo	Immed notify ti comm
If rated at "5" or above, refer for clinician follow-up) ASSCSSTMCAT-	ent R	4. Right now, do you feel like there is nothing to look for	ward to in the future?	Vres	UNO	-
Date: Means/Method: Intent: 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Intent:	isk Factors	On a 1-10 scale with 1 being not at all and 10 being extre describe: OF SPOKE C CINICIAN	mely serious; rate your symptoms, please	UYes	Wo	Refer to MH for follow up within 24 hrs
7. Prior to one year ago, have you engages in self-harm or attempted suicide? Intent: Kill_Stiff Intent: Kill_Stiff In custody: (1Yes (No Intent: Kill_Stiff Intent: Kill_Stiff Intent: Kill_Stiff In custody: (1Yes (No Date 2011 Means/Method: Doe of US Intent: Kill_Stiff Intent: Kill_Stiff In custody: (1Yes (No Date 2011 Means/Method: Means/Method: Intent: Intent: Kill_Stiff Intent: In custody: (1Yes (No Bate 2011 Care Provider: But PotAttill O Reason: McDital Health Hospitalizations and Outpatient Treatment? IVes (No Date: Care Provider: Reason: Reason: Intent: INo Date: Care Provider: Reason: Reason: IVes (No Medication Name: Dose/Frequency Date of Last dose: Ves (No Medication Name: Dose/Frequency Date of Last dose: Ves (No Medication Name: Dose/Frequency Date of Last dose: Ves (No Medication Name: Dose/Frequency Date of Last dose: Ves (No Medication Name: Dose/Frequency Date of Last dose: <td></td> <td>6. Within the past year have you engaged in self-harm o Date:Means/Method:</td> <td>r attempted suicide? Intent:</td> <td>1.Yes</td> <td>WNo</td> <td>Refer to up v</td>		6. Within the past year have you engaged in self-harm o Date:Means/Method:	r attempted suicide? Intent:	1.Yes	WNo	Refer to up v
Medication Name: Dose/Frequency Date of Last dose:	Suicide/Self	Date: Means/Method:	Wes	ĻINo	/2 hours	
Medication Name: Dose/Frequency Date of Last dose:	Prior	8. Do you have a History of Mental Health Hospitalization Date: <u>2011</u> Care Provider: <u>BHU PO(CH1)</u> Date: Care Provider: Date: Care Provider:	Wes /	(;No	low up within 7	
Medication Name: Dose/Frequency Date of Last dose:	Medi	Medication Name: 20/01 Dose/Frequency 5/1	Date of Last dose:	VYes	()No	er to MH for fol
What? First Used: Last Used: How Much? What? First Used: Last Used: How Much? Marijuana: IMarijuana:		Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency	Date of Last dose: Date of Last dose: Date of Last dose:	i,iYes	(MO	Ref
Marijuana: Prescription drugs: Prescription drugs: Prescription drugs: 10 Other: 12. Have you ever participated in substance abuse treatment? UYes No 13. Did you successfully complete? UYes No 14. Providers name: 15. Is this your first time in prisen? UYes	-					
A Methamphetamines: VCocaine: Prescription drugs: Heroin: Other: 12. Have you ever participated in substance abuse treatment? UYes VO 13. Did you successfully complete? UYes VO 14. Providers name: 15. In this years first time in process?	-	1	What? First Used: Last Used:	How Much	?	-
A Methamphetamines: VCocaine: Prescription drugs: Heroin: Other: 12. Have you ever participated in substance abuse treatment? UYes VO 13. Did you successfully complete? UYes VO 14. Providers name: 15. In this years first time in process?	2	VAlcohol:		_		sted
13. Did you successfully complete? ()Yes ()No 14. Providers name:	ict	Wethamphetamines:	VCocaine:			ion
13. Did you successfully complete? ()Yes ()No 14. Providers name:		Prescription drugs:	Heroin			rec
13. Did you successfully complete? ()Yes ()No 14. Providers name:		DOther:			1	2
13. Did you successfully complete? ()Yes ()No 14. Providers name: ()Yes ()No 15. Is this your first time in prison? ()Yes ()Yes ()No 16. Have any family members or significant persons in your life attempted or committed suicide? ()Yes ()No 17. Have you recently experienced a significant loss such as a death of a close family member or friend? ()Yes ()No 18. Have you ever been arrested for a sex crime? ()Yes ()No 19. Have you ever been arrested for a sex crime? ()Yes ()No 20. Have you had a head injury? Describe: Druscial abuse? ()Yes ()No 21. Have you ever received special education services? ()Yes ()No 22. Are you worried about something other than your current legal situation? Describe: ()Yes ()Yes ()No	- H		ent?	UYes	14No	tec
14. Providers name: 15. Is this your first time in prison? 16. Have any family members or significant persons in your life attempted or committed suicide? 17. Have you recently experienced a significant loss such as a death of a close family member or friend? 17. Have you recently experienced a significant loss such as a death of a close family member or friend? 17. Have you recently experienced a significant loss such as a death of a close family member or friend? 17. Have you ever been arrested for a sex crime? 17. Have you ever been arrested for a sex crime? 18. Have you ever been arrested for a sex crime? 19. Have you ever been arrested for a sex crime? 19. Have you had a head injury? Describe: physical abuse? 10. Have you ever received special education services? 19. Have you worried about something other than your current legal situation? Describe: 19. Yes 19. Have you worried about something other than your current legal situation? 19. Have you ever received special education services? 19. Have you worried about something other than your current legal situation? 19. Have you ever person you have yo		13. Did you successfully complete?		()Yes	13No	lice
15. Is this your first time in prison? Uses No 16. Have any family members or significant persons in your life attempted or committed suicide? Uses No 17. Have you recently experienced a significant loss such as a death of a close family member or friend. Uses No 18. Have you ever been arrested for a sex crime? Vres No 19. Have you ever been arrested for a sex crime? Vres No 20. Have you had a head injury? Describe: physical abuse? Vres No 21. Have you ever received special education services? Uses No Vres No 22. Are you worried about something other than your current legal situation? Describe: Ores Vres Vres Vres		14. Providers name:		1		in
16. Have any family members or significant persons in your life attempted or committed suicide? If yes Vio 17. Have you recently experienced a significant loss such as a death of a close family member or friend for the set uno If yes UNo 18. Have you ever been arrested for a sex crime? Vies UNo 19. Have you ever been arrested for a sex crime? Vies UNo 20. Have you had a head injury? Describe: Describe: UVes UNo 21. Have you ever received special education services? UVes UNo UVes UNo 22. Are you worried about something other than your current legal situation? Describe: UVes UNo	0	15. Is this your first time in prison?		Vies	Ne	p
17. Have you recently experienced a significant loss such as a death of a close family member or friend 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	the	16. Have any family members or significant persons in your life at	tempted or committed suicide?	Yes	WNO	N
18. Have you ever been arrested for a sex crime? If the sexual or physical abuse? If the sexual or physical abuse	G	17. Have you recently experienced a significant loss such as a de	ath of a close family member or friend P 11 10		UNo	ollo
19 Have you ever heen a victim of sexual or physical abuse? IVes INO 20. Have you had a head injury? Describe: physical abuse? IVes INO 21. Have you ever received special education services? IVes INO IVes INO 22. Are you worried about something other than your current legal situation? Describe: IVes IVes IVes	ont	18. Have you ever been arrested for a sex crime?		/		1 fo
20. Have you had a head injury? Describe: Physical a busc from last u ationship wes into 21. Have you ever received special education services?	ribu					W
21. Have you ever received special education services? 22. Are you worried about something other than your current legal situation? Describe:	tin	20. Have you had a head inlury? Describe: Abu cord h	uce from last alabianch o			ine
2. 22. Are you worried about something other than your current legal situation? Describe:	s	1 Have you ever received special education services?	use the lost relationship			out
- Les rie you woned about something other than your current legal situation? Describe:	uic H		situation? Describe:	and the second second		02
23. Do you have a physical illness that is causing you distress or pain? Describe:	ide					

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							ons (1 Endo	orses Delusions
Curre	Grooming/ Hygiene	Eye Contact	Affect	Mo		Thought Process	Speech	Movement/Activit
Current Mental Health Status (Check all that apply)	ClAppropriate to situation UNeat/Clean Unkempt Dirty	MAppropriate to situation (Fair (Good (INone	Appropriate to situation Flat INo emotion Tearful Smiling Depressed Euphoric	VApprop to situati (IAngry Cheerd Calm Sad (Hopele (IAnxiou	on Tul	Appropriate to situation Cogical Goal directed Moving from topic to topic quickly Ulrrelevant	Appropriate to situation Rapid Slow Pressured Slurred Loud Quiet Rambling	Appropriate to situation Restless Slowed Active NAgitated Aggressive
	Action Taken				Initial	Housing Recomm	endation	
DISPOSITION	Emergent/Urgent: Referred to the Shift Commander under Policy 315 V Refer to Mental Health for follow up within 24 hours Refer to Mental Health for follow up within 72 hours Refer for routine Mental Health follow up No need for Mental Health follow up - cleared						acement	
Informed Consent	I acknowledge t services I cons Inmate Signatur	ent to routine	ntel all questions Intel health of p	truthfully a rovided by	nd have facility f	been informed abo nealthcare professi Da	onals.	rmental health
	Inmate Signature Date Date Date Date Date Date Marge Date Clinician Signature Screening Reviewed:							
Screener/ Reviewer		Date		Pri	nted Na		Clinicia	an Signature gnature
Screener/ Reviewer Clinical Follow Up	() MH Secondar	Date	ompleted: Dat	Pri	nted Na	me	Clinicia	

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1

	MENTAL HEALTH SCREENING			18 A 2	1	
INM.	ATE NAME: ECIMO, Mason DOP	DATE	24 REPOF	RT:		
DO		er Instituțional Transfer		ctive Hou	ising	
		Unit le	in Result	/	asing	
	1. Did the transporting officer report any concerns? If s	o please explain:	() Ves	MNO	. #	
	2. Right now, do you have thoughts of hurting yourself?		UYes	VNO	Immediately notify the shift	
	2. High horr, so you have along no of harming you con-	1,1100	11	the		
5	3 Do you have any immediate plans to hurt yourself?	∏Yes	Wo	ET.		
IFFE	Describe:	1		1 0		
Current Risk Factors	4. Right now, do you feel like there is nothing to look fo	rward to in the future?	VYes	DNo/	M	
isk			TYes	Wio	Refer to MH for follow	
Fac	5. Right now, do you have any mental health symptoms	s or complaints?		1,UNO	Lo Lo	
tor	On a 1-10 scale with 1 being not at all and 10 being extre describe: PF SPOKC C CIMICIAN	Minior bitor matical		1.1.1	H	
5	(If rated at "5" or above, refer for clinician follow-up)	assessment		1	to N	
	6. Within the past year have you engaged in self-harm of		□Yes	VNo	fer	
	Date:Means/Method:	Intent:	1.3	1.00	Re	
_	Date: Means/Method:	Intent:	Vies	DNo	-	
E 10	7. Prior to one year ago, have you engaged a self-harm Date: 2010 Means/Method: Cat (P) ar M2	or attempted suicide?	vies	LINO		
uic	Date: 20/0 Means/Method: Cut (P) arm	intent:S(11				
Suicide/Self	In custody: Tes No 00 on pills Date 20// Means/Method: 00 on pills	Intent: Kill Self				
/Se	In custody: Lifes Lino				nrs	
2 =	Date:Means/Method:	Intent:			ho	
-	In custody: DYes UNo	as and Outpatient Tractment?	1) es	UNO	14	
	8. Do you have a History of Mental Health Hospitalization Date: <u>2011</u> Care Provider: <u>BHU</u> POCATE	D Reason: MIDIAI DIAITA	Wes	UNO	thi	
Prior	Date: Care Provider:			1.1.1	3	
9	Date: Care Provider:	Reason:	2		5	
•	Date: Care Provider:	Reason:	- /		llov	
	9. Are you currently taking mental health medications Medication Name: 2010 Dose/Frequency 501	Date of Last dose: 7/24/14 an	VYes	QNo	Refer to MH for follow up within 72 hours	
	Medication Name: 2010 Dose/Frequency		10.11	1 to		
2	Medication Name: Dose/Frequency Medication Name: Dose/Frequency			W		
ledi	Medication Name: Dose/Frequency	Date of Last dose: Date of Last dose:	- I		or to	
Medication	10. Have you ever taken mental health medications in the	e past?	TYes	1No	Refe	
ion i	Medication Name: Dose/Frequency	Date of Last dose:		V	-	
	Medication Name: Dose/Frequency	Date of Last dose:				
Γ.,	Medication Name: Dose/Frequency	Date of Last dose:	1 1			
-	Medication Name: Dose/Frequency 11. Have you ever used any type of substances:	Date of Last dose:	Vies			
		What? First Used: Last Used	1.1.			
0		Marijuana:	HOW MUC	10	70	
Sub	MAlcohol:			sted		
star				anb		
ICe	Prescription drugs: Other:	D Heroin:			1.0	
bstance Use	12. Have you ever participated in substance abuse treats	nont2	QYes	BNO	p	
	 13. Did you successfully complete? 		QYes	0No	ate	
	14. Providers name:		T unes	LINO	ipu	
	15. Is this your first time in prison?		Ves	DNe	14.1	
		ttempted or committed suicide?	pa DYes	VNO	dn	
Oth	TV. LIGNS (HTV RELEASED DE STUDIES DE STUDIES DE VOUR DE ST	livies	UNO UNO	Iow		
Other o	 have any raminy memory or significant persons in your file a Have you recently experienced a significant loss such as a dr 	17. Have you recently experienced a significant loss such as a death of a close family member or friend?				
Other con	17. Have you recently experienced a significant loss such as a de	eath of a close family member or mend? y		TINO	-	
Other contrib	17. Have you recently experienced a significant loss such as a de18. Have you ever been arrested for a sex crime?	eath of a close family member of mend ? Ft	Vies		HW Fe	
Other contributin	17. Have you recently experienced a significant loss such as a de18. Have you ever been arrested for a sex crime?19. Have you ever been a victim of sexual or physical abuse?		Wes	ΩNo	ine MH fo	
Other contributing s	 17. Have you recently experienced a significant loss such as a de 18. Have you ever been arrested for a sex crime? 19. Have you ever been a victim of sexual or physical abuse? 20. Have you had a head injury? Describe: physical abuse 	ouse from last relationship	Wes Wes		outine MH fo	
Other contributing suicide	17. Have you recently experienced a significant loss such as a de18. Have you ever been arrested for a sex crime?19. Have you ever been a victim of sexual or physical abuse?	ouse from last relationship	Wes	ΩNo	Routine MH follow up if indicated or reques	

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0								
	Grooming/	Eye Contact	U D	isoriented Mo		Reports Hallucination Thought	ons DEndo	rses Delusions Movement/Activity
(C	Hygiene	Eye Contact	Anect	IVIO	ou	Process	Speech	wovement/Activity
Current Mental Health Status (Check all that apply)	CAppropriate to situation Neat/Clean Unkempt Dirty Other:	Appropriate to situation ()Fair ()Good ()None	Appropriate to situation [Flat No emotion Tearful (Smiling Depressed Euphoric	Approj to situat Cheen Calm Sad Hopele	ion ful ess	Appropriate to situation Cogical Goal directed Disorganized Moving from topic to topic quickly Irrelevant Distractible	Appropriate to situation Rapid Slow Pressured Slurred Loud (IQulet Rambling	Appropriate to situation Restless Slowed Active Aggressive
	Action Taken		-		Initial	Housing Recomm	endation	1
DISPOSITION	Action Taken Emergent/Urgent: Referred to the Shift Commander under Policy 315 Refer to Mental Health for follow up within 24 hours Refer to Mental Health for follow up within 72 hours Refer for routine Mental Health follow up No need for Mental Health follow up - cleared					red for general hou cleared - <u>referred f</u> er placement: Unit		acement
Informed Consent	I acknowledge services I cons Inmate Signatu	sent to rougine fy	ntel all questions ntel health and p	truthfully a rovided by	nd have facility	been informed ab healthcare professi Da	out how to obtain onals. ate $2^{\circ}3^{\circ}4^{\circ}4^{\circ}4^{\circ}4^{\circ}4^{\circ}4^{\circ}4^{\circ}4$	n mental health
Screener/ Reviewer	Screened by: 2	Date Date Date Date	Time 14 0849 Time ompleted: Date	Pr K&	inted Na	Hy Larson, LF	Clinicia	an Signature
Clinical Follow Up	BP BG	P Note/if indicate	98 1	9 87 win	210	R 18 outin, ses	Softer	

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IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		MI) IDOC # BIRTH				TIME			
Ec	lmo, Mason, D.	9	4691		2/28/14	0900			
S	Today this clinician me During the clinical inte- barely." Offender Edm did not want to fight ag and get out of ISCI in se in Edmo's treatment pl defensive when correc SI or HI or experiencing time.	raction, of to reporte gainst poli even mon lan. Edmo tional staf	fender Edmo re, d that during Ed cy, but rather Ec ths. Edmo state o stated that Edn f tried to get Edu	ported that Edmo mo's stay in Unit 8 dmo wanted to try d that Edmo wante no needed to learn mo to follow IDOC	was doing "Ok Edmo realized and get Edmo ed to work on e how to not be policy. Edmo	ay. I survived I that Edmo I's time done content foun ecome denied being			
0	Appearance			ng placement. Edr not appear to be w					
	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 S	l or SIB.						
	Violence	Denies H							
	Delusions	None we	ere reported or c	observed by clinica	l staff.				
_	Perceptions		nt with reality.	and the state of the state of the					
4	Edmo reports having a d defensiveness could be learned behavior, but it	a result o	f Edmo's previou	us experience with	abusive partn				
2	Edmo had been given he communication. Offend placement.	omework	to complete in r	regards to thinking	about non-vio				

i Luse AS78 J. Irvin, LMSW A578

28/14

Date

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

(SOAP - Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3,09

1

IDOC MENTAL HEALTH SCREENING

IDO		ional Transfor 3/2	Pohtrie	tive Ho	ucine	
	Intake/New Arrival Inter Institut	ional Transfer	Restric	tive Ho	using	
-	1. Did the transporting officer report any concerns? If so please		[]Yes	TRNO	4	
	2. Right now, do you have thoughts of hurting yourself?		DYes	INO	Immediately notify the shift commander	
	z. Tright hen, as you have thoughts of northing you down	All and the second second	1 ALL ST	11	the	
2	3. Do you have any immediate plans to hurt yourself?	and the second sec	UYes	GNO	Lify and	
rrei	Describe:		1.3	11	7 02 0	
Current Risk Factors	4. Right now, do you feel like there is nothing to look forward to in	n the future?	UYes	WNO	*	
isk			1.11-1	ino	follo	
Fac	Right now, do you have any mental health symptoms or compl On a 1-10 scale with 1 being not at all and 10 being extremely series		LiYes	UNO.	for 1 24 h	
tors	describe:	ous, rate your symptoms, piedoe	1.2		HM	
	(If rated at "5" or above, refer for clinician follow-up)		4		Refer to MH for follow up within 24 hrs	
	6. Within the past year have you engaged in self-harm or attempted Date:Means/Method:Int	ed suicide? tent:	teres	UNO	up	
		tent:	1		02	
			Mes	I No		
Suicide/Self	7. Prior to one year ago, have you engaged in self-harm or attemp Date: 2010 Means/Method: (111) 011 In	itent: Kill SCIF		1		
licio						
le/S	Date: 2011 Means/Method: 00 amitriphiline in In custody: UYes UNo	itent: NIII SUF			2	
elf		tent:	1.1		hou	
	In custody: Ves IINo		/		22	
	8. Do you have a History of Mental Health Hospitalizations and Ou Date: 2010 Care Provider: BHU Pacota II O Rea	Itpatient Treatment?	Wes	(No	Refer to MH for follow up within 72 hours	
Prior	Date: Care Provider: DIIG PICOTCITO Rea Date: Care Provider: Rea	son:			wit	
9	Date: Care Provider: Rea	son:			din A	
	Date:Care Provider:Rea	son:	1		llov	
	9. Are you currently taking mental health medications?	and the state of the	VYes	(No	rfo	
		late of Last dose:		TU	Hfo	
z	Medication Name: Dose/Frequency Date of Last dose: Medication Name: Dose/Frequency Date of Last dose:					
edi		ate of Last dose:	1	1	er to	
Medication	10. Have you ever taken mental health medications in the past?		Ives	UNO	Ref	
		ate of Last dose:				
- 1		ate of Last dose:ate of Last dose:				
		ate of Last dose:	1			
	11. Have you ever used any type of substances:		Yes	UNO		
	What? First Used: Last Used: How Much? What?	Pirst Used: Last Used: 1	How Much	?		
0	Alcohol: Martijua	na:			ted	
Cubotan	Methamphetamines:	0:			equested	
	Prescription drugs: Heroin:				bau	
	LOther:		-	1	ы	
	12. Have you ever participated in substance abuse treatment?		OYes	MNO	ited	
	13. Did you successfully complete?		InYes	1.No	dica	
	14. Providers name:		1		fin	
9	15. Is this your first time in prison?		Hes	INO	dn	
her	16. Have any family members or significant persons in your life attempted or 17. Have you recently experienced a significant loss such as a death of a clo 18. Have you ever been arrested for a sex crime?	committed suicide?	UYes	INO	Routine MH follow up if indicated or n	
con	If mave you recently experienced a significant loss such as a death of a clo by Have you even been exceeded for a pay prime?	ose ramily member or friend? (Vi*	Vies	UNO	foll	
	to have you ever been arrested for a sex crime?		Ves	No	HW	
5	19. Have you ever been a victim of sexual or physical abuse? 20. Have you had a head injury? Describe: Sright All Signal	1005	Ves	JNO	ne	
÷ 1 /	Describe: Station of the second station of t	1011-	V	a construction of the second s	TT I	
inds	1. Have you ever received special education services?		l'iYes	VX0	õ	
	21. Have you ever received special education services? 22. Are you womed about something other than your summit legal situation?		(iYes	LINO I	Roi	

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	Alert,	oriented x	UD	isoriented	I, I Reports Hallucinati	ions () Endo	orses Delusions
Currei (C	Grooming/ Hygiene	Eye Contact	Affect	Mood	Thought Process	Speech	Movement/Activit
Current Mental Health Status (Check all that apply)	Wepropriate to situation UNeat/Clean Unkempt Dirty DOther:	(Appropriate to situation ()Fair ()Good ()None	WAppropriate to situation ()IFlat ()No emotion ()Tearful ()Smiling ()Depressed ()Euphoric	Uppropriate to situation ()Angry Cheerful UCalm ()Sad ()Hopeless ()Anxious	(Appropriate to situation (Icoal directed Disorganized (IMoving from topic to topic quickly (Irrelevant (Distractible	to situation IRapid Slow Pressured ISlurred Loud Quiet Rambling	Appropriate to situation Restless Slowed Active Agitated Aggressive
	Action Taken		da	Ini	tial Housing Recomm	endation	
DISPOSITION	under Policy Refer to Mer Refer to Mer Refer for rou	rgent: Referred to 315 htal Health for follo htal Health for follo tine Mental Health Mental Health follo	ow up within 24 ho ow up within 72 ho n follow up	ours 12	leared for general ho ot cleared - <u>referred f</u> ther placement: UAI +		acement
Informed Consent	l acknowledge services. I cons Inmate Signati	sent to routige me	ned all questions ntar health care p	truthfully and ha rovided by facili	ave been informed ab ty healthcare profess Da	ionals. ate: <u>3</u> -0<	
Screener/ Reviewer	Screened by:	iewed: Date Date Date	Time Time ompleted:	K. Larse Printed Printed			an Signature
Clinical Follow Up	Follow Up SOA	AP Note/if indicate	d: R	20 9	167A 108	2	

IDOC MENTAL HEALTH SCREENING

IDO(3/	OF/REPOR		
1	Intake/New Arrival	itutional Transfer	C Restrie	ctive Ho	using
	1 Did the transmission officer and an upper 2 if an also	UNIFIC	OYes	DNo	1
	1. Did the transporting officer report any concerns? If so plea	ase explain:	Uyes	11	mmediately otify the shift
	2. Right now, do you have thoughts of hurting yourself?	ØYes	No	diate he s	
Curry	3 Do you have any immediate plans to hurt yourself? Describe:	(Yes	VINO	immediately notify the shift	
ent R	4. Right now, do you feel like there is nothing to look forward	to in the future?	ØYes	No	-
Current Risk Factors	 Right now, do you have any mental health symptoms or co On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extremely</i> describe: (If rated at "5" or above, refer for clinician follow-up) 	omplaints? <i>serious</i> ; rate your symptoms, please	□Yes	DÍNO	fer to MH for follow
	6. Within the past year have you engaged in self-harm or atten Date: Means/Method: Date	_Intent:	teres	No	Refer to
	Date: Means/Method:	Intent:	Mes	DNo	-
Suicide/Self	7. Prior to one year ago, have you engaged self-harm or atter Date: 2010 Means/Method: 701 0 01 M In custody: Types No Date: 2011 No Date: Means/Method: 20 0 m m ph 1 n 2 Means/Method: 1 In custody: Types No	_Intent:_K, SCIF	,		72 hours
Prior	8. Do you have a History of Mental Health Hospitalizations and Date: OIO Care Provider: BHU PACOTA IIO Date: Care Provider: Date: Care Provider: Date: Care Provider:	Wes 	ŅΝο	flow up within	
Medication	9. Are you currently taking mental health medications? Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency	Date of Last dose: _Date of Last dose: _Date of Last dose: Date of Last dose:	Yes	ΩNo	Refer to MH for follow up within 72 hours
allan	10. Have you ever taken mental health medications in the past Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency	Pate of Last dose: Date of Last dose: Date of Last dose: Date of Last dose: Date of Last dose:	(TYes	I, INO	Ref
	11. Have you ever used any type of substances:		Ves	ΠNo	
Cubatana llas	Malcohol: IMa IMethamphetamines: Co	Vhat? First Used: Last Used rfijuana: caíne: roin:	How Much	17	Routine MH follow up if indicated or requested
	12. Have you ever participated in substance abuse treatment?		Ves	UNO	op
	13. Did you successfully complete?		aYes	DNo.	cate
	14. Providers name:		1,1103	T ISING	ipu
	15. Is this your first time in prison?		Hies	DNO	11.0
the	16. Have any family members or significant persons in your life attempted	ed or committed suicide? a close family member or friend? 614 hd	PLIYes	INO	in w
	17. Have you recently experienced a significant loss such as a death of	a close family member or friend? ()	Wres	DNo	lio
ontr	18. Have you ever been arrested for a sex crime?		Vies	UNO	H fo
ibu	19. Have you ever been a victim of sexual or physical abuse?	The second second second	Ves	QNo	W
tin		ISSIONS	Ves	ONo	tine
Other contributing suicide	21. Have you ever received special education services?		↓Yes	VNO	South
iici	22. Are you worried about something other than your current legal situal	tion? Describe:	pYes	100	LE.
	23. Do you have a physical illness that is causing you distress or pain?	Describe:	TYes	UNO	

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Alert, oriented x Disoriented 13 Reports Hallucinations Endorses Delusions **Current Mental Health Status** Grooming/ Eye Contact Affect Mood Thought Speech Movement/Activity Hygiene Process (Check all that apply) Appropriate Appropriate Appropriate **U**ppropriate Appropriate Appropriate to Appropriate to situation to situation to situation to situation to situation to situation situation Angry Neat/Clean Logical Restless Cheerful Unkempt Good No emotion Goal directed Slow Slowed Dirty None Tearful ()Calm Disorganized Pressured Active Other: Smiling Sad Moving from Slurred Agitated Depressed Hopeless topic to topic Loud Aggressive Euphoric Anxious quickly Quiet Irrelevant Rambling Distractible Action Taken Initial Housing Recommendation DISPOSITION Emergent/Urgent: Referred to the Shift Commander Cleared for general housing placement Vot cleared - referred for holding cell placement under Policy 315 Befer to Mental Health for follow up within 24 hours Refer to Mental Health for follow up within 72 hours LA D Refer for routine Mental Health follow up No need for Mental Health follow up - cleared 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. Consent Inmate Signature Date: 800 Arsen LPM Screened by Printed Name Time gnature Screener/ Reviewer 0800 ensino Screening Reviewed: **Clinician Signature** Printed Name Time (I MH Secondary Assessment Completed: Date Printed Name Signature Follow Up SOAP Note/if indicated: 0 ad OK **Clinical Follow Up** Date Time Printed Name **Clinician Signature**

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

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Print Form



IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

		DATES OF WATCH/O	BSERVATION
DATE PLACED ON WATCH	3/2/13	DATE PLACED ON OBSERVATION	DATE REMOVED FROM WATCH/OBSERVATION

OFFENDER LAST NAME	OFFENDER FIRST NAME	IDOC#	DOB	DATE OF REPORT
Edmo	Mason 94			3/3/14
INSTITUTION	OFFENSE		REGULAR IOUSING UNIT	CURRENT HOUSING UNIT
IMSI	Sex Abuse of a Child <16		Unit 16	Unit 16
CURRENT LEVEL OF CA	RE (LOC) C	MHS1 - Corr	ectional MH Servi	ces
and diminishes significantly of existing environmental conditi of risk probably of suicide is re- circumstances change.	e prediction of suicide and other s ver time. However, based upon to ons, and other information availab effected below. This level of risk of	ne historical i ble at the time will change o	nformation, an ind e of the review, inr ver time and shoul	ividual Interview, nate's current level
SRA REPORT TYPE	Incoming (Initial) Only	RISK LE	/EL	Low
INTERVIEW Offender Edmo started the inte Additionally, Edmo stated that the Edmo's mental health concerns Very good plan' was in place.		nely" in unit 8 /, and related (periencing the mo was illusi	I this drama to sec noughts of hurting ve about any inten	urity staff and self and stated that it to act upon this
PLAN OR METHOD Offender Edmo stated that ther	e was a plan in place, but refused	to discuss th	nis plan.	

IDOC Suicide Risk Assessment PDF 8-13

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

	OFFENDER FIRST NAME		IDOC#	DOB	DATE REPO	
Edmo	Mason		94691		3/3/1	
ACCESS TO MEANS			-			
Offender Edmo will have access to	means consistant with E	dmo's	incarceration.			
HISTORICAL FACTORS (chec	k all that apply)			-		
Family history of suicide		16 Y X	t time prison tern	n		
Inmate history of suicide attem	ipts 🖌	Cur	rent Ad Seg			
History of substance abuse	\checkmark	Oth	er (list below)			Ľ
Offender Edmo has admitted to 5 s 1/12/2012. PSI also indicates that Offender Ed It age 17 years old. Offender Edm participated in various alcohol abus	imo has a hx of alcohol al o reported using alcohol '	buse i "on th	ssues. Offender Eo	imo reported fir pears that Offe	rst using ale nder Edmo	coho
KNOWN STRESSORS/ DEMO Sleeping difficulties or irregular Non-compliance with prescribe Weight loss or loss of appetite Progressive health problems (c DOR Family event Gambling or other debt	sleeping hours d psych medications		check all that apply) Recent personal Neglect of perso Long or life sent Poor compliance Conflict on tier Conflict with bun Parole/court hea	loss or crisis nal hygiene ence with treatment kmate	nt	
			Other (list below)			100
Fearful for safety		H	Gender Dysphoria conc	erns		1
			Bender Byspriona cone	arris		1
Fearful for safety Relationship PSYCHOLOGICAL FACTORS Iffender Edmo reported experienci						_

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Mason protective factors during the intervie	94691		
			3/3/14
ubility, and diminishes significantly ov v, existing environmental conditions, a k probably of suicide is indicated bel	er time. However and other informa	, based upon the tion available a	historical t the time of the
	k for self harm		
	bility, and diminishes significantly ov v, existing environmental conditions, k probably of suicide is indicated bel- s change.) The offender is currently a low ris	ability, and diminishes significantly over time. However w, existing environmental conditions, and other informa- ik probably of suicide is indicated below. This level of r es change.) The offender is currently a low risk for self harm	

RISK REDUCTION/TREATMENT PLAN ADDENDUM

RISK REDUCTION PLAN	1 Deliveration of the second second
GOAL (There should be two (2) types of goals for each Problem: 1) Immediate goal(s) and 2) Short-term goal(s))	INTERVENTION (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)
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.
	GOAL (There should be two (2) types of goals for each Problem: 1) Immediate goal(s) and 2) Short-term goal(s)) 1)Offender Edmo will not act on any suicidal ideation. 2) Offender Edmo will establish coping skills

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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
	RISK REDUCT	ION PLAI	N CON'T		
CHANGE IN LOC REQUIRE	D? NEW LOC IF A	PPLICAB			anged)
No			Not Applicat		
NATURE OF INCIDENT		DEGRI	E OF MEDIC	A CONTRACTOR OF THE OWNER OWNE	NTION
Verbal threat with		1	dimension di Science	None	
OFFENDER'S STATED INT		LASTS	SUICIDE WAT		
Other: Being				1-4 weeks	
	TREATMENT	PLAN UP	PDATE		
The offend	ler will return to their pre-	vious treatm	nent plan upon	stabilization	
ADDITIONAL COMMENTS					
t should be noted that the conter purpose of Offender Edmo subm of unit 8 and back to unit 16. Off	itting concern forms stat	ing intent to	harm self was	to manipulate	housing to get out
REPORT COMPLETED	CREDENTIAL	DATE		SIGNATU	RE
B. Lewis	LMSW	3/3/14			

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	C MENTAL HEALTH SCREENING	DA	TE OF REPOR	T	T	
DO	c #: 94691 mason Inter	DA	3/	21/12	1	
	Intake/New Arrival	r Institutional Transfer	11 Restric	ctive Hot	using	
Current Risk Factors	1. Did the transporting officer report any concerns? If so	QYes	TINO			
	2. Right now, do you have thoughts of hurting yourself?		UYes	-Etho	liately ie shi	
	3. Do you have any immediate plans to hurt yourself? Describe: .	[]Yes	19HO	Immediately. notify the shift continuation		
	4. Right now, do you feel like there is nothing to look for	[]Yes	14No	at any state		
sk Factors	5. Right now, do you have any mental health symptoms On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extrer</i> describe: (If rated at "5" or above, refer for clinician follow-up)	or complaints? mely serious; rate your symptoms, plea	i)Yes	1.440	Refer to MH for follow up within 24 hrs	
	6. Within the past year have you engaged in self-harm or Date: Means/Method:	Intent:	l.Yes	TNO	Refer t	
Suicide/Self	Date: Means/Method: Intent: 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? +Yes 9. Date:					
Prior	In custody: DYes UNo 8. Do you have a History of Mental Health Hospitalizations Date:Care Provider: Date:	s and Outpatient Treatment? Reason: Reason: Reason: Reason:	l iYes	diNo	Refer to MH for follow up within 72 hours	
	9. Are you currently laking mental health medications? Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency	Date of Last dose: 3/4/14	HAN Yes	(No	er to MH for fol	
Modiontion	10. Have you ever taken mental health medications in the Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency	past? Date of Last dose: Date of Last dose: Date of Last dose:	Ves	1 No	Refe	
+	11. Have you ever used any type of substances:		THES	10No		
4	What? First Used: Last Used: How Much?	What? First Used: Last Us	Sed: How Much	?	Ð	
	Methamphetamines: 201/	Mentjuana: 200	<u> </u>		este	
	Prescription drugs: 201	Heroin:	4		nbə	
	LiOther.				or	
Substance IIco	12. Have you ever participated in substance abuse treatme	ent?	tryes	DNo	pa	
T	13. Did you successfully complete?	D	LYes	UNO	icat	
		Direction			ind	
L	14. Providers name: N(LU)		UYes	0No	*	
-	14. Providers name: Neu') 15. Is this your first time in prison?	5	UICS .		D .	
-	 Is this your first time in prison? Have any family members or significant persons in your life attr 	empted or committed suicide?	UYes	CHO	dn w	
-	 Is this your first time in prison? Have any family members or significant persons in your life attr 	empted or committed suicide? ath of a close family member od tiened by	UYes		ollow up	
-	15. Is this your first time in prison?	empted or committed suicide? ath of a close family member or Grienul2 Pa	UYes	QHO-	H follow up	
-	15. Is this your first time in prison?16. Have any family members or significant persons in your life attention of the second state of the second sta	empted or committed suicide? ath of a close family member on the suicide?	UYes 120/11 HYes	©No ∏No	a MH follow up	
	 15. Is this your first time in prison? 16. Have any family members or significant persons in your life attention of the second seco	empted or committed suicide? ath of a close family member odtions21	120/14 HYes	CINO LINO LINO	tine MH follow up	
Other contribution	 15. Is this your first time in prison? 16. Have any family members or significant persons in your life atternation of the second se	ath of a close family member odtiended parts	120/14 tres	CINO IINO IINO IINO	Routine MH follow up	
-	 15. Is this your first time in prison? 16. Have any family members or significant persons in your life atternation of the second se	th of a close family member of tions 21 pa	UYes 130/14 HYes 11Yes 11Yes	CINO (INO (INO (INO (INO	Routine MH follow up if indicated or requested	

3H7123ID IDOC Mental Health Screening, Created: April 5, 2012; Revised: August 7, 2012

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					Reports Hallucinations					
Curren (Cl	Grooming/ Hygiene	Eye Contact	Affect	Mod	od	Thought Process	Speech	Movement/Activity		
Current Mental Health Status (Check all that apply)	UAppropriate to situation (INeat/Clean (IUnkempt UDirty UOther:	opriate ation /Clean mpt in: in: in: in: in: in: in: in: in: in:		Cheerfu Calm Sad Hopele	ation to situation y (ELOgical arful UrGoal directed (Disorganized (Moving from eless topic to topic		(Appropriate to situation (Rapid (Slow Pressured Slurred (ILoud (Quiet (Rambling	Appropriate to situation Restless Slowed Active Agitated Agitated		
	Action Taken					Initial Housing Recommendation				
DISPOSITION	under Policy Refer to Men Refer to Men Refer for rou	rgent: Referred to 315 Ital Health for follo Ital Health for follo tine Mental Health Mental Health follo	w up within 24 ho w up within 72 ho n follow up	urs	Not	red for general hou cleared - <u>referred fr</u> er placement: ¹ UUU	using placement or holding cell pla C	acement		
Informed Consent	l acknowledge services. I cons Inmate Signatu	sent to routine mo	red all questions f ntal health care p	ruthfully ar rovided by	nd have facility	been informed ab nealthcare professi Da	onals.	n mental health		
N S	Screened by:	3/4/14 Date	1300 Ju Time		Ruc nted Na	me	Inniferal Signati	Ruchonne		
creener/ eviewer	Screening Revi	Date	Time ompleted: Dat		nted Na Pr	me inted Name		an Signature gnature		
Screener/ Reviewer	년 MH Seconda	Date ary Assessment Co P Note/if indicated	ompleted: Dat	e						
creener/ creener/ Clinical Follow Up	년 MH Seconda	Date ary Assessment Co P Note/if indicated	ompleted: Dat	e						

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INM	ATE NAME: EDIMIC DOB	DATE O	REPOR	J:11.	1
	Intake/New Arrival	stitutional Transfer	Restric	tive Hol	using
-	1. Did the transporting officer report any concerns? If so pl	ease explain:	☐ Yes	INO	
					shif
	2. Right now, do you have thoughts of hurting yourself?		UYes	tho	Immediately otify the shi
Current Risk Factors	 Do you have any <u>immediate</u> plans to hurt yourself? Describe: 		(Yes	4NO	Immediately notify the shift
	4. Right now, do you feel like there is nothing to look forwar	DYes	HNO	ollow	
Factors	 Right now, do you have any mental health symptoms or On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extremel</i> describe: (If rated at "5" or above, refer for clinician follow-up) 	QYes	THA	Refer to MH for follow up within 24 hrs	
	6. Within the past year have you engaged in self-harm or at Date: Means/Method: Date: Means/Method:	tempted suicide? Intent: Intent:	QYes	+No	Refer
-			TYes	UNO	
Suicide/Self Harm History	7. Prior to one year ago, have you engaged in self-harm or a Date: Means/Method: DD arwith Pure In custody:Yes Date: Means/Method: Date: In custody:YesNo Date: In custody:YesNo			72 hours	
Prior	8. Do you have a History of Mental Health Hospitalizations a Date: Care Provider: Date: Care Provider:	Reason:	I./Yes	£ No	up within 7
	Date: Care Provider: Date: Care Provider:	Reason:		1	MO
Medi	9. Are you currently Taking pental health medications? Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency	Date of Last dose: 3/4/14 HW Date of Last dose: Date of Last dose: Date of Last dose:	LYes	∏No	Refer to MH for follow up within 72 hours
Medication	10. Have you ever taken mental health medications in the pa Medication Name: Dose/Frequency	Date of Last dose: Date of Last dose: Date of Last dose: Date of Last dose: Date of Last dose:	∏Yes	ΠNο	Ref
	11. Have you ever used any type of substances:		Hes	I No	
			How Much	17	-
Sub	K	M a nfjūana: 2005 Bocaine: 2011			stec
Substance Use	Methamphetamines: 201	_		ant	
nce		Heroin:			L LO
S	Other:	2	1245-6	-	op
	12. Have you ever participated in substance abuse treatment	1	tres	ΠNo	ate
ł	13. Did you successfully complete? 14. Providers name: Neu')	Direction	HYes	ŪNo	ndic
	15. Is this your first time in prison?	Machier .	TYes	DNo	i.
8	16. Have any family members or significant persons in your life attem	oted or committed suicide?	DYes .	Ato	dn
er	17. Have you recently experienced a significant loss such as a death	of a close family member of ieast Da	tres	UNO	low
in -	18. Have you ever been arrested for a sex crime?	2/2/4			fol
trib	19. Have you ever been a victim of Bexual of physical abuse?		Yes	(⊒No ∏No	WH
uti	20. Have you had a head injury? Describe:		Yes	QNo	au
Other contributing suicide		a concussion Konaha	Yes	 □No	Routine MH follow up if indicated or requested
- F	din Australia and a state of a state of the	lation? Describe	DYes	-EINO	-
cid	22. Are you worried about something other than your current legal situ				

8H7123ID IDOC Mental Health Screening, Created; April 5, 2012; Revised: August 7, 2012

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	ATert,	oriented x	U.D.	lisoriented	C Reports Hallucinations				
Currer (C	Grooming/ Hygiene	Eye Contact	Affect	Mood	Thought Process	Speech	Movement/Activit		
Current Mental Health Status (Check all that apply)	DAppropriate to situation Deat/Clean Unkempt Dirty Other:	DAppropriate to situation UFair UGood None	Contraction Contra	Appropriate to situation Angry Cheerful Calm Sad Hopeless Anxious	 Appropriate to situation Logical Goal directed Disorganized Moving from topic to topic quickly Irrelevant Distractible 	CAppropriate to situation (Rapid Slow Pressured Slurred (Loud Quiet Rambling	□ Appropriate to situation URestless USlowed Active IAgitated UAggressive		
	Action Taken			lr	Initial Housing Recommendation				
DISPOSITION	under Policy 3	rgent: Referred to 315 tal Health for follo tal Health for follo tine Mental Health Mental Health follo	w up within 24 ho w up within 72 ho follow up	ours 2	Cleared for general housing placement Not cleared - referred for holding cell placement Other placement:				
Informed Consent		ent to routine mor			ave been informed ab ity healthcare profess D		n mental health		
Screener/ Reviewer	Screened by: 3 4 4 1300 Jennifer Prudhewvno Jennifer Prudhewvno Screening Reviewed:								
Clinical Follow In		P Note/if indicated	inclan		Unit the wri	th asoryne	1 chineuro -		
	3/5/14 Date	0645 Time	– Ľ. Pri	Sh çar Inted Name	Ĕ	Chevian Signa	con/		

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

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Print Form



IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

			ICIDE RISK A ES OF WATCH		the second s			
DATE PLACED ON WATCH	3/3/14	DATE	PLACED ON RVATION	ODOLINI	DATE	REMOVED FRO H/OBSERVATIO		3/4/14
OFFENDER LA	ST NAME	OFFEN	DER FIRST NAM	E ID	OC#	DOB		ATE OF
Edmo			Mason	94	1691			3/4/14
INSTITUTIO	N		OFFENSE	REGULAR HOUSING UNIT			URRENT	
ISCI		Sex Al	ouse Child Under	16		Unit 8	U	nit 16 HC
CURRENT LEV	EL OF CAR	E (LOC)		CMHS1 -	Correct	tional MH Service	es	
of risk probably of circumstances cha	ange.		w. This level of ri xit Only		CLEVE		be mo	
elevant, process w	as clear and	ed consister organized.	t with being in a h Inmate Edmo did	not appear	Inmate to be e	ndorsing delusion	conten	t was
elevant, process w It the time of the in	as clear and terview. Insig	ed consisten organized, pht and judg	nt with being in a h Inmate Edmo did ment regarding m	nolding cell. not appear nental healt	Inmate to be e h appea	Edmo's thought ndorsing delusion r fair today,	conten ns or h	al was
elevant, process w t the time of the in INTERVIEW mate Edmo repor ating, sleeping and enied having a pla eported Edmo's be nish detention, the	as clear and terview. Insig ted feeling "g d taking med in before. Inr havior was t	ed consisten organized. ght and judg good" and "a ication as p nate Edmo o get people	t with being in a h Inmate Edmo did ment regarding m a lot better than yu rescribed. Inmate talked about the i e's attention. Inma	not appear not appear nental healt esterday an Edmo den mpact geno ate Edmo re	Inmate to be e h appea id the da ied SI, d ler dysp aported I	Edmo's thought ndorsing delusion r fair today, ay before." Inmate lenied plan/intent horia has on som being ready to re	e Edmo t to har turn to	t was allucination o identified m self and ple, and Unit 8 to
INTERVIEW INTERVIEW Immate Edmo report ating, sleeping and enied having a plat eported Edmo's be nish detention, the ere."	as clear and terview. Insig ted feeling "g d taking med d taking med n before. Inr shavior was t n return to c	ed consisten organized. ght and judg good" and "a ication as p nate Edmo o get people omplete pro	t with being in a h Inmate Edmo did ment regarding m a lot better than yu rescribed. Inmate talked about the i e's attention. Inma	not appear not appear nental healt esterday an Edmo den mpact geno ate Edmo re	Inmate to be e h appea id the da ied SI, d ler dysp aported I	Edmo's thought ndorsing delusion r fair today, ay before." Inmate lenied plan/intent horia has on som being ready to re	e Edmo t to har turn to	t was allucination o identified m self and ple, and Unit 8 to
elevant, process w at the time of the in INTERVIEW nmate Edmo repor- benied having a pla eported Edmo's be inish detention, the ere." INTENT TO DIE Denied SI and inter PLAN OR METH Denied having plan	as clear and terview. Insig ted feeling "g d taking med in before. Inr thavior was t in return to c	ed consisten organized. ght and judg good" and "a ication as p nate Edmo o get people omplete pro	t with being in a h Inmate Edmo did ment regarding m a lot better than yu rescribed. Inmate talked about the i e's attention. Inma	not appear not appear nental healt esterday an Edmo den mpact geno ate Edmo re	Inmate to be e h appea id the da ied SI, d ler dysp aported I	Edmo's thought ndorsing delusion r fair today, ay before." Inmate lenied plan/intent horia has on som being ready to re	e Edmo t to har turn to	allucination o identified m self and ple, and Unit 8 to

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

	OFFENDER FIRST N	AME	IDOC#	DOB	DATE OF REPORT
Edmo	Mason		94691		3/4/14
ACCESS TO MEANS					
nmate Edmo will have access to	means consistent with ho	using I	ocation.		
HISTORICAL FACTORS (che	ck all that apply)				
Family history of suicide		and the second	t time prison tern	n	V
Inmate history of suicide atter	mpts 🖌	Cur	rent Ad Seg		
History of substance abuse		Oth	er (list below)		
vas having problems dealing with 2/19/14, Inmate Edmo disclosed a ocaine and marijuana. Inmate Ed laily. Inmate Edmo reported this i	history of substance/alco Imo reported alcohol was	the pr	e that included alco	phol, methamphe	tamine,
Sleeping difficulties or irregula Non-compliance with prescrib Weight loss or loss of appetite Progressive health problems (r sleeping hours ed psych medications		Recent personal Neglect of perso Long or life sente Poor compliance	loss or crisis nal hygiene ence	E
Sleeping difficulties or irregula Non-compliance with prescrib Weight loss or loss of appetite Progressive health problems (DOR	r sleeping hours ed psych medications		Recent personal Neglect of perso Long or life sente Poor compliance Conflict on tier	loss or crisis nal hygiene ence with treatment	E
Sleeping difficulties or irregula Non-compliance with prescrib Weight loss or loss of appetite Progressive health problems (DOR Family event	r sleeping hours ed psych medications		Recent personal Neglect of perso Long or life sente Poor compliance Conflict on tier Conflict with bun	loss or crisis nal hygiene ence with treatment kmate	E
Sleeping difficulties or irregula Non-compliance with prescrib Weight loss or loss of appetite Progressive health problems (DOR Family event Gambling or other debt	r sleeping hours ed psych medications		Recent personal Neglect of perso Long or life sente Poor compliance Conflict on tier Conflict with bun Parole/court hea	loss or crisis nal hygiene ence with treatment kmate	E
Sleeping difficulties or irregula Non-compliance with prescrib Weight loss or loss of appetite Progressive health problems (DOR Family event Gambling or other debt Fearful for safety	r sleeping hours ed psych medications		Recent personal Neglect of perso Long or life sente Poor compliance Conflict on tier Conflict with bun	loss or crisis nal hygiene ence with treatment kmate	
KNOWN STRESSORS/ DEM Sleeping difficulties or irregula Non-compliance with prescrib Weight loss or loss of appetite Progressive health problems (DOR Family event Gambling or other debt Fearful for safety Relationship PSYCHOLOGICAL FACTOR	er sleeping hours ed psych medications chronic or terminal illness)		Recent personal Neglect of perso Long or life sente Poor compliance Conflict on tier Conflict with bun Parole/court hea	loss or crisis nal hygiene ence with treatment kmate	E

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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	11			
EVALUATION OF RISK POT behavior is difficult, of limited relia information, an individual interview	Tential (It should be noted that pr bility, and diminishes significantly ov , existing environmental conditions, k probably of suicide is indicated belo s change.)	ian upon releas ecise prediction er time. However and other informa	e from the hold of suicide and oth , based upon the ation available a	ing cell. her self-injurious historical t the time of the
	The offender is currently a low ris	k for self harm		
RECOMMENDATIONS				
t is recommended Inmate Edmo	be released from suicide watch ar	nd returned to a	ppropriate hous	sing (Unit 8).

RISK REDUCTION/TREATMENT PLAN ADDENDUM

	RISK REDUCTION PLAN	
PROBLEM (The problem(s) should be specific to the offender's current reporting issues)	GOAL (There should be two (2) types of goals for each Problem: 1) Immediate goal(s) and 2) Short-term goal(s))	INTERVENTION (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)
Inmate Edmo reports frustration with staff related to rules associated with Gender Dysphoria. This frustration leads to conflicts with staff.	 Inmate Edmo will complete time in Unit 8. Inmate Edmo will remain DOR-free for the next 60 days. 	 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. 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.

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

OFFENDER LAST NAME	OFFENDER FIRST N	AME	IDOC#	DOB	DATE OF REPORT
Edmo	Mason		94691		3/4/14
	RISK REDUCTION	ON PLAN	CON'T		
CHANGE IN LOC REQUIRE	D? NEW LOC IF AF	PLICABL	E (enter in Cl	S if LOC has cha	inged)
No			Not Applical	ole	100
NATURE OF INCIDENT		DEGREE	E OF MEDIC	AL INTERVE	NOITION
Other: Disclosed SI o	n concern form	None			
OFFENDER'S STATED INT		LAST SUICIDE WATCH			
Other: Wanted others to see ho	ow GD can impact people	e 6-12 months			
	TREATMENT	PLAN UPD	DATE		
The offend	ler will return to their previ	ous treatme	ent plan upon	stabilization	
ADDITIONAL COMMENTS					
ccording to the SRA database,	Inmate Edmo's last SRA/s	suicide wate	ch was more	han a year ago	(6/15/12).
REPORT COMPLETED	CREDENTIAL	DATE		SIGNATU	RE
T. Ruth, 9282		3/4/14		1	

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

INMATE N	AME (Last, First, MI)	IDOC #	DATE OF BIRTH
Edmo, Mason	dmo, Mason		
Date/Time Problem Number	Use S	OAP Note Form	nat
3/6/14 0755	S: Met with Offender Edmo to Watch. Offender Edmo report polite. Edmo stated that Edmo experiencing any mental heal	ed to be doing "ok. did not have any	" Edmo was cheerful and
	O: Appearance: clean, appropria Orientation: x4 Behavior: relax Eye Contact: good Speech: wnl Mood: cheerful Affect: congruent Thought Process: logical Thought Process: logical Thought Content: relevant SI: denied HI: denied Delusions: denied Hallucinations: denied Insight: fair Judgment: fair		
	A: Offender Edmo appeared s follow up of Primary. P: Offender Edmo will receive		
200	F. Onender Eurito will receive		m 5///14
eest to	LAC	3-6	-14
negas, LPC /	A245	Date	

CLINICAL CONTACT NOTE

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TIT (SOAP – Subjective Objective Assessment Plan)/DOC Clinical Contact Note 5.10 Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 150 of 293

IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

IN	MATE NAME (Last, F	irst,	IDOC #	DATE OF BIRTH	DATE	TIME		
Ed	mo, Mason, D.		94691 3/7/14					
5	Today this clinician man follow up after being re doing "alright" but was Unit 8. Edmo reported somewhat good, and e denied a desire to talk Unit 8 and has not cond	eleased feeling that E ating a about a	from suicide watc g "a lot of stress" at dmo was taking Edu t this time. Edmo anything at this tim	h. Offender Edmo t this time as a res mo's medication. denied SI, HI or a c e. Edmo affirmed	reported that ult of being bro Edmo reported desire to engag that Edmo wa	Edmo was ought over to d sleeping ge in SIB. Edmo		
0	Appearance	Good	for LOC and housi	ng placement.				
	Behavior	WNL						
	Speech	WNL	the second second					
	Response to Interviewer	Was Edmo	polite and willing to	o answer all questi	ions that were	asked of		
	Mood (by report)	"Alrig	ght."					
	Affect (observed)	Euth	/mic.					
	Thought Process	Clear	, concise, and direc	zt.				
	Thought Content	Appr	opriate for interact	ion.				
	Conscious Level	Good						
	Orientation/Memory	Orier	ted x4; short and l	ong-term memory	appears to be	intact.		
	Attention	Good						
	Insight	Good						
	Judgment	Good.						
	Suicidal	Denie	Denies SI or SIB.					
	Violence	Denie	es HI.					
	Delusions	None	were reported or	observed during th	ne clinical inter	action.		
	Perceptions	Cong	ruent with reality.					
A	Edmo appears to be stable at this time and does not appear to be a danger to self or othe Edmo has completed the required 3 of 3 clinical follow up at this time and does not seem need additional support. Edmo affirmed that Edmo would reach out to clinical staff if ne							
P	Edmo will be seen by Ec	dmo's d	linician in accorda	nce with Edmo's le	evel of care.			

LASS AS18

Livin, LMSW A578

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
	94691	03-08-14
Edmo, Mason, D		

Type of Evaluation:

□ Admission □ 30 Day Segregation □ 90 Day Segregation

Weekly Mental Health

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.				
	Training and	History of mood symptoms, anxiety, hopelessness, irritability.				
		History of drug or alcohol abuse and/or dependence. History of drug or alcohol treatment.				
	1	History of sex offense(s).				
	ũ.	History of victimization due to criminal violence.				
		History of placement in special education programs.				
	1	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 **Evaluations**) Segregation

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: Improved Deteriorated x Remained Stable						
	1.1	Requires mental health plan. Date completed:						

REFERRAL TO

MENTAL HEALTH PRO	FESSIONAL SIGNATURE	DATE	
Chris Bennett, LPC	chief	3-08-14	

IDOC Restricted Housing MH Evaluation Form 3.09

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3

		INMATE NAME (Last, First, MI)	IDOC #	EVALUATION DATE
Ed	lmo	Mason	94691	3/9/2014
Ţ		Evaluation: Admission 30 Day Segregat Mental Status (Admission Mental	ion 🗆 90 Day	Mental Health Segregation s and Segregation
es	No	Evaluations)		
X	110	Oriented X 4, (person, place, time	and circumstance)
X		Affect and mood within normal lim		<i>//</i>
F	-	Speech normal in tone and structu		t is orderly and goal directed
U	~	Currently prescribed and medicati		
	8	Expresses auditory, visual, other I		
-	8	Current suicidal ideation or intent.		
-	t	Judgment and insight impaired.		
-	X	Current psychosocial stressors inc	creasing the risk of	harm to self or others
~	0	Intellect is estimated to be averag		
-		Mental health has: Improved		ated Remained Stable
		Requires mental health plan. Dat	and the second	incu ca riemanica otable
omn	nents:	Trequires mental meatur plan. Dat	e completed.	
Je	nie	I MH conce	eins	
REFE	RRAL			
ENT.	AL HE	ALTH PROFESSIONAL SIGNATURE		DATE
Lew	P is, LM	SW #2445 LMSW		5/9/14
- 20 B		Restricted Housing MH Evaluation Form 3	1220	

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Psychiatric Progress Note

ID: 94691

Name: Edmo, Mason

3/10/14

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 states he walks in his cell for exercise. 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.

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

Wt: 215 (not weighed today-unit 8)

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.

AIMS: N/A

Med Consent In Chart: Yes

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: 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

1

Jane Seys, PNP

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1

1

		INMATE NAME (Last, First, MI)	IDOC #	EVALUATION DATE				
Ed	no,	Mason	94691	3/16/2014				
Г		Evaluation: Admission 30 Day Segregat	ion 🗆 90 Day	y Mental Health Segregation				
Yes	No	Iental Status (Admission Mental Evaluations)	Health Evaluation	s and Segregation				
4	NU	Oriented X 4, (person, place, time	and circumstance					
x		Affect and mood within normal lim		·]·				
x	-	Speech normal in tone and struct	and the second sec	t is orderly and goal directed				
- 3	V							
	×	Currently prescribed and medication compliant with psychotropic medication. Expresses auditory, visual, other hallucinations, or delusional thought.						
- 7	X	Current suicidal ideation or intent.		elusional tribught.				
-	Ŷ	Judgment and insight impaired.						
-	6	Current psychosocial stressors in	creasing the risk of	harm to self or others				
V	-	Intellect is estimated to be average		name of others.				
-		Mental health has:		ated Remained Stabl				
		Requires mental health plan Dat	e completed					
omn	nents	A A A A A A A A A A A A A A A A A A A	e completed.					
Ref	bed	d concerns about to see P	- RX dosad	je.				
REFE	RRAL	ro Psych						
MENT.	AL HE	ALTH_PROFESSIONAL SIGNATURE		DATE				
B	ZZ	2 LMS40 5W #2445		3/16/14				

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IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		MI) IDOC # BIRTH		DATE	TIME			
Ed	mo, Mason, D.		94691 04/02/14					
S	Today this clinician met group was over. During that their experience as Edmo stated that Edmo community in prison by offensive to this popula Orofino. Edmo reporte dysphoria that is experi suicidal, nor is Edmo cu	g the me s a result would l speakir ation. E ed that ir ienced o	eting, Edmo and t of being gender like this clinician t ng up when this cl dmo also spoke c the past Edmo h n a daily basis. E	another offender i dysphoric within a o be an advocate i inician sees or hea if abuse that Edmo as felt suicidal as a dmo affirmed that	alked about the male dominat for the transge ars something to experienced v result of the g t Edmo was not	eir frustration ed prison. nder hat is while at sender		
0	Appearance		or LOC and housi					
	Behavior	WNL.						
	Speech	WNL.						
	Response to Interviewer	Was po Edmo,	olite and willing to	answer all questi	ons that were	asked of		
	Mood (by report)	"Alright."						
	Affect (observed)	Euthymic.						
	Thought Process	Clear,	concise, and direc	t.				
	Thought Content	Approp	oriate for interact	ion.				
	Conscious Level	Good.						
	Orientation/Memory	Oriente	ed x4; short and le	ong-term memory	appears to be	intact.		
	Attention	Good.						
	Insight	Good.						
	Judgment	Good.						
	Suicidal	Denies SI or SIB.						
	Violence	Denies						
	Delusions			observed during th	ne clinical inter	action.		
	Perceptions		ent with reality.					
4	Edmo appears to be sta Edmo affirmed that Edm manipulating housing a interaction appeared to	no woul t this tin	d reach out to clin ne, and the frustra	ical staff if neede	d. Edmo did no	t appear to be		
P	Edmo will be seen by Ec			nce with Edmo's le	evel of care.			

J. Irvin; LMSW A578

, AS 18

Date

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

(SOAP - Subjective Objective Assessment Plan)

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IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

INMATE NAME (Last, First, Mi)						TIME		
Ed	mo, Mason, D.					0900		
S	Today this clinician mai contact that is required doing "okay" at this tim when Edmo overheard Depression at a 7 and a highest). Edmo reporte morning and think, whi how Edmo's negative th world. Edmo also repo Edmo reports that this bitch all day long." Edmo Edmo would now be ta	d per E ne. Ed staff s inxiety ed hav at bad hough rted th has inc no rep	dmo's LOC and hou mo reported that E peaking poorly of E at a 9 (both of whi ing difficulties sleep thing is going to ha t process may be im nat Edmo's psychotic creased Edmo's me orted that Edmo wo	sing placement. E dmo had some tro dmo's diagnosis. I ch were on a ten-p oing at this point in ppen to me today, npacting the way the ropic medication me ntal health sympto- build no longer be a	dmo reported uble at Pendyn Edmo reported ooint scale with time. "I wake "This clinician hat Edmo inter egiment was do ms; "I feel like	that Edmo wa ne this morning experiencing then being the up every talked about acts with the ecreased. I am being a		
0	Appearance		for LOC and housi					
	Behavior	WNL		B placement.				
	Speech	WNL						
	Response to Interviewer	Was Edm	polite and willing to b. Edmo was very p					
	Mood (by report)	"Alri	al interaction.					
	Affect (observed)		ymic.					
	Thought Process		, concise, and direc					
	Thought Content		opriate for interact					
	Conscious Level	Good		1011.				
	Orientation/Memory		ented x4; short and long-term memory appears to be intact.					
	Attention	Good		ong term memory	appears to be	intact.		
	Insight	Good						
	Judgment	Good						
	Suicidal	and the second sec	es SI or SIB.					
	Violence		es HI.					
	Delusions		were reported or	observed during th	e clinical inter	action.		
	Perceptions		ruent with reality.			Contract of the second		
4	Edmo appears to be sta this time. Edmo report singling me out." Edmo often due to Edmo ofte to hair styles.	ble at s havir does	this time. Edmo do g some difficulties appear to attract m	with staff member lore attention than	rs, "I feel like th other offende	ney are ers, but this is		
0	Edmo will be seen by Ed	lmo's d	clinician in accordai	nce with Edmo's le	vel of care.			

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100 Irvin, LMSW A578

Date

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

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

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Edmo,	Mason
-------	-------

IDOC#: 94691

Psychiatric Progress Note IS

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



1

Drop-in Mental Health Clinic

1. Offender Name/IDOC number: Edmu 94691 2. Date: 4 21 14 3. Time: 1525 4. Identified Problem: wanked to know if Edmo could live in G.P. If not - wants to go to B tie states other inmates told Edmo an office watched Edmo Shower. wants to go to pucc 5. suicidal ideation: Y a. If yes, statement about plan/intent: 6. Homicidal ideation: Y (N) a. If yes, statement about plan/intent: a. It yes, statement about promised with problem solvings. Answered questions to the best of My ability & directed certain questions to appropriate staff agreed to let Dobler know of staff anens. Diswessed what Edmo the staff and in R: to model emotions + 8. Mental Status: a. Mood: "moody " b. Affect: enthymic c. Thought process: logicallea d. Thought Content: appropriate e. Hallucinations/Delusions/Illusions: none evident f. Oriented: Time Place Person Reason for Visit B. Hygiene/grooming: moderate h. Speech: WNL i_ Insight: Call j. Judgment: Rair Plan of action: Emoul sent to Soft. Dobler + CS Fisher n. stoff issue 9. Plan of action: L. Watson, LCSW 0367 Date

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 160 of 293

IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

Edn S	no, Mason, D.		BIRTH		
S		94691 06/11/14 101			
	contact that is required an opportunity to allow a desire to include seve everything was going "i this time, and was not e desire to continue atten because of programmir up the idea of changing would hopefully allow e that Edmo was experier "Some of them still call me, but I just walk away without receiving a new regulations. Edmo was that would explain Edm	de clinical contact with Ed l per Edmo's LOC and hou y Edmo to update Edmo's eral interventions that we good" today. Edmo state experiencing any difficulti nding the Gender Dyspho ng conflicts. It was discuss the time for group to a ti everyone to attend and to noing some difficulties in the me mister, even though the y and try and calm myself y DOR, which shows that it s given homework that is no's view on what is: gend	sing placement. T treatment plan, as re not previously the d that Edmo was d es related to that a ria treatment grout sed and decided the ime that would wo take advantage of trying to work with they know that I ar down." Edmo has Emo is trying to co focused on craftin er, sexual orientat	his session was a Edmo had req here. Edmo re- oing well in pro- at this time. Ed p despite not b hat this clinician ork better for al f the group. Ec n certain staff n m transgender. s gone several n mply with rules g a theoretical ion, gender ide	a also used as ported having ported that ogramming at lmo reported being able to a would bring l people. This lmo reported nembers. It bothers months and framework
0	transsexualism. Edmon Appearance	reported that Edmo would Good for LOC and housi		his.	
- I	Behavior	WNL.	ng placement.		
	Speech	WNL.			
	Response to Interviewer	Was polite and willing to Edmo. Edmo was very p clinical interaction.			
	Mood (by report)	"Good."			
	Affect (observed)	Euthymic.			
	Thought Process	Clear, concise, and direc	t		
	Thought Content	Appropriate for interact			
	Conscious Level	Good.			
	Orientation/Memory	Oriented x4; short and le	ong-term memory	appears to be	intact.
	Attention	Good.			
	Insight	Good.			
	Judgment	Good.			
	Suicidal	Denies SI or SIB.			-
	Violence	Denies HI.	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
	Delusions	None were reported or a	observed during th	ne clinical intera	action.
		Congruent with reality.			

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 161 of 293

appropriately. Edmo has been doing a great job of reaching out to staff in order to get Edmo's needs met.

Edmo will be seen by Edmo's clinician in accordance with Edmo's level of care.

non AS J. Irvin, LMSW A578

6/11/14

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

(SOAP - Subjective Objective Assessment Plan)



P

IDOC Clinical Contact Note 3.09

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 162 of 293

6

IDAHO DEPARTMENT OF CORRECTION TREATMENT PLAN

DAT	E		NAME		Edmo, Mas	son, D.
IDO	C #	94691	DOB		LOC	CMHS 1
PRC	PROBLEM (in operational terms)			GOAL		A
1.	abusive roma community.	having a history of being ntic relationships out in t	he	Edmo en well as h in the con done over	ters into unhealth ow to identify a he mmunity upon rele er the next 3 mont	hs.
2.	Edmo reports substance abu	experiencing a history o use.	f	coping w so that u able to u turn to se	with negative life str pon release from p se appropriate cop elf-medication to d	eal with life stressors.
	dysphoria has Edmo's life an	that Edmo's diagnosis o had a negative impact o d interpersonal relations	n	and phys gender u done by upon req transsexu basis. Ed Edmo's p	sically for living as pon release from Edmo being able t uest, the impact th ual experience has tho will also work	prison. This will be o express to others,
		Irvin, LMSW A578			DATE 6	/11/14
	RVENTIONS Problem #	Treatment		f/Person ponsible	Frequency/ Duration	Date Goal Closed
1, 2,		Edmo will use coping skills when struggling manage Edmo's symptoms. These coping skills include: listening to music, talking to positive soci supports, and exercising.	to Edmo		As needed	
1, 2,	Edmo will voice an understanding of how		Edmo Clinic		As needed	
1, 2, 3		Edmo will work toward composing a theoretic framework that would explain Edmo's curren views on the topics of:	it		As appropriate until completed.	

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10...

6

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.	

OFFENDER SIGNATURE

DOC #

Dune 14-141



P. 11

IDOC Treatment Plan Form Rev. 5.10

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INM	ATE NAME: ED.40, ARDEE DOB:	DATE OF RE	PORT	r:	
1	Intake/New Arrival Inter Institutional Train			ive Hou	ising
	1. Did the transporting officer report any concerns? If so please explain:	Ø	Yes	No	at.
	2. Right now, do you have thoughts of hurting yourself?		Yes	No	ately shi
Curre	3. Do you have any immediate plans to hurt yourself? Describe:	0,	Yes	Ino	Immediately notify the shift
ent RJ	4. Right now, do you feel like there is nothing to look forward to in the futur	e? 🖓	Yes	AN0	
Current Risk Factors	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 y describe: 5 Dependent (If rated at "5" or above, refer for clinician follow-up)	vour symptoms, please	Yes	(INo	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: Date: Means/Method: Intent:	<u>ې</u>	Yes	ANO	Refer
Suicide/Self	7. Prior to one year and have you engaged in self-harm or attempted suicid		Yes	INO	2 hours
Prior	8. Do you have a History of Mental Health Hospitalizations and Outpatient T Date: Care Provider: Reason: Date: Care Provider: Date: Care Provider: Reason: Reason:		(es	INO	low up within 7
Medi	9. Are you currently taking mental health medications? Medication Name: Dose/Frequency / Seng Am Date of Las Medication Name: Dose/Frequency Date of Las Medication Name: Dose/Frequency Date of Las	st dose: <u>6/10/14</u>	/es	1,1No	Refer to MH for follow up within 72 hours
Medication	10. Have you ever taken mental health medications in the past? Medication Name: Dose/Frequency Date of Las Medication Name: Dose/Frequency Date of Las	t dose:	'es	ΠNο	Refe
	11. Have you ever used any type of substances:	A		1, No	
	What? First Used: Last Used: How Much? What?	First Used: Last Used: How	Much?	-	τ
Substance Use	Alcohol: Marijuana: Methamphetamines: Cocaine: Prescription drugs: OHeroin:				Routine MH follow up if indicated or requested
Use	12. Have you ever participated in substance abuse treatment?	A.	00	ONo	io p
	13. Did you successfully complete?	AY.		No	cate
	14. Providers name: Rober Anagran	4			ind
0	15. Is this your first time in prison?	QΥe	es l	No	b it
the	16. Have any family members or significant persons in your life attempted or committee	21	es i	No	M. M
8	17. Have you recently experienced a significant loss such as a death of a close family r	nember or friend?	es /	No	ollo
ntri	18. Have you ever been arrested for a sex crime?	Pare	es i	No	H
Other contributing	19. Have you ever been a victim of sexual or physical abuse?	27		No	a l
	20. Have you had a head injury? Describe:	(Ne		No	utir
suicide	21. Have you ever received special education services?	(JYe		No	Ro
	22. Are you worried about something other than your current legal situation? Describe	: UYe	BS I	No	
0					

ER 1623

BH7123ID IDOC Mental Health Screening, Created: April 5, 2012; Revised: August 7, 2012

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~		oriented x _ 4		Disoriented		Reports Hallucinati		orses Delusions
Currei (C	Grooming/ Hygiene	Eye Contact	Affect	Me	boo	Thought Process	Speech	Movement/Activity
Current Mental Health Status (Check all that apply)	Appropriate to situation (JNeat/Clean (JUnkempt (JDirty GOther:	∦Appropriate to situation ⊡Fair ⊒Good ⊡None	Appropriate to situation Flat No emotion Tearful Smiling Depressed Euphoric	Approtositua Angry Chee Calm Sad Hope	ition / rful less	Appropriate to situation Cogical Goal directed Disorganized Moving from topic to topic quickly Irrelevant Distractible	Cappropriate to situation Rapid Slow Pressured Slurred Loud QLoud Rambling	Appropriate to situation URestless USlowed DActive URgitated
	Action Taken				Initial	Housing Recomm	endation	
DISPOSITION	under Policy 3 Refer to Men Refer to Men Refer to Men	rgent: Referred to 315 tal Health for follo tal Health for follo tine Mental Health Mental Health follo	w up within 24 h w up within 72 h follow up	ours	I Not (ared for general hou cleared - <u>referred f</u> ar placement:		acement
Informed Consent	I acknowledge t services. I cons Inmate Signatur	ent to routine mer	red all questions tal health care p	truthfully a provided by	and have y facility f	been informed ab nealthcare professi Da	out how to obtain onals. te:6/20/1	
0) IT	Screened by:	Date	340 Time 1340)		ED, J inted Nar	our }	A Stenatu	pro
creener/ leviewer	Screening Revie	Date Date	Time	Pr	inted Na	me nted Name		n/Signature gnature
Screener/ Reviewer	.) MH Secondar	Date ry Assessment Co P Note/if indicated	Time ompleted: Dat	Pr	inted Nar	nted Name		
creener/ teviewer Clinical Follow Up	10 MH Secondar	Date ry Assessment Co P Note/if indicated	Time ompleted: Dat	Pr	inted Nar	nted Name		

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

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IDAHO DEPARTMENT OF CORRECTION RESTRICTED HOUSING MENTAL HEALTH EVALUATION

INMATE NAME (Last, First, MI)	IDOC #	EVALUATION DATE
Edmo	queal	6/25/14

Type of Evaluation:

Admission
 30 Day Segregation

Weekly Mental Health

Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

2.44	Oriented X 4, (person, place, time, and circumstance).
1. Jul	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.
1	Expresses auditory, visual, other hallucinations, or delusional thought.
V	Current suicidal ideation or intent.
A	Judgment and insight impaired.
1	Current psychosocial stressors increasing the risk of harm to self or others.
- 1	Intellect is estimated to be average or above.
- 11	Mental health has: Improved Deteriorated Remained Sta
	Requires mental health plan. Date completed:
ents:	
7	X nts:

REFERRAL TO

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



IDOC Restricted Housing MH Evaluation Form 3.09

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Drop-in Mental Health Clinic

- 1. Offender Name/IDOC number: Edmo / 94691
- 2. Date: 7/16/14
- 3. Time: 200 0940
 - 4. Identified Problem:

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

- 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:

- Mental Status:
 - a. Mood: OKay
 - b. Affect: Entlymic
 - c. Thought process: Linear
 - d. Thought Content: appropriate for Interaction.
 - e. Hallucinations/Delusions/Illusions: Denles all
 - f. Oriented: Time Place Person Reason for Visit)
 - g. Hygiene/grooming: しい
 - h. Speech: Unl
 - i. Insight: Wh
 - j. Judgment: Wn |
 - 9. Plan of action:

an of action: NO further cution neetssory. Date

7/16/14

J. Irvin, LMSW, MEd., # A578

ER 1626

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Edmo, Mason

IDOC#: 94691

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



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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

CLINICAL CONTACT NOTE

(Las	IO NAME t, First, MI)	IDOC #	DATE OF BIRTH	DATE 8/24/14	TIME
Edu	no, Mason	94691		0/24/14	1400
S		onship tendencies.	in. Edmo discusse Edmo also discuss		
				A second second second	A Contraction
0	contact and be congruent and was clear with and goal drive assessed to b	ehavior with a coop assessed as appr normal rate, tone n with relevant cor e normal and intac	ented x 4. Edmo more opriate to situation and volume. Edmo' itent. Edmo's insight. Edmo did not app signs of SI/HI were to	tmo's affect and and WNL. Edmo s thought proces ant and judgment bear to be endors	mood were o's speech is was logica were
A	contact and be congruent and was clear with and goal drive assessed to b hallucinations Edmo seems	ehavior with a coop assessed as appr normal rate, tone n with relevant con e normal and intac or delusions. No s to be managing Ed ove to the yard bas	perative attitude. Eco opriate to situation and volume. Edmo' itent. Edmo's insight. Edmo did not app	tmo's affect and and WNL. Edmo s thought proces and judgment bear to be endors noted. propriately – Edm	mood were b's speech s was logica were sing any no does not

Slinieran Menlove, LPC

Date

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

(SOAP - Subjective Objective Assessment Plan)

11417, 1600 - CONTRACT AND - 100

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

CLINICAL CONTACT NOTE

EDMO NAME (Last, First, MI)		IDOC #	DATE OF BIRTH	DATE	TIME
Edn	no, Mason	94691		9/7/14	1400
S	health service Edmo express BHU and that Edmo also dis	es until Edmo is clos sed frustration that the only reason Ed	hat Edmo may not p ser to meeting criter only GD offenders h mo does not meet o review Edmo's hom	ia to move out of have criteria to m criteria is due to	f the BHU. hove out of th a DOR.
0	Edmo present contact and b congruent and was clear with and goal drive assessed to b	ted as alert and orie ehavior with a coop d assessed as appr n normal rate, tone en with relevant con e normal and intact	ented x 4. Edmo ma erative attitude. Ed opriate to situation a and volume. Edmo's tent. Edmo's insigh . Edmo did not app igns of SI/HI were n	Imo's affect and and WNL. Edmo s thought proces and judgment bear to be endors	mood were o's speech s was logical were
A	Edmo seems	to be managing Ed hove to the yard bas	mo's symptoms app sed on a DOR – Edr	propriately - Edm	
P		, Edmo will have co	omputer teacher em		ework to

 \sim Clinician Menlove, LPC

Date

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

IDOC Clinical Contact Note 5 10

(SOAP - Subjective Objective Assessment Plan)

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 171 of 293

1

Edmo, Mason

IDOC#: 94691

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



Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 172 of 293

need

Open Mental Health Clinic

- 1. Offender Name/IDOC number: Eduno 94691
- 2. Date: 9/2114
- 3. Time: 1200
- 4. Identified Problem: Sour Dir E Windnesdang A 20 66t.

- looking for problem solving/perseverance. - ALSO, female perspectives/women's studies

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

empertuetic liste process feelings,

- 8. Mental Status:
 - a. Mood; anaion
 - b. Affect: andious
 - c. Thought process: Oracical
 - d. Thought Content: 1000ant
 - e. Hallucinations/Delusions/Illusions: none
 - f. Oriented Time Place Person Reason for Visit
 - g. Hygiene/grooming:
 - h. Speech: ceer
 - i. Insight: anerage
 - j. Judgment: intect

9. Plan of action " prepare yoge packet. - 20 minutes beeling per day"

- look for women's issues articles / stories etc. -

Date

A. Mandare 9/21/4

J. Menlove LPC, NCC 2439

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 173 of 293

Open Mental Health Clinic

- 1. Offender Name/IDOC number: Edmo 94691
- 2. Date: 912314
- 3. Time: 0845
- 4. Identified Problem:

- Suicidal ideation: Y N

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

- 8. Mental Status:
 - a. Mood: good
 - b. Affect: appropriate
 - c. Thought process: Josephan
 - d. Thought Content: relevant
 - e. Hallucinations/Delusions/Illusions:
 - f. Oriented: Time Place Person Reason for Visit
 - g. Hygiene/grooming: Oea
 - h. Speech: clear
 - i. Insight: cutect
 - j. Judgment: average
- 9. Plan of action:

J. Menlove LPC, NCC 2439

Date

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

CLINICAL CONTACT NOTE

EDMO NAME (Last, First, MI)		IDOC #	DATE OF BIRTH	DATE	TIME
	no, Mason	94691		10/19/14	1300
S	Attempted to	meet with Edmo for	a routine check in.	Edmo was not i	n the unit.
0	Not assessed	assessed			
A	therefore, whi	le it is technically di	ian's drop in clinics ue for a 60 follow u o has been presenti	o, Edmo is getting	y his
		all and a set to all a	gain within a week		

Clinician Menlove, LPC

Pilpilol Date

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

(SOAP - Subjective Objective Assessment Plan)

IDOC Clinical Contact Note 5.10

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IDAHO DEPARTMENT OF CORRECTION "Protecting You and Your Community"

CLINICAL CONTACT NOTE

	NO NAME t, First, MI)	IDOC #	DATE OF BIRTH	DATE	TIME
Edn	no, Mason	94691		10/21/14	0800
S	book. Edmor stating Edmo	eports Edmo does is not learning anyl ne BHU, Edmo mu	in and to lend Edm not want to particip hing. Edmo also as st wait for most reco	ate in GD group a sked how long be	anymore fore he ma
0	contact and be congruent and was clear with and goal drive assessed to b	ehavior with a coop l assessed as appr normal rate, tone in with relevant con e normal and intac	ented x 4. Edmo m perative attitude. Ec opriate to situation and volume. Edmo' itent. Edmo's insight. Edmo did not app signs of SI/HI were r	dmo's affect and r and WNL. Edmo s thought process ht and judgment v pear to be endors	nood were 's speech s was logica vere
O A	contact and be congruent and was clear with and goal drive assessed to b hallucinations Edmo seems	ehavior with a coop I assessed as appring normal rate, tone on with relevant con e normal and intact or delusions. No sit to be managing Ed ove to the yard bas	perative attitude. Ec opriate to situation and volume. Edmo' itent. Edmo's insight. Edmo did not app	dmo's affect and r and WNL. Edmo s thought process int and judgment v pear to be endors noted. propriately – Edm	mood were 's speech s was logica vere ing any o does not

meneo Clinician Menlove, LPC

Date

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

IDOC Clinical Contact Note 5.10

(SOAP – Subjective Objective Assessment Plan)

Clinical Contact Note

Date/Time Problem Number		Use SOAP Note Form	at	
11/04/14 S	I/M Edmo has requested the recorded Dx of Gender Dys		tion" be added to the presently	
0	This specifier was recently	added to the DSM-5 and	states:	
	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-s medical procedure or treatment regimen, namely, regular cross-sex hormone treatment of gender reassignment surgery confirming the desired gender (e.g., penectomy, vaginoplas in a natal male, mastectomy, phalloplasty in a natal female).			
A	recommendation for Tx was began hormone Tx under th initiation.	a made by the MTC short and continuing to endorse Edmo has appeared to m	aintained compliance since its e the goal of eventual sexual eet the criteria for this	
Ρ	Diagnostic impressions: 302.85: Gender Dysphoria - 311: Unspecified depressive 303.9: Alcohol use disorder V62.5: Imprisonment V62.83: Perpetrator of non-I V15.41: Personal history of Richard Craig, Ph.D. Chief Psychologist	- posttransition (hormone disorder - in a controlled environr	therapy) nent	
nmate Name: E	Edmo, Mason (Andree)	IDOC#:94691	DOB:	

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

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IDAHO DEPARTMENT OF CORRECTION "Protecting You and Your Community"

CLINICAL CONTACT NOTE

EDMO NAME (Last, First, MI)		IDOC #	DATE OF BIRTH	DATE	TIME	
Edr	no, Mason	94691		11/23/14	1350	
S		o to review the pros hes to move. Edm		ng to General Pol	ulation.	
0	contact and be congruent and was clear with and goal drive assessed to b hallucinations	ted as alert and orie ehavior with a coop d assessed as appr normal rate, tone on with relevant con e normal and intact or delusions. No s	erative attitude. Ec opriate to situation and volume. Edmo' tent. Edmo's insight. Edmo did not app igns of SI/HI were n	dmo's affect and r and WNL. Edmo s thought process int and judgment v pear to be endors noted.	mood were 's speech s was logica were ing any	
A		ns ready to move to GP – Edmo appears to managing Edmo's appropriately				
	symptoms app	propriately				

Clinician Menlove, LPC

MORIN Date

1

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

IDOC Clinical Contact Note 5.10

(SOAP – Subjective Objective Assessment Plan)

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1. -

IDAHO DEPARTMENT OF CORRECTION TREATMENT PLAN

DATE		12/7/14	INMATE NAME	Edmo, Mason	Edmo, Mason		
IDOC #		94691 DOB LOC CMHS-1			S-1		
PROBLEM (in operational terms)				GOAL			11.1
1.		in the process of mov r Health Unit	ing out of the	Edmo will mainta general population		health s	stability while in
PREPAR	ED BY	J. Menlove LPC		- 11	DATE		
	ENTIONS blem #	Treatr		Staff/Person Responsible	Frequ		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 i prescribed by his psy designee, as indicate changes, concerns, following the psychia unless his level of ca	Offender Psychiatry	As pres	cribed	Long term goal discussed with the psychiatrist during appointments	
1		Edmo ask staff for as needed and attend M and PTSD groups as learn additional copir skills.	ssistance as Mood Management s scheduled to	Offender	As need	ed	Continuing
1		Edmo will use identif (gym, groups) when manage his sympton	struggling to	Offender	As need	ed	Continuing

OFFENDER SIGNATURE

IDOC #

12-DATE



IDOC Treatment Plan Form Rev. 5.10

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 179 of 293



DAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

(Las	NO NAME t, First, MI) no, Mason	IDOC # 94691	DATE OF BIRTH	DATE	1350
	noj macon	01001	1	FILLEI	1000
S	time, but did r and talking wi	o to complete treat not wish to talk about th friends to cope. the unit. Edmo de	ut it. Edmo reporte Edmo and clinicial	ed Edmo is going to	the gym
-	intoving out of	the unit. Lumo de	neu omn.		
0	Edmo present contact and b congruent and was clear with and goal drive assessed to b	ted as alert and orige ehavior with a coop d assessed as appro- n normal rate, tone en with relevant con- e normal and intact or delusions. No s	ented x 4. Edmo n erative attitude. E opriate to situation and volume. Edmo tent. Edmo's insig t. Edmo did not ap	dmo's affect and m and WNL. Edmo' o's thought process thand judgment w opear to be endorsi	nood were s speech was logica vere
O A	Edmo present contact and b congruent and was clear with and goal drive assessed to b hallucinations	ted as alert and orige ehavior with a coop of assessed as appro- n normal rate, tone en with relevant con- e normal and intact or delusions. No s ready to move to G	ented x 4. Edmo n erative attitude. E opriate to situation and volume. Edmo tent. Edmo's insig t. Edmo did not ap igns of SI/HI were	idmo's affect and m and WNL. Edmo' i's thought process int and judgment w opear to be endorsi noted.	nood were s speech was logica vere ng any

CLINICAL CONTACT NOTE

1 mencou Slinican Menlove, LPC

Date

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

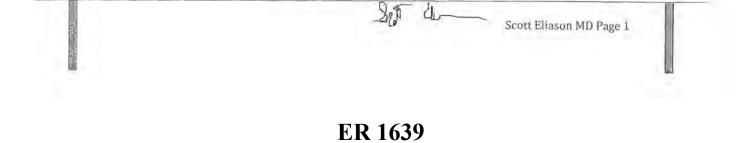
(SOAP - Subjective Objective Assessment Plan)

IDOC Clinical Contact Note 5 10

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1

Edmo, Mason	IDOC#: 94691	Psychiatric Progress Note	ISCI-BHU
12/10/14			
been taking his amil let medical know ab doesn't exercise. He he keeps getting int	riptyline from medical beca out that. He denied suicidal		le said that he has ng out. He said he
Thoughts logical and		pears feminine in his demeanor and o overt delusions. Affect full range a d."	
	e with Gender Dysphoria, Al	cohol Use disorder, and Depression.	Doing well- in
P: Cont meds RTC 3 months			



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OFFENDER NAME (Last, First, MI)			IDOC #	DATE OF BIRTH			TODAY'S DATE		
Edn	no, Mason			94691	12/21/			/14	
			C	urrent Leve	el of Care (L	OC):			
	CMHS-2	×	CMHS-1		ICMHS		ACMHS		MHMM
			P	roposed Le	evel of Care	(LOC):			
	CMHS-2	x	CMHS-1		ICMHS		ACMHS		МНММ
pert	rse of Treatm aining to menta ceeding with tre	al health	concerns, me	edication, m	edication con	npliance	progress and		
vith urre Per f	nses for Disobed arily involve Edu a feminine pres ently participation ile review, Edmo tivity from staff	mo refusi sentation. ng in Art o o's primar	ng to dress ac . Edmo partic group and on y concerns ar	cording to p pated in Gen the wait list of conversat	olicy and inst nder Dysphori for Mood Mar ions with clini	ead dress a group u agement cal staff a	ing and wearing Intil October 20 and PTSD in ge ppear to be rela	g Edmo's H 14. Edmo eneral pop ited perce	nair in is pulation. ived
Der)r Scott Eliacon		ent Diagnos	is (List in I	Descending	Order of	Severity)		
Majo Geno	Dr. Scott Eliason r Depressive Dis der Disphoria hol Use Disorde	MD 12/1 sorder		is (List in I	Descending	Order of	Severity)		
Majo Geno Alco	r Depressive Di: der Disphoria	MD 12/10 sorder r		is (List in I	Descending	Order of	Severity)		
Majo Geno Alco	r Depressive Di: der Disphoria nol Use Disorde	MD 12/10 sorder r n:	0/14					nent.	
Majc Geno Alco Curr Edm	r Depressive Di der Disphoria nol Use Disorde ent Medicatio	MD 12/10 sorder r n: escribed 2	0/14 Zoloft. Furthe	r, Edmo is co	ompliant and :	stable on	hormone treatr		
Majo Geno Alco Curr Edm Disc Base Dopu SCI.	r Depressive Di der Disphoria hol Use Disorde ent Medicatio dis currently pro	MD 12/11 sorder r n: escribed 2 mendati ffing, it ha re, it is be ommende	0/14 Zoloft. Furthe ons: (based as been deterr ing clinically ed that Edmo	on clinical a nined that E recommende participate in	ompliant and s assessment, dmo's mental ed that Edmo n group thera	stable on treatmer health ne be discha	hormone treatr It team meeting eeds may be me irged into gener	gs, etc.) et in gener ral popula	tion at
Majo Geno Alco Curr Edm Disc Base Sopu SCI.	r Depressive Di der Disphoria hol Use Disorde ent Medication b is currently pro harge Recomm d on clinical staf lation. Therefo It is further reco	MD 12/11 sorder r n: escribed 2 mendati ffing, it ha re, it is be ommende	0/14 Zoloft. Furthe ons: (based as been deterr ing clinically ed that Edmo	er, Edmo is co on clinical a nined that E recommende participate in I for support	ompliant and s assessment, dmo's mental ed that Edmo n group thera	stable on treatmer health ne be discha	hormone treatr It team meeting eeds may be me irged into gener	gs, etc.) et in gener ral popula	tion at

ER 1640

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MULTI-DISCIPLINARY TREATMENT TEAM SUMMARY

PATE,	OFFENDER NAME	<u> </u>	IDOC	DATE OF BIRTH
12/22/14 8	Imo, maso	\sim	94691	
The following memb	pers were present at the treatmo	ent team meeting o	n this date: (ty	pe or print legibly)
NAME	TITLE	NAME		TITLE
C.S.J.	U16 Sat.	K. Brow	<u> </u>	PT
J. Smith	PSRS			
Watson	Clinician			

Input was sought from the psychiatrist:	Yes A	No 🗆
The offender was present:	Yes X	No 🗆
The treatment team reviewed the offender's concerns and discussed these with the offender:	Yes 🕅	No 🗆
The treatment team provided feedback regarding progress toward treatment goals:	Yes 🕅	No 🗆
The treatment team reviewed any current restrictions on the offender that may impact his/her mental health functioning:	Yes 🕅	No 🗆
The treatment team reviewed current housing status and any possible impact on mental health functioning:	Yes 💢	No 📋
The treatment team reviewed current level of care to ensure appropriateness:	Yes 🕅	No 🗀
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 🕅	No 🗆
Indicate what level of care treatment the offender will receive:	CMAS	51
The offender agrees with the treatment plan:	Yes 🕅	No 🗆

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

ou

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+
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Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 183 of 293

Mental Health Group Referral (BHU)

yard groups

Inmate Name: Edmo Date of Referral: 12 **Referring Clinician:**

94691 Inmate IDOC #:

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)
- D Sell-Esteeni (CCG
- Other

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 (CCG19)
- Puzzles/ Games (CCG 20)
- Riddles/ Trivia (CCG 20)
- Music (CCG 20)
- Beginner's Music (CCG 20)
- Art (CCG 20)
- D Other

IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	DATE OF BIRTH	
Edmo, Mason		94691		
Date/Time Problem Number	jo.	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 E and if he has any question		eck on Edmo's status again in the future ne.	

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

any

Date

IDOC Clinical Contact Note

(SOAP - Subjective Objective Assessment Plan)

Erica Clemens, Psychiatric Technician

10/15

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Edmo, Mason

IDOC#: 94691

Psychiatric	Drogroce	Note
PSychiatric	Progress	NOLE

ISCI-BHU

1/28/15

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.

Medications: Zoloft 150mg AM Wt 207 (-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: 27 year old female with Gender Dysphoria, Alcohol Use disorder, and Depression. Doing well- in remission

MDD, GDD

Alcohol Use disorder

P: Cont meds but switch to HS for work RTC 3 months



Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 186 of 293

INM/	ATE NAME COMO, Adree	DOB:	DATE OF REPO	RT:	
	c #: 9465	Inter Institutional Transf	er Restr	ictive Ho	using
	1. Did the transporting officer report any	concerns? If so please explain:	[Yes	NO	2
	2 Right now, do you have thoughts of h	urting yourself?	()Yes	UNIVO	Immediately notify the shift
				P	the
Curi	 Do you have any <u>immediate</u> plans to Describe: 	hurt yourself?	l'Yes	O	Immediately otify the shi
rent R	4. Right now, do you feel like there is no	othing to look forward to in the future?	∏Yes	D	1
isk			100/100		ollo
Current Risk Factors	 Right now, do you have any mental h On a 1-10 scale with 1 being not at all and describe: (If rated at "5" or above, refer for clinician for 	d 10 being extremely serious; rate you	r symptoms, please	ΠNo	Refer to MH for follow
	6. Within the past year have you engage	ed in self-harm or attempted suicide?	DYes	100	fer
	Date: Means/Method: Date: Means/Method:	Intent: Intent:			Re
	7. Prior to one year ago, have you engag		ØYes	12Ajo	
Suicide/Self	Date: Means/Method:	Intent:		C	1
icide	In custody: Yes Date: Means/Method:	Intent:			100
e/Se	In custody: Tyes No				urs
Ŧ	Date: Means/Method: In custody: DYes DNo	Intent:			2 ho
	8. Do you have a History of Mental Health	, Hospitalizations and Outpatient Trea	tment?	DNo	1 L
T	Date: 7610 Care Provider: 6	HA Reason: Ner	USE	1	with
Prior	Date: Care Provider: Date: Care Provider:	Reason: Reason:			dn
	Date: Care Provider:	Reason:			Noi
Modia		equency Date of Last d equency Date of Last d equency Date of Last d	ose:	UNo	Refer to MH for follow up within 72 hours
Medication	10. Have you ever taken mental health m Medication Name: Dose/Fre Medication Name: Dose/Fre Medication Name: Dose/Fre Medication Name: Dose/Fre	quency Date of Last d quency Date of Last d	ose:	ψNo	Ref
	11. Have you ever used any type of substa		DYes	DNo	
	What? First Used: Last Used:	How Much? What? Fi	rst Used: Last Used: How Muc		14.
	incohol: 7003 2011		201 2004 acra:	Sion	stec
	Prescription drugs:	GCCCSIGO Cocalne:			anb
	DOther:				or re
	12. Have you ever participated in substan	ce abuse treatment?	Ves	DNo	pe
	13. Did you successfully complete?		Yes	DNo	licat
-	14. Providers name: New Din	Ctions		-	fine
2	15. Is this your first time in prison?		Wes .	□No	dn
	 Have any family members or significant pers Have you recently experienced a significant 	the second s		No	Routine MH follow up if indicated or requested
Other contributing	 Have you recently experienced a significant Have you ever been arrested for a sex crime 		ber or friend?	DNo	fol
	 Have you ever been a victim of sexual or ph 		ves s	DNo No	MH
	20. Have you had a head injury? Describe:	Withere past abuse	(Wes	ÇINO	tine
0	21. Have you ever received special education se	ervices7	OYes	Volo	Rou
suicida	22. Are you worried about something other than	your current legal situation? Describe:	(7Yes	400	
		g you distress or pain? Describe: noc.	daches Des	INO	

BH7123ID IUDE Mental Health Screening, Created: April 5, 2012; Revised: August 7, 2012

1

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Alert, oriented x U Disoriented 1) Endorses Delusions C Reports Hallucinations Current Mental Health Status (Check all that apply) Grooming/ Eye Contact Thought Speech Movement/Activity Affect Mood Hygiene Process Appropriate to situation Appropriate to situation o situation Appropriate to situation Appropriate to situation Appropriate Oppropriate to situation to situation Angry DNeat/Clean Fair UFlat Logical Rapid Restless Unkempt Good No emotion Cheerful Goal directed Slow Slowed Dirty None Tearful Calm Disorganized Pressured Active UOther: Smiling Sad Moving from Slurred Agitated Depressed Hopeless topic to topic Loud Aggressive Euphoric Anxious quickly Quiet Irrelevant Rambling Distractible Action Taken Initial Housing Recommendation DISPOSITION Emergent/Urgent: Referred to the Shift Commander Cleared for general housing placement under Policy 315 Not cleared - referred for holding cell placement Refer to Mental Health for follow up within 24 hours Other placement Refer to Mental Health for follow up within 72 hours Refer for routine Mental Health follow up D No need for Mental Health follow up - cleared I acknowledge that I have answered all questions truthfully and have been informed about how to obtain mental health Informed Consent services. I consent to outline mental health one provided by facility healthcare professionals. MA mate Signature. Date: Ashley Cooley, LPI Screened by: Printed Name Signature Screener/ Reviewer 09.20 ty Kille Screening Reviewed: 2)ustu Dw Printed Name **Clinician Signature** Time Date MH Secondary Assessment Completed: Date Printed Name Signature Follow Up SOAP Note/if indicated: Clinican Watson and Clinical intern Ow met w/ Client in Unit 8. Client the ported being "pissed" about DOR. Client reported being asked to do semething w/ their hair; reported complying, his asked to charge it again Bood today". Affect aboversation and reported being " Good today". Affect aboversate to situation, thoughts goal directe Togical addressiont. Reported no SI/HI. Clinical Follow Up A: Clt appears stable. Clt had good much film about issue and emotions associated wi DOR. Clt reported meds are being taken and working Cit expressed knowing how to get in Unitact of Staff. Continue weekly Checks while in S. requested ear plugs and Sudoku puzzes 2 OAN Justy Dr 18 15 -1018 Signature Date Printed Name Time gian 2 Created: April 5, 2012 Revised: August 7, 2012

IDAHO DEPARTMENT OF CORRECTION RESTRICTED HOUSING MENTAL HEALTH EVALUATION

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

Type of Evaluation:

□ Admission
 □ 30 Day Segregation
 □ 90 Day Segregation

Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

X Curn	nted X 4, (person, place, time, and circumstance). et and mood within normal limits. ech normal in tone and structure; thought content is orderly and goal directed. ently prescribed and medication compliant with psychotropic medication. esses auditory, visual, other hallucinations, or delusional thought.
X Curr K Expr	ech normal in tone and structure; thought content is orderly and goal directed. ently prescribed and medication compliant with psychotropic medication.
X Curr K Expr	ently prescribed and medication compliant with psychotropic medication.
X Curr K Expr	ently prescribed and medication compliant with psychotropic medication.
	esses auditory, visual, other hallucinations, or delusional thought.
+ Curr	beebe unanter fi fier finnen finnen finnen er merererten tite sigt tit
	ent suicidal ideation or intent.
Y Judg	ment and insight impaired.
1 Curre	ent psychosocial stressors increasing the risk of harm to self or others.
X Intell	ect is estimated to be average or above.
Ment	al health has: 🗆 Improved 🔅 Deteriorated 🖉 Remained Stable
Requ	uires mental health plan. Date completed:
Comments:	

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



IDOC Restricted Housing MH Evaluation Form 3.09

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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	se SOAP Note Format		
3/3/15; 0915	S: Met with Offender Edmo for that Edmo is "slowly" adjustin mental health concerns citing stated that Edmo has no take would like to speak with a psy reinstated. Discuss tx options like to be enrolled in a PTSD seek additional MH support a concern forms. Offender Edm	g to life in GP. Edm that mood sx were in prescribed Zoloft /chiatric provider to s. Offender Edmo st tx group when poss s necessary through	to denied any significant "manageable." Edmo in over a week and have the prescription ated that Edmo would ible. Reviewed how to n open clinics and	
	O: Appearance: Appropriate for Orientation: Ox4 Behavior: Cooperative Eye Contact: WNL Speech: Linear and fluid Mood: "ok" Affect: euthymic Thought Process: Logical Thought Process: Logical Thought Content: Relevant SI: Denied HI: Denied Delusions: Denied Hallucinations: Denied Insight: Average Judgment: Intact A: Offender Edmo appears to seek additional MH support a P: F/u in 60 days. Continue of	be adjusting to GP. s necessary.	and the second s	

msin B. Lewis, LMSW

#2445

3/15

Date

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

(SOAP - Subjective Objective Assessment Plan)

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 190 of 293

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

U-SAA

Jeremy Stoddart MD - Page 1 of 1

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IDAHO DEPARTMENT OF CORRECTION

1

"Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE N	AME (Last, First, MI)	IDOC #	DATE OF BIRTH
E	dmo, Mason	94691	
Date/Time Problem Number	Use	SOAP Note Form	nat
4/15/15; 1400	S: Met with Offender Edmo for any significant mental health like back into the Gender Dys encouraged to contact the clin compliance with good effect. this time. Reviewed how to se Offender Edmo voiced unders O: Appearance: Appropriate for a Orientation: Ox4 Behavior: Cooperative Eye Contact: WNL Speech: Linear and fluid Mood: "ok" Affect: euthymic Thought Process: Logical Thought Process: Logical Thought Content: Relevant SI: Denied HI: Denied Delusions: Denied Hallucinations: Denied Insight: Average	concerns. Edmo re sphoria group held i nician that runs this Offender Edmo de eek additional MH s standing.	eported that Edmo would n the BHU. Edmo was group. Edmo reported rx nied other concerns at
	A: Offender Edmo appears to concerns adequately at this ti		o's mental health
	P: F/u in 60 days. Continue of mental health clinics and per	clinical contact via c	oncern form, open

nsu #2445 B. Lewis, EMSW

4/15/1 Date

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

(SOAP - Subjective Objective Assessment Plan)

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 192 of 293

Ollender Name. E	dmo, Mason	Offender Number:	94691
Assessment Time	& Date: 4/15/15; 1400	Date of Initial MH Assessment:	4/18/14
Clinician: B. Lewi	s, LMSW	Current LOC	CMHS-1
Reason for Update	: Change	Referral Update	Annual Review
	ie to legal situation or sentence [e space is needed, go to Page 2 Add		
Change/Update in Comment: (If more	Education]Yes ☑ No itional Comments)	
	Marital or Family Situation] Yes [√] No tional Comments)	
	Current Medication] Yes DNo tional Comments)	
Effexor			
Effexor Change/Update in	Current Diagnosis]Yes 🕢No	
Effexor Change/Update in Comment: (If more]Yes 🕢No	
Effexor Change/Update in Comment: (If more Appearance	space is needed, go to Page 2 Addi]Yes 🕢No	
Effexor Change/Update in Comment: (If more Appearance Motor Activity	space is needed, go to Page 2 Addi Appropriate]Yes 🕢No	
Effexor Change/Update in Comment: (If more Appearance Motor Activity Speech	space is needed, go to Page 2 Addi Appropriate relaxed]Yes 🕢No	
Effexor Change/Update in Comment: (If more Appearance Motor Activity Speech Thought Process	space is needed, go to Page 2 Addi Appropriate relaxed Linear and fluid]Yes 🕢No	
Effexor Change/Update in Comment: (If more Appearance Motor Activity Speech Thought Process Thought Content	space is needed, go to Page 2 Addi Appropriate relaxed Linear and fluid logical] Yes [√] No tional Comments)	
Effexor Change/Update in Comment: (If more Appearance Motor Activity Speech Thought Process Thought Content Perceptions	space is needed, go to Page 2 Addi Appropriate relaxed Linear and fluid logical relevant] Yes [√] No tional Comments)	
Effexor Change/Update in Comment: (If more Appearance Motor Activity Speech Thought Process Thought Content Perceptions Mood	space is needed, go to Page 2 Addi Appropriate relaxed Linear and fluid logical relevant denied; no evidence of internal] Yes [√] No tional Comments)	
Effexor Change/Update in Comment: (If more Appearance Motor Activity Speech Thought Process Thought Content Perceptions Mood Affect	space is needed, go to Page 2 Addi Appropriate relaxed Linear and fluid logical relevant denied; no evidence of internal "ok"] Yes [√] No tional Comments)	
Effexor Change/Update in Comment: (If more Appearance Motor Activity Speech Thought Process Thought Content Perceptions Mood Affect Attitude	space is needed, go to Page 2 Addi Appropriate relaxed Linear and fluid logical relevant denied; no evidence of internal "ok" euthymic] Yes [√] No tional Comments)	
Effexor Change/Update in	space is needed, go to Page 2 Addi Appropriate relaxed Linear and fluid logical relevant denied; no evidence of internal "ok" euthymic cooperative] Yes [√] No tional Comments)	

-301 -7

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Clinical Formulation Denied current MH concerns. Reported rx compliance with good effect. Repo Offender appears to understand how to seek out additional MH support as ne -MDD -GD -GD -ETOH Use DO -Prison Recommendations Will continue with CMHS-1 until LOC review is needed. Will consider lowering stability is shown.	eeded. Continue with previous dx:
Recommendations Will continue with CMHS-1 until LOC review is needed. Will consider lowering stability is shown.	a level of care to CMHS-2 if postinuos
Will continue with CMHS-1 until LOC review is needed. Will consider lowering stability is shown.	a level of care to CMHS-2 if postinuos
Will continue with CMHS-1 until LOC review is needed. Will consider lowering stability is shown.	a level of care to CMHS-2 if continues
stability is shown.	
Additional Comments from Page 1	
\bigcirc \land \land	
Clinician Signature	Date Signed 4/15/15

IDOC MENTAL HEALTH SCREENING

C

DOC	ATE NAME: Edms, Massin C#: 94691	DOB		23	DATE OF F		7/4	21/15
C	Intake/New Arrival	D Inte	er Institutional Tran		P	Restric	tive Hou	using
	1. Did the transporting officer report a	nv concerns? If s	o please explain:	K K	l	TYes	VNO	-
	2. Right now, do you have thoughts of			2		UYes	LINO	immediately otify the shif
				5		Ļ i ca	1	the
Curre	 Do you have any <u>immediate</u> plans to hurt yourself? * 						PNO	Immediately notify the shift
nt Ri	4. Right now, do you feel like there is	s nothing to look for	rward to in the future	e?		QYes	KNo	MO
Current Risk Factors	5. Right now, do you have any ment On a 1-10 scale with 1 being <i>not at all</i> describe: (If rated at "5" or above, refer for clinicia	and 10 being extre		our symptoms		∏Yes	₽ ₩	Refer to MH for follow up within 24 hrs
	6. Within the past year have you eng Date: Means/Method:	aged in self-harm o	Intent:	?		∏Yes	1,0010	Refer
_	Date: Means/Method:		Intent:		-	TYes	1 Able	-
E 10	7. Prior to one year ago, have you en			e?		ires	100	
Suicide/Self	Date:Means/Method: In custody: UYes UNo		Intent:				A	
ide/	Date: Means/Method:		Intent:					un l
Self	In custody: DYes DNo		Intent:					uno
	Date:Means/Method: In custody: DYes DNo		Intent:					2 1
	8. Do you have a History of Mental He	ealth Hospitalization	ns and Outpatient T	reatment?	3	Yes	TAKE	in 7
Prior	Date: 2010 Care Provider:	BHU	Reason: 0	D		1.10	14	with
Prior	Date: Care Provider:		Reason: Reason:					dh
	Date: Care Provider: Reason: Date: Care Provider: Reason:							NO
Medi	9. Are you currently taking mental health medications? Medication Name: Dose/Frequency Date of Last dose:					Øres	1040	Refer to MH for follow up within 72 hours
Medication	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:						∏No	Refe
	11. Have you ever used any type of su				1	Yes	ONO	
	What? First Used: Last Us	sed: How Much?	What?	First Used: 1	ast Used: Ho	w Much	17	1.5
Substance (Jee	Alcohol: 2003 200 Dethamphetamines: 2005 - 200 Prescription drugs: downs		Cocalne:		2004 0)cc		r requested
	12. Have you ever participated in subs	tance abuse treats	nont2		1	aVac		op
	13. Did you successfully complete?	dance abuse treatin	nent?			0Yes 0Yes		cate
	14. Providers name: New direct	tions			14	2100	1 UNO	Routine MH follow up if indicated or r
0	15. Is this your first time in prison?				r	Yes	ANO	if i
Other contributing suiside	16. Have any family members or significant	persons in your life a	ttempted or committee	d suicide?		Yes	100	N UF
FCO	17. Have you recently experienced a signific	the second se	and start the second start in the		10	Yes	600	Nollo
ontr	18. Have you ever been arrested for a sex of	rime?				Yes	tello	H fo
ibu	19. Have you ever been a victim of sexual of	r physical abuse?				fles	-00-	W
tin	20. Have you had a head injury? Descr	ibe:			1	Yes	INO	tine
IIS	21. Have you ever received special education	on services?			0	Yes	KONO	Rou
sid	22. Are you worried about something other	than your current lega	al situation? Describe	97	5	Yes	(PNO	
0	23. Do you have a physical illness that is ca	o you have a physical illness that is causing you distress or pain? Describe:						

BH7123ID IDOC Mental Health Screening, Created: April 5, 2012; Revised: August 7, 2012

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MDP GID HTN Mood D/D Alert, oriented x Disoriented Reports Hallucinations D Endorses Delusions Grooming/ Current Mental Health Status (Check all that apply) Eye Contact Affect Mood Thought Speech Movement/Activity Hygiene Process Oppropriate to situation Appropriate to situation Appropriate ppropriate to situation Appropriate Appropriate Appropriate to situation to situation to situation to situation Restless Angry Cheerful Cogical Goal directed Rapid UFair Flat Unkempt Good No emotion Slow Slowed Calm Disorganized Moving from topic to topic quickly Tearful Dirty None Pressured Active Other: Smiling Slurred Agitated Depressed Hopeless Loud Aggressive Euphoric Anxious DQuiet Rambling Irrelevant Distractible Initial Housing Recommendation Action Taken Emergent/Urgent: Referred to the Shift Commander DISPOSITION Cleared for general housing placement under Policy 315 Not cleared - referred for holding cell placement Refer to Mental Health for follow up within 24 hours Other placement: 98 7aRA. Refer to Mental Health for follow up within 72 hours R BI Ρ Refer for routine Mental Health follow up No need for Mental Health follow up - cleared I acknowledge that I have answered all questions truthfully and have been informed about how to obtain mental health services. I consent to routinermental health care provided by facility healthcare professionals. Consent Date: () Inmate Signature 4/21 Tammy McCall, L.P.N. 15 2130 Screened by: Time Printed Name Date anature Screener/ Reviewer Screening Reviewed: Lune linician Signature Printed Name MH Secondary Assessment Completed: Printed Name Date Signature Follow Up SOAP Note/if indicated: WRIST UNITED MCCall, L.P.N. K has new laters an Sida a Neck Con The NON OV 1er UVN 24 TIL 15 ICAA 14 d lonce DI DIDI Clinical Follow Up 4/22/15 Date 44-11 1138 0 Printed Name **Clinician Signature** 2

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

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HA INMATE NAME (Last, First, MI) IDOC # EVALUATION DATE Edwo 9469/ 4-22-15

Type of Evaluation:

Admission
 30 Day Segregation

Weekly Mental Health

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

Yes	No					
		History of psychiatric hospitalization and/or outpatient psychiatric treatment				
	1.	History of suicide attempts or suicidal ideation or violent/homicidal ideation.				
	1	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).				
	1	History of victimization due to criminal violence.				
	1.0	History of placement in special education programs.				
History of expressive		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						
1		Oriented X 4, (person, place, time, and circumstance).					
		Affect and mood within normal limits.					
T		Speech normal in tone and structure; thought content is orderly and goal directed.					
1		Currently prescribed and medication compliant with psychotropic medication.					
	1	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: Improved Deteriorated DeRemained Stable					
		Requires mental health plan. Date completed:					

REFERRAL TO

MENTAL HEALTH PROFESSIONAL SIGNATURE DATE 254 DOC 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	94691	04/29/15

Type of Evaluation:

Admission
 30 Day Segregation

Weekly Mental Health
 90 Day Segregation

Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

Yes	No						
X	1	Oriented X 4, (person, place, time, and circumstance).					
X	1.1	Affect and mood within normal limits.					
+		Speech normal in tone and structure; thought content is orderly and goal directed.					
4		Currently prescribed and medication compliant with psychotropic medication.					
	X	Expresses auditory, visual, other hallucinations, or delusional thought.					
	·	Current suicidal ideation or intent.					
	6	Judgment and insight impaired.					
	4	Current psychosocial stressors increasing the risk of harm to self or others.					
x		Intellect is estimated to be average or above.					
-6		Mental health has; 🗆 Improved 🔅 Deteriorated 🌾 Remained Stable					
		Requires mental health plan. Date completed:					

REFERRAL TO	
MENTAL HEALTH PROFESSIONAL SIGNATURE	DATE
J. Ruhle, LMSW B250	04/29/15

IDOC Restricted Housing MH Evaluation Form 3.09

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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

1

Jane Seys, PNP

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IDAHO DEPARTMENT OF CORRECTION RESTRICTED HOUSING MENTAL HEALTH EVALUATION IDOC # INMATE NAME (Last, First, MI) **EVALUATION DATE** 05/06/15 Ed 9469 mo

Type of Evaluation:

Admission 30 Day Segregation

Keekly Mental Health

90 Day Segregation

Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

Yes	No					
Y	1	Oriented X 4, (person, place, time, and circumstance).				
K	10.000	Affect and mood within normal limits.				
+		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.				
	+	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: 🗆 Improved 🔅 Deteriorated 📈 Remained Stable				
		Requires mental health plan. Date completed:				
Comn	nents: Lew	An 7/10 Dureals in Segriguton.				

REFERRAL TO

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

IDOC Restricted Housing MH Evaluation Form 3.09

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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 For	mat
6/21/15 1235 3 of 3	S: Met with Edmo to update lately Edmo has not motivati Edmo's time sleeping. Edmo of the feelings of depression that Edmo sometimes feels u open coping skill. Edmo rep helpful.	on to "do anything stated to feel dow to Edmo's gender inworthy. Edmo w	and spends most of n. Edmo attributed some dysphoria. Edmo reported as able to identify music as
	Appearance:Appropriate to p 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	orison setting.	
	A: Edmo appears depress an impacted by it. Edmo review		
	P: Treatment plan update.	Scheduled per l	LOC

oC. L. Venegas, LPC

6121115 Date

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

A245

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IDAHO DEPARTMENT OF CORRECTION TREATMENT PLAN

DATE	E	6/21/15 INMATE		Edmo, Mason		
IDOC #		94691	DOB		LOC	CMHS-1
PRO	BLEM (in operati	onal 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% demonstrate by an increase of activates Edmo is participating on.		
2.		es with feelings of un no's gender dyspho		Edmo will increase Edmo's self-esteem by being able to identify 3 new things that Edmo feels good about who Edmo is.		
PREF	ARED BY	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.			

OFFENDER SIGNATURE



IDOC Treatment Plan Form Rev. 5.10

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IDAHO DEPARTMENT OF CORRECTION "Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE N.	AME (Last, First, MI)	IDOC #	DATE OF BIRTH	
E	dmo, Mason	94691		
Problem Number		SOAP Note Format		
7/09/15 0735	S: Met with Edmo to discuss depression to get worse. Edm with expressing Edmo's geno reported low energy and moti address Edmo's issues relate appearance. O:	no stated that Edmo er due to regulation vation. We discuss	o continues to struggle ns on appearance. Edmo the use of GD group to	
	Appearance:Appropriate to provientation: 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 an impacted by it. P: Referred to Psych.	d Edmo's ability to	runctions is being	
	F. Referred to Fsych.			

c L. Venegas, LPC A245

44

719115

Date

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

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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

ER 1662

Jeremy Stoddart MD - Page 1 of 1

Print Form

1	20	12	1
-4	600	28	÷.
-12	-16	8	7

IDAHO DEPARTMENT OF CORRECTION

1

"Protecting You and Your Community"

		DATE	S OF WATCH/	DBSERVA	TION		
DATE PLACED ON WATCH	08-18-2015	DATER	PLACED ON EVATION	1	DATER	EMOVED FROM	
OFFENDER LA	STNAME	OFFEND	ER FIRST NAME	IDO	C#	DOB	DATE OF REPORT
Edmo			Mason	946	91		08-19-2015
INSTITUTIO	N		OFFENSE			EGULAR ISING UNIT	CURRENT HOUSING UNI
ISCI	Sex At	buse of a M	linor <16/Checks	w/o suf. fur		Unit 15	Unit 16
CURRENT LEV	EL OF CARE	E (LOC)		CMHS1 - C	Correctio	onal MH Service	s
of risk probably o circumstances ch SRA REPORT	ange.		 This level of ris Exit Concurrent 		e over t		be modified as Low
dmo presented a onsistent with pla	s alert and orie cement on suic	ide watch,	affect was approp	priate to situ	ation, in	mate was calm	and cooperative
dmo presented a onsistent with pla ith interview, thou	s alert and orie cement on suic	ide watch,	aintained approp affect was approp	priate to situ	ation, in	mate was calm	and cooperative
MENTAL STAT dmo presented a onsistent with play vith interview, thou INTERVIEW dmo stated that la	s alert and orie cement on suid ight process wa	tide watch, as linear an was having	aintained approp affect was approp id organized, judg	priate to situ ment and in s in unit 15.	ation, in nsight ap Edmo s	mate was calm ppear fair at this stated "I feel like	and cooperative time. emotionally tired
dmo presented a onsistent with pla- ith interview, thou interview, thou interv	s alert and orie cement on suid ight process wa ast night Edmo o stated that Ed in unit 15, Edmo 16". Edmo der scribed. Edmo ission to have	was having dmo is not f no stated "a nied the pre requested Edmo move	aintained approp affect was approp ad organized, judg g suicidal thought feeling as depres alot of people are sence of hallucin to be moved into ed into Unit 16. C	s in unit 15. sed as last t hyper sensi ations at this unit 16. This S Clark and	Edmo s wo days tive abo s time. I s Clinici I Dr. Cra	amate was calm ppear fair at this stated "I feel like s and that anxiet out GID issues, i Edmo affirmed E an called Clinica	and cooperative time. emotionally tired ty is "pretty low". t's not like it was Edmo is taking al Supervisor Clar
dmo presented a onsistent with pla- ith interview, thou ith interview, thou interview, thou in	s alert and orie cement on suid ight process wa ast night Edmo o stated that Ed in unit 15, Edmo 16". Edmo der scribed. Edmo ission to have Clinician informe	ide watch, i as linear an was having dmo is not f no stated "a nied the pre requested Edmo move ed Edmo th	aintained approp affect was approp ad organized, judg g suicidal thought feeling as depres alot of people are esence of hallucin to be moved into ed into Unit 16. C at Edmo will be h	s in unit 15. sed as last t hyper sensi ations at thi unit 16. Thi S Clark and oused in un	Edmo s wo days tive abo s time. I s Clinici I Dr. Cra	amate was calm ppear fair at this stated "I feel like s and that anxiet out GID issues, i Edmo affirmed E an called Clinica	and cooperative time. emotionally tired ty is "pretty low". t's not like it was Edmo is taking al Supervisor Clar
idmo presented a onsistent with pla- rith interview, thou INTERVIEW	s alert and orie cement on suid ight process wa ast night Edmo o stated that Ed in unit 15, Edm 16". Edmo der scribed. Edmo ission to have Clinician informe and denied a p	ide watch, i as linear an was having dmo is not f no stated "a nied the pre requested Edmo move ed Edmo th	aintained approp affect was approp ad organized, judg g suicidal thought feeling as depres alot of people are esence of hallucin to be moved into ed into Unit 16. C at Edmo will be h	s in unit 15. sed as last t hyper sensi ations at thi unit 16. Thi S Clark and oused in un	Edmo s wo days tive abo s time. I s Clinici I Dr. Cra	amate was calm ppear fair at this stated "I feel like s and that anxiet out GID issues, i Edmo affirmed E an called Clinica	and cooperative time. emotionally tired ty is "pretty low". t's not like it was Edmo is taking al Supervisor Clar

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OFFENDER LAST NAME	OFFENDER FIRST NA	AME	IDOC#	DOB	DATE OF REPORT
Edmo	Mason		94691		08-19-2015
ACCESS TO MEANS					
Access consistent with incarceration.					
HISTORICAL FACTORS (check	all that apply)				
Family history of suicide		Fin	t time prison tern	n	E
Inmate history of suicide attempt	ts 🗌	Cu	rent Ad Seg		E
History of substance abuse		Oth	er (list below)		
er ron. como reponed using manja	uana 4 times in Edmos	s lifeti	me, and using alcor	ioi on the weeker	105.
Per PSI: Edmo reported using marija					
KNOWN STRESSORS/ DEMOG	RAPHIC PREDICTO		check all that apply)		
KNOWN STRESSORS/ DEMOG Sleeping difficulties or irregular s	RAPHIC PREDICTO		check all that apply) Recent personal	loss or crisis	
KNOWN STRESSORS/ DEMOG Sleeping difficulties or irregular s Non-compliance with prescribed	RAPHIC PREDICTO		check all that apply) Recent personal Neglect of perso	loss or crisis nal hygiene	
KNOWN STRESSORS/ DEMOG Sleeping difficulties or irregular s Non-compliance with prescribed Weight loss or loss of appetite	BRAPHIC PREDICTO leeping hours psych medications		check all that apply) Recent personal Neglect of perso Long or life sente) loss or crisis nal hygiene ence	
KNOWN STRESSORS/ DEMOG Sleeping difficulties or irregular s Non-compliance with prescribed Weight loss or loss of appetite Progressive health problems (chr	BRAPHIC PREDICTO leeping hours psych medications		check all that apply) Recent personal Neglect of perso Long or life sente Poor compliance) loss or crisis nal hygiene ence	
KNOWN STRESSORS/ DEMOG Sleeping difficulties or irregular s Non-compliance with prescribed Weight loss or loss of appetite Progressive health problems (chr DOR	BRAPHIC PREDICTO leeping hours psych medications		check all that apply) Recent personal Neglect of perso Long or life sent Poor compliance Conflict on tier	loss or crisis nal hygiene ence with treatment	
KNOWN STRESSORS/ DEMOG Sleeping difficulties or irregular s Non-compliance with prescribed Weight loss or loss of appetite Progressive health problems (chr DOR Family event	BRAPHIC PREDICTO leeping hours psych medications		check all that apply) Recent personal Neglect of perso Long or life sente Poor compliance Conflict on tier Conflict with bun) loss or crisis nal hygiene ence e with treatment	
KNOWN STRESSORS/ DEMOG Sleeping difficulties or irregular s Non-compliance with prescribed Weight loss or loss of appetite Progressive health problems (chr DOR Family event Gambling or other debt	BRAPHIC PREDICTO leeping hours psych medications		check all that apply) Recent personal Neglect of perso Long or life sente Poor compliance Conflict on tier Conflict with bun Parole/court hea) loss or crisis nal hygiene ence e with treatment	
KNOWN STRESSORS/ DEMOG Sleeping difficulties or irregular s Non-compliance with prescribed Weight loss or loss of appetite Progressive health problems (chr DOR Family event Gambling or other debt Fearful for safety	BRAPHIC PREDICTO leeping hours psych medications		check all that apply) Recent personal Neglect of perso Long or life sente Poor compliance Conflict on tier Conflict with bun) loss or crisis nal hygiene ence e with treatment	
KNOWN STRESSORS/ DEMOG Sleeping difficulties or irregular s Non-compliance with prescribed Weight loss or loss of appetite Progressive health problems (chr DOR Family event Gambling or other debt Fearful for safety Relationship PSYCHOLOGICAL FACTORS dmo reported that Edmo had difficul	RAPHIC PREDICTO leeping hours psych medications onic or terminal Illness)		check all that apply) Recent personal Neglect of perso Long or life sente Poor compliance Conflict on tier Conflict with bun Parole/court hea Other (list below) See below	loss or crisis nal hygiene ence a with treatment ikmate iring	

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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		-	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
EVALUATION OF RISK PO behavior is difficult, of limited relia information, an individual interview	mo has been moved into the BHU FENTIAL (It should be noted that pu- bility, and diminishes significantly or v, existing environmental conditions, k probably of suicide is indicated bel	recise prediction o ver time. However and other informa	, based upon th ation available a	e historical at the time of the
	The offender is currently a low ris	k for self harm		
RECOMMENDATIONS				
It is being clinically recommended	d that Edmo be released from suid	ide watch and b	be housed in th	e BHU at this time

RISK REDUCTION/TREATMENT PLAN ADDENDUM RISK REDUCTION PLAN

		1
PROBLEM (The problem(s) should be specific to the offender's current reporting issues)	GOAL (There should be two (2) types of goals for each Problem: 1) Immediate goal(s) and 2) Short-term goal(s))	INTERVENTION (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)
Edmo reported feeling like harming self in unit 15 on 08-18-15.	 Edmo will not engage in any self harm within next 72 hours. Edmo will maintain mental and emotional stability when released from suicide watch. 	 Edmo will receive daily follow up for next three days by a clinician. 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.

IDOC Suicide Risk Assessment PDF 8-13

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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
	RISK REDUC	TION PLAN	CON'T		
CHANGE IN LOC REQUIRE	D? NEW LOC IF	APPLICABL	E (enter in CI	S if LOC has cha	inged)
No			Not Applicat		
NATURE OF INCIDENT		DEGRE	E OF MEDIC	AL INTERVE	NTION
Verbal threat with	nout action			None	
OFFENDER'S STATED INT		LAST S	UICIDE WAT		
Move from	tier		6	-12 months	
	TREATMEN	T PLAN UP	DATE		
The offend	ler will return to their pr	evious treatm	ent plan upon	stabilization	
ADDITIONAL COMMENTS					
REPORT COMPLETED BY	CREDENTIAL	DATE		SIGNATU	RE
Chris Bennett	LPC	08-19-15	100	VAPI	

IDOC Suicide RIsk Assessment PDF 8-13

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IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

INMAT	E NAME (Last, First, MI)	IDOC #	DATE OF BIRTH
Edmo, Mason		94691	
Date/Time Use SO Problem Number		OAP Note Format	1
8/20/15 1150	S: I met with Inmate Edmo today in being released from the holding ce Inmate Edmo said Edmo was strug Edmo's gender dysphoria. Inmate castration. Inmate Edmo denied c Edmo acknowledged having reque confirmed having more support ar stated Edmo gets along okay with Dysphoria group. Inmate Edmo rep the depression is "not as strong" to Inmate Edmo was told Edmo woul also explained drop-in clinics that a	ell. Inmate Edmo said Edmo gling with the "dysphoria" Edmo disclosed having con- urrent plan to attempt cast sted to move back to Unit ad people to talk to in Unit Edmo's cellmate and attemported struggling with depr oday. Edmo confirmed med d receive 2 more days of cli	was "alright." associated with sidered self- ration. Inmate 16. Inmate Edmo 16. Inmate Edmo ds Gender ession, but stated lication compliance nical follow-up. I
	O: Inmate Edmo was alert and Ox4 and speech was WNL. Thought cor delusions, illusions, or hallucinatio	ntent and process were clea	
	A: Inmate Edmo appears to be sta good insight and judgment.	ble at this time. Edmo is as	sessed to have
	P: Inmate Edmo will be seen again up.	n tomorrow and the next da	y for clinical follow

8/20/15

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

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Print Form



IDAHO DEPARTMENT OF CORRECTION

Protecting You and Your Community"

	INMATE NA	ME (Last, First, MI)	IDOC #	Date/Time Problem number
-		, MASON DEAN	94691	08-21-2015 1332
SUBJECTIVE	Edmo stated "I'm stable thoughts of castrating b reported that Edmo has	". Edmo reported depress out denied a plan or intent been experiencing muscl	to do so, and stated the though	he and denied SI. Edmo reported havin s are not as bad at this time. Edmo tated in the morning and voiced not at this time.
1	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	n 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
Collecteiter				
ORIECTIVE				
ACCESSIO				
ORIECTIVE ASSESSMENT DIAN	as bad at this time and c this time. Edmo will be seen by a c discuss medication conc	lenied a plan or intent to a linician on 08-22-15. This	act on the thoughts. Edmo's risk Clinician discussed referring Edn	ig but reported that the thoughts are i or harming self or others appears low o for a follow up with Psychiatrist to ician referred Edmo for an appointme
ACCECCAMENIT	as bad at this time and c this time. Edmo will be seen by a c discuss medication conc	lenied a plan or intent to a ilinician on 08-22-15. This erns. Edmo requested to l	act on the thoughts. Edmo's risk Clinician discussed referring Edn be seen by Dr. Stoddart. This Clir	or harming self or others appears low o for a follow up with Psychiatrist to

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

	INMATE NA	AME (Last, First, MI)	IDOC#	Date/Time Problem number
		, MASON DEAN	94691	08-22-2015
SUBJECTIVE	15 and said "it's just me	e and my GD stuff". Edmo		"okay". Edmo denied staff issues in Ur g happy with Edmo's roommate. Edmo
-	Orientation	Appearance	Behavior	Response to interviewer
	X 4	appropriate	Normal	Cooperative
	Mood (by report)	Affect (observed)	Thought Process	Thought Content
	"okay"	Appropriate	Logical	Relevant
	Delusions	Hallucinations	Self Harm/Suicidal Ideati	and the second se
	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
	Edmo appears to be mai	intaining at this time.		
COROCALENT	Edmo appears to be mai			
Accrecklest				Signature

ER 1669

Print Form

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IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

INMAT	E NAME (Last, First, MI)	IDOC #	DATE OF BIRTH
Edmo, Mason		94691	
Date/Time Problem Number	Use S	OAP Note Format	
8/26/15 1500	S: I met with Inmate Edmo today upon being moved to the BHU. In Edmo confirmed being seen by Dr medication changes. Inmate Edmo in the BHU and PTSD group in GP, continue attending both groups. V and Edmo reported Edmo was no Regarding mental health, inmate myself." Inmate Edmo reported it self-castration. Inmate Edmo confi Edmo feels Edmo can relate to is I with Edmo's cellmate. We discuss treatment plan. Inmate Edmo stat Inmate Edmo confirmed going to Inmate Edmo asked me to email M starting programming classes. I ag ended.	mate Edmo stated Edmo is " r. Eliason today and said ther o stated Edmo attends Gend Inmate Edmo stated Edmo We reviewed other groups o t interested in adding other Edmo reported "not on the bas been 2 days since Edmo firmed that being in the BHU helpful. Inmate Edmo confirmed problem areas and goals ted journaling and exercising education 5 days a week wa Mark Mccullough and CM Has greed and sent the email before	alright." Inmate re were no ler Dysphoria grou would like to ffered in the BHU groups at this time verge of hurting has thought abou around people ns getting along for Edmo's ; are helpful. s also helpful. irris about re- ore the interview
	O: Inmate Edmo was alert and Ox Eye contact was good and speech clear, organized and relevant.	was WNL. Thought content	and process were
	A: Inmate Edmo appears to be sta good insight and judgment. No de	lusions, illusions, or hallucin	ations were noted
	P: Inmate Edmo will continue to be via the concern form and/or drop- given a copy of Edmo's treatment for journaling.	-in clinic process. Inmate Edr	no signed and was

m

8/210/15 Date

T. Ruth, LMSW

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

(SOAP – Subjective Objective Assessment Plan)



IDOC Clinical Contact Note 3.09

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Edmo, Mason	IDOC#: 94691	Psychiatric Progress Note	ISCI-BHU
8/26/15			
because "It gives me the Effexor. She repo	energy and motivation." Sh rted that she spends her tin She said she doesn't nap.	itching to Effexor. She said that she e reported that other than difficulty ne watching TV, and sometimes "wa	sleeping she likes
Thoughts logical and		ears feminine in his demeanor and overt delusions. Affect full range a d."	
A: 27 year old female	with Gender Dysphoria, Ale	cohol Use disorder, and Depression. a not to take Remeron and just worl	
MDD,			
GDD			
Alcohol Use disorder			
P: Cont meds			
RTC 3 months			



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Mental Health Group Referral (BHU)

Arrody attending

Inmate Name: MASON EDMO

Inmate IDOC #: 9469)

Date of Referral:	82615
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

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)
- a 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)

D Other

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IDAHO DEPARTMENT OF CORRECTION TREATMENT PLAN

DA	TE	8/26/15	INMATE NAME	Edmo, Mason			
IDC)C #	94691	DOB	LOC CMHS-1		1	
PR	OBLEM (in a	operational terms)		GOAL		-	
1.	Inmate Edr harm (self-	no struggles with thou castration).	ghts of self-	Inmate Edmo castrate self.	will resist a	nd reduce	the urges to
2.	Inmate Ed which Edm and self-im	mo has a history of de no states is related to a nage.	epression, self-esteem	Inmate Edmo improvement depression.			
PRI		T. Ruth, LMSW 928	2	1	DATE	8/26/15	
	ERVENTION Problem #	Treat	ment	Staff/Pe Respor		equency/ uration	Date Goal Closed
1, 2		Edmo will use copi struggling with mer symptoms.		Edmo	As	needed	
1, 2	£	Edmo will voice an how to use a conce attend drop-in clini clinical support.		As	needed		
1, 2	2	Edmo will attend psychoeducational groups as scheduled. Edmo is currently attending Gender Dysphoria group and PTSD group.		Edmo	As sch	s eduled	
1, 2		Edmo will take any prescribed by the p designee, as indica	Edmo will take any medication prescribed by the psychiatrist or designee, as indicated, reporting any changes, concerns, or side effects.		y As	scribed	
1, 2		Edmo will notify sta any suicidal or hom	Edmo will notify staff right away of any suicidal or homicidal thoughts, or of any plan/intent to harm self or		As	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	Dai	ly	
1,2		Edmo will work on Edmo's gender is to	Edmo will work on being who Edmo's gender is to the fullest extent possible within IDOC policy.		Ong	going	
1, 2		Edmo will use journ help improve self-e image.	Edmo	Ong	going		

OFFENDER SIGNATURE

08-24-DATE 15



IDOC Treatment Plan Form Rev. 5.10

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MULTI-DISCIPLINARY TREATMENT TEAM SUMMARY

DATE	OFFENDER NAME	IDOC	DATE OF BIRTH
83115 M	ASON EDMO	94691	
The following member	s were present at the treatment t	eam meeting on this date	e: (type or print legibly)
NAME	TITLE	NAME	TITLE
Watan	Clinician;	T. Hanson	PTC
Inkelormylog	PSRS ,		
C.S.	U16 St.		

Input was sought from the psychiatrist:	Yes X	No 🖂
The offender was present:	Yes 🖌	No 🗆
The treatment team reviewed the offender's concerns and discussed these with the offender:	Yes 🕅	No 🗆
The treatment team provided feedback regarding progress toward treatment goals:	Yes Y	No 🗆
The treatment team reviewed any current restrictions on the offender that may impact his/her mental health functioning:	Yes K	No 🗆
The treatment team reviewed current housing status and any possible impact on mental health functioning:	Yes X	No 🗆
The treatment team reviewed current level of care to ensure appropriateness:	Yes 🔽	No 🗆
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 X	No 🗆
Indicate what level of care treatment the offender will receive:	CMHS-1	4.1
The offender agrees with the treatment plan:	Yes 🕅	No 🗆

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

Other Issues:

1					
Offender Signature	Xann		6	_	
20	and	0 0	18 ho		~
Clinician Signature:	- A	4CU>	A	A)-	8(31(15

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IDAHO DEPARTMENT OF CORRECTION Mental Health DOR Recommendation

IDOC Number: 94691	Offender Name:	Edmo		Facility: IS	CI
Offense Date: 9/27/15	Offense Description:	Possession of Unauthorized Prop	perty	Clinician:	Watson
Documented history me making.	ental illness that	could impair decision	Yes: 🛛	No: 🗌	
Presently prescribed me	edication for me	ntal health issues.	Yes: 🛛	No: 🗌	
If yes, is inmate medica	tion compliant?		Yes: 🖂	No: 🗌	
Experienced significant	increase in stre	ssors prior to incident.	Yes:	No: 🛛	
Documented increase ir incident.	n mental health	symptoms prior to	Yes: 🗌	No: 🛛	
Mental illness contribution	ng factor in incid	lent.	Yes: 🖂	No: 🗌	
Recommendations:	-				
Mental illness a mitigatin	ng factor.		Yes: 🗋	No: 🛛	
Recommendations: Assignment of staff assi	stant recommen	nded.	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 stabalization and a desire to go back to GP which was faciliated. 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 <u>3/4/10</u>)



IDAHO DEPARTMENT OF CORRECTION "Protecting You and Your Community"

SUICIDE RISK ASSESSMENT DATES OF WATCH/OBSERVATION DATE PLACED DATE REMOVED FROM DATE PLACED ON 09/29/15 ON WATCH/OBSERVATION WATCH OBSERVATION DATE OF OFFENDER LAST NAME OFFENDER FIRST NAME IDOC# DOB REPORT Edmo Mason 94691 09/30/15 REGULAR CURRENT INSTITUTION OFFENSE HOUSING UNIT HOUSING UNIT SICI Sex Abuse of A Minor Unit 15 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. Inamte 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 emove 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.

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

	OFFENDER FIRST NAM	E	IDOC#	DOB	DATE OF REPORT
Edmo	Mason		94691		09/30/15
ACCESS TO MEANS					
HISTORICAL FACTORS (check	- B Beck an all A				
Family history of suicide		First ti	me prison ter	m	
Inmate history of suicide attem			t Ad Seg		Ĩ
History of substance abuse			(list below)		, i
			(and the second		
KNOWN STRESSORS/ DEMO	GRAPHIC PREDICTOR				
Sleeping difficulties or irregular	sleeping hours		ecent persona	al loss or crisis	
Sleeping difficulties or irregular Non-compliance with prescribe	sleeping hours		ecent persona eglect of pers	al loss or crisis onal hygiene	
Sleeping difficulties or irregular Non-compliance with prescribe Weight loss or loss of appetite	sleeping hours [d psych medications [[ecent persona eglect of persong or life sen	al loss or crisis onal hygiene tence	
Sleeping difficulties or irregular Non-compliance with prescriber Weight loss or loss of appetite Progressive health problems (c	sleeping hours [d psych medications [[nronic or terminal illness)		ecent persona eglect of persong or life sen por complianc	al loss or crisis onal hygiene	
Sleeping difficulties or irregular Non-compliance with prescriber Weight loss or loss of appetite Progressive health problems (c DOR	sleeping hours [d psych medications [[nronic or terminal illness)	RNLPC	ecent persona eglect of persong ong or life sen oor complianc onflict on tier	al loss or crisis onal hygiene tence e with treatment	t [
Sleeping difficulties or irregular Non-compliance with prescriber Weight loss or loss of appetite Progressive health problems (c DOR Family event	sleeping hours [d psych medications [[nronic or terminal illness)	RNLPOO	ecent persona eglect of persong or life sen por complianc onflict on tier onflict with bu	al loss or crisis onal hygiene tence e with treatment nkmate	t [
Sleeping difficulties or irregular Non-compliance with prescriber Weight loss or loss of appetite Progressive health problems (c DOR Family event Gambling or other debt	sleeping hours [d psych medications [[nronic or terminal illness)		ecent persona eglect of person ong or life sen oor complianc onflict on tier onflict with bu arole/court he	al loss or crisis onal hygiene tence e with treatment nkmate aring	
Sleeping difficulties or irregular Non-compliance with prescriber Weight loss or loss of appetite Progressive health problems (c DOR Family event Gambling or other debt Fearful for safety	sleeping hours [d psych medications [[nronic or terminal illness)		ecent persona eglect of persong or life sen por complianc onflict on tier onflict with bu	al loss or crisis onal hygiene tence e with treatment nkmate aring	
Sleeping difficulties or irregular Non-compliance with prescriber Weight loss or loss of appetite Progressive health problems (c DOR Family event Gambling or other debt Fearful for safety Relationship	sleeping hours [d psych medications [[nronic or terminal illness)		ecent persona eglect of persona ong or life sen oor complianc onflict on tier onflict with bu arole/court he ther (list below)	al loss or crisis onal hygiene tence e with treatment nkmate aring	t [
KNOWN STRESSORS/ DEMO Sleeping difficulties or irregular Non-compliance with prescriber Weight loss or loss of appetite Progressive health problems (c DOR Family event Gambling or other debt Fearful for safety Relationship PSYCHOLOGICAL FACTORS	sleeping hours [d psych medications [[nronic or terminal illness)		ecent persona eglect of persona ong or life sen oor complianc onflict on tier onflict with bu arole/court he ther (list below)	al loss or crisis onal hygiene tence e with treatment nkmate aring	t

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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
PROTECTIVE FACTORS				
with medication. EVALUATION OF RISK POT behavior is difficult, of limited relia information, an individual interview	ENTIAL (It should be noted that pr bility, and diminishes significantly ov existing environmental conditions, k probably of suicide is indicated bel- s change.) The offender is currently a high ris	vecise prediction of ver time. However and other informa ow. This level of i	of suicide and ot , hased upon the ation available a	her self-injurious historical t the time of the
RECOMMENDATIONS				
	dmo be placed on Suicide watch n.	due to Self-han	m behaviors an	d verbal threats to

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

RISK REDUCTION/TREATMENT PLAN ADDENDUM

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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
	RISK REDUC	TION PLAN	N CON'T		
CHANGE IN LOC REQUIRE	D? NEW LOC IF	APPLICAB		S if LOC has cha	nged)
No	1		Not Applicat		
NATURE OF INCIDENT		DEGRE		AL INTERVEN	TION
		LACTO		ouse medical	
OFFENDER'S STATED INT Other: remove		LASIS		I-6 months	
Other. Temove	TREATMEN	TRIANUE		1-0 months	
The offend	er will return to their pr			atabilization	
	er win return to their pr	evious treatm	ient plan upon	stabilization	
ADDITIONAL COMMENTS					
REPORT COMPLETED	CREDENTIAL	DATE	1.	SIGNATUR	E
J. Ruhle B250	LMSW	9-30-15	Gal	in	14
			1000	1	

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IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

11	MATE NAME (Last, First, MI)		IDOC #	DATE OF BIRTH	DATE	TIME		
Ed	Edmo, Mason		io, Mason 94691 09/30/15				09/30/15	0950
S	Edmo reports to be fed Currently, Edmo report medications. Edmo rep attempt again. Edmo re	s medie orts to	cation issues and n have attempted to	nedical does not b o cut testicles off d	elieve Edmo is ue to dysphoni	taking ia and will		
0	Appearance	Appro	opriate for time an	d place				
	Behavior	Coop	erative					
	Speech	Norm	al					
	Response to Interviewer	Coop	erative					
	Mood (by report)	upset						
	Affect (observed)	Appro	priate for time an	d place				
	Thought Process	Norm	al flow and organi	zed				
	Thought Content	Logica	al					
	Conscious Level	Norm	al					
	Orientation/Memory	Ox4, 1	memory intact					
	Attention	Good			-			
	Insight	Poor						
	Judgment	Poor	A CONTRACTOR OF A CONTRACTOR A					
	Suicidal	Denie	s			-		
	Violence	Denie	S					
	Delusions	None						
	Perceptions	Denie	S					
	Seen in Unit 16; medica Medically cleared.	lly clea	red after attempti	ng to cut testicles	off, no stiches	needed.		
A	Edmo is reacting to dys at this time for self-han		symptoms due to i	nability to feel con	nfortable. Inma	ate is high risk		
Р	Daily contact while on S	iuicide	Watch. Stay in BH	U when released.				

J. Ruhle, 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

INMAT	E NAME (Last, First, MI)	IDOC #	DATE OF BIRTH
Edmo, Mason		94691	
Date/Time Problem Number	Use S	OAP Note Format	
9/30/15 1511 Clinical contact	S: Met with Edmo today at Emdo' to remove Edmo's genitals. Edmo states Edmo doesn't know what t do. Edmo discussed issues with p feminine. Edmo spoke of struggle males and how this makes Edmo f that this was what fueled Edmo's "easier."	asked about what the plan he options are so Edmo does arts of Edmo that don't mak as with wanting and needing feel needed/wanted/feminir	is for Edmo. Edmo sn't know what to e Edmo feel attention from ne. Edmo admitted
	O: Edmo was Ox4 and alert. Edmo Edmo's placement in a holding cel appeared relaxed and presented v did state Edmo wants Edmo's gen Edmo reported that Edmo knows intent to follow through at this mo euthymic and indicated Edmo was logical and clear and Edmo's conte and judgment were assessed as fa delusions, illusions, or hallucinatio	Il and Edmo's speech was W with direct eye contact. Edm itals gone. However, throug it won't fix everything and h oment. Edmo presented as s feeling "alright." Edmo's th ent of thought was appropria ir. Edmo did not appear to	NL. Edmo no denied HI/SI but the conversation ad no plan or pleasant and nought process was ate. Edmo's insight
	A: Edmo appears to be stable at the confronting Edmo's long standing self in all of these other things (leg complaints over everything, outwo time needed to focus and work or time (low self-esteem, relationshin substance abuse, dependency and things Edmo focused on were imp to advocate for Edmo's self and w Edmo's entire sense of identity is the escape from having to deal with set that all of those things help Edmo We discussed how if Edmo looked having surgery), Edmo would still discussed ways Edmo could begin Edmo has had throughout Edmo's Explored insecurities that all men outside, don't fix things on the ins very receptive and identified a pla attempting to take off Edmo's gen that release from 16 requires stab agreed and requested to remain in	his point. I spent quite a bit maladaptive behaviors of er gal fights, males in general p ard beauty, etc.) while not ta the struggles Edmo has had p issues, being a victim of do acceptance issues, etc.). I v ortant to Edmo and that Edr ork on those things but w wrapped up in that and how ome of the long standing issu- refrain from dealing with Ed- e exactly the way Edmo want be broken inside. Edmo agree to work more on Edmo's sel- life rather than only focusin and women have and how fi- ide the way we expect them n to identify how Edmo is go itals. Edmo agreed to do th- ility and Edmo does not app	ngrossing Edmo's opulation, aking any of the d for a very long omestic violence, validated the other mo should continue ve processed how Edmo uses it as an ues. Edmo agreed lmo's problems. ed (including eed and we if and the issues g on the outside. ixing things on the to. Edmo was bing to refrain from is. I also told Edmo

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P: Edmo will be seen daily while on SW. Edmo will remain in unit 16 upon releas 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 "Protecting You and Your Community"

		SUICIDE RIS					
DATE PLACED ON WATCH	9/29/15	DATE PLACED ON OBSERVATION	10/1/1	D	DATE REMOVED FROM WATCH/OBSERVATION		Children and Chi
OFFENDER LAS	ST NAME	OFFENDER FIRST	OFFENDER FIRST NAME		C# DOB		DATE OF REPORT
Edmo		Mason	Mason 9		91		10/1/15
INSTITUTION	4	OFFENSE	OFFENSE		REGULAR HOUSING UNIT		CURRENT HOUSING UNIT
ISCI		Sexual Abuse of a Chi	Id Under 1	16	1	Unit 15	Unit 16 HC
CURRENT LEVE	L OF CAR	E (LOC)	CM	MHS1 - C	orrectio	onal MH Servic	es
	suicide is refl inge.	ns, and other information lected below. This leve Follow-up Only			e over ti	ime and should	
REASON FOR R				THOIL L	and the first of		
acement. Inmate E as respectful. Thou	to the door to Edmo made g ught process	o talk. Edmo was dress good eye contact, spee was organized, clear a	ch was W and linear.	NL. Inma Thought	te Edm conten	o displayed a r t was relevant.	ange of affect and Inmate Edmo did
mate Edmo came acement. Inmate E as respectful. Thou at appear to be end	to the door to Edmo made g ught process	good eye contact, spee	ch was W and linear.	NL. Inma Thought	te Edm conten	o displayed a r t was relevant.	ange of affect and Inmate Edmo did
mate Edmo came acement. Inmate E as respectful. Thou of appear to be end NTERVIEW mate Edmo ackno	to the door to Edmo made g ught process dorsing delus wledged hav	good eye contact, spee was organized, clear a tions or hallucinations. ing a direct conversation	ch was W and linear. Insight an	NL. Inma Thought d judgme nician Wa	ete Edm conten ent appe	o displayed a r t was relevant. ear fair at this ti esterday. Edmo	ange of affect and Inmate Edmo did me.
mate Edmo came acement. Inmate E as respectful. Thou of appear to be end NTERVIEW mate Edmo ackno oodbetter" today dmo acknowledged dmo said Edmo wa as waited this long om the holding cell	to the door to Edmo made g ught process dorsing delus wledged hav y. Edmo said d needing to ants to have a and can wait and asked v	good eye contact, spee was organized, clear a dions or hallucinations.	ch was W and linear. Insight an on with Cli needs to v egative at a the surg dmo confil igned clini	NL. Inma Thought d judgme nician Wa vork on th tention-se ery so it is rmed Edn cian. Edn	atson yo ent appe atson yo e Inside eeking, s comp mo will n mo state	o displayed a r t was relevant. ear fair at this ti esterday. Edme e first before ch and "fulfilling n leted properly. remain in the U ed Edmo is eat	ange of affect and Inmate Edmo did me. o reported feeling langing the outsid nyself." In addition Edmo said Edmo nit after released
mate Edmo came acement. Inmate E as respectful. Thou of appear to be end NTERVIEW mate Edmo ackno oodbetter" today dmo acknowledged dmo said Edmo wa as waited this long om the holding cell	to the door to Edmo made g ught process dorsing delus wledged hav y. Edmo said d needing to ants to have a and can wal and asked v he mental he	good eye contact, spee was organized, clear a ions or hallucinations. ing a direct conversation Edmo realized Edmo i work on self-esteem, n a professional complete t a little while longer. E who will be Edmo's ass	ch was W and linear. Insight an on with Cli needs to v egative at a the surg dmo confil igned clini	NL. Inma Thought d judgme nician Wa vork on th tention-se ery so it is rmed Edn cian. Edn	atson yo ent appe atson yo e Inside eeking, s comp mo will n mo state	o displayed a r t was relevant. ear fair at this ti esterday. Edme e first before ch and "fulfilling n leted properly. remain in the U ed Edmo is eat	ange of affect and Inmate Edmo did me. o reported feeling langing the outsid nyself." In addition Edmo said Edmo nit after released
mate Edmo came acement. Inmate E as respectful. Thou of appear to be end NTERVIEW mate Edmo ackno codbetter" today dmo acknowledged dmo said Edmo wa as waited this long om the holding cell ad on" and taking the NTENT TO DIE	to the door to Edmo made g ught process dorsing delus wledged hav y. Edmo said d needing to ants to have a and can wait and asked v he mental he to die.	good eye contact, spee was organized, clear a ions or hallucinations. Ing a direct conversation Edmo realized Edmo i work on self-esteem, n a professional complete t a little while longer. E who will be Edmo's ass ealth medication. Edmo	ch was W and linear. Insight an on with Cli needs to v egative at a the surg dmo confil igned clini	NL. Inma Thought d judgme nician Wa vork on th tention-se ery so it is rmed Edn cian. Edn	atson yo ent appe atson yo e Inside eeking, s comp mo will n mo state	o displayed a r t was relevant. ear fair at this ti esterday. Edme e first before ch and "fulfilling n leted properly. remain in the U ed Edmo is eat	ange of affect and Inmate Edmo did me. o reported feeling langing the outsid nyself." In addition Edmo said Edmo nit after released

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

	OFFENDER FIRST N	AME	IDOC#	DOB	DATE OF REPORT
Edmo	Mason	-	94691		10/1/15
ACCESS TO MEANS					
Inmate Edmo will have access to m	eans consistent with bei	ng or	close observation.		
HISTORICAL FACTORS (check	k all that apply)				-
Family history of suicide		Firs	st time prison terr	n	
Inmate history of suicide attemp	pts 🗹	Cu	rent Ad Seg		
History of substance abuse	\checkmark	Oth	er (list below)		
Edmo said this is Edmo's first time i According to the PSI, Inmate Edmo 2010 and May 2011). The PSI show total). Inmate Edmo's report of suicide atte in the 2011 PSI.	reported 3 suicide atten s Edmo disclosed alcoh	ol use	e and some experie	nce with marijua	na (4 times
KNOWN STRESSORS/ DEMO Sleeping difficulties or irregular Non-compliance with prescribed Weight loss or loss of appetite Progressive health problems (ch	sleeping hours d psych medications		Recent personal Neglect of perso Long or life sent Poor compliance	loss or crisis nal hygiene ence	
Sleeping difficulties or irregular Non-compliance with prescribed Weight loss or loss of appetite Progressive health problems (cr DOR	sleeping hours d psych medications		Recent personal Neglect of perso Long or life sent Poor compliance Conflict on tier	loss or crisis nal hygiene ence with treatment	
Sleeping difficulties or irregular Non-compliance with prescribed Weight loss or loss of appetite Progressive health problems (cr DOR Family event	sleeping hours d psych medications		Recent personal Neglect of perso Long or life sent Poor compliance Conflict on tier Conflict with bun	loss or crisis nal hygiene ence with treatment kmate	
Sleeping difficulties or irregular Non-compliance with prescribed Weight loss or loss of appetite Progressive health problems (cr DOR Family event Gambling or other debt	sleeping hours d psych medications		Recent personal Neglect of perso Long or life sent Poor compliance Conflict on tier Conflict with bun Parole/court hea	loss or crisis nal hygiene ence with treatment kmate	
Sleeping difficulties or irregular Non-compliance with prescribed Weight loss or loss of appetite Progressive health problems (cr DOR Family event Gambling or other debt Fearful for safety	sleeping hours d psych medications		Recent personal Neglect of perso Long or life sent Poor compliance Conflict on tier Conflict with bun Parole/court hea Other (list below)	loss or crisis nal hygiene ence with treatment kmate	
Sleeping difficulties or irregular Non-compliance with prescribed Weight loss or loss of appetite Progressive health problems (cr DOR Family event Gambling or other debt	sleeping hours d psych medications		Recent personal Neglect of perso Long or life sent Poor compliance Conflict on tier Conflict with bun Parole/court hea	loss or crisis nal hygiene ence with treatment kmate	

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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				
services.				
hehavior is difficult, of limited relia information, an individual interview review, inmate's current level of ris	TENTIAL (It should be noted that pr bility, and diminishes significantly ov r, existing environmental conditions, sk probably of suicide is indicated belows es change.)	er time. However and other informa	, hased upon the ttion available a	historical t the time of the
hehavior is difficult, of limited relia information, an individual interview review, innuate's current level of ris should be modified as circumstance	whiley, and diminishes significantly ov w, existing environmental conditions, which we have a suicide is indicated below	er time. However and other informa ow. This level of i	e, based upon the ation available a risk will change o	historical t the time of the
hehavior is difficult, of limited relia information, an individual interview review, innuate's current level of ris should be modified as circumstance	ubility, and diminishes significantly ov w, existing environmental conditions, k probably of suicide is indicated belies es change.)	er time. However and other informa ow. This level of i	e, based upon the ation available a risk will change o	historical t the time of the
hehavior is difficult, of limited relia information, an individual interview review. inmate's current level of ris should be modified as circumstance RECOMMENDATIONS	ubility, and diminishes significantly ov w, existing environmental conditions, k probably of suicide is indicated belies es change.)	er time. However and other informa ow. This level of r e risk for self harm	", based upon the ition available a risk will change o n	historical t the time of the over time and

RISK REDUCTION/TREATMENT PLAN ADDENDUM

RISK REDUCTION PLAN INTERVENTION PROBLEM GOAL (The interventions need to be (There should be two (2) types of goals (The problem(s) should be specific and measurable to each for each Problem: 1) Immediate goal(s) specific to the offender's of the two types of goals and current reporting issues) and 2) Short-term goal(s)) relate to the presenting problem(s) of the offender) Inmate Edmo cut Edmo's Inmate Edmo will refrain from harming or 1. Inmate Edmo was placed on suicide watch, then reduced to close testicles due to gender cutting on self. dysphoria. Inmate Edmo observation with daily clinical contact. Inmate Edmo will demonstrate and 2. Inmate Edmo will use coping skills to acknowledged focusing too voice stability. much on the external self and manage distress related to dysphoria. Inmate not enough on the internal self; Edmo will work on improving self-esteem. 2. Inmate Edmo will be referred to and acknowledged needing to improve self-esteem. groups, given homework and work with assigned clinician to improve self-esteem. Homework given on 10/1/15.

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IDAHO DEPARTMENT OF CORRECTION "Protecting You and Your Community"

OFFENDER LAST NAME	OFFENDER FIRST	AME	IDOC#	DOB	DATE OF REPORT
Edmo	Mason		94691		10/1/15
	RISK REDUCT	ION PLAN	CON'T		
CHANGE IN LOC REQUIRE	D? NEW LOC IF A	PPLICABL			nged)
No			Not Applical		24.4
NATURE OF INCIDENT		DEGRE		AL INTERVE	NTION
Cutting				iouse medical	
OFFENDER'S STATED INT		LAST SI	JICIDE WAT		
Other: Remove				1-6 months	
	TREATMENT				
The offend	er will return to their prev	vious treatme	ent plan upon	stabilization	
ADDITIONAL COMMENTS					
ccording to records, Inmate Edu	mo was last on suicide w	atch 8/18/15	5.		
REPORT COMPLETED BY	CREDENTIAL	DATE	1	SIGNATU	RE
T. Ruth, 9282	the second line was a state of the second				

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IDAHO DEPARTMENT OF CORRECTION

Print Form

"Protecting You and Your Community"

DATE		DATES OF WA	SK ASSE			
PLACED ON WATCH	9/29/15	DATE PLACED ON OBSERVATION	10/1/1	DATE	REMOVED FROM H/OBSERVATION	
OFFENDER LA	STNAME	OFFENDER FIRST	NAME	IDOC#	DOB	DATE OF REPORT
Edmo		Mason		94691		10/2/15
INSTITUTIO	N	OFFENS	E		REGULAR HOUSING UNIT HO	
ISCI		Sexual Abuse of a Ch	hild Under 16		Unit 15	Unit 16 HC
CURRENT LEV	EL OF CAR	E (LOC)	CM	HS1 - Correc	tional MH Services	1
of risk probably of circumstances cha	ange.	flected below. This lev Exit Only		change ove		Low
or appear to be er	ndorsing delu	sions or hallucinations	. Insight and	judgment ap	pear fair at this tim	nmate Edmo did
INTERVIEW			. Insight and	judgment ap	pear fair at this tim	nmate Edmo did e. Edmo deniec
I/SHB. INTERVIEW dmo reported beir dmo realized Edm	ng "good". Ed no was buildir 15 made Edi	mo denied SI/HI/SHB. ng up to the self-destru no feel "devalued and	Edmo repo	judgment ap ted eating ar or for a coup	pear fair at this tim nd sleeping well. Ed le of weeks. Edmo	dmo said last nig
I/SHB. INTERVIEW dmo reported bein dmo realized Edm tmosphere in Unit	ng "good". Ed no was buildir 15 made Edr o Unit 16 ger	mo denied SI/HI/SHB. ng up to the self-destru no feel "devalued and	Edmo repo	judgment ap ted eating ar or for a coup	pear fair at this tim nd sleeping well. Ed le of weeks. Edmo	amate Edmo did e. Edmo deniec dmo said last nij reported that th
I/SHB. INTERVIEW Idmo reported bein Idmo realized Edm tmosphere in Unit eleased from CO to	ng "good". Ed no was buildir 15 made Edr o Unit 16 ger t to die.	mo denied SI/HI/SHB. ng up to the self-destru mo feel "devalued and leral population.	Edmo repo	judgment ap ted eating ar or for a coup	pear fair at this tim nd sleeping well. Ed le of weeks. Edmo	amate Edmo did e. Edmo deniec dmo said last nij reported that th

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IDAHO DEPARTMENT OF CORRECTION "Protecting You and Your Community"

DATE OF OFFENDER LAST NAME OFFENDER FIRST NAME IDOC# DOB 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 First time prison term 1 1 Inmate history of suicide attempts Current Ad Seg 1 History of substance abuse Other (list below) 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. 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). KNOWN STRESSORS/ DEMOGRAPHIC PREDICTORS (check all that apply) Sleeping difficulties or irregular sleeping hours Recent personal loss or crisis Non-compliance with prescribed psych medications Neglect of personal hygiene Weight loss or loss of appetite Long or life sentence . . . Progressive health problems (chronic or terminal illness) Poor compliance with treatment \checkmark DOR Conflict on tier Family event Conflict with bunkmate Gambling or other debt Parole/court hearing 1 Other (list below) Fearful for safety Gender dysphoria Relationship **PSYCHOLOGICAL FACTORS** 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. Review of Edmo's PSI shows a history of depression and suicide attempts with medication and counseling the identified interventions. 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.

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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
PROTECTIVE FACTORS				
nmate Edmo denied SI/SHB. E	dmo will receive three days clinical	contact. Edmo	was moved to	Unit 16.
EVALUATION OF RISK PO	TENTIAL (It should be noted that pr	ecise prediction	of suicide and of	her self-iniurious
hehavior is difficult, of limited relia	ability, and diminishes significantly ov	er time. However	based upon the	historical
information an individual intervie	V PRISTINO PHVITONNIPHIAI CONATIONS			
				t the time of the
review, inmate's current level of ri	sk probably of snicide is indicated bel			t the time of the
review, inmate's current level of ri	sk probably of snicide is indicated bel es change.)	ne. This level of i		t the time of the
review, inmate's current level of ri	sk probably of snicide is indicated bel	ne. This level of i		t the time of the
review, inmate's current level of ri shanld he modified as circumstance	sk probably of snicide is indicated bel es change.)	ne. This level of i		t the time of the
should be modified as circumstance RECOMMENDATIONS	sk probably of suicide is indicated belies change.) The offender is currently a low ris	ow. <i>This level of i</i> k for self harm	risk will change o	t the time of the
review, inmate's current level of ri- should be modified as circumstance RECOMMENDATIONS	sk probably of snicide is indicated bel es change.)	ow. <i>This level of i</i> k for self harm	risk will change o	t the time of the
review, inmate's current level of ri shanld he modified as circumstance RECOMMENDATIONS	sk probably of suicide is indicated belies change.) The offender is currently a low ris	ow. <i>This level of i</i> k for self harm	risk will change o	t the time of the
review, inmate's current level of ri shauld be modified as circumstance RECOMMENDATIONS	sk probably of suicide is indicated belies change.) The offender is currently a low ris	ow. <i>This level of i</i> k for self harm	risk will change o	t the time of the
eview, immate's current level of ri should be modified as circumstance RECOMMENDATIONS	sk probably of suicide is indicated belies change.) The offender is currently a low ris	ow. <i>This level of i</i> k for self harm	risk will change o	t the time of the

RISK REDUCTION/TREATMENT PLAN ADDENDUM RISK REDUCTION PLAN

PROBLEM (The problem(s) should be specific to the offender's current reporting issues)	GOAL (There should be two (2) types of goals for each Problem: 1) Immediate goal(s) and 2) Short-term goal(s))	INTERVENTION (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)
dysphoria. Inmate Edmo acknowledged focusing too much on the external self and	 Inmate Edmo will refrain from harming or cutting on self. Inmate Edmo will use coping skills to manage distress related to dysphoria. Inmate Edmo will work on improving self-esteem. 	 Inmate Edmo will be seen for the next three days by clinical staff. Inmate Edmo will be referred to groups, given homework and work with assigned clinician to improve self-esteem. Homework given on 10/1/15.

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

Edmo	Mason RISK REDUCTIO		94691		REPORT	
	RISK REDUCTIO	and the second se			10/2/15	
		ON PLAN	CON'T			
CHANGE IN LOC REQUIRE No	D? NEW LOC IF AF	PLICABI	E (enter in CI Not Applicat	the second se	unged)	
NATURE OF INCIDENT		DEGRE			NTION	
Cutting	1	DEGREE OF MEDICAL INTERVENTION				
OFFENDER'S STATED INTE	NDER'S STATED INTENT		UICIDE WAT	СН		
Other: Remove	testicles	1	1	-6 months		
	TREATMENT	PLAN UP	DATE		1.	
The offende	er will return to their previ	ous treatm	ent plan upon	stabilization		
ADDITIONAL COMMENTS		-				
ccording to records, Inmate Edn	no was last on suicide wa	tch 8/18/1	5.			
REPORT COMPLETED	CREDENTIAL	DATE		SIGNATUR	RE	
R. Meyer 2440	LCPC	10/2/15	lo	aples	mill	

ER 1690

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

Print Form

	INMATE NA	ME (Last, First, MI)	IDOC#	Date/Time Problem number
		MASON DEAN	94691	10-03-15 1112
SUBJECTIVE	Edmo reported that Edm denied SI/HI and stated	no is "a little more depres 'I am coping ok". Edmo s	sed". Edmo stated "they don't se	elease from close observations. Inmate em to want to give me my meds". Edn stated this is because staff keep pointin cerns 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	n 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
IECTIVE		supposed to be getting. A		
HECTIVE	the medications Edmo is	supposed to be getting. A		
	the medications Edmo is	supposed to be getting. A		
OBJECTIVE ASSESSMENT PLAN	the medications Edmo is regarding Edmo's medica	supposed to be getting. A	Amber said she will be in unit 16	t Edmo reported he has not been gettin this evening and will speak with Edmo
ASSESSMENT	the medications Edmo is regarding Edmo's medica	supposed to be getting. A	Amber said she will be in unit 16	t Edmo reported he has not been gettin this evening and will speak with Edmo



IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

CLINICAL CONTACT NOTE

INMATE N.	AME (Last, First, MI)	IDOC #	DATE OF BIRTH
E	dmo, Mason	94691	
Date/Time Problem Number	Use	SOAP Note Form	nat
10/04/15 1020 2 of 3	S: Met with Edmo to complete released from watch. Edmo r of Edmo's medications and p have the. Edmo reported to fe frustrated with Medical becau to feel depress but is coping a	reported that Edmo harmacy continues eel in pain because se of Edmo's medi	's still does not have any to state that they do not of the wound and very cations. Edmo continues
	O: Appearance:Appropriate to pr Orientation: x4 Eye Contact: direct. Speech: WNL Mood: depress Affect: Congruent Thought Process: logical Thought Process: logical Thought Content: Relevant SI: denied HI: denied Delusions: denied Hallucinations: denied Insight: fair Judgment: fair	rison setting.	
	A: Edmo appears depress an impacted by it. This Clinician Edmo's medications. Medical Edmo's medications get on th	contacted Medical t Response stated the pill cart.	to request Edmo get
	P: 3 of 3 follow up on 10/5/	15	

L. Venegas, LPC A245

1014115 Date

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE (SOAP – Subjective Objective Assessment Plan)IDOC Clinical Contact Note 5.10 Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 234 of 293

IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)		IDOC #	DATE OF BIRTH
Edmo, Mason		94691	Bittin
Date/Time Use Problem Number		OAP Note Format	A TONY
Problem Number 10/5/15 0900 3 of 3	S: Met with Edmo today for Edmo's 3 a bit of time discussing Edmo's report seem to ebb and flow in regards to fee there is no way to handle it. Edmo exy Edmo's own body and knows the med partly why Edmo decided Edmo would to castrate Edmo's self. Edmo stated conversation and stated that Edmo fee health concerns as Edmo has worked which Edmo attributes to lack of appr self as a woman and that Edmo strugg as worrying about how Edmo looks an	ted need to "feminize." Edmo eling like Edmo can handle it a pressed frustration at medical ds are not where they should b d take things into Edmo's own that Edmo had time to think a sels that Edmo doesn't really h through most of these but stri opriate medical care. Edmo st gles with "normal" female self-	states that the issues ind then feeling like stating Edmo knows be. Edmo states this is hands by attempting bout our last ave any mental uggles with dysphoria tates Edmo only sees esteem issues such
	O: Edmo was Ox4 and alert. Edmo's h speech was WNL. Edmo appeared rel denied HI/SI but did state Edmo wants plan or intent to follow through at this Edmo presented as pleasant and euth frustrated." Edmo's thought process thought was appropriate. Edmo's insi not appear to be endorsing any delusi cooperative.	axed and presented with dired s Edmo's genitals gone. Howe s moment and agreed to seek ymic and indicated Edmo was was logical and clear and Edm ght and judgment were assess	t eye contact. Edmo ver, Edmo denied out staff if needed. feeling "just o's content of ed as fair. Edmo did
	A: Edmo appears to be stable at this p formulated a plan for medical follow u treatment being separate from menta work together and I agreed but also st recommend more or less meds and I a with depression, anxiety, and dysphor vacillate back and forth between what However, Edmo was able to recognize dysphoria and was able to see the sim much different presentation today that medical and there was a significant de some of the struggles. Last week there Edmo needed to work on in regards to acceptance.	up and communication. Discus al health treatment. Edmo ind tated that I am not a medical p am happy to talk with them ab ia related to having male geni t Edmo felt Edmo needed from that attention from men seer illarities with attention and dru an last week. Today Edmo's fri enial of internal issues which m e seemed to be more of an ac- o self-esteem, boundaries issue by clinical staff congruent with	sed the medical icated that we should provider so I cannot out Edmo's struggles tals. Edmo seemed to mental health. Ins to help with the ug use. Edmo had a ustration was hay be leading to ceptance of things es, and self-
A	can use a concerptorm or arrend clini	c to access MH staff as well.	10/1

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	
dmo, Mason		94691		
Date/Time Problem Number	Use SO/	OAP Note Format		
10/13/15 1310 Clinical contact	S: Met with Edmo today per Edmo's con and the increased Estrogen by 1mg. Edu was a sign of good things to come. Edm including information regarding diagnos struggled with getting into a place wher seems to be present. Edmo states that I on and Edmo has made a great deal of p Edmo states Edmo is not sure how to pu about not being open and honest with E Edmo is a "strong, independent woman Edmo also admitted that Edmo manipula not be vulnerable with others.	mo felt good about this and no discussed historical details ses. Edmo stated that recent re Edmo cannot see out of th Edmo knows there are many progress but struggles seeing all Edmo's self out of that mi Edmo's significant other regat who can handle these thing	felt like maybe this s of Edmo's past thy Edmo has ie tunnel vision that y good things going t that in the moment ndset. Edmo talked rding struggles as s myself." However,	
	O: Edmo was Ox4 and alert. Edmo's hyg placement in a holding cell and Edmo's s presented with direct eye contact. Edmo remove "that thing" (referring to penis/t follow through stating Edmo "just wants euthymic and indicated Edmo was feelin and clear and Edmo's content of though were assessed as fair. Edmo did not app hallucinations. Edmo was cooperative.	speech was WNL. Edmo app o denied HI/SI. Edmo states testicles" but denies having s it gone." Edmo presented a ng "okay." Edmo's thought p t was appropriate. Edmo's i	eared relaxed and Edmo still wants to a plan or intent to is pleasant and process was logical nsight and judgment	
AW	A: Edmo appears to be stable at this point transferring to another position and the caseload, Edmo was receptive to this. S and the Impact this has on Edmo's current manipulating so that other's only see which how Edmo has done this recently (while regarding self-esteem and acceptance are wasn't a problem at all and Edmo had we Edmo will continue to have identify and Edmo is unwilling/unable to process som as trauma history, relationship issues, iss etc.). Explored ways in which Edmo can be them at that point rather than allowing to and then become a crisis. Used the anali- much easier to "fix." Edmo has great ins being vulnerable to really make progress P: formo will continue to be followed by o will use a concern form or ittend clinic are	plan will be to transfer Edm pent time building rapport a nt functioning. Explored Edu nat Edmo is willing to show t in the holding cell was open nd then the netx time we me orked through all of this). Pe acceptance issues outside of the of the other issues Edmo sues with power and control begin to identify issues as th them to build up (as Edmo h ogy of a flat tire versus a bro- sight but needs to work on tra- in some of the areas Edmo clinical staff congruent by Ed	o to clinician Irvin's and discussing history mo's insight about hem and pointed out about issues et identified that this ointed out how f gender as long as struggles with (such , perfection issues, ey arise and address as done recently) oken engine one is ust in regards to struggles with.	

ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE (SOAP – Subjective Objective Assessment Plan) 1.1



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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	
Date/Time Problem Number	1. 1.	Use SOAP No	te Format
Nov. 5 , 2015 90 day update	reports is currently pres medications. Offender E	cribed and medicatio dmo reports Offende	mo 90 day update. Offender Edmo in compliant with psychotropic er Edmo is trying to get along with if Offender Edmo feels Offender Edmo
	2. Maintained app	nted X 4. J was within normal ropriate eye contact, n tone and structure	limits,
1	A: Offender Edmo appea	ars stable with eviden	ce of clear speech and calm demeanor.
	P: Will continue to follow	v treatment plan and	monitor Offender Edmo.

saden FI Psy. Tech J. Brackin DATE MAN le, 2015

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



IDOC Clinical Contact Note

(SOAP – Subjective Objective Assessment Plan)

IDO		DATED	FREPOR)	
	Intake/New Arrival	er Institutional Transfer	Restric	tive Ho	using
	1. Did the transporting officer report any concerns? If s	so please explain:	(Yes	LINO	
	2. Right now, do you have thoughts of hurting yourself?	,	()Yes	ILNO	iately
Curre	3. Do you have any <u>immediate</u> plans to hurt yourself? Describe:	Contraction of the second	I. Yes	ino	Immediately
ent Ris	4. Right now, do you feel like there is nothing to look for	prward to in the future?	()Yes	Wo	-
Current Risk Factors	 Right now, do you have any mental health symptom On a 1-10 scale with 1 being <i>not at all</i> and 10 being <i>extra</i> describe: (If rated at "5" or above, refer for clinician follow-up) 		ĢYes	UMO	Refer to MH for follow
	6. Within the past year have you engaged in self-harm of Date: Date: Means/Method: Means/Method:	Intent:	Wes	(INO	Refer t
Suicide/Self Harm History	7. Prior to one year ago, have you engaged in self-harm Date: 2011 Means/Method: 2010 Oprice In custody: UYes UNo In custody: UYes UNo Date: Means/Method: 01 In custody: UYes UNo	or attempted suicide?	Wes	()No	2 hours
Prior	8. Do vou have a History of Mental Health Hospitalizatio Date: Care Provider: Care Provider: Date: Care Provider: Date: Care Provider: Date: Care Provider: Date: Care Provider:	ns and Outpatient Treatment? Reason: Reason: Reason: Reason: Reason:	L)Yes	i, iNo	Refer to MH for follow up within 72 hours
Medication	9 Are you currently taking mental health medications? Medication Name: Dose/Frequency ISOm Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency	Date of Last dose: <u>11.15</u> and Date of Last dose: Date of Last dose: Date of Last dose: Date of Last dose:	Ves	I,∶No	er to MH for fol
ation	10. Have you ever taken mental health medications in th Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency	e past? Date of Last dose <u>6 months</u> Date of Last dose: Date of Last dose: Date of Last dose:	Vres	1 No	Ref
	11. Have you ever used any type of substances:		Mes	1.No	-
	What? First Used: Last Used: How Much?	What? First Used: Last Used:	How Much	1?	
2	VAlconor	Marijuana.			lested
Subst	Wietnamphetammes.	Cocaine.			Sel
an	Prescription drugs:	Heroin			ba
e	Other				1
ance Use	12. Have you ever participated in substance abuse treating	nen(7	Veis	Nic	pa
1	13. Did you successfully complete?	der tra	Nes	1 No	cat
t	14. Providers name: Ridtl		14.00	1.1.10	ipu
-	15. Is this your first time in prison?		Wes	No	if i
PH I	16. Have any family members or significant persons in your life a	Itempted or committed suicide?		LATO	đ
er	17. Have you recently experienced a significant loss such as a di	the state of the second s	Yes		No
00		each of a close failing member of meno?	UYes	HNO	fol
Ti-	18. Have you ever been arrested for a sex crime?		Vies	UNO	HM
uti	19. Have you ever been a victim of sexual or physical abuse?	a dava strand state t	Yes	UNO	an
Other contributing suicide	20. Have you had a head injury? Describe: (Onlussion	n 2010 - abusive relationshi		ONO	Routine MH follow up if indicated or requ
Suio	21. Have you ever received special education services?		(IYes	12No	Ro
cide	22. Are you worried about something other than your current lega		(IYes	UNO	
0	23 Do you have a obviced illoore that is causing you distrose or		IIYes	/ No	

23. Do you have a physical illness that is causing you distress or pain? Describe:

1

IlYes

UNIO

Immediately notify the shift commander

Refer to MH for follow up within 24 hrs

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IDOC MENTAL HEALTH SCREENING

3 6 74

IDO(ATE NAME: CAMO	DOB		DATEO	SI/S	T:	
T	Intake/New Arrival	🗇 Inte	r Institutional Tra	nsfer	Restric	tive Hou	
-	1 Did the transporting officer report at	ty concerns? If s	o please explain:		UYes	LANO	
	2 Right now, do you have thoughts of	hurting yourself?			DYes	UNIO	Immediately otify the shi
		and the second second					edia
Curre	 Do you have any <u>immediate</u> plans t Describe: 	o hurt yourself?			()Yes	UNO	Immediately notify the shift
nt Ris	4. Right now, do you feel like there is	nothing to look for	ward to in the futu	re?	QYes	WIO	follow hrs
Current Risk Factors	5. Right now, do you have any menta On a 1-10 scale with 1 being <i>not at all a</i> describe: (If rated at "5" or above, refer for cliniciar	and 10 being extre		your symptoms, please	QYes	(JATO	Refer to MH for follo up within 24 hrs
	6. Within the past year have you enga Date; 4/29 Means/Method: Date: Means/Method:	ged in self-harm o	Intent:	foff-testicies	Wes	ONo	Refer
Suicide/Self Harm History	7. Prior to one year ago, have you eng Date: 201 Means/Method: 201 In custody: Tyes No Date: 2010 Means/Method: 21 In custody: Tyes No Date: Means/Method: 21 In custody: Tyes No	it open	or attempted suicion	1 lite	Wes	₽No	72 hours
Prior	8. Do you have a History of Mental Hea Date: Care Provider: Date: Care Provider: Date: Care Provider: Date: Care Provider: Date: Care Provider:	ath Hospitalization	ns and Outpatient Reason: Reason: Reason: Reason:	Treatment?	QYes	ΩNo	Refer to MH for follow up within 72 hours
Medi	Medication Name: Dose/F	th medications? requency <u>ISAm</u> requency requency requency			Wes	∏No	er to MH for fo
Medication	Medication Name: Dose/F	medications in the requency requency requency requency	e past? Date of La Date of La Date of La Date of La	ist dose:	Wes	()No	Ref
	11. Have you ever used any type of sub				Wes	ΠNo	
	What? First Used: Last Use	ed: How Much?	What?	First Used: Last Used:	How Much	1?	
Sub	Alcohol:		Marijuana:				equested
Substan	Methamphetamines:		Cocaine:				ant
nce	Prescription drugs:		Heroin:				L rec
ce Use	Other:				1	Lott	io p
0	12. Have you ever participated in subst	ance abuse treatr	nent?		eves	QNo QNo	Routine MH follow up if indicated or n
	13. Did you successfully complete? 14. Providers name: RICL				Pres	()No	ndic
	15. Is this your first time in prison?				Mes	ONO	H.
Oth	16. Have any family members or significant p	persons in your life a	Itempted or committee	ad suicide?	UYes	LNO	dn
erc	17. Have you recently experienced a significant				Yes	ENO	Non
ion	18. Have you ever been arrested for a sex or		an a status raining	and the set of the set of	Mes	DNo	1 fo
ontributing	19. Have you ever been a victim of sexual or			C	Oxes	QNo	MH
utin	20. Have you had a head injury? Descrit	e Confissa	R 2010 - A	busive relationsh	Yes	No	tine
s b	21. Have you ever received special educatio			WISHAC ECIVITION	PYes	TNO	Sou
Other contributing suicide	22. Are you worried about something other th		al situation? Describ	e:	DYes	UNO	-
-	23. Do you have a physical illness that is cau				DYes	UNO	

'15 W0V 15 20:07 1

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	Alert,	oriented x	D D	isoriented	Reports Hallucinati	ions 🛛 Endo	orses Delusions
Curre (C	Grooming/	Eye Contact	Affect	Mood	Thought Process	Speech	Movement/Activi
Current Mental Health Status (Check all that apply)	MAppropriate to situation ⊡Neat/Clean ⊕Unkempt ⊕Dirty ⊖Other;	ØAppropriate to situation ⊕Fair ⊕Good ⊕None	MAppropriate to situation Flat No emotion Tearful Smiling Depressed Euphoric	Appropriate to situation Angry Cheerful Calm Sad Hopeless Anxious	Appropriate to situation Logical Goal directed Disorganized Moving from topic to topic quickly Irrelevant Distractible	Appropriate to situation Rapid Slow Pressured Slurred Loud Quiet Rambling	UAppropriate to situation Restless Slowed Active Agitated Aggressive
-	Action Taken			Initia	I Housing Recomm	endation	
DISPOSITION	Under Policy 3 Refer to Men Refer to Men Refer for rout	rgent: Referred to 315 tal Health for follo tal Health for follo tine Mental Health Mental Health follo	w up within 24 ho w up within 72 ho follow up	urs D Oth	ared for general hou cleared - <u>referred fo</u> er placement:		acement
Informed Consent		ent to rolythe mer			e been informed abo healthcare professi Da		
Screener/ Reviewer	Screened by: /	//15/15 Date Date	10612 ι 0612 ι	<u>R. Larsen</u> Printed Na <u>Vencejao</u> Printed Na	ame	Kotor Disinatu Disinatu	LEPC
- 2	,⊓ MH Seconda	ry Assessment Co			rinted Name	V V	h Signature
r Clisical Ballow Its	Follow Up SOA 24 S: Most unity Sance Camo unity Camo unity C	P Note/if indicated	mpleted: Date	PI 120 no repunded alth com s and b tal, speece ryph prices ing and sh ing and sh	inted Name	sig vas du ny produces d"Oh" a d "Oh" a d relevent	Het approx

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IDAHO DEPARTMENT OF CORRECTION Mental Health DOR Recommendation

IDOC Number: <u>94691</u>	Offender Name:	Edmo, Mason		Facility: <u>IS</u>	
Offense Date: <u>11/17/15</u>	Offense Description:	Disobedience to (Levels 3	<u>Drders</u>	Clinician:	Ruth
Documented history mer making.	ntal illness that	could impair decision	Yes: 🖂	No: 🗌	
Presently prescribed me	dication for me	ntal health issues.	Yes: 🛛	No: 🗌	
If yes, is inmate medicate	ion compliant?		Yes: 🖂	No: 🗌	
Experienced significant i	ncrease in stre	ssors prior to incident.	Yes:	No: 🖂	
Documented increase in incident.	mental health	symptoms prior to	Yes:	No: 🛛	
Mental illness contributin	g factor in incid	lent.	Yes: 🛛	No:	
Recommendations:	_				
Mental illness a mitigatin	g factor.		Yes:	No: 🛛	
Recommendations: Assignment of staff assis	 stant recommen	ded.	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

Appendix F 318.02.01.001 (Appendix last updated <u>3/4/10</u>) Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 241 of 293

INMATE NAME (Last, First, MI)		IDOC #	EVALUATION DATE	
Edmo, Adree			94691	1/18/15
Ţ		Evaluation: Admission 30 Day Segregation Iental Status (Admission Mental H	on 🗆 90 Day	Mental Health Segregation s and Segregation
es	No	Evaluations)		
X		Oriented X 4, (person, place, time,	and circumstance).
4		Affect and mood within normal limit		
5		Speech normal in tone and structur		
-	4	Currently prescribed and medicatio Expresses auditory, visual, other ha		
-	-F	Current suicidal ideation or intent.	anucinations, or de	ausional thought.
	X	Judgment and insight impaired.		
X		Current psychosocial stressors incr	easing the risk of	harm to self or others.
K		Intellect is estimated to be average		
V		Mental health has: Improved	Deteriora	
4	nents:	Requires mental health plan. Date	completed: Win	in to plan upon velear
	2000000	s to go to B ar	10.	
N		го		
	RRAL			DATE
EFE		ALTH PROFESSIONAL SIGNATURE		
EFE	AL HE	ALTH PROFESSIONAL SIGNATURE		11/18/16
EFER	AL HE	for		11/18/16
EFER	AL HE	for		11/15/16
EFER	AL HE	JU J. Irvin LMSW		11/15/16
EFER	AL HE	for	29	11/15/16

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 242 of 293

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

1

Jane Seys, PNP

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
 30 Day Segregation

Weekly Mental Health

Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

Yes	No					
0		Oriented X 4, (person, place, time, and circumstance).				
5		Affect and mood within normal limits.				
4		Speech normal in tone and structure; thought content	is ord	erly and goal directed.		
P		Currently prescribed and medication compliant with ps	sychot	tropic medication.		
	P	Expresses auditory, visual, other hallucinations, or del	lusion	al thought.		
	24	Current suicidal ideation or intent.				
	\$	Judgment and insight impaired.		Service Service Service and		
	A	Current psychosocial stressors increasing the risk of h	narm t	o self or others.		
P	1.0	Intellect is estimated to be average or above.				
1	Mental health has: Improved Deteriorated V Re					
	ments:	Requires mental health plan. Date completed	retu	n to UILS -meds - greione pro		
		Requires mental health plan. Date completed	retu	n to UNG -meds - greione pro		
"AL.		Requires mental health plan. Date completed	ilint	n to MILS -meds - greione pro protocolor SI - no self home-n		
REFE	RRAL 1	Requires mental health plan. Date completed: * TRANSTT TODAY - hould like to a myse esting - Anxiety a bet	lint to o	n to UNG -meds - greione pro m trans SI - no sey home-n TE		

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 244 of 293

INMATE NAME (Last, First, MI)		DATE OF BIRTH	
Edmo, Mason			
Date/Time Use SOAP Note Format			
was present as she will be the clin stated that Edmo had been strugg drama." Edmo stated Edmo broke already had one that Edmo was st one. Edmo now states Edmo is in them that it may not last. Edmo a that the attention makes Edmo fe- still having a penis. Edmo stated th work on being alone and setting b been better with the increase in h O: Edmo was Ox4 and alert. Edmo Edmo appeared relaxed and prese HI/SI. Edmo states Edmo still has been managing these well and der pleasant and euthymic and indicat thought process was logical and cl appropriate. Edmo's insight and ju appear to be endorsing any delusi- cooperative.	ician that Edmo is transition ling a bit lately "because of e up with the previous signif arting to see before breakin a relationship with someon dmitted to not doing well a el good and takes the focus hat overall, Edmo feels bett oundaries. Edmo states Edmo ormones but still feels it con o's hygiene and grooming w ented with direct eye contact desires to self-castrate but s nies plan or intent. Edmo p ted Edmo was feeling "alright ear and Edmo's content of udgment were assessed as fo ons, illusions, or hallucination	ning to. Edmo the same old ficant other but had on up with the othe e else but warned lone. Edmo states off of things like er and is trying to no's depression had uld be better. ere appropriate. t. Edmo denied states Edmo has resented as nt I guess." Edmo's thought was fair. Edmo did not ons. Edmo was	
maladaptive patterns which contin the challenges Edmo has with sayi other's feelings which is why Edmo too long. Reviewed healthy bound Edmo could get healthy attention continuing to seek it from males in reviewing Edmo's history and the clinician. Reviewed compliance to P: Edmo will continue to be follow	nue to lead to issues in Edm ing no and the concern Edm o will remain in unhealthy re aries that Edmo could set a that Edmo felt Edmo neede any way Edmo can. Spent things that Edmo was worki wards treatment plan goals red by clinical staff congruer	o's life. Reviewed o has about hurtin elationships for far nd ways in which d rather than some time ng on for the new t by Edmo's LOC.	
	Use S S: Met with Edmo today for Edmo was present as she will be the clin stated that Edmo had been strugg drama." Edmo stated Edmo broke already had one that Edmo was st one. Edmo now states Edmo is in them that it may not last. Edmo a that the attention makes Edmo fe still having a penis. Edmo stated th work on being alone and setting b been better with the increase in h O: Edmo was Ox4 and alert. Edmo Edmo appeared relaxed and prese HI/SI. Edmo states Edmo still has been managing these well and de pleasant and euthymic and indicat thought process was logical and cl appropriate. Edmo's insight and ju appear to be endorsing any delusi cooperative. A: Edmo appears to be stable at th maladaptive patterns which contri the challenges Edmo has with say other's feelings which is why Edmo too long. Reviewed healthy bound Edmo could get healthy attention continuing to seek it from males in reviewing Edmo's history and the clinician. Reviewed compliance to P: Edmo will continue to be follow Edmo will continue to be follow	94691 Use SOAP Note Format S: Met with Edmo today for Edmo's scheduled clinical contact was present as she will be the clinician that Edmo is transition stated that Edmo had been struggling a bit lately "because of drama." Edmo stated Edmo broke up with the previous signit already had one that Edmo was starting to see before breakin one. Edmo now states Edmo is in a relationship with someon them that it may not last. Edmo admitted to not doing well a that the attention makes Edmo feel good and takes the focus still having a penis. Edmo stated that overall, Edmo feels betto work on being alone and setting boundaries. Edmo states Edmo been better with the increase in hormones but still feels it con O: Edmo was Ox4 and alert. Edmo's hygiene and grooming w Edmo appeared relaxed and presented with direct eye contact HI/SI. Edmo states Edmo still has desires to self-castrate but s been managing these well and denies plan or intent. Edmo p pleasant and euthymic and indicated Edmo was feeling "alrigh thought process was logical and clear and Edmo's content of appropriate. Edmo's insight and judgment were assessed as a appear to be endorsing any delusions, illusions, or hallucinatio cooperative. A: Edmo appears to be stable at this point. Confronted Edmo maladaptive patterns which continue to lead to issues in Edm the challenges Edmo has with saying no and the concern Edm other's feelings which is why Edmo will remain in unhealthy re too long. Reviewed healthy boundaries that Edmo could set a Edmo could get healthy attention that Edmo felt Edmo neede continuing to seek it from males in any way Edmo can. Spent reviewing Edmo's history and the things that Edmo was worki clinician. Reviewed compliance towards treatment plan goals P: Edmo will continue to be followed by clinical staff congruer Edmo will continue to be followed by clinical staff congruer	

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



IDOC Clinical Contact Note 3.09

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 245 of 293

INMATE NAME (Last, First, MI)		IDOC #	DATE OF BIRTH
Edmo, Mason		94691	1
Date/Time Problem Number	Use 5	SOAP Note Format	
Problem Number 12/17/15 1215 Clinical contact	S: Met with Edmo today for per Ed plan. Clinician Houser was present Edmo stated Edmo was doing bette per the concern form but Edmo sta made Edmo too tired to participate recently ended a relationship Edmo Edmo has one person "interested" relationship and wants to get to kn attention from relationships and st sorts the entire time Edmo has bee and desires to self-castrate given E having male "parts." Edmo states E months and wants to work on this. O: Edmo was Ox4 and alert. Edmo appeared relaxed and presented w report recent self harm (denied cur and euthymic and indicated Edmo logical and clear and Edmo's conter and judgment were assessed as fail delusions, illusions, or hallucination	t as Edmo will be transferring t er. I had attempted to meet v ated Edmo was given the wror e. Edmo reported doing well r o knew Edmo did not want to but Edmo doesn't want to jur iow the person. Edmo admits tates Edmo has been in a relat en incarcerated. Edmo spoke of dmo feels overwhelmingly fru idmo has self harmed three the 's hygiene and grooming were ith direct eye contact. Edmo rrent plan or intent). Edmo pr was feeling "better." Edmo's int of thought was appropriate r. Edmo did not appear to be	to her caseload. with Edmo last weel ag medication and i how and had be in. Edmo states np into a to liking the ionship of some of recent self-harm strated with still mes in the last six appropriate. Edmo denied HI/SI but div esented as pleasan thought process was . Edmo's insight
L. Watson, LCSW	A: Edmo appears to be stable at thi Edmo's treatment plan and all need treatment plan formation but seen Edmo's need to feminize as Edmo of wants the hearing officer to know i Edmo's dysphoria. We spoke at ler feminine though going against polic honest with Edmo that I could not could work with Edmo on ways in w refraining from self harm. We also boundary issues and ways Edmo co needs. P: Edmo will containe the follower Edmo will use aconcern form or at	is point. We spent quite a bit ded items for MDTT. Edmo to hed focused on wanting this cl continued to state if Edmo get t was part of the plan and tha ngth about ways in which Edm cy but Edmo seemed resistant write a goal that goes against which Edmo could better meet spent quite a bit of time proc build work on these in order to ed by clinical staff congruent b	ok an active role in inician to include s a DOR, Edmo t it plays a role in o could feel to this. I was policy but that I these needs while essing/discussing meet Edmo's own y Edmo's LOC. will attend MDT/IT.

IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

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



IDOC Clinical Contact Note 3.09

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a Vready enrolled

<i>c</i> .	Mental Health Group Referral (BHU)						
Inmate Name: 2dm)	Inmate IDOC #: 9469					
Date of Referral: Referring Clinician:	17/15 Vater						

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)
- a ADHD (CCG 12)
- Grief and Loss (CCG 13)
- Co-Occurring (CCG 14)
- Self-esteem (CCG 15)
- D Other

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)
- O Other

1 -11

IDAHO DEPARTMENT OF CORRECTION TREATMENT PLAN

DA	TE	12/17/15	INMATE NAME	Edmo, Mason			
IDC	DC#	94691	DOB	LOC CMHS-1			1
PR	OBLEM (in o	perational terms)		GOAL			
1.	boundaries or hurting se Edmo repo	s Edmo struggles sett in personal relationsh omeone else's emotio rts some struggles wi rate or desires to self-	ips out of fear ins. th attempting	Edmo will identify at least one boundary Ed needs to set in a personal relationship and follow through within at least one week 75% the time. Edmo will identify at least two ways Edmo feel more feminine (within policy) and enga			ip and eek 75% of Edmo could d engage in
				these prior to gi thoughts.	ving into in	npulsive, s	self-harming
		L. Watson, LCSW 0	367		DATE	12/17/15	
INT	ERVENTION Problem #	S Treat Interve		Staff/Pers Responsi		quency/ uration	Date Goa Closed
1, 2	2	Edmo will use copi struggling with mer symptoms.	ng skills when ntal health	Edmo		needed	
1, 2	2	Edmo will voice an how to use a conce	Edmo will voice an understanding of how to use a concern form and/or attend drop-in clinics to access			needed	
1, 2	2	Edmo will attend ps groups as schedule currently attendin Dysphoria group	Edmo will attend psychoeducational groups as scheduled. Edmo is currently attending Gender Dysphoria group and has been referred to healthy relationship.		As	eduled	
1, 2	Edmo will take any medication		Imo will take any medication escribed by the psychiatrist or signee, as indicated, reporting any		As	scribed	
1, 2	Edmo will notify staff right av any suicidal or homicidal tho		dmo will notify staff right away of ny suicidal or homicidal thoughts, or any plan/intent to harm self or		As r	needed	
1, 2		education and exer beneficial activities encouraged to main activities so long as be helpful.			Dail	у	
1, 2		Edmo will use journ help improve self-e image.			Ong	oing	

OFFENDER SIGNATURE

IDOC #



IDOC Treatment Plan Form Rev. 5,10

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MULTI-DISCIPLINARY TREATMENT TEAM SUMMARY

DATE 12/22/15 Ed	OFFENDER NAME	<u> </u>	abal	DATE OF BIRTH
The following member	s were present at the treatm	ent team meeting on t	his date: (ty	ype or print legibly)
NAME	TITLE	NAME		TITLE
Melormylo	PSRS	T. Hansry	7	DTC
C. Seely	U16 St.			
Watsol	Clinician			

Input was sought from the psychiatrist:	Yes 🖈	No	
The offender was present:	Yes 📈	No	
The treatment team reviewed the offender's concerns and discussed these with the offender:	Yes 😡	No	
The treatment team provided feedback regarding progress toward treatment goals:	Yes Y	No	
The treatment team reviewed any current restrictions on the offender that may impact his/her mental health functioning:	Yes 🕅	No	
The treatment team reviewed current housing status and any possible impact on mental health functioning:	Yes X	No	
The treatment team reviewed current level of care to ensure appropriateness:	Yes 🕅	No	
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 🛱	No	
Indicate what level of care treatment the offender will receive:	CIA	145	-1
The offender agrees with the treatment plan:	Yes N	No	

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

Other Issues:

Offender Signature:	Value			h	Izali	1
Clinician Signature:	A.D	fur A (Dar	[d]	2/22	15

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IDAHO DEPARTMENT OF CORRECTION Mental Health DOR Recommendation

IDOC Number: <u>94691</u>	Offender Name:	<u>Edmo</u>		Facility: <u>ISC</u>	<u> 21</u>
Offense Date: <u>12/22/15</u>	Offense Description:	Tattoo or Piercing B)	(Class	Clinician:	<u>Ruth</u>
Documented history mer making.	ntal illness that co	ould impair decision	Yes: 🔀	No: 🗌	
Presently prescribed me	dication for ment	al health issues.	Yes: 🛛	No: 🗌	
If yes, is inmate medicati	on compliant?		Yes: 🛛	No: 🗌	
Experienced significant in	ncrease in stress	sors prior to incident.	Yes: 🗌	No: 🖂	
Documented increase in incident.	mental health sy	mptoms prior to	Yes: 🗌	No: 🛛	
Mental illness contributin	g factor in incide	nt.	Yes: 🗌	No: 🖂	
Recommendations:	_				
Mental illness a mitigatin	g factor.		Yes: 🗌	No: 🖂	
Recommendations: Assignment of staff assis	_	led.	Yes: 🗌	No: 🖂	
⊠ Mental illness not a fa Additional Recommenda		- no recommendations			
Date of Report: <u>12/24/15</u>					

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

Appendix F 318.02.01.001 (Appendix last updated <u>3/4/10</u>)

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"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 Form	nat		
12/28/15 1335	S: Met with Edmo to discuss been thinking about castratin Edmo wants to discussed this last time Edmo tried castratin castrating. Edmo denied any Edmo would just like to be ab	g Edmo a lot more s with Edmo's clinic g Edmo it started w intent or plan to ha	often. Edmo stated that ian. Edmo reported that vith ruminating a lot about rm Edmo and stated that		
	Appearance:Appropriate to p 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	rison setting.			
	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 cli	nician.			

LCPC Venegas, LCPG A245 L.

12128115 Date

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

5

C

MATE NAME: EDMO, MASON	DOD	DATE OF REPO				
DC #: GUGG	Inter Institutional Trans	fer Restr	ictive Ho	using		
1. Did the transporting officer report any concerns	s? If so please explain:	UYes	S DNO			
2. Right now, do you have thoughts of hurting you	CiYes	-	Immediately notify the shift			
		- 1	Immediately otify the shi			
 Do you have any <u>immediate</u> plans to hurt your Describe: 	(îYe:		Imm			
4. Right now, do you feel like there is nothing to	? Ales	s ⊡No	wo			
 Do you have any <u>immediate</u> plans to hurt your Describe: Right now, do you feel like there is nothing to 1 Right now, do you have any mental health syn On a 1-10 scale with 1 being <i>not at all</i> and 10 bein describe: (If rated at "5" or above, refer for clinician follow-up) 	ur symptoms, please	s QNo	Refer to MH for follow			
6. Within the past year have you engaged in self- Date: 2015 Means/Method 2014 Date: Means/Method;	off harm Wes	□No	Refer t			
7. Prior to one year ago, have you engaged in sell 7. Prior to one year ago, have you engaged in sell 9. Date:	AICIDE Vies	i ȚiNo	2 hours			
8. Do you have a History of Mental Health Hospita Date: Care Provider:		4	Refer to MH for follow up within 72 hours			
9. Are you currently taking mental health medication Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency	dose: 12,305 //res dose: dose: dose:	∏No	er to MH for fo			
10. Have you ever taken mental health medication Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency Medication Name: Dose/Frequency	dose:		Re			
11. Have you ever used any type of substances:	uch? What?	ViYes				
What? First Used: Last Used: How Me	First Used: Last Used: 'How Mu	cn?	P			
Alcohol:			ested			
Methamphetamines:			due			
UPrescription drugs:						
L	Wes	L TINIA	op			
12. Have you ever participated in substance abuse	e treatment?			ate		
13. Did you successfully complete?	Wes	ŅΝο	Routine MH follow up if indicated or requ			
14. Providers name:	UYes	No	if ir			
16. Have any lamity members or starificent encours	16. Have any family members or significant persons in your life attempted or committed suicide?					
		PNo	Mo			
17. Have you recently experienced a significant loss such		DNo	foll			
18. Have you ever been arrested for a sex crime?	Ayes	UNo	HV			
19. Have you ever been a victim of sexual or physical abu	XYes	QNo	e h			
20. Have you had a head injury? Describe: 20	Stouse Kyes	UNO	utin			
21. Have you ever received special education services?	QYes	No	Ro			
22. Are you worried about something other than your current legal situation? Describe:			1 No	-		
23. Do you have a physical illness that is causing you distress or pain? Describe:			VINO	1		

BH7123ID IDOC Mental Health Screening, Created: April 5, 2012; Revised: August 7, 2012

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	Alert,)isoriented	C Reports Hallucinat	Reports Hallucinations Delusions				
Current Mental Health Status (Check all that apply)	Grooming/ Hygiene	Eye Contact	Affect	Mood	Thought Process	Speech	Movement/Activit		
	Appropriate to situation Neat/Clean Unkempt Dirty Other:	DAppropriate to situation DFair DGood None	Appropriate to situation Flat No emotion Tearful Smiling Depressed Euphoric	Appropriate to situation Angry Cheerful Calm Sad Hopeless Anxious	Control Contro Control Control Control Control Control Control Control Control Co	Appropriate to situation Rapid Slow Pressured Slurred Loud Quiet Rambling			
	Action Taken				tial Housing Recommendation				
DISPOSITION	Emergent/Urgent: Referred to the Shift Commander under Policy 315 Refer to Mental Health for follow up within 24 hours Refer to Mental Health for follow up within 72 hours Refer for routine Mental Health follow up No need for Mental Health follow up - cleared								
Informed Consent	I acknowledge that have answered all questions truthfully and have been informed about how to obtain mental health services. I consent to rou inercental health care provided by facility healthcare professionals.								
Screener/ Reviewer	Screened by: 12-30-15-1400 Variable Varia								
1	Follow Up SOA	P Note/if indicated	00	n cefm	inthi	18.			
	annate denied HISISHB. connete awarecz								
	how to access mit via concorn torm] HSB'S [and								
CI	The groups & alog in climics. Lug Decinician								
Clinical Follow Up	unce the with any additions of formanthings								
low Up	for Edmos twee of care.								
	12.31,15	1200	TAN	CNS UMB 1 Inted Name	2 00	Plinician Sign	Q. 2		

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

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

Print Form

-			NICAL CONTACT NOTE	Jan	
_		VIE (Last, First, MI)	IDOC #	Date/Time Problem	number
-		o, Mason D.	94691	1/2/16 1345 Pl and is experiencing increase	141 14 1
SUBJECTIVE	wanting to castrate. We thinking. Edmo feels lim to delay the act. Edmo is	discussed stressors and to ted in Edmo's coping skill trying to distract by read	riggers that lead to castrat s while in Unit 8, but does ing a book but can't seem	ion thoughts, along with incre feel that thinking about castra to get into the book. Edmo is	ased depressiv ation more ten reporting
	Orientation	Appearance	Behavior	Response to i	the second s
	X 4	Clean	Normal	Cooper	
	Mood (by report)	Affect (observed)	Thought Proces		
	"Fine"	Appropriate	Goal Oriented	Goal Ori	
	Delusions	Hallucinations	Self Harm/Suicidal Id	the second se	
	NO	NO	YES	NO	
	Consciousness	Attention	Insight	Judgm	
	Normal	Normal	Good	Inta	ct
	LOC	Last MHE date	TX plan dat		aw provider
	CMHS 1	Optional to add	Optional to add	Optional tions to this clinician. This clin	
OBJECTIVE	see Edmo soon. Overall, plan/intent.	Edmo reports doing "alrig		igations would more than like thoughts of harming Edmo bu	
BIECTIVE		Edmo reports doing "alrig			
			ht." Edmo does report	thoughts of harming Edmo bu	
ASSESSMENT	plan/intent. Edmo appears to be stabl	e at this time and safely a	ht." Edmo does report	thoughts of harming Edmo bu	t no current
RESECTIVE ASSESSMENT PLAN	Edmo appears to be stabl	e at this time and safely a	ht." Edmo does report ble to continue SPI status ry clinician do a follow up	thoughts of harming Edmo bu	t no current

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

Print Form

	INMATE NA	ME (Last, First, MI)	and the second se	IDOC #	Date/Time Problem number
-		MO, MASON		94691	01/04/2016
SUBJECTIVE	denied experiencing any	y current depression or an	xiety symptom:	s. Offender Edmo de	mo reported stability in mood and nied SI/HI/SIB. Offender Edmo denie and Edmo knows how to reach MH
	Orientation	Appearance	E	Behavior	Response to interviewer
	X 4	Clean		Normal	Cooperative
	Mood (by report)	Affect (observed)	Thou	ight 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	1	Good	Intact
	LOC	Last MHE date	T	X plan date	Date last saw provider
	CMHS 1	The Case of the Area of		a hard the second	
BJECTIVE					
RIFCTIVE					
	Offender Edmo denied N	ИН Sx and appeared stabl	e within the cur	rrent living environn	nent. Edmo denied SI/HI/SIB.
OBJECTIVE ASSESSMENT PLAN		ИН Sx and appeared stabl ed understanding of how t			
ASSESSMENT			o contact MH s	taff to address any c	

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 255 of 293

	INMATE NAME (Last, First, MI)	IDOC #	EVALUATION DA	TE
Edm	io, mason	94691	1/6/16	
<u>Туре о</u>	f Evaluation: Admission 30 Day Segrega		Mental Health Segregation	
	Mental Status (Admission Mental Evaluations)	Health Evaluation	s and Segregation	
Yes No		and alter the state of the		
3	Oriented X 4, (person, place, time Affect and mood within normal lin		e).	
3	Speech normal in tone and struct		t is orderly and goal di	rected
X	Currently prescribed and medical			
X	Expresses auditory, visual, other			
S	Current suicidal ideation or intent			
52	Judgment and insight impaired.			
S	Current psychosocial stressors in		harm to self or others.	
X	Intellect is estimated to be average			
	Mental health has: Improve		ated Remaine	ed Stab
	Requires mental health plan. Da			
Comments	: compliant with	MHMC	MDULA -26	OT
20.220			· · · · · · · · · · · · · · · · · · ·	
actas	ind mH Via con	emtom	SHARIZ.	
REFERRAL	70			
REFERNAL				
MENTAL H	EALTH PROFESSIONAL SIGNATURE		DATE	
		\cap	1 1	6.4
	SW B075 (WVX)			1

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		INMATE NAME (Last, First, MI)	IDOC #	EVALUATION DATE
E	dr	10, Mason	94691	1/13/16
T	pe of	Evaluation:		
		 Admission 30 Day Segregat 		y Mental Health y Segregation
				y Segregation
	N	Mental Status (Admission Mental	Health Evaluation	ns and Segregation
Yes	No	Evaluations)		
U		Oriented X 4, (person, place, time	e, and circumstanc	e).
V		Affect and mood within normal lin	nits.	
V		Speech normal in tone and struct		
V	11	Currently prescribed and medicat		
1.00	1	Expresses auditory, visual, other		felusional thought.
	V	Current suicidal ideation or intent		
	11	Judgment and insight impaired.	and a day of the state of	6 h
V	V	Current psychosocial stressors in Intellect is estimated to be average		r nami to sen or others.
-	19.24	Mental health has: D Improved		rated Remained Stable
		Requires mental health plan. Dat		Taled D Remained Stabi
Comn	nents:	riequites mental field plan. Da	e completed.	
		n odl		
61	111 (200d"		
		*		
	-			
REFE	RRAL	o		
MENT	AL HE	ALTH PROFESSIONAL SIGNATURE		DATE
				PINE
		The second se		
	PSIM	SW B075 MAN OI	101.5	1/12/11
	KO LIVI	SVV DU/S	1/3/ / /	

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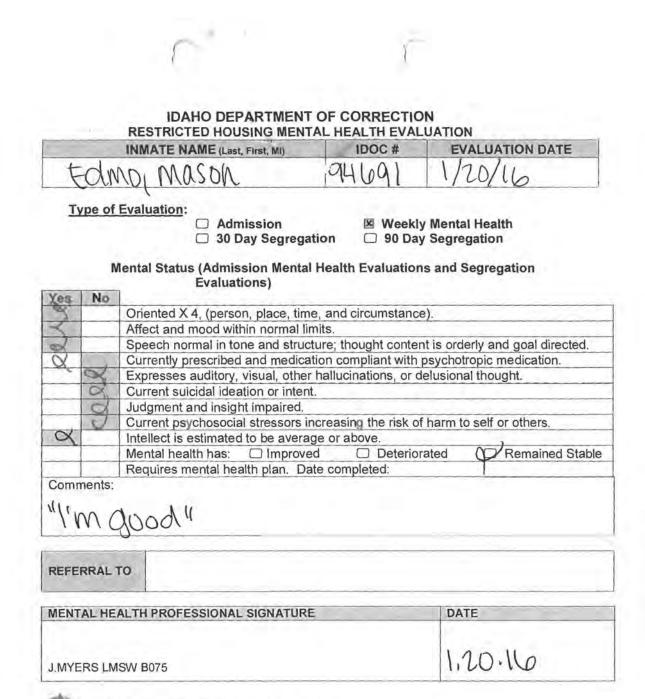
IDAHO DEPARTMENT OF CORRECTION Mental Health DOR Recommendation

IDOC Number: <u>94691</u> Offender <u>Edmo, N</u> Name:	lason	Facility: <u>ISCI</u>
Offense Date: Offense Sex 12/30/15 Description:	ual Activity	Clinician: <u>Ruth</u>
Documented history mental illness that could impa making.	ir decision ∕ 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 incident.	prior to 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 recor Additional Recommendations:	nmendations	
Date of Report: <u>1/19/16</u>		

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

Appendix F 318.02.01.001 (Appendix last updated <u>3/4/10</u>)

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IDOC Restrict

IDOC Restricted Housing MH Evaluation Form 3.09

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

Print Form

	INMATE NA	IVIE LIGST FIFCT IVILL		Dete Time Dee block
-	-	dmo, Mason	94691	Date/Time Problem number 1/25/16
SUBJECTIVE	self. We discussed having thoughts of c well and adjusting w	coping skills and how castrating multiple time rell to being back on the back on the second second second second back on the second sec	Edmo can distract from the es per day with no plan/inten	ating increased desire to castrate urge to harm self. Edmo reports t. Reports eating and sleeping or approx 23 days. No conflicts o me and denies
	Orientation X 4 Mood (by report) "Good"	Appearance Clean Affect (observed)	Behavior Normal Thought Process	Response to Interviewer Cooperative Thought Content Relevant
	Delusions	Appropriate Hallucinations	Logical Self-Harm/Suicidal Ideation	
	NO	NO	YES	NO
	Consciousness	Attention	Insight	Judgment
	Normal	Normal	Average	Intact
5	LOC	Last MHE date	TX plan date	Date last saw provider
t	CMHS 1	Optional to add	Optional to add	Optional to add
ACCESSINE N		to self castrate, deni s stable and able to n	es plan or intent. eturn to assigned tier.	
	Edmo will continue t concern forms and/c		ent LOC and can further acc	cess MH services through
-1	Name	Credenti	al(s)	Şignature
_	A. Houser B9	48 LPC	2111	a dar

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Psychiatric Progress Note

ISCI-BHU

IDOC#: 94691

Edmo, Mason

The inmate reported she has been in unit 8. She was there for a DOR for sexual activity. She said the er sexual activity was consensual and she does it to be diverted. She reported she was thinking about arting Remeron. She doesn't have much to do during the day. She doesn't nap. She is on gym striction for a couple. She said her sleep has been bad for "about a month." She reported is it difficu- e stop her mind from thinking at night and "I just have all these thoughts about castrating herself."
edications: Effexor XR 150mg AM t 208 (+1)
MSE: Hygiene good. Groomed eyebrows. Appears feminine in his demeanor and interaction style. noughts logical and linear. Denied any SI/HI. No overt delusions. Affect full range and euthymic. Spec gular in rate, rhythm, and volume. Mood "depressed."
27 year old female with Gender Dysphoria, Alcohol Use disorder, and Depression. Will add low dose meron to Effexor for sleep.
DD,
DD
cohol Use disorder
Cont meds
art Remeron 7.5mg hs
C 3 months



Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 261 of 293

Drop-in Mental Health Clinic

- Edmo 94691 1. Offender Name/IDOC number:
- 2. Date: 2/5/10
- 3. Time: 1050
- 4. Identified Problem:
 - needs to have this clinking send to popely about both Bra meno's and that how Edne should have acres to it.
- 5. Suicidal ideation: Y a. If yes, statement about plan/intent:
- 6. Homicidal ideation: Y (N) a. If yes, statement about plan/intent:
- 7. Intervention:

- 8. Mental Status:
 - a. Mood: "41-144."
 - b. Affect: ford was
 - c. Thought process: Lincer and water fours
 - d. Thought Content: sproproche har the interaction
 - e. Hallucinations/Delusions/Illusions: Auros nil
 - f. Oriented: Time Place Person Reason for Visit
 - g. Hygiene/grooming: wal
 - h. Speech: Jour?
 - i. Insight: Soul
 - j. Judgment: good
- 9. Plan of action:

nothing needed first further at this time.

AST8 2/3/16 J. Irvin, LMSW, MEd., A578 Date

Drop-in Mental Health Clinic

- 1. Offender Name/IDOC number: Edno 94651
- 2. Date: 2/23/16
- 3. Time: 1030
- 4. Identified Problem:

wants to be able to proce act at unit 16 and be and able to purchase bras from comasters

- Suicidal ideation: KD
 a. If yes, statement about plan/intent:
- Homicidal ideation: Y V
 a. If yes, statement about plan/intent:
- 7. Intervention:

Reported that this would be statted during the next MTL

- 8. Mental Status:
 - a. Mood: "Alright."
 - b. Affect: Wai
 - c. Thought process: Line and argained
 - d. Thought Content: aparon the
 - e. Hallucinations/Delusions/Illusions: Denies all
 - f. Oriented: Time Place Person Reason for Visit
 - g. Hygiene/grooming:
 - h. Speech: 50 20
 - i. Insight: innl
 - j. Judgment: wal
- 9. Plan of action:

staff during ATL

LMU 2/23/14

Firvin, EMSW, MEd., A578

Date

IDOC NUMBER 94691		TION		
94691	OFFENDER NAME	OFFI	ENSE FAG	CILITY
	Edmo, Mason		ISCI	
OFFENSE DATE	OFFENSE DESCRIPTION		CLINICIA	N
03.15.2016	Tweezers Broken In Half and Sharpened		Myers	
Documented history of	significant mental illness that would/could impair decisi	ion making	1	
and/or reality testing.	organiteant montal intege that would bould impair book	ion making	Yes 🛛	No
	edication for mental health issues.		Yes	No T
**If yes, is offender con			Yes 🛛	No [
Experienced significant	increase in stressors prior to incident?		Yes	No D
	n mental health symptoms prior to incident?		Yes	No D
Mental Illness contribut				
Recommendations:			Yes	No 🛛
Assignment of staff ass	istant recommanded?		Yes	No 🕅
	or in incident - no restrictions on proceedings are reco	mmended	Yes	No
Additional Recommend		minended.		INO M

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

Print Form

	INMATE NA	AME (Last, First, MI)	IDOC	# Date/Time	Problem number
		dmo, Mason	9469		
SUBJECTIVE	inappropriate in con Edmo called the PR	nments to the GD pop EA line as well. We	oulation. Edmo sta discussed the incre	member of the securit ted that it was reporte eased anxiety that has Delusions/Hallucinatio	d to an officer and resulted from the
	Orientation X 4 Mood (by report)	Appearance Clean Affect (observed)	Behav Normal Thought P	Coopera	onse to Interviewer ative 'hought Content
	"Good"	Appropriate	Logical	Relevan	t
	Delusions	Hallucinations	Self-Harm/Suici	dal Ideation He	omicidal Ideation
	NO	NO	NO	NO	
	Consciousness	Attention	Insight		Judgment
ľ	Normal	Normal	Average	Intact	
1	LOC	Last MHE date	TX pla		ate last saw provider
	CMHS 1	Optional to add	Optional to add	Optional	to add
	Edmo is assessed a	is stable and safe to	return to the tier.		
	concern forms and/o	or open clinics.		further access MH ser	vices through
_					
_	Name	Credent	ial(s)	Signature	

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Motor Activity Relaxe Speech WNL Thought Process Organi Thought Content Releva	3948 Change I situation or senter needed, go to Page Family Situation needed, go to Page 2 Medication needed, go to Page 2 Medication needed, go to Page 2 Medication needed, go to Page 2 Medication needed, go to Page 2 Needed, go to Page 3 Needed, g	2 Additiona Ye 2 Additiona Ye 2 Additiona Ye 2 Additiona Ye 2 Additiona	Referral I s I No al Comments s I No I Comments s No I Comments s No I Comments s No	Cu Update s))	ssessment:	CMHS1 CMHS1 Annual Review
Reason for Update: Change/Update due to legate Comment: (If more space is Change/Update in Education Comment: (If more space is Change/Update in Marital or Comment: (If more space is Change/Update in Marital or Comment: (If more space is Change/Update in Current I Comment: (If more space is Spiranolactone125mg BID Change/Update in Current I Comment: (If more space is Spiranolactone125mg BID Change/Update in Current I Comment: (If more space is Spiranolactone125mg BID Change/Update in Current I Comment: (If more space is Spiranolactone125mg BID Change/Update in Current I Comment: (If more space is Appearance Clean/ Motor Activity Relaxe Speech WNL Thought Process Organi Thought Content Relevate Perceptions Did no Mood "good"	Change I situation or senter needed, go to Page n n n n n n n n n n n n n n n n n n n	2 Additiona Ye 2 Additiona Ye 2 Additiona Ye 2 Additiona Ye 2 Additiona	s v No al Comments s v No i Comments s v No i Comments s No i Comments s No i Comments	Update s))		
Change/Update due to lega Comment: (If more space is Change/Update in Educatio Comment: (If more space is Change/Update in Marital of Comment: (If more space is Change/Update in Current I Comment: (If more space is Spiranolactone125mg BID Change/Update in Current I Comment: (If more space is Did no Mood "good"	I situation or senter needed, go to Page 2 n n needed, go to Page 2 Family Situation needed, go to Page 2 Medication needed, go to Page 2 used to be 100mg)	2 Additiona Ye 2 Additiona Ye 2 Additiona Ye 2 Additiona Ye 2 Additiona	s v No al Comments s v No i Comments s v No i Comments s No i Comments s No i Comments	s)))		Annual Review
Comment: (If more space is Change/Update in Education Comment: (If more space is Change/Update in Marital of Comment: (If more space is Change/Update in Current I Comment: (If more space is Spiranolactone125mg BID Change/Update in Current I Comment: (If more space is Did no Mood "good"	n n n needed, go to Page 2 r Family Situation needed, go to Page 2 Medication needed, go to Page 2 used to be 100mg)	2 Additiona Ye 2 Additiona Ye 2 Additiona Ye 2 Additiona Ye 2 Additiona	s No Comments Comments Comments S No Comments	s)))		
Comment: (If more space is Change/Update in Marital of Comment: (If more space is Change/Update in Current I Comment: (If more space is Spiranolactone125mg BID Change/Update in Current I Comment: (If more space is Spiranolactone125mg BID Change/Update in Current I Comment: (If more space is Appearance Clean/ Motor Activity Relaxe Speech WNL Thought Process Organi Thought Content Releva Perceptions Did no Mood "good"	reeded, go to Page 2 Family Situation needed, go to Page 2 Medication needed, go to Page 2 used to be 100mg)	2 Additiona Ye 2 Additiona Ye 2 Additiona) Ye	s No Comments Comments S No Comments)		
Comment: (If more space is Change/Update in Current I Comment: (If more space is Spiranolactone125mg BID Change/Update in Current I Comment: (If more space is Appearance Clean/ Motor Activity Relaxe Speech WNL Thought Process Organi Thought Content Releva Perceptions Did no Mood "good"	Medication Medication needed, go to Page 2 used to be 100mg)	2 Additiona 2 Additional 2 Additional) Ye	s No Comments)		
Comment: (If more space is Spiranolactone125mg BID Change/Update in Current I Comment: (If more space is Appearance Clean/ Motor Activity Relaxe Speech WNL Thought Process Organi Thought Content Releva Perceptions Did no Mood "good"	ueeded, go to Page 2 used to be 100mg) Diagnosis	2 Additional	I Comments) s V No			
Motor Activity Relaxe Speech WNL Thought Process Organi Thought Content Releva Perceptions Did no Mood "good"						
Speech WNL Thought Process Organi Thought Content Releva Perceptions Did no Mood "good"	Appropriate				_	
Thought Process Organi Thought Content Releva Perceptions Did no Mood "good"	d					
Thought Content Releva Perceptions Did no Mood "good"						
Perceptions Did no Mood "good"	ed					
Mood "good"	nt					
	appear to be endo	orsing any	delusions/i	Illusions/ h	allucination	ns.
Affect Approp						
	riate					
Attitude Pleasa	nt					
Insight Fair						
Judgment Fair						
Offender Name Edmo,						

Secondary Mental'i ealth Assessment Report - Update - C., tinued 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 SICI.
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
Page 2 of 2

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

Print Form

		ME (Last, First, MI)	IDOC#	Date/Time Problem number
-		dmo, Mason	94691	3/24/16
SUBJECTIVE	(sexual reconstruction be evaluated has as trying to stay out of	on surgery) that have sisted Edmo in refrai trouble because Edm /Hallucinations; repor	recently been approved. E ning from attempting to self to would like to transfer to S	t the MD evaluations for SRS dmo feels that knowing Edmo ca castrate. Reports doing well and ICI at some point. Denies Medication compliant. No ment
	Orientation X 4 Mood (by report)	Appearance Clean Affect (observed)	Behavior Normal Thought Process	Response to Interviewer Cooperative Thought Content
	"Good"	Appropriate	Logical	Relevant
	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	
	NO	NO	NO	NO
	Consciousness	Attention	Insight	Judgment
	Normal	Normal	Good	Intact
E.	100	Last MHE date	TX plan date	Date last saw provider
	CMHS 1	Optional to add	Optional to add	Optional to add
	Edmo is assessed a	is stable and managi	ng well on the unit.	
	concern forms and/o	or open clinics.	rrent LOC and can further ad	
1				The second se
	Name	Credent	ial(s)	Signature

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 268 of 293

IDOC NUMBER	ENTAL HEALTH DOR RECOMMEN OFFENDER NAME		ENSE FA	VTLIN
94691	Edmo, Mason		ISCI	
	Euno, Mason		1001	-
OFFENSE DATE	OFFENSE DESCRIPTION		CLINICIA	N
03.28.2016	Disobedience to Orders		Myers	-
Documented history of sig and/or reality testing.	nificant mental illness that would/could impair d	ecision making	Yes 🗌	No 🗵
	cation for mental health issues.		Yes 🛛	No [
**If yes, is offender compli			Yes 🛛	No
	crease in stressors prior to incident?		Yes 🗌	No D
	nental health symptoms prior to incident?		Yes 🗌	No 🗵
Mental Illness contributing Recommendations:	factor in incident?		Yes 🛛	No [
			1	
	in incident - no restrictions on proceedings are	recommended.	Yes	
	in incident - no restrictions on proceedings are ons:	recommended.		
Mental illness not a factor i Additional Recommendatio Intervention should include DOR Hearing Itself	in incident - no restrictions on proceedings are ons:		Yes	No 🕅

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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 though open clinics and/or concern forms.

A. Houser, LPC B948

Date

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 270 of 293

Drop-in Mental Health Clinic

- 1. Offender Name/IDOC number: Edno 94691
- 2. Date: 4/1/16
- 3. Time: 1010
- 4. Identified Problem:

told wanted to be nound out of the unit and to have echo's mental health hold dropped.

6.

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

allo wed Edno to process the request

- 8. Mental Status:
 - a. Mood: "Alright"
 - b. Affect: ELALY NIL
 - c. Thought process: Linear and content focused.
 - d. Thought Content: appropriate
 - e. Hallucinations/Delusions/Illusions: Dentes all
 - f. Oriented: Time Place Person Reason for Visit
 - g. Hygiene/grooming: and
 - h. Speech: Sound
 - i. Insight: good
 - j. Judgment: Juoul
- 9. Plan of action:

nothing else was needelat this time for edno. Fensilel C.S. Clerk edmois request.

CASW 41578 4-11-16

J. Irvin, LMSW, MEd., A578

Date

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 271 of 293

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 allright."

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

Soft de

Scott Eliason MD Page 1

IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

INMATE NA	ME (Last, First, MI)	IDOC #	DATE OF BIRTH
Edmo,	Mason CMHS	94691	
Date/Time Problem Number	WELL	Use SOAP No	ote Format
April 29, 2016 90 day update	reports is currently med	ication compliant. O others and will notif	Imo 90 day update. Offender Edmo ffender Edmo reports Offender Edmo is y clinical & security staff if Offender I.
		ented X 4. d was within normal ropriate eye contact n tone and structure	limits,
	A: Offender Edmo appea	ars stable with evide	nce of clear speech and calm demeanor.
	P: Will continue to follow	w treatment plan and	d monitor Offender Edmo.

AL Jacka Psy. Tech J. Bracking DATE____

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



IDOC Clinical Contact Note

(SOAP - Subjective Objective Assessment Plan)



INMATE NA	ME (Last, First, MI)	IDOC #	DATE OF BIRTH
Edmo,	Mason CMHS	94691	
Date/Time Problem Number		Use SOAP No	te Format
April 29, 2016 90 day update	reports is currently pres medications. Offender E	cribed and medicatio dmo reports Offende	mo 90 day update. Offender Edmo on compliant with psychotropic er Edmo is trying to get along with if Offender Edmo feels Offender Edmo
	2. Maintained app	nted X 4. d was within normal ropriate eye contact, n tone and structure	
	A: Offender Edmo appea	ars stable with eviden	ce of clear speech and calm demeanor
	P: Will continue to follow	w treatment plan and	monitor Offender Edmo.

rallin Psy. Tech J. Bracking DATE___

0

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



IDOC Clinical Contact Note

(SOAP - Subjective Objective Assessment Plan)

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 274 of 293

IDOC NUMBER	ENTAL HEALTH DOR RECOMMENDATIO OFFENDER NAME	OFFENSE FA	CILITY
94691	Edmo, Mason	ISCI	OILITT
OFFENSE DATE	OFFENSE DESCRIPTION	CLINICIA	N
5/6/16	Disobedience to Orders Level 2	Ruth	
Documented history of sign and/or reality testing.	nificant mental illness that would/could impair decision ma	aking Yes 🛛	No [
Presently prescribed media	cation for mental health issues.	Yes 🛛	
*If yes, is offender complia		Yes 🛛	
	rease in stressors prior to incident?	Yes 🗌	No D
Documented increase in m Mental Illness contributing	tental health symptoms prior to incident?	Yes 🗌	No D
Recommendations:	factor in incident?	Yes	No 🛛
anianment of staff assists	at recommonded 2	Vos 🗔	No M
Assignment of staff assista Mental illness not a factor i		Yes	No 🛛
Mental illness not a factor i	n incident - no restrictions on proceedings are recommer		No 🔀
	n incident - no restrictions on proceedings are recommer		

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 275 of 293

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

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 276 of 293

Edmo,	Mason
-------	-------

IDOC#: 94691

Psychiatric Progress Note ISC

ISCI-BHU

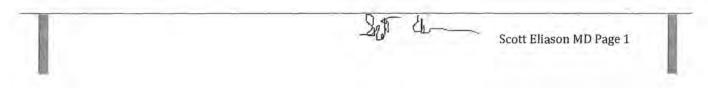
5/18/16

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



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		Nace Contractor	TREATME	NTPLAN	1.2.1.1.1	mination	
Offe	nder Name:	Edmo, Mason			Date:	5/20/16	
	IDOC #	94691	Date of Birth:		LOC:	CMHS-1	
		PROBLEM (in operation			and the second se	nort-term object	
1		Edmo struggles setting bo ting someone else's emotio		Edmo will identify at lease relationship and follow the			
2	self-castrate.		ng with the Dsyphoria of Edmo's				ore feminine (within IDOC ve, self-harming thoughts.
3		10		0. 20		-	
10	VTERVENTION Problem #	IS	Treatment Intervention	Staff/Person Responsible		Frequency/ Duration	Date Goal Closed
	1, 2		skills when struggling to manage otify staff if feeling suicidal wanting to us behaviors.	Edmo			
	1, 2	Edmo is enrolled in (choeducational groups as scheduled. Gender Dysphoria group/Healthy Relatic ided to assist in symptom mngmt	Edmo			1-
	1, 2	Edmo will voice an u clinician for support	nderstanding of how he can Kite a	Edmo/Clinician			
	1, 2		nedication prescribed by his psychiatrist ad, reporting any changes, concerns, or		- 11		
	ender Signat nician:	A. Houser, LPC B	Date: 0572		ate of pointment		Missed Scheduled Appointment
~	invisiti.			D	ate of		Missed Scheduled

CMHSS MANUAL REVISED DECEMBER 2013

Trimilmum) Plan Updated 92-2018

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

Print Form

	INMATENA	ME (Last, First, MI)	IDOC #	Date/Time Problem number
-		dmo, Mason	94691	5/20/16
SUBJECTIVE	self-castration ideat relationship that inve continued makeup u	ion, though it isn't as olves healthier bound use knowing Edmo is	bad as it has been in the pas	ous relationships. Edmo reports Rs. Edmo denies
	Orientation X 4 Mood (by report)	Appearance Clean Affect (observed)	Behavior Normal Thought Process	Response to Interviewer Cooperative Thought Content
	"Good"	Appropriate	Logical	Relevant
	Delusions	Hallucinations	Self-Harm/Suicidal Ideatio	
	NO	NO	NO	NO
1	Consciousness	Attention	Insight	Judgment
	Normal	Normal	Average TV plan data	Intact
	LOC CMHS 1	Last MHE date Optional to add	TX plan date Optional to add	Date last saw provider Optional to add
	Edmo is assessed a	as stable and managi	ng well in the unit.	
	Edmo will continue t concern forms and/o	or open clinics.	rent LOC and can further ac	cess MH services through
	Name	Credent	ial(s)	Signature

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 279 of 293

	(
	MENTAL HEALTH DOR RECOMME	NDATION	
IDOC NUMBER	OFFENDER NAME	OFFI	ENSE FACILITY
94691	Edmo, Mason		ISCI
OFFENSE DATE	OFFENSE DESCRIPTION		CLINICIAN
5/22/16	Tatoo or Piercing		Venegas
	f significant mental illness that would/could impair	decision making	Yes 🛛 No 🗆
and/or reality testing.	nedication for mental health issues.		Yes No
**If yes, is offender con			Yes X No
	t increase in stressors prior to incident?		Yes No D
	in mental health symptoms prior to incident?		Yes No D
Mental Illness contribu			Yes No 🕅
Recommendations:			
	sistant recommended?	e recommended	Yes No X
	ctor in incident - no restrictions on proceedings are	e recommended.	Yes 🛛 No 🗌
Additional Recommen	dations:		2
	(CLINICIAN SIGNATURE	DATE	OF REPORT
L. Venegas, LCPC A24	45 And In repr	5/23/16	

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 280 of 293

Print Form

		C	LINICAL CONTACT NOTE	
	INMATE NA	ME (Last, First, MI)	IDOC# I	Date/Time Problem number
	E	dmo, Mason	94691	6/2/16
SUBJECTIVE	more well education consistency with go continue wearing m requesting to move	n staff when it comes od behavior such as a ake up even if they ca	cided that the GD population h to the GD population. The MTG a reduction in DOR's. Edmo sta ause DOR's. Edmo stated the l e being in unit 16 is not good f on compliant.	C would like to see more ated that Edmo is going to Edmo is going to continue
-	Orientation X 4	Appearance Clean	Behavior	Response to interviewer 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
DELECTIVE	Consciousness	Attention	Insight	Judgment
	Normal	Normal	Good	Intact
Ξ.	LOC CMHS 1	Last MHE date Optional to add	TX plan date Optional to add	Date last saw provider Optional to add
1				
	Edmo appears to be		ecision made by the MTC but	
ACCECCMENT	Edmo appears to be Edmo was denied. I Edmo will be seen i	Edmo does not appea	r to be a danger to Edmo's sel mo's LOC and housing placem	f or others at this point in time
	Edmo appears to be Edmo was denied. I Edmo will be seen i	Edmo does not appea	r to be a danger to Edmo's sel mo's LOC and housing placen or concern form.	f or others at this point in time

Case: 19-35019, 03/06/2019, ID: 11218474, DktEntry: 14-9, Page 281 of 293

IDAHO DEPARTMENT OF CORRECTION CLINICAL CONTACT NOTE

INMATE NA	ME (Last, First, MI)	IDOC #	DATE OF BIRTH
Edmo,	Mason CMHS	94691	
Date/Time Problem Number		Use SOAP No	te Format
July 8, 2016 90 day update	reports is currently med	lication compliant. Of others and will notify	mo 90 day update. Offender Edmo fender Edmo reports Offender Edmo is clinical & security staff if Offender
	2. Maintained app	ented X 4. d was within normal ropriate eye contact, in tone and structure	
	A: Offender Edmo appea	ars stable with eviden	ce of clear speech and calm demeanor.
	P: Will continue to follow	w treatment plan and	monitor Offender Edmo.

Ma Psy. Tech.J. Brackin DATE

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



IDOC Clinical Contact Note

(SOAP - Subjective Objective Assessment Plan)

Intake/New Arrival Inter Institutional Transfer Intake/New Arrival Internition Internitinternitinterition Internition Internition Internition Internition	Restric OYes OYes OYes OYes OYes	Ctive Hou	Refer to MH for follow Immediately
2. Right now, do you have thoughts of hurting yourself? 3. Do you have any immediate plans to hurt yourself? Describe: 4. Right now, do you feel like there is nothing to look forward to in the future? 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 extremely serious; rate your symptoms, please describe: (If rated at "5" or above, refer for clinician follow-up) 6. Within the past year have you engaged in self-harm or attempted suicide? Date: Means/Method: Intent: Intent: Date: Means/Method: In custody: Ores No Date: Means/Method: In custody: Ores No Date: Means/Method: In custody: Ores No Date: Care Provider: Reason: Care Provider: Reason: Date: Care Provider: Reason: Date: Care Provider: Bate: Care Provider: Reason: Date of Last dose: Medication Name: Dose/Frequency Date of Last dose: Medication Name: Dose/Frequency Date of Las	©Yes ©Yes ©Yes e ©Yes KYes	UNO UNO UNO	Refer to MH for follow
3. Do you have any immediate plans to hurt yourself? Describe: 4. Right now, do you feel like there is nothing to look forward to in the future? 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) 6. Within the past year have you engaged in self-harm or attempted suicide? Date: Means/Method: Intent: 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Date: Means/Method: Intent: 7. Prior to one year ago, have you engaged in self-harm or attempted suicide? Date: Means/Method: Intent: 8. Do you have a History of Mental Health Hospitalizations and Outpatient reatment? Date: Care Provider: Reason: 9. Are you currently taking mental health medications? Medication Name: Dose/Frequency Date of Last dose: 9. Are you currently taking mental health medications? 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: 10. Have you ever taken mental health medications in the past? 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:	QYes QYes e QYes KYes	CINO CINO CINO CINO	Refer to MH for follow
Describe: 4. Right now, do you feel like there is nothing to look forward to in the future? 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) 6. Within the past year have you engaged in self-harm or attempted suicide? Date: Intent: Date: Means/Method: Intent: Date: Means/Method: Intent: In custody: O'Yes No Bate: Means/Method: Intent: In custody: O'Yes No Bate: Means/Method: Intent: In custody: O'Yes No Bate: O'Yes No Bate: Care Provider: Reason: Date: O'Yes No Bate: Care Provider: Reason: Date:	QYes QYes QYes QYes ≪Yes	INA INA INA	Refer to MH for follow
(If rated at "5" or above, refer for clinician follow-up) 6. Within the past year have you engaged in self-harm or attempted suicide? Date: Means/Method: Intent: Intent: Date: Means/Method: Intent: Intent: Date: Means/Method: Intent: Intent: Date: Means/Method: In custody: Yes: No Date: Means/Method: Intent: In custody: Yes: No Date: Means/Method: Intent: In custody: Yes: No Intent: In custody: Yes: No Intent: In custody: Yes: Date: Means/Method: Intent: Intent: In custody: Yes: Date: Means/Method: Intent: Intent: In custody: Yes: Date: Care Provider: Reason: Date: Date: Care Provider: Reason: Date of	e DYes	CINA CINA ENO	
(If rated at "5" or above, refer for clinician follow-up) 6. Within the past year have you engaged in self-harm or attempted suicide? Date: Means/Method: Intent: Intent: Date: Means/Method: Intent: Intent: Date: Means/Method: Intent: Intent: Date: Means/Method: In custody: Yes: No Date: Means/Method: Intent: In custody: Yes: No Date: Means/Method: Intent: In custody: Yes: No Intent: In custody: Yes: No Intent: In custody: Yes: Date: Means/Method: Intent: Intent: In custody: Yes: Date: Means/Method: Intent: Intent: In custody: Yes: Date: Care Provider: Reason: Date: Date: Care Provider: Reason: Date of	e DYes KoYes	(IA) ErNo	
Date: Means/Method: Intent: Date: Means/Method: Intent: Torido one year ago, have you engaged in self-harm or attempted suicide Intent: Torido one year ago, have you engaged in self-harm or attempted suicide Intent: In custody: Means/Method: Intent: In custody: Means/Method: Intent: In custody: Means/Method: Intent: In custody: Means/Method: Intent: In custody: Type INo Date: Means/Method: Intent: In custody: Type INo Bate: Care Provider: Reason: Date: Care Provider: Reason: Medication Name: Dose/Frequency Date of Last dose: Medication Name: Dose/Frequency Date of Last dose: Medication Name: Dose/F	KVres	S eno	
T. Prior to one year ago, have you engaged in self-harm or attempted suicide? Intent: Date: Means/Method: Intent: In custody: INO Intent: In custody: INO Intent: In custody: INO Intent: In custody: INO Intent: Bate: Care Provider: Reason: Date: Dose/Frequency Date of Last dose: Medication Name: Dose/Frequency Date of Last dose: <td></td> <td></td> <td>72 hours</td>			72 hours
Date: Date: Means/Method: Diment: Means/Method: Diment: Means/Method: Intent: Means/Method: Means/Method:			72 hours
Date: 210 */(Care Provider: Reason: Date: Care Provider: Reason: Medication Name: Dose/Frequency Date of Last dose:	PXes>	LINO	
Medication Name:		UNU.	llow up within
Medication Name: Dose/Frequency Date of Last dose: 11. Have you ever used any type of substances: What? First Used: Last Used:	Pres	ΩNo	Refer to MH for follow up within 72 hours
What? First Used: Last Used: How Much? What? First Used: Last Used:	Pres	∏No	Ref
	Yes	□No	-
2 Atcohol:	d: How Much	h?	12
	100		ted
IMel on helamines:			nes
Alcohol: Alcohol:			rec
C Other:	Law		1 or
	ÇIYes	DATO	ated
13. Did you successfully complete?	↓ □Yes	□ No	dic
14. Providers name:	1-1-1	E.	HIL
16. Have any family members or significant persons in your life attempted or committed suicide?	Hes	QNo	÷
17. Have you recently experienced a significant loss such as a death of a close family member or friend?		GNO	Mo
17. Have you recently experienced a significant loss such as a death of a close family member of mend?	QYes	DNo	foil
 16. Have any family members or significant persons in your life attempted or committed suicide? 17. Have you recently experienced a significant loss such as a death of a close family member or friend? 18. Have you ever been arrested for a sex crime? 19. Have you ever been a Victim of sexual or physical abuse? 20. Have you had a head injury? Describe: Summe 	11Yes	UNo UNo	Routine MH follow up if Indicated or requested
18. Have you ever been arrested for a sex crime? 19. Have you ever been a victim of sexual or physical abuse? 20. Have you had a head injury? Describe:	CHYES	DNo	au
20. Have you had a head injury? Describe: Survey 21. Have you ever received special education services?	40,00	DNo	nt

22. Are you worried about something other than your current legal situation? Describe:

23. Do you have a physical illness that is causing you distress or pain? Describe:

suicide

DNO

DNO

TYes TYes Immediately notify the shift commander

Refer to MH for follow up within 24 hrs

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	Alert,			isoriented		Reports Hallucinati		orses Delusions
Currer (C)	Grooming/ Hygiene	Eye Contact	Affect	Mo	od	Thought Process	Speech	Movement/Activit
Current Mental Health Status (Check all that apply)	CAppropriate to situation Cheat/Clean OUnkempt Dirty Other:	Appropriate to situation ⊕Fair Ceood GNone	DAppropriate to situation Flat No emotion Tearful Smiling Depressed Euphoric	DApproj to situati DAngry DCheen Dealm DSad DHopele DAnxiou	ion ful	Appropriate to situation Jegical Goal directed Disorganized Moving from topic to topic quickly Urrelevant UDistractible	Appropriate to situation Rapid Slow Pressured Slurred Loud Quiet Rambling	Appropriate to situation Restless Slowed Active Agitated Aggressive
	Action Taken				Initial	Housing Recomm	endation	
DISPOSITION	under Policy : Refer to Men Refer to Men Refer for rout	315 tal Health for folio		urs	□ Not o	red for general hot cleared - <u>referred f</u> r placement:		acement
Informed Consent	I acknowledge t services. I cons Inmate Storefu	ent to routine me	red all questions t ntal health care pr MML	ruthfully a rovided by	nd have facility h	been informed ab ealthcare professi Da	onals.	n mental health 3/10
	0	11.5110	1/90	ann		e, LPN	1 ans	nu
Screener/ Reviewer	Screened by: _ Screening Revie	Date	Time 2 <u>O(()</u> Time 5 Time 5 Time 5 Time 5 Time	E.Ste	nted Nar Wa V nted Nar Prir	AURC .		gnature
Screener/ Reviewer	Screening Revie	Date ewed: 7/14/10 Date ry Assessment Co P Note/if indicated	2 <u>O(e(O</u> Time ompleted: Date	F.Ste Priv	toda Nar	ne Balle	Clinicia	Signature
Screener/ Reviewer	Screening Revie	Date ewed: 7/14/10 Date ny Assessment Co P Note/if indicate intact review s noted per MH services	7 <u>O(e(O</u> Time ompleted: Date	Print Print MHR Ider can	Prin	Non-contact followed by their Level form as ne If housed in	Clinical Sig	gnature gnature
Screener/ Reviewer	Screening Revie	Date ewed: 74410 Date ny Assessment Co P Note/if indicated intact review as noted per ML services AH clinice S	g <u>O(e) O</u> Time ompleted: Date d: completed. N screen offen via concern f	C. Ste Print MHC	Prin	Non-contact followed by their Level form as ne lf housed in weekly by	Clinical Signature ct review. Will c / clinical staff c of Care. Can u eded to access segregation;	gnature gnature

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

ER 1742

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	EL. AL HEALTH DOR RECONNIENDA	TION	-	
IDOC NUMBER	OFFENDER NAME	OFF	ENSE FA	CILITY
94891	Edmo. Mason		ISCI	_
OFFENSE DATE	OFFENSE DESCRIPTION		CLINICIA	N
07/13/2016	Battery (B)		Meyer	
Documented history of sig	gnificant mental illness that would/could impair decisi	on making	No. N	NI- 7
and/or reality testing.			Yes 🛛	No [
	ication for mental health issues.		Yes 🛛	No
**If yes, is offender compl			Yes 🛛	No
Experienced significant in	crease in stressors prior to incident?		Yes 🗌	No 🛛
	mental health symptoms prior to incident?		Yes	No 🖂
Mental Illness contributing	actor in incident?		Yes	No 🕅
Recommendations:				
Assignment of staff assist			Yes	No 🖂
Mental illness not a factor	in incident - no restrictions on proceedings are record	mmended.	Yes	No
Additional Recommendat	ions:			

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IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

Print Form

-	INIAAATE NU		LINICAL CONTACT NOTE	Date /Time Brakland
_		AME (Last, First, MI)	IDOC# 94691	Date/Time Problem number 7/16/16
SUBJECTIVE	in a physical alterca have Edmo pulled c	ation in Unit 16 with an out into the dayroom to	other inmate, Edmo was slee visit, but Edmo declined. Ed	urrently in Unit 8 after engaging ping when I arrived. I offered t mo stated that Edmo was doin Denied any MH concerns at thi
	Orientation X 4 Mood (by report) "Good"	Appearance Clean Affect (observed)	Behavior Normal Thought Process	Response to Interviewer Cooperative Thought Content
	Delusions	Appropriate Hallucinations	Logical Self-Harm/Suicidal Ideation	Relevant Homicidal Ideation
í	NO	NO	NO	NO
	Consciousness	Attention	Insight	Judgment
1	Normal	Normal	Average	Intact
ŝ	LOC	Last MHE date	TX plan date	Date last saw provider
	CMHS 1	Optional to add	Optional to add	Optional to add
	Edmo is assessed a	as stable and managin	g well in Unit 8	
			ent LOC and can further acce al contact while in seg status.	ess MH services through
	Alexant	London M		lanatura
	Name	Credentia	al(s) s	ignature

M	ENTAL HEALTH DOR RECOMME	NDATION		
IDOC NUMBER	OFFENDER NAME	OFF	ENSE FA	CILITY
94691	EDMO, M/SON DEAN		ISCI	
OFFENSE DATE	OFFENSE DESCRIPTION		CLINICIA	N
07/14/2016	Destruction of Property Under \$25		Y. Ponde	er
	gnificant mental illness that would/could impair o	decision making	Yes 🖂	No [
and/or reality testing. Presently prescribed med	ication for mental health issues.		Yes	No
*If yes, is offender compl			Yes	No
	crease in stressors prior to incident?		Yes	No D
	mental health symptoms prior to incident?		Yes	No D
Mental Illness contributing Recommendations:	g factor in incident?		Yes	No 🔀
Assignment of staff assist	ant recommended?		Yes	No 🖂
	in incident - no restrictions on proceedings are	recommended.	Yes	No
	CLINICIAN SIGNATURE		OF REPO	ORT
Y. Ponder, LCSW	A. Jouly (Ca)	07/18/201	6	

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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
 30 Day Segregation

Weekly Mental Health
 90 Day Segregation

Mental Status (Admission Mental Health Evaluations and Segregation Evaluations)

	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.
	1	Currently prescribed and medication compliant with psychotropic medication.
	1	Expresses auditory, visual, other hallucinations, or delusional thought.
	1	Current suicidal ideation or intent.
	1	Judgment and insight impaired.
1	1	Current psychosocial stressors increasing the risk of harm to self or others.
/		Intellect is estimated to be average or above.
		Mental health has: Improved Deteriorated Remained Stable
		Requires mental health plan. Date completed:
Comm	ents:	

and the second second second second	0	
MENTAL HEALTH PROFESSIONAL SI	GNATURE	DATE
11		
1/ 1		



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IDOC Restricted Housing MH Evaluation Form 3.09

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IDOC NUMBER	ENIAL HEALTH DOR RECOME. DATION		
	OFFENDER NAME OFF	ENSE FA	CILITY
94691	EDMO, MASON	ISCI	
OFFENSE DATE	OFFENSE DESCRIPTION	CLINICIA	N
07/14/2016	Destruction of Property Under \$25	Meyer	
Documented history of sig	gnificant mental illness that would/could impair decision making	Vac M	No 🔽
and/or reality testing.		Yes 🛛	
	lication for mental health issues.	Yes 🛛	No [
**If yes, is offender comp		Yes 🛛	No
Experienced significant in	crease in stressors prior to incident?	Yes 🗌	No 🛛
	mental health symptoms prior to incident?	Yes	No 🛛
Mental Illness contributing Recommendations:	g factor in incident?	Yes 🗌	No 🗵
Assignment of staff assist	ant recommended?	Yes	No 🛛
	in incident - no restrictions on proceedings are recommended.	57	
	in molecular no recurrence on proceedings are recommended.	Yes 🖂	No 🗌
	ions: mented history of MH concerns. Medical staff reported that Edm	o is prescr	ibed
Inmate Edmo has a docu MH medications and is cu months indicating a signit Edmo's MH status is not	ions: mented history of MH concerns. Medical staff reported that Edm urrently medication compliant. There is no documentation within ficant increase in MH symptoms that would pertain to this DOR. a contributing or mitigating factor in this incident. Inmate Edmo h appears capable of completing any additional time in Unit 8, as d	o is prescr the past th Therefore, as been he	ibed ree Inmate

	ENTAL HEALTH DOR RECOMME.	DATION		
IDOC NUMBER	OFFENDER NAME	OFF	ENSE FA	CILITY
94691	EDMO, MASON		ISCI	
OFFENSE DATE	OFFENSE DESCRIPTION		CLINICIA	N
07/26/2016	Destruction of Property Under \$25		Meyer	
and/or reality testing.	nificant mental illness that would/could impair de	ecision making	Yes 🔀	No 🗌
Presently prescribed media **If yes, is offender complia	cation for mental health issues.		Yes X	No No
	rease in stressors prior to incident?		Yes	No D
	ental health symptoms prior to incident?		Yes	No D
Mental Illness contributing Recommendations:			Yes	No 🕅
Mental Illness a mitigating Recommendations:	factor?		Yes 🗌	No 🛛
	factor?		Yes	No 🛛
Recommendations:			Yes 🗌	No 🛛
Recommendations:		ecommended.		
Recommendations: Assignment of staff assista Mental illness not a factor i Additional Recommendatio	nt recommended? n incident - no restrictions on proceedings are r ons: nented history of MH concerns. Medical staff rep	ported that Edmo	Yes Yes Yes o is prescr	No 🖂 No 🗌
Recommendations: Assignment of staff assista Mental illness not a factor i Additional Recommendatio Inmate Edmo has a docum MH medications and is cur months indicating a signific Edmo's MH status is not a in Unit 8 in the past and ap	nt recommended? n incident - no restrictions on proceedings are r ons: nented history of MH concerns. Medical staff rep rently medication compliant. There is no docum cant increase in MH symptoms that would perta contributing or mitigating factor in this incident. opears capable of completing any additional time	ported that Edmo nentation within t in to this DOR. T Inmate Edmo ha	Yes Yes Yes o is prescr he past th Therefore, as been ho	No 🕅 No 🗍 ibed ree Inmate
Assignment of staff assista Mental illness not a factor i Additional Recommendation Inmate Edmo has a docum MH medications and is cur months indicating a signific Edmo's MH status is not a in Unit 8 in the past and ap necessary by the result of	nt recommended? n incident - no restrictions on proceedings are r ons: nented history of MH concerns. Medical staff rep rently medication compliant. There is no docum cant increase in MH symptoms that would perta contributing or mitigating factor in this incident. opears capable of completing any additional time	ported that Edmo nentation within t in to this DOR. T Inmate Edmo ha e in Unit 8, as de	Yes Yes Yes o is prescr he past th Therefore, as been ho	No No Dibed ree Inmate bused

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

1

Jane Seys, PNP

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Print Form



IDAHO DEPARTMENT OF CORRECTION

"Protecting You and Your Community"

	INMATE NA	AME (Last, First, MI)	IDOC#	Date/Time Problem number
	E	dmo, Mason	94691	08/16/2016
SUBJECTIVE	Edmo was requestin information related to convened to address recent physical altern for Edmo's actions a to redirect Edmo to e the situation in a mon rules" Edmo was fore that my concern was address issues relate it was understood my same situation in the was indifferent to atte Edmo to attend drop that the MTC would r	g information related o why Edmo was no s the matter and hac cation with anther G nd instead blamed t examine thinking error re adaptive and pros ced to take action in for the GD group a ed to dyshporia, and y role was to provide future Edmo would ending GD group, be in clinic in Educatio readdress the matte	mate Edmo in response to a conce d to attending the Gender Dysphor longer able to attend. Explained to l decided to place Inmate Edmo or D Inmate in the group. Edmo exhil he other Inmate for making a false ors related to the incident and othe social manner. Inmate Edmo repor the manner Edmo did. Clinician th s well as Edmo; and my continued d this took precedence over "priso a therapeutic treatment for Edmo make the same choice. Edmo the ut would like to ensure Edmo had a n to find out who Edmo's assigned r in 90 to determine if Edmo would tern related to the decision.	ia group and asking for b Edmo that the MTC has a 90 day suspension due to a bited limited to no accountability PREA claim. Clinician attempted ar methods of potentially handling ted that due to "prison culture and nen attempted to ensure Edmo ability to work with Edmo to in culture and rules." Ensuring that Edmo then reported if put in the n informed this clinician that Edma access to a clinician. Encouraged clinician was. Informed Edmo
	OD group. Lunio exp	ressed innited cont	entrelated to the decision.	
	Orientation	Appearance	Behavior	Response to Interviewer
	X 4	Clean	Normal	Cooperative
	Mood (by report)	Affect (observed	d) Thought Process	Thought Content
	"Good"	Appropriate	Logical	Relevant
	Delusions	Hallucinations	Self-Harm/Suicidal Ideation	Homicidal Ideation
L L	NO	NO	NO	NO
OBJECTIVE	Consciousness	Attention	Insight	Judgment
22	Normal	Normal	Average	Intact
		Last MHE dat	te TX plan date	Date last saw provider
5	LOC			
5	CMHS 1	Optional to add	Optional to add	Optional to add
MENI				
PLAN ASSESSMENT 0	CMHS 1 Edmo is assessed a	is stable and mana	ging well in Unit 9 current LOC and can further acce	Optional to add
ASSESSMENT	CMHS 1 Edmo is assessed a	is stable and mana	ging well in Unit 9 current LOC and can further acce	Optional to add



IDAHO DEPARTMENT OF CORRECTION "Protecting You and Your Community"

DATE PL	ACED				and the second s
016 ON OBSERV	09/01/2	016		EMOVED FRO OBSERVATIO	
OFFENDE	RFIRST NAME	ID	OC#	DOB	DATE OF REPORT
M	ASON	94	691		09/01/2016
0	FFENSE		and the second second		CURRENT HOUSING UNIT
SEXUAL ABU	JSE OF CHILD <1	6	- L	JNIT 9	UNIT 16 HC
	OBSERV/	OBSERVATION OFFENDER FIRST NAME MASON OFFENSE SEXUAL ABUSE OF CHILD <1	OBSERVATION OFFENDER FIRST NAME ID MASON 94 OFFENSE SEXUAL ABUSE OF CHILD <16	OBSERVATION IDOC# E OFFENDER FIRST NAME IDOC# MASON 94691 OFFENSE RE HOUS SEXUAL ABUSE OF CHILD <16	OBSERVATION E OFFENDER FIRST NAME IDOC# DOB MASON 94691 Image: Constraint of the second

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
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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

IDOC Suicide Risk Assessment PDF 8-13

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Low

Print Form

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	FIRST NAME	IDOC#	DOB	DATE OF REPORT
EDMO MAS	SON	94691		09/01/2016
ACCESS TO MEANS		±		
ccess to means limited while on suicide watch/clo	ose observation			
ISTORICAL FACTORS (check all that apply)				
Family history of suicide	and the second se	time prison tern	n,	<pre>.</pre>
nmate history of suicide attempts				
listory of substance abuse	✓ Othe	er (list below)		
Seeping difficulties or irregular sleeping hours Ion-compliance with prescribed psych medic Veight loss or loss of appetite Progressive health problems (chronic or terminal DOR	s 🔽 cations 🗌 illness) 🗌	Recent personal Neglect of perso Long or life sent Poor compliance Conflict on tier	loss or crisis nal hygiene ence with treatment	
Sambling or other debt		Parole/court hea	ring	
earful for safety		Other (list below) eported a possible PR	EA Incident	X
elationship SYCHOLOGICAL FACTORS				
eeping difficulties or irregular sleeping hours on-compliance with prescribed psych medic eight loss or loss of appetite ogressive health problems (chronic or terminal DR mily event	s 🔽 cations 🗌 illness) 🗌	Recent personal Neglect of perso Long or life sent Poor compliance Conflict on tier Conflict with bun	loss or crisis nal hygiene ence with treatment kmate	