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IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF IDAHO

ADREE EDMO, Plaintiff, vs. IDAHO DEPARTMENT OF CORRECTION; HENRY ATENCIO, in his official capacity; JEFF ZMUDA, in his official capacity; HOWARD KEITH YORDY, in his official and individual capacities; CORIZON, INC.; SCOTT ELIASON; MURRAY YOUNG; RICHARD CRAIG; RONA SIEGERT; CATHERINE WHINNERY; AND DOES 1-15; Defendants.	Case No. 1:17-cv-151-BLW **SECOND DECLARATION OF KRINA L. STEWART**

I, Krina L. Stewart, hereby declare and state as follows:

1. I am over the age of eighteen and am competent to testify to the matters herein. I make this declaration based upon my own personal knowledge.

2. I am employed with the Idaho Department of Corrections ("IDOC") as the Lead Mental Health Clinician at the Idaho State Correctional Institution ("ISCI").

3. I am a Licensed Professional Counselor ("LPC") and maintain a license with the State of Idaho. I received my Master's degree in Counseling, Addictions Cognate, and my Bachelor's of Science degree, both from Boise State University.

4. As part of my duties as the Lead Mental Health Clinician at ISCI, I provide mental health assessments, treatment, and referrals for individuals incarcerated at ISCI. My duties include, but are not limited to, providing individual and group therapy to inmates diagnosed with Gender Dysphoria ("GD").

5. I have received training in the clinical treatment of inmates diagnosed with GD and I participate in the Management and Treatment Committee ("MTC") for inmates with GD, providing the MTC with my assessment of the mental health of inmates with GD and updates regarding the GD inmates' progress in group counseling sessions. I am also involved in the diagnosis of GD as part of the MTC and provide recommendations to the MTC regarding other GD-specific issues, such as housing.

6. I am Plaintiff Adree Edmo's current treating Mental Health Clinician. I have provided individualized clinical contact to Edmo since July 1, 2016. As Edmo's assigned Mental Health Clinician, I have met individually with Edmo on multiple occasions over the last two years. I have also reviewed Edmo's mental health records and clinical notes. Further, I have been involved in a number of discussions and meetings with other IDOC treatment providers with

personal knowledge of Edmo's mental health conditions, including monthly meetings of the MTC. I am familiar with Edmo's documented social, criminal, medical, institutional, and mental health history and current mental health condition, along with Edmo's attendance at group and individual clinical sessions.

7. Edmo came to be on my caseload after being discharged from the Behavioral Health Unit for physically assaulting another GD offender. It is my understanding that Edmo assaulted the same GD inmate on two separate occasions and received Disciplinary Offense Reports ("DORs") for both assaults. At that time, there was one GD processing group for GD inmates. Both Edmo and the inmate who Edmo assaulted participated in that group. After the assaults and resulting DORs, the MTC determined that Edmo was prohibited from attending the GD group for six months.

8. Edmo was later approved by the MTC to return to the GD group, so long as Edmo also completed a Social Skills group. Edmo agreed to so do at first, but later Edmo refused to attend the Social Skills group because the other inmate Edmo assaulted was not required to attend.

9. Edmo has been diagnosed with Major Depressive Disorder, Anxiety, GD, and Alcohol Dependence. During my individual clinical contacts with Edmo over the last two years, Edmo has often expressed that GD is Edmo's only mental health problem. Edmo chooses to focus solely on Edmo's GD and typically insists that Edmo has no other underlying mental health concerns. Edmo is very focused on Edmo's GD as the main cause of Edmo's depression and attempts at self-castration. However, Edmo has other stressors that contribute to Edmo's depression, including relationship issues, past trauma, and past abuse. Edmo cycles through depressive episodes, although Edmo does not or cannot separate Edmo's feelings of depression

from Edmo's GD.

10. Edmo has also demonstrated traits consistent with borderline personality disorder, including unstable relationships, self-harm, and poor sense-of-self. Edmo's self-harm, which have included attempts at self-castration and more recently, cutting on other body parts, are attempts to replace Edmo's emotional pain with physical pain. The physical pain of self-harm provides a release of Edmo's emotional pain. Edmo's cutting of other body parts is not self-surgery. Rather, cutting of other body parts is an unhealthy way to process feelings of emotional pain and depression and is common in people diagnosed with borderline personality disorder.

11. In my experience with Edmo, Edmo's dysphoria fluctuates depending on Edmo's life stressors, including Edmo's job, housing, and relationships. When Edmo experiences a stressful life event, such as a break-up with a boyfriend, Edmo's dysphoria increases and Edmo is unable to separate out when Edmo's feelings of depression are related to Edmo's Major Depressive Disorder or Edmo's GD.

12. Based on my experience counseling and meeting with Edmo, along with my participation in the MTC and my review of Edmo's medical and mental health records and PSI Reports, I have significant concerns with Edmo receiving sex reassignment surgery ("SRS"). While SRS could be very helpful in relieving Edmo's GD at some point, it is not appropriate for Edmo at this time. First, Edmo has not addressed, and at times refuses to recognize, that Edmo has other serious mental health issues that would not be resolved by receiving SRS. Edmo is placing every expectation on SRS relieving Edmo's depression, anxiety, and relationship issues. However, Edmo's failure to work through Edmo's other mental health problems by refusing to attend groups and recognize Edmo's other serious mental health issues means that Edmo will certainly have those same issues with depression, anxiety, and low self-esteem after receiving

SRS.

13. One of my biggest concerns about Edmo receiving SRS at this time is Edmo's borderline traits. Edmo uses self-harm to deal with emotional dysregulation. SRS is an irreversible procedure that will be stressful for Edmo. I do not believe that Edmo has the tools to manage the stress of the procedure itself and the life changes that will come afterward. Edmo needs to address Edmo's underlying mental health issues and have those well controlled before undergoing such a serious, life-altering procedure.

14. I am also concerned about Edmo's belief that SRS will solve all of Edmo's issues with depression, anxiety, low sense-of-self, and problems in relationships. While SRS may reduce Edmo's dysphoria, Edmo's depression will still be present and Edmo will still have dependency and other issues that may be made worse by undergoing a serious surgery. Edmo should work through and manage Edmo's underlying mental health issues before receiving SRS.

15. I have reviewed Plaintiff's Notice of Motion and Motion for Preliminary Injunction and Memorandum of Points and Authorities in Support Therefore (Document 62). I am aware that, on page 16 of that document, Edmo's attorneys assert that Edmo is at a "risk of death or imminent self-harm" and that Edmo is currently suffering "serious psychological harm" as a result of Edmo's GD. While it is my observation and opinion that Edmo has serious uncontrolled mental health issues unrelated to Edmo's GD, Edmo's clinical picture over the last year regarding Edmo's symptoms of GD and overall mental health do not support the representations advanced by Edmo's attorneys.

16. Most recently, I met with Edmo privately on May 18, 2018 during a regularly scheduled clinical visit. Edmo reported that Edmo was doing "okay" and that most things were the same since I had begun treating Edmo. Edmo denied having current suicidal ideations or

plans to self-harm. Edmo presented as functional and goal oriented. Edmo's affect and clinical picture was consistent with how Edmo had presented over the last year. Edmo did mention one change to Edmo's status. In December, Edmo became married to another inmate. Edmo had also applied to change Edmo's last name to "Retzer," the name of Edmo's husband. I noted in the computer at that time that Edmo's record included the last name "Retzer." Redacted pursuant to stipulation of the parties.

. Edmo denied any additional mental health concerns.

17. Additionally, over the last several months, Edmo was employed and lived for a time in Unit 13, which is a unit that is reserved for what I label as the high-functioning inmates who are typically employed, and do not pose a recent disciplinary risk. Edmo lost Edmo's job after a DOR for theft and was moved to Unit 10.

I declare under penalty of perjury that the foregoing is true and correct.

DATED this 31st day of August, 2018.

/s/ Krina L. Stewart
Krina L. Stewart

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 14th day of September, 2018, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

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/s/ Krista Zimmerman
Krista Zimmerman

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IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF IDAHO

ADREE EDMO, Plaintiff, vs. IDAHO DEPARTMENT OF CORRECTION; HENRY ATENCIO, in his official capacity; JEFF ZMUDA, in his official capacity; HOWARD KEITH YORDY, in his official and individual capacities; CORIZON, INC.; SCOTT ELIASON; MURRAY YOUNG; RICHARD CRAIG; RONA SIEGERT; CATHERINE WHINNERY; AND DOES 1-15; Defendants.	Case No. 1:17-cv-151-BLW **DECLARATION OF RONA SIEGERT**

I, Rona Siegert, hereby declare and state as follows:

1. I have personal knowledge of the information provided in this declaration and I am over the age of 18 and am competent to testify to the facts as stated. I am employed by the Idaho Department of Corrections ("IDOC") at the Idaho State Correctional Institute ("ISCI") as the Health Services Director. I am not a medical doctor, nor do I specialize in the treatment of mental health issues.

2. Corizon, Inc. ("Corizon") is a private corporation under contract to provide medical services to inmates in the custody of all IDOC facilities. All medical decisions for the care of inmates are made by Corizon based on the exercise of the provider's medical judgment.

3. Plaintiff Adree Edmo is currently incarcerated under the custody and control of the IDOC in the ISCI.

4. My job duties as the Health Services Director include overseeing Corizon's provision of medical services at ISCI. My duties require me to accomplish several tasks, including investigating any medical-related issues or complaints I receive, discover, and/or are brought to my attention, including through concern forms and grievances.

5. As Health Services Director, I am the designated appellate authority for offender grievances concerning medical care and I am familiar with the IDOC Grievance Process. The IDOC Grievance Process consists of three steps for offenders to submit grievances concerning their medical care: (1) submit an Offender Concern Form, (2) file a Grievance, and (3) appeal the reviewing authority's response to the Grievance.

6. When I receive a concern form or grievance for appellate review and it involves a matter I do not have any prior knowledge of or dealings with, my standard practice is to fully research the issue, which may include speaking with medical staff, reviewing medical records

and speaking with the offender. When I review the medical records, I look for information that supports the inmate's claims or reveals a medical issue that needs further intervention. If that information is not in the medical record, I will refer the inmate back to the treating medical provider. When the issue involves an inmate's disagreement with the treatment he or she is receiving and there is no indication from the record that the treatment is inadequate based upon the inmate's medical needs, I will refer the inmate back to the treatment provider. I cannot and do not overrule a provider's diagnoses or treatment recommendations.

7. Pursuant to IDOC policy, grievances for review that have been previously grieved on the same issue will be returned without action even if the grievance has been written in such a manner that it appears to be a new issue.

8. As the Health Services Director, I am not responsible for nor do I provide direct patient care. I have never provided medical care to the Plaintiff. I have never spoken to Edmo. At no time did I attempt to deny, delay, or intentionally interfere with Edmo's medical treatment. My interactions with Edmo have been limited to providing appellate review on grievances.

9. I have responded to several concern forms related to Edmo's medical and mental health treatment for Gender Dysphoria ("GD"), which was also formerly referred to as Gender Identity Disorder ("GID"). I have also responded to several concern forms related to Edmo's request for property items, including the following:

a. On August 27, 2014, Edmo submitted a concern form to me, requesting an evaluation for sex reassignment surgery. I replied to Edmo's concern form, advising her that I did not have the authority to grant or deny any type of medical treatment and that her request for sex reassignment surgery must be deemed medically necessary by a medical provider. A true and correct copy of this concern form is attached hereto as **Exhibit 1.**

10. I have provided appellate review of several grievances related to Edmo's medical and mental health treatment for GD and GID and Edmo's requests for property items as they also relate to Edmo's GD and GID, including the following:

a. On March 7, 2014, Edmo filed Grievance No. II140000312, requesting gender reassignment surgery. After a review of Edmo's medical records, I noted that Edmo had been seen by ISCI providers in the Chronic Disease Program ("CDP") and had recently been seen by Dr. Whinnery. Based on my review, I determined that Edmo's request for gender reassignment surgery must be evaluated by medical staff. I requested that Edmo direct Edmo's questions to Edmo's providers in the CDP. A true and correct copy of the grievance paperwork is attached hereto as **Exhibit 2**.

b. On December 17, 2014, Edmo filed Grievance No. Il140001365, requesting female "panties" as a medical necessity for the treatment of Edmo's GD. Absent a determination that female underwear is medically necessary, IDOC practices generally do not allow female underwear for offenders housed at ISCI. I had previously incorrectly informed Edmo that female underwear had been deemed medically necessary for GD offenders. After reviewing Edmo's medical records, I noted that panties had not been identified as medically necessary for Edmo by Edmo's medical providers and informed Edmo that female underpants would not be allowed without such a determination of medical necessity. A true and correct copy of the grievance paperwork is attached hereto as **Exhibit 3**.

c. On November 4, 2015, Edmo filed Grievance No. II150001187, regarding laser hair removal. Edmo's grievance relied in part on the World Professional Association for Transgender Health ("WPATH") standards of care. After reviewing Edmo's medical records and the WPATH standards, I noted that hair removal was listed as an option or alternative, not a

requirement, for treatment for GD. There was no indication in Edmo's records that any provider had deemed laser hair removal as medically necessary for Edmo. A true and correct copy of the grievance paperwork is attached hereto as **Exhibit 4**.

d. On April 4, 2016, Edmo filed Grievance No. II160000391, requesting an evaluation for sex reassignment surgery by a qualified gender identify disorder evaluator. The initial response to the grievance referred Edmo to Dr. Eliason, who is a Corizon psychiatrist. Edmo expressed her opinion that Dr. Eliason was not qualified to treat persons with gender identity disorder. The determination of whether sex reassignment surgery is medically necessary must be made by a qualified evaluator. Dr. Eliason is a board-certified physician with a specialty in psychiatry and is qualified to provide an evaluation for sex reassignment surgery pursuant to IDOC's policy regarding the treatment of offenders with Gender Dysphoria. I informed Edmo that Dr. Eliason could perform Edmo's requested evaluation. A true and correct copy of the grievance paperwork is attached hereto as **Exhibit 5**.

e. On August 14, 2017, Edmo filed Grievance No. II170000845, regarding Edmo's treatment for GD. Edmo indicated that she was being given "inferior" medical care based on her status as an inmate with GD. Edmo requested blood labs to test Edmo's hormone levels and a medical appointment with a doctor specializing in GD. The initial response to the grievance indicated that Edmo was currently being seen by Dr. Alviso, a GD specialist, who managed all medications and doses as they related to Edmo's hormone treatment. The reviewing response indicated that Edmo was also monitored every 90 days in the CDP with licensed nurses, lab work, evaluation, medication, and patient education. Edmo commented that Edmo was not receiving panties and that the CDP did not adequately staff for GD offenders. Edmo again requested to see a specialist in GD. Upon reviewing Edmo's medical records, I determined that

the prior responses to Edmo's grievance adequately addressed Edmo's concerns regarding her treatment for GD. Specifically, Edmo had been receiving hormone therapy and follow-up with Dr. Alviso, was being monitored in the CDP every 90 days for concerns related to her hormone treatment, received a bra, and had available to Edmo mental health clinicians to further address her GD. I informed Edmo that, to the extent that the issues Edmo raised in the grievance were a part of Edmo's current lawsuit, Edmo would have to address those issues in litigation. A true and correct copy of the grievance paperwork is attached hereto as **Exhibit 6**.

11. I have not received a grievance from Edmo related to a request for a "gaff" and Edmo has not separately completed the IDOC's Grievance Process regarding the request for a gaff.

12. To my knowledge, prior to June 1, 2018, no medical or mental health provider has deemed sexual reassignment surgery medically necessary for the treatment of Edmo's GD.

13. To my knowledge, prior to June 1, 2018, no medical or mental health provider has deemed makeup and feminine hairstyles as medically necessary for the treatment of Edmo's GD.

14. To my knowledge, prior to June 1, 2018, no medical or mental health provider has deemed a "gaff" and/or female underwear or "panties" as medically necessary for the treatment of Edmo's GD.

15. Based on my research into the issues raised in Edmo's grievances, I believed that Edmo's medical and mental health needs while in custody of IDOC were being appropriately addressed. At all times, when reviewing Edmo's grievances, I confirmed that Edmo was being seen by medical and mental health staff and was receiving continued attention to Edmo's medical and mental health needs.

16. I have not overruled any medical decisions made by Edmo's providers related to

Edmo's medical or mental health treatment including, but not limited to, treatment of Edmo's GID/GD.

17. None of my actions with respect to Edmo have been made with deliberate indifference. I have complied with the recommendations of Edmo's medical and mental health providers in conformance with IDOC policy and IDOC's contract with Corizon.

I declare under penalty of perjury that the foregoing is true and correct.

DATED this 28th day of August, 2018.

/s/ Rona Siegert
Rona Siegert

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 14th day of September, 2018, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

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/s/ Krista Zimmerman
Krista Zimmerman

EXHIBIT 1

IDAHO DEPARTMENT OF CORRECTION
Offender Concern Form

Offender Name: Adree Edmo AKA Mason Edmo IDOC Number: 94691
Institution, Housing Unit, & Cell: ISCI 10A02B Date: 08-27-14

To: Rona Siegert - IDOC Health Authority
(Address to appropriate staff: Person most directly responsible for this issue or concern)

Issue/Concern: I am a transsexual offender housed at ISCI. On 07-03-14 I had asked my provider Dr. Whinnery to evaluate me as being eligible for sex reassignment surgery. Dr. Whinnery had stated she could not because of IDOC Health Authority denying this for anyone. What policy are you referring to that says a blatant no to a serious medical need? It says S.R.S. is medically available if a GID evaluator indicates medically necessary (GID 401.06.03.501 Definitions "sex reassignment treatment").
(Description of the issue must be written only on the lines provided above.)

Offender signature: A. Edmo

Staff Section

[signature] / A953 Collected/Received: 8-28-14
(Signature of Staff Member Acknowledging receipt) / Associate ID # (Date collected or Received)

Reply: I do not have the authority to grant or deny any type of medical intervention or treatment. Your request for "sex reassignment surgery" must be determined as medically necessary by a medical provider.

Responding Staff Signature: R. Siegert Associate ID #: 5119 Date: 9-4-14

Pink copy to offender (after receiving staff's signature)
Original and yellow to responding staff (after completing reply, yellow copy returned to offender.)
Appendix A 316.02.01.001
(Appendix last updated 2/14/12)
PRT3NCRCF

EXHIBIT 2

Idaho Department of Correction
Grievance Form

Offender Name:	EDMO, MASON DEAN	Location:	ISCI
Offender Number:	94691	Number:	II 140000312
		Category:	MEDICAL/HEALTHCARE

Offender Grievance Information

Date Received: 03/07/2014

The problem is:

Sent concern form to HSA about issues concerning Gender Reassignment surgery. Mallet #8769 responded that Gender Reassignment surgery is unavailable. S. Mallet #8769 is not a M.D. to make this decision, nor is Regional Director Young qualified to base decisions through concern forms without seeing me personally.

I have tried to solve this problem informally by:

Submitting HSR's, talking to clinicians, submitting concern forms.

Note: Only one concern form is submitted with grievance.

I suggest the following solution for the problem:

Allowed to be seen by a GID evaluator specialist.

Level 1 - Initial Response

Date Forwarded:	03/17/2014	Date Returned:	03/17/2014
Date Due Back:	03/21/2014	Level 1 Responder:	PILOTE, KIMBERLY

The response from the staff member or person in charge of the area/operation being grieved:

Dr. Young is a qualified health care provider and is capable of making decisions regarding your care. However, gender re-assignment surgery is not medically necessary. Please submit an HSR if your have any other issues. Thanks.

EXHIBIT 2

II 140000312 EDMO, MASON DEAN 94691

Level 2 - Reviewing Authority Response

Date Forwarded:	03/17/2014	Grievance Disposition:	DENIED
Date Due Back:	03/31/2014	Level 2 Responder:	VALLEY, RYAN
Date Returned:	03/17/2014	Response sent to offender:	03/18/2014

Your grievence has been reviewed and I find:

You have been seen by medical providers that are liccensed to practice in the State of Idaho. Your gender re-assignment surgery is not medically necessary and therefore has not been recommended by our providers.

Offender Appeal

Offender Comments:

Response to Level 2 responder: I have not been seen by your providers, or anyone in medical dealing with my gender reassignment request, medical refused to schedule any appt., especially when I state gender reassignment on the HSR. Of course your providers have not recommended gender reassignment, I have not been able to see anyone in medical to address this issue. IDOC medical / Corizon is discriminating against me because of my gender. I am being denied access to medical care - when I cannot even have an appt. to address this issue. I need a specialist dealing with GID patients, as it is a serious medical need.

Level 3 - Appellate Authority Response

Date Appealed:	03/24/2014	Grievance Disposition:	MODIFIED
Date Forwarded:	03/24/2014	Level 3 Responder:	SIEGERT, RONA
Date Due Back:	04/09/2014	Response sent to offender:	03/26/2014
Date Returned:	03/26/2014		

Your appeal has been reviewed and I find:

Offender Edmo:

Your medical record shows that you have been seen by the ISCI providers in the chronic disease program (CDP). Your last visit was March 6, 2014 with Dr. Whinnery. You are followed in the CDP for GID. Please address your questions regarding gender reassignment surgery at your next CDP appointment.

Rona Siegert RN, CCHP
IDOC Health Services Director

Idaho Department of Correction
Grievance Form

Offender Name:	EDMO, MASON DEAN	Location:	ISCI
Offender Number:	94691	Number:	II 140001365
		Category:	MEDICAL/HEALTHCARE

Offender Grievance Information

Date Received: 12/17/2014

The problem is:

Not being allowed panties as a medically necessary undergarment approved by Dr. Whinnery, IDOC states, it does not allow for panties.

I have tried to solve this problem informally by:

Submitting HSR #716481, & concern form to Dr. Whinnery on 11-16-14.

I suggest the following solution for the problem:

Be given a medical memo to possess / purchase panties from commissary as approved by Director Rienke, Dr. Whinnery, and IDOC A.R.C.

Level 1 - Initial Response

Date Forwarded:	12/17/2014	Date Returned:	12/19/2014
Date Due Back:	12/31/2014	Level 1 Responder:	CARLSON LESLIE

The response from the staff member or person in charge of the area/operation being grieved:

Panties are not, " medically necessary." This is a comfort issue. Please take this issue up with Idaho Department of Corrections.

Level 2 - Reviewing Authority Response

Date Forwarded:	12/19/2014	Grievance Disposition:	DENIED
Date Due Back:	01/02/2015	Level 2 Responder:	VALLEY, RYAN
Date Returned:	12/19/2014	Response sent to offender:	12/22/2014

Your grievence has been reviewed and I find:

Edmo,
There is no medical need for you to be given panties to wear. If you would like to request panties, this needs to be made to the Idaho Department of Corrections.

EXHIBIT 3

II 140001365 EDMO, MASON DEAN 94691

Offender Appeal

Offender Comments:

As decided by A.R.C. Medical would have determine appropriateness, and Dr. Whinnery clearly states she would provide a medical memo for women's underwear on concern form dated Nov. 16. 2014. This is deliberate indifference to a serious medical need. Panties and underwear are medical necessities, IDOC allows @ SBWCC, I am a similarly situated individual. There is no substantial penological concern justifying denial of a clearly stated medical need indicated by my provider Dr. Whinnery. IDOC is contracted w/Corizon therefore both need be able to allow for such medical necessities.

Level 3 - Appellate Authority Response

Date Appealed:	12/30/2014	Grievance Disposition:	DENIED
Date Forwarded:	12/30/2014	Level 3 Responder:	SIEGERT, RONA
Date Due Back:	01/15/2015	Response sent to offender:	01/09/2015
Date Returned:	01/08/2015		

Your appeal has been reviewed and I find:

Revised Grievance Appeal Response Dated 1/8/15:

Offender Edmo:

Upon further research and discussion, the response I provided to Grievance II 40001365 is incorrect. Female underpants are only allowed when determined to be medically necessary not based on a GID diagnosis.

Rona Siegert RN, CCHP-RN
ISCI Health Services Director

EXHIBIT 4

Idaho Department of Correction
Grievance Form

Offender Name:	EDMO, MASON DEAN	Location:	ISCI
Offender Number:	94691	Number:	II 150001187
		Category:	MEDICAL/HEALTHCARE

Offender Grievance Information

Date Received: 11/04/2015

The problem is:

I am being denied adequate / appropriate medical care for my serious condition of GID. N.P.-C Paulson refuses to follow the WPATH standard of care in treating my GID; specifically of ordering laser hair removal electrolysis, or hair remover for my facial hair, or any further treatment on 10/20/15.

I have tried to solve this problem informally by:

Sending concern form on 10/15/15 and submitting HSR # 784404 on 10/25/15. (Both attached)

I suggest the following solution for the problem:

I should be treated according to WPATH standards of care for my serious condition of GID.

Level 1 - Initial Response

Date Forwarded:	11/04/2015	Date Returned:	11/05/2015
Date Due Back:	11/18/2015	Level 1 Responder:	WINGERT, WILLIAM

The response from the staff member or person in charge of the area/operation being grieved:

Facial hair removal for Gender Dysphoria is not an IDOC policy, nor is it medically necessary.

Level 2 - Reviewing Authority Response

Date Forwarded:	11/05/2015	Grievance Disposition:	DENIED
Date Due Back:	11/19/2015	Level 2 Responder:	VALLEY, RYAN
Date Returned:	11/06/2015	Response sent to offender:	11/06/2015

Your grievence has been reviewed and I find:

Edmo,
Hair removal is not part of our policy, nor is it medically necessary.

EXHIBIT 4

II 150001187 EDMO, MASON DEAN 94691

Offender Appeal

Offender Comments:

WPATH "SOC" PAS 171-72 explain the need for electrolysis for support in changes of gender expression in conjunction with hormone therapy. WPATH is the standard of care for treating GID. Corizon nor IDOC have any providers competent, or experienced in treating GID, including me. A competent experienced provider would note this facial hair removal medically necessary to alleviate my gender dysphoria, and help to prevent another attempt at autocastration, as I did on 09/29/15. Please refer me to a GID specialist to be evaluated by appropriate medical care of my GID. Denial based on policy or cursory health service evaluations is deliberate and indifference to my serious GID medical condition. Denial highers my depression and ideation of autocastration.

Level 3 - Appellate Authority Response

Date Appealed:	11/13/2015	Grievance Disposition:	DENIED
Date Forwarded:	11/13/2015	Level 3 Responder:	SIEGERT, RONA
Date Due Back:	11/29/2015	Response sent to offender:	11/16/2015
Date Returned:	11/16/2015		

Your appeal has been reviewed and I find:

Offender Edmo:

Per WPATH, The Standards of Care, Version 7. Hair removal is listed as an option or alternative not a requirement for GD treatment.

Rona Siegert RN, CCHP-RN
IDOC Health Services Director

EXHIBIT 5

Idaho Department of Correction
Grievance Form

Offender Name:	EDMO, MASON DEAN	Location:	ISCI
Offender Number:	94691	Number:	II 160000391
		Category:	MEDICAL/HEALTHCARE

Offender Grievance Information

Date Received: 04/04/2016

The problem is:

I am not being provided timely adequate medical/mental health care, specifically a medical/mental health evaluation for the medical necessity pre-requisite of sex reassignment surgery by a qualified gender identity disorder evaluator pursuant to IDOC SOP 401.06.03.501 and NCCHC MH-A-01 Access to care, and P.-G-02 special needs.

I have tried to solve this problem informally by:

Sending concern forms to clinician Houser on 3/03/16, clinician Irvin on 2/22/16 and Dr. Scott Eliason on 3/16/16, and 3/25/16. (all attached)

I suggest the following solution for the problem:

I want to be scheduled immediately by a qualified gender identity disorder evaluator for a medical/mental health evaluation for sex reassignment surgery!

Level 1 - Initial Response

Date Forwarded:	04/07/2016	Date Returned:	04/08/2016
Date Due Back:	04/21/2016	Level 1 Responder:	BREWER, GEN

The response from the staff member or person in charge of the area/operation being grieved:

Please submit a concern form to Dr. Eliason for this request.

Level 2 - Reviewing Authority Response

Date Forwarded:	04/08/2016	Grievance Disposition:	MODIFIED
Date Due Back:	04/22/2016	Level 2 Responder:	HOFER, AARON
Date Returned:	04/13/2016	Response sent to offender:	04/18/2016

Your grievence has been reviewed and I find:

Please address any and all GID questions/concerns to Dr. Eliason. Dr. Eliason is the expert and has the decision making ability in this area. Thank you.

EXHIBIT 5

II 160000391 EDMO, MASON DEAN 94691

Offender Appeal

Offender Comments:

Dr. Eliason is not an expert in GID, does not have any substantial treatment experience in treating persons w/ GID. Dr. Eliason is restricted, restrained, land / or denied from utilizing the standard of care typically used in treating GID/ GD; wpath, Dr. Eliason further delays and / or interferes with adequate medical care of my GID by stating he is a expert and / or specialist. I still am being denied timely and adequate medical treatment for my GID by a medical / mental health provider qualified to exercise judgment about my particular medical / mental health condition of GID.

Level 3 - Appellate Authority Response

Date Appealed:	04/25/2016	Grievance Disposition:	MODIFIED
Date Forwarded:	04/29/2016	Level 3 Responder:	SIEGERT, RONA
Date Due Back:	05/17/2016	Response sent to offender:	05/19/2016
Date Returned:	05/17/2016		

Your appeal has been reviewed and I find:

Offender Edmo:

Dr. Eliason is a board certified physician with a specialty in psychiatry. If Dr. Eliason feels that it is necessary for you to be evaluated by a "qualified gender identity disorder evaluator" he will provide that service to you. If you have further questions or concerns please follow up with Dr. Eliason.

Rona Siegert RN, CCHP-RN
Idaho Department of Correction

EXHIBIT 6

Idaho Department of Correction
Grievance Form

Offender Name:	EDMO, MASON DEAN	Location:	ISCI
Offender Number:	94691	Number:	II 170000845
		Category:	MEDICAL/HEALTHCARE

Offender Grievance Information

Date Received: 08/14/2017

The problem is:

I am being given inferior medical care based on my status as an inmate with GD, and required to wait 5 months before seeing a GD doctor. All inmates with medical issues other than GD are provided medical care in a timely fashion, and not required to wait 5 months to see a MD for their worsening conditions.

I have tried to solve this problem informally by:

Submitting HSR#'s 979519, 979520, & 979521 on 07/11/2017. Submitting concern form to ISCI HSA on 07/24/17; and seeing corizon NP-C (15) days later.

I suggest the following solution for the problem:

Immediate blood labs for testosterone/estrogen/prolactin levels and review of these levels there after and a medical appt. w/a MD specializing in GD within 14 days to discuss SRS.

Level 1 - Initial Response

Date Forwarded:	08/23/2017	Date Returned:	08/30/2017
Date Due Back:	09/06/2017	Level 1 Responder:	BENTON, AMANDA

The response from the staff member or person in charge of the area/operation being grieved:

I apologize for the inconvenience, but Dr. Alviso is our GID specialist and he manages all medications and doses.
Thank you !

Level 2 - Reviewing Authority Response

Date Forwarded:	08/31/2017	Grievance Disposition:	MODIFIED
Date Due Back:	09/16/2017	Level 2 Responder:	HOFER, AARON
Date Returned:	09/06/2017	Response sent to offender:	09/11/2017

Your grievence has been reviewed and I find:

Edmo,
In addition to the utilization of our GID specialist, you are monitored every 90 days in our Chronic Disease Program with licensed nurses and providers, to include labwork, evaluation,, medication, and patient education.Our providers collaborate with Dr. Alviso on your treatment plan.
I see that you had your Chronic Disease appointment on 8-31-17, and labs were ordered for testosterone, prolactin, and estrogen levels. You may submit an HSR to discuss labs or GID concerns @ no charge with onsite providers as needed.
Thank you!

EXHIBIT 6

II 170000845 EDMO, MASON DEAN 94691

Offender Appeal

Offender Comments:

On 8/31/2017 I "attempted" to discuss SRS w/NP-C Rogers and he said "
IDOC won't allow SRS without a court order" I am requesting SRS but IDOC interferes W@/ my medical doctors and orchestrates Corizon providers to deny requests for SRS. I requested a medical memo for panties, as I am allowed Bras and NP-C Rogers denied, again re-stating IDOC will not allow panties. Other GD offenders are allowed panties and I am not. IDOC/Corizon's Chronic Disease program does adequately staff persons w/GD (including me) and only performs cursory exams, I requested to see a medical Doctor specializing in GD so I may be provided appropriate necessary medical care. My symptoms of GD are worsening due to inadequate medical care- please help.

Level 3 - Appellate Authority Response

Date Appealed:	09/14/2017	Grievance Disposition:	MODIFIED
Date Forwarded:	09/19/2017	Level 3 Responder:	SIEGERT, RONA
Date Due Back:	10/05/2017	Response sent to offender:	10/06/2017
Date Returned:	10/06/2017		

Your appeal has been reviewed and I find:

Inmate Edmo:

The issues stated in your grievance were addressed as detailed in the first and second responses to this grievance. In addition, to the extent the issues you reference are subject matter that is in litigation you have filed, those issues will need to be addressed as part of the court process.

LAWRENCE G. WASDEN
ATTORNEY GENERAL
STATE OF IDAHO

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IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF IDAHO

ADREE EDMO, Plaintiff, vs. IDAHO DEPARTMENT OF CORRECTION; HENRY ATENCIO, in his official capacity; JEFF ZMUDA, in his official capacity; HOWARD KEITH YORDY, in his official and individual capacities; CORIZON, INC.; SCOTT ELIASON; MURRAY YOUNG; RICHARD CRAIG; RONA SIEGERT; CATHERINE WHINNERY; AND DOES 1-15; Defendants.	)	Case No. 1:17-cv-151-BLW **DECLARATION OF LAURA WATSON**

I, Laura Watson, hereby declare and state as follows:

1. I am employed with the Idaho Department of Corrections ("IDOC") as the Clinical Supervisor at the Idaho State Correctional Institution ("ISCI"). I have been the Clinical Supervisor at ISCI since June, 2016.

2. I am a Licensed Clinical Social Worker and maintain a license with the State of Idaho. I am also a Licensed Clinical Supervisor and a certified Correctional Health Care Provider with a specialty in Mental Health. I received my Master of Social Work degree from Walla Walla College in 2006 and a Bachelor of Social Work from Boise State University in 2004.

3. Prior to my position as Clinical Supervisor, I was a Clinician/Lead Clinician at ISCI for five years, from February 2010 to November, 2015. During that time, I performed mental health assessments of offenders to determine their needs for mental health and/or psychiatric services. I also provided crisis intervention and conducted assessments with offenders who verbalized or demonstrated suicidal behavior. My duties also included planning and delivery of individual and group counseling to offenders who had been diagnosed with Gender Dysphoria ("GD"), which was previously known as Gender Identity Disorder ("GID"). I also prepared psychological reports for the Commission on Pardons and Parole, the Sex Offender Board, and various Courts.

4. As the Clinical Supervisor at ISCI, I currently train and supervise Master's level clinicians as well as a psychiatric treatment coordinator. I also oversee the Behavioral Health Unit, along with mental health services for the facility. I act as a liaison between the mental health clinicians and the education, program, medical, and security staff.

5. My current duties also include performing mental health treatment and consultation for individuals incarcerated at ISCI, including those diagnosed with GD. I supervise

a multi-disciplinary team approach to the professional delivery of clinical and treatment services for inmates at ISCI. My current duties also include training new correctional officers on Managing Mental Illness (to include GD), Suicide Risk Management through Idaho's POST academy. I am also involved in with providing GD training for the officers in the Behavioral Health Unit.

6. I am a member of the Management and Treatment Committee ("MTC"), which is a multidisciplinary committee that meets monthly to discuss and evaluate the needs of inmates who have been diagnosed with GD. Those needs include issues with housing, treatment, clothing, and requests for hormone replacement therapy. The MTC also receives and reviews inmate requests to be assessed for GD. As the Clinical Supervisor and member of the MTC, I am familiar and have experience with the MTC's procedures and practices.

7. I have received training in the clinical treatment of inmates diagnosed with GD, and inmates who have experienced trauma, substance abuse issues, PTSD, and self-injurious behaviors.

8. When providing clinical counseling and mental health services at ISCI and as a member of the MTC, I can rely on and become familiar with different records and documents, including GD inmates' medical and mental health records, Disciplinary Offense Reports ("DORs"), grievances, incident reports, concern forms, and c-notes in order to gain a better understanding of the factors and experiences contributing to an inmate's overall mental health and to assess how an inmate's mental health issues may affect their housing, safety, security, and discipline. Those are records kept in the course and scope of IDOC's regularly conducted activity of supervising, housing, securing, and providing for medical and mental health treatment and counseling to prisoners in the state prison system.

9. As a Clinician and Lead Clinician, I was one of Plaintiff Adree Edmo's treating Mental Health Clinicians from 2013 to 2015. During that time, I provided individualized clinical contact to Edmo and met individually with Edmo on multiple occasions, including while Edmo was housed in the Behavioral Health Unit. During that time I facilitated the GID group for which Edmo attended 27 weeks from 1/8/13 to 8/6/13.

10. During my individual clinical sessions and in group therapy sessions, Edmo and I discussed Edmo's family history, relationship history, trauma, sexual abuse, and Edmo's suicide attempts before Edmo's incarceration. We also discussed Edmo's feelings of dysphoria, depression, anxiety, and Edmo's difficulty maintaining healthy, stable relationships. During my contacts with Edmo, I recommended tools to assist Edmo in addressing Edmo's mental health issues, including attending group and individualized counseling to work through Edmo's Fsignificant history of trauma, abuse, and relationship/dependency issues.

11. For example, on September 30, 2015, Edmo requested to meet with me specifically after already having met with the primary clinician while on suicide watch for attempting to remove Edmo's testicles. Edmo and I discussed issues with parts of Edmo that did not make Edmo feel feminine. Edmo further acknowledged struggling with wanting and needing male attention, which made Edmo feel needed, wanted, and feminine. Edmo stated that Edmo wanted Edmo's genitals gone, but Edmo also admitted that Edmo knew that removal of Edmo's testicles would not fix Edmo's long-standing mental health issues. I spent quite a bit of time with Edmo confronting Edmo's long standing maladaptive behaviors of focusing on issues outside Edmo's self, while not taking any of the time needed to focus and work on the struggles Edmo had had for a very long time, such as low self-esteem, relationship issues, being a victim of domestic violence, substance abuse, dependency, and acceptance issues. I validated the other

things Edmo focused on that were important to Edmo and that Edmo should continue to advocate for Edmo's self and work on those things, but we processed how Edmo is wrapped up in Edmo's sense of identity and uses it as an escape from having to deal with some of the long standing issues mentioned above. Edmo agreed that all of those things help Edmo refrain from dealing with Edmo's problems. We discussed how if Edmo looked exactly the way Edmo wanted (including having sex reassignment surgery), Edmo would still be broken inside if Edmo did not address Edmo's other mental health issues. Edmo agreed and we discussed ways Edmo could begin to work more on Edmo's self, along with the underlying issues that Edmo had throughout Edmo's life, rather than only focusing on the outside. A true and correct copy of the record for this encounter is attached as **Exhibit 1.**

12. Less than one week later, on October 5, 2015, during a visit with Edmo after being released from a holding cell, Edmo didn't feel like Edmo had any mental health concerns and felt that Edmo had worked through most of those struggles. During that visit, Edmo was able to recognize that the attention Edmo sought from men was similar to the way Edmo abused substances, in that both were maladaptive ways to address ongoing problems. However, Edmo was less willing to accept that Edmo had underlying issues to work on, such as self-esteem, boundaries, and self-acceptance. Edmo appeared to minimize these ongoing struggles, instead referring to them as "normal" female self-esteem issues. A true and correct copy of the record for this encounter is attached as **Exhibit 2**.

13. On October 13, 2015, I met again with Edmo after receiving a concern form. Edmo's estrogen had been increased and Edmo felt good about that. However, Edmo expressed that Edmo had struggled lately with pulling Edmo's self out of a negative mindset despite recognizing/validating all the progress Edmo had made. During that visit, we discussed how

Edmo would continue to have identity and acceptance issues outside of Edmo's gender so long as Edmo was unwilling and unable to process some of the other issues that Edmo had struggled with, including a history of trauma, issues with power and control, relationship issues, and perfection issues. A true and correct copy of the record for this encounter is attached as **Exhibit 3**.

14. I met again with Edmo on December 3, 2015, for Edmo's scheduled clinical contact. Edmo had struggled recently with relationship issues and admitted that Edmo did not do well alone. Edmo admitted that the attention of a male took Edmo's focus off Edmo's dysphoria. We discussed Edmo's pattern of unhealthy relationships and tried to identify ways in which Edmo could get healthy attention, rather than seeking attention from males in unhealthy ways. A true and correct copy of the record for this encounter is attached as **Exhibit 4**.

15. I had another clinical contact visit with Edmo on December 17, 2015, during which we discussed Edmo's recent attempts at self-harm. Edmo desired to self-castrate given that Edmo felt overwhelmingly frustrated with still having male genitalia. I worked with Edmo on ways to meet Edmo's needs to feminize without violating policy and without resorting to self-harm. At that time, we prepared a treatment plan, wherein Edmo agreed that Edmo needed to set boundaries in personal relationships and avoid giving in to impulsive self-harming thoughts. A true and correct copy of the record and treatment plan for this encounter is attached as **Exhibit 5**.

16. As a member of the MTC and as Clinical Supervisor at ISCI, I have also been involved in discussions and meetings with other IDOC treatment providers with personal knowledge of Edmo's mental health conditions. I have reviewed mental health records from prior to Edmo's incarceration, along with Edmo's Presentence Investigation Reports and clinical notes. I am familiar with Edmo's documented social, criminal, medical, institutional, and mental

health history and current mental health conditions.

17. Based on my personal clinical experiences with Edmo, including individualized clinical and group counseling contacts, along with my review of Edmo's mental health treatment records, prior medical records, and PSI Reports, it is my observation and opinion that Edmo has significant underlying unresolved mental health concerns, including depression, self-harm, suicide attempts, a history of sexual abuse, a history of domestic abuse, substance abuse, sexually-charged behaviors, dependency issues, self-esteem issues, and unhealthy relationships. Although Edmo has not been diagnosed with borderline personality disorder, it is my clinical opinion that Edmo has demonstrated borderline personality characteristics.

18. It is also my opinion that Edmo relies on sex reassignment surgery as the one and only solution to all of Edmo's current mental health concerns. However, Edmo has not sufficiently addressed Edmo's other serious mental health concerns by failing to engage in recommended individual therapy to address Edmo's traumatic past and subsequent maladaptive behaviors and the impact this has on Edmo's current mental health struggles. Edmo has also been noncompliant with clinically recommended scheduled clinical contacts and group therapy such as Mood Management and Social Skills. Edmo has also not completed sex offender programming which may also provide insight into Edmo's ongoing struggles. At times, Edmo has not been willing to acknowledge Edmo's other mental health issues and has remained fixated on obtaining SRS to "fix" Edmo, without first doing the work to explore the other potential sources of Edmo's dysphoria and depression, i.e., prior trauma and abuse.

19. As a result, it is my clinical opinion that SRS is not appropriate for Edmo, due to Edmo's underlying uncontrolled mental health issues, and because Edmo considers SRS as a cure for all of Edmo's complex mental health concerns, while refusing to acknowledge and work

through those issues using less invasive and permanent means. I believe that Edmo's unresolved sources of distress are complicating Edmo's resolution of GD and as a result, SRS would not be in Edmo's best interest at this time.

I declare under penalty of perjury that the foregoing is true and correct.

DATED this 31st day of August, 2018.

/s/ Laura Watson
Laura Watson

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 14th day of September, 2018, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

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PARSONS, BEHLE & LATIMER

/s/ Krista Zimmerman
Krista Zimmerman

EXHIBIT 1

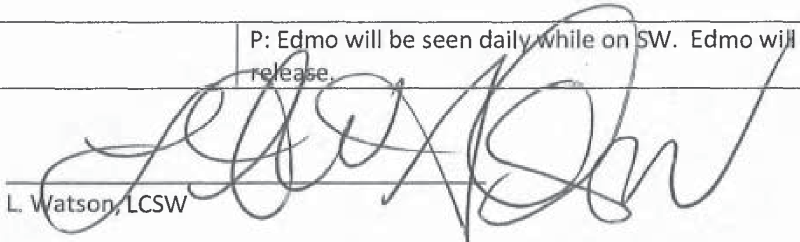
IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)	IDOC #	DATE OF BIRTH
Edmo, Mason	94691	[redacted]

Date/Time Problem Number	Use SOAP Note Format
9/30/15 1511 Clinical contact	S: Met with Edmo today at Emdo's request while on suicide watch for attempting to remove Edmo's genitals. Edmo asked about what the plan is for Edmo. Edmo states Edmo doesn't know what the options are so Edmo doesn't know what to do. Edmo discussed issues with parts of Edmo that don't make Edmo feel feminine. Edmo spoke of struggles with wanting and needing attention from males and how this makes Edmo feel needed/wanted/feminine. Edmo admitted that this was what fueled Edmo's desire to be moved out of unit 16 as it was "easier."
	O: Edmo was Ox4 and alert. Edmo's hygiene and grooming were consistent with Edmo's placement in a holding cell and Edmo's speech was WNL. Edmo appeared relaxed and presented with direct eye contact. Edmo denied HI/SI but did state Edmo wants Edmo's genitals gone. However, through the conversation, Edmo reported that Edmo knows it won't fix everything and had no plan or intent to follow through at this moment. Edmo presented as pleasant and euthymic and indicated Edmo was feeling "alright." Edmo's thought process was logical and clear and Edmo's content of thought was appropriate. Edmo's insight and judgment were assessed as fair. Edmo did not appear to be endorsing any delusions, illusions, or hallucinations. Edmo was cooperative.
	A: Edmo appears to be stable at this point. I spent quite a bit of time with Edmo confronting Edmo's long standing maladaptive behaviors of engrossing Edmo's self in all of these other things (legal fights, males in general population, complaints over everything, outward beauty, etc.) while not taking any of the time needed to focus and work on the struggles Edmo has had for a very long time (low self-esteem, relationship issues, being a victim of domestic violence, substance abuse, dependency and acceptance issues, etc.). I validated the other things Edmo focused on were important to Edmo and that Edmo should continue to advocate for Edmo's self and work on those things. . . but we processed how Edmo's entire sense of identity is wrapped up in that and how Edmo uses it as an escape from having to deal with some of the long standing issues. Edmo agreed that all of those things help Edmo refrain from dealing with Edmo's problems. We discussed how if Edmo looked exactly the way Edmo wanted (including having surgery), Edmo would still be broken inside. Edmo agreed and we discussed ways Edmo could begin to work more on Edmo's self and the issues Edmo has had throughout Edmo's life rather than only focusing on the outside. Explored insecurities that all men and women have and how fixing things on the outside, don't fix things on the inside the way we expect them to. Edmo was very receptive and identified a plan to identify how Edmo is going to refrain from attempting to take off Edmo's genitals. Edmo agreed to do this. I also told Edmo that release from 16 requires stability and Edmo does not appear stable. Edmo agreed and requested to remain in 16 upon release.

EXHIBIT 1

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



L. Watson, LCSW

Date 9/30/15

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

(SOAP – Subjective Objective Assessment Plan)

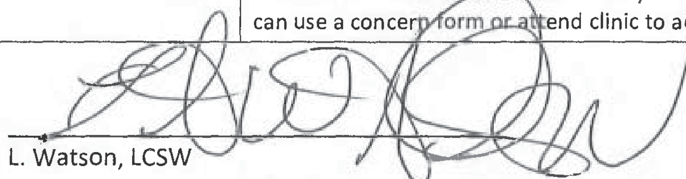
IDOC Clinical Contact Note 3.09

EXHIBIT 2

IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)	IDOC #	DATE OF BIRTH
Edmo, Mason	94691	[redacted]

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



L. Watson, LCSW

10/5/15
Date

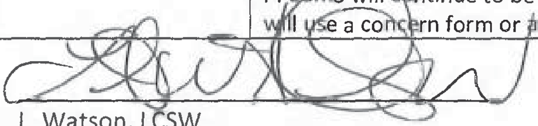
ALL ENTRIES MUST INCLUDE THE WRITER'S PRINTED NAME, SIGNATURE & TITLE

EXHIBIT 3

IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)	IDOC #	DATE OF BIRTH
Edmo, Mason	94691	[redacted]

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



L. Watson, LCSW

10/13/15
Date

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

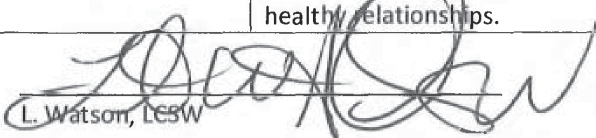
(SOAP – Subjective Objective Assessment Plan)

EXHIBIT 4

IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE

INMATE NAME (Last, First, MI)	IDOC #	DATE OF BIRTH
Edmo, Mason	94691	[redacted]

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



L. Watson, LCSW

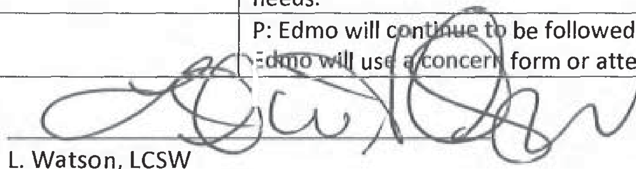
12/3/15
Date

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

EXHIBIT 5

IDAHO DEPARTMENT OF CORRECTION
CLINICAL CONTACT NOTE

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



L. Watson, LCSW

12/17/15
Date

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

IDOC Clinical Contact Note 3.09

Mental Health Group Referral (BHU)

Inmate Name: Edmo

Inmate IDOC #: 94691

Date of Referral: 12/17/15

Referring Clinician: Watson

Clinician Groups:

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

already enrolled

Psych Tech/Officer Groups:

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

EXHIBIT 5

IDAHO DEPARTMENT OF CORRECTION
TREATMENT PLAN

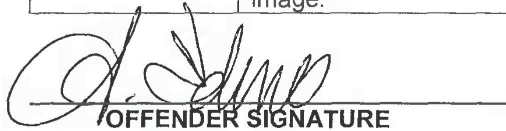
DATE	12/17/15	INMATE NAME	Edmo, Mason		
IDOC #	94691	DOB	[redacted]	LOC	CMHS-1

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

PREPARED BY L. Watson, LCSW 0367 **DATE** 12/17/15

INTERVENTIONS

Problem #	Treatment Intervention	Staff/Person Responsible	Frequency/ Duration	Date Goal Closed
1, 2	Edmo will use coping skills when struggling with mental health symptoms.	Edmo	As needed	
1, 2	Edmo will voice an understanding of how to use a concern form and/or attend drop-in clinics to access clinical support.	Edmo	As needed	
1, 2	Edmo will attend psychoeducational groups as scheduled. **Edmo is currently attending Gender Dysphoria group and has been referred to healthy relationship.**	Edmo	As scheduled	
1, 2	Edmo will take any medication prescribed by the psychiatrist or designee, as indicated, reporting any changes, concerns, or side effects.	Edmo/ Psychiatry	As prescribed	
1, 2	Edmo will notify staff right away of any suicidal or homicidal thoughts, or of any plan/intent to harm self or others.	Edmo	As needed	
1, 2	Edmo reports spending time at education and exercising as beneficial activities and is encouraged to maintain these activities so long as they continue to be helpful.	Edmo	Daily	
1, 2	Edmo will use journaling as a tool help improve self-esteem and self-image.	Edmo	Ongoing	



OFFENDER SIGNATURE — 94691 IDOC # — 12/17/15 DATE

IDOC Treatment Plan Form Rev. 5.10

CORIZON 0514

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ATTORNEY GENERAL
STATE OF IDAHO

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Attorneys for Defendants Idaho Department of Corrections, Henry Atencio, Jeff Zmuda, Howard Keith Yordy, Richard Craig, and Rona Siegert

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF IDAHO

ADREE EDMO, Plaintiff, vs. IDAHO DEPARTMENT OF CORRECTION; HENRY ATENCIO, in his official capacity; JEFF ZMUDA, in his official capacity; HOWARD KEITH YORDY, in his official and individual capacities; CORIZON, INC.; SCOTT ELIASON; MURRAY YOUNG; RICHARD CRAIG; RONA SIEGERT; CATHERINE WHINNERY; AND DOES 1-15; Defendants.	Case No. 1:17-cv-151-BLW **DECLARATION OF WALTER L. CAMPBELL, PH.D.**

I, Walter L. Campbell, PhD., hereby declare and state as follows:

1. I am over the age of eighteen and am competent to testify to the matters herein. I make this declaration made upon my personal knowledge.

2. I am employed with the Idaho Department of Corrections ("IDOC") as the Chief Psychologist.

3. I am a licensed psychologist and maintain a professional license with the State of Idaho. I received my Ph.D. in Counseling Psychology and my Masters of Sciences degree in Counseling and Counseling Education, both from the Indiana University. I earned two Bachelors of Arts degrees in Philosophy of Religion and Biblical Literature from Taylor University.

4. I have been the Chief Psychologist at IDOC since September 17, 2016.

5. Prior to my employment with IDOC, I was employed for three years as the Lead Psychologist for Corizon Health, Inc. and worked at three separate facilities. In 2015 and 2016, I oversaw the INSIGHT Mental Health Unit of the Pendleton Correctional Facility in Pendleton, Indiana. In 2014 and 2015, I oversaw the Special Needs Unit at the Wabash Valley Correctional Facility in Carlisle, Indiana. In 2013 and 2014, I was responsible for all mental health services at the Plainfield Correctional Facility in Plainfield, Indiana.

6. During my doctoral internship with Corizon in 2012 and 2013, I provided individual and group therapy to prisoners at the Wabash Valley Correctional Facility.

7. I am a member of the American Psychological Association and Idaho Psychological Association.

8. I am a member of the World Professional Association for Transgender Health. I attended continuing education courses at the 2017 WPATH conference.

9. I also have also received training on Gender Dysphoria ("GD") from the National Commission on Correctional Health Care ("NCCHC") at two annual conferences.

10. I have reviewed dozens of articles and publications regarding the treatment of transgendered inmates, including inmates with GD. I am familiar with the standards of care for transgender persons set forth by WPATH, along with statements and guidelines regarding GD and transgender persons set forth by the American Psychological Association and the American Psychiatric Association. I am also familiar with the guidelines regarding GD offenders and transgender inmates as provided by the National Commission on Correctional Health Care, the National Institute of Corrections, and the Federal Bureau of Prisons.

11. As the Chief Psychologist at IDOC, I am responsible for the oversight of mental health programming, including the creation and approval of policies and procedures related to mental health services for prisoners housed in general population, restrictive housing, and specialized mental health treatment units.

12. My duties as Chief Psychologist also include the administrative supervision of the master's level clinicians who provide group and individual therapy to IDOC inmates at each facility. As the chief diagnostician, I also consult with clinicians on mental health operations and services at IDOC. I am further provide input regarding revisions to the current IDOC GD Policy, SOP 401.06.03.501.

13. I serve as chair of the Management and Treatment Committee ("MTC"), which is a multidisciplinary committee that meets monthly to discuss and evaluate the needs of inmates who have been diagnosed with GD. The MTC also receives and reviews inmate requests to be assessed for GD. As the chair, I am familiar and have significant experience with the MTC's procedures and practices.

14. During my time as Chief Psychologist at IDOC, I have directly conducted six GD assessments. Also during that time, I have overseen the treatment and assessment of approximately fifty inmates who have requested GD evaluations, through my role as chair of the MTC and as the Chief Psychologist at IDOC.

15. Once an inmate makes a request for a GD evaluation or if a member of the healthcare staff requests that an inmate receive an evaluation for GD, I review the request and recommend that the offender be placed in the appropriate facility for the evaluation to take place.

16. Once an evaluation has been performed, the evaluator provides a report to the MTC seven days before the MTC monthly meeting. Prior to the meeting, I review the report and when the MTC convenes for the monthly meeting, I provide my assessment of the evaluator's findings, indicating whether I agree or disagree with the findings and diagnoses contained in the evaluation report, if any.

17. I then convene the MTC to develop an individualized treatment plan and recommendation for the placement and needs of the GD offender. Typically, a clinician prepares the individualized treatment plan, which is then reviewed by the MTC, taking into consideration both the treatment and security concerns involving each individual GD offender. Once a treatment plan is adopted by the MTC, recommendation for the adoption of that plan is presented to the Administrative Review Committee ("ARC").

18. The ARC then reviews our recommendations and our proposed individualized plan. The MTC consults with the ARC to answer any questions or provide further clarification of our recommendations. The ARC reviews the recommendations of the MTC and crafts its own recommendations regarding the classification, management, and security of the GD inmate. The

ARC then provides its recommendations, along with those of the MTC to the director of IDOC for final approval.

19. The MTC also convenes monthly to discuss and address the individual needs of the GD offenders, including issues related to mental health treatment, housing, property, discipline, safety, and any other issues that arise which involve the treatment and management of GD inmates.

20. The MTC does not make any individual treatment decisions regarding GD inmates. Those determinations are made by the individual clinicians or the medical staff employed by Corizon. The MTC may provide requested information and consult with Corizon providers regarding GD inmates. However, the MTC does not override any medical treatment decisions made by Corizon physicians and providers.

21. In 2012, Plaintiff Adree Edmo's ("Edmo") was diagnosed with GD, shortly after requesting and receiving an evaluation. The evaluation was performed by psychologist Claudia Lake. Also in 2012, Edmo began receiving hormone therapy. Edmo has also been provided with a bra and has been permitted to feminize appropriately. Edmo is encouraged by our staff to attend group and individualized therapy specifically for inmates with GD.

22. Edmo is one of the GD offenders whose needs have been addressed and discussed by the MTC. For instance, over the last several years, the MTC has discussed and made recommendations regarding Edmo's housing, group therapy attendance, and safety.

23. In my role as Chief Psychologist and chair of the MTC, I have reviewed Edmo's file, including Edmo's mental health treatment records, treatment plans, DORs, concern forms, and Presentence Investigation reports ("PSI"). I am familiar with Edmo's treatment for GD while Edmo has been in the custody of IDOC.

24. Edmo's individual clinicians have recommended that Edmo participate in GD group therapy and individualized clinical therapy with IDOC clinicians. Edmo's clinicians have also recommended that Edmo participate in other mental health groups, including Social Skills and Mood Management, in order to address and help Edmo manage Edmo's mental health conditions, including Edmo's GD, depression, anxiety, and unhealthy relationships. Throughout 2016, 2017, and 2018, Edmo has refused to regularly attend the individual and group therapy recommended by the mental health staff. Edmo was also barred by the MTC from attending the GD processing group for six months after Edmo twice assaulted another GD inmate who also participated in the GD group.

25. Edmo's medical and mental health records demonstrate that Edmo has significant underlying uncontrolled mental health issues. For example, Edmo has been diagnosed with Major Depressive Disorder, Anxiety, and Alcohol Dependence. Edmo also has well-documented behaviors consistent with personality disorders. Edmo also has a history of severe trauma, including sexual, domestic, and emotional abuse. Edmo attempted suicide on at least two occasions prior to Edmo's incarceration and has demonstrated poor self-worth, poor self-esteem, and unhealthy relationships while in prison. For instance, Edmo has a history of inappropriate sexual behaviors and co-dependency. Edmo has also resorted to self-harm, including continued cutting behaviors.

26. Based on my review of Edmo's mental health treatment records, it is my understanding Edmo received an evaluation for sex reassignment surgery on April 20, 2016, by psychiatrist Scott Eliason, M.D. It is my understanding that Dr. Eliason concluded after the evaluation, and in consultation with clinical supervisor Jeremy Clark, clinician Jeremy Stoddard,

and Dr. Murray Young, that sex reassignment surgery was not medically necessary or appropriate for Edmo.

27. To my knowledge, prior to June 1, 2018, no qualified GD evaluator has ever determined that sex reassignment surgery was medically necessary for Edmo. Had such a determination been made, I would have convened the MTC to discuss that determination for Edmo. I am not aware of any "blanket" prohibition to providing sex reassignment surgery if it is determined to be medically necessary for an individual inmate.

28. I have reviewed the Declarations of Randi Ettner, Ph.D. and Nicolas Gorton, M.D., who recommend that Edmo receive sex reassignment surgery.

29. I do not believe that Drs. Ettner and Gorton have fully grasped Edmo's underlying mental health issues, when they identify Edmo's GD as the root cause of Edmo's depressive symptoms and dysphoria. The clinical evidence demonstrates that Edmo's feelings of dysphoria have a very complex origin, related to trauma, relationship difficulties, and other unresolved life events, precisely as Edmo's IDOC mental health clinicians have described in treatment notes over the last several years. Furthermore, Edmo has not demonstrated a willingness to address these underlying mental health issues through treatment, making assessment of her full mental clinical difficult.

30. Edmo's clinical history provided to Drs. Ettner and Gorton is inconsistent with other reports, including the PSI and Edmo's medical records from prior to her incarceration, especially as to the reports that Edmo lived full-time as a woman prior to incarceration in 2012.This inconsistency demonstrates that there are many unanswered questions about Edmo's life events prior to incarceration. Such questions need to be explored to further evaluate the root cause of Edmo's depressive symptoms and dysphoria. What is clear is that Edmo seriously

attempted suicide several times before incarceration, was the victim of sexual and domestic abuse, and had severe substance abuse problems. Such issues should not be ignored, overlooked, or downplayed when assessing the causes of Edmo's dysphoria.

31. Edmo's medical and mental health record indicates that the etiology of Edmo's dysphoria is unclear and complex. This, coupled with Edmo's disinclination to participate in mental health treatment to address her underlying mental health issues, makes a clear clinical formulation very difficult. In short, Edmo's overall clinical picture is not fully understood and it is not clear that Edmo's GD is the sole cause of Edmo's dysphoria. Until Edmo's dysphoria is fully understood, an extreme irreversible intervention such as sex reassignment surgery is not warranted, appropriate, or without a considerable risk of harm.

32. IDOC mental health staff have chosen to make the clinically appropriate decision to focus on maintaining Edmo's stability and safety while compassionately extending the offer to provide therapeutic treatment to Edmo, in the case that Edmo decides to pursue it.

33. I am not convinced that there would be no adverse outcome if Edmo undergoes sex reassignment surgery, in light of the many unanswered questions posed by Edmo's complex mental health history.

I declare under penalty of perjury that the foregoing is true and correct.

DATED this 30th day of August, 2018.

<u>/s/ Walter L. Campbell, Ph.D.</u>
Walter L Campbell, Ph.D.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 14th day of September, 2018, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

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Krista Zimmerman

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IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF IDAHO

ADREE EDMO, Plaintiff, vs. IDAHO DEPARTMENT OF CORRECTION; HENRY ATENCIO, in his official capacity; JEFF ZMUDA, in his official capacity; HOWARD KEITH YORDY, in his official and individual capacities; CORIZON, INC.; SCOTT ELIASON; MURRAY YOUNG; RICHARD CRAIG; RONA SIEGERT; CATHERINE WHINNERY; AND DOES 1-15; Defendants.	Case No. 1:17-cv-151-BLW **DECLARATION OF CLIFF CUMMINGS**

I, Cliff Cummings, hereby declare and state as follows:

1. I have personal knowledge of the information provided in this declaration and I am over the age of 18 and am competent to testify to the facts as stated.

2. I am employed as a Senior Probation/Parole Officer with the Idaho Department of Corrections ("IDOC") for District Six in Pocatello, Idaho. I have been employed as a Probation/Parole Office since June, 1991. For the last ten years, I have been a Sex Offender Supervision Officer for District Six.

3. During my time as a Probation/Parole Officer, I have supervised one transgender offender, who I understand was born biologically male, but identified as female (I will not provide that offender's identity in this declaration for privacy purposes). During my times as her probation officer, I observed this offender wearing women's clothing and makeup and wearing her hair in a feminine hairstyle. During my supervision of this offender, I used female pronouns when referring to and addressing her, as she requested.

4. From June 25, 2010, until February 8, 2011, I supervised Mason Meeks, who I understand is now known as Adree Edmo. I supervised Edmo while Edmo was on probation after completing the IDOC retained jurisdiction program following a conviction for One County Drawing a Check Without Funds in 2009.

5. As Edmo's probation officer, I met with Edmo in person fifteen times, both at Edmo's home and in my office.

6. During my interactions with Edmo, I never observed Edmo wearing women's clothing. Edmo did not appear to be wearing makeup and did not have Edmo's hair styled in a feminine way. Edmo did not present or appear as a woman in any way and Edmo did not ask that I refer to Edmo as a woman or use female pronouns.

7. During my supervision of Edmo, Edmo's physical appearance was at all times consistent with Edmo's appearance in the 2010 photograph that is attached hereto as **Exhibit 1**. I never witnessed Edmo appear or acting consistent with a gender other than male.

I declare under penalty of perjury that the foregoing is true and correct.

DATED this 31st day of August, 2018.

/s/ Cliff Cummings
Cliff Cummings

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 14th day of September, 2018, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

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/s/ Krista Zimmerman
Krista Zimmerman

EXHIBIT 1

EDMO, MASON DEAN

IDOC#: 94691

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I, Sandy Jones, hereby declare and state as follows:

1. I have personal knowledge of the information provided in this declaration and I am over the age of 18 and am competent to testify to the facts as stated.

2. I am the Executive Director for the Idaho Commission for Pardons and Parole ("Commission"). I have served as the Executive Director for the Commission since August 2014.

3. I attend parole hearings and review proceedings in my capacity as Executive Director of the Commission and have personal knowledge of Commission proceedings involving Adree Edmo, #94691 ("Edmo"). Edmo is in prison because of Edmo's 2012 conviction for Sexual Abuse of a Minor Under the Age of 16.

4. The Commission determines whether any prisoner who is eligible for parole may be released on parole.

5. When making parole decisions with respect to inmates, the Commission considers the prisoner's current risk assessment, criminal history, institutional misconduct, and other characteristics related to the likelihood of the prisoner offending in the future, along with the prisoner's participation, compliance, and completion of offender programming.

6. As part of the Commission's regularly conducted business activities, the Commission takes minutes of its parole hearings and other proceedings. The minutes of a parole hearing constitute the official records of the proceeding, as the Commission does not utilize verbatim minutes or audio or visual recordings to document the proceedings in parole cases. In my capacity as Executive Director for the Commission, I have access to these hearing minutes and other Commission records in the ordinary course of the Commission's business, including parole hearing query reports. I have reviewed the Commission minutes and parole hearing query reports related to Edmo.

7. A regularly scheduled parole hearing for Edmo took place before the Commission on February 7, 2014. The Commission granted a tentative parole date of July 3, 2014, upon Edmo's completion of the Sex Offender Treatment Program ("SOTP"). Attached hereto as **Exhibit 1** is a true and correct copy of the minutes for the parole hearing, which constitute the official record of that hearing.

8. On January 20, 2015, the Commission conducted a Review of three Disciplinary Offense Reports ("DORs") received by Edmo, including one for Battery of another inmate and two for Disobedience to Orders. At the time of the DOR Review, Edmo had enrolled in SOTP. After reviewing the DORs, the Commission elected to void the tentative parole date of July 3, 2014, and set a new tentative parole date of June 19, 2015, set one year from the date of Edmo's battery DOR. The Commission again determined that Edmo was required to complete SOTP. Attached hereto as **Exhibit 2** is a true and correct copy of the minutes for the DOR Review, which constitute the official record of that hearing.

9. On March 3, 2015, the Commission conducted a Review of two DORs received by Edmo for Disobedience to Orders. At the time of the DOR Review, Edmo had enrolled in SOTP. After reviewing the DORs, the Commission elected to void the tentative parole date of June 19, 2015, and set a hearing to take place in March, 2016. Attached hereto as **Exhibit 3** is a true and correct copy of the minutes for the DOR Review, which constitute the official record of that hearing.

10. A regularly scheduled parole hearing for Edmo took place before the Commission on March 14, 2016. At that time, Edmo was back in SOTP but had been previously dropped from SOTP three previous times. Edmo indicated that if Edmo was not provided a parole date at the hearing, Edmo would want to "top" her time. The Commission reviewed a Sex Offender Risk

Assessment ("SORA") for Edmo and denied parole based on Edmo's failure to maintain a period of good behavior and failure to actively participate in or successfully complete Edmo's assigned programming. The Commission further denied parole based on the fact that Edmo committed Edmo's offense while on probation. The Commission scheduled another parole hearing to take place in March, 2017. The Commission determined that another DOR for Edmo would void that hearing date. Attached hereto as **Exhibit 4** is a true and correct copy of the minutes for the parole hearing, which constitute the official record of that hearing.

11. On December 8, 2016, the Commission cancelled Edmo's parole hearing date after Edmo received an additional six DORs, including another DOR for battery, two for Disobedience to Orders, one for Tattooing/Piercing, and two for Destruction of Property Under $25. Attached hereto as **Exhibit 5** is a true and correct copy of the parole hearing query report, which constitutes an official record of the Committee's decision voiding Edmo's parole hearing.

12. Based on my review of the parole proceedings and records related to Edmo, the Commission's decisions to deny parole and vacate Edmo's hearing dates are consistent with the factors set forth in paragraph 5 above, including Edmo's failure to complete SOTP and continued institutional misconduct.

13. At the time of the date of this Declaration, Edmo still has not completed SOTP.

I declare under penalty of perjury that the foregoing is true and correct.

DATED this 29th day of August, 2018.

/s/ Sandy Jones
Sandy Jones

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 14th day of September, 2018, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

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PARSONS, BEHLE & LATIMER

/s/ Krista Zimmerman
Krista Zimmerman

THE ORIGINAL APPROVED MINUTES ARE ON FILE IN THE COMMISSION OFFICE

S T A T E O F I D A H O
COMMISSION OF PARDONS AND PAROLE

94691 EDMO, MASON DEAN

REG PAROLE HRG DATE: 02/07/2014

COMMISSIONERS:
MATTHEWS, MIKE H
DRESSEN, JANIE
SCHEIHING, GARY

CRAVEN, OLIVIA Executive Director

The Executive Director was not present at this hearing or review and these minutes were signed by the Executive Director in her official capacity only and represent the summary minutes of the proceeding that were prepared during the hearing or review by the Executive Director's designee.

INSTITUTION: ICIO

	CASE NUMBER	OFFENSE	SENT TYPE	MAX	MIN
1)	CR11-11293	SEX ABS<16	CC	10 YR	3 YR

Parole Elig Date: 1) 07/04/2014
Full Term Date: 1) 07/03/2021

Prior Hearing(s) or Reviews:

	Hearing Date	Hearing Type	Hearing Decision	Action Date
1)	01/01/2012	PRIMARY REVIEW	SCHEDULE HEARING	

History on Commitment:

NOTE: The Executive Director was not present during this hearing.

NOTE: This hearing was conducted by videoconference from PWCC to ICI-O.

The Commission had the Sex Offender Risk Assessment (SORA) prepared for this hearing.

He goes by Mason Dean Meeks too, as that is his birth name.

He is in prison because of the sex abuse case. He forged checks in 2009 but that is finished. He wrote multiple checks without funds in his account. At that time he was in a bad relationship and his substance abuse and alcohol use was at its highest. He was on probation for about 2 years for the Forgery when he committed the sex crime. He absconded from probation in 6/11, still was using alcohol and molested the victim by doing felatio. He admits he used alcohol during his entire probation.

EXHIBIT 1

The victim was a distant friend's son. It started when the boy was asleep. He understands the victim told the mother who reported it. He already had the warrant for absconding. About 2 to 3 days went by before he was arrested.

He is on the SOTP Pathway. He got back into it on 1/7/14. It is going much smoother than it did before. When he saw the Hearing Officer, he was waiting on a decision to change his programming. They are accommodating him in the Pathway there in Orofino. He believes he can complete it.

There was a PREA investigation going on but he doesn't know the result. He only knows about the August 2013 one…but did not elaborate.

He plans to live in Pocatello in his own home. He plans to work at Shoshone-Bannock Tribe in the clerical pool. He has much experience there. He will go to a doctor or to his Tribe. He will get the SO aftercare either with the doctor or with the Tribe. He will also do substance abuse treatment with the Tribe.

His family is very supportive now and in the past. They always tried to get him to stop his substance abuse even doing things such as calling police.

When out in the community, he did not have any other minor victims other than this one. He has identified two other victims he has had (in prison). He said again he only has [redacted] the one victim, in the community.

The Commission elects to grant a tentative parole date of 7/3/14 upon completion of SOTP with the following special conditions:

1. Obtain a sex offender evaluation as directed by the Commission, or supervising personnel and comply with all directives for treatment/counseling.
2. Do not associate with a minor child under the age of 18 years unless a responsible adult, approved by supervising personnel, is present
3. Do not frequent any establishments where pornographic material is the main source of income, nor possess pornographic material. You may be ordered to have no computer, or your access to the Internet may be restricted.
4. Submit to polygraph and/or plethysmographic testing at the request of the treatment providers and/or supervising personnel.
5. You must register as a sex offender as dictated by law.
6. May not enter into any relationship until the Parole Officer and treatment provider approves.
7. Remain alcohol and drug free, which includes not using marijuana and not having a medical marijuana card. Do not enter any establishment where alcohol is the main source of income.
8. Obtain a substance abuse evaluation at your own expense and comply with all directives for treatment/counseling.
9. Pay restitution as determined by the courts. You must make payment to the sentencing court for fines and other assessments, which were ordered at the

EXHIBIT 1

time of sentencing. Establish and follow a payment schedule as determined by the Parole Officer.

10. Do not associate with known felons (unless specifically allowed by the Commission or supervising personnel); persons involved in illegal activities, or other persons as identified by supervising personnel.

11. While on parole, you may drive only at times, and to and from locations, for which you have been given permission by your supervising officer, as long as you possess a valid driver's license and insurance.

Commissioner Dressen told him to read and understand the conditions of parole. That is their contract with him. They wish him luck.

EXHIBIT 2

THE ORIGINAL APPROVED MINUTES ARE ON FILE IN THE COMMISSION OFFICE

STATE OF IDAHO
COMMISSION OF PARDONS AND PAROLE

94691 EDMO, MASON DEAN

DOR REVIEW DATE: 01/20/2015

COMMISSIONERS:
MOORE, R. DAVID
MATTHEWS, MIKE H
DRESSEN, JANIE

JONES, SANDY Executive Director

The Executive Director was not present at this hearing or review and these minutes were signed by the Executive Director in her official capacity only and represent the summary minutes of the proceeding that were prepared during the hearing or review by the Executive Director's designee.

INSTITUTION: ISCI

	CASE NUMBER	OFFENSE	SENT TYPE	MAX	MIN
1)	CR11-11293	SEX ABS<16	CC	10 YR	3 YR

Parole Elig Date: 1) 07/04/2014
Full Term Date: 1) 07/03/2021

Prior Hearing(s) or Reviews:

	Hearing Date	Hearing Type	Hearing Decision	Action Date
1)	03/06/2014	EXEC DECISION	NO ACTION	
2)	02/07/2014	REG PAROLE HRG	TENTATIVE DATE SET	07/03/2014
COMPLETE SOTP.				
3)	01/01/2012	PRIMARY REVIEW	SCHEDULE HEARING	

Executive Director reviewed DOR #141124 on 03/06/2014 for Disobedience to Orders 3 and took no further action.

Executive Director reviewed DOR #141153 on 03/06/2014 for Disobedience to Orders 3 and took no further action.

The Commission reviewed three (3) DOR's.

The Commission reviewed DOR #143320 dated June 20, 2014 for Battery. "I (Officer D. Thornton #A746) observed Offender Edmo strike another offender with open and closed hands during a fight occurring in the Unit 16 A Tier Dayroom." The sanctions for this offense are ten (10) days detention, thirty (30) days recreation restriction, and forty (40) days property restriction.

The Commission reviewed DOR #143588 dated July 08, 2014 for Disobedience to Orders 3. "On 7/8/14 at around 10:34 I asked Offender Edmo #94691 to remove Edmo's hairstyle to a style that appeared less feminine gender specific per section 4 of PREA policy 325.02.01.001. Offender Edmo responded with "it's fine" and walked away from the officers station. A few minutes later Edmo returned with two concern forms for me to sign which I did then again requested that Edmo lower Edmo's hairstyle. Edmo requested the policy that I was referencing which I told Edmo. Edmo responded with "Lieutenant Greenland has told me I can wear my hair however I want to as long as it's not in a bun". Edmo left the officers station without changing Edmo's hair and left for Pendyne shortly after with Edmo's hair unchanged." The sanctions for this offense are fifteen (15) days recreation restriction and a behavior agreement intervention.

EXHIBIT 2

94691 EDMO, MASON DEAN
DATE: 01/20/2015
PAGE: 2

The Commission reviewed DOR #150037 dated January 02, 2015 for Disobedience to Orders 3. "On the above date and time of the offense, I was performing a Tier check on B-Tier in Unit 16. As I came up to cell #59 I noticed an extra set of legs trying to hide in the corner. The Offender originally supposed to be in the cell was standing in the cell. I then opened the cell and noticed Offender Edmo standing in the corner. I asked Edmo why Edmo was in someone else's cell. Edmo said that Edmo was waiting for another Offender. I then told Edmo to exit the cell. EOR" The sanction for this offense is fifteen (15) days recreation restriction.

Subject enrolled in SOTP on 04/07/14 and has enrolled in Clinical Care Groups and Education - Computer Literacy classes. Subject completed Education/Career Planning 12/30/14 and a CCG 10/31/14.

The Commission elected to void the tentative parole date of 07/03/2014. New tentative parole date of 06/19/2015 set one year from Battery DOR. It is noted that the same parole conditions will apply as previously ordered. Subject is to complete the Sex Offender Treatment Program.

After review, these minutes were approved and signed by a commissioner immediately following the hearing or review as part of the regularly conducted business activities of the Commission.

STATE OF IDAHO
COMMISSION OF PARDONS AND PAROLE

94691 EDMO, MASON DEAN

DOR REVIEW DATE: 03/19/2015

COMMISSIONERS:
DRESSEN, JANIE
MOORE, R. DAVID
BOSTAPH, LISA

JONES, SANDY Executive Director

INSTITUTION: ISCI

	CASE NUMBER	OFFENSE	SENT TYPE	MAX	MIN
1)	CR11-11293	SEX ABS<16	CC	10 YR	3 YR

Parole Elig Date: 1) 07/04/2014
Full Term Date: 1) 07/03/2021

Prior Hearing(s) or Reviews:

	Hearing Date	Hearing Type	Hearing Decision	Action Date
1)	01/20/2015	DOR REVIEW	TENTATIVE DATE SET	06/19/2015

REVIEWED 3 DOR'S: #143320, #143588 & #150037. VOIDED TPD OF 07/03/2014. GRANTED TPD ONE YEAR FROM BATTERY DOR. SAME PAROLE CONDITIONS APPLY AS PREVIOUSLY ORDERED. COMPLETE SOTP.

	Hearing Date	Hearing Type	Hearing Decision	Action Date
2)	03/06/2014	EXEC DECISION	NO ACTION	
3)	02/07/2014	REG PAROLE HRG	TENTATIVE DATE SET	07/03/2014

COMPLETE SOTP.

	Hearing Date	Hearing Type	Hearing Decision	Action Date
4)	01/01/2012	PRIMARY REVIEW	SCHEDULE HEARING	

The Commission reviewed one (1) DOR.

The Commission reviewed DOR #150824 dated 02/07/2015 for Disobedience to Orders 2. "On 02/07/15 at 0754 I noticed Offender Edmo #94691, have his hair in a bun that was above ear line which violates policy 325.02.01.002. I had Edmo called out to the foyer so I could address the issue. I gave Edmo a direct order to stay within policy with his hair style. Edmo did fix the issue but became upset and stating that I was threatening him. After returning to the tier Edmo went back to his cell then came out to the A-tier dayroom with his hair back in a high pony tail above the ear line which still violates policy 325.02.01.002 and openly disobeyed the orders that I gave him less than 15 minutes prior.End of report." The sanction for this offense is five (5) days detention.

The Executive Director forwarded this DOR for review. Subject has submitted a letter for consideration in this hearing. Subject has completed some Clinical Care Groups and some Education classes. He is currently enrolled in Computer Literacy classes and Career Planning Classes.

EXHIBIT 3

The Commission elected to void tentative parole date of 06/19/2015 and schedule a hearing in 03/2016. The Commission requests a SORA for the next hearing.

EXHIBIT 4

THE ORIGINAL APPROVED MINUTES ARE ON FILE IN THE COMMISSION OFFICE

STATE OF IDAHO
COMMISSION OF PARDONS AND PAROLE

94691 EDMO, MASON DEAN

REG PAROLE HRG DATE: 03/14/2016

COMMISSIONERS:
MATTHEWS, MIKE H
DRESSEN, JANIE
DENNIS, CORTNEY

JONES, SANDY Executive Director

INSTITUTION: ISCI

	CASE NUMBER	OFFENSE	SENT TYPE	MAX	MIN
1)	CR11-11293	SEX ABS<16	CC	10 YR	3 YR

Parole Elig Date: 1) 07/04/2014
Full Term Date: 1) 07/03/2021

Prior Hearing(s) or Reviews:

	Hearing Date	Hearing Type	Hearing Decision	Action Date
1)	03/19/2015	DOR REVIEW	SCHEDULE HEARING	
2)	01/20/2015	DOR REVIEW	TENTATIVE DATE SET	06/19/2015
3)	03/06/2014	EXEC DECISION	NO ACTION	
4)	02/07/2014	REG PAROLE HRG	TENTATIVE DATE SET	07/03/2014
5)	01/01/2012	PRIMARY REVIEW	SCHEDULE HEARING	

NOTE: The Commission reviewed a SORA that was prepared in 1/2014.

Subject prefers to be called, "Miss Edmo." She hopes to be given a parole date. She said she had received a parole date and then it was voided because of a DOR and she was scheduled for a hearing this month.

She told the hearing officer that if she were given a parole date, she would do her best to finish her programming, but if she were not given a date, she would want to just "top" her time. She said that she has extra stressors being a transgender and becomes emotional and withdrawn and constantly works on it every single day. The Commission said that she puts herself in situations that put added stress on her, and subject agreed.

The Commission said these DORs are ridiculous and she agreed, and said that the situations could definitely have been avoided and she is working on it. The Commission said that sometimes things that are worth working for are not easy to do.

Subject is back in programming and has learned a lot. She said that she knows that she will make mistakes but it has been a learning process. The Commission asked if she could come back in one year without any DORs and she said, "Most definitely."

EXHIBIT 4

94691 EDMO, MASON DEAN
DATE: 03/14/2016
PAGE: 2

Subject would like the Commissioners to know that she is only human and is learning from her past mistakes. The Commission said, "That's kind of life."

The Commission said that with her being a transgender is all the more reason for her to get out of prison because of all these extra stressors. She needs to carry a part in this, because the Commission had already given her a date and her behavior stopped it.

The Commission noted that she was dropped from the SOTP in January for the third time, and subject said that the case manager said they are trying to decide which program she will be placed in.

The Commission elects to deny parole and schedule the next hearing in 3/2017. A SORA is ordered for the next hearing. No DORs. A DOR would void the next hearing.

The Commission said that it is up to her. They told her that she is to receive no DORs and that a DOR would void the next hearing.

Reasons for denial based on the guidelines:

- You have failed to successfully maintain a continued period of good behavior.
- You committed your offense while on probation, parole, home confinement, or in prison.
- You have failed to actively participate in or successfully complete your assigned programming.

EXHIBIT 5

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= PAROLE HEARING ======= QUERY PAROLE HEARINGS =========== 08/09/2018 =
 Doc No: 94691    Name: EDMO, MASON DEAN                    ISCI/UNT13 PRES ]

           Parole Hearing Date: 03/14/2016
          Hearing Order Number:     18
            Parole Plan Number:
            Executive Director: 1   JONES, SANDY
           Hearing Agenda Type: R   REG PAROLE HRG
              Hearing Location: II  ISCI
                      Decision: D   DENIED
       Scheduled Hearing Date: 2017-03
             Next Hearing Date:
        Tentative Parole Date:
                   Psych? Y/N: Y
 Notes:  PROGRAM AS ASSIGNED. DOR WILL VOID NEXT HEARING DATE AND
         SUBJECT WILL BE PASSED TO FTRD. SORA IS REQUESTED FOR THE
         NEXT HEARING. 12/8/16 HAS HAD 6 NEW DOR'S/HRG CANCELED.CM
 Parole Hearing 1 of 6 / Offender
 XMIT to go on, RETURN to return to input
```

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STATE OF IDAHO

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Attorneys for Defendants Idaho Department of Corrections, Henry Atencio, Jeff Zmuda, Howard Keith Yordy, Richard Craig, and Rona Siegert

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF IDAHO

ADREE EDMO, Plaintiff, vs. IDAHO DEPARTMENT OF CORRECTION; HENRY ATENCIO, in his official capacity; JEFF ZMUDA, in his official capacity; HOWARD KEITH YORDY, in his official and individual capacities; CORIZON, INC.; SCOTT ELIASON; MURRAY YOUNG; RICHARD CRAIG; RONA SIEGERT; CATHERINE WHINNERY; AND DOES 1-15; Defendants.	)	Case No. 1:17-cv-151-BLW **DECLARATION OF JEREMY CLARK**

I, Jeremy Clark, hereby declare and state as follows:

1. I am employed with the Idaho Department of Corrections ("IDOC") as the Clinical Supervisor at the South Idaho Correctional Institution ("SICI"). I have been the Clinical Supervisor at SICI since July, 2017. I have been the clinical supervisor of several IDOC facilities to include the Idaho State Correctional Institution ("ISCI") from April of 2015 to May of 2016.

2. I am a Licensed Clinical Professional Counselor and maintain a license with the State of Idaho. I received my Master's Degree in Counseling and Guidance from New Mexico State University in 2006 and a Bachelor's Degree in Psychology from Boise State University in 2004.

3. I have been a member of the World Professional Association for Transgender Health ("WPATH") since 2013. I have attended continuing education courses and WPATH trainings on the treatment of persons with Gender Dysphoria ("GD") from 2015 to 2017. I am also familiar with the WPATH Standards of Care, Volume 7. I am currently working toward becoming a certified WPATH GD mental health provider.

4. I have also read and reviewed approximately 12 articles and publications regarding the treatment of transgendered inmates, including inmates with GD. I have also received other training in the clinical treatment of inmates diagnosed with GD.

5. Prior to my position as Clinical Supervisor, I was a Sex Offender Treatment Program ("SOTP") Clinician for Corrections Corporation of America from November, 2009 to November, 2012. I was also a Sex Offender Clinician for adolescents at Sequel-Three Springs, Inc. in Mountain Home, Idaho from August, 2006 to November, 2009.

6. As the Clinical Supervisor at SICI, I currently train and supervise Master's level clinicians. I have also overseen the Acute Mental Health Unit and the Behavioral Health Unit,

along with mental health services for the several facilities.

7. I also provide training to IDOC clinicians on how to assess transgender inmates for GD. I also am a member of the Management and Treatment Committee ("MTC"), which is a multidisciplinary committee that meets monthly to discuss and evaluate the needs of inmates who have been diagnosed with GD. Those needs include issues with housing, clothing, treatment, and requests for hormone replacement therapy. The MTC also receives and reviews inmate requests to be assessed for GD. The MTC also reviews policies and records related to GD inmates, including disciplinary records. As a Clinical Supervisor and member of the MTC, I am familiar and have significant experience with the MTC's procedures and practices.

8. As a member of the MTC and as Clinical Supervisor, I have been involved in discussions and meetings with other IDOC and Corizon treatment providers with personal knowledge of Edmo's mental health conditions. I have reviewed Edmo's mental health records and Edmo's Presentence Investigation Reports and clinical notes. I am familiar with Edmo's documented social, criminal, medical, institutional, and mental health history and current mental health conditions.

9. The MTC regularly discusses Edmo's needs and concerns related to Edmo's GD, including issues involving Edmo's housing, security issues, and property concerns. The MTC has also discussed Edmo's request for sex reassignment surgery ("SRS").

10. In April, 2016, Dr. Scott Eliason, who was also a member of the MTC, consulted with me regarding whether SRS was appropriate for Edmo. Dr. Eliason was in the process of evaluating whether SRS was medically necessary for Edmo and sought my opinion as a WPATH member and as a member of the MTC with clinical experience related to GD and transgender inmates. At the time I consulted with Dr. Eliason, I was familiar with Edmo's mental health

treatment records from IDOC and Corizon. I was also familiar with Edmo's PSI Reports and other housing, property, and safety issues discussed in the MTC regarding Edmo.

11. I advised Dr. Eliason that I did not believe, based on my review and understanding of Edmo's complete health history, mental health records, along with my discussions with Edmo's providers and clinicians over the years, that SRS was appropriate for Edmo. First, the WPATH standards provide that a patient who wishes to undergo SRS must meet certain requirements, one of which is that significant medical or mental health concerns must be well-controlled. Mental health issues must be well controlled so that the patient is not setting themselves up for failure once SRS is complete.

12. It was and is my opinion that Edmo has significant mental health concerns that are not well-controlled. Specifically, Edmo has displayed behaviors, such as assault of other inmates, sexual acting-out with other inmates, anger management issues, and problems with interpersonal relationships, all of which demonstrate that Edmo is emotionally unstable. Edmo has also demonstrated borderline personality disorder traits, including sexual deviance, depression, relationship issues, and substance abuse.

13. Second, Edmo's emotional instability gave me concerns about Edmo's ability to handle the stressful process of surgery and possibly relocating to a female prison after the procedure was complete. Edmo has been noncompliant with prison rules and has refused to complete sex offender programming, both of which raise concerns about Edmo's ability to comply with the care required after surgery.

14. Third, Edmo has not addressed Edmo's underlying Major Depressive Disorder, Anxiety, and Edmo's other mental health issues. For example, Edmo has refused to attend recommended Social Skills and Mood Management Groups and has not consistently participated

in individualized counseling.

15. I discussed my opinions regarding Edmo's lack of stability and non-compliance with Dr. Eliason and shared with him my assessment that SRS was not appropriate.

16. My opinion and concerns that I relayed to Dr. Eliason still exist today. I have reviewed Edmo's medical and mental health file and have attended MTC meetings since 2014, where information was shared by Edmo's treating clinicians, medical providers, and IDOC staff, which demonstrate to me that Edmo still has issues with compliance and remains emotionally unstable and has not addressed Edmo's underlying mental health issues. As a result, I still do not believe that SRS will be appropriate for Edmo until those significant mental health issues are addressed and well-controlled.

I declare under penalty of perjury that the foregoing is true and correct.

DATED this 31st day of August, 2018.

/s/ Jeremy Clark
Jeremy Clark

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 14th day of September, 2018, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

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Attorneys for Defendants Idaho Department of Corrections, Henry Atencio, Jeff Zmuda, Howard Keith Yordy, Richard Craig, and Rona Siegert

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF IDAHO

ADREE EDMO, Plaintiff, vs. IDAHO DEPARTMENT OF CORRECTION; HENRY ATENCIO, in his official capacity; JEFF ZMUDA, in his official capacity; HOWARD KEITH YORDY, in his official and individual capacities; CORIZON, INC.; SCOTT ELIASON; MURRAY YOUNG; RICHARD CRAIG; RONA SIEGERT; CATHERINE WHINNERY; AND DOES 1-15; Defendants.	Case No. 1:17-cv-151-BLW **DECLARATION OF COUNSEL MARISA S. CRECELIUS IN SUPPORT OF IDOC DEFENDANTS' RESPONSE TO PLAINTIFF'S MOTION FOR PRELIMINARY INJUNCTION**

I, Marisa S. Crecelius, hereby declare under penalty of perjury that the foregoing is true and correct:

1. I am over the age of eighteen and am competent to testify to the matters stated herein. I make this declaration based upon my own personal knowledge or upon review of files and documents generated or received and regularly maintained by my office in connection with this case.

2. I am one of the attorneys of record for Defendants Idaho Department of Corrections, Henry Atencio, Jeff Zmuda, Howard Keith Yordy, Richard Craig, and Rona Siegert ("IDOC Defendants") in this action.

3. Attached hereto as **Exhibit A** is a true and correct copy of the Expert Report for retained IDOC expert, Dr. Joel Andrade, Ph.D. LISCW CCHP-MH.

4. Attached hereto as **Exhibit B** is a true and correct copy of relevant portions of the deposition transcript of Plaintiff Adree Edmo, taken under oath on August 24, 2018.

5. Attached hereto as **Exhibit C** is a true and correct copy of the relevant portions of the deposition transcript of Dr. Scott Eliason, taken under oath on August 14, 2018.

6. Attached hereto as **Exhibit D** is a true and correct copy of relevant exhibits and portions of the deposition transcript the FRCP 30(b)(6) deposition of IDOC, deponent IDOC Chief of Prisons, Ashley Dowell, taken under oath on August 31, 2018.

7. Attached hereto as **Exhibit E** is a true and correct copy of IDOC Standard Operating Procedure, 401.06.03.501, version 3.2, entitled, "Gender Dysphoria: Health Care for Inmates With."

8. Attached hereto as **Exhibit F** is a true and correct copy of the Expert Report of Dr. Keelin Garvey, M.D., CCHP. Dr. Garvey has been retained by the Corizon Defendants as an expert in this matter and her expert report was disclosed to the parties on August 31, 2018.

I declare under penalty of perjury that the foregoing is true and correct.

DATED this 14th day of September, 2018.

/s/ Marisa S. Crecelius
Marisa S. Crecelius

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 14th day of September, 2018, I filed the foregoing electronically through the CM/ECF system, which caused the following parties or counsel to be served by electronic means, as more fully reflected on the Notice of Electronic Filing:

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EXHIBIT A

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IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF IDAHO

ADREE EDMO, Plaintiff, vs. IDAHO DEPARTMENT OF CORRECTION; HENRY ATENCIO, in his official capacity; JEFF ZMUDA, in his official capacity; HOWARD KEITH YORDY, in his official and individual capacities; CORIZON, INC.; SCOTT ELIASON; MURRAY YOUNG; RICHARD CRAIG; RONA SIEGERT; CATHERINE WHINNERY; AND DOES 1-15; Defendants. _____________________________	)))))))))))))))))))	Case No. 1:17-cv-151-BLW **EXPERT REPORT AND DECLARATION OF JOEL T. ANDRADE, PH.D. LICSW CCHP-MH**

EXHIBIT A

I, Joel T. Andrade, Ph.D., LICSW, CCHP-MH, hereby declare and state as follows:

1. I am over the age of eighteen and am competent to testify to the matters herein. I have personal knowledge regarding the matters referenced in this report and reserve the right to supplement or amend it based on any additional, facts, testimony, documents, records, or information provided to me after the date of this report.

2. I have been retained by counsel for Defendants Idaho Department of Correction ("IDOC"), Henry Atencio, Jeff Zmuda, Howard Keith Yordy, Richard Craig, and Rona Siegert (hereinafter collectively "IDOC Defendants"), in connection with the above-captioned litigation.

3. This report incorporates the opinions and conclusions contained in my Gender Dysphoria Clinical Assessment of Plaintiff Adree Edmo ("GD Assessment"), a true and correct copy of which is attached hereto as **Exhibit 1.**

4. I have received and considered the following documents and information:

   a. Plaintiff's Expert Witness Disclosure

   b. The Declarations and Expert Reports of Drs. Ettner and Gorton

   c. IDOC Gender Dysphoria Policy, SOP 401.06.03.501

   d. Presentence Investigation Reports regarding Ms. Edmo

   e. Shoshone-Bannock Tribes Counseling and Family Services records

   f. Fort Hall Indian Health Service records

   g. Portneuf Medical Center records

   h. Bannock County Jail medical records

   i. Idaho Department of Corrections and Corizon medical and mental health records

EXHIBIT A

j. Discussions with treatment staff including Lead Clinician Krina Stewart, LPC and Laura Watson, LCSW, CCHP-MH, Clinical Supervisor at ISCI

k. Clinical interview with Ms. Edmo lasting approximately 1 hour and 35 minutes

l. Discussion with Keith Yordy, Warden of Idaho State Correctional Institution (ISCI)

m. Documents produced by the IDOC Defendants to Plaintiff's discovery requests

n. Publications, articles, and texts identified in the document attached hereto as **Exhibit 2**.

5. In preparing the GD Assessment, I also relied upon my knowledge and experience as a mental health clinician, director of clinical operations, manager and director of clinical programs, clinical operations specialist, director of assessment, and clinical social worker in the correctional setting, including providing care and supervising the care provided to prisoners who have been diagnosed with Gender Dysphoria.

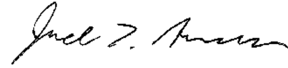
6. My qualifications, along with the publications that I have authored over the last ten years are attached hereto as **Exhibit 3**.

7. I am being compensated at an hourly rate of $250.00 for expert work on this matter, including court and deposition testimony, report writing, reviewing records, and telephone contacts. I am being compensated at a rate of $125.00 per hour for travel time not actively spent working on the case. I will also be compensated for my related travel expenses and other reasonable expenses incurred. My compensation does not depend upon the outcome of this litigation, my opinions or conclusions, or the content of the testimony I provide.

8. I have not testified as an expert at trial or deposition in the last four years.

I declare under penalty of perjury that the foregoing is true and correct.

DATED this 30th day of August, 2018.



Joel T. Andrade, Ph.D., LICSW, CCHP-MH

IDAHO DEPARTMENT OF CORRECTIONS
GENDER DYSPHORIA CLINICAL ASSESSMENT
MASON "Adree" EDMO

Sources of Information

In order to complete the clinical assessment of Ms. Mason "Adree" Edmo, I relied on the following sources of information:

- Review of medical records including:
  - Shoshone-Bannock Tribes Counseling and Family Services records
  - Fort Hall Indian Health Service records
  - Porteneuf Medical Center records
  - Bannock County Jail medical records
  - Idaho Department of Corrections medical and mental health records
- Discussions with treatment staff including Lead Clinician Krina Stewart, LPC and Laura Watson, LCSW, CCHP-MH, Clinical Supervisor at ISCI
- Clinical interview with Ms. Edmo lasting approximately 1 hour and 35 minutes
- Discussion with Keith Yordy, Warden of Idaho State Correctional Institution (ISCI)
- Review of IDOC Gender Dysphoria Policy, SOP 401.06.03.501

Identifying Information and Brief History

Ms. Mason "Adree" Edmo is a 30-year-old (DOB: October 29, 1987) Native-American, transgender woman. She is currently serving a sentence of "a fixed term of three (3) years followed by a subsequent indeterminate term or seven (7) years for Sexual Abuse of a Child Under the Age of Sixteen Years. Ms. Edmo's mandatory release date is July 3, 2021. Ms. Edmo was eligible for parole in 2014, but parole has not granted on several subsequent occasions due to her disciplinary history and failure to complete the Sex Offender Treatment Program.

Ms. Edmo completed the 11th grade and later received her GED. She did not require special education classes while she was in school. Ms. Edmo reported being enrolled in a Certified Nursing Assistant (CNA) program at Idaho State University. She reported needing 20 clinical hours at a hospital to be awarded her CNA certificate.

Ms. Edmo's early life history is significant for neglect and sexual abuse. Her records indicate that her father left the home when Ms. Edmo was a child. Her mother had a significant substance abuse problem to the point that Ms. Edmo and her sister would need to bail her out of jail when she was arrested. Ms. Edmo reported being sexually victimized at 9 years of age.

Ms. Edmo began abusing substances at an early age. She began abusing alcohol by the age of 15 and other drugs by the age of 20. Ms. Edmo's records indicate that alcohol was her drug of choice and she is currently diagnosed with Alcohol Use Disorder.

Ms. Edmo has an extensive history of suicide attempts beginning at the age of 13. While in the community, these attempts resulted in several inpatient hospitalizations and outpatient mental health treatment. These pre-incarceration attempts have included overdose on pills and alcohol as well as one incident where Ms. Edmo severely lacerated her right arm with a knife. While incarcerated, Ms. Edmo's reports of suicidality have resulted in placement on suicide observation and the mental health caseload for routine follow-up. While incarcerated, Ms. Edmo has also attempted

to cut off her genitals in an act of self-surgery. She has also engaged in self-injurious behavior including cutting her arms.

Ms. Edmo's adjustment to incarceration has been tenuous. As of July 1, 2018, Ms. Edmo has incurred 30 disciplinary infractions during her current incarceration. The table below lists each disciplinary category and the number of times Ms. Edmo has been found guilty for each category:

Disciplinary Infraction	Infraction Affirmed
Disobedience to Orders	10
Destruction of Property/Possession of Unauthorized Property	6
Tattoo or Piercing	4
Sexual Contact/Physical Contact	4
Battery	3
Unauthorized Communication	2
Outside of Authorized Boundary	1

Based on a review of all available records, Ms. Edmo was first diagnosed with Gender Identity Disorder (now referred to as Gender Dysphoria) while incarcerated in the Idaho Department of Correction (IDOC). On June 25, 2012, Ms. Edmo was diagnosed with Gender Identity Disorder by Dr. Eliason. On July 19, 2012 Claudia Lake, Psy.D., also diagnosed Ms. Edmo with Gender Identity Disorder. Ms. Edmo was started on hormones, to include spironolactone and estradiol, in September 2012.

Since her admission to the IDOC, Ms. Edmo has been treated for multiple psychiatric conditions including mood and anxiety disorders. She was treated for these conditions in the community and while awaiting trial at the Bannock County Jail.

Clinical Interview and Mental Status

Ms. Edmo came to the interview unescorted and had no abnormalities in posture or gait. Ms. Edmo was informed of my role and the purpose of the interview. She appeared to understand that this interview would not be confidential and that the information would be used in her legal case. She agreed to continue the interview.

Ms. Edmo appeared her stated age of 30. She was dressed in prison clothing and presented as feminine in nature. Her hair was long and she was wearing subtle make-up. Ms. Edmo was asked about her early childhood. She reported having five siblings including two brothers (Todd and Garrett) and three sisters (Kayla, Mia, and was unsure of her youngest sister's name).

Ms. Edmo reports being born in Idaho. She reported that her early home life was "stable" and that her "mom provided" for the family. Her mother was reportedly employed as a human resources representative. When asked about her early childhood she reported playing with "Barbie's" with her sisters. In junior high and high-school she reports her friends were all girls.

When asked about her higher education Ms. Edmo reported attending Idaho State University for a period of time and receiving a "paralegal certificate" from Adams State University. She also reported plans to complete an undergraduate degree in "administration with a minor in legal studies."

When asked about her early life experience of feeling like a female she reported that she could not fully describe that period of time and stated, "It's just a feeling." When asked when she began to feminize she reported that it was in junior high-school and high-school when she would wear

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"eyeliner" and "foundation". Ms. Edmo wasn't sure whether she was fully accepted by others, but reported that there were "no hard feelings."

When asked to rate her dysphoria related to her genitalia on a scale of 0 to 10 she reported that it is a "10. All the time." When asked if she had surgery to remove her male genitalia how she thinks her dysphoria would be on a scale of 0 to 10 she initially reported it would be "less." I asked her to be more specific, and she reported that it could be reduced to 9, or 7 or 6 or 4, but it would be lower than 10.

Ms. Edmo was asked to describe her understanding of gender affirming surgery. She reported reading materials she has received from family that describe "vaginoplasty, labiaplasty and all of the others." When asked about the possible risks associated with such surgery Ms. Edmo stated, "I've never been evaluated for it", and added, "I'd have to be fully evaluated to know whether I'd take those risks."

We spent a great deal of time discussing methods to feminize. She reported that when she was in the community she would "tuck" (which is securing one's penis and testicles so they cannot be seen by others) by wearing female underwear. She reported that the female underwear that she receives in the IDOC is too baggy to effectively help her "tuck".

Ms. Edmo went on to discuss her experience of dysphoria related to her gender assigned at birth. She reported that she starts to think she can do the surgery herself. She also described a feeling of being masculine inside that results in her desire to take action. She reported that she "probably" experienced this level of dysphoria in the community but she was not completely certain. I discussed with her about my experience with some transgender women in prison who reported that if they were in the community they would opt not to have the surgery, but as they were incarcerated they felt that the surgery was the only way to feel feminine. This group of patients reported that with access to numerous methods to feminize in the community they felt complete without having the surgery. Ms. Edmo reported that she would opt to have the surgery in the community if she does not have the surgery while incarcerated.

Ms. Edmo was asked about any negative possible outcomes of surgery. She reported that she expected some people will not like you "regardless." She reported that she would not experience any internal negative outcome. When asked the chances she would regret having surgery she reported they would be "zero and below."

Ms. Edmo was asked where she believes she would live if she had the surgery while incarcerated. She stated "women's prison obviously." We then discussed her day to day activity at her current facility. She reported that she works as a production clerk approximately eight hours each day five days per week. On weekends she reported hanging out in her dormitory watching television. When asked if she feels safe in her current environment she reported that she does "most of the time." She went on to say "you can tell who is up to something."

When asked how she thinks she would feel living in a female facility, she reported being unsure as she was unfamiliar with female facilities. She also stated "I'm more likely to be open." She reported that many of the 1400 inmates at ISCI are "retards" and that she would not feel so "weary" at a female facility.

We then discussed her history of relationships and she reported being married to another inmate. Ms. Edmo reported that her husband completes his sentence in March. She reported his name is Jordan and they have been together for over a year and a half. When asked about their future plans she reported that he will be on parole so he will have to "be good." She reported that they would

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likely need to stay in the Idaho area as he has elderly parents, but reported that once her husband's parents pass away she would to move to California with her husband.

Ms. Edmo was asked her experience with the medical or mental health providers at ISCI. She reported that medical and mental health professionals have not been helpful and have not provided her with information on gender dysphoria. When asked if anyone on the treatment team has expertise in working with transgender patients she reported that none had such experience. She reported that Dr. Hutchinson is "great" with working on her depression but that this provider does not understand gender dysphoria.

Ms. Edmo went on to describe the cycle she experiences between her depression and her gender dysphoria. She reported that sometimes her "depression drives the gender dysphoria" but that other times the "gender dysphoria drives the depression."

Ms. Edmo was asked to describe her most recent attempt to perform surgery on her self. She discussed the incident of December 31, 2017 in which she attempted to remove her genitalia. She reported experiencing a high level of depression that was "beyond extreme." She also reported experiencing high levels of gender dysphoria and a "need to get rid of this right now," referring to her penis. She reported that when she gets in this place in her mind she does not weigh the medical risks, including possible death. When asked how she feels after such an event she reported feeling disappointed that "I didn't finish it."

Ms. Edmo was asked if she has recently experienced such an episode. She reported that she has not and stated, "I've been self-medicating." She then reported engaging in cutting behavior. When asked how cutting makes her feel she reported that she feels a "release" and that having physical pain is better than the mental pain. Ms. Edmo was asked how her husband would feel about this, and she reported that he is very supportive but that he does not want her to harm herself.

We then discussed her sexual relationship with her husband and whether he was supportive of her receiving surgery. Ms. Edmo reported that he understands her desire for surgery. She reported that her husband identifies as a heterosexual male and she reported that they do not use Ms. Edmo's penis during sexual activity. Ms. Edmo reported not using her penis sexually in any of her relationships.

Ms. Edmo was asked to explain her experience when her hormones were decreased. She reported that she could "feel the testosterone build." She reported feeling much better now that the hormones are being prescribed again, but that she is not mentally where she was before the hormones were decreased. She reported feeling best in November 2017 and stated "I actually felt tolerable."

Ms. Edmo was asked that if surgery were approved, but was delayed in order to identify a surgical team, etc., what things she would find helpful to feminize as she waited. She reported she would just like to be allowed to "be me." She also reported that make-up would be helpful and that other items would help and stated, "Anything at this point helps."

At the end of the interview, Ms. Edmo disclosed early life trauma in which she was sexually abused at the age of 9 by a 16-year-old boy. She proposed two possible scenarios as possible 'causes' of this sexual abuse. To paraphrase, Ms. Edmo proposed the following question "Did it happen because of who I was, or did I become who I was because of what happened?" Her question indicates that either

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(1) her feminine presentation at that age enticed the 16-year-old to sexually abuse her; or (2) the fact that she was sexually abused at 9 years of age by a 16-year-old led to her becoming a transgender woman. Ms. Edmo was adamant that her first proposal was true. She supported this by reporting that the 16-year-old young-man said things to her during the abusive episodes that indicated that her femininity led to the abuse. We briefly processed her proposals and her assertion that it was due to her feminine presentation. Although the purpose of my interview was not to provide therapy or guidance, as a mental health professional I would be remiss not to respond to Ms. Edmo's statements and propose a third proposition that neither of her two propositions were true. I proposed to Ms. Edmo that her femininity as a child was not the cause of her victimization and that the 16-year-old young man was responsible for his behavior, which was sexually abusing of a 9-year-old child. We also discussed that as a result of the trauma she may have developed mental health symptoms, such as depression and anxiety, but growing up to be a transgender female is not the result of the sexual abuse. Ms. Edmo showed some ability to grasp these complex concepts.

Ms. Edmo's propositions of the 'causes' of her early life sexual abuse are significant, and her understanding of this will have profound effects on her future ability to function as a healthy adult upon her discharge from the IDOC. She will benefit greatly from careful consideration of this topic within a therapeutic context.

At various times throughout the clinical interview Ms. Edmo was asked to identify items or interventions that would help her feel more feminine while incarcerated. The following is a list of the items we identified:

- Make-up
- Hair accessories
- Hair ties
- Tighter fitting female underwear or a "gaff" so she is able to tuck her penis
- Bras
- Female hygiene items (including soap and hair shampoo)
- Remaining on hormones
- Gender affirming surgery

Mental Status Exam: Ms. Edmo presented as her stated age of 30. She was appropriately dressed in prison clothing. Wearing a modest amount of make-up, and with her hair presented in a style typical of a woman, Ms. Edmo presented as convincingly female. She was calm, clear and cooperative throughout the interview, and was able to tolerate a lengthy interview without difficulty.

Ms. Edmo's speech was within normal rate and tone. Her thought process was logical and coherent. She was able to attend to, and focus on, abstract topics without difficulty. She did not present with any perceptual disturbances. There was no evidence of psychosis.

Ms. Edmo's mood was euthymic and her affect was appropriate to content. She was future oriented and goal directed, mostly on treatment for her gender dysphoria, her psychiatric issues and her relationship. Ms. Edmo was able to laugh appropriately throughout the interview.

Diagnostic Formulation

Based on a review of the most recent sections of Ms. Edmo's medical record she is diagnosed with the following DSM 5 diagnoses:

- Major Depressive Disorder, Recurrent, In Partial Remission

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- Generalized Anxiety Disorder
- Alcohol Use Disorder, Severe
- Gender Identity Disorder (should be Gender Dysphoria)

I agree that Ms. Edmo meets clinical criteria for these disorders. The diagnosis of "Gender Identity Disorder" should be changed to "Gender Dysphoria" to be consistent with DSM 5 language.

Additionally, I recommend that the treatment team consider the following diagnoses:

- Posttraumatic Stress Disorder
- Borderline Personality Disorder

The criteria for these disorders are discussed below.

Posttraumatic Stress Disorder

Systematic assessment of PTSD symptoms was not undertaken as part of this assessment. The following discussion is offered on a preliminary basis for the team to consider. Criterion A for PTSD is "Exposure to actual or threated death, serious injury, or sexual violence in one (or more) of the following ways," and the first is "Directly experiencing the traumatic event(s). Ms. Edmo has a history of sexual abuse as a child and physical abuse by her significant other in her early adult years which meets Criterion A. There are additional criteria, Criterion B through H, which were not evaluated as part of this evaluation.

Given this information, Ms. Edmo could experience symptoms consistent with PTSD; however, I do not recommend exploring specific traumatic experiences with Ms. Edmo due to her level of behavioral and emotional instability. I do recommend that Criterion B through H be evaluated in order to determine whether she meets criteria for PTSD. This will inform staff that interacting with Ms. Edmo in a trauma-informed manner is the best course of action.

Borderline Personality Disorder.

The presence of a Borderline Personality Disorder should also be considered. *DSM 5* diagnostic criteria require at least five of the following in order to make this diagnosis:

1. Frantic efforts to avoid real or imagined abandonment (**Note:** Do not include suicidal ideation or self-mutilating behavior covered in Criterion 5.)
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
3. Identity disturbance: markedly and persistently unstable self-image or sense of self
4. Impulsivity in at least two areas that are potentially self-damaging (e.g. spending, sex, substance abuse, reckless driving, binge eating). (**Note:** Do not include suicidal ideation or self-mutilating behavior covered in Criterion 5.)
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7. Chronic feelings of emptiness
8. Inappropriate intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
9. Transient, stress-related paranoid ideas or severe dissociative symptoms

Based on clinical interview and record review, Ms. Edmo appears to meet criteria 2, 4, 5, 6 and 7; however, additional clinical assessment is warranted in order to ensure each criterion is fully met.

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Conclusions

Ms. Edmo meets criteria for Gender Dysphoria in Adolescents and Adults. To meet criteria for the diagnosis, an individual must show a marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by meeting at least two of six criteria. Ms. Edmo meets the following criteria:

1. A marked incongruence between her experienced/expressed gender and primary and/or secondary sex characteristics
2. A strong desire to rid herself of the primary and/or secondary sex characteristics because of a marked incongruence with her experienced gender
3. A strong desire for female primary and/or secondary sex characteristics
4. A strong desire to be female
5. A strong desire to be treated as female
6. A strong conviction that she has the typical feelings and reactions of women

Also consistent with the DSM 5 diagnosis, Ms. Edmo's condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Ms. Edmo can best be understood as an intelligent young woman with unresolved mental health issues related to early-life trauma, substance use and gender dysphoria. In the long-term, Ms. Edmo may benefit from gender affirming surgery; however, at this time completing surgery could result in harm to Ms. Edmo. Until she is able to live for a period of time as a female, which she has not done in the community according to all available records, her hopes and expectations for the outcome of surgery are not reality based.

Ms. Edmo's reports of feminizing in the community prior to her incarceration have not been confirmed. All available records do not support her report of living full-time as a woman prior to her incarceration. It is not unusual for a transgender woman to conceal their transgender status in the community by feminizing in private due to fear of discovery and harassment or physical/sexual violence. Also, in the case of transgender women, it is not rare for the individual to present as "hyper-masculine" by taking on traditionally masculine roles to hide their transgender status from others, again to avoid alienation, harassment or physical/sexual violence. Ms. Edmo has consistently reported living full-time as a woman in the community. She reported dressing as a woman, having female style hair and using make-up consistently since early adolescence, through adolescence and into adulthood. This is not corroborated by the records reviewed. This raises clinical concern regarding her understanding of how she has presented in the past and her insight into living as a transgender woman.

An additional concern is her ability to differentiate between gender and sexuality. Based on a review of all available records, it appears that this is the first time in her life that she has feminized and the first time in her life she has been on hormones. Ms. Edmo's physical response to hormone treatment has been positive, including the development of breasts. Her feminine appearance in a male correctional facility has resulted in her receiving sexual attention from male inmates. While this has been a positive experience for Ms. Edmo as she has had several sexual encounters and relationships, including being engaged several times to heterosexual male offenders, whether such will continue in the community is not known. This is another risk for Ms. Edmo as when she enters the community she many not attract sexual partners as she has in prison, which may result in increased depression and suicide risk.

In discussions with her mental health treatment providers, it was reported that between 2014 and 2015 Ms. Edmo was working with clinical staff on understanding her history of involvement with men

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who were abusive to her. Ms. Edmo was encouraged to spend some time not in a relationship as she has been in a relationship with abusive men consistently throughout her adult life. The goal was to spend some time alone to mature and grow and determine the qualities she should look for in a partner that would not be abusive. Ms. Edmo reportedly considered this, but abruptly in early 2015 told her clinicians she was not interested in doing such work in psychotherapy. Clinical staff theorize that Ms. Edmo was unable to commit to such a treatment plan as she would not be able to tolerate a period of time without attention, including physical and emotional, from a partner, even if the partner was abusive.

Some incarcerated individuals have the expectation that surgery, or other intervention, will result in an immediate transition, especially by how others treat them. This is unlikely in any environment, especially in a correctional environment.

In practice, I have worked with several incarcerated transgender women who report an experience of wanting the surgery while incarcerated, but not previously. Some have reported that this is because they were able to fully feminize in the community and felt complete as a woman without surgery; however, in prison, as the ability to feminize is often restricted to items and interventions that do not compare with the community (e.g., women's bras and underwear in correctional institutions versus such undergarments for sale in the community), this group of inmates reports that there is no other way to feel feminine without the surgery.

It is the duty of medical and mental health providers to do no harm. In correctional settings this duty is magnified as the patient is not able to simply seek another provider when her or his wishes are not fulfilled, while in the community, a provider is not scrutinized for their decisions to "deny" certain interventions they believe would create harm for the patient as the patient can simply seek out another provider willing to grant their request.

As discussed earlier, Ms. Edmo's adjustment to incarceration has been tenuous. She has had 30 disciplinary infractions, all of which have been affirmed through the IDOC disciplinary process. Of the 30 disciplinary infraction, six were property related. It is likely that these are related to her gender dysphoria as Ms. Edmo was attempting to fashion undergarments to be more comfortable. Additionally, ten were for disobeying an order. These were not considered as poor adjustment due to the fact that these could have been the result of Ms. Edmo feeling targeted by correctional staff due to her transgender status; however, Ms. Edmo also had several disciplinary infractions related to violence or sexual activity, indicating a tenuous and unstable course of incarceration. Ms. Edmo had the following disciplinary reports for aggressive or sexual behavior:

- 1/9/2017—sexual activity—found in cell with another inmate having sex.
- 7/13/2016—battery—officer observed Ms. Edmo to be punching another offender in the face with a closed fist multiple times. When ordered to stop punching the other offender Ms. Edmo threw the other inmate on the ground and kicked him multiple times in the head.
- 12/30/2015—sexual activity—admitted to sexual activity with another inmate. Letters were found in which Ms. Edmo described their sexual activity.
- 12/17/2015—physical contact—found in her cell kissing another offender.
- 11/15/2015—battery—Officer observed Ms. Edmo to have another offender pushed up against a wall while delivering body punches to the other offender.
- 6/20/2014—battery—observed by correctional officer to strike another offender with a closed fist.
- 4/21/2014—sexual activity—observed kissing another offender then walking to the chapel with the offender, but was stopped.

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At the present time, Ms. Edmo lacks general knowledge of gender affirming surgery. During the clinical interview, Ms. Edmo was unaware of the risks associated with gender affirming surgery. When asked about the possible risks associated with such surgery Ms. Edmo reported that she would need to be evaluated to know whether she would be willing to take those risks. Also, Ms. Edmo has provided very different understandings of how she believes surgery would benefit her. At times she reports that the presence of her male genitalia results in a gender dysphoria level of "ten", but when asked how her dysphoria would be after surgery she said it could be a "9, 6 or lower."

Ms. Edmo's history of suicide attempts began at the age of 16. When experiencing periods of depression or frustration throughout her life she has attempted suicide. Her risk of suicide would likely increase if there are complications with surgery, the surgery does not result as she hopes and expects or she has regret.

Ms. Edmo also has a lengthy history of having firm convictions that are later not realized. For example, in a letter from Ms. Edmo to District Judge Naftz written sometime between 2009 and 2010 based on its placement in the PSI document (page 29 of 147 of the PDF), Ms. Edmo wrote the following:

District Judge Naftz,

Since my sentence in November of last year, there has been a lot of change. Change for good. In this program-A New Direction, I've taken a good look at who I've been, who I am, and where I want to go. These books have given me essential tools to prevent myself from total relapse and the painful cruel cycle of addiction. For years I've been in denial, denial of my life. I've centered my life around alcohol, instead of true positive values. I can honestly say I lost myself in this drug and denied all means of helping myself to a better life. I've used denial to justify my use and all the consequences because of it—past DUI's and current charge. I'm 22 years old and ready to take control of my life. I know life is not easy and problems will arise, unfortunately, but that's where I need to utilize my tools of recovery and focus on positive thoughts, affirmations and give my best effort to stay in control. This program has given me the tools of sobriety and guidelines for a healthy life. I am in recovery now because I made the choice to be. I've been given a chance to go at life from a whole new angle. I've prepared myself. I've been putting in the work to show I'm committed to success. I honestly feel I am capable and ready to be a positive member of our community and productive member of our society. I am ready to be successful—no more setbacks. I can make it.

(Signed Mason Meeks)

This is an example that shows Ms. Edmo has the ability to express firm conviction in a decision but this quickly dissipates. This is not to say that Ms. Edmo's feelings and belief at the time she expresses these strong convictions are not "honest" or "true," but it illustrates the fact that despite her convincing explanation to make some type of life-change, she is often mistaken. When it comes to a desire to remain committed to sobriety or a particular relationship, these lapses (or relapses) may be frustrating but are not irreversible. In the case of gender affirming surgery, the outcome would not be reversible and could result in an increased risk for suicide.

Gender affirming surgery is not a panacea of success for all patients. As The Centers for Medicare & Medicaid Services (CMS) conclude in their study regarding gender affirming surgery, the research

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literature is not conclusive regarding long-term outcomes. In the 2016 Decision Memo for Gender Dysphoria and Gender Reassignment Surgery, CMS made the following statements:

> Currently, the local Medicare Administrative Contractors (MACs) determine coverage of gender reassignment surgery on a case-by-case basis. We received a complete, formal request to make a national coverage determination on surgical remedies for gender identity disorder (GID), now known as gender dysphoria. The Centers for Medicare & Medicaid Services (CMS) is not issuing a National Coverage Determination (NCD) at this time on gender reassignment surgery for Medicare beneficiaries with gender dysphoria because the clinical evidence is inconclusive for the Medicare population.
>
> In the absence of a NCD, coverage determinations for gender reassignment surgery, under section 1862(a)(1)(A) of the Social Security Act (the Act) and any other relevant statutory requirements, will continue to be made by the local MACs on a case-by-case basis. To clarify further, the result of this decision is not national non-coverage rather it is that no national policy will be put in place for the Medicare program. In the absence of a national policy, MACs will make the determination of whether or not to cover gender reassignment surgery based on whether gender reassignment surgery is reasonable and necessary for the individual beneficiary after considering the individual's specific circumstances. For Medicare beneficiaries enrolled in Medicare Advantage (MA) plans, the initial determination of whether or not surgery is reasonable and necessary will be made by the MA plans.
>
> Consistent with the request CMS received, the focus of this National Coverage Analysis (NCA) was gender reassignment surgery. Specific types of surgeries were not individually assessed. We did not analyze the clinical evidence for counseling or hormone therapy treatments for gender dysphoria. As requested by several public commenters, we have modified our final decision memorandum to remove language that was beyond the scope of the specific request. We are not making a national coverage determination related to counseling, hormone therapy treatments, or any other potential treatment for gender dysphoria.
>
> While we are not issuing a NCD, CMS encourages robust clinical studies that will fill the evidence gaps and help inform which patients are most likely to achieve improved health outcomes with gender reassignment surgery, which types of surgery are most appropriate, and what types of physician criteria and care setting(s) are needed to ensure that patients achieve improved health outcomes.

In their 2017 article titled "Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrinology Society clinical practice guideline," the Endocrine Society Clinical Practice Guideline, stated "Further insight into the characteristics of persons who regret their decision postoperatively would facilitate better selection of applicants eligible for sexual reassignment surgery. We need more studies with appropriate controls that examine long-term quality of life, psychosocial outcomes, and psychiatric outcomes to determine the long-term benefits of surgical treatment"

Prison is an artificial environment that does not mirror the community. As such, it is extremely difficult for individuals with Gender Dysphoria and other transgender individuals to successfully integrate. Transgender women housed in male facilities are constantly identified and targeted by others with ill intent. To a lesser degree, but in some cases, transgender men housed in female facilities also experience difficulty. Although done infrequently to date, there are reports of

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correctional systems transferring transgender women to female facilities prior to conducting surgery. There are no sound studies documenting the results, but based on anecdotal information, such transitions may be helpful in determining whether the individual can successfully transition. This is especially true for inmates serving lengthy or life sentences, as the female facility will likely be the only housing option for the individual post-surgery. Although I believe such a transfer is premature in Ms. Edmo's case, if the Court decides that surgery should occur, I would strongly recommend that Ms. Edmo be transferred to a female facility and allowed to completely feminize prior to the surgery.

My concern with completing surgery prior to allowing Ms. Edmo to live at a female facility is that if she has surgery first and is then unable to successfully transition to a female facility, that she will be more isolated resulting in increased depression and increased risk for suicide. If this occurs, we will have done harm to Ms. Edmo by removing her genitals and therefore her ability to safely live in a male facility as she has done during her incarceration. Allowing her to transfer to a female facility prior to genital surgery will accomplish two goals: (1) allow Ms. Edmo to determine for herself whether she will be able to function comfortably at a female facility and (2) allow clinical staff to determine whether this transition supports Ms. Edmo's functioning at her highest possible level. Again, I believe such consideration is premature. In the next section I provide recommendations that should occur prior to consideration of transfer to a female facility or gender affirming surgery.

Recommendations

As outlined above, it is my opinion based on a review of all available information and meeting with Ms. Edmo, that she is not yet ready for gender affirming surgery. It is also my opinion that if Ms. Edmo were to undergo such surgery there is the possibility of harm as she may become increasingly depressed when her expected outcomes are not realized.

However, I also recommend that the IDOC make significant changes to policy that allows Ms. Edmo, and other transgender inmates, to feminize (or masculinize) to the point possible. At a minimum, for Ms. Edmo, this should include the following:

Administrative and Policy Recommendations:

- IDOC policy should be updated to ensure that Ms. Edmo is able to:
  - Grow her hair to her desired length
  - Access and wear make-up
  - Access and use female hygiene items, such as shampoo, conditioner, deodorant, etc.
  - Access and maintain in her possession female undergarments, such as bras and female underwear
  - Ensure private shower time that occurs at a reasonable time of day and last a reasonable amount of time

Staff Interactions and Training:

- All staff should refer to Ms. Edmo by her preferred pronouns, which are "she" and "her", or no pronouns at all. Referring to her with male pronouns, either intentionally or accidentally, can cause Ms. Edmo distress and should not be tolerated.
- Medical and mental health staff should be required to refer to Ms. Edmo using female pronouns.
- While the mental health staff I spoke with were very knowledgeable of transgender health issues the method by which information is documented should be improved. For example, staff appear reluctant to refer to Ms. Edmo with female pronouns in the medical record. It

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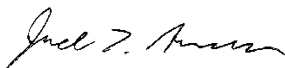
was not rare to find a passage that read as follows: "Edmo stated that Edmo has been feeling a little more down and decided that Edmo may benefit from a Mood Mgmt group, which is why Edmo sent a concern form reporting a change of mind and requesting to be referred to that group. Edmo was informed that Edmo was added to the group recently and is on the call-out." Such language makes it apparent that female pronouns are intentionally not being used. Female pronouns should be used when talking with Ms. Edmo and in the medical record.

- Correctional Officers should be provided with meaningful and detailed training. This training should be aimed at understanding transgender health issues and the constitutional obligation to ensure that this population, and all populations with serious medical or mental health conditions, receive proper treatment.
- A correctional administrator that reports to the Warden should be assigned to oversee that the non-clinical, but operational aspects of her treatment plan are adhered to by correctional staff.

<u>Clinical Recommendations:</u>

- Ms. Edmo should be assigned a therapist that receives some form of supervision from a clinician with experience working with transgender inmates.
- Ms. Edmo's propositions of the 'causes' of her early life sexual abuse are significant, and her understanding of this will have profound effects on her future ability to function as a healthy adult upon her discharge from the IDOC. She will benefit greatly from careful consideration of this topic within a therapeutic context. This should be a focus in therapy.
- Psychotherapy should also focus on Ms. Edmo's understanding of how she would function in the community or a female prison were she to undergo gender affirming surgery.
- Ms. Edmo's history of suicidality, coupled with her poor frustration tolerance, is something that requires substantial monitoring and should also be a focus of treatment.
- Ms. Edmo's treatment team should evaluate her for the diagnoses of Posttraumatic Stress Disorder and Borderline Personality Disorder. This will inform methods of treatment that will be effective including Dialectic Behavior Therapy (DBT).



Joel T. Andrade, Ph.D., LICSW, CCHP-MH

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Joel T. Andrade, Ph.D., LICSW, CCHP-MH

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EDUCATION

Doctor of Philosophy in Social Work, Boston College Graduate School of Social Work**,** Chestnut Hill, MA, April 2009.
Dissertation Title: *Psychosocial Precursors of Psychopathy in a Psychiatric Sample: A Structural Equation Model Analysis*.
Dissertation Chair: Thomas O'Hare, Ph.D.

Master of Social Work, Boston College Graduate School of Social Work, Chestnut Hill, MA, May 1998, with a concentration in Forensic Social Work.

Bachelor of Arts in Psychology and Social & Rehabilitation Services, Assumption College, Worcester, MA, May 1996.

Licensure/Certifications

- Licensed Independent Clinical Social Worker—Massachusetts & Florida
  MA License Number—110161; FL License Number—SW13904
- Certified Correctional Healthcare Professional—Mental Health (CCHP-MH) by the National Commission on Correctional Health Care

FUNDED RESEARCH

R01 MH095230 (Principal Investigator: Jennifer Johnson, Brown University)
Role: Co-Principal Investigator 7/1/11 – 6/30/14
NIH/NIMH $360,587 (DC Yr1)
Effectiveness of Interpersonal Therapy for men and women prisoners with major depression

- To conduct the first fully-powered effectiveness study of major depressive disorder in an incarcerated population, along with cost and pilot implementation data.

Research Fellowship

9/2002-8/2003: Boston College Graduate School of Social Work/Cash & Counseling Program
Principal Investigator: Kevin Mahoney

- Worked as a member of a team conducting initial interviews regarding the Cash and Counseling program with health administrators in all 50 States.
- Worked as a member of a team to create a database to analyze data gathered from interviews.

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Professional Experience

MHM Correctional Services, Inc.
Vienna, Virginia
Director of Clinical Operations—Mental Health
March 2015 to Present

- Provide clinical supervision to statewide mental health directors for MHM contracts nationwide.
- Develop treatment programs, staff training modules, and group psychoeducational curriculum for clinical staff.
- Develop policies and procedures related to clinical operations for MHM contracts.
- Monitor compliance of MHM contracts based on contract compliance indicators and national standards (NCCHC, ACA).
- Provide consultation and training for all MHM contracts in the areas of violence risk assessment and risk management; suicide risk assessment; clinical evaluation; forensic issues; sex offender issues; psychopathy; gender dysphoria, etc.
- Direct and oversee the treatment of all inmates diagnosed with gender dysphoria in the Massachusetts Department of Correction.
- Conduct statistical analysis for company-wide research projects.
- Provide behavior management consultation for behaviorally disturbed inmates.
- Provide clinical support during implementation phase of a contract and when needed thereafter.

MHM Correctional Services, Inc.
Norton, Massachusetts
Program Manager & Director of Clinical Programs
March 2010 to March 2015

- Direct and oversee statewide mental health services provided to the Massachusetts Department of Correction Prisons and medical and mental health services at Bridgewater State Hospital.
- Clinical and administrative oversight of over 350 clinical staff including social workers, psychiatrists, psychologists, nurse practitioners, nurses, and internists.
- Ensure compliance with accrediting bodies such as the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), and the Joint Commission (TJC).
- Conduct clinical evaluations for complex cases.
- Develop behavior management plans as required for inmates or patients who engage in significant self-injurious and/or violent behavior.
- Supervise the criteria development and process management for all residential and special mental health programs throughout the Massachusetts Department of Correction.
- Implement and manage the Mental Health Classification designation process.
- Develop, approve and maintain policies and procedures specific to mental health services.

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MHM Correctional Service, Inc.
Vienna, Virginia
Clinical Operations Specialist
August 2008 to March 2010

- Develop treatment programs, staff training modules, and group psychoeducational curriculum for all MHM contracts nationwide.
- Develop policies and procedures related to clinical operations for all MHM contracts nationwide.
- Provide clinical support for medical directors, CQI managers and psychologists.
- Provide consultation and training for all MHM contracts in the areas of violence risk assessment and risk management; suicide risk assessment; clinical evaluation; forensic issues; sex offender issues; psychopathy; etc.
- Conduct statistical analysis for company-wide research projects and present findings at conferences and meetings.
- Provide behavior management consultation for behaviorally disturbed inmates.

Bridgewater State Hospital
Bridgewater, MA
Clinical Risk Assessment Coordinator
September 2007-April 2009

- Conduct violence risk assessment evaluations, including the administration of risk assessment tools such as the HCR-20, and PCL-R or PCL:SV for high-risk patients being considered for transfer from Bridgewater State Hospital (maximum-security forensic hospital) to a less secure setting.

Bridgewater State Hospital
Bridgewater, MA
Admission Coordinator
July 2003-August 2008

- In 2003 standardized and wrote the admission criteria for patients being admitted to Bridgewater State Hospital from county and state correctional facilities.
- Provide clinical consultation to all State and County correctional facilities in the State of Massachusetts regarding inmates that may require inpatient hospitalization at Bridgewater State Hospital.

Bridgewater State Hospital
Bridgewater, MA
Director of the Intensive Treatment Unit
September 2002-August 2008

- Provide clinical and administrative oversight of the Intensive Treatment Unit at Bridgewater State Hospital.
- Conduct violent risk assessment evaluations and provide expert witness testimony in commitment hearings and dangerousness hearings throughout the Commonwealth of Massachusetts.
- Provide clinical administrative services for a group of patients on the Maximum-Security Admissions unit, which includes initial diagnostic assessments, treatment

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planning, crisis intervention, violence risk assessments, suicide risk assessments, etc.

- Member of several hospital committees including: Seclusion and Restraint Task Force; Seclusion and Restraint Performance Improvement Team; Violence Reduction Performance Improvement Team; De-escalation Performance Improvement Team; Administrative Segregation Legislative Work Group; Forensic Training Committee; JCAHO Assessment Chapter Committee; and Self-Injurious Behavior Performance Improvement Team.
- Chair of the Law & Mental Health Training Committee (2003 to 2008).

Sexual Disorders Clinic—Community Health Link
Worcester, MA
Director of Assessment
January 2004-October 2007

- In conjunction with the clinical director, developed a laboratory for physiological and psychological assessment. Evaluations included penile plethysmography, psychopathy assessments, and other clinical evaluations.
- Research topics include: Comorbid Mental Illness, Psychopathy Among Sex Offenders, and Violence Risk Assessment among Sex Offenders.

New England Forensic Associates (NEFA)
Arlington, MA
Laboratory Consultant
July 2005-September 2006

- Oversee physiological and psychological assessments conducted in the laboratory. These include the following: Penile Plethysmograph, Abel Assessment for Sexual Interest, and Millon Clinical Multiaxial Inventory—III.
- NEFA is an outpatient treatment and assessment clinic for individuals with sexually related disorders.

Bridgewater State Hospital—Correctional Medical Services
Bridgewater, MA
Forensic Clinical Social Worker
April 1999-October 2002

- Conduct violent risk assessment evaluations and provide expert witness testimony in civil commitment hearings and forensic recommitment hearings.
- Clinical administration, initial diagnostic assessments, treatment planning, crisis intervention, suicide risk assessments.
- Long term individual and group psychotherapy with committed patients.
- Discharge planning to Department of Correction facilities, Department of Mental Health facilities, and community based agencies.

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Stoughton Youth Commission/ Boston College Graduate School of Social Work
Stoughton, MA
Clinical Supervisor
September 2001-January 2003

- Provide clinical supervision for Master's level Clinical Social Workers and Social Work Interns.
- Conduct group trainings and seminars on topics including: administering psychosocial assessments with adolescents and families, working with at-risk populations, engaging clients in court ordered treatment, and conducting suicide and violence risk assessments

South Shore Mental Health---Crisis Intervention Team
Quincy, MA
Crisis Clinician
June 1999-September 2001

- Conduct psychiatric crisis evaluations for acutely distressed adults, adolescents, children, couples, and families.
- Assess for violence risk and suicide risk, as well as acute psychiatric distress.
- Present clinical information to third party payer and advocate for the level of care needed to effectively treat the individual.

Massachusetts Correctional Institute-Concord—Correctional Medical Services
Concord, MA
Forensic Clinical Social Worker
June 1998-April 1999

- Conduct initial intake assessments immediately after sentencing, provide crisis intervention for acutely at risk inmates, conduct suicide and institutional violence risk assessments, and provide long-term individual therapy.
- Case management and treatment planning of a caseload of 50 to 75 mentally ill incarcerated men.
- Oversee clinical services at Northeastern Correctional Center, which is the minimum-security facility associated with MCI-Concord.

Clinical Internships

1997-1998, Bridgewater State Hospital Bridgewater, MA
1996-1997, Barron Assessment and Counseling Center Jamaica Plain, MA
1995-1996, Auburn Youth & Family Services Auburn, MA
1994-1995, Department of Social Services Worcester, MA

TEACHING EXPERIENCE

2007-2010—Adjunct Faculty—Bridgewater State University, Department of Social Work

- Introduction to Social Research
- Research: Evaluating Practice (2007 and 2010)
- Human Behavior in the Social Environment I
- Human Behavior in the Social Environment III: DSM-IV-TR

2004 – Teaching Assistant – Boston College Graduate School of Social Work.

- Introductory research methods and statistics course

EXHIBIT 3

PUBLICATIONS

Peer-Reviewed Journals

Johnson, J. E., Miller, T. R., Stout, R. L., Zlotnick, C., Cerbo, L., **Andrade, J. T.**, Wiltsey-Stirman, S. (2016). Study protocol: Hybrid Type I cost-effectiveness and implementation study of interpersonal psychotherapy (IPT) for men and women prisoners with major depression. *Contemporary Clinical Trials, 47, 266-274.*

Andrade, J.T. (2008). The inclusion of antisocial behavior in the construct of psychopathy: A review of the research. *Aggression & Violent Behavior, 13, 328-335.*

Kayser, K., Watson, L.E., & **Andrade, J.T.** (2007). Cancer as a "We-Disease": Examining the process of coping from a relational perspective. *Families, Systems & Health, 25*(4), 404-418.

Andrade, J.T., Vincent, G.M., & Saleh, F.M. (2006). Juvenile sex offenders: A complex population. *Journal of Forensic Sciences, 51*(1), 163-167.

Books

Andrade, J.T. (Editor, 2009). *Handbook of Violence Risk Assessment and Treatment: New Approaches for Mental Health Professionals*. New York: Springer Publishing.

Book Chapters

Pinals, D.A. & **Andrade, J.T.** (2015). Recovery in Correctional Settings: Challenges and Opportunities. In Trestman, R.L., Appelbaum, K.L., & Metzner, J.L. (Eds.), *The Oxford Textbook of Correctional Psychiatry*. New York: Oxford University Press.

Andrade, J.T. (2009). Psychopathy: Assessment, treatment, and risk management. In **J.T. Andrade** (Ed.), *Handbook of violence risk assessment and treatment: New approaches for mental health professionals.* pp. 241-290. New York: Springer Publishing.

Andrade, J.T., O'Neill, K., & Diener, R. (2009). Violence risk assessment and risk management: A historical overview and clinical application, In **J.T. Andrade** (Ed.), *Handbook of violence risk assessment and treatment: New approaches for mental health professionals.* pp. 3-39. New York: Springer Publishing.

Blog Posts

Andrade, J.T. (2017, June 22). Mental Health Units as Alternatives to Segregation It Can Be Done [Vera Institute Blog Post]. Retrieved from https://www.vera.org/blog/addressing-the-overuse-of-segregation-in-u-s-prisons-and-jails/mental-health-units-as-alternatives-to-segregation-it-can-be-done

Webinars:

Andrade, J.T. (2018, May 31). *Medical and Mental Health Professionals' Role in Segregation: Charting Policies to Ensure Quality Care.* National Commission on Correctional Health Care. Retrieved from: https://www.ncchc.org/medical-and-mental-health-professionals-role-in-segregation

Other Publications

Andrade, J.T. (2015). Providing Care for Incarcerated Psychopathic Patients. *CorrDocs, 18*(2), 8-9.

Andrade, J. T., Wilson, J. S., Franko, E., Deitsch, J., & Barboza, S. E. (December, 2014). Developing the Evidence Base for Reducing Chronic Inmate Self- Injury: Outcome Measures for Behavior Management. *Corrections Today*.

Andrade, J.T., & Saleh, F.M. (Winter, 2007). Book Review: Patrick C.J (Editor). Handbook of Psychopathy. Guilford Press 2006. *American Society for Adolescent Psychiatry Newsletter.*

Andrade, J.T. & Saleh, F.M. (Winter, 2005). Juvenile psychopathy: What do we know? *American Society for Adolescent Psychiatry Newsletter.*

EXHIBIT 3

Conference Presentations

Wilson, J.S. & Andrade, J.T. (2018, March). *Evidence-Based Approaches to Safety Promotion and Harm Prevention for Patients in Isolation.* Presented at the American College of Correctional Physicians Spring Conference. Houston, TX.

Fagan, T., Fleming, M., & Andrade, J.T. (2017, November). *Building an Ethics Toolbox: Strategies for Correctional Health Professionals.* Presented at the National Commission on Correctional Health Care Annual Conference: Chicago, IL.

Wilson, J.S. & Andrade, J.T. (2017, November). *Evidence-Based Approaches to Safety Promotion and Harm Prevention for Patients in Isolation.* Presented at the American College of Correctional Physicians Annual Conference. Chicago, IL.

Garvey, K., & Andrade, J.T. (2017, October). *"Tax Dollars at Work": Treating Inmates with Gender Dysphoria.* Presented at the American Academy of Psychiatry and the Law: Denver, CO.

Andrade, J.T. (2017, July). *Psychopathy: Providing Treatment and Managing Risk.* Presented at the National Commission on Correctional Health Care Summer Conference: Las Vegas, NV.

Andrade, J.T. (2017, July). *Serious Mental Illness and Segregation: Recommendations for a System that Works.* Presented at the National Commission on Correctional Health Care Summer Conference: Las Vegas, NV.

Andrade, J.T., Peterson, M.S., & Norcliffe, N. (2017, April). *Mental Health Units as an Alternative to Segregation for SMI Inmates.* Presented at the National Commission on Correctional Health Care Spring Conference: Atlanta, GA.

Fagan, T., Fleming, M., & Andrade, J.T. (2017, April). *Building an Ethics Toolbox: Strategies for Correctional Health Professionals.* Presented at the National Commission on Correctional Health Care Spring Conference: Atlanta, GA.

Andrade, J.T. (2017, February). *Violence Risk Assessment in Forensic Settings: An Update on the Research Literature.* Presented at the American Correctional Association Winter Conference. San Antonio, TX.

Andrade, J.T. & Fagan, T. (2016, October). *Beyond Good and Evil: The Soul of the Psychopath.* Presented at the National Commission on Correctional Health Care Mental Health Conference: Las Vegas, NV.

Andrade, J.T. (2016, October). *The Science of Violence Risk Assessment.* Presented at the National Commission on Correctional Health Care Mental Health Conference: Las Vegas, NV.

EXHIBIT 3

Andrade, J.T. (2016, August). *The Science of Suicide Risk Assessment Prevention in Correctional Settings.* Presented at the American Correctional Association Summer Conference. Boston, MA.

Turney, A., Williams, K., Boyd, B., Fleming, M.C., & Andrade, J.T. (2016, August). *Effective Management of Self-Injurious Behavior in the Correctional Health Care Setting*. Presented at the American Correctional Association Summer Conference. Boston, MA.

Andrade, J.T. (2016, July). *Serious Mental Illness and Segregation: How Massachusetts Resolved This Litigation.* Presented at the National Commission on Correctional Health Care Mental Health Conference: Boston, MA.

Andrade, J.T. & Garvey, K. (2016, July). *Gender Dysphoria: Recommendations for a Successful Program.* Presented at the National Commission on Correctional Health Care Mental Health Conference: Boston, MA.

Andrade, J.T. (2016, July). *Continuous Quality Improvement.* Roundtable Discussion at the National Commission on Correctional Health Care Mental Health Conference: Boston, MA.

Andrade, J.T. (2016, April). *Continuous Quality Improvement: Motivating and Measuring Change.* Preconference Workshop presented at the National Commission on Correctional Health Conference: Nashville, TN.

Andrade, J.T. (2015, October). *Gender Dysphoria: Developing and Implementing a Successful Program in the Correctional Environment.* Presented at the National Commission on Correctional Health Conference: Dallas, TX.

Andrade, J.T. (2015, October). *Continuous Quality Improvement: Strategies and Techniques to Improve Patient Care.* Preconference Workshop presented at the National Commission on Correctional Health Conference: Dallas, TX.

Andrade, J.T., & Neitlich, D. (2015, April). *Psychopathy: Providing Treatment and Managing Risk.* Presented at the National Commission on Correctional Health Conference: New Orleans, LA.

Andrade, J.T. (2015, April). *Continuous Quality Improvement: Strategies and Techniques to Improve Patient Care.* Preconference Workshop presented at the National Commission on Correctional Health Conference: New Orleans, LA.

Metzner, J., & Andrade, J.T., (2014, December). *Serious Mental Illness and Segregation: Recommendations for a System That Works.* Presented at the NYS Correctional Medical and Behavioral Health Care Workshop: Albany, NY.

Andrade, J.T., Wilson, J., & Franko, E. (2014, December). *Measuring Effectiveness of Behavior Management: Individual- and Unit-Based Outcome Data.* Pennsylvania Forensic Rights and Treatment Conference/Drexel University, Grantsville, PA

EXHIBIT 3

Andrade, J.T., & Metzner, J. (2014, July). *Serious Mental Illness and Segregation: Recommendations for a System That Works.* Presented at the National Commission on Correctional Health Care Mental Health Conference: Denver, CO.

Andrade, J.T., & Diener, R.B. (2014, July). *Gender Dysphoria: Clinical and Legal Aspects.* Presented at the National Commission on Correctional Health Care Mental Health Conference: Denver, CO.

Andrade, J.T. (2014, July). *Serious Mental Illness and Segregation: Clinical and Legal Aspects.* Roundtable discussion at the National Commission on Correctional Health Care Mental Health Conference: Denver, CO.

Andrade, J.T. (2014, July). *Gender Dysphoria and Correctional Mental Health.* Roundtable discussion at the National Commission on Correctional Health Care Mental Health Conference: Denver, CO.

Andrade, J.T. & Wilson, J.S. (2014, January). *Measuring Effectiveness of Behavior Management: Individual- and Unit-Based Outcome Data.* Presented at the American Correctional Association Winter Conference. Tampa, FL.

Andrade, J.T. (2013, July). *DSM-5: From Gender Identity Disorder to Gender Dysphoria.* Roundtable discussion at the National Commission on Correctional Mental Health Conference: Las Vegas, NV.

Wilson, J.S, Andrade, J.T., & Barboza, S.E. (2013, July). *Behavior Management Strategies for Individual and Group Programs.* Presented at the National Commission on Correctional Health Care Mental Health Conference: Las Vegas, NV.

Andrade, J.T., O'Neill, K., & Neitlich, D.P. (2013, July). *Segregation and Serious Mental Illness: Creating a System to Ensure Quality Care and Minimize Clinical and Legal Risks.* Presented at the National Commission on Correctional Health Care Mental Health Conference: Las Vegas, NV.

Andrade, J.T., Diener, R.B., Cohen-Kettenis, P., Levine, S.B., & Zucker, K. (2013, March) *Trends, Uncertainties, and Controversies in the Treatment of the Transgendered.* A symposium presented at the 166th American Psychiatric Association Annual Meeting. San Francisco, CA.

Andrade, J.T. (2013, April). *Alternatives to Long-Term Segregation for Inmates with Serious Mental Illness.* Presented at the Society of Correctional Physicians Spring Conference. Denver, CO.

Andrade, J.T., Bissonnette, L., Holowecki, C., O'Neill, K. (2013, January). *An Intensive Treatment Unit for Female Offenders in Massachusetts.* Presented at the American Correctional Association Winter Conference. Houston, TX.

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EXHIBIT 3

Andrade, J.T., Neitlich, D.P., & Deitsch, J. (2013, January). *Maintaining a Correctional mental Health System to Ensure Quality Care and Minimize Clinical and Legal Risks.* Presented at the American Correctional Association Winter Conference. Houston, TX.

Andrade, J.T. (2012, October). *The Treatment of Psychopathic Offenders within a Correctional Setting: The Behavior Management Unit in Massachusetts.* Presented at the National Commission on Correctional Health Conference: Las Vegas, NV.

Andrade, J.T. & Franko, E. (2012, July). *Continuous Quality Improvement (CQI) to Improve Patient Care and Clinical Efficiencies, Successfully Defend Against Litigation, and more…* Presented at the National Commission on Correctional Mental Health Conference: Chicago, IL.

Andrade, J.T. (2012, May). *Treatment of Problematic Behavior in a Correctional Setting: An Analysis of Behavioral outcomes.* Presented at the National Commission on Correctional Health Conference: San Antonio, TX.

Andrade, J.T., & O'Neill, K. (2012, March). *The Behavior Management Unit: An Alternative to Long-Term Segregation.* Presented at the Academic & Health Policy Conference on Correctional Health: Atlanta, GA.

Andrade, J.T., & Neitlich, D.P. (2012, March). *A Descriptive Analysis of 2,000 Incidents of Self-Injurious Behavior.* Presented at the Academic & Health Policy Conference on Correctional Health: Atlanta, GA.

Andrade, J.T. (2011, July). *Alternatives to Long-Term Segregation for Inmates with Serious Mental Illness: Outcomes of Secure Treatment Units in Massachusetts.* Presented at the National Commission on Correctional Health Care Mental Health Conference: Las Vegas, NV.

Andrade, J.T., Diener, R.B., & O'Neill, K (2011, July). *Gender Identity Disorder: A Correctional Mental Health Perspective.* Presented at the National Commission on Correctional Health Care Mental Health Conference: Las Vegas, NV.

Masotta, M., & Andrade, J.T. (2011, March). *Suicide and Self-Harm Risk Assessment within Correctional Settings: Avoiding Common Pitfalls.* Presented at the Academic & Health Policy Conference on Correctional Health: Boston, MA.

Andrade, J.T. & O'Neill, K.L. (2011, March). *Alternatives to Segregation for Inmates with Serious Mental Illness.* Presented at the Academic & Health Policy Conference on Correctional Health: Boston, MA.

Andrade, J.T., O'Neill, K.L., Hallett, A., & Mulvey, R. (2010, November). *A Collaborative Training Model for Behavior Management Units.* International Association of Correctional Trainers: Boston, MA.

Andrade, J.T. (2010, July). *Behavior Management Interventions.* Roundtable discussion at the National Commission on Correctional Health Care Mental Health Conference: Boston, MA.

Andrade, J.T. (2010, July). *Behavior Management Strategies That Won't Reinforce Inmate Self-Injury.* Presented at the National Commission on Correctional Health Care Mental Health Conference: Boston, MA.

Barboza, S.E., Andrade, J.T., Wilson, J.S. (2010, April). *Ending It All: Data Informed Suicide Prevention.* Presented at the National Commission on Correctional Health Care Conference: Nashville, TN.

Wilson, J.S., Barboza, S.E., & Andrade, J.T. (2009, December). *Ending It All: What the Data Tell Us About Suicide Prevention.* Presented at the Academic & Health Policy Conference on Correctional Health Linking Best Practices to Best Evidence: Fort Lauderdale, FL.

Andrade, J.T. (2009, June). *Psychopathy in Correctional Settings: Assessment & Risk Management.* Presented at the Michigan Sheriffs' Association 2009 Summer Conference: Frankenmuth, MI.

Andrade, J.T. & Barboza, S.E. (2009, April). *Taking A Chance on Change: Treating Offenders in Restricted Housing.* Presented at the Mental Health in Corrections Consortium 2009 Symposium: Kansas City, MO.

Andrade, J.T. (2009, March). *The Institutional Treatment of Psychopathy.* Presented at the American Correctional Health Services Association Conference: Orlando, FL.

Andrade, J.T., Weiner, L., Mitchell., L., Zakai, A. (2008, September). *Roundtable Discussion: Mental Health Treatment within Maximum-Security Institutions and Segregation.* Presented at the National Institute of Corrections Conference: Leominster, MA.

Andrade, J.T. & Terry, A. (2008, March). *Workshop: Violence Risk Assessment in Youthful Populations.* Presented at the American Society for Adolescent Psychiatry Annual Conference: Boston, MA.

Andrade, J.T. (2007, October). *Assessment of Inpatient Aggression and Violent Behavior.* Poster presented at the American Academy of Psychiatry and the Law Annual Conference: Miami, FL.

Dwyer, R.G., Saleh, F.M., Vincent, G.M., & Andrade, J.T. (2007, October). *Assessing and Treating Violent Women: What Do We Know?* Poster presented at the American Academy of Psychiatry and the Law Annual Conference: Miami, FL.

EXHIBIT 3

Andrade, J.T., & O'Neill, K. (2007, April). *The Forensic Assessment of Malingering*. Presented at the National Organization of Forensic Social Work Conference: Las Vegas, NV.

Andrade, J.T. (2007, April). *Juvenile Psychopathy: Assessment, Treatment, and Risk Management*. Presented at the National Organization of Forensic Social Work Conference: Las Vegas, NV.

Andrade, J.T. (2007, March). *Psychopathy within a Correctional Setting: Assessment, Treatment, and Risk Management.* Presented at the University of Massachusetts Correctional Health Program Academic and Health Policy Conference; Quincy, MA.

Saleh, F.M., & Andrade, J.T. (2006, October). *Clinical and Ethical Consideration in People with Gender Identity Disorder.* Poster presented at the American Academy of Psychiatry and the Law Annual Conference: Chicago, IL.

Andrade, J.T., & Saleh, F.M. (2006, October). *Measurement of Treatment Outcome in Paraphilic Patients.* Poster presented at the American Academy of Psychiatry and the Law Annual Conference: Chicago, IL.

Andrade, J.T., & O'Neill, K. (2006, July). *Beyond a Reasonable Doubt: Violence Risk Assessment and Expert Witness Testimony in Massachusetts*. Presented at the National Organization of Forensic Social Work Conference: Chicago, IL.

Andrade, J.T. (2006, July). *The Psychopathic Personality: Historical and Current Perspectives*. Presented at the National Organization of Forensic Social Work Conference: Chicago, IL.

Saleh, F.M., Kenan, J., Dwyer, R.G., & Andrade, J.T. (2006, March). *Workshop: Evaluation and Treatment of Adolescent Sex Offenders.* Presented at the American Society for Adolescent Psychiatry Annual Conference: Miami, FL.

Andrade, J.T., Vincent, G.M., & Saleh, F.M. (2005, October). *Meta-analysis of Psychopathy and Sex Offending: Preliminary Findings.* Presented at the American Academy of Psychiatry and the Law Annual Conference: Montreal, Canada.

Andrade, J.T., & Saleh, F.M. (2005, October). *The Penile Plethysmograph in the Assessment and Treatment of Sexually Offending Behavior.* Poster presented at the American Academy of Psychiatry and the Law Annual Conference: Montreal, Canada.

Kayser, K., Watson, L., & Andrade, J.T. (2005, May). *How couples talk about their coping with breast cancer: A relational-cultural perspective.* Paper Presented as the Advances in Couples' Coping and Stress Research: Psychosocial and Clinical Perspectives Conference: Milan, Italy.

EXHIBIT 3

Andrade, J.T., & Peebles, J.L. (2005, April). *The Relationship Between Psychopathy and Sexual Aggression: A Review.* Presented at the National Organization of Forensic Social Work Conference: New Orleans, LA.

Andrade, J.T. & Caratazzola, P. (2005, April). *The Assessment of Violent Offenders: Implications of the MacArthur Violence Risk Assessment Data and Its Application to Forensic Social Work Practice.* Presented at the National Organization of Forensic Social Work Conference: New Orleans, LA.

Andrade, J.T. (2005, March). *Therapy with Juvenile Sexual Offenders.* Presented at the American Society for Adolescent Psychiatry Annual Conference: Houston, TX.

Guidry, L. & Andrade, J.T. (2004, October). *Comorbid Mental Illness Among Paraphilic Sex Offenders: Clinical Implications.* Poster Presented at the Association for the Treatment of Sexual Abusers Annual Conference: Albuquerque, NM.

Andrade, J.T., Guidry, L., Saleh, F., Vincent, G.M. & Berlin, F. (2004, October). *Comorbid Mental Illness Among Sex Offenders: A Pilot Study.* Presented at the American Academy of Psychiatry and the Law Annual Conference: Scottsdale, AZ.

Andrade, J.T. & Saleh, F.M. (2004, October). *Self-Injurious Behavior Among Incarcerated Individuals.* Poster presented at the American Academy of Psychiatry and the Law Annual Conference: Scottsdale, AZ.

Andrade, J.T., Vincent., G.M., & Saleh, F.M. (2004, October). *Psychopathy Among Sex Offenders: A Systematic Review.* Poster presented at the American Academy of Psychiatry and the Law Annual Conference: Scottsdale, AZ.

Kayser, K., & Watson, L., & Andrade, J.T. (2004, May). *Cancer as a "We-Disease:" A Relational Perspective of the Process of Coping.* Paper presented at the Fourth International Conference on Social Work in Health and Mental Health: Quebec City, Canada.

EXHIBIT 3

Reviewer Scholarly Journals
Journal of Forensic Social Work
Personality and Individual Difference
Journal of Clinical Psychology
Clinical Psychology Review
Scandinavian Journal of Psychology
Journal of Correctional Health Care

Reviewer Books
Columbia University Press

DSM 5

- Expert rater for DSM 5 Workgroup on Personality and Personality Disorders
- Provided input on the proposed Antisocial/Psychopathic type in terms of the proposed DSM-5 trait model
- Provided expert ratings on traits of Antisocial Personality Disorder and Borderline Personality Disorder

EXHIBIT 3

PUBLICATIONS

Peer-Reviewed Journals

Johnson, J. E., Miller, T. R., Stout, R. L., Zlotnick, C., Cerbo, L., **Andrade, J. T.**, Wiltsey-Stirman, S. (2016). Study protocol: Hybrid Type I cost-effectiveness and implementation study of interpersonal psychotherapy (IPT) for men and women prisoners with major depression. *Contemporary Clinical Trials, 47, 266-274.*

Andrade, J.T. (2008). The inclusion of antisocial behavior in the construct of psychopathy: A review of the research. *Aggression & Violent Behavior, 13, 328-335.*

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Books

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Pinals, D.A. & **Andrade, J.T.** (2015). Recovery in Correctional Settings: Challenges and Opportunities. In Trestman, R.L., Appelbaum, K.L., & Metzner, J.L. (Eds.), *The Oxford Textbook of Correctional Psychiatry*. New York: Oxford University Press.

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Andrade, J.T., O'Neill, K., & Diener, R. (2009). Violence risk assessment and risk management: A historical overview and clinical application, In **J.T. Andrade** (Ed.), *Handbook of violence risk assessment and treatment: New approaches for mental health professionals.* pp. 3-39. New York: Springer Publishing.

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Blog Posts

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Other Publications

Andrade, J.T. (2015). Providing Care for Incarcerated Psychopathic Patients. *CorrDocs, 18*(2), 8-9.

Andrade, J. T., Wilson, J. S., Franko, E., Deitsch, J., & Barboza, S. E. (December, 2014). Developing the Evidence Base for Reducing Chronic Inmate Self-Injury: Outcome Measures for Behavior Management. *Corrections Today*.

Andrade, J.T., & Saleh, F.M. (Winter, 2007). Book Review: Patrick C.J (Editor). Handbook of Psychopathy. Guilford Press 2006. *American Society for Adolescent Psychiatry Newsletter.*

Andrade, J.T. & Saleh, F.M. (Winter, 2005). Juvenile psychopathy: What do we know? *American Society for Adolescent Psychiatry Newsletter.*

EXHIBIT B

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF IDAHO

ADREE EDMO,)
)
Plaintiff,)
)
vs.) Case No. 1:17-cv-151-BLW
)
IDAHO DEPARTMENT OF CORRECTIONS; HENRY ATENCIO, in his official capacity; JEFF ZMUDA, in his official capacity; HOWARD KEITH YORDY, in his official and individual capacities; CORIZON, INC.; SCOTT ELIASON; MURRAY YOUNG; RICHARD CRAIG; RONA SIEGERT; CATHERINE WHINNERY; AND DOES 1-15)
)
)
Defendants.)
______________________________________)

VIDEOTAPED DEPOSITION OF ADREE EDMO

August 24, 2018

Kuna, Idaho

Associated Reporting & Video
(208) 343-4004

Reported by: Abigail L. Manzano, RPR, CSR, SRL #1069

1 VIDEOTAPED DEPOSITION OF ADREE EDMO
2
3 BE IT REMEMBERED that the videotaped deposition
4 of ADREE EDMO was taken by the Defendants at the
5 Idaho Department of Corrections, located at
6 13500 South Pleasant Valley Road in Kuna, Idaho, before
7 Associated Reporting & Video, Abigail L. Manzano, Court
8 Reporter and Notary Public in and for the County of Ada,
9 State of Idaho, on Friday, the 24th day of August, 2018,
10 commencing at the hour of 7:53 a.m. in the
11 above-entitled matter.
12
13
14 APPEARANCES:
15
16 For the Plaintiff: HADSELL STORMER & RENICK LLP
By: Lori Rifkin, Esq.
17 4300 Horton Street, #15
Emeryville, California 94608
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Facsimile: (626) 577-7079
lrifkin@hadsellstormer.com
19
20 For the Defendants Corizon, Inc., Scott Eliason,
Murray Young, and Catherine Whinnery:
21
22 PARSONS, BEHLE & LATIMER
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23 800 West Main Street, Suite 1300
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1 APPEARANCES (contd.)

2 For the Defendants Idaho Department of Corrections,
Henry Atencio, Jeff Zmuda, Howard Keith Yordy,
3 Richard Craig, Rona Siegert:

4 MOORE ELIA KRAFT & HALL, LLP
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General
6 Marisa S. Crecelius, Esq.
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Telephone: (208) 336-6900
8 Facsimile: (208) 336-7031
brady@melawfirm.net
9 marisa@melawfirm.net

10 The Videographer: Chris Ennis

11 Also Present: Kris Coffman
Mark A. Kubinski, Esq.

12

13

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22 Associated Reporting & Video
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23

24

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EXHIBIT B

1 I N D E X

2 E X A M I N A T I O N

3

ADREE EDMO PAGE

4

5 By: Mr. Hall....................................6
305

6 Mr. Eaton................................245

7

E X H I B I T S

8 NO.

9 1. "Declaration of Adree Edmo in Support of......5
Plaintiff's Motion for Preliminary Injunction"
10 (11 pages)

11 2. Color Photograph.............................65
(1 page)
12

3. Color Photograph.............................65
13 (1 page)

14 4. Color Photographs............................67
(1 page)
15

5. "IDOC Offender Concern Form"................129
16 (1 page)

17 6. "Idaho Department of Correction.............153
Disciplinary Offense Report"
18 with Black & White Photographs (1 page)

19 7. Colored Photographs.........................153
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8. "Consent for Mental Health/Substance........186
21 Abuse Treatment Evaluation"
CORIZON 1052 (1 page)
22

9. "Psychiatric Progress Note".................270
23 Dated 7/21/15 (1 page)

24 10. "Psychiatric Progress Note"................285
Dated 4/20/16 (1 page)

25

Associated Reporting & Video
(208) 343-4004

1 P R O C E E D I N G S
2 (Deposition Exhibit No. 1 was marked.)
3 THE VIDEOGRAPHER: So the camera is rolling.
4 We are on the record. Today's date is October --
5 or I'm sorry, August 24th, 2018.
6 For the record, this is the video
7 deposition of Adree Edmo, taken by the defendants
8 in the matter of Edmo versus the Idaho Department
9 of Corrections, et al., Case No. 17-CV-151-BLW. It
10 is in the United States District Court for the
11 District of Idaho.
12 The video deposition is being held at
13 the Department of Corrections, located at
14 13500 South Pleasant Valley Road in Kuna, Idaho.
15 The video deposition is being recorded
16 by Chris Ennis of Associated Reporting & Video
17 whose business address is 1109 Main Street,
18 Suite 220, Boise, Idaho. The deposition is being
19 reported by Abigail Manzano of Associated Reporting
20 & Video.
21 And if counsel will please state their
22 appearances and any stipulations for the record.
Associated Reporting & Video
(208) 343-4004
23 MS. RIFKIN: Lori Rifkin for plaintiff.
24 MR. EATON: Dylan Eaton for Corizon,
25 Dr. Eliason, Dr. Young, and Dr. Whinnery.

1 MR. HALL: Brady Hall, attorney for the
2 Idaho Department of Corrections and Henry Atencio,
3 Jeff Zmuda, Howard Keith Yordy, Richard Craig, and
4 Rona Siegert.
5 THE VIDEOGRAPHER: Okay. And if the
6 reporter will please swear the witness.
7 ADREE EDMO,
8 a witness having been first duly sworn to tell the
9 truth, the whole truth and nothing but the truth, was
10 examined and testified as follows:
11
12 EXAMINATION
13 BY MR. HALL:
14 Q. Good morning.
15 A. Morning.
16 Q. Would you please state your name for the
17 record.
18 A. My name is Adree Edmo.
19 Q. What is your date of birth?
20 A. My date of birth is October 29th, 1987.
21 Q. Have you ever had your deposition taken
22 before, Ms. Edmo?
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23 A. No.
24 Q. Have you ever given any testimony under
25 oath?

1 Go off the record.
2 THE VIDEOGRAPHER: Okay. So the time is
3 9:35 a.m., and we are off the record.
4 (Break taken from 9:35 a.m. to 9:44 a.m.)
5 THE VIDEOGRAPHER: All right. So the camera
6 is rolling. The time is 9:44 a.m., and we are back
7 on the record.
8 Q. (BY MR. HALL) I want to talk with you
9 now about your prior suicide attempts.
10 We've requested, in discovery, medical
11 records from a number of different health
12 providers, including Pocatello Portneuf Behavioral
13 Health Unit, Indian Health Services, and from the
14 tribe. We've provided those records to your
15 counsel.
16 Have you had an opportunity to look at
17 those records?
18 A. From Portneuf and my Tribal Health
19 Center?
20 Q. Correct.
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21 A. No, I have not.
22 Q. Prior to today, have you looked at or
23 reviewed any medical records regarding treatment
24 you've received prior to 2012?
25 A. No, I have not.

1 Q. I understand that in 2010 you attempted
2 to commit suicide.
3 Is that correct?
4 A. Yes.
5 Q. Okay. And do you recall how you
6 attempted to commit suicide?
7 A. In 2010, I believe I cut open my right
8 arm, right here (indicates).
9 Q. And you still have a pretty sizeable
10 scar there, correct?
11 A. Yes.
12 Q. Did you cut yourself anywhere else other
13 than your arm?
14 A. No, I did not.
15 Q. And isn't it true that you required a
16 surgery to repair that laceration?
17 A. From what I remember, yes.
18 Q. And multiple stitches, correct?
19 A. From what I remember, yes.
20 Q. And it was pretty serious, wasn't --
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21 wasn't it?
22 A. Yes.
23 Q. You almost died?
24 A. From what I remember --
25 I briefly remember the episode and what

EXHIBIT B

1 happened afterwards. I wasn't sure if that had
2 been the case or not. I just remember it was -- I
3 had to have surgery and stitches.
4 **Q. Do you recall why you attempted to kill**
5 **yourself in 2010?**
6 A. I remember it was over -- if I remember
7 correctly it was over a situation I had with
8 Brady Summers. I think it was at the time he had
9 cheated on me while I was coming off my retained
10 restriction rider.
11 **Q. And was that the first time you**
12 **attempted to kill yourself?**
13 A. No.
14 **Q. When was the first time you attempted to**
15 **kill yourself?**
16 A. I believe in 2009.
17 **Q. Where did that occur?**
18 A. Physically?
19 **Q. What location?**
20 **Was it Fort Hall? Pocatello?**
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21 A. It would have to be on my reservation at
22 Fort Hall.
23 **Q. Did you receive medical treatment for**
24 **that?**
25 A. I was transported to Portneuf Medical

1 Center.
2 **Q. Do you recall how you attempted to kill**
3 **yourself?**
4 A. I believe --
5 I remember at this one, I attempted to
6 commit suicide by ingesting -- I think it was,
7 like, 100 of prescription medication.
8 **Q. Do you recall what kind of prescription**
9 **medication?**
10 A. I believe it was Amitriptyline.
11 **Q. And do you recall why you tried to kill**
12 **yourself in 2009?**
13 A. I believe it was due to another
14 upsetting -- upsetting event from Brady Summers. I
15 think it was --
16 If I remember correctly, I think it was
17 because of a domestic abuse issue we had during
18 that time, one of them.
19 **Q. And that event you just spoke about was**
20 **the first time you attempted to kill yourself.**
21 **Is that correct?**
22 A. Yes.
23 **Q. Did you have other incidents in 2009**
24 **where you attempted to kill yourself, other than**
25 **that one?**

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EXHIBIT B

1 A. Not that I can remember.
2 **Q. Prior to -- prior to that incident in**
3 **2009 that we just spoke of, had you been depressed?**
4 MS. RIFKIN: Objection. Vague. Overbroad.
5 THE WITNESS: I believe so. But I was never
6 diagnosed prior to then. I didn't know what
7 depression was.
8 **Q. (BY MR. HALL) Prior to the first suicide**
9 **attempt, how long had you been struggling with**
10 **depression?**
11 MS. RIFKIN: Objection. Lacks foundation.
12 Misstates testimony.
13 **Q. (BY MR. HALL) Go ahead.**
14 A. Again, I didn't know what depression was
15 exactly, but feeling, I guess, down and not feeling
16 normal in the sense of feeling -- you know,
17 "normal," like, as in my state of mood. It had
18 been going on for years prior to that.
19 **Q. So prior the 2009 suicide attempt, you**
20 **had been feeling a down mood for a number of years?**
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21 A. Yes.
22 **Q. And you felt during those number of**
23 **years that things weren't right, you didn't feel**
24 **normal, correct?**
25 A. Yes.

1 Q. At any time prior to the 2009 suicide
2 attempt, did you take any antidepressant
3 medications?
4 A. No.
5 Q. Prior to the 2009 suicide attempt, did
6 you ever take any antianxiety medications?
7 A. Not that I can remember, at least not
8 ones that were prescribed to me.
9 Q. Prior to the 2009 suicide attempt, did
10 you ever receive any treatment for mental health
11 issues?
12 MS. RIFKIN: Asked and answered.
13 THE WITNESS: No, not that I remember.
14 Q. (BY MR. HALL) Following the 2009 suicide
15 attempt, did you receive any treatment for mental
16 health?
17 A. Not that I can remember.
18 Q. When was the first time you were
19 prescribed antidepressants?
20 A. I believe 2010.
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21 Q. Was that before or after the second
22 suicide attempt where you attempted to kill
23 yourself by cutting your arm?
24 A. I don't recall if it was before or
25 after.

EXHIBIT B

1 **Q. Prior to the second suicide attempt, did**
2 **you have any mental health treatment of any kind?**
3 A. Not that I can remember.
4 MS. RIFKIN: Objection. Vague. Overbroad.
5 MR. HALL: Too late.
6 MS. RIFKIN: Belated objection.
7 MR. HALL: Got to be faster. Overruled.
8 **Q. (BY MR. HALL) How many times have you**
9 **attempted to commit suicide in your life?**
10 A. I believe the two serious times
11 were 2009, 2010.
12 **Q. Did you attempt to commit suicide in**
13 **2011?**
14 A. I don't recall, no.
15 **Q. Do you recall being seen at Pocatello**
16 **Portneuf Behavioral Health Unit on May 15, 2011,**
17 **for an attempted suicide by overdosing on alcohol**
18 **and prescription pills?**
19 A. I believe that may have been the 2009
20 episode, so it may have been 2011 that it actually
21 happened.
22 At those particular times, I'm not
23 really accurate on what year it was. My substance
24 abuse was in its most extreme during that time.
25 **Q. Prior to your incarceration in 2012, how**

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1 **many times did you attempt suicide?**
2 A. Two serious times were cutting my arm
3 and alcohol and prescription pills.
4 **Q. And you're not sure if the prescription**
5 **pill overdose attempt was in 2009 or 2011.**
6 **Is that correct?**
7 A. Yes, I would have to say 2011, 2000 --
8 Between 2009 and 2011. Like I said, I
9 couldn't really give you an accurate description.
10 I know that I was on alcohol, as I was between 2009
11 and 2011.
12 And two serious attempts were by alcohol
13 with prescription medication, and cutting my arm
14 open.
15 **Q. Okay. And 2010 and 2011, you were**
16 **unemployed, correct?**
17 A. I believe so, yes.
18 **Q. And 2010 and 2011, you had a felony**
19 **conviction, correct?**
20 A. Yes.

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21 **Q. And do you recall when you were released**
22 **from the rider program stemming from your forgery**
23 **convictions?**
24 A. I recall --
25 I believe, I was released sometime in

1 standard blue issues. I don't know what those are,
2 but --
3 **Q. Do you wear a smaller men's shirt in**
4 **order to accentuate your breasts?**
5 MS. RIFKIN: Objection. Argumentative.
6 Harassing. Lacks foundation.
7 **Q. (BY MR. HALL) You can go ahead and**
8 **answer.**
9 MS. RIFKIN: You're walking a line.
10 **Q. (BY MR. HALL) You can go ahead and**
11 **answer.**
12 A. No, I don't wear a smaller shirt to
13 accentuate my breasts or my curves. It's all
14 natural.
15 **Q. In paragraph 14 it states that you are**
16 **"restricted from wearing female underwear,"**
17 **correct?**
18 A. Yes.
19 **Q. Okay. But you have been given female**
20 **underwear before, correct?**
21 A. Yes, I have while I was in Orofino in
22 2014.
23 **Q. And do you currently have any of those**
24 **pairs of female underwear?**
25 A. Not from that time period. But I've

1 acquired some of the female panties that have come
2 through ISCI laundry.
3 **Q. And currently do you have, in your**
4 **possession, either on your person now or back in**
5 **your cell where your property is kept, any pairs of**
6 **female underwear?**
7 A. Yes, I do.
8 **Q. And those were given to you by**
9 **commissary.**
10 **Is that correct?**
11 A. I've ordered them through commissary and
12 the commissary officer allowed me to keep them,
13 yes.
14 **Q. Okay. And are you currently wearing a**
15 **pair of female underwear?**
16 A. Yes, I am.
17 **Q. And describe for me the type of cut of**
18 **these underwear that you're currently wearing?**
19 MS. RIFKIN: Go ahead.
20 THE WITNESS: They're the basic -- best
21 description I can give you: Grandma panties,
22 they're bigger V-cut size issue.
23 **Q. (BY MR. HALL) And those that you're**
24 **wearing now, are those from what you got off**
25 **commissary or from the -- the State-issued**

1 **property?**
2 A. Commissary.
3 **Q. And what color are they?**
4 A. White.
5 **Q. Do you know the brand?**
6 A. Hanes.
7 **Q. Do you know the size?**
8 A. I believe they're a size 6.
9 **Q. And how long have you had access to**
10 **female underwear?**
11 A. I believe I started -- was able to
12 purchase them and allowed to have them by the
13 commissary officer beginning of -- I believe in
14 May. Or the end of May, beginning of June.
15 **Q. Of 2018?**
16 A. Yes.
17 **Q. Now, prior to May or June of 2018, have**
18 **you had female underwear while incarcerated at --**
19 **at -- well, with IDOC?**
20 A. No. Except for 2014, in Orofino.
21 **Q. And you've requested access to female**
22 **underwear, correct?**
23 A. Yes.
24 **Q. And what is your understanding as to why**
25 **you haven't been provided, on those prior requests,**

1 withdrawal from your account, or you have family or
2 friends purchase it online. I specifically bought
3 it through taking a withdrawal form off of my
4 account.
5 **Q. When was the last time you purchased**
6 **makeup?**
7 A. Okay. I think it was about a year ago,
8 I believe.
9 **Q. And you still have some left?**
10 A. Yeah.
11 **Q. Do you wear makeup every day?**
12 A. Yes.
13 **Q. And sounds like, from time to time,**
14 **correctional officers have told you to remove your**
15 **makeup.**
16 **Is that correct?**
17 A. Yes.
18 **Q. And there have been times, correct me if**
19 **I'm wrong, where you've told them, "No"?**
20 A. Yes.
21 **Q. And you've received DORs for that,**
22 **correct?**
23 A. Yes.
24 **Q. Since you've been incarcerated since**
25 **2012, have you -- have you attempted suicide?**

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1 A. Yes, I have.
2 **Q. And when was that?**
3 A. 2014.
4 **Q. In which facility?**
5 A. Idaho -- the Orofino -- Idaho --
6 Idaho State Correctional Institution,
7 Orofino.
8 **Q. And do you remember what month?**
9 A. Beginning of 2014, I believe.
10 **Q. So the --**
11 A. I don't remember what month. It'd had
12 to have been between January or March.
13 **Q. And how did you attempt to commit**
14 **suicide?**
15 A. I didn't have any definite plan of
16 action to commit suicide, but I did mention to a
17 celly at the time that I -- it didn't sound very --
18 It didn't sound very, like, a good idea
19 to try it.
20 Like, it sounded like a good idea at the
21 time, is what I said.
22 **Q. So you referenced to your cellmate that**
23 **you thought suicide might be good?**
24 A. Yeah.
25 **Q. But you didn't actually try to kill**

1 yourself?
2 A. I didn't have no plan, no.
3 Q. Nor did you take any actions to kill
4 yourself?
5 A. No.
6 Q. You didn't cut yourself, you didn't try
7 to overdose on any pills?
8 A. No.
9 Q. Correct?
10 A. Correct. Sorry.
11 Q. You did not?
12 A. Yes, correct. I did not try to do
13 anything to cause -- to commit suicide.
14 Q. So it really wasn't a suicide attempt,
15 then, correct?
16 A. No, but being that cellmate went and
17 told the correctional officer, they took it as a
18 suicide attempt.
19 Q. And they put you in protective custody?
20 A. Yes, suicide -- it's called a suicide
21 cell.
22 Q. And how long were you in that suicide
23 cell?
24 A. Two weeks, I believe.
25 Q. So since your incarceration, 2012, have

EXHIBIT B

1 A. I believe since approximately May.
2 **Q. Do you currently have any future plans**
3 **to commit suicide?**
4 A. Not at this time, no.
5 **Q. What are your plans upon being released**
6 **from prison?**
7 MS. RIFKIN: Objection. Vague. Overbroad.
8 THE WITNESS: Plans for specifically --
9 **Q. (BY MR. HALL) When you get out, do you**
10 **have plans as to what you want to do, what you are**
11 **hoping to do?**
12 A. In regards to job, family?
13 **Q. Anything.**
14 MS. RIFKIN: Same objection. Go ahead.
15 THE WITNESS: Continuing my life. Finding
16 employment somewhere, hopefully going back to
17 college, obtaining a degree, and continuing on in
18 my life.
19 **Q. (BY MR. HALL) Have you thought about**
20 **what kind of job you would like to obtain when you**
21 **get out of prison?**
22 A. Being that I have a conviction of sexual
23 assault or sexual abuse, I'm probably very limited
24 on what type of jobs I'll be able to attain. But I
25 haven't had a chance to really look into the

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1 situation.
2 **Q. Are there any particular areas of**
3 **employment that you like to explore?**
4 A. Not that I can think of right now.
5 **Q. Would you like to work as a paralegal**
6 **someday maybe?**
7 A. I believe that could be an option.
8 **Q. Would you like to reunite with your**
9 **husband on your release?**
10 A. I believe that's the -- that's the plan.
11 **Q. Are you --**
12 A. Plans change.
13 **Q. Are you looking forward to that?**
14 A. At this point, yes, I am.
15 **Q. And have you thought about where you and**
16 **your husband may live when you get out of prison?**
17 A. I believe, on the brief talks that we
18 had, probably here in Idaho.
19 **Q. Any particular area of Idaho that you**
20 **and your husband have talked about living in once**
21 **you are released?**
22 A. Huh-uh.
23 **Q. No?**
24 A. No. Sorry.
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25 **Q. You mentioned that you've thought about**

1 **going back to school when you get out of prison.**
2 **Is there a certain degree that you would**
3 **like to pursue?**
4 A. Yes. I would like to pursue a degree
5 in --
6 The one that I've been really interested
7 in, lately, epidemics, becoming an epidemiologist.
8 But, again, being that I have a sex
9 crime conviction, I don't know if that'd be
10 possible.
11 So like I said, I haven't really had an
12 opportunity to really figure out what jobs, or how
13 to be allowed to, and what jobs I wouldn't be. But
14 that would be my goal.
15 **Q. Do you have any future plans upon your**
16 **release from prison to reconnect with your family?**
17 A. I have the hope that I will reconnect
18 with my family. I don't have any definite plans,
19 just depending on how their lives are at that
20 particular point, and mine is.
21 **Q. I think you told Dr. Andrade that you**
22 **and your husband were considering moving to**
23 **California after your release.**
24 **Is that right?**
25 A. Eventually.

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1 Q. And your husband's mother lives down in
2 California.
3 Is that correct?
4 A. She did. She lives here in Idaho now.
5 Q. And does she own a home?
6 A. I believe so.
7 Q. Did you tell Dr. Andrade that you and
8 your husband were thinking of living with her when
9 you get out?
10 A. No, I don't believe I remember telling
11 them that we'd live with his mother.
12 Q. Let's talk about sex reassignment
13 surgery.
14 Do you recall the first time that you
15 requested an evaluation for sex reassignment
16 surgery?
17 A. Yes, I do.
18 Q. When was that approximately?
19 A. It would have to be in the year 2014.
20 Q. Do you recall what who you asked for an
21 evaluation?
22 A. I believe I initially asked Dr. Craig on
23 a health service request form.
24 Q. And do you recall if Dr. Craig responded
25 to your request form?

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1 MS. RIFKIN: Objection. Overbroad.
2 THE WITNESS: At least three times.
3 **Q. (BY MR. EATON) Have you had any**
4 **recently?**
5 A. No.
6 **Q. When was the last time you had a**
7 **migraine?**
8 A. I can't give you an exact date.
9 **Q. Did you have prior back and shoulder**
10 **pain issues?**
11 A. Yes, I have.
12 **Q. Do you still have pain in your back and**
13 **your shoulders?**
14 A. Slightly.
15 **Q. Do you know what that's related to?**
16 A. Just recently, I went to the health --
17 the clinic here and they'd given me arch supports
18 to help my walking, which would support my back.
19 And before that, I had had injuries from
20 domestic abuse with Brady Summers to my back, and
21 I've had some soreness and some -- a little bit of
22 pain.
23 But I had mentioned to the providers
24 that's what I believed it was stemming from.
25 **Q. Okay. What other injuries did you**

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1 sustain from domestic abuse of Brady Summers?
2 A. I've had multiple concussions. I've had
3 bruises. I've had black eyes. I've had facial
4 fractures. I've had bruises on my body.
5 Q. Okay. Anything else you can think of?
6 A. Not that I can remember.
7 Q. Okay. You had dry skin issues?
8 A. I believe once, yes. That was at the
9 initial start of my hormone replacement therapy.
10 Q. Tell me about that.
11 A. I --
12 MS. RIFKIN: Objection. Overbroad. Vague.
13 Go ahead.
14 THE WITNESS: I believe maybe two or three
15 months after starting hormone replacement therapy,
16 I'd noticed that my skin started to feel more itchy
17 and more dry.
18 Q. (BY MR. EATON) Did you have problems
19 with that before you started the hormone therapy?
20 A. No.
21 Q. Do you have that issue now?
22 A. No.
23 Q. I thought I saw some mention that you've
24 had asthma.
25 Is that true?

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1 (Break taken from 3:31 p.m. to 3:40 p.m.)
2 THE VIDEOGRAPHER: All right. So the camera
3 is rolling. The time is 3:40 p.m., and we are on
4 the record.
5 **Q. (BY MR. EATON) Just a couple more**
6 **questions. That's what an attorney always says,**
7 **right?**
8 **Have you taken any medications today**
9 **since we started the deposition?**
10 A. I've taken my hormone replacement
11 therapy and my Effexor.
12 **Q. And what dose of Effexor did you take?**
13 A. 450 milligrams.
14 **Q. Okay. And any other medications you've**
15 **taken today since we started the deposition?**
16 A. No. I took them this morning before the
17 deposition.
18 **Q. Oh, okay.**
19 A. But not during, any time.
20 **Q. All right. So no other medications,**
21 **other than those that you took this morning?**
22 A. Yes, no other medications.
23 **Q. Okay. I've seen some mention in the**
24 **records of -- of cutting on yourself.**
25 A. Yes.

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1 (Indicates.)
2 **Q. And you're showing us your arm. Looks**
3 **like there's --**
4 A. Front part of my arm.
5 **Q. -- marks and scars, right?**
6 A. Yes.
7 **Q. Okay. And why do you do that?**
8 A. I found that cutting gave me a emotional
9 release before I had a bad episode of gender
10 dysphoria, relating to the cutting of my genitalia.
11 **Q. Okay. So what do you -- did you cut**
12 **with, cut yourself with?**
13 A. A disposable razor. We get disposable
14 razors, so I would take the blade out of the razor
15 and use it to cut my arm.
16 **Q. And when was the last time you cut**
17 **yourself?**
18 A. I'd say it's been about over three
19 weeks.
20 **Q. Okay. Is that something you've done**
21 **since 2012?**
22 A. I would say it began in -- probably
23 after -- I believe, probably beginning of 2017.
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24 **Q. Okay. And how often would you do it in**
25 **2017?**

EXHIBIT B

1 A. I can't give you exact -- how -- a
2 number on how often, but it -- it started when I'd
3 have episodes of gender dysphoria where I felt like
4 cutting my genitalia off.
5 So instead of cutting my genitalia and
6 having that mental anguish because of my genitalia,
7 I would cut my arm, which would give me a release
8 and not have, I guess, those immediate thoughts of
9 cutting on my genitalia.
10 Q. Okay. Did you talk to any mental health
11 providers about your cutting?
12 A. I've talked to Dr. Hutchinson, I've
13 talked to my clinician, Dr. -- or not "Dr.,"
14 Clinician Stewart. And I believe that's it.
15 Q. What have they told you related to the
16 cutting?
17 MS. RIFKIN: Objection. Compound.
18 Q. (BY MR. EATON) That's fair. What has
19 Dr. Hutchinson told you about cutting?
20 A. She had said --
21 Well, she had asked me why I was cutting
22 and, again, I told her, "Feeling physical pain
23 versus the emotional pain of having male genitalia
24 gives me a release, and it releases those immediate
25 thoughts of cutting off my genitalia."

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EXHIBIT B

1 **Q. Did she talk to you about stopping or**
2 **trying to stop and --**
3 **Any conversations about that?**
4 A. She had asked me if I had any other
5 interventions that I had tried, and specifically:
6 Journaling, listening to music, exercising,
7 anything else like physical activity.
8 And I told her, "Yes, I've done all
9 those. I've been doing all those since 2012."
10 None of them work quite as effective as
11 using a razor and causing physical pain.
12 **Q. Any other discussions you had with**
13 **Dr. Hutchinson about cutting?**
14 A. Not that I can remember.
15 **Q. Okay. What about with the clinician?**
16 **Tell me the name again of the clinician.**
17 A. Clinician Stewart.
18 **Q. What conversations have you had with**
19 **Clinician Stewart about cutting?**
20 A. It was basically the same. She had
21 asked me when I had started, when -- the last time
22 I had cut and if there was any other interventions
23 that I have used or could use, specifically:
24 Exercising, listening to music, journaling.
25 And, again, I told her, "I've done all

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1 those before."
2 Depending on the severity of my -- I
3 guess my gender dysphoria episode, the only thing
4 that's been really effective is causing physical
5 pain.
6 **Q. Do you feel like your cutting will**
7 **continue at this point?**
8 A. I can't say that it won't. I'm trying
9 by best not to, but then again, I can't tell you
10 when another severe gender dysphoria episode will
11 happen.
12 **Q. Aside from cutting, what helps relieve**
13 **those feelings?**
14 A. Like I said, I haven't found anything as
15 effective, other than cutting and causing physical
16 pain that releases that emotional torment that I
17 have of having male genitals.
18 MR. EATON: Okay. I don't believe I have
19 any other questions at this time.
20
21
22
23
24
25

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EXHIBIT C

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1 UNITED STATES DISTRICT COURT
2 FOR THE DISTRICT OF IDAHO
3
4 ADREE EDMO (a/k/a MASON EDMO),)
5 Plaintiff,)
6 vs.) Case No.
7 IDAHO DEPARTMENT OF CORRECTION;) 1:17-cv-00151-BLW
8 HENRY ATENCIO, in his official)
9 capacity; JEFF ZMUDA, in his)
10 official capacity; HOWARD KEITH)
11 YORDY, in his official and)
12 individual capacities; CORIZON,)
13 INC.; SCOTT ELIASON; MURRAY YOUNG;)
14 RICHARD CRAIG; RONA SIEGERT;)
15 CATHERINE WHINNERY; AND DOES 1-15;)
16 Defendants.)
17 ______________________________________)
18 DEPOSITION OF SCOTT ELIASON, M.D.
19 AUGUST 14,, 2018
20
21
22
23
24 JEFF LaMAR, C.S.R. No. 640, Notary Public
441575
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EXHIBIT C

1 UNITED STATES DISTRICT COURT
2 FOR THE DISTRICT OF IDAHO
3
4 ADREE EDMO (a/k/a MASON EDMO),)
5 Plaintiff,)
6 vs.) Case No.
7 IDAHO DEPARTMENT OF CORRECTION;) 1:17-cv-00151-BLW
8 HENRY ATENCIO, in his official)
9 capacity; JEFF ZMUDA, in his)
10 official capacity; HOWARD KEITH)
11 YORDY, in his official and)
12 individual capacities; CORIZON,)
13 INC.; SCOTT ELIASON; MURRAY YOUNG;)
14 RICHARD CRAIG; RONA SIEGERT;)
15 CATHERINE WHINNERY; AND DOES 1-15;)
16 Defendants.)
17 ______________________________________)
18 DEPOSITION OF SCOTT ELIASON, M.D.
19 AUGUST 14,, 2018
20 REPORTED BY:
21 JEFF LaMAR, C.S.R. No. 640
22 Notary Public
23
24
25

1 THE DEPOSITION OF SCOTT ELIASON, M.D., was
2 taken on behalf of the Plaintiff at the offices of
3 Ferguson Durham, PLLC, 223 North 6th Street, Suite 325,
4 Boise, Idaho, commencing at 10:11 a.m. on August 14,
5 2018, before Jeff LaMar, Certified Shorthand Reporter
6 and Notary Public within and for the State of Idaho, in
7 the above-entitled matter.
8
9
10
11
12 APPEARANCES:
13 For Plaintiff:
14 HADSELL STORMER & RENICK LLP
15 BY MS. SHALEEN SHANBHAG
16 128 North Fair Oaks Avenue
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18 sshanbhag@hadsellstormer.com
19 For Defendants Corizon, Inc., Scott Eliason, Murray
20 Young, and Catherine Whinnery:
21 PARSONS BEHLE & LATIMER
22 BY MR. DYLAN A. EATON
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24 Boise, Idaho 83702
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1 APPEARANCES (Continued):
2
3 For Defendants Idaho Department of Corrections, Henry
4 Atencio, Jeff Zmuda, Howard Keith Yordy, Richard Craig,
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EXHIBIT C

1 I N D E X

2

3 TESTIMONY OF SCOTT ELIASON, M.D. PAGE

4 Examination by Ms. Shanbhag 7

5

6

7 EXHIBITS

8 Exh 1 - Plaintiff's Notice of the Deposition of 13

9 Defendant Dr. Scott Eliason and Request

10 for Production of Documents, no Bates

11 numbers

12 Exh 2 - CV for Scott Anders Eliason, M.D., Bates 16

13 Nos. PBL 0304-1308

14 Exh 3 - Psychiatric Progress Notes, various 53

15 Bates numbers

16 Exh 4 - Psychological Evaluation, dated 69

17 7/19/2012, Bates Nos. Corizon 0323-0326

18 Exh 5 - Letters to ISCI and DMV, Bates 130

19 Nos. Corizon 0369-0370

20 Exh 6 - Idaho Department of Correction Grievance 134

21 Form, Bates Nos. IDOC_E_pg.169, 170, 177,

22 and 178

23 Exh 7 - Idaho Department of Correction Mental 143

24 Health DOR Recommendation, Bates

25 No. Corizon 0338

EXHIBIT C

1 I N D E X (Continued)

2

3 EXHIBITS PAGE

4 Exh 8 - Idaho Department of Correction 145
5 Management Treatment Team Committee
6 document, dated 8/23/2012, various
7 Bates numbers
8 Exh 9 - CD produced at deposition, no Bates 172
9 number

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1 SCOTT ELIASON, M.D.,
2 first duly sworn to tell the truth relating to said
3 cause, testified as follows:
4
5 EXAMINATION
6 BY MS. SHANBHAG:
7 Q. Please state your full name.
8 A. Scott Eliason.
9 Q. And have you ever had your deposition taken
10 before?
11 A. Yes.
12 Q. How many times?
13 A. I can't recall.
14 Q. When was the last time you were deposed?
15 A. I can't recall.
16 Q. Do you recall why you were deposed?
17 A. It was some kind of a matter about a
18 patient who had had a side effect from a medicine and
19 was suing the pharmaceutical company.
20 Q. If you had to estimate the number of times
21 you've been deposed, would be it less than ten or more
22 than ten?
23 A. Less than ten.
24 Q. Have you ever been a plaintiff or defendant
25 in a lawsuit outside of this one?

EXHIBIT C

1 patients in Unit 8, I would write that up there.
2 Q. (BY MS. SHANBHAG): Okay.
3 A. I don't remember this encounter exactly.
4 Q. And do you recall what the purpose of this
5 visit was?
6 A. The -- yes. The patient was referred for
7 assessment of gender identity disorder.
8 Q. Do you recall who referred Ms. Edmo to you?
9 A. I don't recall.
10 Q. Would it typically have been another health
11 care provider who would have referred Ms. Edmo to you
12 for something like this?
13 A. No.
14 Q. Who else could have referred her to you?
15 A. It --
16 MR. EATON: Objection.
17 THE WITNESS: -- could have been several people.
18 Q. (BY MS. SHANBHAG): Can you describe who?
19 A. Typically these referrals came from the
20 Idaho Department of Corrections mental health team.
21 And usually the person on that team was Dr. Richard
22 Craig who would send me a referral.
23 Q. Prior to seeing Ms. Edmo on this occasion,
24 do you recall if you reviewed any of her records?
25 A. I don't recall.

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EXHIBIT C

1 Q. Would you typically have reviewed prior
2 records?
3 A. Yes.
4 Q. And was this progress note written
5 contemporaneously with your examination of Ms. Edmo?
6 A. Partially.
7 Q. What do you mean by "partially"?
8 A. I probably wrote -- I mean I can't remember
9 exactly, but in my normal course of things I write some
10 of the note when I'm with the patient and some of the
11 note after the patient leaves.
12 Q. Do you typically finish the note
13 immediately after the patient leaves?
14 A. Typically.
15 Q. Can you explain the SOAP method to me.
16 A. The SOAP note?
17 Q. Yes.
18 A. Yes. The SOAP note is a typical format for
19 any sort of medical encounter. And the "S" stands for
20 subjective. It's the first portion. And that's
21 usually what the patient says to you or another source.
22 It's subjective information that's coming in. All
23 right?
24 And then the "O" stands for objective,
25 which is what you can see with your eyes. And in a

1 a delusion might be that I have a chip implanted in my
2 brain by the government that's recording my thoughts.
3 And oftentimes when you're examining a patient, it's
4 clear by their behavior that they have a delusion, even
5 if they don't say it. And in this case I must have not
6 noticed anything like that.
7 Q. Under assessment you wrote, "24-year-old
8 male with alcohol dependence and mood d/o NOS."
9 What does the "d/o NOS" mean?
10 A. That stands for mood disorder not otherwise
11 specified.
12 Q. And is this a diagnosis?
13 A. It was.
14 Q. And what was that diagnosis based on?
15 A. That diagnosis? I would have to speculate
16 what that was based off of at this time.
17 Q. What would you typically base that
18 diagnosis on when you're meeting with a patient?
19 A. On the current presentation, plus previous
20 medical records.
21 Q. You also state, "In my opinion he meets
22 criteria for GID. His subjective report and feminine
23 demeanor would be consistent with this."
24 A. Yes.
25 Q. And was that your diagnosis of Ms. Edmo

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EXHIBIT C

1 with gender identity disorder?
2 A. Yes.
3 Q. Do you know if Ms. Edmo had previously been
4 diagnosed with gender dysphoria or gender identity
5 disorder?
6 A. I don't believe that Ms. Edmo had,
7 according to my memory.
8 Q. And what criteria were you talking about
9 when you mentioned that he meets criteria for gender
10 identity disorder?
11 A. There was a book called the Diagnostic and
12 Statistics Manual, Version 4, that had a chapter on
13 gender identity disorder and had criteria in there.
14 And I based it off of that.
15 Q. And you also wrote, "Some dysphoria but
16 functioning well."
17 Can you explain what that means.
18 A. Yes. Often with mental health problems,
19 one of the criteria will be that their symptoms are
20 affecting their level of function. And that can be a
21 wide variety of things: occupational, social,
22 educational functioning. So how you function in your
23 world. And you can have a lot of mental health
24 complaints, but yet if they don't affect your level of
25 functioning within for a specific disorder, you might

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1 Q. If you did discuss it, would that have been
2 reflected in your note?
3 MR HALL: Object to form.
4 MR. EATON: Join.
5 THE WITNESS: It would -- I guess it would
6 depend if I thought it was pertinent to the note.
7 Q. (BY MS. SHANBHAG): And what was your
8 treatment plan?
9 A. To continue medications, start Remeron
10 7.5 milligrams at bedtime, and return to clinic in
11 three months.
12 Q. Did you do anything to address her thoughts
13 about castrating herself?
14 A. I don't recall.
15 Q. If you did, would that have been reflected
16 in your note?
17 A. It would depend.
18 Q. Did you --
19 A. If I thought it was pertinent, then I would
20 put it in my note.
21 Q. Okay. Let's go to the next page, which is
22 Corizon 538. This note is dated April 20th, 2016.
23 Can you read the subjective portion,
24 please.
25 A. "Inmate reports that she is doing all

1 right. Is eligible for parole, but this has not been
2 granted due to multiple DORs related to use of makeup
3 and feminine appearance. Feminine appearance is
4 subjective, which is very frustrating to the inmate.
5 Wants to discuss sexual reassignment surgery. Has been
6 on hormone replacement for the last year and a half,
7 but feels that she needs more. Cites an improvement in
8 gender dysphoria on hormone replacement, though has
9 ongoing frustrations stemming from current anatomy.
10 Cites that she made attempts to mutilate her genitalia
11 this past fall because of the severity of distress.
12 Also requests to be assigned to different housing unit,
13 emphasizes need for intact genitalia for successful SRS
14 as a deterrent to self-mutilation. I spoke to prison
15 staff about the inmate's behavior, which is notable for
16 animated affect and no observed distress. I have also
17 personally observed the inmate in these settings and
18 did not observe significant dysphoria."
19 Q. Thank you.
20 Was this the first time that Ms. Edmo
21 discussed sexual reassignment surgery with you?
22 A. I don't recall.
23 Q. What was your response to her request to
24 discuss sexual reassignment surgery?
25 A. That I discussed it with her.

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EXHIBIT C

1 Q. And what did you do in discussing it with
2 her?
3 A. I assessed her, what she said, her previous
4 medical record, and staff observations.
5 Q. And was this assessment something you
6 completed while you were with her?
7 A. Some of it. Staff observations, I don't
8 recall if I did that with her or not. And as part of
9 my assessment in this note, I also staffed this case
10 with several doctors and a WPATH member to help in my
11 assessment.
12 Q. And when you staffed the case with these
13 other doctors, does that mean that they conducted an
14 evaluation of Ms. Edmo with you?
15 A. No. So what that means is I would call
16 these doctors, present the case to them, and discuss
17 the possible treatments and what I was recommending,
18 and see if they thought that that sounded like a
19 medically appropriate recommendation.
20 Q. So they never formally wrote down any sort
21 of evaluation or assessment of Ms. Edmo's need for
22 sexual reassignment surgery?
23 MR HALL: Object to form.
24 MR. EATON: Join.
25 THE WITNESS: I don't recall.

EXHIBIT C

1 Q. (BY MS. SHANBHAG): Do you recall
2 discussing Ms. Edmo's request for sex reassignment
3 surgery with Dr. Stoddart, Dr. Young, and Jeremy Clark?
4 A. I don't recall, other than what's in my
5 note.
6 Q. And can you tell me what types of roles
7 Dr. Stoddart, Dr. Young, or Jeremy Clark hold.
8 A. Dr. Stoddart is a psychiatrist. Dr. Young
9 was the regional medical director. And he was a
10 medical doctor. And Jeremy Clark was the clinical
11 supervisor and a WPATH member and was part of the
12 committee to treat GID -- or gender dysphoria.
13 Q. And is it common to consult with other
14 treaters when evaluating whether sexual reassignment
15 surgery is necessary for a patient?
16 A. You know, I think in a case like this,
17 specifically speaking of Ms. Edmo, I had concerns and
18 needed some help from outside colleagues to make sure I
19 was making the right choice. And so I thought that
20 collaborating with multiple different specialties and
21 other outside doctors and somebody who had had more
22 WPATH experience than I did would be helpful. So
23 that's why I did that in this case.
24 Q. Do you know what concerns you had? You
25 mentioned that you had concerns.

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EXHIBIT C

1 A. I don't recall which concerns I had
2 specifically. But if I were to just read this note, I
3 was probably concerned because I had a patient who was
4 expressing a lot of dysphoria and attempts to
5 self-castrate, so because of that I felt like it had
6 risen to another level. And I needed to make sure that
7 I was doing the right thing.
8 Q. And in your assessment you determined that
9 sex reassignment surgery was not necessary; correct?
10 A. Yes, that's correct.
11 Q. And what was that assessment based upon?
12 A. It was based upon a combination of things.
13 My -- all the trainings that I've done, the patient's
14 report, staff observations, consulting with these other
15 doctors. And that's what it was based off.
16 Q. Earlier you mentioned a list of things that
17 were important factors to consider when evaluating
18 whether sex reassignment surgery is necessary, which
19 includes the patient's current functioning.
20 Did you assess that here for Ms. Edmo?
21 A. I don't recall.
22 Q. Do you recall if you assessed the level of
23 Ms. Edmo's dysphoria?
24 A. Well, I do comment on it in the note. I
25 don't recall personally. But in my note there are

EXHIBIT C

1 comments about it.
2 Q. You earlier mentioned about the length of
3 an individual's complaint was an important factor in
4 evaluating whether the surgery is necessary.
5 Did you evaluate that here?
6 A. Yes, I did take that into account here.
7 Q. Can you point me to that.
8 A. Well, it's not like directly just the
9 length of the complaint, but it was the length of time
10 on hormone replacement that I documented here.
11 Q. And what was that time?
12 A. It says here for the last year and a half.
13 Q. And earlier you mentioned that the WPATH
14 standards were also an important consideration in
15 evaluating whether SRS is necessary.
16 Did you --
17 MR. EATON: Object to form. Sorry. I thought
18 you were done.
19 Q. (BY MS. SHANBHAG): Did you take into
20 account the WPATH standards in coming to your
21 conclusion?
22 A. Yes.
23 MR. EATON: Object to the form.
24 THE WITNESS: Yes.
25 Q. (BY MS. SHANBHAG): And how did you do

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1 that?
2 A. You know, it's part of everything that I do
3 when I treat somebody with gender dysphoria. I think
4 the WPATH standards are very helpful to help guide
5 treatment. They're not the only thing I rely on, but I
6 definitely include them in what I think about.
7 Q. Can you point me to where in your note the
8 standards are reflected, or your understanding of the
9 standards are reflected.
10 A. Well, you find that I don't say a lot of
11 things that I've received in trainings in my note. And
12 that's not typical practice to reference every
13 decision. But I did mention that I consulted with
14 Jeremy Clark, who was a WPATH member. So that's at
15 least an allusion to WPATH.
16 Q. And you earlier talked about the patient's
17 mental health stability as another factor in evaluating
18 whether SRS is necessary?
19 A. Yes.
20 Q. Did you evaluate Ms. Edmo's mental health
21 stability?
22 A. I don't recall at this time, but I do know
23 that as part of the committee in deciding the different
24 treatments for Ms. Edmo that there was a lot of concern
25 about Ms. Edmo's overall health and that she wasn't

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1 stable enough to receive SRS.
2 Q. I'm asking, in this particular assessment
3 did you take into account Ms. Edmo's mental health
4 stability when considering her request for SRS?
5 A. I don't recall.
6 Q. And you also mentioned obtaining collateral
7 sources of information as another factor in determining
8 whether a patient needs sex reassignment surgery.
9 What collateral sources of information did
10 you rely upon here?
11 A. I relied upon the previous medical record,
12 staff observations, her therapist, and their notes.
13 And that's it.
14 Q. Where in this note does it reflect that you
15 reviewed her medical record or the notes of her
16 therapists?
17 A. I don't regularly write that I reviewed
18 past medical notes and therapist notes in my notes,
19 because I do it as a general practice for all my
20 patient encounters.
21 Q. Do you recall which prison staff you spoke
22 to about Ms. Edmo's behavior?
23 A. I don't recall.
24 Q. And you incorporated your personal
25 observations in the subjective portion; correct?

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1 A. Yes.
2 Q. And you state, "I have also personally
3 observed the inmate in these settings and did not
4 observe significant dysphoria."
5 What did that mean?
6 A. That meant that I had observed Ms. Edmo
7 outside of the clinic appointment settings. So walking
8 on the breezeway to the cafeteria, sitting in the
9 dayroom, sitting in the foyer, sitting in the
10 classroom, and hadn't observed anything that overtly
11 looked like dysphoria in those settings.
12 Q. And prior to this visit you had not met
13 with Ms. Edmo for approximately three months; correct?
14 A. I don't recall, but according to these
15 chart notes, that's what it looks like.
16 Q. And what would be an example of significant
17 dysphoria, in your opinion?
18 A. You know, dysphoria can present itself in a
19 variety of ways. It could look like crying. It could
20 look like a very flat affect where you're just not very
21 gregarious. And it would kind of depend on the person
22 too. Someone who's very extroverted who appears not to
23 be extroverted anymore can be another sign of
24 dysphoria.
25 Q. And in concluding that Ms. Edmo did not

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EXHIBIT D

UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF IDAHO

ADREE EDMO (a/k/a MASON EDMO),	)	
Plaintiff,	)	
vs.	)	Case No.
IDAHO DEPARTMENT OF CORRECTION;	)	1:17-cv-00151-BLW
HENRY ATENCIO, in his official	)	
capacity; JEFF ZMUDA, in his	)	
official capacity; HOWARD KEITH	)	
YORDY, in his official and	)	
individual capacities; CORIZON,	)	
INC.; SCOTT ELIASON; MURRAY YOUNG;	)	
RICHARD CRAIG; RONA SIEGERT;	)	
CATHERINE WHINNERY; AND DOES 1-15;	)	
Defendants.	)	
___________________________________	)	

RULE 30(B)(6) DEPOSITION OF IDAHO DEPARTMENT OF CORRECTIONS, TESTIMONY OF ASHLEY DOWELL

AUGUST 31, 2018

REPORTED BY:

JEFF LaMAR, C.S.R. No. 640

Notary Public

EXHIBIT D

Page 2

1 THE RULE 30(B)(6) DEPOSITION OF IDAHO
2 DEPARTMENT OF CORRECTIONS, TESTIMONY OF ASHLEY DOWELL,
3 was taken on behalf of the Plaintiff at the offices of
4 the Idaho Department of Correction, North 1299 Orchard
5 Street, Boise, Idaho, commencing at 8:17 a.m. on
6 August 31, 2018, before Jeff LaMar, Certified Shorthand
7 Reporter and Notary Public within and for the State of
8 Idaho, in the above-entitled matter.
9
10 APPEARANCES:
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Page 3

1 APPEARANCES (Continued):
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4 Atencio, Jeff Zmuda, Howard Keith Yordy, Richard Craig,
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11 Also Present:
12 Mark A. Kubinski
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Page 4

1 I N D E X
2
3 TESTIMONY OF ASHLEY DOWELL PAGE
4 Examination by Mr. Durham 6
5
6
7 EXHIBITS
8 Exh 11 - Standard Operating Procedure, Operations 17
9 Division, Operational Services, Adopted
10 10/31/2002, no Bates numbers
11 Exh 12 - Plaintiff's Amended Notice of the 16
12 Deposition of Defendant Idaho Department
13 of Correction and Request for Production
14 of Documents, no Bates numbers
15 Exh 13 - Management and Treatment Team Committee 53
16 Minutes, dated 6/1/2016, Bates
17 Nos. IDOC_L_pg.78-80
18 Exh 14 - Management and Treatment Team Committee 55
19 Minutes, dated 3/2/2016, Bates
20 Nos. IDOC_L_pg.73-76
21 Exh 15 - Standard Operating Procedure, Bates 60
22 Nos. IDOC_EE_pg.1-35
23 Exh 16 - Health Services Request Co-Pay Form, 71
24 dated 11/15/14, Bates
25 Nos. Corizon 0096-0098

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1 I N D E X (Continued)
2
3 EXHIBITS PAGE
4 Exh 17 - Idaho Department of Correction Mental 77
5 Health DOR Recommendation, Bates
6 No. Corizon 0338
7 Exh 19 - Idaho Department of Correction Property 43
8 Limits, no Bates numbers
9 Exh 20 - Draft Standard Operating Procedure, 43
10 Operations Division, Operational
11 Services, Adopted 10/31/2002, no Bates
12 numbers
13 (Exhibit 18 was not marked at this deposition.)
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EXHIBIT D

Page 6

1 ASHLEY DOWELL,
2 first duly sworn to tell the truth relating to said
3 cause, testified as follows:
4
5 EXAMINATION
6 BY MR. DURHAM:
7 Q. Could you tell us your name and spell your
8 last name for the record.
9 A. Ashley Dowell, D-o-w-e-l-l.
10 Q. And, Ms. Dowell, have you had your
11 deposition taken before?
12 A. I have.
13 Q. Okay. So you're probably familiar with the
14 rules, but I'll go over just a couple of preliminary
15 things just so we're on the same page.
16 A. That would be great.
17 Q. Okay. There's a court reporter taking down
18 testimony today. So if you can wait until after I
19 finish my question until you answer, and I'll try to
20 wait until you answer and then I'll ask another
21 question, that way we can make sure the record is
22 clear.
23 If I say something or ask you something
24 that's unclear, which I'm sure I probably will do, just
25 ask me to repeat it, and I'll try to clarify it for

Page 7

1 you.
2 A. Okay.
3 Q. Have you reviewed any materials today
4 before your deposition?
5 A. I have.
6 Q. Okay. What have you reviewed?
7 A. Well, it won't be an exhaustive list, but
8 lots of documents: IDOC standard operating procedures,
9 grievances, C-notes from our offender management
10 system, the presentence investigation report, internal
11 documents that were generated by our chief
12 psychologist. I'm sure there's a lot more than that
13 that I'm not recalling at the moment. Property sheets,
14 commissary lists, things of that nature.
15 Q. I just want to ask you a couple questions
16 about a few specific categories that you mentioned.
17 A. Sure.
18 Q. So you said SOPs or standard operating
19 procedures.
20 Would those have been specific to gender
21 identity disorder or gender dysphoria, or broader than
22 that?
23 A. I'm sorry. Can you repeat the question?
24 Q. You said SOPs. I think that's one of the
25 first things you said.

Page 8

1 A. Yes.
2 Q. What you reviewed, was that specific to
3 gender dysphoria or gender identity disorder and those
4 subjects, or something broader than that?
5 A. The gender identity disorder SOP, the
6 mental health SOP, the property SOP, the disciplinary
7 SOP, the PREA SOP. I could be missing a few.
8 Is it okay if I refer to that?
9 MR. HALL: Craig, I have a list of all the
10 documents which we have produced, which have been made
11 available to Ms. Dowell. Perhaps, if it's okay, she
12 could look at this and it would refresh her memory as
13 to what she's reviewed.
14 MR. DURHAM: That's fine.
15 Q. If that refreshes your memory, Ms. Dowell,
16 please feel free to refer to it.
17 A. Thank you.
18 Q. Thank you, counsel.
19 So anyway, my next question was, so you're
20 able to testify about those matters, the SOPs that you
21 reviewed for today's deposition; is that correct?
22 A. Yes.
23 Q. Okay. And then you mentioned grievances.
24 Were those grievances specific to Ms. Edmo,
25 or other grievances?

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1 A. They were.
2 Q. And C-notes, can you explain for the record
3 what C-notes are.
4 A. C-notes are a note that's put into our
5 offender management system by IDOC staff.
6 Q. Could that be any IDOC staff, correctional
7 officers, clinicians, anyone?
8 A. Correct.
9 Q. Okay. And the PSI, I assume that was a
10 document that was generated during the criminal
11 proceeding?
12 A. It was.
13 Q. Okay. Ms. Dowell, can you give us your
14 current title.
15 A. I'm the chief of prisons.
16 Q. And what are your responsibilities with the
17 DOC as chief of prisons?
18 A. Sorry, Craig, can I ask you one quick
19 question?
20 Q. Yes.
21 A. Do you want me to review this and tell you
22 if there's other things that I've reviewed, or is this
23 sufficient?
24 Q. Yeah, please review it. And if there are
25 things on here, if that refreshes your memory, yeah,

EXHIBIT D

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1 MR. HALL: Is there nine pages on that?
2 THE WITNESS: Yes.
3 Q. (BY MR. DURHAM): You have nine pages?
4 A. I do.
5 Q. And Bates number, it looks like at the
6 bottom, IDOC underscore V underscore and then the page
7 numbers?
8 A. Yes.
9 Q. Okay. Does that appear to you to be the
10 current written policy about which you just testified?
11 A. This is the current policy that's in place,
12 yes.
13 Q. When was that adopted?
14 A. The note on the SOP indicates that it was
15 adopted 10/31 of 2002.
16 Q. And do you know why it was adopted?
17 A. My understanding is that it was adopted
18 after a lawsuit that was filed against the IDOC.
19 Q. Thank you.
20 And since you gave us the dates of your
21 employment, I assume you weren't involved in the
22 drafting of that document; is that correct?
23 A. I was not.
24 Q. Do you know who was?
25 A. I don't know.

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1 Q. When was it last reviewed?
2 A. The SOP indicates that it was reviewed
3 12/21 of 2011.
4 Q. Do you know when it's scheduled to be
5 reviewed again?
6 A. This SOP has been under review for quite
7 some time.
8 Q. You say "quite some time."
9 Can you be a little more specific?
10 A. When Dr. Campbell joined our staff in the
11 fall of 2016, it was something I discussed with him at
12 that point. And we've had discussions about review
13 consistently throughout that time.
14 Q. And when you had that discussion with
15 Dr. Campbell in 2016, what was the nature of that
16 discussion?
17 A. The nature of the discussion was that the
18 SOP needed to be updated and revised.
19 Q. Did you initiate that discussion with
20 Dr. Campbell?
21 A. I did.
22 Q. And was there anything specific that
23 prompted you to initiate that discussion with him?
24 A. Not specifically. I'm sorry. Let me
25 rephrase that.

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1 He was new in his role at that time, and
2 this is a policy that would fall directly within his
3 area of responsibility. So there was no specific event
4 that triggered that, but it was discussed as part of
5 his role and oversight.
6 Q. When did Dr. Campbell come on board?
7 A. In the fall of 2016.
8 Q. And you said he's the chief psychologist?
9 A. He is.
10 Q. Who was the chief psychologist before him?
11 A. Dr. Richard Craig.
12 Q. And if you know, how long had he been the
13 chief psychologist?
14 A. Prior to Dr. Campbell?
15 Q. Correct.
16 A. I don't know offhand.
17 Q. Okay. Was it more than five years?
18 A. I'm not sure.
19 Q. Okay. So you testified that the SOP is in
20 the process of being updated; is that correct?
21 A. Correct.
22 Q. When is that scheduled to be completed?
23 A. That SOP is in a finalized draft form. We
24 need to work out a training plan prior to approving and
25 releasing it.

Page 21

1 Q. So can you give me an estimate as to how
2 long that will take before it's adopted or implemented?
3 A. Well, I would likely say within the next
4 two to three months.
5 Q. Is there someone in IDOC that is tasked
6 with supervising that process?
7 MR. HALL: Object to form. Vague.
8 THE WITNESS: Supervising the process of writing
9 the SOP?
10 Q. (BY MR. DURHAM): It was a bad question.
11 Is there somebody who is supervising the
12 complete revision of the SOP, somebody in charge of
13 that process?
14 A. So there could be several people that work
15 on a revision of an SOP. If it is specifically related
16 to the prisons division, I would approve it, which
17 would mean I would have the final review and editing
18 authority. There's a process by which it is reviewed
19 by our deputy attorney generals assigned to our agency,
20 and there is a policy coordinator that ensures
21 formatting. There's an SOP related to -- to policies
22 that she follows. So she's responsible for formatting
23 and ensuring that that SOP is followed, that
24 definitions are consistent, things of that nature.
25 Q. So if I understand your testimony

EXHIBIT D

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1 correctly, and correct me if I'm wrong, there's
2 somebody who's assigned to make sure that the revision
3 process itself follows another SOP; is that right?
4 A. Not exactly.
5 Q. Okay.
6 A. She's a coordinator, so she coordinates the
7 process of the revision and the eventual publishing to
8 make sure certain steps were followed. She's a
9 coordinator. She doesn't necessarily oversee that
10 process.
11 Q. Is there a committee or a task force that
12 is working on this revision?
13 A. There are several people who have worked on
14 this, but not a committee.
15 Q. Who are those people?
16 A. I've worked on it. Dr. Campbell has worked
17 on it. Dr. Campbell -- I'm sorry. Myself,
18 Dr. Campbell. I've had discussions with my legal
19 counsel.
20 Q. Anyone else?
21 A. I'm -- I believe Dr. Campbell has also had
22 some discussions with his staff as well.
23 Q. Are there any Corizon providers involved in
24 that process?
25 A. No.

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1 Q. So you may have testified to this, and if
2 you did, I apologize: Does the current SOP govern the
3 treatment of inmates with gender dysphoria?
4 A. I'm not sure I understand specifically what
5 you're asking.
6 Q. Does the current SOP, Exhibit 11, apply to
7 the process through which inmates with gender dysphoria
8 are managed and treated?
9 MR. EATON: Object to form.
10 MR. HALL: Join.
11 THE WITNESS: So I believe I testified earlier,
12 this process outlines specific procedures for inmates
13 who are requesting evaluation for gender dysphoria or
14 have been diagnosed with gender dysphoria. But there
15 are several other health care and mental health
16 policies that would also govern the overall health care
17 of that inmate population --
18 Q. (BY MR. DURHAM): And my question --
19 A. -- as a whole.
20 Q. And the reason I asked that question --
21 maybe this will be a little clearer, but does
22 Exhibit 11 use the term "gender dysphoria"?
23 A. Can you give me just a second to look?
24 Q. Sure. Absolutely.
25 A. [Reviews.]

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1 Yes, the term "gender dysphoria" is found
2 on page 2 of 9.
3 Q. And in what context is it being used there?
4 A. On page 2, "gender dysphoria," the term, is
5 used in the definition of "Gender Identity Disorder."
6 Q. Okay. Thank you.
7 So I'd like to kind of walk through some of
8 the steps that this policy sets out for an inmate with
9 gender dysphoria or gender identity disorder.
10 Is there an IDOC official who was initially
11 responsible for making an evaluation to determine
12 whether the inmate is GID or GD?
13 A. If you'll give me just a second to review
14 this.
15 [Reviews.]
16 Can you ask your question again, Craig?
17 I'm sorry.
18 Q. No, that's fine. And this will refresh
19 your recollection. I'll draw your attention to page 4,
20 bottom of page 4, and the top of page 5, and that sort
21 of sets out the steps.
22 A. So I'm sorry. I understood you to say does
23 someone do an evaluation of the inmate. I think you're
24 referring to on page 4 and 5 how the inmate requests
25 the initial evaluation.

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1 Can you clarify which you're asking about?
2 Q. So let's skip over that step.
3 Once the inmate has requested the
4 evaluation, what happens next is my question. What
5 IDOC official is responsible for conducting that
6 evaluation?
7 A. For conducting the evaluation?
8 Q. Correct. If any.
9 A. Okay. On the bottom of page 5 where it
10 speaks specifically to the "Evaluation of the
11 Offender," it speaks to the offender being evaluated by
12 the psychologist and/or psychiatrist.
13 Q. And if you know, are those IDOC positions
14 or Corizon positions?
15 A. We have a chief -- I'm sorry, we, as in
16 IDOC, has a chief psychologist. Corizon also has
17 psychologist positions. And psychiatrist positions are
18 all Corizon staff.
19 Q. Once that evaluation has been made, is it
20 your understanding that the psychiatrist/psychologist
21 determination goes to the chief psychologist of the
22 Idaho Department of Correction for review?
23 A. Once the evaluation has been finalized?
24 Q. Yes. And I direct your attention to the
25 bottom of I guess it's page 6, section 5.

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1 So that is training specific to the
2 management of gender dysphoria and gender identity
3 disorder in a correctional setting, at POST, what you
4 just testified to?
5 A. So at POST there is training specific to
6 gender dysphoria under the umbrella of a section of
7 training that's called managing offenders with mental
8 illness, something to that effect.
9 Q. Okay.
10 A. Managing mental illness. That -- broadly
11 that topic. There is a section specifically related to
12 gender dysphoria, yes.
13 Q. Okay. And I interrupted you. You were
14 going to give me some other examples, I think, after
15 POST.
16 A. Sorry. Now I've lost my train of thought.
17 So there's the training at POST. There is specifically
18 training provided in the Behavioral Health Unit at ISCI
19 to officers every year that has encompassed gender
20 dysphoria. There is training that has been provided to
21 clinicians statewide related to gender dysphoria.
22 There is initial training that's provided to new hire
23 clinicians related to gender dysphoria. And there is
24 training specifically that was provided on assessment
25 and evaluation of inmates with gender dysphoria.

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1 Q. Do you know when that training was
2 provided?
3 MR. HALL: Object to form.
4 Which one?
5 Q. (BY MR. DURHAM): The last one, the one on
6 I think you said assessment of inmates for gender
7 dysphoria.
8 A. I was given that information, and I don't
9 recall offhand when that training occurred.
10 Q. Do you know who was the trainer?
11 A. Dr. Campbell and Jeremy Clark, who's an
12 IDOC clinical supervisor.
13 Q. Are you aware of any training by
14 Dr. Stephen Levine?
15 A. I am.
16 Q. Did you attend that training?
17 A. I did. Portions of it.
18 Q. And what was the purpose of that training?
19 MR. EATON: Object to form.
20 MR. HALL: I'll join. Calls for speculation,
21 lacks foundation as well.
22 MR. EATON: Join.
23 THE WITNESS: Can you clarify in terms of
24 purpose, what you --
25 Q. (BY MR. DURHAM): Well, let's start. So

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1 who sponsored or brought Dr. Stephen Levine in for the
2 training?
3 A. I -- I don't know who sponsored the
4 training, per se. I know that the training was held at
5 the Corizon regional office.
6 Q. Okay. And do you know who attended besides
7 yourself?
8 A. I don't know that I can specifically say
9 without looking at a list of attendees.
10 MR. DURHAM: Do you have Exhibit 4 from the last
11 deposition?
12 THE COURT REPORTER: Yeah.
13 Q. (BY MR. DURHAM): I'm handing you what's
14 been marked as Plaintiff's Exhibit 4.
15 Do you recognize that?
16 A. I can tell you the title of the document.
17 I don't recognize the document.
18 Q. Okay. Does that refresh your memory as to
19 any attendees at Dr. Levine's training?
20 A. Some of the names on this list I recall
21 being there. I don't recall all of them. But I do
22 recall some of the attendees being there, yes.
23 Q. And do you recall what year that training
24 was?
25 A. I don't.

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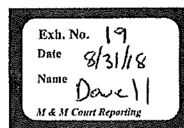
1 MR. DURHAM: Do you have a copy of what's been
2 marked as Exhibit 20?
3 MR. HALL: I know we brought four copies. Did
4 you get one, Craig?
5 MR. DURHAM: I think we had him mark it.
6 THE WITNESS: Here's 20.
7 Q. (BY MR. DURHAM): Okay. Great. I think
8 we're wrapping up, so...
9 A. Okay.
10 Q. Do you have Exhibit 20 in front of you?
11 A. I do.
12 Q. And what is this document?
13 A. This is a draft of some revisions to a
14 policy with a control number that begins with 401.
15 Q. Okay. And which policy is it a draft or a
16 revision to?
17 A. The -- this is a revision to the policy
18 that is marked as Exhibit 11 that originally was titled
19 "Gender Identity Disorder: Health Care for Offenders
20 with."
21 Q. Does it still have that title, that same
22 title, or does it have a different title?
23 A. It has a different title.
24 Q. Has IDOC consulted with any third-party
25 standards or policies in formulating this draft?

EXHIBIT D

IDAHO DEPARTMENT OF CORRECTION
Property Limits

(*) The item is not tracked in property logs
(+) If the inmate purchases personal items in addition to state issued, or to replace state issues; facility staff must take the extra state issued items away so that the inmate has only the total number allowed in possession. The maximum number allowed is the sum of SI and Pers quantity counts noted in the table.
(>>) This list establishes the maximum amount of certain property or commissary items for all inmates. It is not intended to be an all-inclusive list of offerings. Commissary or property items available for sale through commissary as approved by IDOC that are not listed on or limited by this list are considered authorized and are limited only by the weekly spending limit.
(***) This list restricts the quantities and/or types of property and commissary allowed in certain housing units. Access to general commissary and property offerings is not permitted for detention, pre-hearing segregation (PHS), and segregation pending investigation (SPI). Inmates in a reception and diagnostic unit (RDU) or transit or those inmates with an "unassigned" classification status have more liberal access to commissary but are still more restricted than other housing areas.

Authorized Items	General Property Limits - All Facilities (>>)				Restricted Housing Property Limits		
	State Issued (SI) and/or Personal (Pers)	Retained Jurisdiction (Rider)	General Population, Administrative Segregation, Death Row	CRC	(***) Detention, PHS, SPI	Acute BHU (IMSI C-Block, tiers 1 and 2;PWCC Unit 3, B-tier only)	(***) RDU/Transit Status and Unassigned Classification
* *Antenna	Pers	1 - PWCC only	1 - PWCC only	1 per room	None	1 - PWCC only	None
Address book	Pers	1	1	1	1	1	1
Alarm clock	Pers	1	1	1	None	1	None
Batteries AA	Pers	6	6	6	None	6	6
Batteries AAA	Pers	6	6	6	None	6	6



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IDAHO DEPARTMENT OF CORRECTION
Property Limits

Authorized Items	General Property Limits - All Facilities (>>)				Restricted Housing Property Limits		
	State Issued (SI) and/or Personal (Pers)	Retained Jurisdiction (Rider)	General Population, Administrative Segregation, Death Row	CRC	(***) Detention, PHS, SPI	Acute BHU (IMSI C-Block, tiers 1 and 2;PWCC Unit 3, B-tier only)	(***) RDU/Transit Status and Unassigned Classification
Beard or mustache trimmer (male only - battery operated)	Pers	1	1	1	None	None	None
Belt (plain) and buckle (buckle not to exceed 2" x 2")	Pers	1 - SI only	1 - SI only	1	None	None	None
+ Blankets	SI and/or Pers	2	2	2	None	2	2 - SI only
Board Games (Chess, Checkers, etc. as offered through commissary)	Pers	2	2	2	None	2	2
Books (soft and hard bound, including religious, and magazines)	Pers	20	20	20	1 - soft only	20	1 - soft only
Bowl (plastic with lid)	Pers	5	5	5	None	5	1

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IDAHO DEPARTMENT OF CORRECTION
Property Limits

	Authorized Items	General Property Limits - All Facilities (>>)				Restricted Housing Property Limits		
		State Issued (SI) and/or Personal (Pers)	Retained Jurisdiction (Rider)	General Population, Administrative Segregation, Death Row	CRC	(***) Detention, PHS, SPI	Acute BHU (IMSI C-Block, tiers 1 and 2;PWCC Unit 3, B-tier only)	(***) RDU/Transit Status and Unassigned Classification
+	Bras (female and approved GD inmates only)	SI and/or Pers	3 - SI 2 - Pers	3 - SI 2 - Pers	3 - SI 2 - Pers	3 - SI only	3 - SI 2 - Pers	3 - SI only
	Calculator	Pers	1	1	1	None	1	None
*	Calendar (no metal binding, no sexually explicit materials - see SOP 402.02.01.001, *Mail Handling in Correctional Facilities*)	Pers	1	1	1	None	1	None
	Can opener	Pers	None	None	1	None	None	None
+	Cap [excludes uniforms] (baseball and/or knitted style [no hobby craft]) [i]	Pers	2 any combination of style	2 any combination of style	2 any combination of style	None	2 any combination of style	None
*	Cash	N/A	None	None	$30.00 maximum allowed	None	None	None

EXHIBIT D

IDAHO DEPARTMENT OF CORRECTION
Property Limits

Authorized Items	General Property Limits - All Facilities (>>)				Restricted Housing Property Limits		
	State Issued (SI) and/or Personal (Pers)	Retained Jurisdiction (Rider)	General Population, Administrative Segregation, Death Row	CRC	(***) Detention, PHS, SPI	Acute BHU (IMSI C-Block, tiers 1 and 2;PWCC Unit 3, B-tier only)	(***) RDU/Transit Status and Unassigned Classification
Coat or jacket [ii](no leather)	Pers	None	None	2	None	None	None
Coaxial cable (for television)	Pers	None	2	2	None	2	None
Coffee filter (plastic)	Pers	None	None	1	None	None	None
Coffee mug (plastic)	Pers.	1	1	1	None	1	None
Combination lock	Pers	2	2 (minimum and medium custody only)	2	None	None	None
* Contact lenses, case (non-colored) and solution (for new commitments only until eye glasses are provided by medical or personal Rx pair received)	Pers	6 pairs	6 pairs	6 pairs	6 pairs	6 pairs	6 pairs

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IDAHO DEPARTMENT OF CORRECTION
Property Limits

	Authorized Items	General Property Limits - All Facilities (>>)				Restricted Housing Property Limits		
		State Issued (SI) and/or Personal (Pers)	Retained Jurisdiction (Rider)	General Population, Administrative Segregation, Death Row	CRC	(***) Detention, PHS, SPI	Acute BHU (IMSI C-Block , tiers 1 and 2;PWCC Unit 3, B-tier only)	(***) RDU/Transit Status and Unassigned Classification
+	Coveralls (if work required and approved) or facility uniform (top and bottom)	SI and/or Pers	1 pair	1 pair	1 pair - SI 1 pair - Pers	1 pair	1 pair	1 pair
	Cup - Tumbler (plastic only)	Pers	1	1	2	SI	1	1
	Curling or flat iron (females only)	Pers	1	1	1	None	None	None
*	Denture Cleaner	Pers	1	1	1	1	1	1
*	Denture Adhesive	Pers	1	1	1	1	1	1
*	Denture Cup	Pers	1	1	1	1	1	1
	Electronic tablet-type device w/approved accessories	Pers	1 (of each commissary type offered)	1 (one of each commissary type offered)	1 (one of each commissary type offered)	None	1	1
*	Envelopes (stamped from commissary or indigent)	Pers/SI for indigent	20 - Pers 1/wk - SI (indigent)	20 - Pers 1/wk - SI (indigent)	20 - Pers 1/wk - SI (indigent)	20 - Pers 1/wk - SI (indigent)	21 - Pers 1/wk - SI (indigent)	20 - Pers 1/wk - SI (indigent)

EXHIBIT D

IDAHO DEPARTMENT OF CORRECTION
Property Limits

	Authorized Items	General Property Limits - All Facilities (>>)				Restricted Housing Property Limits		
		State Issued (SI) and/or Personal (Pers)	Retained Jurisdiction (Rider)	General Population, Administrative Segregation, Death Row	CRC	(***) Detention, PHS, SPI	Acute BHU (IMSI C-Block, tiers 1 and 2;PWCC Unit 3, B-tier only)	(***) RDU/Transit Status and Unassigned Classification
+	Eyeglasses (prescription [Pers or SI] or reading)	Pers (Rx) and/or SI (through medical) and/or reading through commissary	1 of each	1 of each	1 of each	1 of each	1 of each	1 of each
	Fan (electric)	Pers	1	1	1	None	1	None
*	Fingernail clippers (no file)	Pers	1	1	1	None	None	1
*	Flyswatter	Pers	1	1	1	None	None	1
*	Fork, spoon, spork	Pers	1 of each (commissary only)	1 of each category (commissary only)	1 of each (commissary only)	1 of each (commissary only)	1 (commissary only)	1 of each (commissary only)
	Gloves; fingerless, weight lifting	Pers	None	None	None	None	None	None
	Gloves; jersey	Pers	1 pair	1 pair	1 pair	None	1 pair	1 pair
	Gloves; winter	Pers	None	None	1 pair	None	None	None

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IDAHO DEPARTMENT OF CORRECTION
Property Limits

Authorized Items	General Property Limits - All Facilities (>>)				Restricted Housing Property Limits		
	State Issued (SI) and/or Personal (Pers)	Retained Jurisdiction (Rider)	General Population, Administrative Segregation, Death Row	CRC	(***) Detention, PHS, SPI	Acute BHU (IMSI C-Block, tiers 1 and 2;PWCC Unit 3, B-tier only)	(***) RDU/Transit Status and Unassigned Classification
Gloves; work (excludes SI or work-issued gloves)	Pers	None	None	2 pairs	None	None	None
Guitar (w/strings) and soft-sided case	Pers	None	1	1 (commissary only)	None	None	None
Guitar Picks (plastic)	Pers	None	5	5 (commissary only)	None	None	None
Guitar strap with (or without) buttons	Pers	None	1	1 (commissary only)	None	None	None
Guitar Strings (commissary only)	Pers	None	1 spare set	1 spare set (commissary only)	None	None	None
Guitar tuner	Pers	None	1	1	None	None	None
Hair blow-dryer	Pers	1	1	1	None	1	None
* Hair ties	Pers	1 unopened package plus one 1 open	1 unopened package plus one 1 open	1 unopened package plus one 1 open (commissary only)	1 unopened package plus one 1 open	1 unopened package plus one 1 open	1 unopened package plus one 1 open

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IDAHO DEPARTMENT OF CORRECTION
Property Limits

	Authorized Items	General Property Limits - All Facilities (>>)				Restricted Housing Property Limits		
		State Issued (SI) and/or Personal (Pers)	Retained Jurisdiction (Rider)	General Population, Administrative Segregation, Death Row	CRC	(***) Detention, PHS, SPI	Acute BHU (IMSI C-Block, tiers 1 and 2;PWCC Unit 3, B-tier only)	(***) RDU/Transit Status and Unassigned Classification
*	Hairbrush	Pers	1	1	1	1	1 - PWCC only	1
	Handkerchiefs (white, no bandanas)	Pers	5	5	5	None	None	5
*	Hangers (plastic)	Pers	5	5	10	None	5	None
	Harmonica (eight inches [8"] maximum) (not sold anymore in commissary but if an inmate has one, its grandfathered)	Pers	1	1	1	None	1	None
	Headphone adaptor	Pers	1	1	1	None	1	1
	Headphone extension cord	Pers	1	1	1	None	1	1
	Headphones splitter	Pers	1	1	1	None	1	1

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Authorized Items	General Property Limits - All Facilities (>>)				Restricted Housing Property Limits		
	State Issued (SI) and/or Personal (Pers)	Retained Jurisdiction (Rider)	General Population, Administrative Segregation, Death Row	CRC	(***) Detention, PHS, SPI	Acute BHU (IMSI C-Block, tiers 1 and 2;PWCC Unit 3, B-tier only)	(***) RDU/Transit Status and Unassigned Classification
Headphones: overhead (one aftermarket headphone in addition to standard accessories that come with an electronic device)	Pers	1 pair	1 pair	1 pair	None	1 pair	1 pair
Headphones; earbuds, or mini-earphones (one aftermarket earbud in addition to standard accessories that come with an electronic device)	Pers	1 pair	1 pair	1 pair	None	1 pair	1 pair
Hobby craft (if approved)	Pers	1 (incomplete)	1 (incomplete)	1 (incomplete)	None	None	None
Hot pot	Pers	1	1	1	None	1	None
Hygiene bag (clear, plastic)	Pers	1	1	1	1	1	1

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IDAHO DEPARTMENT OF CORRECTION
Property Limits

Authorized Items	General Property Limits - All Facilities (>>)				Restricted Housing Property Limits		
	State Issued (SI) and/or Personal (Pers)	Retained Jurisdiction (Rider)	General Population, Administrative Segregation, Death Row	CRC	(***) Detention, PHS, SPI	Acute BHU (IMSI C-Block, tiers 1 and 2;PWCC Unit 3, B-tier only)	(***) RDU/Transit Status and Unassigned Classification
* Hygiene items (deodorant, lotion, shampoo, conditioner, razor, body wash, bar soap, toothpaste, etc.)	Pers (SI for indigent)	1 of each category	1 of each category	1 of each category	1 of each category	1 of each category	1 of each category
Lamp - book (clip-on) or reading (battery or electric)	Pers	1	1	1 (commissary only)	None	1	1
Laundry Bag	SI	1	1	1	1	1	1
Lunch box (for outside workers only)	Pers	None	1	1	None	None	None
* Make-up (female only) (foundation, mascara, eye shadow, blush, lip treatment as sold through commissary)	Pers	1 of each category	1 of each category	1 of each category (No glitter make-up, polish remover must be non-acetone, and no aerosol cans.)	None	1 of each category - PWCC only	1 of each category

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Property Limits

Authorized Items	General Property Limits - All Facilities (>>)				Restricted Housing Property Limits		
	State Issued (SI) and/or Personal (Pers)	Retained Jurisdiction (Rider)	General Population, Administrative Segregation, Death Row	CRC	(***) Detention, PHS, SPI	Acute BHU (IMSI C-Block, tiers 1 and 2;PWCC Unit 3, B-tier only)	(***) RDU/Transit Status and Unassigned Classification
* Mirror (plastic)	Pers	1	1	1 (commissary only)	1	1	1
MP3/MP4 Digital Music Player with approved accessories (Not sold any longer but inmates can retain them)	Pers	1	1	1 (commissary only)	None	1	1
Neck ties	Pers	None	None	1	None	None	None
Nightshirt (females only)	SI	1	1	1	1	1	1
+ Pants (includes jeans, Dockers, scrubs, etc.)	SI and/or Pers	2 pair	2 pair (3rd pair if approved for work uniform)	2 pair (3rd pair if approved for work uniform)	1 pair (SI only) Scrubs or Coveralls	2 pair	2 pair
Personal papers and legal materials	n/a	3 cubic feet	3 cubic feet	3 cubic feet	3 cubic feet	3 cubic feet	3 cubic feet
Photograph album (each photograph not to exceed 5" x 8")	Pers	2	2	2	None	2	2

EXHIBIT D

IDAHO DEPARTMENT OF CORRECTION
Property Limits

Authorized Items	General Property Limits - All Facilities (>>)				Restricted Housing Property Limits		
	State Issued (SI) and/or Personal (Pers)	Retained Jurisdiction (Rider)	General Population, Administrative Segregation, Death Row	CRC	(***) Detention, PHS, SPI	Acute BHU (IMSI C-Block, tiers 1 and 2;PWCC Unit 3, B-tier only)	(***) RDU/Transit Status and Unassigned Classification
* Photographs not in album (not to exceed 5" x 8")	Pers	20	20	20	0	20	20
Pillow	Pers	2	2	2	None	2	2
Pillow cases	Pers	2	2	2	None	2	2
Playing cards: Pinochle	Pers	2 decks	2 decks	2 decks	None	2 decks	2 decks
Playing cards: Poker (cold case)	Pers	1 deck	1 deck	1 deck	None	1 deck	1 deck
Power strip	Pers	1	1	1	None	1	1
Prosthesis	Pers	Approved by medical	Approved by medical	Approved by medical	Approved by medical	Approved by medical	Approved by medical
Purse, clear plastic (females only)	Pers	None	None	1	None	None	None
Racquet Balls (w/cardboard or plastic containers only)	Pers	3 balls total	3 balls total	3 balls total (commissary only)	None	3 balls total	3 balls total

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IDAHO DEPARTMENT OF CORRECTION
Property Limits

Authorized Items	General Property Limits - All Facilities (>>)				Restricted Housing Property Limits		
	State Issued (SI) and/or Personal (Pers)	Retained Jurisdiction (Rider)	General Population, Administrative Segregation, Death Row	CRC	(***) Detention, PHS, SPI	Acute BHU (IMSI C-Block, tiers 1 and 2;PWCC Unit 3, B-tier only)	(***) RDU/Transit Status and Unassigned Classification
Radio - Walkman type with standard headphones and batteries	Pers	1	1	1	None	1	1
Radio (AC or battery powered)	Pers	1 (battery only if physical plant requires)	1	1 (commissary only)	None	1	1
Razor / Shaver (AC or battery powered)	Pers	1	1	1	None	1 - PWCC only	None
Ring (band, no stones or gems, maximum value of fifty dollars [$50])	Pers	1	1	1	1	1	1
Rug, bath	Pers	1	1	1 (commissary purchase only)	None	1	1
* Sewing kit (no scissors)	Pers	1	1	1	None	None	None
+ Sheets	SI and/or Pers	2 - SI only	2 - SI only	2 - SI 2 - Pers	None	2 - SI only	2 - SI only

EXHIBIT D

IDAHO DEPARTMENT OF CORRECTION
Property Limits

	Authorized Items	**General Property Limits - All Facilities (>>)**				**Restricted Housing Property Limits**		
		State Issued (SI) and/or Personal (Pers)	**Retained Jurisdiction** (Rider)	**General Population, Administrative Segregation, Death Row**	**CRC**	**(***) Detention, PHS, SPI**	**Acute BHU** (IMSI C-Block , tiers 1 and 2;PWCC Unit 3, B-tier only)	**(***) RDU/Transit Status and Unassigned Classification**
+	Shirts - dress, work, polo, or button up	SI and/or Pers	2 - SI only	2 - SI only	2 - SI 3 - Pers	2 - SI only	2 - SI only	2 - SI only
	Shirts - T-shirts, undershirts, gym, pull-overs(no sleeveless)	Pers/SI	5	5	5	2	5	2
	Shoes (tennis type)	Pers/SI	2 pairs	2 pairs	2 pairs (maximum value of $75)	None	2 pairs	2 pairs
	Shoes - house slippers (to be worn in cells and day rooms Only)	Pers	1 pair	1 pair	1 pair	None	1 pair	1 pair
	Shorts - Gym	Pers	2 pair	2 pair	2 pair	None	2 pair	2 pair
	Shower shoes/sandals	SI or Pers	1 pair	1 pair	1 pair	1 pair	1 pair	1 pair
*	Soap dish	Pers	1	1	1	1	1	1
+	Socks	SI and/or Pers	3 - SI 6 - Pers	3 - SI 6 - Pers	3 - SI 6 - Pers	1 - SI only	3 - SI 6 - Pers	3 - SI 6 - Pers

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IDAHO DEPARTMENT OF CORRECTION
Property Limits

Authorized Items	General Property Limits - All Facilities (>>)				Restricted Housing Property Limits		
	State Issued (SI) and/or Personal (Pers)	Retained Jurisdiction (Rider)	General Population, Administrative Segregation, Death Row	CRC	(***) Detention, PHS, SPI	Acute BHU (IMSI C-Block, tiers 1 and 2;PWCC Unit 3, B-tier only)	(***) RDU/Transit Status and Unassigned Classification
Storage container, personal property items (approximately 8" x 13" or six quarts)	Pers	3	3	3 (commissary only)	None	3	3
Sunglasses with strap	Pers	1 pair	1 pair	1 pair (commissary only)	None	1 pair	1 pair
Sweat pants and Sweat shirt	Pers	1 each	1 each	1 each	None	1 each	1 each
Television w/remote and batteries if available (sets previously purchased from commissary prior to a release are not allowed to re-enter a facility)	Pers	None	1	1 where permitted (commissary only)	None	1	None

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IDAHO DEPARTMENT OF CORRECTION
Property Limits

	Authorized Items	General Property Limits - All Facilities (>>)				Restricted Housing Property Limits		
		State Issued (SI) and/or Personal (Pers)	Retained Jurisdiction (Rider)	General Population, Administrative Segregation, Death Row	CRC	(***) Detention, PHS, SPI	Acute BHU (IMSI C-Block, tiers 1 and 2;PWCC Unit 3, B-tier only)	(***) RDU/Transit Status and Unassigned Classification
	Thermal underwear (top and bottom)	Pers	2 pairs -Pers	2 pairs -Pers	2 pairs -Pers	None	2 pairs -Pers	2 pairs -Pers
	Toenail Clippers (no file)	Pers	1	1	1	None	None	None
*	Toothbrush	Pers	1	1	1	1	1	1
*	Toothbrush holder	Pers	1	1	1	1	1	1
+	Towels	SI and/or Pers	2	2	2	None	2	2
*	Tweezers (round or flat tipped)	Pers	1	1	1	None	1 - PWCC only	1
	Typewriter w/one ribbon	Pers	None	1	1	None	None	None
+	Underwear - gender specific and GD approved inmates(boxer/briefs - males; panties-females)	SI and/or Pers	9 pairs	9 pairs	9 pairs	3 - SI only	9 pairs	9 pairs

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Property Limits

Authorized Items	General Property Limits - All Facilities (>>)				Restricted Housing Property Limits		
	State Issued (SI) and/or Personal (Pers)	Retained Jurisdiction (Rider)	General Population, Administrative Segregation, Death Row	CRC	(***) Detention, PHS, SPI	Acute BHU (IMSI C-Block, tiers 1 and 2;PWCC Unit 3, B-tier only)	(***) RDU/Transit Status and Unassigned Classification
Video game console with batteries (hand-held only)	Pers	None	None	1 (maximum value of $25)	None	None	None
Wallet	Pers	1	1	1	None	None	None
Washcloths	Pers	2	2	2	2	2	2
Water bottle	Pers	1	1	1	None	1	1
+ Work boots or work shoes (inmate workers or work crews only)	SI and/or Pers	1 pair	1 pair (work camps up to 3 pair, fire boots, etc.)	1 pair (work camps up to 3 pair, fire boots, etc.)	None	None	None
Wrist watch (with batteries and band / strap)	Pers	1	1	1 (commissary purchased only)	None	1	1
Storage container, ceremonial for personal religious property/items	Pers	See SOP 320.02.01.002, *Property: Religious* *(commissary purchased only, approximately 8" x 13" or six [6] quarts. Approved ceremonial items must be stored in the religious activity center [chapel])*					

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IDAHO DEPARTMENT OF CORRECTION
Property Limits

Authorized Items	General Property Limits - All Facilities (>>)				Restricted Housing Property Limits		
	State Issued (SI) and/or Personal (Pers)	Retained Jurisdiction (Rider)	General Population, Administrative Segregation, Death Row	CRC	(***) Detention, PHS, SPI	Acute BHU (IMSI C-Block, tiers 1 and 2;PWCC Unit 3, B-tier only)	(***) RDU/Transit Status and Unassigned Classification
Ceremonial, religious items such as religious medallion, head cover, etc.	Pers	See *Property: Religious*, SOP 320.02.01.002					

[i] During winter month, facilities may issue the following: one knit stocking cap to inmates in prison facilities.
[ii] During winter month, facilities may issue the following: one coat to inmates in prison facilities.

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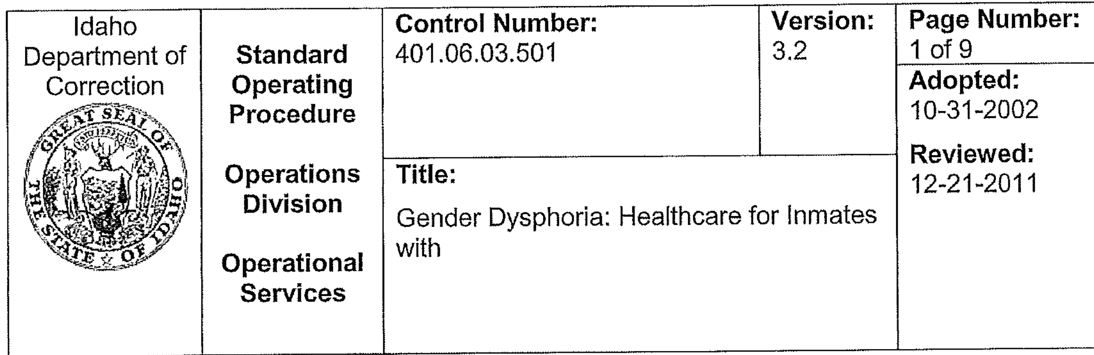

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		Title: Gender Dysphoria: Healthcare for Inmates with		Adopted: 10-31-2002 Reviewed: 12-21-2011

This document was approved by Ashley Dowell, Chief of the Division of Prisons,
on 12/21/11 (signature on file).

Open to the general public: ☒ Yes

BOARD OF CORRECTION IDAPA RULE NUMBER 401

Medical Care

POLICY CONTROL NUMBER 401

Clinical Services and Treatment

DEFINITIONS

Standardized Terms and Definitions List

Administrative Review Committee (ARC)—GD: A committee comprised of the Chief of the Prisons Division; a Deputy Chief of the Prisons Division; and a deputy attorney general who is assigned to the Idaho Department of Correction (IDOC) and will act as legal advisor. The committee reviews recommendations of the Management and Treatment Committee (MTC). The ARC may, in its discretion retain a consultant versed in the treatment, management, and placement of persons with Gender Dysphoria (GD). The ARC makes recommendations regarding the classification, management and security of persons with GD. Recommendations of the ARC, together with the recommendations of the MTC, shall be submitted to the director of the IDOC for final consideration.

Chief Psychologist: The chief psychologist must be a doctoral level psychologist licensed in the state of Idaho and employed by the IDOC and shall be responsible for overseeing the delivery of all IDOC mental health services provided by state of Idaho and/or contract providers. If the chief psychologist is not a qualified GD evaluator, he must engage and rely upon a consultant who must be a qualified GD evaluator.

Consultant—GD: A medical or mental health professional, qualified by virtue of their training and experience to make non-binding recommendations regarding the diagnosis and treatment of inmates with Gender Dysphoria (GD). Any consultant involved with the diagnosis of GD must be a qualified GD evaluator.

Diagnostic and Statistical Manual of Mental Disorders (DSM): The standard manual of psychiatric diagnoses, as published and amended by the American Psychiatric Association from time to time.

Exh. No. 20
Date 8/31/18
Name Dowell
M & M Court Reporting

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Facility: A building or residence (including the property and land where the building or residence is located) owned, leased, operated, or managed by the Idaho Board of Correction or Idaho Department of Correction (IDOC).

Facility Head: The person primarily responsible for overseeing, managing, or operating an Idaho Department of Correction (IDOC) facility.

Gender Dysphoria (GD): A psychiatric disorder that is defined in the most current *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. A person with this condition reports marked incongruence between the gender they were born with and their identified or expressed gender causing clinically significant distress or impairment in functioning.

Hormone Replacement Therapy: A medical treatment in which hormonal medications are administered to individuals diagnosed with gender dysphoria for the purpose of more closely aligning their physical characteristics with their gender identity. The goal of this treatment is feminization or masculinization.

Level of Care (LOC): An acuity based system utilized by the Idaho Department of Correction (IDOC) in which inmates with mental health issues are assigned a LOC based upon the severity of their mental illness and degree of treatment needs.

Management and Placement Plan: A written plan devised by the Management and Treatment Committee (MTC) that includes a review of the treatment plan from the treating medical and mental health providers, outlines referrals for treatment and includes recommendations regarding facility placement and housing and special accomodations or support services. The Management and Placement Plan is forwarded to the Administrative Review Committee (ARC) for their review and approval.

Management and Treatment Committee (MTC): A multidisciplinary committee that is composed of representatives from the medical, mental health, security and operations staff. . This committee reviews the treatment plan from the treating medical and mental health providers and generates a management and placement plan. The committee is lead by the IDOC Chief Psychologist.

Inmate: A person under the legal care, custody, supervision, or authority of the Idaho Board of Correction, including a person within or out of the state of Idaho pursuant to an agreement with another state or contractor.

Primary Physical Sexual Characteristics: Genitalia and reproductive organs.

Qualified Gender Dysphoria (GD) Evaluator: A trained mental health professional, who is either an IDOC or contract medical employee, with competence to work with adults with gender dysphoria and has:

1. A master's degree, or more advanced degree, in a behavioral health field and appropriate licensure in or credentials
2. Competence in using the DSM for diagnostic purposes
3. The ability to recognize and diagnose coexisting mental health concerns
4. Documented supervised training and competence in counseling
5. Is knowledgeable about gender non-conforming identities and expressions and the assessment and treatment of gender dysphoria
6. Continuing education in the assessment and treatment of gender dysphoria

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7. Cultural competence to facilitate work with individuals with gender dysphoria

Reception/Diagnostic Unit (RDU): Initial housing for newly committed inmates (except those under sentence of death) where orientation, screening, assessment, and classification occur.

Sexual Reassignment Surgery: The surgical alteration of the physical appearance of an individual's genitalia so the person's genitals more closely match that of their identified gender.. Sexual reassignment surgery will not be considered for individuals incarcerated within the Idaho Department of Correction (IDOC), unless determined medically necessary by the treating physician.

Sexual Reassignment Treatment: Treatment for a person diagnosed with Gender Dysphoria (GD) in which hormone replacement medications, surgical procedures, or both are utilized to alter a person's physical appearance so that the person appears more like their identified gender.

Treatment Plan: A series of written statements specifying a patient's particular course of treatment and the roles of qualified healthcare professionals in carrying it out.

PURPOSE

The purpose of this standard operating procedure (SOP) is to establish guidelines for the diagnosis, treatment, management, and placement of inmates diagnosed with Gender Dysphoria (GD) to ensure inmate safety and access to appropriate and necessary medical and mental health treatment. This SOP defines the extent and general limits of healthcare services provided to inmates identified as meeting the criteria for diagnosis of GD as outlined within the most current *Diagnostic and Statistical Manual of Mental Disorders (DSM)*.

SCOPE

This SOP applies to all Idaho Department of Correction (IDOC) inmates who request or are evaluated for and/or diagnosed with GD; Prisons Division administrators, employees, contract medical providers and subcontractors; and limited IDOC staff such as facility heads, security staff, deputy attorneys general (DAG) who represents the IDOC, and the director of the IDOC.

RESPONSIBILITY

The director of the Education, Treatment, and Reentry Bureau **and** deputy chief of the Prisons Bureau shall be jointly responsible for the implementation of this SOP and for designating appropriate personnel to develop and implement procedures in conjunction with this SOP.

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GENERAL REQUIREMENTS

1. Initial Reporting

Information about all services available within the correctional system, including those to meet the needs of inmates with GD, will be made available to inmates while in the Reception/Diagnostic Unit (RDU). Upon the inmate's request, information about all services will be available throughout the inmate's incarceration. Until an inmate who is suspected of having GD completes the RDU process, security staff and other relevant staff shall review whether to escort and transport the inmate separately to avoid the risk of physical or sexual assault by other inmates in transit.

Inmates may be evaluated for GD at any point during their incarceration. When the inmate has a prior diagnosis or is suspected of having GD or accompanying/supporting information (i.e., collateral information) is received pertaining to the suspicions of GD, any of the following may request an initial or subsequent evaluation for GD:

- **Inmate** – Requests (in writing) health assistance in accordance with SOP 401.06.03.037, *Non-emergency Healthcare Requests and Services* **or** SOP 401.06.03.087, *Healthcare for Inmates Housed in Non-Idaho Department of Correction Facilities.*
- **Healthcare staff** – Prepares a referral in accordance with SOP 401.06.03.037 **or** 401.06.03.087 and forwards to the chief psychologist.

Subsequent Evaluations

Also see section 11.

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2. Referral and Placement of the Inmate for Evaluation Purposes

The chief psychologist will take the necessary action to transfer an inmate who is scheduled to be evaluated for GD to the appropriate facility for evaluation if a move is needed.

Note:

When determining appropriate placement, the chief psychologist will consider factors such as the inmate's diagnostic needs, prior institutional adjustment, and safety and/or security concerns. In consultation with the warden, unless there are overriding security and/or safety concerns for the inmate, the chief psychologist will place the inmate (who either requests a GD evaluation **or** is diagnosed with GD) in a correctional facility consistent with the inmate's primary physical sexual characteristics.

The evaluation process will commence within 30 days from the date a written request, **or** referral from medical staff for evaluation, is received by the chief psychologist.

3. Evaluation of the Inmate

Once the inmate has been moved to the appropriate housing unit, the inmate will be evaluated by the Qualified GD Evaluator. The chief psychologist, at his direction, may require that a consultant perform this initial evaluation.

Note: Any consultant involved with the diagnosis of GD must be a qualified GD evaluator and contracted by the IDOC.

This evaluation shall include a comprehensive history, mental status evaluation, and clinical interview. Documentation of any claim by the inmate of prior GD diagnosis, treatment, or transgender lifestyle shall be obtained as part of the evaluation process. An inmate's refusal to provide written authorization to access medical records relating to prior diagnosis or treatment of GD may be considered a factor for a non-GD finding by the evaluator.

The diagnosis of GD shall be based on the most current *Diagnostic and Statistical Manual of Mental Disorders*. If the IDOC evaluator believes it is necessary, they may contract a medical **or** mental health consultant to assist in the evaluation process. Any diagnoses by the evaluators should include consideration of the consultant's report.

Throughout the evaluation process, the chief psychologist or clinical supervisor shall monitor the progress of the evaluation to ensure the GD evaluation is completed as soon as practicable. Absent extenuating circumstances, the GD evaluationwill be completed within 60 days from the date the evaluation process commences as described in section 2.

4. Evaluator Findings, Diagnosis, and Reporting

The GD evaluator conducting the evaluation shall prepare independent written reports detailing their findings, diagnosis, and recommended treatment options. These independent written reports shall include dates of contact, instrumentation utilized, collateral data obtained, and the consultant's report, if applicable. The reports shall also include a diagnosis **and** a summary of the information and impressions that support the diagnosis and recommended treatment options. These written reports shall be forwarded to the chief psychologist.

In cases where an inmate was receiving (prior to incarceration) feminizing **or** masculinizing hormones from a licensed medical professional as treatment for GD, the prior treatment will be continued and incorporated into the inmate's individualized medical treatment plan,

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unless hormone replacement therapy is subsequently contraindicated based on the assessment and findings by the inmate's treating physician.

5. Chief Psychologist's Review

Upon receipt of the evaluators' reports, the chief psychologist shall review the findings and convene the Management and Treatment Committee (MTC)The chief psychologist may, at his discretion, request an additional evaluation by a consultant who will provide an independent diagnosis and report. If differences in opinions between evaluators exist, the chief psychologist shall—based upon his review of all available information, including the reports of the evaluators and any consultant—issue a report resolving any differences of opinions concerning diagnosis and/or treatment, including his own findings. All reports generated by the evaluators, consultants, or the chief psychologist will be placed in the inmate's medical file.

Findings Not Supported

In incidences in which the diagnosis of GD is not supported by the evaluation process, the chief psychologist may, at his sole discretion,

- Request an additional evaluation by a consultant who will provide an independent diagnosis, **or**
- Refer concerns about the inmate's security or housing needs to the operations and security staff at the inmate's assigned facility so they can determine appropriate housing..

6. Management and Treatment Committee (MTC) Meeting

When convened, the MTC shall develop and recommend a plan for the management and placement of the inmate. Copies of all reports authored by the evaluators will be provided to the MTC.

The MTC shall develop and recommend an individualized Management and Placement Plan for each inmate diagnosed with GD, which implements the treatment plan developed by the treating medical and mental health providers.

The treating physician may also initiate hormone replacement therapy when such therapy has been prescribed as part of the treatment plan. When initiated by the treating physician, the hormone replacement therapy may commence prior to and independent of the Administrative Review Committee's (ARC) review. The chief psychologist may initiate mental health services recommended as part of the treatment plan prior to and independent of the ARC review.

Management and placement recommendations for inmates with GD will take into account both treatment **and** security needs, with a goal of least restrictive placement. As provided in section 2, facility placement will be based upon the inmate's primary physical sexual characteristics.

The MTC shall forward its recommendation for management and placement to all ARC members.

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7. Administrative Review Committee (ARC) Meeting

Convening Responsibility

After receiving the MTC's report and recommendations, the Chief of the Prisons Division shall convene a meeting of the ARC.

Review of Management and Placement Plan

The ARC shall review the *Management and Placement Plan* recommended by the MTC and, at its discretion, consult with members of the MTC in an effort to address concerns and/or questions related to the proposed plan.

Upon approval of the MTC's proposed *Management and Placement Plan*, the ARC shall submit its recommendation for management to the director of the IDOC within 15 working days of meeting.

8. Final Approval of the Management and Placement Plan

The director of the IDOC shall review the ARC's recommendation, and in his sole discretion:

- Take into consideration existing security concerns within the facility **and** available space in the facility identified in the *Management and Placement Plan*; **and either**
- Send the recommendation back to the ARC **or** the MTC for additional findings or information, **or**
- Retain consultants to address any concerns or questions with the recommendation, **or**
- may accept (in writing) the ARC's recommendation.

9. Implementation of the Management and Placement Plan

Inmates diagnosed with GD shall be:

- Managed pursuant to the Management and Placement Plan approved by the director of the IDOC, and
- Treated in accordance with their medical and mental health treatment plan

Inmates requesting evaluation for (or diagnosed with) GD will not be placed in administrative segregation based solely upon their request or diagnosis.

Hormone replacement therapy shall be provided as needed but only when medically indicated and consistent with the inmate's treatment plan. An inmate who was receiving hormone replacement therapy at the time of incarceration will continue on those medications, unless current treating medical providers determine there is a medically compelling reason to discontinue treatment. An inmate who is initially diagnosed with GD while incarcerated at the IDOC will be eligible to receive hormone replacement therapy if medically necessary and as identified in their treatment plan. The inmate shall be required to provide their informed consent (see SOP 401.06.03.070, *Informed Consent*) to ensure the inmate understands and accepts the risks associated with any prescribed treatment for GD.

- **Respectful and Safe Conduct Related to Appearance**

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- Inmates diagnosed with Gender Dysphoria will be allowed to maintain their appearance in a way that is consistent with their identified gender. This means that inmates housed in a male facility, who identify as female **and** have been diagnosed with gender dysphoria, will be allowed to wear makeup and wear their hair in traditionally feminine hairstyles and present as female. Similarly, inmates housed in a female facility, who identify as male **and** have been diagnosed with gender dysphoria, will be allowed to wear their hair in traditionally male hairstyles and present as male.
- However, to avoid a sexually charged atmosphere in IDOC facilities, and to foster an environment of respect for all persons housed there, the following guidelines will be in place:
- No provocative or sexually charged clothing or behavior will be permitted.
    - Examples of inappropriate clothing include, but are not limited to: clothing that is too tight, too short, transparent, shows cleavage or the midriff.
    - Examples of inappropriate behavior include but are not limited to: gestures or mimicking of sexual behavior, behavior or actions that are provocative, kissing, or similar conduct.
- A single commissary list will be used for inmates who have been diagnosed with Gender Dysphoria. There will be no distinction or restriction of products by gender as to what can be ordered.
    - This includes undergarments such as male/female underwear and bras
    - Inmates who are indigent, **and** diagnosed with gender dysphoria, and do not have the funds to purchase undergarments will be provided state issued undergarments per SOP
- Gender neutral references will be used by IDOC staff when speaking to or referring to inmates diagnosed with Gender Dysphoria.
    - For example: Use the inmate's name or use gender neutral pronouns for reference such as they, them, or their.
- Medical and mental health staff will refer to inmates diagnosed with gender dysphoria by their preferred pronoun.
-
- Inmates diagnosed with Gender Dysphoria will be treated by staff in a manner consistent with policy 201, *Respectful Workplace*. (I.e., Staff members must maintain a respectful and professional demeanor, and refrain from harassing inmates due to their gender/sex, etc.)
- Inmates diagnosed with GD shall be provided access to the full range of services and programs available within the IDOC to the same extent as other inmates.

Searches of inmates diagnosed with GD will be conducted in a manner that is consistent with SOP 317.04.02.001, *Searches of Inmates*.

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10. Subsequent Reviews and Evaluations for GD

In the event that additional observations **or** information concerning the inmate's purported GD becomes available, a subsequent evaluation (i.e., a re-evaluation) may be requested. Inmates who have requested to be evaluated for gender dysphoria, and who have not been assessed as meeting criteria for that diagnosis, may reinitiate the evaluation process via Health Services Request one year after the date of the initial evaluation.

The decision to allow a re-evaluation shall be within the discretion of the chief psychologist based upon his review of all available information. If a re-evaluation is denied, the basis for the denial must be documented in the inmate's healthcare record.

REFERENCES

IDAPA 06.01.01, *Rules of the Board of Correction*, Section 302.05, Medical, Dental, Psychological and Psychiatric Care

IDAPA 06.01.01, *Rules of the Board of Correction*, Section 401, Medical Care

Policy 201, *Respectful Workplace*

Standard Operating Procedure 317.04.02.001, *Searches of Inmates*

Standard Operating Procedure 401.06.03.037, *Non-emergency Healthcare Requests and Services*

Standard Operating Procedure 401.06.03.070, *Informed Consent*

Standard Operating Procedure 401.06.03.087, *Healthcare for Inmates Housed in Non-Idaho Department of Correction Facilities*

– End of Document –

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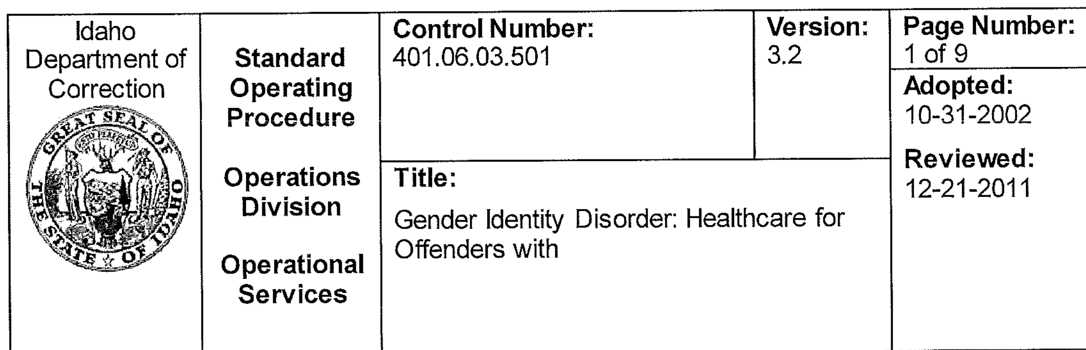
EXHIBIT E



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		Title: Gender Identity Disorder: Healthcare for Offenders with		Adopted: 10-31-2002 Reviewed: 12-21-2011

This document was approved by Shane Evans, director of the Education, Treatment, and Reentry Bureau, on 12/21/11 (signature on file).

Open to the general public: ☒ Yes

BOARD OF CORRECTION IDAPA RULE NUMBER 401

Medical Care

POLICY CONTROL NUMBER 401

Clinical Services and Treatment

DEFINITIONS

Standardized Terms and Definitions List

Administrative Review Committee (ARC)—GID: A committee comprised of the chief of the Operations Division; a deputy chief of the Prisons Bureau; the director of the Education, Treatment, and Reentry Bureau; and a deputy attorney general who is assigned to the Idaho Department of Correction (IDOC) and will act as legal advisor. The committee reviews recommendations of the Management and Treatment Committee (MTC). The ARC may, in its discretion retain a consultant versed in the treatment, management, and placement of persons with gender identity disorder (GID). The ARC makes recommendations regarding the classification, management and security of persons with GID. Recommendations of the ARC, together with the recommendations of the MTC, shall be submitted to the director of the IDOC for final consideration.

Chief Psychologist: The Idaho Department of Correction (IDOC) employee who is primarily responsible for overseeing or managing the IDOC's mental health services.

Consultant—GID: A medical or mental health professional, qualified by virtue of their training and experience to make non-binding recommendations regarding the diagnosis and treatment of offenders with gender identity disorder (GID). Any consultant involved with the diagnosis of GID must be a qualified GID evaluator.

Cross-sex Hormonal Therapy: Medical treatment in which an anatomically male person is prescribed feminizing medications or an anatomically female person is prescribed masculinizing medications for the purpose of generating either or both psychological or physical changes determined to be medically necessary.

Diagnostic and Statistical Manual of Mental Disorders (DSM): The standard manual of psychiatric diagnoses, as published and amended by the American Psychiatric Association from time to time.

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Facility: A building or residence (including the property and land where the building or residence is located) owned, leased, operated, or managed by the Idaho Board of Correction or Idaho Department of Correction (IDOC).

Facility Head: The person primarily responsible for overseeing, managing, or operating an Idaho Department of Correction (IDOC) facility.

Gender Identity Disorder (GID): A psychiatric disorder that includes gender identity disorder (GID) and gender dysphoria, as defined in the most current *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. A person with this condition is dissatisfied and sometimes seriously dysphoric with his or her own biological sex and desires to be considered and treated as a member of the opposite sex. In general, this condition is a stable nonviolent condition and not due to psychosis but it may accompany other mental disorders.

Health Authority: The Idaho Department of Correction (IDOC) employee who is primarily responsible for overseeing or managing the IDOC's medical services. (The health authority is commonly referred to as the health services director.)

Hormonal Replacement Treatment: A medical treatment in which male or female hormones are prescribed to a patient as a result of his/her inability to produce an adequate amount of these hormones internally. Persons who have undergone sexual reassignment surgery may require this therapy to treat medically significant side effects.

Level of Care (LOC): A system utilized by the Idaho Department of Correction (IDOC) in which offenders with mental health issues are assigned a LOC based upon the severity of their mental illness and degree of treatment needs.

Management and Placement Plan: A written plan devised by the Management and Treatment Committee (MTC) implementing the treatment plan, by addressing mental health services, facility placement, and other needed support services for individuals diagnosed with gender identity disorder (GID). The Management and Placement Plan is forwarded to the Administrative Review Committee (ARC) for their review and approval.

Management and Treatment Committee (MTC): A committee composed of the health authority, chief psychologist, psychiatrist, psychologist, medical director, and facility head. Other mental health, medical, human services, and security staff may be requested to attend in a recommendational capacity by the health authority.

Medical Director: A physician either employed by the Idaho Department of Correction (IDOC) or contracted through privatized services (i.e., the physician in charge if medical services are privatized).

Offender: A person under the legal care, custody, supervision, or authority of the Idaho Board of Correction, including a person within or out of the state of Idaho pursuant to an agreement with another state or contractor.

Primary Physical Sexual Characteristics: Genitalia and reproductive organs.

Psychiatrist: A psychiatrist, who meets the definition of a qualified gender identity disorder (GID) evaluator, employed by the Idaho Department of Correction (IDOC) or a private contractor and charged by their employer with oversight of delivery of psychiatric services to offenders.

Psychologist: A psychologist, who meets the definition of a qualified gender identity disorder (GID) evaluator, employed by the Idaho Department of Correction (IDOC) or a

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private contractor and charged by their employer with oversight of delivery of psychological services to offenders.

Qualified Gender Identity Disorder (GID) Evaluator: A Doctor of Philosophy (PhD) level practitioner licensed by an appropriate state licensing authority as a psychologist, or a physician licensed by a state Board of Medicine, who has demonstrated an indicia of basic competence related to the diagnosis and treatment of GID and related mental or emotional disorders through their licensure, training, continuing education, and clinical experience.

Reception/Diagnostic Unit (RDU): Initial housing for newly committed offenders (except those under sentence of death) where orientation, screening, assessment, and classification occur.

Sexual Reassignment Surgery: The surgical alteration of a person's physical appearance so that the person appears more like the opposite gender.

Sexual Reassignment Treatment: Treatment for a person diagnosed with gender identity disorder (GID) in which hormonal medications, surgical procedures, or both are utilized to alter a person's physical appearance so that the person appears more like the opposite gender. While these surgical procedures are available within the community, sexual reassignment surgery will not be considered for individuals incarcerated within the Idaho Department of Correction (IDOC), unless determined medically necessary by the GID evaluators.

Treatment Plan: A series of written statements specifying a patient's particular course of therapy and the roles of qualified healthcare professionals in carrying it out.

PURPOSE

The purpose of this standard operating procedure (SOP) is to establish guidelines for the diagnosis, treatment, management, and placement of offenders diagnosed with gender identity disorder (GID) to ensure offender safety and access to appropriate and necessary medical and mental health treatment. This SOP defines the extent and general limits of healthcare services provided to offenders identified as meeting the criteria for diagnosis of GID as outlined within the most current *Diagnostic and Statistical Manual of Mental Disorders (DSM).*

SCOPE

This SOP applies to all Idaho Department of Correction (IDOC) offenders who request or are evaluated for and/or diagnosed with GID; Education, Treatment, and Reentry Bureau administrators, employees, contract medical providers and subcontractors; and limited IDOC staff such as facility heads, security staff, deputy attorneys general (DAG) who represents the IDOC, and the director of the IDOC.

RESPONSIBILITY

The director of the Education, Treatment, and Reentry Bureau **and** deputy chief of the Prisons Bureau shall be jointly responsible for the implementation of this SOP and for designating appropriate personnel to develop and implement procedures in conjunction with this SOP.

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GENERAL REQUIREMENTS

1. Initial Reporting

Information about all services available within the correctional system, including those to meet the needs of offenders with GID, will be made available to offenders while in the Reception/Diagnostic Unit (RDU). Upon the offender's request, information about all services will be available throughout the offender's incarceration. Until an offender who is suspected of having GID completes the RDU process, security staff and other relevant staff shall review whether to escort and transport the offender separately to avoid the risk of physical or sexual assault by other offenders in transit.

Offenders may be evaluated for GID at any point during their incarceration. When the offender has a prior diagnosis or is suspected of having GID or accompanying/supporting information (i.e., collateral information) is received pertaining to the suspicions of GID, any of the following may request an initial or subsequent evaluation for GID:

- **Offender** – Requests (in writing) health assistance in accordance with SOP 401.06.03.037, *Non-emergency Healthcare Requests and Services* **or** SOP 401.06.03.087, *Healthcare for Offenders Housed in Non-Idaho Department of Correction Facilities.*

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- **Healthcare staff** – Prepares a referral in accordance with SOP 401.06.03.037 **or** 401.06.03.087 and forwards to the chief psychologist.

Subsequent Evaluations

Also see section 11.

2. Referral and Placement of the Offender for Evaluation Purposes

The chief psychologist will take the necessary action to transfer an offender who is scheduled to be evaluated for GID to the appropriate facility for evaluation as follows:

- **Male offenders**—will be housed within the Secure Mental Health Unit (located within the Idaho Maximum Security Institution [IMSI]). Offenders who are believed to pose a security risk may be placed in more secure housing following consultation with the IMSI warden's office.
- **Female offenders**—will be housed at the Pocatello Women's Correctional Center (PWCC) following consultation with the warden of PWCC.

Note: The chief psychologist must be a doctoral level psychologist licensed in the state of Idaho and employed by the IDOC. The chief psychologist reports directly to the director of the Education, Treatment, and Reentry Bureau, should be a qualified GID evaluator, and shall be responsible for overseeing the delivery of all IDOC mental health services provided by state of Idaho and/or contract providers. If the chief psychologist is not a qualified GID evaluator, he must engage and rely upon a consultant who must be a qualified GID evaluator.

When determining appropriate placement, the chief psychologist will consider factors such as the offender's diagnostic needs, prior institutional adjustment, and safety and/or security concerns. Upon reviewing these and other relevant factors, the chief psychologist may exercise the option to place the offender in a facility other than those listed above in this section. In consultation with the warden, unless there are overriding security and/or safety concerns for the offender, the chief psychologist will place the offender (who either requests a GID evaluation **or** is diagnosed with GID) in a correctional facility consistent with the offender's primary physical sexual characteristics.

The transfer will occur as soon as practicable, subject to variables such as bed and transportation availability, and security considerations. The evaluation process will commence within 30 days from the date a written request, **or** referral from medical staff for evaluation, is received by the chief psychologist.

3. Evaluation of the Offender

Once the offender has been moved to the appropriate housing unit, the offender will be evaluated by the psychologist and/or psychiatrist. The chief psychologist, at his discretion, may require that a consultant perform this initial evaluation.

Note: Any consultant involved with the diagnosis of GID must be a qualified GID evaluator.

This evaluation shall include a comprehensive history, mental status evaluation, and clinical interview. Documentation of any claim by the offender of prior GID diagnosis, treatment, or transgender lifestyle shall be obtained as part of the evaluation process. An offender's

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refusal to provide written authorization to access medical records relating to prior diagnosis or treatment of GID may be considered a factor for a non-GID finding by the evaluators.

The diagnosis of GID shall be based on the most current *Diagnostic and Statistical Manual of Mental Disorders*. If the evaluators believe it is necessary, they may contract a medical **or** mental health consultant to assist in the evaluation process. Any diagnoses by the evaluators should include consideration of the consultant's report.

Throughout the evaluation process, the chief psychologist shall monitor the progress of the evaluation to ensure the GID evaluation is completed as soon as practicable. Absent extenuating circumstances, the GID evaluation—including the chief psychologist's review and report (see section 5)—will be completed within 60 days from the date the evaluation process commences as described in section 2.

4. Evaluator Findings, Diagnosis, and Reporting

The psychologist (and/or psychiatrist) or consultant conducting the evaluation shall prepare independent written reports detailing their findings, diagnosis, and recommended treatment options. These independent written reports shall include dates of contact, instrumentation utilized, collateral data obtained, and the consultant's report, if applicable. The reports shall also include a multiaxial diagnosis **and** a summary of the information and impressions that support the diagnosis and recommended treatment options. These written reports shall be forwarded to the chief psychologist for consideration.

In cases where an offender was receiving (prior to incarceration) feminizing **or** masculinizing hormones from a licensed medical professional as treatment for GID, the prior treatment will be continued and incorporated into the offender's individualized treatment plan, unless hormone therapy is—for medical reasons—subsequently contraindicated.

5. Chief Psychologist's Review of Findings

Upon receipt of the evaluators' reports, the chief psychologist shall review the findings. If the chief psychologist agrees with the findings, he shall issue a report stating his agreement and basis for his decision and finalize the portion of the treatment plan involving GID. The chief psychologist may, in his discretion, request an additional evaluation by a consultant who will provide an independent diagnosis and report. The chief psychologist shall—based upon his review of all available information, including the reports of the evaluators and any consultant—issue a report resolving any differences of opinions concerning diagnosis and/or treatment, including his own findings. In all cases in which an evaluation is performed, the chief psychologist will determine an appropriate level of care (LOC) based on the resulting multiaxial diagnosis. All reports generated by the evaluators, consultants, or the chief psychologist will be placed in the offender's medical file.

Note: The LOC system utilized by the IDOC requires that each offender with a major 'axis I' and/or 'axis II' diagnosis for a disorder, which includes behaviors that may prove a significant risk, be assigned to one (1) of three (3) LOCs. The resulting LOC establishes defined parameters including, but not limited to, the required time frame for treatment plan reviews. These time frames can vary based upon the needs of the individual offender, but will occur no less than one time per year.

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Findings

Supported: If a diagnosis of GID is supported by the evaluation process. The chief psychologist will then convene the full Management and Treatment Committee (MTC) within 15 working days after the diagnosis has been finalized. (See section 6.)

Not supported: In incidences in which the diagnosis of GID is not supported by the evaluation process, the chief psychologist may, in his sole discretion,

- Request an additional evaluation by a consultant who will provide an independent diagnosis, **or**
- Issue a report detailing that finding and refer the offender to the Prisons Bureau for housing in a suitable facility based on the offender's security and treatment needs.

> **Note:** The IDOC has a comprehensive, uniform, and objective offender classification system that is used to place offenders in facilities that the offer the appropriate security and programs. See SOP 303.02.01.001, *Classification: Offender.*

Re-evaluation of Findings Initially Not Supported

See section 11.

6. Management and Treatment Committee (MTC) Meeting

When convened, the MTC shall develop and recommend a plan for the management and placement of the offender. Copies of all reports authored by the psychologist, psychiatrist, or consultant(s)—as well as the chief psychologist's report—will be provided to the MTC.

The MTC (in coordination with team case management) shall develop and recommend an individualized *Management and Placement Plan* for each offender diagnosed with GID, which implements the treatment plan approved by the chief psychologist.

The medical director may also initiate cross-sex hormonal therapy when such therapy has been prescribed as part of the treatment plan. When initiated by the medical director, the cross-sex hormonal therapy may commence prior to and independent of the Administrative Review Committee's (ARC) review. The chief psychologist may initiate mental health services prescribed as part of the treatment plan prior to and independent of the ARC review.

Management and placement recommendations for offenders with GID will take into account both treatment **and** security needs, with a goal of least restrictive placement. As provided in section 2, facility placement will be based upon the offender's primary physical sexual characteristics.

The MTC shall forward its recommendation for management and placement to all ARC members within 15 working days of the MTC meeting.

7. Administrative Review Committee (ARC) Meeting

Convening Responsibility

As soon as possible after receiving the MTC's report and recommendation, the deputy chief of the Prisons Bureau shall convene a meeting of the ARC.

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Review of Management and Placement Plan

The ARC shall review the *Management and Placement Plan* recommended by the MTC and, at its discretion, consult with members of the MTC in an effort to address concerns and/or questions related to the proposed plan.

Upon approval of the MTC's proposed *Management and Placement Plan*, the ARC shall submit its recommendation for management to the director of the IDOC within 15 working days of meeting.

8. Final Approval of the Management and Placement Plan

The director of the IDOC shall review the ARC's recommendation, and in his sole discretion:

- Take into consideration existing security concerns within the facility **and** available space in the facility identified in the *Management and Placement Plan*; **and either**
- Send the recommendation back to the ARC **or** the MTC for additional findings or information, **or**
- Retain consultants to address any concerns or questions with the recommendation.

After completing all of the above and as soon as practicable, the director of the IDOC may accept (in writing) the ARC's recommendation. If the director of the IDOC accepts the ARC's recommendation, the ARC will approve implementation of the *Management and Placement Plan*, and implementation shall begin within four (4) months of approval.

9. Implementation of the Management and Placement Plan

Offenders diagnosed with GID shall be:

- Managed pursuant to the *Management and Placement Plan* approved by the director of the IDOC, and
- Treated in accordance with their treatment plan (see section 6).

Offenders requesting evaluation for (or diagnosed with) GID will not be placed in administrative segregation based solely upon their request or diagnosis. During their evaluation for GID, offenders will be transferred to housing in accordance with section 2. Once a diagnosis is complete, offenders may be returned to a correctional facility consistent with their security classification.

Hormone replacement treatment **and** cross-sex hormonal therapy shall be provided as needed but only when medically indicated and consistent with the offender's treatment plan. An offender who was receiving hormonal medications (related to cross-sex hormonal therapy) at the time of incarceration will continue on such hormonal medications, unless current medical providers determine there is a medically compelling reason to discontinue treatment. An offender who is initially diagnosed with GID while incarcerated at the IDOC will be eligible to receive hormonal medications as provided herein. The offender shall be required to provide their informed consent (see SOP 401.06.03.070, *Informed Consent*) to ensure the offender understands and accepts the risks associated with any prescribed treatment for GID.

10. Moral and Ethical Treatment of Offenders Diagnosed with GID

Offenders diagnosed with GID:

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- Shall be addressed by their last name (e.g., offender Smith),
- Will not be harassed because of their condition, and
- Will be treated by staff in a manner consistent with policy 201, *Respectful Workplace*. (I.e., Staff members must maintain a respectful and professional demeanor, and refrain from harassing offenders due to their gender/sex, etc.)

Offenders diagnosed with GID shall be provided access to the full range of services and programs available within the IDOC to the same extent as other offenders including, but not limited to, mental health services tailored to the offender's individual needs. Referral to such services or programs will be dependent on factors such as admission criteria (generally applied), availability within the facility or housing unit, and security considerations.

Strip searches of offenders diagnosed with GID will be conducted in a manner that is consistent with SOP 317.04.02.001, *Searches of Offenders*.

11. Subsequent Reviews and Evaluations for GID

The evaluation process includes the assignment of a LOC (see section 5) in all cases in which an offender is assessed to have a major mental illness and dictates the minimum frequency in which the offender's resulting treatment plan must be reviewed.

In the event that additional observations **or** information concerning the offender's purported GID becomes available, a subsequent evaluation (i.e., a re-evaluation) may be requested as described in section 1.

The decision to allow a re-evaluation shall be within the discretion of the chief psychologist based upon his review of all available information. If a re-evaluation is denied, the basis for the denial must be documented in the offender's healthcare record.

REFERENCES

Idaho Department of Correction Manual, *Correctional Mental Health Service System*

IDAPA 06.01.01, *Rules of the Board of Correction*, Section 302.05, Medical, Dental, Psychological and Psychiatric Care

IDAPA 06.01.01, *Rules of the Board of Correction*, Section 401, Medical Care

Policy 201, *Respectful Workplace*

Standard Operating Procedure 303.02.01.001, *Classification: Offender*

Standard Operating Procedure 317.04.02.001, *Searches of Offenders*

Standard Operating Procedure 401.06.03.037, *Non-emergency Healthcare Requests and Services*

Standard Operating Procedure 401.06.03.070, *Informed Consent*

Standard Operating Procedure 401.06.03.087, *Healthcare for Offenders Housed in Non-Idaho Department of Correction Facilities*

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