

North Carolina Department of Public Safety Self-Injury Risk Assessment

Offender Name: ██████████, ██████████ Off #: 0618705
Date of Birth: ██████████ Sex: F Facility: ANSO
Date: 12/11/2020 11:20 Provider: Hahn, Patricia M Ph.D Asst. Dir. of Beh. Health

Type of Housing: Restrictive Housing

FINDINGS

This assessment and the resulting recommendations are based on the following sources of information:
Clinical Interview

Reason for Referral

Ms. ██████████ has experienced a worsening of Gender Dysphoria due to recent events and currently expressed self-injurious and suicidal ideation.

Treatment Setting

Outpatient Program at Anson CI.

Current Self-Injurious Behaviors

Ms. ██████████ indicated she has thoughts of "ripping the skin off my pee-pee."

Current Plan to Self-Injure

Ms. ██████████ currently has no plan to self-injure but is having very frequent thoughts of self-mutilation.

Current Suicidal Ideation

Ms. ██████████ stated she wants to be given a medication that will "put me to sleep and keep me asleep." When asked for clarification, she stated "I don't want to die but I feel like it is the best thing for me."

Current Suicidal Intent

Ms. ██████████ does not have a current plan to kill herself.

Current Mental Status

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Cooperative

Mood: Sad/depressed

Thought Process: Appropriate

Thought Content: Other

RISK AND PROTECTIVE FACTORS ASSESSED:

This writer screened the offender for a variety of empirically validated factors commonly associated with risk for self-harm.

The following **STATIC** risk factors were assessed to be present and may increase the inmate's risk for engaging in suicide related behaviors: Chronic Medical Condition, Family history of inpatient psychiatric treatment, Family history of suicide attempt, History of childhood abuse (physical or sexual), History of mental illness, History of self-injurious behavior

The following **DYNAMIC** risk factors were assessed to be present and may increase the inmate's risk for engaging in suicide related behaviors: Anxiety/Panic, Current suicidal ideation, Fear for own safety, Feeling hopeless/helpless, Feeling like a burden to others, Inability to feel pleasure, Sleep problems, Social isolation, Uncontrolled mental health symptoms

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide: Able to cope with stress, Able to identify reasons to live, Adequate problem solving skills, Future orientation, Responsibility to loved ones/children, Supportive family relationships, Willingness to engage in treatment

Ms. ██████████ has had an increase in symptoms of Gender Dysphoria since August, which have been addressed in therapy but not yet with medication because she was trying to stay off medication. She has had increasing problems coping with institution issues and on November 23 got in an altercation with another offender who implied Ms. ██████████ still had a penis -- one of her greatest current fears is that someone will find out she still has part of a penis so it is an extremely emotionally arousing issue

Offender Name: ██████████, ██████████

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for her. Since that time, Ms. ██████████'s symptoms of depression have significantly increased, and she has had thoughts of ripping the skin of her penis and thinks she may be better off dead.

RECOMMENDATIONS

Suicide Watch: Place on Self-Injury Precautions.

Completed by Hahn, Patricia M Ph.D Asst. Dir. of Beh. Health on 12/11/2020 14:19

INSTRUCTIONS

Voluntary Transfers: Lines 1 through 5.
Involuntary Transfers: Lines 1 through 3, and 6 through 14.
Involuntary Emergency Transfers: Complete back of form, lines 15 through 18.

You are being considered for a transfer to (1) _____ Mental Health Unit.

The following evidence suggests that you have a diagnosable mental health disorder which requires 24-hour supervision and treatment by mental health staff that cannot be provided on an outpatient basis:

(2) I was feel bad today. I was trying to mutilate myself and they wanted me to come over here. I am not well. I am usually happy. The girls in the other prison their family gooted my situation and they were making fun of my gender and it made me upset. I dont feel like I am going to hurt myself @ this time

Your rights concerning this transfer are listed on the back of this form.

Authorizing (Initiating) Mental Health Professional (3) Dr. Mann Date: 12/11/20

I understand the reasons for the transfer and voluntarily agree to be transferred to the mental health unit named above. I have received a copy of this notice of referral.

VOLUNTARY

Inmate's Signature: (4) [Signature] Date 12/11/20 Time 17:40

Witness's Signature: (5) [Signature] Date 12/11/20 Time 17:40

I do not agree to transfer and request a hearing to explain my objections. I have received a copy of this notice of referral. I understand that my hearing will be held at:

Location (6) _____ Date & Time of Hearing: (7) _____

Hearing Officer: (8) _____ Advisor: (9) _____

INVOLUNTARY

Inmate's Signature: (10) _____ Date: _____ Time: _____

Witness's Signature: (11) _____ Date: _____ Time: _____

Hearing Officer's Decision: [] transfer to (12) _____ Mental Health Unit.

[] Remain at assigned unit. A summary of the evidence presented at the hearing and a rationale for the decision will be forwarded to you as soon as it can be prepared.

Hearing Officer's Signature: (13) _____ Date _____ Time _____

Signature of Receiving Mental Health Unit Clinician: (14) _____ Date: _____

Mental Health Services
Notice of Referral to a Mental Health Unit
DC-133R
(Rev. 12/96)

Name: [Signature] AKA Chestnut, Kevin
Inmate #: 0408705
Unit: NCCIW 4010

Place Original in Section 1 of Outpatient Record

RECEIVED

DEC 11 2020

DT

INSTRUCTIONS

Voluntary Transfers: Lines 1 through 5.
Involuntary Transfers: Lines 1 through 3, and 6 through 14.
Involuntary Emergency Transfers: Complete back of form, lines 15 through 18.

You are being considered for a transfer to (1) NCC 1W Mental Health Unit.

The following evidence suggests that you have a diagnosable mental health disorder which requires 24-hour supervision and treatment by mental health staff that cannot be provided on an outpatient basis:
(2) You had a major set that increased your Gender Dysphoria, which has been getting worse since August. You reported you have isolated in your room for 2 weeks and have thoughts of "ripping the skin off" my pee-pee and made statements you just want to be given a medication that will "put me asleep and keep me asleep." You stated you just do not feel like living anymore, and have thoughts of trying to choke yourself.

Your rights concerning this transfer are listed on the back of this form.

Authorizing (Initiating) Mental Health Professional (3) Patricia Hehn Date: 12/12/20
Patricia Hehn

VOLUNTARY

I understand the reasons for the transfer and voluntarily agree to be transferred to the mental health unit named above. I have received a copy of this notice of referral.

Inmate's Signature: (4) Karl Johnson Date 12 Dec 20 Time 2:25 p

Witness's Signature: (5) [Signature] Date 12/11/20 Time 1425

INVOLUNTARY

I do not agree to transfer and request a hearing to explain my objections. I have received a copy of this notice of referral. I understand that my hearing will be held at:

Location (6) _____ Date & Time of Hearing: (7) _____

Hearing Officer: (8) _____ Advisor: (9) _____

Inmate's Signature: (10) _____ Date: _____ Time: _____

Witness's Signature: (11) _____ Date: _____ Time: _____

Hearing Officer's Decision: transfer to (12) _____ Mental Health Unit.

Remain at assigned unit. A summary of the evidence presented at the hearing and a rationale for the decision will be forwarded to you as soon as it can be prepared.

Hearing Officer's Signature: (13) _____ Date _____ Time _____

Signature of Receiving Mental Health Unit Clinician: (14) _____ Date: _____

Mental Health Services
Notice of Referral to a Mental Health Unit
DC-133R
(Rev.12/96)
Place Original in Section 1 of Outpatient Record

Name: Chestnut, Kevin
Inmate #: 0618705
Unit: Anson

North Carolina Department of Public Safety Suicide Watch Contact

Offender Name: ██████████, ██████████	Off #: 0618705
Date of Birth: ██████████	Sex: F Facility: NCCW
Date: 12/12/2020 08:00	Provider: Margaretten, Amber R M.A.

Treatment Setting

Inpatient Program at NC CI WOMEN.

Reason for Contact

Ms. ██████████ was transferred from Anson due to thoughts of self-harm and wanting to die. She was placed on safety precautions and this is her next day contact.

Violence Alerts

There are no elevated risk factors presently noted for inmate ██████████.

Escape Alerts

There are no elevated risk factors presently noted for inmate ██████████.

Self Injury Alerts

Inmate ██████████ has an elevated risk of self injury due to: thoughts of self-harm and wanting to die less than 24 hours ago.

Ms. ██████████ currently denied any thoughts of self harm and stated she no longer wishes to die.

MSE/Behavioral Observations

Inmate ██████████ is a 39 year old black female who presented in neat clothing with adequate personal hygiene. She was alert and oriented throughout the session and made appropriate eye contact. Affect was broad, mood was described as "much better." Speech was regular in clarity, tone, volume, and rate. Thought processes were logical and goal-directed. Energy levels were lower throughout the session. There were no odd psychomotor movements noted during the session. There was no indication that she was responding to auditory hallucinations, visual hallucinations, or psychosis. Suicidal and homicidal ideations as well as thoughts of self harm were denied. The limits of confidentiality were explained at the beginning of the session and met with comprehension.

Ms. ██████████ (goes by Kanautica, pronouns: she/her) presented with a broad affect and calm mood. She spoke to this writer about "feeling so much better" and denied any thoughts of self-harm or wanting to die. Ms. ██████████ said this is "the first time I have felt safe since being in prison." Pt. explained her situation to this writer and said her depression began to go downhill on 11/23. She explained she was being bullied at her other camp by both staff and other offenders. Pt. said it went as far as people printing out news articles and circulating them around the prison. Ms. Kanautica described feeling "relieved" since her arrival at NCCIW. She stated she was shocked when officers/staff were nice to her and staff were using appropriate pronouns.

She described having headaches because of her vision. She requested her glasses and was informed to speak to treatment team when they arrive on Monday. Offender Kanautica is worried about returning to Anson and described feeling unsafe at her previous camp. She denied feeling unsafe or at risk for harm in her current environment and is "thankful" to be at NCCIW. She described trouble sleeping, but otherwise, no current issues with mood or thoughts of self-harm/suicide. Pt. indicated yesterday, she wished she could have just taken medications and never woken up. She described herself as "strong" and "resilient" and felt surprised her mood and thoughts escalated to the events of yesterday, 12/11/2020. She mentioned being able to "understand now" how people who are transgender take their own lives due to being bullied.

Pt. did have questions about her self-administered medications. When this issue was checked on by this writer, this writer was informed the pharmacy has yet to receive these meds. Once the meds are received, she will start taking them with her other medications.

Immediate Plan and Follow-Up

Inmate ██████████ will be continued on Self-Injury Precautions and will be seen again tomorrow for a daily re-evaluation.

Offender Name: [REDACTED], [REDACTED] Off #: 0618705
Date of Birth: [REDACTED] Sex: F Facility: NCCW
Date: 12/12/2020 08:00 Provider: Margaretten, Amber R M.A.

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Nursing Instructions	One Time		Continue on precautions w/ SMBS.	Margaretten, Amber R M.A. Staff Psychologist

Discontinue Reason:

Order Date: 12/12/2020

End Date:

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Completed by Margaretten, Amber R M.A. Staff Psychologist on 12/12/2020 09:08

North Carolina Department of Public Safety Residential/Inpatient Admission Assessment

Offender Name: ██████████, ██████████ Off #: 0618705
 Date of Birth: ██████████ Sex: F Facility: NCCW
 Date: 12/12/2020 18:30 Provider: Sandhu, Yadvinder K MD

Treatment Setting

Inpatient Program at NC CI WOMEN.

Dragon voice recognition software is utilized, for preparing this note and may include unintentional dictation errors/sound alike substitutions.

Discipline

Psychiatrist

Chief Complaint

Ms. ██████████ reported she was stressed at Anson CI, other offenders found out about her situation and she didn't feel safe.

Violence Alerts

There is no apparent, current, significant risk of violence noted for inmate ██████████.

Escape Alerts

There is no apparent, current, significant risk of escape noted for inmate ██████████.

Self-Injury Alerts

Inmate ██████████ has an elevated risk of self injury due to: she verbalized thoughts to self mutilate at the previous camp, not wanting to wake up after taking a medicine to sleep and to choke herself.

However in this interview she declined any thoughts to harm herself.

Current Medications

CYANOCOBALAMIN 1000MCG/ML INJ, 1 ML
 Inject 1000mcg (1ml) intramuscularly every week

DOVE SOAP

Use as directed. Limit 3 bars per 2 months. ** * UR guidelines met *

EMTRIC/RILPI/TAF 200/25/25MG TAB

Take one (1) tablet by mouth daily **Take with a meal**

ESTRADIOL 0.1MG/24HR BIWEEKLY PATCH

Apply one (1) patch topically two times a week *UR approved until 3/12/21*

LUMBAR SAC W/ ABD BIND, LG

Use as directed daily *** limit one brace every six (6) months**

MINERIN(HYDROCERIN)EMOLLIENT CREAM

Apply topically to the affected area over skin twice daily as directed . (for external use only) **Limit 120 gm per month

TERBINAFINE 250 MG TAB

Take one (1) tablet by mouth daily

History of Present Illness

Ms. ██████████ is a 39 y.o. offender who was admitted to prison on 10/10/2017 on a primary charge of Habitual Felon with a projected release date (PRD) of 4/29/25.

DC133 R by Dr. Hahn dated 12/12/20, indicates that Ms. ██████████ has been isolating in the room for 2 weeks, gender dysphoria concern increased, had thoughts of, "ripping the skin off pee pee" and made statements that she wanted to be given a medication that will put her to sleep and keep her asleep, felt like not living anymore and had thoughts of choking herself.

Today pt was seen with Ms. Horton, RN in the office. Ms. ██████████ feels safe at NCCIW and has concerns about the

Offender Name: ██████████, ██████████ Off #: 0618705
 Date of Birth: ██████████ Sex: F Facility: NCCW
 Date: 12/12/2020 18:30 Provider: Sandhu, Yadvinder K MD

return to Anson CI and wishes to rather return to a male facility.
 At Anson CI reportedly her peers had found out about her gender dysphoria and she was not feeling safe, also reported she had an altercation, and things has been escalating for the last couple of months.
 Currently no symptoms of significant depression reported except some anxiety related to stress as above, no symptoms of mania, psychosis , or any other mood symptoms are reported.
 Ms. ██████████ reported that she goes by her preferred name, Ms. Kanautica and discussed that since age 16, felt distress being a male gender and started dressing in female clothes, doing her hair as females and sexual orientation was gay. She shared that ██████████, then was sent to a youth camp, ██████████, then was transferred to Kennedy home, attended Dobbs training school. She says she has wondered whether ██████████ had links with her gender dysphoria. She shared that she was raised by her grandmother as her biological mother was 13 when she was born. She reports that her biological mother died of breast cancer, She says she always went around wherever her grandmother went, "there was no such thing like playing football", says she was in high school band.
 Presently, Ms. Chesnut does not report any suicidal/homicidal ideation, intent or plan. Slept well last night, had good appetite this morning, when asked about energy level. She reports she has, "unwanted anxiety" related to current circumstances . She says she is generally a jolly person, but when she was stressed at other camps. She wanted to, "rip the middle stuff". Ms. ██████████ shared that she had treatment for gender dysphoria prior to incarceration and currently receives female hormones, had surgeries on; chin, cheeks, forehead, earlobes, "butt lift", " had bilateral bunion ectomy" in 2017, breast augmentation 2012 and orchietomy in 2017. She discussed that she is awaiting appointment with a urologist for Vaginoplasty.

Past Psychiatric History

Mental health assessment update by Dr. Hahn from 7/17/20 indicates Beta IQ score 106. Pt was transferred to Anson correctional facility in August 2019, a female facility.
 Her dx has been Gender dysphoria post transition.
 Record shows, DTARC report from 8/27/20 indicated in person consultation with a specialist with experience in gender, affirmation, surgery was recommended.
 Pt denied any past psychiatric treatment with psychotropic medications or hospitalizations for mental health treatment.

Family Psychiatric History

Patient discussed her mother tried to commit suicide in 2011 after she was diagnosed with breast cancer.

Past Medical History

Medical problems as listed in the record;
 ██████████, low back pain, chronic pain and unspecified limb, myopia, hallux valgus right and left foot, hx/o localized swelling mass and lump/neck, abnormal weight gain tinea unguium, absence and apalasia of testes.

TSH and free T4 were within normal range, 11/18/20.

Substance Abuse History

Denied.

Social History

As above. patient discussed she was working at Holly Hill Hospital for 2 years and has Masters in social work. She discussed that later she had joined as a consultant for a home health company. She reports she has been married for 6 years and been together with her partner for 9 years, they adopted 15-year-old son, who is now 24 years old.

Interview/MSE

Identifying information; Ms. ██████████ is a 39 y.o. offender who was admitted to prison on 10/10/2017 on a primary charge of Habitual Felon with a projected release date (PRD) of 4/29/25.
 Appearance: well groomed, hair and eyebrows are neatly done, has nail polish and toenails, wears glasses. She has visible tattoos on neck and arms.
 Behavior: calm, cooperative.
 Thinking: goal directed. She speaks coherently, regular rate and rhythm.
 Perception: no perceptual disturbances noted.
 Mood/Affect: mood is slightly anxious and affect is congruent with mood.
 Orientation: alert and oriented to person ,place, and her circumstances.
 Suicidal/Homicidal Ideation: denied/denied

Offender Name: ██████████, ██████████ Off #: 0618705
Date of Birth: ██████████ Sex: F Facility: NCCW
Date: 12/12/2020 18:30 Provider: Sandhu, Yadvinder K MD

Judgment/Insight: average

Assessment

Pt was transferred to inpatient mental health due to reasons as noted above. Currently no self-harm thoughts are reported and patient is feeling safe here on this unit. She does have concern about her return to Anson CI. She has undergone treatments for gender dysphoria as above and is awaiting urology appointment for consultation regarding vaginoplasty.

Diagnosis

Gender Dysphoria . R/o adjustment disorder with anxiety.

Medical problems as listed in the record;

████████, low back pain, chronic pain and unspecified limb, myopia, hallux valgus right and left foot, hx/o localized swelling mass and lump/neck, abnormal weight gain tinea unguium, absence and apalasia of testes.

Plan

Support was provided, pt does not feel the need for any psychotropic medication at this time. Staff to continue monitoring pt for any changes in mood. Follow up with the treatment team.

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Completed by Sandhu, Yadvinder K MD Psychiatrist on 12/13/2020 13:39

North Carolina Department of Public Safety Suicide Watch Contact

Offender Name: [REDACTED], [REDACTED]	Off #:	0618705
Date of Birth: [REDACTED]	Sex:	F
Date: 12/13/2020 09:00	Facility:	NCCW
	Provider:	Margaretten, Amber R M.A.

Treatment Setting

Inpatient Program at NC CI WOMEN.

Reason for Contact

Pt. is currently on SP and this is her 24 hour follow-up.

Violence Alerts

There are no elevated risk factors presently noted for inmate [REDACTED].

Escape Alerts

There are no elevated risk factors presently noted for inmate [REDACTED].

Self Injury Alerts

There are no elevated risk factors presently noted for inmate [REDACTED].

MSE/Behavioral Observations

Ms. [REDACTED] was seen by this writer. She denied any thoughts of self-harm and feeling "relieved." She received her glasses yesterday and has been looking out the window "at the trees and 2020 model of cute cars." Nursing and custody both reported this offender has been nothing but respectful and appropriate. Ms. [REDACTED] requested some books as she loves to read. This writer will try to find books for the pt. to read. She stated her meeting with the psychiatrist went well yesterday and she is looking forward to meeting with the treatment team. Pt. has various questions about mental health programs offered at NCCIW and she was encouraged to ask her questions to the treatment team.

Pt. requested a razor to "clean up my face." Razors are not typically allowed on acute. This writer did not order one, but informed Ms. [REDACTED] she needs to speak to treatment team about this need as well. She was receptive to this information.

Pt. is being kept on SP at this time given the level of her depression on Friday.

Immediate Plan and Follow-Up

Inmate [REDACTED] will be continued on Self-Injury Precautions and will be seen again tomorrow for a daily re-evaluation by the treatment team. She is being given her clothes today.

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Nursing Instructions	One Time		Remain on SP. Pt. may have CLOTHES, mattress, blanket, scoop.	Margaretten, Amber R M.A. Staff Psychologist
	Discontinue Reason:			
	Order Date:	12/13/2020		
	End Date:			
Nursing Instructions	One Time		May have book.	Margaretten, Amber R M.A. Staff Psychologist
	Discontinue Reason:			
	Order Date:	12/13/2020		
	End Date:			

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Offender Name: ██████████, ██████████ Off #: 0618705
Date of Birth: ██████████ Sex: F Facility: NCCW
Date: 12/13/2020 09:00 Provider: Margaretten, Amber R M.A.

Completed by Margaretten, Amber R M.A. Staff Psychologist on 12/13/2020 09:42

North Carolina Department of Public Safety Suicide Watch Discontinuation

Offender Name: [REDACTED], [REDACTED]	Off #:	0618705
Date of Birth: [REDACTED]	Sex:	F Facility: NCCW
Date: 12/14/2020 10:00	Provider:	Occhio, Megan M M.A. Psych.

Treatment Setting

Inpatient Program at NC CI WOMEN.

Violence Alerts

Ms. [REDACTED] is currently under investigation for an infraction after an altercation with another inmate causing that inmate to need outside medical care.

Escape Alerts

There are no elevated risk factors presently noted for inmate [REDACTED].

Self Injury Alerts

Ms. [REDACTED] recently threatened self-injury towards her genitalia after reporting being bullied at Anson. She denies any such thoughts now and connects this to gender dysphoria- a condition she has hope can be further treated via medical intervention.

Summary of Current Placement on Precautions

Ms. [REDACTED] is a transgendered female offender who was admitted to NCCIW Inpatient MH unit on Friday 12/11/2020 after endorsing thoughts of self-harm, specifically mutilating genitalia. She also stated she wanted medication to put her to sleep "and stay asleep." She indicated that although she did not want to die, "it might be the best thing for me."

Ms. [REDACTED] stated that upon arrival to NCCIW she felt like "a weight was lifted" states she feels safe on the unit and is no longer having thoughts to harm her genitals or end her life. States that "I felt like I was in a hole there (Anson) and I couldn't get out of it." She discussed feeling bullied by both staff and inmates due to her transgender status and being the first transgendered female to reside in a women's prison. She reports the environment was her primary stressor and hopes she does not have to return to Anson.

MSE/Behavioral Observations

Ms. [REDACTED] presented in typical facility garb when seen at her door by this writer, Ms. Mook, and Dr. Mann. Her hygiene appeared good. Ms. [REDACTED] described a euthymic mood and exhibited congruent affect. Speech was normal for rate, tone, volume. Her stream of thought was goal directed and logical, devoid of loose associations, derailment or other indicators of a thought disordered presentation. Ms. [REDACTED] was cooperative and engaged appropriately with team. She requested to shave her face, was informed that access to razors does not occur on the Acute Unit and that with only one staff member on the unit today, an exception was unlikely. She verbalized understanding, though reinforced that facial hair is a trigger to her dysphoria. This was acknowledged and the rules were reinforced.

Summary of Changes in Risk Factors

The following DYNAMIC risk factors were assessed to be present on admission and may increase the inmate's risk for engaging in suicide related behaviors: Anxiety/Panic, Current suicidal ideation, Fear for own safety, Feeling hopeless/helpless, Feeling like a burden to others, Inability to feel pleasure, Sleep problems, Social isolation, Uncontrolled mental health symptoms.

Currently, Ms. [REDACTED] denies feeling panicked, denies SI, reports feeling safe and is looking fwd to her surgical consult being scheduled. She reported good sleep and denied any need for psychotropic medications. She described herself as "strong, resilient, and brave"

Assessment of Self-Injury Risk

Risk of self-injury is believed to be low at this time based on history and current presentation.

Immediate Plan and Follow-Up

Inmate [REDACTED] will be removed from all self-injury precautions and will be seen for a re-evaluation within 24 hours of removal. She will be moved to the Chronic Unit.

Offender Name: [REDACTED], [REDACTED] Off #: 0618705
Date of Birth: [REDACTED] Sex: F Facility: NCCW
Date: 12/14/2020 10:00 Provider: Occhio, Megan M M.A. Psych.

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration Details</u>	<u>Ordered By</u>
Nursing Instructions	One Time	d/c SP. Move to Chronic Rm 212	Occhio, Megan M M.A. Psych. Serv. Coord.

Discontinue Reason:

Order Date: 12/14/2020

End Date:

Nursing Instructions	One Time	once on chronic unit, may shave face during shower time.	Occhio, Megan M M.A. Psych. Serv. Coord.
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Discontinue Reason:

Order Date: 12/14/2020

End Date:

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Completed by Occhio, Megan M M.A. Psych. Serv. Coord. on 12/14/2020 13:27

North Carolina Department of Public Safety Treatment Team Review

Offender Name: [REDACTED], [REDACTED]	Off #:	0618705
Date of Birth: [REDACTED]	Sex:	F Facility: NCCW
Date: 12/15/2020 11:00	Provider:	Mook, Abigail C M.S. Staff

Treatment Setting

Inpatient Program at NC CI WOMEN.

Reason for Review

The Treatment Team met for the 7-day review of the treatment plan and progress toward goals for Inmate [REDACTED], [REDACTED].

Treatment Team Members Present

Treatment team members present included Dr. Mann inpatient psychiatrist, Ms. Occhio PSC, Ms. Neill and Ms. Pope Behavior specialists, and Ms. Mook staff psychologist.

MSE/Behavioral Observations

Mood was reported as good; expressed some frustration regarding others attitudes at Anson. Reports she has some hope that NCCIW will be better. Affect was congruent with mood and appropriately expressive depending on topic of conversation. No overt attention to internal stimuli, perceptual disturbances, paranoia or delusional themes present. No abnormal motor movements noted. Eye contact was appropriate. Endorses crying spells from time to time. States she has had to endure "16 months of pure hell" with regard to navigating people's ignorance regarding transgender individuals. Speech was of normal rate and volume; no loose associations, tangentiality, or flight of ideas present. She denied current SI/HI/DI when asked. Thought content was logical, coherent, sequential, and future oriented. Speech did not indicate any difficulty with thought processes or executive functioning; she appeared to be of average intelligence. Recent and remote memory appeared to be intact. No disturbances in appetite or sleep reported. Motivation for treatment was adequate. She was cooperative throughout session. She has been medication compliant per MAR report. Expressed feeling like a guinea pig. Expressed frustration regarding staff and offenders lack of understanding. Discussed medication benefits and side effects with psychiatrist. States there is no pill to fix other's ignorance which she feels is her biggest stressor. Explained having to deal with trial and error. Upset with not getting hygiene or access to personal items that have been approved. Inquired about UR approvals.

Progress Toward Goals

She is making adequate progress toward goals.

Co-Pay Required: No **Cosign Required:** No
Telephone/Verbal Order: No
Standing Order: No

Completed by Mook, Abigail C M.S. Staff Psychologist on 12/15/2020 16:13

North Carolina Department of Public Safety Residential/Inpatient Discharge Summary

Offender Name: [REDACTED], [REDACTED]	Off #:	0618705
Date of Birth: [REDACTED]	Sex:	F Facility: NCCW
Date: 12/29/2020 17:15	Provider:	Mann, William O DO

Treatment Setting

Inpatient Program at NC CI WOMEN.

Admission Date

12/11/2020

Discharge Date

12/30/2020

Violence Alerts

There are no elevated risk factors presently noted for inmate [REDACTED].

Pt assaulted another inmates causing other inmate to go to the hospital around 10/7/2020.

Escape Alerts

There are no elevated risk factors presently noted for inmate [REDACTED].

Self-Injury Alerts

There are no elevated risk factors presently noted for inmate [REDACTED].

On 12/11/2020 pt verbalized thoughts to self mutilate at the previous camp (Anson CI), not wanting to wake up after taking a medicine to sleep and to choke herself.

Treatment Summary

Pt was seen by Ms. Mook, Ms. Occhio and Dr. Mann.

Per Dr. Hahn's assessment dated 12/11/2020:

[Ms. [REDACTED] has had an increase in symptoms of Gender Dysphoria since August, which have been addressed in therapy but not yet with medication because she was trying to stay off medication. She has had increasing problems coping with institution issues and on November 23 got in an altercation with another offender who implied Ms. [REDACTED] still had a penis -- one of her greatest current fears is that someone will find out she still has part of a penis so it is an extremely emotionally arousing issue for her. Since that time, Ms. [REDACTED]'s symptoms of depression have significantly increased, and she has had thoughts of ripping the skin of her penis and thinks she may be better off dead.]

Pt was transferred to NCCIW from Anson CI on 12/11/2020 and admitted to acute inpatient psychiatric unit.

Per Dr. Sandhu's assessment dated 12/12/2020:

[Ms. [REDACTED] is a 39 y.o. offender who was admitted to prison on 10/10/2017 on a primary charge of Habitual Felon with a projected release date (PRD) of 4/29/25.

Today pt was seen with Ms. Horton, RN in the office. Ms [REDACTED] feels safe at NCCIW and has concerns about the return to Anson CI and wishes to rather return to a male facility.

At Anson CI reportedly her peers had found out about her gender dysphoria and she was not feeling safe, also reported she had an altercation, and things has been escalating for the last couple of months.

Currently no symptoms of significant depression reported except some anxiety related to stress as above, no symptoms of mania, psychosis , or any other mood symptoms are reported.

Ms. [REDACTED] reported that she goes by her preferred name, Ms. Kanautica and discussed that since age 16, felt distress being a male gender and started dressing in female clothes, doing her hair as females and sexual orientation was gay. She shared that [REDACTED], then was sent to a youth camp, [REDACTED], then was transferred to Kennedy home, attended Dobbs training school. She says she has wondered whether [REDACTED] had links with her gender dysphoria. She shared that she was raised by her grandmother as her biological mother was 13 when she was born. She reports that her biological mother died of breast cancer, She says she always went around wherever her grandmother went,"there was no such thing like playing football", says she was in high school band.

Presently, Ms. Chesnut does not report any suicidal/homicidal ideation, intent or plan. Slept well last night, had good

Offender Name: ██████████, ██████████ Off #: 0618705
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appetite this morning, when asked about energy level. She reports she has, "unwanted anxiety" related to current circumstances . She says she is generally a jolly person, but when she was stressed at other camps. She wanted to, "rip the middle stuff". Ms. ██████████ shared that she had treatment for gender dysphoria prior to incarceration and currently receives female hormones, had surgeries on; chin, cheeks, forehead, earlobes, "butt lift", " had bilateral bunion ectomy" in 2017, breast augmentation 2012 and orchiectomy in 2017. She discussed that she is awaiting appointment with a urologist for Vaginoplasty.

Plan:

Support was provided, pt does not feel the need for any psychotropic medication at this time. Staff to continue monitoring pt for any changes in mood. Follow up with the treatment team.]

Per Ms. Occhio's assessment dated 12/15/2020:

[Ms. ██████████ stated that upon arrival to NCCIW she felt like "a weight was lifted" states she feels safe on the unit and is no longer having thoughts to harm her genitals or end her life. States that "I felt like I was in a hole there (Anson) and I couldn't get out of it." She discussed feeling bullied by both staff and inmates due to her transgender status and being the first transgendered female to reside in a women's prison. She reports the environment was her primary stressor and hopes she does not have to return to Anson.

Currently, Ms. ██████████ denies feeling panicked, denies SI, reports feeling safe and is looking fwd to her surgical consult being scheduled. She reported good sleep and denied any need for psychotropic medications. She described herself as "strong, resilient, and brave"]

Pt was taken off safety precautions on 12/14/2020 and cleared for transfer to chronic inpatient unit as well.

Per Dr. Hahn's assessment dated 12/17/2020:

[Last Friday, Ms. ██████████ expressed suicidal ideation to the undersigned and was sent to NCCIW, and she was seen today to check on her. Ms. ██████████ reported she was "20% better" but continued to strongly express she does not want to return to Anson because of concerns regarding her "safety and security." She stated she would rather return to Harnett than go back to Anson and that "they will have to literally hogtie me" to get her back there. She did state "if they tell me I have to go, I will do something to hurt myself." She indicated her husband has contacted the ACLU but they "said it was like [asking for] a favor," so it seems as though she will need to handle it within the prison system. The undersigned broached the issue of Anson offenders perhaps feeling she has received special treatment and may sometimes project a slight sense of entitlement, and that that could be addressed in therapy. (The undersigned did also acknowledge that being transgender and standing up for oneself is very difficult, but that still the perceptions of others could be addressed in order to improve her interpersonal relationships.)

One of Ms. ██████████'s main concerns was getting her appointment set up with the urologist. She indicated the ACLU lawyer indicated that UNC said they tried to set up the appointment through Anson in November and December. Dr. Mann at NCCIW is currently trying to set up the appointment.

The undersigned consulted with Ms. Occhio (before seeing Ms. ██████████) and with Dr. Hawkins (after seeing Ms. ██████████) about the course of her treatment. The undersigned did request that if possible she stay until after the holidays, especially if her bed is not needed. The possibility of a TDU admission was also addressed with Dr. Hawkins, as well as the possibility of keeping her until she gets to see the urologist, who is located in Raleigh if she is required to return to Anson.]

Per my assessment dated 12/22/2020:

[Pt filled out GAD screening questionnaire and scored 11/21 which is moderate level of anxiety. Pt scored 2 of 3 in areas of feeling nervous/anxious or on edge, not able to stop or control worry and worrying too much about different things. Pt with score of 1 out of 3 for trouble relaxing and being so restless it is hard to sit still. Pt scored 3 of 3 for feeling afraid as if something awful might happen.

Pt scored 8/63 in Beck Depression inventory. I requested questionnaires to be filled out by pt since pt often times blamed symptoms on gender dysphobia or possibly side effects from hormones she is on.

Pt reports she is willing to start Zoloff and read the hand out about it I gave her yesterday. Pt asked about weight gain risk and pt told 10 lb weight gain on average over 6 months.

Pt asking about options to go to TDU since pt informed too high functioning for Residential program. Ms. Matthews will be assessing her for TDU program early next week. Pt did stress that she definitely does not want to go back to Anson CI and stated she would likely become suicidal for two main reasons. First reason is that other inmates there have

Offender Name: ██████████, ██████████ Off #: 0618705
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reported found out about legal issues and other issues related to her transgender concerns/ACLU, etc by having others outside prison looking pt up in the news. Pt reports this has caused her to get a great deal of negative attention. Pt also reports staff at Anson CI are still not respecting her wish to be addressed as a female as well as staff there not open to even accepting her request since many of the staff are possibly from rural and not urban area.

Pt even reported a wish to go back to male prison instead of going back to Anson CI. Pt reports knowing of some type of contingency possibly that she could be sent back to a male prison if there were issues with pt being in danger at any of the female prisons.

Plan:
 Pt will start Zoloft for anxiety symptoms. Pt will start 50 mg at 1100. Side effects, benefits and risks discussed with pt. Pt to remain on chronic inpatient unit at this time and awaiting placement options when discharged from inpatient psychiatric unit next week.]

Pt did not have any reoccurrence with SI or issues with agitation/irritability on chronic inpatient unit. Due to pt being on SEG status pt was not able to participate in groups in dayroom on chronic inpatient unit. Pt did relay have ongoing anxiety about possibly returning to Anson CI once discharged. Ms. ██████████ said that if she had to go back to Anson CI she would rather go to a men's prison because she tried Anson and basically the culture there with officers/staff was not receptive to accepting her as a female and also how inmates in Anson found out about several stories in paper about the legal issues and her being a male transitioning to female but still having a penis. Pt also claims that staff at Anson CI are disseminating news articles are passive encouraging negative info about the pt.

Today pt reports having some diarrhea from Zoloft on 3rd day she took it and nausea on second day but they have both resolved. Pt report having difficulty getting and staying asleep but did not want anything for insomnia. Pt was able to talk to her husband over weekend holiday. Pt reports she would also want to seek PC if sent back to Anson CI due to fearful of other woman she was in fight with there and pt reports she has reported a PREA allegation to Sgt Purdue due to other inmate talking about pt's genitalia. Pt denies SI but reports she would possibly physically resist being put in a car if sent back to Anson CI due to above concerns.

Order for discharge was not done on 12/29/2020 but written on 12/30/2020 due to needing to see results from rapid covid test which was done late 12/29 before pt could be officially discharged.

Mental Status Exam

Appearance: well groomed
 Behavior: cooperative
 Thinking: goal directed; no evidence of thought disorder; pt without circumstantial or tangential speech; pt without looseness of association or flight of ideas
 Perception: No about possibly going back to Anson CI.
 Affect: mildly anxious
 Orientation: no evidence of delirium or confusion
 Suicidal/Homicidal Ideation: Patient denies both.
 Vegetative Functions:
 No reported problems with performing ADL, or with bowel or bladder function.
 Judgment/Insight: grossly intact

Recent AIMS

AIMS not done due to pt not on a neuroleptic medication.

Labs

Labs in HERO reviewed
 12/23/2020 creatinine was 1.23 with eGFR of 53
 8/27/2020 Creatinine was 1.05
 2/20/2020 Creatinine was 1.07

Diagnosis

Gender Dysphoria
 Unspecified Anxiety Disorder

Offender Name: ██████████, ██████████ Off #: 0618705
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Medical problems as listed in the record;

██████████
 low back pain, chronic pain and unspecified limb, myopia, hallux valgus right and left foot, hx/o localized swelling mass and lump/neck, abnormal weight gain, tinea unguium absence and aplasia of testes.

Discharge Reason

Pt is without SI and does not reports significant depressive symptoms. Pt's main stressor was at Anson CI and has expressed anxiety about possibly returning back to that prison. Pt reports she would likely resist by kicking and screaming/refusing to cooperate with custody staff if sent back to Anson CI. Pt has expressed wish to stay at NCCIW or go back to a male prison which administration is aware of. At this time pt not appropriate for ongoing inpatient placement but will need follow up with outpt psychology for therapy related to gender dysphonia and medications management related to anxiety disorder.

Medication(s) at Time of Discharge

Zoloft 50 mg at 1100 which was started on 12/23/2020.

CYANOCOBALAMIN 1000MCG/ML INJ, 1 ML Inject 1000mcg (1ml) intramuscularly every week

EMTRIC/RILPI/TAF 200/25/25MG TAB
 Take one (1) tablet by mouth daily **Take with a meal**

ESTRADIOL 0.1MG/24HR BIWEEKLY PATCH
 Apply one (1) patch topically two times a week *UR approved until 3/12/21*

MINERIN(HYDROCERIN)EMOLLIENT CREAM
 Apply topically to the affected area over skin twice daily as directed . (for external use only) **Limit 120 gm per month

TERBINAFINE 250 MG TAB
 Take one (1) tablet by mouth daily

Recommendation(s) Following Discharge

Pt to be seen for follow up 7 days by psychology after discharge from inpatient psychiatric unit on 12/30/2020.

Pt to be seen for follow up 14 days by psychiatry after discharge from inpatient psychiatric unit on 12/30/2020.

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Completed by Mann, William O DO Psychiatrist on 12/31/2020 13:49

North Carolina Department of Public Safety General Administrative Notes

Offender Name: [REDACTED], [REDACTED]	Off #:	0618705
Date of Birth: [REDACTED]	Sex:	F Facility: NCCW
Date: 01/04/2021 14:02	Provider:	Mann, William O DO

Comments

Pt not seen but pt was seen by Ms. Jordan. Pt reportedly has threatened to possibly harm herself to prevent herself from going back to Anson CI. Pt stated to me while she was on inpatient psychiatric unit that she would kick and scream, fight with officers if that is what it took to keep her from going back to Anson CI. As noted in my discharge summary pt does not want to go back to Anson CI and that is the main reason for her making threats to harm self. Pt does not have specific plan per Ms. Jordan. Pt has no hx of suicide attempts but was admitted thoughts of self harm/self mutilation and not wishing to wake up when at Anson CI prior to transferring to NCCIW on 12/11/2020. Pt's presentation while on inpatient psychiatric unit and per Ms. Jordan's assessment is due to her wish not to go to Anson CI. Pt will be in SEG so risk of others harming her are not a concern. Pt also will be separated from general population and will not be harassed by other inmates except possibly those nearest to her SEG cell. I discussed case with Dr. Hawkins. Pt is likely to harm self but based on hx it would be likely superficial cuts or similar acts in order to return to NCCIW and avoid Anson CI. Therefore pt will not be admitted to inpatient psychiatric unit at this time.

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Completed by Mann, William O DO Psychiatrist on 01/04/2021 14:12

North Carolina Department of Public Safety Mental Health Progress Note

Offender Name: [REDACTED], [REDACTED]	Off #:	0618705
Date of Birth: [REDACTED]	Sex:	F Facility: ANSO
Date: 01/12/2021 13:50	Provider:	Lynch, Lekeshia M MSW

Treatment Setting

Outpatient Program at Anson CI.

Reason for Services

Routine Follow-Up Session

Violence Alerts

There are no elevated risk factors presently noted for inmate [REDACTED].

Escape Alerts

There are no elevated risk factors presently noted for inmate [REDACTED].

Self-Injury Alerts

There are no elevated risk factors presently noted for inmate [REDACTED].

MSE/Behavioral Observations

Offender [REDACTED] AKA BROWN was seen on MP on the HOKE unit by cell door while on post transfer from inpatient treatment. This writer received the referral 1.11.2021 requesting I provide a follow-up contact with Brown. This writer spoke with BROWN briefly and provided a correspondence packet for her to complete to capture her current mental status. Offender BROWN appeared very agitated and expressed feeling unsafe and retaliation was the reason she was transferred back to Anson.

Offender was appropriately dressed in typical prison garb and demonstrated adequate hygiene and grooming. Offender was fully oriented x's 4. Her memory, attention and concentration were unimpaired. She spoke in a clear manner with speech of normal rate, tone and volume. Affect was mood congruent as she presented in a agitated state and is requesting to return back to Raleigh and shared "I feel that DPS has failed me and no one here is competent to address my concerns nor understands me. I feel more safe in a cell because I have had to suffer from abuse the last four years while in prison; its not easy for me because no one understands my Dysphoria." She presented with no overt evidence of psychosis or mania. Her thoughts were logical and goal oriented. She denied any current destructive, homicidal, or suicidal ideation but does report hopelessness. Offender does not report any concerns with her sleep, appetite or energy level. Insight and judgment are adequate.

Progress Towards Goal(s)

No progress was made this session as this writer met with offender by cell door in quarantine to assess her current mental status post inpatient treatment. No new presenting concerns were present.

Plan/Diagnostic Changes

There was no diagnostic change. Patient will continue to be followed by Outpatient Mental Health.

She verbally communicated her understanding of the emergency and non emergency mental health referral protocol and has agreed to utilize this process should the need arise.

Follow-up/Next Appointment

Offender [REDACTED] AKA BROWN will be seen by her schedule therapist for follow-up.

Diagnosis:

Gender Dysphoria in Adolescents and Adults, 302.85 - Current, Chronic, See Note

Unspecified Anxiety Disorder, 300.00 - Current, Temporary/Acute, See Note

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Offender Name: ██████████, ██████████ Off #: 0618705
Date of Birth: ██████████ Sex: F Facility: ANSO
Date: 01/12/2021 13:50 Provider: Lynch, Lekeshia M MSW

Completed by Lynch, Lekeshia M MSW Clinical Social Worker on 01/12/2021 17:35

North Carolina Department of Public Safety

Psychiatric Evaluation

Offender Name: [REDACTED], [REDACTED]	Off #:	0618705
Date of Birth: [REDACTED]	Sex:	F Facility: ANSO
Date: 01/13/2021 09:11	Provider:	Younus, Syeda R MD

Treatment Setting

Outpatient Program at Anson CI via telepsych.

Referral

Psychologist.

Violence Alert

There is no apparent, current, significant risk of violence noted for inmate [REDACTED].

Self-Injury Alert

There is no apparent, current, significant risk of self-injury noted for inmate [REDACTED].

Pt reports one suicide attempt in 2019 by OD "to get away from men prison."
She was admitted to inpatient NCCIW in December 2020 due to self harming thoughts.

History of Present Illness

This is the 2nd incarceration for this 39 y.o. offender who was admitted to prison on 10/10/2017 on a primary charge of HABITUAL FELON with a project release date of 04/29/2025.

Pt was born biologically as a male but she identifies herself as female and going through transition of being female. She goes by Miss. Brown.

Pt reports in the middle school she realized that she is not what she was born with, she started dressing like a female in high school. She starting seeing a therapist at the age of 19 to get "diagnosis of gender dysphoria." She started getting surgeries at the age of 24. She reports last surgery she had was in 2017. She has been incarcerated since 2017 and reports in 2019 she attempted suicide "to get away from men prison." She was admitted to inpatient NCCIW in December 2020 and was started on Zoloft, pt reports she has never tried any other mental health medications before that. She reports feeling "happy when I take Zoloft", but she feels her main issue not being happy is her environment, she does not want to be at Anson and feels NCCIW was better place for her "I was there for 3 weeks." She feels stressed about her environment, she reports anxiety and worries mostly related to "gender dysphoria and my environment." She feels "no one care for me and they don't know how to handle trans." She describe herself as "happy and jolly person." No significant depression. She is sleeping good. Her appetite is ok and she is gaining weight.

No SI, HI, AVH or manic symptoms.

Substance abuse history:

Alcohol: Started in mid 20s , denies ever having any problem with it.

Drugs: Denies

Smoking: Denies.

Social History:

Childhood and h/o trauma: Pt was raised by her grand mother , she reports history of sexual and physical trauma in

Offender Name: ██████████, ██████████ Off #: 0618705
 Date of Birth: ██████████ Sex: F Facility: ANSO
 Date: 01/13/2021 09:11 Provider: Younus, Syeda R MD

childhood and adult, starting from the age of 14.
 Married/ current Relationship: Married.
 Children: 24 yrs old son, pt is in contact with him.
 Support system: Spouse and family.

Current Medications

Zoloft started on 12/23/20.

Psychiatric History

Psychiatric Hospitalization: Pt was admitted to inpatient NCCIW in December 2020.
 Suicide attempt: Pt reports one suicide attempt in 2019 by OD "to get away from men prison."
 Medication trials: Zoloft
 Psychiatrist: Pt reports outside the prison she was seen only by mental health provider for transgender related issues.
 Previous diagnosis per pt report: Anxiety.

Medical History

Medical:
 ██████████

low back pain, chronic pain and unspecified limb, myopia, hallux valgus right and left foot, hx/o localized swelling mass and lump/neck, abnormal weight gain, tinea unguium absence and aplasia of testes.

Family Psychiatric/Medical History

Mother attempted suicide
 Family mental illness: Mother had breast cancer and she attempted suicide.
 Family history of drug Abuse: Denies.

Mental Status Exam

Identifying Information: 39yrs old, biologically born as male but identified herself as female and is in the process of transitioning to a female
 Appearance: fairly groomed, wearing mask
 Behavior: cooperative
 Thinking: Logical
 Perception: Denies
 Mood: "frustrated"
 Affect: constricted
 Orientation: no evidence of delirium or confusion
 Suicidal/Homicidal Ideation: Patient denies both.
 Judgment/Insight: fair

Assessment

39yrs old , she was born as biologically as male but is going through transition of becoming a female, she reports receiving surgeries and still getting hormones. She reports outside she was seen by mental health provider due to transgender related issues, she denies being on mental health medications outside the prison system. She reports one suicide attempt in 2019. She denies history of substance abuse. She reports history of trauma. She was admitted to NCCIW psychiatric unit in December 2020 and was started on Zoloft.

Diagnosis

Gender Dysphoria
 Unspecified Anxiety Disorder
 Medical: ██████████

low back pain, chronic pain and unspecified limb, myopia, hallux valgus right and left foot, hx/o localized swelling mass and lump/neck, abnormal weight gain, tinea unguium absence and aplasia of testes.

Plan

I discussed with patient their diagnosis, treatment options including no treatment at all, treatment with therapy alone and treatment with medications and treatment combined as well as prognosis of their conditions. Patient understood options.

Target Symptoms: Anxiety.

Offender Name: [REDACTED], [REDACTED] Off #: 0618705
 Date of Birth: [REDACTED] Sex: F Facility: ANSO
 Date: 01/13/2021 09:11 Provider: Younus, Syeda R MD

Medications: Cont Zoloft started on 12/23/20. Risk/benefits reviewed. Pt agrees to continue it.
 Referrals: none
 Other Treatment/Labs: Cont therapy.
 Follow-Up: 2 months or sooner as needed.

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
N401212	SERTRALINE 50 MG TAB	01/13/2021 09:11	Take one (1) tablet by mouth daily at 11am ** Direct Observation Therapy ** x 90 day(s) Pill Line Only

Indication: Unspecified Anxiety Disorder

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Psychiatric Progress Note f/u	03/10/2021 00:00	Younus, Syeda R Psychiatrist

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
01/13/2021	Counseling	Access to Care	Younus, Syeda	Verbalizes Understanding
01/13/2021	Counseling	Compliance - Treatment	Younus, Syeda	Verbalizes Understanding
01/13/2021	Counseling	Medication Side Effects	Younus, Syeda	Verbalizes Understanding

Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Completed by Younus, Syeda R MD Psychiatrist on 01/13/2021 15:02

North Carolina Department of Public Safety Mental Health Progress Note

Offender Name: ██████████, ██████████ Off #: 0618705
 Date of Birth: ██████████ Sex: F Facility: ANSO
 Date: 04/28/2021 10:30 Provider: Hahn, Patricia M Ph.D Asst. Dir.

Treatment Setting

Outpatient Program at Anson CI.

Reason for Services

Routine Follow-Up Session

Violence Alerts

Ms. ██████████ denied any current thoughts of wanting to harm others.

Escape Alerts

None currently noted.

Self-Injury Alerts

At the end of the session, Ms. ██████████ denied any current thoughts of wanting to harm herself. As a protest, however, at the beginning of the session she had a band tied around her penis because she had not yet had her urology appointment at UNC. During the session, the undersigned called Ms. Catlett to get an update, and Ms. Catlett has been working with UNC to get everything set up so that Ms. ██████████ can have her appointment. (It involves IT and getting credentialed to use WebEx so can take time.) Ms. ██████████ was satisfied with this response and asked to be excused to remove the band from her penis, which she said she did.

MSE/Behavioral Observations

Ms. ██████████ presented as a polite 39 year old Black-American female who appeared approximately her stated age. She was pleasant and cooperative during the therapy session. She displayed good eye contact and had no significant psychomotor agitation or retardation. Her speech was of normal rate, rhythm and volume. She was oriented to person, place, and time. Her attention and immediate memory appeared within normal limits. She appeared initially dysphoric but after hearing some progress was being made on her appointment, her affect brightened. At the end of the session she described her mood as "mediocre." She denied current suicidal (see above) or homicidal ideation. She did not currently show active symptoms of psychosis or a thought disorder. Her judgment and insight are slightly impaired.

Progress Towards Goal(s)

Ms. ██████████ expressed many concerns about not having her appointment with the UNC-CH urologist scheduled yet. She gave a number of examples of how this is increasing her dysphoria, and she decided to put a band on her penis until her appointment is scheduled. She said she has had the band on for a week and a half. She was cautioned about the effects of impeding blood flow and risk of infection. As described above, the undersigned spoke with Ms. Catlett, and she was able to convey to Ms. ██████████ how Ms. Catlett has been on top of it and has worked hard to facilitate this appointment. Ms. ██████████ then agreed to take the band off her penis.

The rest of the session addressed her specific concerns about having part of a penis left and what defines a woman. She explained it does not bother her if she is called fat or ugly but stated if she is called a man "there is no tool in the [psychology] toolbox to manage that." She stated "I can't live with this any more," and said the situation was acute now and not chronic. She also stated she is not complete now and that "I'm ready to be complete."

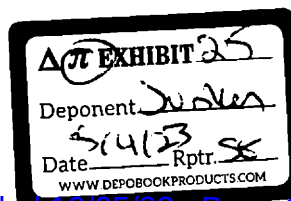
Plan/Diagnostic Changes

Ms. ██████████ has increased dysphoric mood but her mood improved when she was provided information that she should have her appointment with the Program Manager of the UNC Transgender Health Program within the next week or the week after. The undersigned will follow-up next Thursday on the progress of this appointment.

Follow-up/Next Appointment

Ms. ██████████ will be seen for her next individual therapy appointment in the next 30 to 45 days. She knows to submit a referral if she needs to be seen by an Anson facility psychologist before then.

Co-Pay Required: No Cosign Required: No
Telephone/Verbal Order: No



Offender Name: ██████████, ██████████ Off #: 0618705
Date of Birth: ██████████ Sex: F Facility: ANSO
Date: 04/28/2021 10:30 Provider: Hahn, Patricia M Ph.D Asst. Dir.

Standing Order: No

Completed by Hahn, Patricia M Ph.D Asst. Dir. of Beh. Health on 04/28/2021 12:29