

Department of Correctional Services  
Special Investigative Committee of the Legislature

Senators:

Steve Lathrop – Chair  
Les Seiler – Vice-chair  
Kate Bolz  
Ernie Chambers  
Bob Krist  
Heath Mello  
Paul Schumacher

Hearing date: 9/18/2014

Bateh 2/2

Testifiers:

Dr. Eugene Oliveto  
Denise Gaines  
Dr. Natalie Baker  
Dr. Mark Weilage  
Dr. Cameron White

MIRT Referral/Review FORM

13741

NAME: NIKKO JENKINS #59478

DATE: 02/08/2012

**A. Type of review:**

- Notification of NDCS confirmed diagnosis of a Major Mental Illness (MMI)  
Reference A.R. 115.23 for definition of MMI
- Mental Health Unit Placement Review [ New Review  Special Update]
- Annual Review
- Discharge Review

**Demographic Information:**

Nikko Jenkins #59478 is a single, never-married. He is 25 and has been incarcerated since age 16. He is serving a sentence for:

Off, Begn Dt	Type	Current Offense:
10/17/2003		ROBBERY
		USE DEADLY WEAP TO COMMIT FEL
		ROBBERY
8/29/2006	A	ASSAULT 2ND DEGREE
07/19/2011	B	Assault on An Officer

Review of records received from Douglas County Corrections (DCC) regarding Jenkins, Nikko #59478 incarceration there from 2/13/2010 through 7/19/2011 information is outlined here:

1. Since returning to Tecumseh State Correctional Institution, inmate Jenkins has been seen by licensed Mental Health staff for evaluation and/or monitoring on 10 occasions. It is the professional opinion of the evaluators that noted signs, and reported symptoms, do not indicate, or support, a diagnosis of Dissociative Identity Disorder (AKA Multiple Personality Disorder), Bipolar Disorder, Schizoaffective Disorder or any Psychotic Disorder. Nor does he meet the criteria for a diagnosis of Post Traumatic Stress Disorder (PTSD), at this time.
2. According to documentation received from DCC, it appears that inmate Jenkins was housed in General Population with no restrictions on all but the following dates: Segregation from 2/13/2010 through 2/18/2010 (per policy). Remained Segregation Status from 2/19/2010 through 3/10/2010. On 4/18/2010 and again on 8/22/2010 he received "2 days lockdown" for "refusing housing." On 3/18/2011 he received "7 days lockdown" for "fighting."

**Diagnostic Impressions:**

Most recent diagnosis per Dr. Baker includes Psychosis NOS, possible Bipolar Affective Disorder with psychotic features or Delusional Disorder, Grandiose Type, Probable PTSD, Relational Problem NOS, Polysubstance dependence (THC, WET, ETOH), Antisocial and Narcissistic Traits.

Per review of available documentation and clinical interview, self-reported symptoms seem more consistent with Axis II diagnoses of Narcissistic and Antisocial Personality Disorder and some post-trauma experiences that have not developed into any

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**MIRT Referral/Review Form**

Name/#: Nikko Jenkins #59478

Date: 02/08/2012

Axis I disorder but instead have fostered the development and solidification of the Axis II disorders.

**Medication History:**

He reports that he needs to be on the meds he was placed on while at DCC. According to Psychiatric Provider Follow-up Progress Notes written by E. Oliveto, M.D., received from Douglas County Corrections Mental Health Department, inmate Jenkins accepted psychotropic medications, as prescribed, a total of 10 days from 2/13/2010 through 7/19/2011. Inmate Jenkins was prescribed Risperidone and Depakote on 3/3/2010, per his request, and medications were discontinued on 3/15/2010 due to refusal. He was prescribed Risperidone and Depakote on 9/22/2010, per his request, and they were discontinued on 9/29/2010 due to refusal. Documentation indicated no psychotropic medications were prescribed aside from listed dates. He has repeatedly been offered meds while at TSCI but has been repeatedly noncompliant. He currently claims he won't take them at TSCI because they might be poisoning him. He also says when he is on Risperdal and Depakote, Apophis Voice is muffled

**Assessments:**

PCL-R. Completed January/February 2012.

Clinical Interview.

Observation of video visits with girlfriend and mother.

**Assessment Results:**

No acute mental health issues noted. He reports racing thoughts agitation, anger, hostility. The predominant feature is a personality disorder. Unfortunately the providers at Douglas County Corrections seem to base the diagnoses on self report rather than basing it on observation. One of the more telling indicators of a behavioral issue rather than mental illness was that he referred to his presentation of symptoms as a "skit" in talking about it with his girlfriend and mom. I have met with him for over 3 hours recently and observed over 3 hours of video visits and there are no signs of overt axis I symptomatology. Instead he tends to intellectualize and parrot back what he believes are his diagnoses and intensive treatment needs. He specifically requested daily psychotherapy he also indicated needing trans diagnostic therapy, but I am not sure that he realized that trans diagnostic therapy is a reframed CBT for anxiety/emotional management. He stated daily psychotherapy would help with his hypomania, stabilize his psychosis, and help him deal with the grief of confinement. His discharge plan is to move into an empty family home. He expects to get on disability stating he cant work due to his mental illness and violence. On another occasion he stated he had money but would not say where it would come from. He indicated he is engaged to his girlfriend but also stated that he had lots of girlfriends that would support him. When asked to clarify how his fiancée felt about this he stated there is nothing either of them can do if these women want to help him. His presentation in video visits is of a person very clear minded and goal directed. He repeatedly instructs his mom and girlfriend to do all sorts of things related to monitoring staff, calling attorneys, filing appeals, making complaints, sending

**MIRT Referral/Review Form**

Name/#: Nikko Jenkins #59478

Date: 02/08/2012

him money. He is very demanding and berates and belittles them. He appears to see himself as their superior in every way and they must do his every bidding.

**Relevant History:**

Significant history of Violence, Gang Involvement, and Drug Use. He was hospitalized at Richard Young in 1995 and prescribed Ritalin.

**Description of psychotic episodes or severe mental illness symptoms within the last two years:**

Reports hearing the voice of Apophis who tells him to hurt others. Reports nightmares about all the things he has done and the people he has hurt. But specifics are vague and not identified as really problematic.

**Current Clinical Presentation and Functioning:**

Resistent, vague, demanding. He desires medical Parole to LRC, but after some discussion states he would comply with medications, therapy, if transferred to LCC and comply with MHU expectations.

**Institutional Behavior:**

See Attached

**Treatment Responsivity:**

Mr. Jenkins has refused a variety of services including medications assessments and counseling. He claims to need daily therapy using the TransDiagnostic Unified Protocol. He could not identify why other than "for my schizophrenia, bipolar, PTSD."

Referring Clinician Name: Mark Weilage, PhD

Date



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### MIRT Referral/Review Form

Name/#: Nikko Jenkins #59478

Date: 02/08/2012

Inmate Name: Nikko Jenkins

Inmate ID: 59478

**B. Outcome:** *(To be completed by the CMIRT Review Team)*

- Place on department MMI list and continue current treatment plan.
- Recommend transfer to mental health unit
- Recommend assessment for diagnostic clarification with MIRT follow up.
- Other: see below [including transfer off the unit with clarifying rationale]

**Narrative:**

**Recommendations:**

MIRT review indicates that there is a lack of evidence of an Axis I Major Mental Illness. There is a preponderance of evidence of Axis II pathology. However, additional documentation/assessment and information related to symptoms, motivation and compliance will continue to be gathered. Transfer to the MHU is not indicated or recommend at this time. Recommend continue to work on strategies to progress through the level system in segregation and be considered for the transition program at NSP to allow some time in GP prior to discharge next year.

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Committee Member:

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Committee Member:

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Date

## MIRT Referral/Review Form

Name/#: Nikko Jenkins #59478

Date: 02/08/2012

### Attachment

#### Misconduct Report History:

MR Date	Charge Desc	Action
1/19/2012	USE OF THREATENING LANGUAGE OR GESTURES/FIGHTING	1 1/2 MONTHS LOSS 45 DAYS DISCIPLINARY SEGREGATION
1/13/2012	POSSESSING OR RECEIVING UNAUTHORIZED ARTICLES	VERBAL WARNING AND REPRIMAND
1/5/2012	VIOLATION OF REGULATIONS	14 DAYS PHONE RESTRICTION
12/31/2011	INTERFERENCE WITH OR REFUSAL TO SUBMIT TO A SEARCH	60 DAYS DISCIPLINARY SEGREGATION
10/8/2011	THEFT	VERBAL WARNING AND REPRIMAND
10/1/2011	DISRUPTION OF AUTHORIZED DUTIES	14 DAYS DISCIPLINARY SEGREGATION
9/30/2011	POSSESSING OR RECEIVING UNAUTHORIZED ARTICLES	VERBAL WARNING AND REPRIMAND
	VIOLATION OF REGULATIONS	VERBAL WARNING AND REPRIMAND
	INTERFERENCE WITH OR REFUSAL TO SUBMIT TO A SEARCH	60 DAYS DISCIPLINARY SEGREGATION 3 MONTHS LOSS GOOD TIME
2/14/2010	VIOLATION OF REGULATIONS	VERBAL WARNING AND REPRIMAND
2/13/2010	GANG/SECURITY THREAT GROUP ACTIVITY	14 DAYS OF DISCIPLINARY SEGREGATION
2/3/2010	FALSE REPORTING	14 DAYS PHONE RESTRICTION
12/17/2009	ESCAPE	60 DAYS DISCIPLINARY SEGREGATION C/C
	DISOBEYING AN ORDER	45 DAYS DISCIPLINARY SEGREGATION C/C
	ASSAULT	3 MONTHS LOSS OF GOOD TIME AND 60 DAYS DISCIPLINARY SEGREGATION
11/9/2009	SWEARING, CURSING, OR USE OF ABUSIVE LANGUAGE OR GESTURES	VERBAL WARNING/REPRIMAND
8/17/2009	DISOBEYING AN ORDER	7 DAYS DISCIPLINARY SEGREGATION
	POSSESSING OR RECEIVING UNAUTHORIZED ARTICLES	7 DAYS DISCIPLINARY SEGREGATION
	VIOLATION OF REGULATIONS	VERBAL WARNING/REPRIMAND
8/13/2009	POSSESSING OR RECEIVING UNAUTHORIZED ARTICLES	VERBAL WARNING/REPRIMAND
5/12/2009	USE OF THREATENING LANGUAGE OR GESTURES/FIGHTING	1 MONTH 15 DAYS LOSS OF GOOD TIME AND 45 DAYS DISCIPLINARY SEGREGATION FOR THE VERBAL THREAT TO POP A MOTHER FUCKER (STAFF) IN THE JAW
5/11/2009	SELLING, LOANING, OR GIVING ITEMS TO OTHERS	VERBAL WARNING/REPRIMAND
3/18/2009	SELLING, LOANING, OR GIVING ITEMS TO OTHERS	VERBAL WARNING/REPRIMAND
3/10/2009	USE OF THREATENING LANGUAGE OR GESTURES/FIGHTING	45 DAYS LOSS GOOD TIME / 45 DAYS DISCIPLINARY SEGREGATION BY TELLING STAFF HE WAS GOING TO "BEAT YOUR ASS FUCKER"
1/28/2009	SELLING, LOANING, OR GIVING ITEMS TO OTHERS	7 DAYS DS
	POSSESSION OR MANUFACTURE OF DANGEROUS CONTRABAND	90 DAYS LOSS OF GOOD TIME "NON-RESTORABLE"/ 60 DAYS DISCIPLINARY SEGREGATION FOR MANUFACTURING A WEAPON FROM A TOILET BOWL BRUSH THAT WAS SHARPENED TO A POINT AND CONCEALED IN THE WAISTBAND OF STATE-ISSUED PANTS
12/31/2008	VIOLATION OF REGULATIONS	VERBAL WARNING/REPRIMAND
12/29/2008	TATTOO ACTIVITIES	14 DAYS ROOM RESTRICTION
12/18/2008	VIOLATION OF SANCTIONS	VERBAL WARNING/REPRIMAND
12/5/2008	GANG/SECURITY THREAT GROUP ACTIVITY	7 DAYS ROOM RESTRICTION
9/22/2008	VIOLATION OF REGULATIONS	VERBAL WARNING/ REPRIMAND
	GANG/SECURITY THREAT GROUP ACTIVITY	VERBAL WARNING/ REPRIMAND

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Name/#: Nikko Jenkins #59478

Date: 02/08/2012

9/18/2008	VIOLATION OF REGULATIONS	14 DAYS VISITING RESTRICTION
9/10/2008	POSSESSING OR RECEIVING UNAUTHORIZED ARTICLES	VERBAL WARNING/ REPRIMAND
	DESTRUCTION OF PROPERTY UNDER \$100	RESTITUTION OF \$2.68
3/27/2008	SANITATION	14 DAYS DISCIPLINARY SEG
2/4/2008	VIOLATION OF REGULATIONS	VERBAL REPRIMAND/WARNING
	POSSESSING OR RECEIVING UNAUTHORIZED ARTICLES	VERBAL REPRIMAND/WARNING
11/29/2007	VIOLATION OF REGULATIONS	VERBAL REPRIMAND/WARNING
	POSSESSING OR RECEIVING UNAUTHORIZED ARTICLES	7 DAYS DISCIPLINARY SEGREGATION
10/31/2007	VIOLATION OF REGULATIONS	VERBAL REPRIMAND/WARNING
	POSSESSING OR RECEIVING UNAUTHORIZED ARTICLES	VERBAL REPRIMAND/WARNING
10/4/2007	DISOBEYING AN ORDER	VERBAL WARNING/REPRIMAND
4/23/2007	DESTRUCTION OF PROPERTY UNDER \$100	RESTITUTION IN THE AMOUNT OF \$2.53
2/17/2007	DESTRUCTION OF PROPERTY UNDER \$100	RESTITUTION \$2.25 TOWEL
2/12/2007	TATTOO ACTIVITIES	1 1/2 MONTHS LOSS GOOD TIME
12/10/2006	VIOLATION OF REGULATIONS	(IDC) 3 DAYS ROOM RESTRICTION C/S 12/22/06-12/25/06
11/8/2006	UNAUTHORIZED AREAS	(IDC) 5 HOURS EXTRA DUTY TO BE COMPLETED NLT 12/15/06.
10/30/2006	GANG/SECURITY THREAT GROUP ACTIVITY	(IDC) 7 DAYS ROOM RESTRICTION C/S 11/10/06 TO 11/17/06.
10/22/2006	FAILURE TO WORK	(IDC) 10 HOURS EXTRA DUTY TO BE COMPLETED NLT 12/15/06.
10/14/2006	TATTOO ACTIVITIES	1 MONTH LOSS GOOD TIME
10/6/2006	VIOLATION OF REGULATIONS	7 DAYS UDC ROOM
6/2/2006	VIOLATION OF SANCTIONS	7 DAYS ROOM
5/21/2006	VIOLATION OF REGULATIONS	7 DAYS
5/12/2006	VIOLATION OF REGULATIONS	21 DAYS ROOM
4/9/2006	VIOLATION OF REGULATIONS	7 DAYS IDC ROOM
3/23/2006	VIOLATION OF REGULATIONS	20 HOURS
1/26/2006	POSSESSING OR RECEIVING UNAUTHORIZED ARTICLES	15 HRS X.DUTY
10/31/2005	DRUG OR INTOXICANT ABUSE	7 DAYS RR REL 11-11-06/REF TO DRUG OFFENDER CLASS
10/14/2005	SELLING, LOANING, OR GIVING ITEMS TO OTHERS	15 HRS X.DUTY
8/22/2005	SELLING, LOANING, OR GIVING ITEMS TO OTHERS	5 HRS X.DUTY
7/4/2005	USE OF THREATENING LANGUAGE OR GESTURES/FIGHTING	40 DAYS DS 30 DAYS LGT
12/30/2004	FLARE OF TEMPERS/MINOR PHYSICAL CONTACT	15 HRS X.DUTY
12/19/2004	VIOLATION OF REGULATIONS	20 HRS X.DUTY
12/17/2004	VIOLATION OF REGULATIONS	20 HRS X-DUTY
10/23/2004	SELLING, LOANING, OR GIVING ITEMS TO OTHERS	VERBAL REPRIMAND
7/14/2004	VIOLATION OF REGULATIONS	10HRS X-DUTY
8/10/2004	VIOLATION OF REGULATIONS	VERBAL REPRIMAND
2/17/2004	VIOLATION OF REGULATIONS	VERBAL REPRIMAND
	DISOBEYING AN ORDER	10 HRS X-DUTY

**MIRT Referral/Review Form**

Name/#: Nikko Jenkins #59478

Date: 02/08/2012

**A. Type of review:**

- Notification of NDCS confirmed diagnosis of a Major Mental Illness (MMI)  
Reference A.R. 115.23 for definition of MMI
- Mental Health Unit Placement Review [ New Review  Special Update]
- Annual Review
- Discharge Review

**Demographic Information:**

Nikko Jenkins #59478 is a single, never-married. He is 25 and has been incarcerated since age 16. He is serving a sentence for:

Off. Begin Dt	Type	Current Offense:
10/17/2003		ROBBERY
		USE DEADLY WEAP TO COMMIT FEL
		ROBBERY
8/29/2006	A	ASSAULT 2ND DEGREE
07/19/2011	B	Assault on An Officer

Review of records received from Douglas County Corrections (DCC) regarding Jenkins, Nikko #59478 incarceration there from 2/13/2010 through 7/19/2011 information is outlined here:

1. Since returning to Tecumseh State Correctional Institution, inmate Jenkins has been seen by licensed Mental Health staff for evaluation and/or monitoring on 10 occasions. It is the professional opinion of the evaluators that noted signs, and reported symptoms, do not indicate, or support, a diagnosis of Dissociative Identity Disorder (AKA Multiple Personality Disorder), Bipolar Disorder, Schizoaffective Disorder or any Psychotic Disorder. Nor does he meet the criteria for a diagnosis of Post Traumatic Stress Disorder (PTSD), at this time.
2. According to documentation received from DCC, it appears that inmate Jenkins was housed in General Population with no restrictions on all but the following dates: Segregation from 2/13/2010 through 2/18/2010 (per policy). Remained Segregation Status from 2/19/2010 through 3/10/2010. On 4/18/2010 and again on 8/22/2010 he received "2 days lockdown" for "refusing housing." On 3/18/2011 he received "7 days lockdown" for "fighting."

**Diagnostic Impressions:**

Most recent diagnosis per Dr. Baker includes Psychosis NOS, possible Bipolar Affective Disorder with psychotic features or Delusional Disorder, Grandiose Type, Probable PTSD, Relational Problem NOS, Polysubstance dependence (THC, WET, ETOH), Antisocial and Narcissistic Traits.

Per review of available documentation and clinical interview, self-reported symptoms seem more consistent with Axis II diagnoses of Narcissistic and Antisocial

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**MIRT Referral/Review Form**

Name/#: Nikko Jenkins #59478

Date: 02/08/2012

Personality Disorder and some post-trauma experiences that have not developed into any Axis I disorder but instead have fostered the development and solidification of the Axis II disorders.

**Medication History:**

He reports that he needs to be on the meds he was placed on while at DCC. According to Psychiatric Provider Follow-up Progress Notes written by E. Oliveto, M.D., received from Douglas County Corrections Mental Health Department, inmate Jenkins accepted psychotropic medications, as prescribed, a total of 10 days from 2/13/2010 through 7/19/2011. Inmate Jenkins was prescribed Risperidone and Depakote on 3/3/2010, per his request, and medications were discontinued on 3/15/2010 due to refusal. He was prescribed Risperidone and Depakote on 9/22/2010, per his request, and they were discontinued on 9/29/2010 due to refusal. Documentation indicated no psychotropic medications were prescribed aside from listed dates. He has repeatedly been offered meds while at TSCI but has been repeatedly noncompliant. He currently claims he won't take them at TSCI because they might be poisoning him. He also says when he is on Risperdal and Depakote, Apophis Voice is muffled

**Assessments:**

PCL-R. Completed January/February 2012.

Clinical Interview.

Observation of video visits with girlfriend and mother.

**Assessment Results:**

No acute mental health issues noted. He reports racing thoughts agitation, anger, hostility. The predominant feature is a personality disorder. Unfortunately the providers at Douglas County Corrections seem to base the diagnoses on self report rather than basing it on observation. One of the more telling indicators of a behavioral issue rather than mental illness was that he referred to his presentation of symptoms as a "skit" in talking about it with his girlfriend and mom. I have met with him for over 3 hours recently and observed over 3 hours of video visits and there are no signs of overt axis I symptomatology. Instead he tends to intellectualize and parrot back what he believes are his diagnoses and intensive treatment needs. He specifically requested daily psychotherapy he also indicated needing trans diagnostic therapy, but I am not sure that he realized that trans diagnostic therapy is a reframed CBT for anxiety/emotional management. He stated daily psychotherapy would help with his hypomania, stabilize his psychosis, and help him deal with the grief of confinement. His discharge plan is to move into an empty family home. He expects to get on disability stating he can't work due to his mental illness and violence. On another occasion he stated he had money but would not say where it would come from. He indicated he is engaged to his girlfriend but also stated that he had lots of girlfriends that would support him. When asked to clarify how his fiancée felt about this he stated there is nothing either of them can do if these women want to help him. His presentation in video visits is of a person very clear minded and goal directed. He repeatedly instructs his mom and girlfriend to do all sorts of things

**MIRT Referral/Review Form**

Name/#: Nikko Jenkins #59478

Date: 02/08/2012

related to monitoring staff, calling attorneys, filing appeals, making complaints, sending him money. He is very demanding and berates and belittles them. He appears to see himself as their superior in every way and they must do his every bidding.

**Relevant History:**

Significant history of Violence, Gang Involvement, and Drug Use. He was hospitalized at Richard Young in 1995 and prescribed Ritalin.

**Description of psychotic episodes or severe mental illness symptoms within the last two years:**

Reports hearing the voice of Apophis who tells him to hurt others. Reports nightmares about all the things he has done and the people he has hurt. But specifics are vague and not identified as really problematic.

**Current Clinical Presentation and Functioning:**

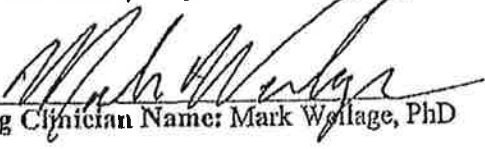
Resistent, vague, demanding. He desires medical Parole to LRC, but after some discussion states he would comply with medications, therapy, if transferred to LCC and comply with MHU expectations.

**Institutional Behavior:**

See Attached

**Treatment Responsivity:**

Mr. Jenkins has refused a variety of services including medications assessments and counseling. He claims to need daily therapy using the TransDiagnostic Unified Protocol. He could not identify why other than "for my schizophrenia, bipolar, PTSD."

  
Referring Clinician Name: Mark Wellage, PhD

2-8-12  
Date

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### MIRT Referral/Review Form

Name/#: Nikko Jenkins #59478

Date: 02/08/2012

Inmate Name: Nikko Jenkins

Inmate ID: 59478

**B. Outcome:** *(To be completed by the CMIRT Review Team)*

- Place on department MMI list and continue current treatment plan.
- Recommend transfer to mental health unit
- Recommend assessment for diagnostic clarification with MIRT follow up.
- Other: see below [including transfer off the unit with clarifying rationale]

**Narrative:**

**Recommendations:**

MIRT review indicates that there is a lack of evidence of an Axis I Major Mental Illness. There is a preponderance of evidence of Axis II pathology. However, additional documentation/assessment and information related to symptoms, motivation and compliance will continue to be gathered. Transfer to the MHU is not indicated or recommend at this time. Recommend continue to work on strategies to progress through the level system in segregation and be considered for the transition program at NSP to allow some time in GP prior to discharge next year.

*M. A. P.*  
 Committee Member: MARTIN WETZEL MD

8 FEB 12  
 Date

*Wynne Chandler*, LSW  
 Committee Member:

2/8/12  
 Date

*Esterquis Boyd*  
 Committee Member:

2/8/12  
 Date

*Rachel Kalbintz*  
 Committee Member:

2/8/12  
 Date

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 Committee Member:

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 Date

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 Committee Member:

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 Date

**MIRT Referral/Review Form**

Name#: Nikko Jenkins #59478

Date: 02/08/2012

**Attachment****Misconduct Report History:**

MR Date	Charge Desc	Action
1/19/2012	USE OF THREATENING LANGUAGE OR GESTURES/FIGHTING	1 1/2 MONTHS LOSS 45 DAYS DISCIPLINARY SEGREGATION
1/13/2012	POSSESSING OR RECEIVING UNAUTHORIZED ARTICLES	VERBAL WARNING AND REPRIMAND
1/5/2012	VIOLATION OF REGULATIONS	14 DAYS PHONE RESTRICTION
12/31/2011	INTERFERENCE WITH OR REFUSAL TO SUBMIT TO A SEARCH	60 DAYS DISCIPLINARY SEGREGATION
10/8/2011	THEFT	VERBAL WARNING AND REPRIMAND
10/1/2011	DISRUPTION OF AUTHORIZED DUTIES	14 DAYS DISCIPLINARY SEGREGATION
9/30/2011	POSSESSING OR RECEIVING UNAUTHORIZED ARTICLES	VERBAL WARNING AND REPRIMAND
	VIOLATION OF REGULATIONS	VERBAL WARNING AND REPRIMAND
	INTERFERENCE WITH OR REFUSAL TO SUBMIT TO A SEARCH	60 DAYS DISCIPLINARY SEGREGATION 3 MONTHS LOSS GOOD TIME
2/14/2010	VIOLATION OF REGULATIONS	VERBAL WARNING AND REPRIMAND
2/13/2010	GANG/SECURITY THREAT GROUP ACTIVITY	14 DAYS OF DISCIPLINARY SEGREGATION
2/3/2010	FALSE REPORTING	14 DAYS PHONE RESTRICTION
12/17/2009	ESCAPE	60 DAYS DISCIPLINARY SEGREGATION C/C
	DISOBEYING AN ORDER	45 DAYS DISCIPLINARY SEGREGATION C/C
	ASSAULT	3 MONTHS LOSS OF GOOD TIME AND 60 DAYS DISCIPLINARY SEGREGATION
11/9/2009	SWEARING, CURSING, OR USE OF ABUSIVE LANGUAGE OR GESTURES	VERBAL WARNING/REPRIMAND
8/17/2009	DISOBEYING AN ORDER	7 DAYS DISCIPLINARY SEGREGATION
	POSSESSING OR RECEIVING UNAUTHORIZED ARTICLES	7 DAYS DISCIPLINARY SEGREGATION
	VIOLATION OF REGULATIONS	VERBAL WARNING/REPRIMAND
8/13/2009	POSSESSING OR RECEIVING UNAUTHORIZED ARTICLES	VERBAL WARNING/REPRIMAND
6/12/2009	USE OF THREATENING LANGUAGE OR GESTURES/FIGHTING	1 MONTH 15 DAYS LOSS OF GOOD TIME AND 45 DAYS DISCIPLINARY SEGREGATION FOR THE VERBAL THREAT TO POP A MOTHER FUCKER (STAFF) IN THE JAW
6/11/2009	SELLING, LOANING, OR GIVING ITEMS TO OTHERS	VERBAL WARNING/REPRIMAND
3/18/2009	SELLING, LOANING, OR GIVING ITEMS TO OTHERS	VERBAL WARNING/REPRIMAND
3/10/2009	USE OF THREATENING LANGUAGE OR GESTURES/FIGHTING	45 DAYS LOSS GOOD TIME / 45 DAYS DISCIPLINARY SEGREGATION BY TELLING STAFF HE WAS GOING TO 'BEAT YOUR ASS FUCKER'
1/26/2009	SELLING, LOANING, OR GIVING ITEMS TO OTHERS	7 DAYS DS
	POSSESSION OR MANUFACTURE OF DANGEROUS CONTRABAND	90 DAYS LOSS OF GOOD TIME "NON-RESTORABLE"/ 60 DAYS DISCIPLINARY SEGREGATION FOR MANUFACTURING A WEAPON FROM A TOILET BOWL BRUSH THAT WAS SHARPENED TO A POINT AND CONCEALED IN THE WAISTBAND OF STATE-ISSUED PANTS
12/31/2008	VIOLATION OF REGULATIONS	VERBAL WARNING/REPRIMAND
12/29/2008	TATTOO ACTIVITIES	14 DAYS ROOM RESTRICTION
12/18/2008	VIOLATION OF SANCTIONS	VERBAL WARNING/REPRIMAND
12/5/2008	GANG/SECURITY THREAT GROUP ACTIVITY	7 DAYS ROOM RESTRICTION
9/22/2008	VIOLATION OF REGULATIONS	VERBAL WARNING/ REPRIMAND
	GANG/SECURITY THREAT GROUP ACTIVITY	VERBAL WARNING/ REPRIMAND



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**MIRT Referral/Review Form**

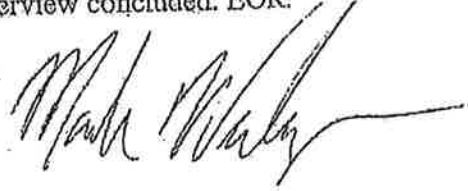
Name/#: Nikko Jenkins #59478

Date: 02/08/2012

9/16/2008	VIOLATION OF REGULATIONS	14 DAYS VISITING RESTRICTION
9/10/2008	POSSESSING OR RECEIVING UNAUTHORIZED ARTICLES	VERBAL WARNING/REPRIMAND
	DESTRUCTION OF PROPERTY UNDER \$100	RESTITUTION OF \$2.69
3/27/2008	SANITATION	14 DAYS DISCIPLINARY SEG
2/1/2008	VIOLATION OF REGULATIONS	VERBAL REPRIMAND/WARNING
	POSSESSING OR RECEIVING UNAUTHORIZED ARTICLES	VERBAL REPRIMAND/WARNING
11/29/2007	VIOLATION OF REGULATIONS	VERBAL REPRIMAND/WARNING
	POSSESSING OR RECEIVING UNAUTHORIZED ARTICLES	7 DAYS DISCIPLINARY SEGREGATION
10/31/2007	VIOLATION OF REGULATIONS	VERBAL REPRIMAND/WARNING
	POSSESSING OR RECEIVING UNAUTHORIZED ARTICLES	VERBAL REPRIMAND/WARNING
10/4/2007	DISOBEYING AN ORDER	VERBAL WARNING/REPRIMAND
4/23/2007	DESTRUCTION OF PROPERTY UNDER \$100	RESTITUTION IN THE AMOUNT OF \$2.53
2/17/2007	DESTRUCTION OF PROPERTY UNDER \$100	RESTITUTION \$2.26 TOWEL
2/12/2007	TATTOO ACTIVITIES	1 1/2 MONTHS LOSS GOOD TIME
12/1/2008	VIOLATION OF REGULATIONS	(IDC) 3 DAYS ROOM RESTRICTION C/S 12/22/06-12/25/06
11/6/2008	UNAUTHORIZED AREAS	(IDC) 5 HOURS EXTRA DUTY TO BE COMPLETED NLT 12/15/06.
10/30/2008	GANG/SECURITY THREAT GROUP ACTIVITY	(IDC) 7 DAYS ROOM RESTRICTION C/S 11/10/06 TO 11/17/06.
10/22/2008	FAILURE TO WORK	(JDC) 10 HOURS EXTRA DUTY TO BE COMPLETED NLT 12/15/06.
10/14/2008	TATTOO ACTIVITIES	1 MONTH LOSS GOOD TIME
10/6/2006	VIOLATION OF REGULATIONS	7 DAYS UDC ROOM
6/2/2006	VIOLATION OF SANCTIONS	7 DAYS ROOM
5/21/2006	VIOLATION OF REGULATIONS	7 DAYS
5/12/2006	VIOLATION OF REGULATIONS	21 DAYS ROOM
4/9/2006	VIOLATION OF REGULATIONS	7 DAYS IDC ROOM
3/23/2006	VIOLATION OF REGULATIONS	20 HOURS
1/28/2006	POSSESSING OR RECEIVING UNAUTHORIZED ARTICLES	16 HRS X.DUTY
10/31/2005	DRUG OR INTOXICANT ABUSE	7 DAYS RR REL 11-11-05/REF TO DRUG OFFENDER CLASS
10/14/2005	SELLING, LOANING, OR GIVING ITEMS TO OTHERS	16 HRS X.DUTY
8/22/2005	SELLING, LOANING, OR GIVING ITEMS TO OTHERS	6 HRS X.DUTY
7/4/2005	USE OF THREATENING LANGUAGE OR GESTURES/FIGHTING	40 DAYS OS 30 DAYS LGT
12/30/2004	FLARE OF TEMPER/MINOR PHYSICAL CONTACT	16 HRS X.DUTY
12/19/2004	VIOLATION OF REGULATIONS	20 HRS X.DUTY
12/17/2004	VIOLATION OF REGULATIONS	20 HRS X-DUTY
10/23/2004	SELLING, LOANING, OR GIVING ITEMS TO OTHERS	VERBAL REPRIMAND
7/14/2004	VIOLATION OF REGULATIONS	10HRS X-DUTY
6/10/2004	VIOLATION OF REGULATIONS	VERBAL REPRIMAND
2/17/2004	VIOLATION OF REGULATIONS	VERBAL REPRIMAND
	DISOBEYING AN ORDER	10 HRS X-DUTY

**Incident Report****Date: 2-15-12****Name: Nikko Jenkins****Number: #59478**

I, Mark Weilage, was meeting in the SMU attorney client phone interview room at TSCI with Nikko Jenkins as part of my routine clinical work. At approximately 1330 on 2-15-12 inmate Jenkins stated to me, "So is this why we met in here" I indicated it was convenient. Mr. Jenkins then stated, "You don't have to be afraid of me, I am a gentleman, I would not hurt you" he then paused, smiled, and then stated "at least not in here." The interview concluded. EOR.

**Mark Weilage**



Dave Heineman, Governor  
Robert P. Houston, Director

### Mental Health Contact Note

Nikko Jenkins (# 59478)

February 15, 2012

Met with Mr. Jenkins in SMU attorney client room to give him feedback about the MIRT review and MIRT decision. I informed him that the team reviewed his case and that indicated that they did not deem him appropriate for transfer to the Mental Health Unit (MHU) at this time. Mr. Jenkins asked why. I explained to Mr. Jenkins that the evidence seemed to point that there was not an Axis I severe mental illness present that would warrant a transfer to the MHU. I talked at length about how it is my perception that he is not Schizophrenic or Bipolar, but the issues he struggles with are valid issues, long standing issues, that pose significant difficulty for him. Mr. Jenkins was not happy with that explanation. He began to get threatening, indicating that I was practicing inappropriately. He insinuated that I would be sued. He tried to get me to state that I thought that other psychiatrists and providers were performing malpractice because they diagnosed him and I'm not diagnosing him with those disorders. I sat quietly and listened to him while he continued to complain and make veiled and direct threats about suing and how I was waging psychological warfare and mistreating him along with all the other mentally ill offenders and the only reason that he was able to withstand this was that he was stronger and more intelligent than any of the other offenders. I discussed with him that there was still treatment that could be made available to him. That we could look at individual therapy and working to get him to transition to GP and back into the community. I also discussed whether or not he could do that Tecumseh or if he felt like he needed to transfer to try with different clinical staff. He said he needed to transfer and that he couldn't do it at Tecumseh. He asked if I could guarantee that he would get transferred. I said that I could not but that it'd be something I could look at pursuing if he thought that that would be something he would be able to work with. He kind of backed away from that option and said that he needed psychiatric meds and became more angry when I mentioned that he has been offered them in the past and hasn't taken them. He brought up that he felt like I was violating his 5<sup>th</sup> and 6<sup>th</sup> Amendment rights and that I was using cruel and unusual punishment and that I was purposefully hurting someone with a disability; that he was disabled and needed assistance with his disability. He continued to get upset with me numerous times stating that there would be grievances. That he was going to contact the news. The news would expose all of us as to what we were doing to mentally ill offenders. He stated that he was going to get a video camera and videotape each of his psychotic states so that he could send them to the news and the news would come interview us and expose us. He said later on, again, that he was going to videotape his psychotic states so that other people would see them and they would all know. He said all these things with a very clear, purposeful demeanor. He also stated that he was strong. That he was not going to be defeated. He stated later that he was not interested in any Mental Health services from us based on what I had just told him. That there's nothing we could do for him. I tried to reframe that yes I was offering to provide therapy. He stated that wasn't what he needed. "You can't provide it daily like I said I needed it." He continued to state that he was not going to be responsible for what happened. He stated that it is like "Tik tok tik tik tik tik..." and appeared to insinuate that this would lead to an explosion. He stated that Apophis has great power and that is what keeps him strong. Towards the end of the session he indicated that he didn't want to transfer, I didn't need to do anything else, he was done. He then inquired as to why we were meeting in the attorney client phone room where there was glass separating us. And I said that was done out of convenience and he said, "no you're afraid of me." And he went on to say that "I'm a gentleman. You don't need to be afraid of me. I wouldn't hurt you." And then smiled with a huge smile and said, "At least not while I'm in here." And that was the end of the session. As staff were escorting him back to his cell he yelled "Remember Dr. Weilage, Tik Tok!"

13109

NEBRASKA DEPARTMENT OF CORRECTION SERVICES  
SEGREGATION MENTAL STATUS REVIEW

INSTITUTION: TSCI

SUBJECT: Jenkins, Nikko

DATE: 3/22/12

NUMBER: 59478

PREVIOUS REVIEW DATE: \_\_\_\_\_

LOCATION: SHUF39

CRITERION	YES	NO	MRGNL
1. Hygiene Appropriate	✓		
2. Cooperative with interview (answers questions)	✓		
3. Oriented to person, place, and time	✓		
4. Recent and remote memory intact	✓		
5. Thought patterns appropriate (capable of keeping thoughts on track and relevant)	✓		
6. Thought patterns appropriate (Ideas are consistent with reality, no bizarreness)			✓
7. Affect/mood appropriate (emotional expression fits situation, circumstances and information being processed mentally)	✓		
8. Absence of suicidal/homicidal ideation (does not reveal a suicide plan or intentions, has interests, plans for the future)	✓		
9. Sleep pattern satisfactory (does not express inability to sleep or evidence excessive tiredness)			✓
10. Eating pattern satisfactory (reports normal appetite, no indication of rapid weight change)	✓		
11. Non-verbal communication is in alignment with verbal communication (facial expressions, etc. are congruent with verbal statements)	✓		
12. Content and rate of speech are appropriate for current situation	✓		
13. Understands how to contact Mental Health	✓		
14. Maintains daily activities	✓		
15. Unit/Custody Staff and/or logs indicate satisfactory adjustment	✓		

Complete all items. All items checked **No** or **Marginal (MRGNL)** require explanation and recommendations. Include additional comments.

6) Reports he is possessed by an evil Egyptian God  
9) Reports he is consistently "up and down" when trying to sleep.  
See individual contact note for further information.

B. Logston LHP/PC  
Examiner B. Logston LHP/PC

M. Pearson Psychologist Supervisor  
M. Pearson, Psy.D

13319

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

586

INMATE INTERVIEW REQUEST

TSCI

MAR 23 2012

DATE: March 23rd 2012  
Warden's Office  
SMU #39  
LOCATION

TO: Fred Britten Warden

FROM: Nikko Jenkins #59478 TSCI  
NAME / NUMBER FACILITY

WORK LOCATION: \_\_\_\_\_ UNIT STAFF: \_\_\_\_\_

MESSAGE: Sir I would like to bring to your Attention I was assessed psychologically by Dr Whilage of mental Health psychologist provided by Nebraska department of corrections as this evaluation has been completed Sir I am still not receiving any psychotherapy sessions nor any other treatment medically needed for my psychological disability of Schizophrenia bipolar All I am requesting is help Sir in SMU of 23 hour confinement were I Nikko Jenkins #59478 Am being currently held is deteriorating me mentally please Acknowledge this emergency pleading to help me why are you people refusing me mental health treatment I am sorry I need help I dont want to become this you are fully aware of your actions Sir and you claim to be of goodness believe in God and Jesus your persecution of me Sir sinful Hattred envy may God pass judgement upon your soul of punishment for your evil ways.

Nikko Jenkins #59478  
Signature

ORIGINAL - DCS Employee

YELLOW - Inmate

Both copies need to be submitted for response.

REPLY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: 3/23/12

- |           |         |       |           |          |
|-----------|---------|-------|-----------|----------|
| HU 1A/B   | HU 3C/D | A & R | Bus. Ofc. | Library  |
| HU 1CD/EF | SMU     | UA    | Canteen   | Medical  |
| HU 2A/B   | DW      | Hobby | Food Svc. | Records  |
| HU 2C/D   | AW      | DCC   | Hrg. Ofc. | Property |
| HU 3A/B   | Major   | MH    | Maint.    | Mailroom |

Other: \_\_\_\_\_

PLEASE SUBMIT A SUGGESTED RESPONSE TO THE WARDEN'S OFFICE WITHIN 5 WORKING DAYS. THANK YOU.

Date

Signature

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

12964  
APR 20 REC'D

INMATE INTERVIEW REQUEST

TO: (Dr Baker) Psychiatrist  
FROM: Nikko Jenkins #59478 TSC1 F39 8mu  
NAME / NUMBER FACILITY LOCATION  
DATE: April 19th 2012

WORK LOCATION: \_\_\_\_\_ UNIT STAFF: \_\_\_\_\_

MESSAGE: I would like to sincerely thank you ma'am for showing concern for my wellbeing in my only request to you ma'am please give your professional assessment of my treatment needs psychologically for my mental disorders as my treatment file is reflecting factual bases I Nikko Jenkins am indeed in great need of psychiatric treatment as my deterioration is of severity please help me I wish to stabilize. Thank you  
Nikko Jenkins #59478  
Signature

ORIGINAL - DCS Employee  
YELLOW - Inmate  
Both copies need to be submitted for response.

REPLY: Above noted. I will present your concerns at the appropriate forum with mental health and custody staff. If you have any more questions or concerns, please complete another request form and let me know.

Thank you -  
1550 4/23/12 130 N. Baker M.P.  
Date Signature



13214

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

MENTAL HEALTH RECORD	CHRONOLOGICAL RECORD OF PSYCHIATRIC / MENTAL HEALTH CARE
DATE	cont. $\Psi$ Note <span style="float: right;">(sign each entry)</span>
4/19/12	<p>affect intense, irritable, easily agitated. speech spontaneous - remains rapid. Pt. talkative &amp; diff to redirect at times. Pt.'s thoughts appear fairly well organized. Pt. remains focused on wanting to be transferred to LRC/LCC for mental health care: <math>\oplus</math> grandiosity ~ his abilities/intelligence <math>\oplus</math> FOI <math>\oplus</math> LOA. <math>\oplus</math> narcissistic. appears to be hypomanic/agitated consistently at visits. <math>\oplus</math> AH - see above - relatively unchanged. <math>\oplus</math> VICH recently. some paranoia/suspiciousness. Questionable delusions of grandiose type. Denies SI/HI. Alert &amp; oriented. attention/concentration/computation appears <math>\downarrow</math>. Reality testing/I/IJ remains impaired</p>
- Psychosis NO	Pt. cont. to do diff: $\bar{c}$ anger, "psychosis" + PTSD type sx.
- Poss. BAD $\bar{c}$ $\Psi$ features vs. elusional d/o. grandiose type is. SAD, BT	$\oplus$ SI/HI. $\oplus$ AH/paranoia. $\oplus$ VICH. Pt. $\bar{c}$ significant narcissistic/antisocial traits/behaviors. ? manic/hypomanic behaviors - rapid speech, grandiosity, $\Psi$ M agitation, $\oplus$ FOI.
Inob. PTSD	Pt. $\bar{c}$ manipulative & possible malingering behaviors for 2 <sup>o</sup> gain $\rightarrow$ LRC/LCC. $\oplus$ PTSD sx related to h/o sexual/physical
AS/narcissistic traits. Relational Problem NUS	abuse. Pt. has seen BL in MH. Will request hard copy of recent $\Psi$ testing to review & help clarify dx/behavioral issues. & appropriate $\Psi$ options as well as
PS dependency. TRIC/INET/LE/ICH.	to R/O malingering. Pt. denies significant sx of depression or anxiety. Pt. $\bar{c}$ h/o noncompliance $\bar{c}$ $\Psi$ topics & sx have also been refractory to $\Psi$ in the past. Pt. continues to refuse all $\Psi$ topics including Risperdal and/or Depakote until he can
	be transferred to LRC/LCC. Poss. OCD sx (compulsive walking out/cleaning) appears fairly manageable
PATIENT'S LAST NAME - FIRST NAME -	IDENTIFICATION NO. Jenkins, Nikko <span style="float: right;">59478 cont <math>\rightarrow</math></span>

N. Bakum

## NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

MENTAL HEALTH RECORD:	CHRONOLOGICAL RECORD OF PSYCHIATRIC / MENTAL HEALTH CARE
-----------------------	--

DATE

(sign each entry)

4/19/12 cont. & note  
 at this time & no significant functional impairments reported or observed. No aggressive behaviors recently. Sx also likely 2° significant behavioral / axis II issues. Panic sx. DID sx reported or observed. Did discuss coping skills, trauma issues, anger issues & appropriate boundaries, reality testing & tx options to the pt. No tropic 2° pt. refusal while at TSCI. Pt. does appear to be meeting his basic needs & follows medical for any physical concerns. Will review journal & testing & discuss tx options to pt. Encouraged pt. to cooperate to MH staff. Will cont. to monitor pt. & tx sx as necessary. f/u & y m 2-3 months, sooner if needed  
 N. Baccinno

7/2/12

Note

310

Pt. continues to similar presentation & complaints. States he has still been requesting daily psychotherapy. Pt. clu diff. staying asleep - but refuses any type of sleep aide, as he feels "Tropics will make him weak". Appetite is good. Pt. denies diff. energy or concentration. OSHI. When questioned pt. if he felt like harming himself - pt. replied "never". Pt. talked about how he "carved" on his face as a token of loyalty to the "war god". Pt. then declined to tell provider what he used to cut / "carve" on his face. Pt. reports numerous losses since incarceration (dad, aunt, cousin, brother) which has been difficult on him. Pt. also reports he was exposed to repeated violent & traumatic experiences while growing

PATIENT'S LAST NAME - FIRST NAME

Jenkins, Nikko

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IDENTIFICATION NO.

59470 cmt





Misconduct Report

12369

**Comment (for Inmate Present) :**  
save for court

**For the purposes of my Disciplinary Committee hearing on this Misconduct Report :**

IDC Representative Requested : YES Who : ryan poe 64494  
 IDC Witness Requested : NO Who :  
 IDC Employee Requested : YES  
 IDC 24 Hr Notice of Charges :  
 24 Hr Notice of Hearing :  
 Appearance Before the Committee :  
 Dismissal Recommended : NO Investigation Continued : NO  
 Date of Investigation Continued : and Time :

**Comments and Finding of Facts :**  
 IDC based on incident occurred in SMU-INMATE IS UNABLE TO SIGN DUE TO BEING ON SHARPS RESTRICTION AND LIMITED PROPERTY-COPY PLACED IN PROPERTY BOX

Recommended Dt. of Disc. Committee Hrg. : 05/04/2012 and Time : w/c  
 Dt. of Completed Report Delivered to Inmate : 05/02/2012 and Time : 15:45

Ask Inmate (if applicable): Do you knowingly, intelligently, and voluntarily waive the above indicated rights? Do you affirm that no threats, coercion, or promises have been made to you to obtain your signature? Do you understand that the rights you've waived will not influence the disposition of the Committee?

Inmate's Waiver Response : NO

*unable to sign*

Signature Name/Number : Investigating Officer (appears on report) : SGT ORTH  
 UserID of Assigned PHO : JOrth

Send Report to UDC or IDC :

**SEND MISCONDUCT REPORT TO UDC OR IDC**

( Last Updated by : JOrth Last Updated on : 05/02/2012 04:44 PM )

Assigned to : JOrth Send To : INSTITUTIONAL DISCIPLINARY COMMITTEE

Comments :  
IDC

Disciplinary Committee :

**INSTITUTIONAL DISCIPLINARY COMMITTEE ACTION SHEET**

( Last Updated by : BSajkor Last Updated on : 05/11/2012 03:26 PM )

Hearing Date : 05/11/2012 Hearing Time : 14:04  
 Continued Hearing : NO If YES, Reason :  
 Continued To : Interpreter Present :  
 Date/Amended Charge(s) : Waived 24Hr. Notice of Amended Charge (s) :

Signature Initials :

**For the purposes of my Institutional Disciplinary Committee (IDC) hearing on this Misconduct Report :**

Representative Requested : WAIVED Who :  
 Representative Present : If Representative Not Present Why :  
 Witness(es) Requested : WAIVED Who :  
 Witness(es) Present : If Witness(es) Not Present Why :  
 Reporting Employee Requested : WAIVED Reporting Employee Present :  
 Inmate Given IDC 24Hr. Notice of Charge(s) : WAIVED Inmate Given 24Hr. Notice of Hrg. : WAIVED  
 Appearance Before the Committee :

Ask Inmate (if applicable): Do you knowingly, intelligently, and voluntarily waive the above indicated rights? Do you affirm that no threats, coercion, or promises have been made to you to obtain your signature? Do you understand

Misconduct Report

12370

that the rights you've waived will not influence the disposition of the Committee?

Inmate's Waiver Response : YES

Inmate's Waiver Signature : **NIKKO JENKINS**

PRESENTATION OF EVIDENCE :

Summary of Inmate Testimony :

JENKINS - WHO WAS THAT STATEMENT FROM? OF MENTAL HEALTH? MY COMMENTS IS THAT DUE TO THE FACT THAT I HAVE A PSYCHOLOGICAL DISORDER AND I AM ON NO CURRENT MEDICATION FOR MY PROBLEM, THE MEDICATION THEY ARE GIVING ME IS ACTUALLY RAPIDLY DETERIOATING MY MENTAL STATE BECAUSE THEY ARE NOT THE PROPER MEDS TO BE GIVEN TO ME FOR MY CONDITION. BECAUSE DR. BAKER REFUSES TO DO THE RIGHT THING AND I AM NOT RECEIVING PROPER TREATMENT FROM THE TSCI THAT THIS SUICIDE ATTEMPT IS A RESULT OF THAT. I HAVE A MENTAL DISORDER THAT I AM NOT BEING PROPERLY TREATED FOR. I HAVE A PSYCHOLOGICAL DISORDER THAT IS CAUSING ME TO RAPIDLY DETERIORATE DR. PEARSON REFUSES TO PROVIDE PSYCHOTHERAPY SESSIONS, I REFUSE TO TAKE THE DEPAOATE FOR MY SCHIZCHOPHENIA BECAUSE IT IS NOT A PROPER MEDICATION FOR MY PROBLEM. IT IS A MOOD STABILIZER. ARE THE THERAPEUTIC RESTRAINTS PRESIDED OVER BY MENTAL HEALTH?

Witness(es) Testimony :

NONE

Documentary Evidence Submitted by Inmate :

NONE

Testimony of Following Persons :

JENKINS 59478

EVIDENCE RELIED ON TO SUPPORT FINDINGS :

MR Number : 34CC

Report was Written on Date : 04/28/2012

Time : 19:40

Written Statement, Physical Evidence, Documentary Evidence, or Other :

INSTITUTIONAL DISCIPLINARY COMMITTEE ACTION SHEET (CONTINUANCE 05-11-2012), INCIDENT REPORT - CPL SEJKORA, MEMO - DR. PEARSON, MENTAL HEALTH PSYCHOLOGIST, INMATE INTERVIEW REQUEST. ALL DOCUMENTS VIEWED BY COMMITTEE

Disposition of Physical Evidence : NONE

Viewed Video Evidence :

Lab Report/State Patrol Report : NONE

Misconduct Report History : NO

Confidential Info Considered :

Reason Why Information Considered to be Reliable :

DECISION OF DISCIPLINARY COMMITTEE :

GUILTY Count(s) : 1

Dismissed Count(s) : 2,3,4

BASIS FOR COMMITTEE FINDINGS :

GUILTY OF 2P MUTILATION OF SELF OR OTHERS BY WRAPPING A CHAIN AROUND YOUR NECK IN AN ATTEMPT TO HARM YOUR SELF.

Sanctions Imposed :

CT	Charge	Rest Type	Start Date	End Date	LGT Amt	LGT NR?	Action
1	2P MUTILATION OF SELF OR OTHERS	SEG	05/25/2012	05/31/2012			7 DAYS DISCIPLINARY SEGREGATION

Explanation of Why the Offense is Serious or Flagrant :

CT 1: THIS IS SERIOUS DUE TO WRAPPING A CHAIN AROUND YOUR NECK HAS THE POTENTIAL TO CAUSE SERIOUS MEDICAL INJURIES OR DEATH TO YOURSELF, THEREBY THREATENING THE SAFETY OF THAT INMATE.

Signature Name/Number : **NIKKO J JENKINS**

Received Room Restriction / Extra Duty Guidelines : NO

Chairperson (appears on PAM report) : HILLMAN

Other Disc. Committee Member (appears on report) :

Recorder (appears on report) : SEJKORA

User Id of Assigned This Action Sheet : BSEJKOR

Warden (or equivalent) Review :

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Misconduct Report

12269



Grievance  
Misconduct Report  
-Appeal Pool  
-My Appeal Pool  
Search  
Tort / Misc Claims

Inmate ID:   Active  Last:

▶ Name: JENKINS, NIKKO A Rcvd Dt: 11/17/2003 Released: 07/30/2013 RecCtr: CRO Loc: DISC

Violation Report :

**DISCIPLINARY MISCONDUCT REPORT**

Report Filed Date: 05/02/2012 Time : 02:47  
 Report was Written on Date : 05/02/2012 Report Written Time : 02:15  
 Employee Who Filed Report : MATtebe Reporting Employee (appears on report) : Cpl. M. Attebery  
 MR Number : 34M3  
 Date of Discovery : 05/01/2012 Discovery Time : 22:30

**Explain Violation Fully : (who, what, when, where, how, why and your actions)**  
 I Cpl. Mark Attebery while working at TSCI as a Corporal on 3rd shift was assigned to SMU DEF Upper on 5/01/2012. At approximately 2225 hrs while giving Jenkins, Nikko 59478 water. I heard a thump while I was standing at the maintenance door ready to turn the water off. Jenkins, Nikko #59478 was using the toilet, I asked if he was done, he said "yeah, I'm done". I turned the toilet water off, unhooked the sink water and closed and locked the maintenance door. I then went to the door of Jenkins, Nikko #59478 (F-33). Jenkins #59478 was standing there looking at me and said "look what Apothos told me to do". His head was cut above his right eye and there was blood coming from the cut, there was also blood in his cell. I then at approximately 2231 hours called 1951 and asked them to call all first responders to upper DEF. First responders appeared in a couple of minutes, Lt. Franzen came down in a few minutes later and got inmate Jenkins # 59478 to cuff up. Cpl Laux had the come along chain, I assisted Sgt Scheele with the waist chain and Jenkins #59478 got on the gurney and was wheeled off the gallery. Later when he was off the gallery Sgt Patterson was taking pictures in the cell, I walked into the cell and I saw a lot of blood around where the inmates keep their toothbrushes, combs and such. I would suspect perhaps that is where Jenkin's #59478 had hit his head to create the cut. Pictures of the cut on Jenkins #59478 was taken, and pictures of cell F-33, and also the bloody t-shirt of Jenkins #59478 was taken into evidence per procedure. End of report.

Area : SMUF

Place of Occurrence : TSC Evidence Collected :   
 Where Evidence Held : DCC Evidence Held By : DCC

Logging :

**LOGGING**

( Last Updated by : JFranze001 Last Updated on : 05/02/2012 04:19 AM )  
 Logging Date : 05/02/2012 04:19 AM Assigned To : JFranze001

Comments :

Charge(s) :

CHARGES										
CT	Charge	DISM?	Rest Type	Start Date	End Date	LGT Amt	LGT NR?	Action	View	Edit
1	2P MUTILATION OF SELF OR OTHERS	No	SEG	08/15/2012	07/29/2012	1 1/2 MONTHS		1 1/2 MONTHS LOSS OF GOOD TIME / 45 DAYS DISCIPLINARY SEGREGATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	3D SWEARING, CURSING, OR USE OF ABUSIVE LANGUAGE OR GESTURES	Yes							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	3K DISRUPTION OF AUTHORIZED DUTIES	Yes							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	3N VIOLATION OF REGULATIONS	Yes							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Investigation Reports :

HEARING BEFORE INVESTIGATING OFFICER

136

( Last Updated by : JOrth Last Updated on : 05/03/2012 04:31 PM )

Date of Hearing before Investigating Officer : 05/03/2012 and Time : 16:21

# of Hrs. between Infraction or Discovery & Filing : 4.28 Hrs Inmate Present : YES

# of Hrs. between Filing and Logging : 1.54 Hrs

Comment (for Inmate Present) :  
 NO COMMENTS- I WANT THE USE OF FORCE VIDEO THE PICTURES THAT SGT PATTERSON TOOK  
 For the purposes of my Disciplinary Committee hearing on this Misconduct Report :

IDC Representative Requested : YES Who :  
 IDC Witness Requested : YES Who : THE DOCTOR THAT STICHED MY FACE RN CROPP

IDC Employee Requested : NO

IDC 24 Hr Notice of Charges :  
 24 Hr Notice of Hearing :

Appearance Before the Committee :

Dismissal Recommended : NO Investigation Continued : NO  
 Date of Investigation Continued : and Time :

Comments and Finding of Facts :  
 IDC BASED ON CHARGE INAMTE IS ON LIMITED PROPERTY AND SHARPS RESTRICTION AND IS UNABLE TO SIGN- COPY PLACED IN PROPERTY BOX

Recommended Dt. of Disc. Committee Hrg. : 05/11/2012 and Time : W/C

Dt. of Completed Report Delivered to Inmate : 05/03/2012 and Time : 16:29

Ask Inmate (If applicable): Do you knowingly, intelligently, and voluntarily waive the above indicated rights? Do you affirm that no threats, coercion, or promises have been made to you to obtain your signature? Do you understand that the rights you've waived will not influence the disposition of the Committee?  
 Inmate's Waiver Response : NO

Signature Name/Number : *unable to sign*

UserID of Assigned PHO : JOrth Investigating Officer (appears on report) : SGT ORTH

Send Report to UDC or IDC :

SEND MISCONDUCT REPORT TO UDC OR IDC  
 ( Last Updated by : JOrth Last Updated on : 05/03/2012 08:27 PM )

Assigned to : JOrth Send To : INSTITUTIONAL DISCIPLINARY COMMITTEE

Comments :  
 IDC

Disciplinary Committee :

INSTITUTIONAL DISCIPLINARY COMMITTEE ACTION SHEET  
 ( Last Updated by : BSejkor Last Updated on : 05/11/2012 03:29 PM )

Hearing Date : 05/11/2012 Hearing Time : 14:39

Continued Hearing : If YES, Reason :  
 Continued To : Interpreter Present :

Date/Amended Charge(s) : Waived 24Hr. Notice of Amended Charge (s) :

Signature Initials :

For the purposes of my Institutional Disciplinary Committee (IDC) hearing on this Misconduct Report :

Representative Requested : WAIVED Who :  
 Representative Present : If Representative Not Present Why :  
 Witness(es) Requested : WAIVED Who :

Misconduct Report

12271

**Witness(es) Present :**  
**Reporting Employee Requested :** WAIVED  
**Inmate Given IDC 24Hr. Notice of Charge(s) :** YES  
**Appearance Before the Committee :**

**If Witness(es) Not Present Why :**  
**Reporting Employee Present :**  
**Inmate Given 24Hr. Notice of Hrg. :** YES

**Ask Inmate (If applicable):** Do you knowingly, intelligently, and voluntarily waive the above indicated rights? Do you affirm that no threats, coercion, or promises have been made to you to obtain your signature? Do you understand that the rights you've waived will not influence the disposition of the Committee?  
**Inmate's Waiver Response :** YES

**Inmate's Waiver Signature :** *NIKKO JENKINS*

**PRESENTATION OF EVIDENCE :**  
**Summary of Inmate Testimony :**  
 JENKINS - SEE HOW OPEN THAT IS? THAT ISNT FROM A FALL. I RECEIVED 29 STICHES TO MY FACE 14 CHEEK, 15 FOREHEAD. I SEVERE FROM SEVER SCHIZO. I AM NOT BEING PROVIDED PROPER TREATMENT. THE MEDICATION THEY ARE GIVING ME IS ACTUALLY RAPIDLY DETERIOATING MY MENTAL STATE BECAUSE THEY ARE NOT THE PROPER MEDS TO BE GIVEN TO ME FOR MY CONDITION. BECAUSE DR. BAKER REFUSES TO DO THE RIGHT THING, THE ANCIENT EGPYTIAN GOD APOTHOS ORDERED MY TO CARVE THIS INTO MY FACE AND BEING A SOLDIER OF THE APOTHOS I FOLLOWED THIS DIRECTIONS. APOTHOS IS IN ME AND MY SOUL. I WAS PLACED IN THERAPEUTIC RESTRAINTS DUE TO THIS BEHAVIOR. AS A WITNESS TO THE VIDEO OF WHAT HAPPENED ON THAT NIGHT, THE WHOLE PURPOSE OF WATCHING THIS VIDEO IS TO SHOW THE DETERIORATION OF MY MENTAL STATE. ARE YOU IN AGREEMENT THAT SOMEONE WHO GIVE THEMSELVES AN INJURY THAT REQUIRES 29 STITCHES IS SOMEONE WHO IS IN NEED OF MENTAL HEALTH? AFTER WITNESSING THE VIDEO I AM ASKING TO BE TREATED FOR MY MENTAL HEALTH PROBLEMS, WILL YOU WRITE ME A MENTAL HEALTH REFERRAL.

**Witness(es) Testimony :**  
 NONE

**Documentary Evidence Submitted by Inmate :**  
 NONE

**Testimony of Following Persons :**  
 JENKINS 59478

**EVIDENCE RELIED ON TO SUPPORT FINDINGS :**  
 MR Number : 34M3  
 Report was Written on Date : 05/02/2012 Time : 02:15

**Written Statement, Physical Evidence, Documentary Evidence, or Other :**  
 photo of bloody shirt, INCIDENT REPORT - CAREL LPN, 5 PHOTOS (CELL), 4 PHOTOS (INJURIES TO JENKINS), 2 PHOTOS (CELL). ALL DOCUMENTS AND EVIDENCE VIEWED BY COMMITTEE AND INMATE.

**Disposition of Physical Evidence :** NONE

**Viewed Video Evidence :**

**Lab Report/State Patrol Report :** NONE

**Misconduct Report History :** NO **Confidential Info Considered :**

**Reason Why Information Considered to be Reliable :**

**DECISION OF DISCIPLINARY COMMITTEE :**  
**GUILTY Count(s) :** 1 **Dismissed Count(s) :** 2,3,4

**BASIS FOR COMMITTEE FINDINGS :**  
 GUILTY OF 2P MUTILATION OF SELF OR OTHERS BY CAUSING HARM TO YOUR SELF BY CARVING YOUR FACE WITH A SHELF IN YOUR CELL.

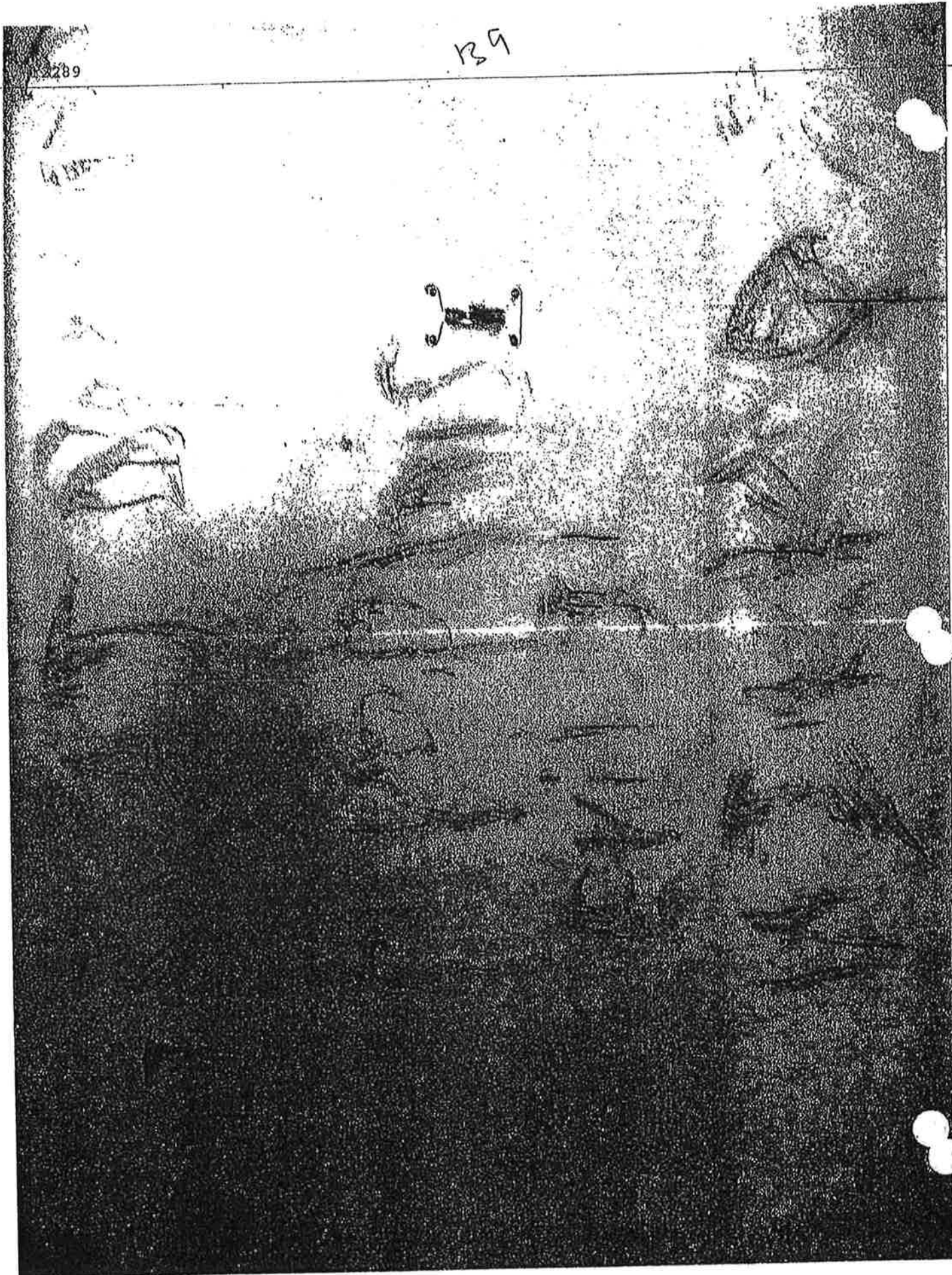
**Sanctions Imposed :**

CT	Charge	Rest Type	Start Date	End Date	LGT Amt	LGT NR?	Action
1	2P MUTILATION OF SELF OR OTHERS	SEG	08/15/2012	07/29/2012	1 1/2 MONTHS		1 1/2 MONTHS LOSS OF GOOD TIME / 45 DAYS DISCIPLINARY SEGREGATION

**Explanation of Why the Offense Is Serious or Flagrant :**  
 CT 1 : THIS IS FLAGRANT DUE TO THIS BEING THE 2ND OFFENSE IN ONE WEEK

**Signature Name/Number :** *NIKKO JENKINS*  
**Received Room Restriction / Extra Duty Guidelines :** NO





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**From:** Pearson, Melinda  
**Sent:** Wednesday, May 02, 2012 4:04 PM  
**To:** White, Cameron  
**Cc:** Weilage, Mark; Gibson, Shantrice  
**Subject:** Jenkins #59478  
**Attachments:** 1484\_001.pdf

Here are some of the reports from last night's incident. I'm still waiting on Dr. Gibson's contact note from today, but we did discuss him briefly. I will copy her in so that she can give you a brief update.

In looking at the pictures from the Uoff packet, it's hard to see how someone could bang their head on a shelf and have vertical cuts like he has. If you read the MR and the description of events, it actually appears that he may have fallen off of his sink and cut his face on the shelf where the inmates often store soap and other hygiene products. He also hasn't been cutting himself and I would think it unlikely that someone who is so attentive to appearance would initiate by cutting in a way that could be potentially disfiguring to their face.

Those are just my thoughts.

Melinda M. Pearson, PsyD  
Clinical Psychologist Supervisor  
Tecumseh State Correctional Institution  
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**From:** [dcs.copiers@nebraska.gov](mailto:dcs.copiers@nebraska.gov) [dcs.copiers@nebraska.gov]  
**Sent:** Wednesday, May 02, 2012 3:50 PM  
**To:** Pearson, Melinda  
**Subject:** Attached Image





Dave Heineman, Governor  
Robert P Houston, Director

**TO:** Shawn Settles, Acting Major  
**FROM:** Terry Scheele, Sergeant *TS*  
**DATE:** May 2, 2012  
**RE:** Inmate Jenkins, Nikko #59478

On May 1, 2012 I Sgt Scheele was the Sergeant for the Special Management Unit (SMU) during third shift at the Tecumseh State Correctional Institution. At approximately 2225 hours I got a call to go to upper F gallery for a possible emergency while I was in route to upper F Cpl Attebery called for the ERTs for an inmate that injured himself. When I arrived to upper F gallery I went down to cell F33 occupied by inmate Jenkins, Nikko #59478. I looked into cell F33 and saw inmate Jenkins #59478 had large cut over his right eye that appeared to be 2 to 3 inches long and there was blood covering inmate Jenkins #59478 face. I also saw writing on the wall that appeared to have been written in blood. Inmate Jenkins #59478 was in a very upset and agitated mood and demanded to see Nurse Cropp I asked inmate Jenkins #59478 if he will be restrained so staff can take him to medical. Inmate Jenkins #59478 refused and demanded again to see Nurse Cropp. I notified Lt Franzen of the situation with inmate Jenkins #59478 and had Cpl Blacketer begin videotaping inmate Jenkins #59478. At approximately 2230 hours Sgt Patterson and other ERT members arrived to upper SMU F Gallery to assist. Sgt Patterson begin talking to inmate Jenkins #59478 and give him directives to be restrained again inmate Jenkins #59478 refused. At 2245 hours Lt. Franzen arrived and was able to get inmate Jenkins #59478 to be restrained. Once restrained inmate Jenkins #59478 was placed on to the gurney and was taken to medical for treatment at 2300 hours. At 0030 hours on May 2, 2012 a Use of Force team was assembled. When inmate Jenkins #59478 returned from medical at 0040 hours and the Use of Force team then took inmate Jenkins #59478 to SMU B23 to be placed in to therapeutic restraints. Inmate Jenkins #59478 was secured into therapeutic restraints at 0100 hours.

TS/ts



Dave Heineman, Governor  
Robert P Houston, Director

**TO:** Acting Major Settles  
**FROM:** Lorna Patterson, Sergeant #<sup>0</sup>  
**DATE:** May 2, 2012  
**RE:** Jenkins, Nikko 59478

On May 1<sup>st</sup>, 2012, I, Sergeant L. Patterson was the assistant shift supervisor on third shift at the Tecumseh State Correctional Institution. At approximately 2230 hrs an ERT call was placed for an inmate that had injured himself on upper F gallery in the Special Management Unit (SMU). When I arrived at cell F33 I found inmate Jenkins, Nikko 59478 pacing in his cell screaming about being placed in therapeutic restraints previously. I called inmate Jenkins to the door and talked to him. He had blood all over his face, I could see a long cut on his forehead and his right cheek. It appeared to have bled a lot but the blood was clotting and only a small amount of blood was coming from the injury at that time. I instructed inmate Jenkins, Nikko 59478 to come to the hatch to be restrained and he refused to do so, stating we would have to spray him and come in and get him. I called central control and reported what was found. Sgt. Scheele cleared the ERT call. Inmate Jenkins then stated he wanted nurse Carrie Cropp to come to see him. I explained to inmate Jenkins that medical staff does not come to SMU he would need to be restrained and taken to medical to see them. Inmate Jenkins 59478 then started yelling at the video camera stating we were going to spray him and not provide him with medical when he needs it. I told inmate Jenkins that was not correct, I am giving him a directive to come to the hatch to be restrained so he can be taken to medical to be treated. So he has options to be restrained without force being used. Inmate Jenkins then stated he would be restrained if we gave him shower shoes to walk in. Inmate Jenkins, Nikko 59478 was then restrained and placed on a gurney to take to medical. I took pictures of inmate Jenkins' injuries while he was on the gurney. I then took pictures of his cell and pictures of his injuries after they had been cleaned by medical staff.

LP/lp

TECUMSEH STATE CORRECTIONAL INSTITUTION  
2725 No. Highway 50, P.O. Box 900, Tecumseh, NE 68450 (402) 335-5998 • Fax (402) 335-5115  
*An Equal Opportunity / Affirmative Action Employer*



Inmate Pass  
 Misconduct Report  
 -Misconduct Report Pool  
 -My Misconduct Report  
 -My Misconduct Report (Completed)  
 Search

Inmate ID: 59478    Go    Active     Lock    Search

▶ Name: JENKINS, NIKKO A    Rcvd Dt: 11/17/2003    TRD: 06/15/2013    RecCtr: TSC    Loc: 6MUF 33

Violation Report :

**DISCIPLINARY MISCONDUCT REPORT**

Report Filed Date: 05/02/2012    Time : 02:47  
 Report was Written on Date : 05/02/2012    Report Written Time : 02:15  
 Employee Who Filled Report : MAttebe    Reporting Employee (appears on report) : Cpl. M. Attebery  
 MR Number : 34M3  
 Date of Discovery : 05/01/2012    Discovery Time : 22:30

**Explain Violation Fully : (who, what, when, where, how, why and your actions)**  
 I Cpl. Mark Attebery while working at TSCI as a Corporal on 3rd shift was assigned to SMU DEF Upper on 5/01/2012. At approximately 2225 hrs while giving Jenkins, Nikko 59478 water. I heard a thump while I was standing at the maintenance door ready to turn the water off. Jenkins, Nikko #59478 was using the toilet, I asked if he was done, he said "yeah, I'm done". I turned the toilet water off, unhooked the sink water and closed and locked the maintenance door, I then went to the door of Jenkins, Nikko #59478 (F-33). Jenkins #59478 was standing there looking at me and said "look what Apolthos told me to do". His head was out above his right eye and there was blood coming from the cut, there was also blood in his cell. I then at approximately 2231 hours called 1951 and asked them to call all first responders to upper DEF. First responders appeared in a couple of minutes, Lt. Franzen came down in a few minutes later and got inmate Jenkins # 59478 to cuff up. Cpl Laux had the come along chain, I assisted Sgt Scheele with the waist chain and Jenkins #59478 got on the gurney and was wheeled off the gallery. Later when he was off the gallery Sgt Patterson was taking pictures in the cell, I walked into the cell and I saw a lot of blood around where the inmates keep their toothbrushes, combs and such. I would suspect perhaps that is where Jenkin's #59478 had hit his head to create the cut. Pictures of the cut on Jenkins #59478 was taken, and pictures of cell F-33, and also the bloody t-shirt of Jenkins #59478 was taken into evidence per procedure. End of report.

Area : SMUF

Place of Occurrence : TSC    Evidence Collected :   
 Where Evidence Held : DCC    Evidence Held By : DCC

Logging :

**LOGGING**

( Last Updated by : JFranze001 Last Updated on : 05/02/2012 04:16 AM )  
 Logging Date : (Auto Populated)    Assigned To : JFranze001

Comments :

Charge(s) :

CHARGES								
CT	Charge	DISM?	Rest Typo	Start Date	End Date	LGT Amt	LGT NR?	Action

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
INCIDENT REPORT

Date: 5-2-2012

Page 1 of 1


Name: Jenkins, Nikko

Number: 59478

Corporal Thompson

Reporting Employee Name & Job Title (PRINT)

I Corporal Thompson of Teoumseh State Correctional Institution on May 2, 2012 I took the statement after the use of force on Inmate Jenkins, Nikko #59478. He had nothing to say about the Use of Force but did strongly state that he needs to see Mental Health. EOR

Distribution			Reporting Employee Signature
Name/Area	Date	Sender	
			 Reporting Employee Signature
			Reviewed by:
			Date: _____
			Date: _____

144

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**From:** Pearson, Melinda  
**Sent:** Wednesday, May 02, 2012 4:11 PM  
**To:** White, Cameron  
**Cc:** Weilage, Mark; Gibson, Shantrice  
**Subject:** FW: Jenkins #59478  
**Attachments:** 1484\_001.pdf

Dr. Baker last saw Mr. Jenkins on 04/19/2012 and prescribed no medications at that time. I just contacted our pharmacy department who reported that his only prescription is for hydrocortisone cream.

Dr. Gibson's contact note from today is below:

"Mr. Jenkins complied with an interview in SMU cell B23 while in therapeutic restraints. He reported feeling "disgruntled". SI/HI was denied. He denied intent to self-harm prior to the incident leading up to being placed in restraints the previous evening. He reported he was told to do it by a spiritual being inside of him, "Apothos." Mr. Jenkins further expressed frustration regarding the response to his reported mental health issues by MH and Unit Staff. He expressed a belief that his "psychosis" is changing and getting worse. He reported he is prescribed medication, but is not consistent. He reported he would like to have a session with mental health to further discuss his concerns when he is removed from therapeutic restraints. Unit Staff reported Mr. Jenkins has not been aggressive toward self or staff since being placed in restraints. No additional concerns were reported or observed. Recommendations: Removal from 5-point therapeutic restraints and 15 minute checks."

Please let us know if you have any further questions.

Melinda M. Pearson, PsyD  
 Clinical Psychologist Supervisor  
 Tecumseh State Correctional Institution  
[melinda.m.pearson@nebraska.gov](mailto:melinda.m.pearson@nebraska.gov)  
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---

**From:** Pearson, Melinda  
**Sent:** Wednesday, May 02, 2012 4:03 PM  
**To:** White, Cameron  
**Cc:** Weilage, Mark; Gibson, Shantrice  
**Subject:** Jenkins #59478

145

Here are some of the reports from last night's incident. I'm still waiting on Dr. Gibson's contact note from today, but we did discuss him briefly. I will copy her in so that she can give you a brief update.

n looking at the pictures from the UofF packet, it's hard to see how someone could bang their head on a shelf and have vertical cuts like he has. If you read the MR and the description of events, it actually appears that he may have fallen off of his sink and cut his face on the shelf where the inmates often store soap and other hygiene products. He also hasn't been cutting himself and I would think it unlikely that someone who is so attentive to appearance would initiate by cutting in a way that could be potentially disfiguring to their face.

Those are just my thoughts.

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Sent: Wednesday, May 02, 2012 3:50 PM  
To: Pearson, Melinda  
Subject: Attached Image



12774

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

HEALTH RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	Explanation	Symptoms	Diagnosis	Treatment	(Sign each entry)
4/19/12	Return to home for chart review				W. Karas M.D.
4/19/12	Y/Note				
4/19/12	pt evaluated. See Mental Health chart. Pt on VM 2-3 months, sooner if needed.				N. Balun M.D.
4/18/12	pt was placed in therapeutic restraints				
4/18/12	pt was cooperative, restraints were checked this time				Boulton
4/30/12	Notified by Col. Smith @ 1032 that pt was removed from				
4/30/12	15 min checks per mental health recommendations				K. Hagan
5/1/12	pt seen in ER via quarry for ERT call. pt cut on forehead w/ under pt eye. pt states he doesn't remember how it happened. pt states he "woke up writing on the wall in his blood." Areas cleaned w/ 1454 1977 R 100° SF. Call placed to Dr. Damme to update. Dr. Damme to come see pt at this time.				D. Damme
5/2/12	sk. None acute reviewed. Pt refused lidocaine. Pt @ some paranoid thoughts & delusions. Someone told him in h's mind to harm himself.				
0025	sk				



PATIENT'S LAST NAME FIRST NAME IDENTIFICATION NO.  
 Jenkins, N. KKO 59478

## Oracle BI Interactive Dashboards - Corrections Mental Health

13712

				others. His statements seemed to conflict throughout the course of the conversation (i.e. need for help vs. being strong enough to handle it on his own; not wanting to work with facility employees, but requesting to be seen for treatment by Dr. Wellage) and presentation of content seemed grandiose and disorganized at times. When asked about SI for a second time, Mr. Jenkins indicated he believed he could "stabilize" and remain safe. Furthermore, he evidenced forward thinking (i.e. meeting with Dr. Wellage and writing grievances regarding his perceived level of care). No additional MH concerns were reported or observed. Recommendations: Remove from 15 minute checks --S.Gibson, Psy.D
Individual	1/15/2013	Regular / Follow-up	15-30 min	Met with Mr. Jenkins at his cell door at approximately 1137 hours. He reported he was having a "bad morning" because he was reportedly considering the idea of going to be with his family with psychosis. He indicated he did not want to have to do this. Mr. Jenkins indicated he views everyone as "prey" and followed-up with a number of violent images. He reported he needs to be hospitalized and observed to address the aforementioned issue. Mr. Jenkins went on to share his belief about being placed in segregation and alleged lack of psychiatric treatment. He indicated feeling unstable, but listed a number of things he does to remain stable. Mr. Jenkins did not directly respond to assessment questions. He ideas presented as grandiose and inconsistent in nature. He made references to be controlled by a separate entity. No additional MH concerns were reported or observed. Recommendation: Remain on 15 minute checks --S.Gibson, Psy.D
seg mental status	1/14/2013	Regular / Follow-up	0-15 min	Seen at cell door of SMU observation gallery. Denied belief that 'Apophis' would cause him to harm himself. Denied personal thoughts of self-harm or harm to others. Recommended he be removed from Plan A status and returned to his regular SMU cell on 15 minute checks. MSR also completed.
Individual	1/11/2013	Regular / Follow-up	0-15 min	Talked to Jenkins, Nikko #59478 outside the SMU B23 door at approximately 1035 hrs. Mr. Jenkins was standing at the door and maintained good eye contact. When asked by MHOD if he had a desire for self harm, Mr. Jenkins answered, "No." When asked by MHOD to rate his mood from 1 to 10 with 1 low and 10 high, Mr. Jenkins answered, "two." Mr. Jenkins that attempted to report to the MHOD that he had Schizophrenia, that he was not being treated, that being in segregation was harming his mental illness, and that he had previously cut his face because he had been told to do so by an Egyptian God. Mr. Jenkins reported that this God, Apophis, talked to him all the time. After consultation with LMHP Supervisor Logston and Dr. Pearson, it was determined to continue Mr. Jenkins on plan due to his reported low mood and history of self harm. Recommendation was delivered to Major Settles at approximately 1205 hrs. Larry Murphy, LMHP
Individual	1/10/2013	Custody / Unit staff	15-30 min	Inmate seen at cell door in response to staff reports of suicidal statements. Mr. Jenkins was on camera per policy and procedure. Upon this writer's arrival, he began to make statements indicating this writer's responsibility and perceived refusal of necessary mental health care. Allowed Mr. Jenkins to finish recording his concerns and then began interview. Mr. Jenkins reported that 'Apophis' was going to 'possess' him again and that he was scared for his safety as he believed 'Apophis' would harm him, referencing scar on face from previous incident. Continued to express paranoia and stated that he was 'psychotic' and needed transferred to the Lincoln Regional Center for care. At times, he stated that he was Apophis speaking, however he continued to refer to Apophis in third person consistently throughout interview. He did not show non-verbal signs of being suspicious or fearful. Presented as dramatic and verbose. Denied thoughts, plans or intents of self-harm, but indicated Apophis would harm him. Due to this statement, he was recommended to be placed on Plan A status for further monitoring and safety. M. Pearson, PsyD
seg mental status	12/18/2012	Regular / Follow-up	0-15 min	Concerns - see hard copy in MH file. - B. Logston LMHP
collateral	12/13/2012	Regular / Follow-up	0-15 min	MDT Jenkins, Nikko 59478 7 full restraint/double escort. Discussed his discharge date, which is 7-30-13. MHP Logston reported he does not meet the minimum standard of mental health need to warrant a social worker. UA Sherman stated to call social worker to notify them and see if they would assist him.
seg mental status	11/28/2012	Regular / Follow-up	15-30 min	Concerns - see hard copy in MH file. - B. Logston LMHP
seg mental status	10/26/2012	Regular / Follow-up	0-15 min	Concerns - see hard copy in mental health file. - B. Logston LMHP
seg mental status	9/11/2012	Regular / Follow-up	0-15 min	Mr. Jenkins presented as highly sarcastic throughout the interview but did respond to questions. Staff indicate continued security concerns and reported Mr. Jenkins received a recent misconduct report for attempting to grab a staff's hand through his door hatch. - B. Logston LMHP
seg mental status	8/22/2012	Regular / Follow-up	0-15 min	concerns - see hard copy in MH file
Individual	7/27/2012	unknown	0-15 min	While completing Mental Status Reviews on inmate's gallery, he began to make statements professing sexual attractions and feelings toward this writer. Inmate was informed that these comments were inappropriate. He responded stating that he was trying 'a different approach' with this writer. Inmate denied Mental Health concerns at this time.
seg mental status	7/17/2012	Regular / Follow-up	0-15 min	Concerns - see hard copy in MH file
psychiatric	7/2/2012	Regular / Follow-up	30-45 min	Dr. Baker
seg mental status	6/19/2012	Regular / Follow-up	0-15 min	concerns - see hard copy in MH file
seg mental status	5/15/2012	Regular / Follow-up	0-15 min	Concerns - see hard copy in file. Mr. Jenkins was very focused on his recent injury to his face and insisted that he was not receiving proper psychological/psychiatric/mental health treatment for his severe mental illness. Jenkins stated that I was aware of this and that is why I was not responding. I expressed to Inmate Jenkins that I was not responding in order to maintain his confidentiality due to other non-mental health staff being present. It was confirmed that Jenkins waived confidentiality in order for me to respond and I expressed to

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NEBRASKA DEPARTMENT OF CORRECTION SERVICES  
 SEGREGATION MENTAL STATUS REVIEW

13106

INSTITUTION: TSCI

SUBJECT: Jenkins, Nikko

DATE: 6/19/12

NUMBER: 59478

PREVIOUS REVIEW DATE: \_\_\_\_\_

LOCATION: SMUF33

CRITERION	YES	NO	MARGNL
1. Hygiene Appropriate	✓		
2. Cooperative with interview (answers questions)	✓		
3. Oriented to person, place, and time	✓		
4. Recent and remote memory intact	✓		
5. Thought patterns appropriate (capable of keeping thoughts on track and relevant)	✓		
6. Thought patterns appropriate (ideas are consistent with reality, no bizarreness)	✓		
7. Affect/mood appropriate (emotional expression fits situation, circumstances and information being processed mentally)	✓		
8. Absence of suicidal/homicidal ideation (does not reveal a suicide plan or intentions, has interests, plans for the future)	✓		
9. Sleep pattern satisfactory (does not express inability to sleep or evidence excessive tiredness)	✓		
10. Eating pattern satisfactory (reports normal appetite, no indication of rapid weight change)	✓		
11. Non-verbal communication is in alignment with verbal communication (facial expressions, etc. are congruent with verbal statements)	✓		
12. Content and rate of speech are appropriate for current situation	✓		
13. Understands how to contact Mental Health	✓		
14. Maintains daily activities	✓		
15. Unit/Custody Staff and/or logs indicate satisfactory adjustment	✓		

Complete all items. All items checked **No** or **Marginal (MARGNL)** require explanation and recommendations. Include additional comments.

Mr. Jenkin's expressed frustration and anger in regard to not receiving "regular psychotherapy treatment from a doctor". I attempted to explain to him he did not have a M.H. dx that would warrant such treatment - however, he was not receptive to this information.

B. Logston WHP/PC  
 Examiner B. Logston WHP/PC

149

D. Johnson P&D  
 Psychologist Supervisor S. Gibson P&D

13212

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

MENTAL HEALTH RECORD:	CHRONOLOGICAL RECORD OF PSYCHIATRIC & MENTAL HEALTH CARE	
DATE	(sign each entry)	
7/2/12	<p>cont. &amp; Note</p> <p>growing up. Pt. states he works out regularly &amp; enjoys reading - reports he's recently been reading a "neuro-science book" to understand the chemicals in his brain. Pt. reports he has a "new love interest" as his former GF became "disinterested". cont. intermittent AH &amp; "apophis" &amp; pt. being a war god. Pt. describes himself as "phenomally intelligent". DVICH recently. Osmatic complaints. cont. diff. &amp; anger &amp; verbal aggression. O physically aggressive behaviors recently. Did dream like from 4/19/12 &amp; the pt. Pt. c/o feeling paranoid &amp; stuff.</p> <p>Pt's room is neat &amp; clean. Pt. appropriately dressed/groomed. Pt's scar down @ side of face was C/D/I. Pt's presentation/sx remain similar to previous evaluations: Pt. is fairly cooperative, but is easily agitated/irritable. Pt. &amp; good, but intense eye contact. mild &amp; M agitation mood "it fluctuates" affect intense, irritable, easily agitated speech spontaneous - remains rapid. Pt. is talkative &amp; diff. to redirect @ times (but not pressured). Pt's thoughts appear fairly well organized @ grandiosity &amp; his abilities/intelligence. @ F-DI. @ Osmatic @ AH - see above - remains relatively unchanged. @ DVICH @ paranoia/suspiciousness. Questionable delusions of grandiose type. @ SI/HI. Alert &amp; oriented. attention/concentration/computation appears b.I. Reality testing / I/J remains impaired</p> <p>Pt. c/o diff. &amp; anger, diff. staying asleep, AH &amp; "apophis" &amp; PTSD type sx. c/o paranoia. cont.</p>	
PATIENT'S LAST NAME - FIRST NAME -	Jenkins, Nikko	IDENTIFICATION NO. 59478
DCS-A-mnh-010 (4/02)	150	N. Bakum

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

MENTAL HEALTH RECORD | CHRONOLOGICAL RECORD OF PSYCHIATRIC / MENTAL HEALTH CARE  
(sign each entry)

DATE | cont. & Note

7/2/12 | Pt. is significant narcissistic/antisocial traits/behaviors.

Psychosis NOS

Poss. BAD & features vs. Unusual d/o narcissist type vs. SAID, BT vs. malingering

Prob. PTSD

Strong ASI/ narcissistic traits Relational Problem NOS

PS dependence THC/WET/ETOH

PM agitation & FOI & irritability/mood lability. Pt. is manipulative & possible malingering behaviors for

2° gain -> LRC/LCC. + PTSD sx related to h/o sexual/physical abuse, violence & + NM/IB. Pt. met

Dr. Weilage m. 2/12 for & testing/assessment &

presented & significant Axis II issues & + MMI.

Pt. denies significant sx of depression or anxiety.

Pt. is h/o noncompliance & + tropics & sx have also been

reluctant to sx in the past. Pt. continues to refuse

all + tropics including Risperdal, Zolpidem, or sleep

aides. Poss OCD sx (compulsive washing out/cleaning)

appears fairly manageable at this time. Sx also

are likely to significant behavioral/Axis II issues

DDID sx reported as observed. Did discuss deep hygiene,

coping skills, anger issues & appropriate boundaries,

reality testing & sx options & the pt. Dismissed

RBA & the pt. + tropics 2° pt. refusal. Pt. does

appear to be meeting his basic needs & follows &

medical for any physical concerns. Encouraged pt

to cooperate & MH staff. Will cont. to monitor the

rel & loss issues

X

IDENTIFICATION NO. 151

PATIENT'S LAST NAME - FIRST NAME -

151 | IDENTIFICATION NO. 151

---

**From:** Natalie Hesser  
**Sent:** Sunday, July 08, 2012 7:35 PM  
**To:** Pearson, Melinda  
**Subject:** RE: Diagnostic Question

Dr. Pearson,  
 The diagnosis is only because of the symptoms he reports, not for any objective observation of symptoms. Because of his significant Axis II issues and not meeting diagnostic criteria for anything else, I have just left him with Psychosis NOS. If it appears misleading or is problematic, please let me know.  
 Thanks,  
 Natalie

---

**From:** Pearson, Melinda [<mailto:melinda.m.pearson@nebraska.gov>]  
**Sent:** Friday, July 06, 2012 12:10 PM  
**To:**  
**Subject:** Diagnostic Question

Good Morning!

I've been reviewing TSCI diagnoses and I noticed that you still have Nikko Jenkins diagnosed with Psychosis NOS. I wanted to check in with you to see if you were seeing some other symptoms. I will try to catch you next time you are at the facility. I want to make sure we're not missing something.

Thanks,

Melinda M. Pearson, PsyD  
 Clinical Psychologist Supervisor  
 Tecumseh State Correctional Institution  
[melinda.m.pearson@nebraska.gov](mailto:melinda.m.pearson@nebraska.gov)  
 Office (402) 335-5153  
 Cell

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13210

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

MENTAL HEALTH RECORD | CHRONOLOGICAL RECORD OF PSYCHIATRIC / MENTAL HEALTH CARE

DATE | *ψ note* (sign each entry)

7/19/12 1830 *Diagnosis clarification per review of recent mental health notes, psychiatric testing and recent interview*

*in the pt. Pt. is a definitive MMPI/axis I diagnosis observed at this time. Pt. does have a h/o Polysubstance Dependence. Pt's current mental health/behavioral issues appear to be 2° strong antisocial/narcissistic traits (Axis II)*

*Pt. is poss. malingering behavior in order to achieve secondary gain (eg. wanting to be transferred to LRC at the MHU). *ψ tropics*. *N. Bakum**

PATIENT'S LAST NAME - FIRST NAME - *Jenkins, Nikko*

IDENTIFICATION NO. *59478*

NEBRASKA DEPARTMENT OF CORRECTIONS SERVICES

JUL 10 13336 REC'D

INMATE INTERVIEW REQUEST

TO: Dr Gibson mental health DATE: July 9th 2012  
 FROM: Nikko Jenkins #59478 TSC# F33 Stru  
NAME / NUMBER FACILITY LOCATION

WORK LOCATION: \_\_\_\_\_ UNIT STAFF: \_\_\_\_\_

MESSAGE: may I please hold a session of  
psychotherapy with you ma'am in  
concern to forward panic & psychosis states  
of psychotic episodes as these areas are  
of great severity within me psychologically

Thank you  
ma'am

Nikko Jenkins #59478  
Signature

ORIGINAL - DCS Employee  
YELLOW - Inmate

Both copies need to be submitted for response.

REPLY: Mr. Jenkins,  
Please address your concerns with  
mental health at the next mental status  
review.

Thank you,

7/10/12  
Date

154 S. Gibson  
Signature S. Gibson, Ph.D

NEBRASKA DEPARTMENT OF CORRECTION SERVICES  
SEGREGATION MENTAL STATUS REVIEW

13104

INSTITUTION: TSCI

SUBJECT: JENKINS, NIKKO A

LOCATION: SMUF33

NUMBER: 59478

PSYCHIATRIC CONSULTATION REQUESTED AT THIS TIME YES  NO  Comment: N/A

Complete ALL items. Any item checked NO or Marginal [MRGNL] requires an explanation and recommendations.

CRITERION	YES	NO	MRGNL	Explanation/Recommendations
1. Hygiene appropriate	✓			
2. Cooperative with interview (answers questions)	✓			
3. Oriented to person, place, and time	✓			
4. Recent and remote memory intact	✓			
5. Thought patterns appropriate (capable of keeping thoughts on track; ideas are consistent with reality; no bizarreness)			✓	Ideas surrounding Egyptian Gods can't to be present
6. Affect/mood appropriate (emotional expression fits situation/circumstances and is congruent with verbal and non-verbal communication)			✓	Can't to report "schizophrenic bipolar" but symptoms of this observed.
Absence of suicidal/homicidal ideation (does not reveal a suicide plan or intentions, appropriate coping strategies and plans for the future)			✓	Inappropriate /destructive future plans not in his best interest regarding safety.
8. Sleep pattern satisfactory (does not express inability to sleep or evidence excessive tiredness)			✓	Reports poor sleep - waking up several Xs per night - rejected materials on good sleep hygiene
9. Eating pattern satisfactory (reports normal appetite, no indication of rapid weight change)			✓	Reports he is "always hungry" - appetite never satisfied
10. Content and rate of speech are appropriate for current situation	✓			
11. Understands how to contact Mental Health	✓			
12. Maintains daily activities	✓			
13. Unit/Custody Staff and/or logs indicate satisfactory adjustment			✓	Current MR pending for potentially attempting to grab staff's acc.

Additional Comments:

EXAMINER - B. Logston LHP/PC

DATE 8/22/12

PSYCHOLOGIST - D. DeLeonardis

155  
CONFIDENTIAL



---

**From:** Wellage, Mark  
**Sent:** Friday, October 19, 2012 10:23 AM  
**To:** Keller-Heuke, Jeriann  
**Subject:** RE: Dangerous people to flag for eval prior to dc

No, just generally

*Sent from my Verizon Wireless 4G LTE DROID*

"Keller-Heuke, Jeriann" <[Jeriann.Keller-Heuke@nebraska.gov](mailto:Jeriann.Keller-Heuke@nebraska.gov)> wrote:

Are you speaking of sex offenders?

Jeriann Keller-Heuke  
 Administrative Assistant III-Mental Health  
 Nebraska Department of Correctional Services  
 P.O. Box 2500  
 Lincoln, NE 68542-2500  
 office: 402-479-3012  
 cell: \_\_\_\_\_  
 FAX: 402-742-8362  
<mailto:jeriann.keller-heuke@nebraska.gov>

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**From:** Wellage, Mark  
**Sent:** Friday, October 19, 2012 10:02 AM  
**To:** Keller-Heuke, Jeriann  
**Subject:** Dangerous people to flag for eval prior to dc

is there a way you can set up a system to flag it dangerous people prior of them getting out

---

Nikko jenkins  
 Are two examples  
*Sent from my Verizon Wireless 4G LTE DROID*

13101

NEBRASKA DEPARTMENT OF CORRECTION SERVICES  
**SEGREGATION MENTAL STATUS REVIEW**

INSTITUTION: TSCI

SUBJECT: JENKINS, NIKKO A

LOCATION: SMUF

NUMBER: 59478

PSYCHIATRIC CONSULTATION REQUESTED AT THIS TIME	YES	NO	MRGNL	Comment
		<input checked="" type="radio"/>		N/A
Complete ALL items. Any item checked NO or Marginal [MRGNL] requires an explanation and recommendations.				
CRITERION	YES	NO	MRGNL	Explanation/Recommendations
1. Hygiene appropriate	<input checked="" type="checkbox"/>			
2. Cooperative with interview (answers questions)	<input checked="" type="checkbox"/>			
3. Oriented to person, place, and time	<input checked="" type="checkbox"/>			
4. Recent and remote memory intact	<input checked="" type="checkbox"/>			
5. Thought patterns appropriate (capable of keeping thoughts on track; ideas are consistent with reality; no bizarreness)			<input checked="" type="checkbox"/>	Jenkins expressed listening to the "evil" - following Egyptian Gods
6. Affect/mood appropriate (emotional expression fits situation/circumstances and is congruent with verbal and non-verbal communication)			<input checked="" type="checkbox"/>	Verbalized multiple emotions but displayed very little emotion
7. Absence of suicidal/homicidal ideation (does not reveal a suicide plan or intentions, appropriate coping strategies and plans for the future)			<input checked="" type="checkbox"/>	*No SI - expressed in a non-manner how "lives would be lost upon his release"
8. Sleep pattern satisfactory (does not express inability to sleep or evidence excessive tiredness)			<input checked="" type="checkbox"/>	Reports very poor sleep due to his constant hypervigilance
9. Eating pattern satisfactory (reports normal appetite, no indication of rapid weight change)	<input checked="" type="checkbox"/>			
10. Content and rate of speech are appropriate for current situation	<input checked="" type="checkbox"/>			
11. Understands how to contact Mental Health	<input checked="" type="checkbox"/>			
12. Maintains daily activities	<input checked="" type="checkbox"/>			
13. Unit/Custody Staff and/or logs indicate satisfactory adjustment	<input checked="" type="checkbox"/>			

Additional Comments:

\*Described himself as "unstable, unhuman, enraged" - states he "thrives in isolation" and "I'm a militant". Expressed paranoia.

B. Logston LMHP  
 EXAMINER: B. Logston LMHP

11/28/12  
 DATE

S. Johnson PsyD  
 PSYCHOLOGIST - S. Johnson PsyD

\* Comments such as this posing a possible threat to  
 CONFIDENTIAL

13331

NEBRASKA DEPARTMENT OF CORRECTIONS SERVICES  
**INCIDENT REPORT**

Date: 11/28/2012

Name: **Jenkins, Nikko**

**COPY** Page 1 of 1  
Number: **59478**

**Brandy Logston, LMHP/PC;  
Mental Health Supervisor**

On November 28, 2012, I, Brandy Logston, Mental Health Supervisor, was working for the Mental Health (MH) Department in the Special Management Unit (SMU) at Tecumseh State Correctional Institution (TSCI). I interviewed inmate Nikko Jenkins 59478 today and during this interview inmate Jenkins 59478 made comments in regard to "following evil" and describing himself being "unstable, inhuman, enraged, I am militant". Inmate Jenkins 59478 also stated, "I thrive in isolation". In an indirect manner he commented how upon his release from prison, "lives will be lost". There was no direct threat made by inmate Jenkins 59478. However, inmate Jenkins 59478 convoluted statements in regard to evil and lives lost as well as his description of himself as being enraged and unstable pose a possible safety risk and are, therefore, being reported. EOR

Distribution:

Name/Area                      Date                      Sender

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Brandy J. Logston LMHP*  
Reporting Employee Signature

Reviewed by:

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Date

*158*

INMATE INTERVIEW REQUEST

TO: Mental Health Brandy Logster DATE: December 3<sup>rd</sup> 12  
 FROM: #59478 NIKKO JENKINS TSCI F33 Smu  
NAME / NUMBER FACILITY LOCATION

WORK LOCATION: \_\_\_\_\_ UNIT STAFF: \_\_\_\_\_

MESSAGE: May I please Be Seen In  
A Therapy session I Thank  
you Sincerely .

#59478 NIKKO JENKINS  
 Signature

ORIGINAL - DCS Employee  
 YELLOW - Inmate  
 Both copies need to be submitted for response.

REPLY: Mr. Jenkins,  
You will be seen by mental health staff next week if time and resources  
permit.

Thank you.

12/7/12 159 T Logster MHP

13274

### Nebraska Department of Correctional Services Classification Appeal Form

To the Inmate: You have 15 days from the time you receive notice of a decision in a classification action to submit an appeal of that decision. Using this form you shall identify the decision being appealed, the date of the decision, the date you received a copy of the decision, and specific reasons you contend the decision was incorrect. You are then to sign the form and give it to your unit case manager. It is your responsibility to see that your unit manager receives it within the 15 day time period. You may include copies of additional documents at your expense. They will not be returned to you.

To be completed by inmate: (Please print.)

NIKKO JENKINS 59478 TSCI SMU F33  
Inmate Name Number Institution Living Location

CM Wiener SMU  
Name of your Unit Case Manager

Continued on AC Review In 4 months December 20<sup>th</sup> 2012  
Classification Decision Being Appealed Date of Decision

I am appealing the above decision for the following reason(s):  
(Be specific and concise)

In (SMU) Isolation I am not receiving professional treatment for the mental illness of schizophrenia disease I suffer from I am not under any medications I am daily in a severe psychosis detachment paranoid intense fear and panic. The mental deterioration I am rapidly living is a emergency need for treatment As WARGOD prophesies I am Alpha of Elite Warrior to wage WAR Fare of Revelations. I need treatment please help me stabilize over turn my AC so I can have rehabilitati  
SMU F33 December 20<sup>th</sup> 2012  
Inmate Signature Date

To be completed by the unit case manager:

Date received: 12-27-12 [Signature]  
Date Unit Case Manager Signature

To the unit manager: Indicate the date you received this form from the inmate and sign it above. Review the the inmate portion of this form for completeness and accuracy. Have the inmate initial any changes that have to made. Tear off the goldenrod copy and give it to the inmate. Within 10 working days after receiving this form, send it, with copies of the classification documents (noted below) relevant to the decision being appealed, to the Classification Manager in Central Office.

Date Inmate Received Notice of Final Classification Decision: \_\_\_\_\_

Check the following documents being forwarded for review of this appeal:

- (Send copies, not originals)
- \_\_\_ Administrative Confinement Investigation
- \_\_\_ Director's Subcommittee Report
- \_\_\_ Drug Offender Classification Status Form
- \_\_\_ Initial Classification Action Form
- \_\_\_ Initial Classification Study
- \_\_\_ Intensive Management Investigation
- \_\_\_ Other (as specified): Admin Check, Test Inst, Job Stat, Sent mail.
- \_\_\_ Misconduct Report
- \_\_\_ Notice/Waiver of Classification Hearing Form
- \_\_\_ Reclassification Action Form (front only)
- Reclassification Action Form (front and back)
- \_\_\_ Reclassification Narrative Form
- \_\_\_ Personalized Plan - Program Section
- \_\_\_ Work Release Application

Date Received by Classification Manager: \_\_\_\_\_

To be completed by the Director's Review Committee: 160

---

**From:** Pearson, Melinda  
**Sent:** Monday, December 17, 2012 12:27 PM  
**To:** Foster, Kathy  
**Subject:** RE: Inmate Nikko Jenkins #59478

Thank you for the heads up on those indirect contact notes. Not sure what happened other than I screwed up!

Mr. Jenkins does not meet the criteria for major mental illness or an Axis I disorder. He does meet criteria for Antisocial and Narcissistic Personality Disorders and has significant psychopathic traits. He also has a significant history of feigning Mental Health symptoms in attempts to arrange transfer for psychiatric reasons or to reduce responsibility for violent behaviors. He has a history of significant violence and has made death threats toward staff (including myself) and has also previously assaulted staff. He was recommended to complete the Violence Reduction Program, but was unable to participate prior to release date.

My understanding of the purpose of referral to Social Work by housing staff is that they want to make sure they have covered the bases with discharge planning and Mr. Jenkins consistently reports he is mentally ill. Mr. Jenkins has frequent contact with his mother, so has a person on the outside who can assist him with community arrangements. I don't believe he would be a priority for social work services.

If you have any more questions, just let me know!

Melinda M. Pearson, PsyD  
 Clinical Psychologist Supervisor  
 Tecumseh State Correctional Institution  
[melinda.m.pearson@nebraska.gov](mailto:melinda.m.pearson@nebraska.gov)  
 Office (402) 335-5153  
 Cell \_\_\_\_\_

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---

**From:** Foster, Kathy  
**Sent:** Monday, December 17, 2012 12:00 PM  
**To:** Pearson, Melinda  
**Subject:** FW: Inmate Nikko Jenkins #59478

Melinda, please note referral below. Wanted to get MH input on if this inmate is a good social work referral. Also, in looking at his contacts on the Mental Health tab, wanted to make you aware that on 10-1-12, uploaded documents from other inmates are included with Mr. Jenkins'.

Kathy Foster, LICSW  
 NDCS Director of Social Work  
 Nebraska State Penitentiary  
 4201 S. 14th Street  
 Lincoln, NE 68502  
 Phone: (402) 479-3094

Fax: (402) 479-3028

Cell:

email: [kathy.foster@nebraska.gov](mailto:kathy.foster@nebraska.gov)



---

**From:** Jansen, James

**Sent:** Thursday, December 13, 2012 2:33 PM

**To:** Foster, Kathy

**Subject:** Inmate Nikko Jenkins #59478

Mr. Jenkins will be Jamming out in July 30, 2013. He does not have any severe mental health problems, but has been in the Special Management Unit at TSCI for a long amount of time. He will likely jam out from our segregation. Just wondering if someone could talk to him closer to his jam date.

Thanks

James Jansen  
Unit Manager  
Special Management Unit  
Tecumseh State Correctional Institution  
(402) 335-5142



---

**From:** Foster, Kathy  
**Sent:** Monday, December 17, 2012 4:07 PM  
**To:** Jansen, James  
**Cc:** Pearson, Melinda; Meints, Sarah  
**Subject:** RE: Inmate Nikko Jenkins #59478

Mr. Jansen, from the information I got from Mental Health, Mr. Jenkins does not sound like an appropriate candidate for social work services. I would be happy to provide resource information though if he is seeking any specific information.

Kathy Foster, LICSW  
NDCS Director of Social Work  
Nebraska State Penitentiary  
4201 S. 14th Street  
Lincoln, NE 68502  
Phone: (402) 479-3094  
Fax: (402) 479-3028  
Cell: [REDACTED]  
email: [kathy.foster@nebraska.gov](mailto:kathy.foster@nebraska.gov)



---

**From:** Jansen, James  
**Sent:** Monday, December 17, 2012 2:52 PM  
**To:** Foster, Kathy  
**Subject:** RE: Inmate Nikko Jenkins #59478

Thanks

---

**From:** Foster, Kathy  
**Sent:** Monday, December 17, 2012 12:03 PM  
**To:** Jansen, James  
**Subject:** RE: Inmate Nikko Jenkins #59478

Mr. Jensen, I was out of my office for a few days, so sorry for the slow response. I am going to consult with Mental Health on Mr. Jenkins and then get back to you.

---

Kathy Foster, LICSW  
NDCS Director of Social Work  
Nebraska State Penitentiary  
4201 S. 14th Street  
Lincoln, NE 68502  
Phone: (402) 479-3094  
Fax: (402) 479-3028  
Cell: \_\_\_\_\_  
email: [kathy.foster@nebraska.gov](mailto:kathy.foster@nebraska.gov)



---

**From:** Jansen, James  
**Sent:** Thursday, December 13, 2012 2:33 PM  
**To:** Foster, Kathy  
**Subject:** Inmate Nikko Jenkins #59478

Mr. Jenkins will be Jamming out In July 30, 2013. He does not have any severe mental health problems, but has been in the Special Management Unit at TSCI for a long amount of time. He will likely jam out from our segregation. Just wondering if someone could talk to him closer to his jam date.  
Thanks

James Jansen  
Unit Manager  
Special Management Unit  
Tecumseh State Correctional Institution  
(402) 335-5142

12767

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE			
DATE	Location	Symptoms	Diagnosis	Treatment	(fill each entry)
11/2/12					
11/02					<p>During SMU rounds today and yesterday Pt making comments of "eating hearts" from women, men, &amp; children upon his jam date in 5 months Pt making comments regarding "egyptian warriors" &amp; tattooing his eyes black. Pt telling me to call the governor, senator, congressman &amp; report that he has no mattress. Pt states he has psychophrenia &amp; does not take meds. Pt's speech very loud, rapid, spontaneous. Pt appears clean, face shaved. Pt eating. Pt remains on Plan A. Will continue to monitor. — Ollman RN</p>
11/5/12					<p>1039) Pt very bad severely to see mental health &amp; needs help. mental health report filled out —</p>
1/18/13					<p>Seen in ER per gurney &amp; see inflicted lacerations above &amp; below R eye. both are 1" long each &amp; gaping. Area is cleaned &amp; antibiotic soap. No other injuries noted. States "I need mental health help. I got out in 5 months &amp; I need help now". DR Damme notified &amp; 2000 &amp; orders received. V.O. - 53-20-159/123 Salg 97% To shower in hospital due to being chemically sprayed w/ force in hallway. 2010) JCH notified of need for sutures &amp; arrived per van. 2010) left for 301 per beds &amp; staff. — D. Imber RN</p>
PATIENT'S LAST NAME - FIRST NAME		IDENTIFICATION NO.			
Dunkins, D. K. K.		59478			

POS 478 (10/2/97)

1105



DATE	Location	Symptoms	Diagnosis	Treatment	(sign each entry)
1/18/13 2002		Transfer to JCH per Van Son sutures.		T.O. DR Damme D. Subboard	DDW
1/18/13 2215		Remove sutures in 5-7 days		Tetanus in next 72 hrs needed - (Given 5-2-2012)	
		So DR Damme / JCH Nurse Megan / D. Subboard			
		Naked Blatly RN 1/19/13 @ 900			
		24° chart ✓ Blatly RN 1/19/13 @ 2200			
1/19/13 0830		while doing AM rounds screams at this writer that he needs psych now for inner emotional problems			
		states he is to get out in 3 1/2 months if that if he doesn't have psych he is going to rip someone's heart out thru chest when he is on the outside			
		Informed this writer x 3 that this info needs to be documented informed that mental health would be notified. Refused to answer questions re pain/discomfort from laceration (R) side of face			
0915		Sutures dry/intact. Denies chills/fever			
		for Gibson notified of request to be seen by psych for possible aggression towards others by flipping their heart out of chest. Sutures remain intact to (R) side of face. Blatly RN			
1/20/13 0730		while on SMU rounds this AM of says to nurse that he woke up this AM with whole (R) face swollen			
		Sutures to (R) face + laceration remain intact. Moderate swelling present. Irritation base during / scrubbing			
		None on W-2. Irritation noted around edges but does not appear infected @ this time. 1/20/13 @ Nurse + smiles			
1/66		Sony this is infected. No work + gums hurt 1/1 am			

13099

NEBRASKA DEPARTMENT OF CORRECTIONS SERVICES  
SEGREGATION MENTAL STATUS REVIEW

INSTITUTION: TSCI

SUBJECT: JENKINS, NIKKO A

LOCATION: SMUF33 B23

NUMBER: 59478

PSYCHIATRIC CONSULTATION REQUESTED AT THIS TIME	YES	NO	MRGNL	Comment: <i>N/A</i>
Complete ALL items. Any item checked NO or Marginal [MRGNL] requires an explanation and recommendations.				
CRITERION	YES	NO	MRGNL	Explanation/Recommendations
1. Hygiene appropriate	X			
2. Cooperative with interview (answers questions)	X			
3. Oriented to person, place, and time	X			
4. Recent and remote memory intact	X			
5. Thought patterns appropriate (capable of keeping thoughts on track; ideas are consistent with reality; no bizarreness)	X			
6. Affect/mood appropriate (emotional expression fits situation/circumstances and is congruent with verbal and non-verbal communication)	X			
7. Absence of suicidal/homicidal ideation (does not reveal a suicide plan or intentions, appropriate coping strategies and plans for the future)	X			<i>Denied SI/HI</i>
8. Sleep pattern satisfactory (does not express inability to sleep or evidence excessive tiredness)	X			
9. Eating pattern satisfactory (reports normal appetite, no indication of rapid weight change)	X			
10. Content and rate of speech are appropriate for current situation	X			
11. Understands how to contact Mental Health	X			
12. Maintains daily activities	X			
13. Unit/Custody Staff and/or logs indicate satisfactory adjustment	X			

Additional Comments: *Recently on Plan A status after stating that "Apophus" wanted him to harm himself.*

EXAMINER - \_\_\_\_\_

DATE *1/14/13*

PSYCHOLOGIST - *M. Pearson B.S.*

13329

Emergency Help me!

Emergency Help me!

TSCI

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

JAN 17 2013

20

INMATE INTERVIEW REQUEST

Warden's Office

TO: Warden Fred Britton (TSCI) DATE: January 16 2013

FROM: Nikko Jenkins #59478 TSCI #33 Smil

NAME / NUMBER FACILITY LOCATION

WORK LOCATION: \_\_\_\_\_ UNIT STAFF: \_\_\_\_\_

MESSAGE: I Am currently on limited property in 23 hour a-day lockdown with a severe mental condition of Schizophrenia without any psychiatric treatment nor medication upon my own refusal I need Emergency Hospitalization intense psychological treatment I am deteriorating rapidly detached from reality I feel I am destined to bring about the work of Revelations onto this Earth I feel I feel enslaved to my Alpha's of Elite Army discipline nothing matters only orders of my command & chief

Signature: Nikko Jenkins

ORIGINAL - DCS Employee

YELLOW - Inmate

Both copies need to be submitted for response.

REPLY: \_\_\_\_\_

Date: 1/17/13

- HU 1A/B HU 3C/D A & R Bus. Ofc. Library
- HU 1CD/EF SMU UA Canteen Medical
- HU 2A/B DW ICS Food Svc. Records
- HU 2C/D AW DCC Hrg. Ofc. Property
- HU 3A/B Major MH Maint. Mailroom

Other: \_\_\_\_\_

PLEASE SUBMIT A SUGGESTED RESPONSE TO THE WARDEN'S OFFICE WITHIN 5 WORKING DAYS. THANK YOU.

Date

Signature





				endorses high levels of anxiety and paranoia. He continues to refuse any psychotropic medications stating he will not take these because he does not trust staff. This distrust also is what has reportedly prevented him from having his stitches removed which should have occurred two weeks ago but he continues to refuse to allow medical to remove the stitches (confirmed this information with medical). The psychologist met with Jenkins on Friday and plans for further follow up and the psychiatrist met with Jenkins this morning. It was recommended that Jenkins remain on 15 minute checks at this time. Hard copy of MSR in MH file. Mental health staff will follow up with Jenkins tomorrow or sooner upon request or referral. - B. Logston LMHP
OD Call	2/2/2013	Custody / Unit staff	0-15 min	I received a call from TSCI staff at approximately 352 hours as the MHOD in regard to Jenkins who had reportedly broke a sprinkler head and reported he was hearing voices. No SI was reported or indicated at this time but the voices appeared to be of a disturbing nature to Jenkins and it was recommended he be placed on 15 minute checks. Mental health staff will follow up with Jenkins as appropriate. - B. Logston LMHP
psychiatric	2/2/2013	Regular / Follow-up	30-45 min	Dr. Baker
Individual	2/1/2013	MH Referral	1-2 hrs	See attached
Individual	1/28/2013	Regular / Follow-up	0-15 min	Talked to Mr. Jenkins outside the SMU F33 door at approximately 1115 hrs. Mr. Jenkins expressed no SI/Plan, expressed a 100% desire to follow his safety plan of telling staff when he feels like hurting himself. After consultation with Dr. Pearson, recommendation was to remove Mr. Jenkins from 15 minute checks due to no self reported SI/Plans. Recommendation was delivered to Major Settles at approximately 1150 hrs. Larry Murphy, LMHP
Individual	1/25/2013	Regular / Follow-up	15-30 min	Seen on B gallery to assess need for continued mental health plan monitoring. Denied suicidal ideation or other thoughts of self-harm. Presented as cooperative and polite. Inmate indicated that 'apophis' had told him to harm himself at the time he cut his face and stated that if he had had his earbuds and paper in the room, he would not have listened to 'apophis' He clarified that he does not feel his body is taken over by 'apophis' but that he listens to 'apophis' because this 'being' has given him so much truth. He requests hospitalization so that he does not harm other people. When asked what he would gain by hospitalization, he was only able to elaborate that he would receive therapy, but did not identify any benefits of therapy. Inmate stated that, when released, he would give in to 'apophis' who wanted him to kill a "man, woman and child" of "every age group." He talked about making nuclear weapons and gaining access to nuclear power. He also mentioned tattooing his entire body in "red Aramaic" and discussed other rituals
seg mental status	1/24/2013	Regular / Follow-up	0-15 min	Talked to Mr. Jenkins outside the SMU B24 door at approximately 1035 hrs. Mr. Jenkins was standing erectly at the door gazing intently. He stated that he had not violated any rules while on Plan A and asked to be stepped down to Plan B. When asked he reported no desire to harm himself. When asked about his safety plan, Mr. Jenkins reported that his plan was to notify staff if he had any further desire to hurt himself. When asked how likely he was to follow the plan and given the scale of 1 to 10 and 1 as low and 10 as high, Mr. Jenkins first answered 1. He then appeared to catch himself and answered 10. It was unclear whether Mr. Jenkins first answer had been a misunderstanding or whether he had made an honest and then decided the results would be more favorable if he said a 10. Mr. Jenkins had to be redirected at times when he stated that he needed immediate psychiatric treatment. After consultation with Dr. Gibson, it was recommended to continue Mr. Jenkins on Plan A due the seriousness of his self harm gesture and the ambiguity of his response regarding his likelihood of following his safety plan. Recommendation was delivered to Major Settles at approximately 1145 hrs. Larry Murphy, LMHP
Individual	1/23/2013	Regular / Follow-up	0-15 min	Talked to Mr. Jenkins outside the SMU B23 door at approximately 0935 hrs. He reported no SI/Plans for self harm and asked for emergency psychiatric treatment. When this therapist asked Mr. Jenkins to describe what symptoms he was experiencing he reported that Apophis talked to him but was unable to further describe symptoms. After consultation with Dr. Pearson, it was recommended that Mr. Jenkins continue on Plan A due to the recency and seriousness of the cutting on his face which required 11 stitches, and in one section of the cut was to the bone. Recommendation was delivered to Major Settles at approximately 1150 hrs. Larry Murphy, LMHP
Individual	1/22/2013	Regular / Follow-up	0-15 min	Talked to Mr. Jenkins outside the door of SMU 23 at approximately 1030 hrs. He reported no SI/Plans. After consultation with Dr. Pearson, it was recommended Mr. Jenkins continue on Plan A due to the seriousness of his self harm attempt. Recommendations were delivered to Captain Morris at approximately 1200 hrs. Larry Murphy, LMHP
OD Call	1/20/2013	Medical	0-15 min	Received a call from Medical reporting Mr. Jenkins still seemed to be angry and was continuing to report needing psychiatric care. SI was denied. Medical reported the call was being made to MH at the request of Mr. Jenkins who reportedly wanted his concerns relayed to MH and the contact documented. --S.Gibson, Psy.D
OD Call	1/19/2013	Medical	0-15 min	Received a call from Denise in Medical at approximately 0916 hours reporting she was uncertain if MH was contacted about Mr. Jenkins the night before. Mr. Jenkins seemed agitated and angry. She indicated he was screaming about wanting psychiatric treatment, as he is reportedly afraid he will get out and "rip someone's heart out." When inquired about whether he was engaging or threatening to engage in self-harm behaviors, Denise Mr. Jenkins was not and that she was calling to relay Mr. Jenkins concerns to MH. --S.Gibson, Psy.D
OD Call	1/18/2013	Custody / Unit staff	0-15 min	Received a call from Lt. Fransen at approximately 1948 hours reporting Mr. Jenkins cut his face with a piece of floor tile. Chemicals were reportedly used when Mr. Jenkins initially failed to comply with staff directives. Lt. Fransen indicated Mr. Jenkins did not fight when he was cuffed to be taken to the hospital for stitches. It was recommended Mr. Jenkins be placed on Plan A. MH requested to be notified of any disagreement from Medical regarding plan status. --S.Gibson, Psy.D
Individual	1/16/2013	Regular / Follow-up	15-30 min	Met with Mr. Jenkins at his cell door at approximately 0813 hours. He was brushing his teeth when MH arrived. When asked about SI/MI, Mr. Jenkins stated, "I'm not going to answer that truthfully. It seems to get me into trouble." Mr. Jenkins went on share his thoughts about being placed in segregation and his mental health status. He reported being able to "maintain" and "be stable" under his current living situation. He reported a belief that he should be hospitalized for psychiatric concerns (particularly being dangerous to others), as he will be released soon. Discussed his history of noncompliance with psychiatric care. Mr. Jenkins acknowledged that he has refused care from NDCS employees in the past and reported that he will do so in the future unless he was hospitalized. He expressed some paranoia regarding staff, indicated he is a warrior, and referenced being controlled by an separate entity. Overall, Mr. Jenkins presented themes of isolation, anger, and violence toward

Misconduct Report

12117

Investigation Reports :

**HEARING BEFORE INVESTIGATING OFFICER**  
 (Last Updated by : LSwarth Last Updated on : 01/24/2013 08:57 AM )

Date of Hearing before Investigating Officer : 01/24/2013 and Time : 08:28

# of Hrs. between Infraction or Discovery & Filing : 2.16 Hrs Inmate Present : YES

# of Hrs. between Filing and Logging : 0.06 Hrs

**Comment (for Inmate Present) :**  
 First of all, I was on limited property status at the time of this psychosis state of my schizophrenia disorder. The maintenance worker, Whitefield, was pulling up the tile on Upper F Gallery on 1/18/2013. A piece of tile fell under my door, F33. Mr. Nikko Jenkins 59478 has suffered from a long and serious history of mental illness. At the time of this psychotic episode, self mutilation, in which I carved two facial wounds into my face with the piece of tile from the gallery, I was not under any current medication for my psychological disability. Nor was I receiving any psychotherapy sessions. Transdiagnostic Unified Protocol Therapy (U.P. Therapy) in which I made numerous requests to the mental health department to treat me for my mental illness. I've also notified the Director, Robert P. Houston, in an emergency grievance of privileged correspondence, regarding my mental health emergency treatment need. At the time in the Special Management Unit, I Nikko Jenkins was confined to, I had been in isolation for 18 months. Since the time of my return to TSCI, July 19, 2011. In which District Court Judge of Douglas County, Gary B. Randall, documented within his final order rendered July 11, 2011, upon I, Nikko Jenkins, the serious need for psychiatric treatment for the mental illness that I suffer from. At Nebraska Department of Corrections Tecumseh State Correctional Institution has been unconstitutionally, unethically dehumanizing me and showing no regard for my safety and wellbeing of my emotional and psychological stability as well as my physical persons. As factual basis of two psychosis states of my schizophrenia disease, as of May 2nd, 2012, and now January 18, 2013... 2 self mutilated psychotic episodes resulting in a total of 39 stitches to the right side of my face. I would like the video from the use of force. I would like the other 3 staff who took me on the emergency travel order to Johnson County Hospital as witnesses... It was Sgt Barnard plus 3 other staff. I need the maintenance worker to say on the record that they were pulling up tile. I want to subpoena the search report and the room inspection report for room 33 when I was moved there. The two wounds on my face took 11 stitches to close... 6 on my forehead and 5 under my eye. This medical procedure was conducted by Tecumseh State Hospital Surgeon E.R. doctor, as I was transported on an emergency travel order to Tecumseh State Hospital. I need emergency psychiatric treatment, so please do a mental health referral for me. To verify, I have requested the following witnesses: Cpl Gustafson, Cpl Newell, Sgt McBea, Inmate Sgt Barnard, the 3 other staff from the emergency travel order, Clinical Psychologist Dr. Pearson, Dr. Gibson, the maintenance worker (Whitefield?).

**For the purposes of my Disciplinary Committee hearing on this Misconduct Report :**

IDC Representative Requested : YES Who : Cpl Gustafson, Cpl Newell, Sgt McBea, Inmate

IDC Witness Requested : YES Who : Sgt Barnard, the 3 other staff from the emergency travel order, Clinical Psychologist Dr. Pearson, Dr. Gibson, the maintenance worker (Whitefield)

IDC Employee Requested : YES

IDC 24 Hr Notice of Charges : 24 Hr Notice of Hearing :

Appearance Before the Committee :

Dismissal Recommended : NO Investigation Continued : NO

Date of Investigation Continued : and Time :

**Comments and Finding of Facts :**  
 IDC based on charges. Inmate Jenkins was unable to sign and a copy of this report was placed in his SMU property box due to restrictions (Sharps Restriction, Limited Property, Plan A).

Recommended Dt. of Disc. Committee Hrg. : 01/25/2013 and Time : w/c

Dt. of Completed Report Delivered to Inmate : 01/24/2013 and Time : 08:55

Ask Inmate (If applicable): Do you knowingly, intelligently, and voluntarily waive the above indicated rights? Do you affirm that no threats, coercion, or promises have been made to you to obtain your signature? Do you understand that the rights you've waived will not influence the disposition of the Committee?

Inmate's Waiver Response : NO

Unable to sign

Signature Name/Number : due to restrictions

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F-29

IDC INMATE STATEMENT

For Inmate: JENKINS, R Number 59478

By Inmate: \_\_\_\_\_ Number: \_\_\_\_\_

In Reference to Misconduct Report # 3RKJ Date of Incident JAN 18<sup>TH</sup> 2013

Misconduct Report by CPL GUSTAFSON

RE: INMATE JENKINS CUTTING HIMSELF WITH A PIECE OF TILE

Statement I around 7:45 pm. Cld Baker was passing out mail I come to my door get the mail, officer Gustafson went to F-33 door and started yelling to inmate Jenkins to stop cutting his face and to come to the door and give him the piece of tile, Inmate Jenkins come to the door and throw out the tile, officer Gustafson then started to spray Inmate Jenkins in his face, Inmate Jenkins open cut on his face. officer Gustafson then call for help, Inmate Jenkins then started to yell out about the help that he has been trying to get from mental health and then have been refusing Inmate Jenkins request, Inmate Jenkins then started to yell about how can a person get a piece of ~~tile~~ tile off the floor if he is on his property, Inmate Jenkins then said he need help and he want to talk to mental health because he has a problem, and he been trying to get help for the pass few days and he don't want to hurt anyone, or his self, other officer started to come to Inmate Jenkins cell and they told inmate Jenkins to cuff up or they were going to spray him, Inmate Jenkins then started to yell that he need mental health to come talk to him the officer then went get there suits on to go into inmate Jenkins cell they come back and told inmate Jenkins to cuff up Inmate Jenkins then come to the door and cuff up for officers. . .

my cell is right across from inmate Jenkins I ~~can~~ can see in his cell I witness everything

Inmate Signature \_\_\_\_\_

Number \_\_\_\_\_

12139

F 32

**IDC INMATE STATEMENT**

For Inmate: JENKINS, n Number 59478

By [Signature] Number [Signature]

In Reference to Misconduct report # 3RKJ Date of Incident JAN 18<sup>TH</sup> 2013

Misconduct Report by CPL GUSTAFSON

RE: INMATE JENKINS CUTTING HIMSELF WITH A PIECE OF TILE

Statement I heard inmate Jenkins yelling to staff over several different occasions throughout the day about needing to see mental health without getting any response or help from staff. Approximately between 2:30 pm and 3:00 pm inmate Jenkins told Cpl. Gustafson when he was passing out toilet supplies that he (Jenkins) needed mental health help which Gustafson, ignored him and kept passing supplies out. Around dinner time when the staff was picking up trays Jenkins again informed staff that he needed help with his mental state and again was ignored by staff, therefore, he in my own opinion started to get upset with staff not responding to his cry for help and felt frustrated, however, he asked once more for help which fell on deaf ears and when Cpl. Gustafson was passing out laundry I heard inmate Jenkins yell that he needs help and Cpl. Gustafson yell stop cutting yourself which made me come to the door and observe Cpl. Gustafson speak to inmate Jenkins call him out calling EMT and then telling inmate Jenkins to slide the tiles out which Jenkins did, however, I'm next door to Jenkins had could not see him cutting himself but what I could see was Cpl. Gustafson shake the mace can then spray it inside Jenkins hatch on the cell door after opening the hatch he sprayed for a good seven to twelve seconds which had ~~me~~ me coughing from the mace and then that's when Cpl. Gustafson decided to call for back up.

Inmate Sign [Signature]

Number [Signature]

F 34

IDC INMATE STATEMENT

For Inmate: JENKINS, n Number 59478

By Inmate: \_\_\_\_\_ Number: \_\_\_\_\_

In Reference to Misconduct Report # 3RKJ Date of Incident JAN 18<sup>TH</sup> 2013

Misconduct Report by CPL GUSTAFSON

RE: INMATE JENKINS CUTTING HIMSELF WITH A PIECE OF TILE

Statement Inmate N. Jenkins, 59478 lived in F-33 and I live in  
whereas inmate Jenkins and I talk alot and due to the time we  
have been living next door to each other I have learned inmate Jenkins  
has a very, very serious mental health problem whereas he would tell me he  
hears voices and those voices tell him to do things. And on 1-18-13 some pieces  
of tile flew into his cell, and those pieces of tile flew into inmate Jenkins's  
cell because construction maintenance was tearing up the tiles from the  
floor. To make Jenkins was not cutting on himself under his own power  
or mental state of mind, and if inmate Jenkins had been receiving some  
help from the SMH staff and the mental health staff perhaps maybe  
that incident would not of happen, and the voices inmate Jenkins hears  
would not of had any power over him. And because of inmate Jenkins,  
mental health problems it would not be right or fair to punish someone  
or him due to their sickness and inmate Jenkins, is unquestionably  
sick due to his mental illness.

Inmate Signature \_\_\_\_\_

Number \_\_\_\_\_

173



12763

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

CHRONOLOGICAL RECORD OF MEDICAL CARE

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE			
DATE	Location	Symptoms	Diagnosis	Treatment (sign each entry)
11/20/13		in and is picking to his nervous system causing vase symptoms, informed pt that his smile is symmetrical and that neurologic problems would cause facial drooping. No facial drooping noted. Offered pt TICARDOL. Pt says this is "Ticardol" but says also offered pt TABS out for location but pt also says he when asking if what he wants pt says "I want medical treatment" informed pt medical problem not present today. Pt states he knows his last words sent out to local facility for care informed pt that his symptoms did not change even to be sent out. Pt also says that he wants emergency mental health to evaluate him for severe mental illness and to request that his nurse document such request. <i>W. Gibson</i>		
11/20/13 0920				Telephone call placed to S. Gibson mental health officer of the day to inform him that pt is requesting emergency mental health services and that pt requesting such to be documented. Notification completed. <i>W. Gibson</i>
11/20/13 1025				To pt smile cell door Temp checked Temp 99° C this time. TABS again offered to pt. Pt accepted C this time. Also informed pt that medical noted mental health of his mental health concerns. <i>W. Gibson</i>
11/21/13	0920	Pt says he is requesting mental health - he both verbal and will start filling pt		

PATIENT'S LAST NAME FIRST NAME  
DANKINS D. KICO

IDENTIFICATION NO.  
59475





129

RECEIVED

JAN 24

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
MENTAL HEALTH/MEDICAL REFERRAL FORM

DATE: 1/18/13 REFERRAL SOURCE: [Signature]

INMATE NAME: Jenkins Nikko NUMBER: 59478

INSTITUTION: TSCP LIVING LOCATION: SMU F-33

**Instructions: The Referral source will retain the Pink Copy and send the White and Canary copies to the Referee. Once the Referee has completed the Disposition portion of the form, return the White copy to the Referral Source and file the Canary Copy.**

**REFERRAL TO (Check One):**

- In-Patient Mental Health Program
- In-Patient Sex Offender Program
- Psychiatric Consult
- Medical

- Socially & Developmentally Impaired Program
- Crisis Intervention
- Mental Health Counseling/Assessment
- Other

**COMMENTS:**

pt request mental health

Specific Problem Identified: \_\_\_\_\_

Description of Symptoms Inmate Is Exhibiting: anxiety, paranoia

Medical/Mental History (Include Current Medication(s)): \_\_\_\_\_

Date of Screening Interview: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

Disposition: Thank you for the referral. Mr Jenkins

is seen regularly by Mental Health. He is  
encouraged to address his requests directly  
to Mental Health. He is presenting with some  
symptoms of anxiety but does not  
show signs of psychotic processes or thought  
disorder. date: 1/22/13 Initials: MMP

Original: Referee returns to Originator after Disposition  
Canary: Referee after Written Response  
Pink: Originator at the Time of Referral



Double Escort/Full RestraintInvoluntary Medication Exp. - 6/11/13

- Currently on injection medication - poor compliance with oral medication.
- Recent increase in Misconduct Reports
- Plan: Mental Health will continue to work with inmate and monitor mental status. Dr. Baker will continue to monitor psychiatric needs.

Involuntary Medication Exp. - 2/28/13Chemical Agent List

- Dr. Gross reported inmate continues to decline to speak with Mental Health.
- Involuntary medication order renewal application is in process.
- Dr. Baker reports recent written communication with \_\_\_\_\_ appears organized.
- Plan: Mental Health will schedule Involuntary Medication Hearing and continue to attempt to meet with \_\_\_\_\_
- Dr. Baker will continue to monitor psychiatric needs.

Involuntary Medication Exp. - 6/11/13Chemical Agent List

- Dr. Baker reported that his medication is increasing. Weight is reported to be stable.
- Dr. Pearson reported that inmate will be referred back to MIRT.
- Plan: Mental Health will continue to work with inmate and monitor mental status. Dr. Baker will continue to monitor psychiatric needs.

IM Placement

Staff will track patterns of behavior (i.e., outbursts, pacing, etc.)

- Dr. Baker reports that he does recall when he has outbursts and indicates recent medication adjustment.
- Dr. Gibson reports that MHP Logston has him complete puzzles due to history of cognitive deficits.
- Plan: Institutional staff will monitor for patterns of behavior. Mental Health will continue to work with inmate and monitor mental status. Dr. Baker will continue to monitor psychiatric needs.

Plan A/Sharps Restriction/ Full Restraints/Tripic Escort/Limited Property/Water

- DW Capps reported that due to medical risk, he will be x-rayed only if he is observed placing items in his rectum.
- Per AW Busboom, staff should always assume he has a weapon and that he is a chronic risk for violence.
- RN Glanz stated that \_\_\_\_\_ is reported ear pain and is scheduled for an ear flush today at 12:30.
- Dr. Baker stated that his medications are still being crushed.
- Plan: Mental Health will continue to work with inmate and monitor mental status. Dr. Baker will continue to monitor psychiatric needs.

- Dr. Baker reported inmate's hygiene has declined. She indicates she has prescribed him an anti-depressant and has decreased his injection medication. Recommended providing him with a television.
- Dr. Gibson reported the \_\_\_\_\_ will not speak with Mental Health.
- Plan: Mental Health will continue to attempt to engage inmate in services. Dr. Baker will continue to monitor psychiatric needs.

Jenkins, Nikko 59478 - full restraint/double escort.

- Discussed discharge date, which is 7-30-13.
- Medical reported that Jenkins was taken to Johnson County Hospital on January 18, 2013 for a cut on his face. He received stitches. Reported he has refused medication.
- Social Work determined not to take his case.
- Dr. Baker has scheduled an appointment with Jenkins in the next week.
- Plan: Mental Health will continue to monitor mental status and speak with him about his concerns regarding returning to the community. Dr. Baker will monitor psychiatric status.

INMATE MONITOR LIST

- \_\_\_\_\_ (chemical agent list) No changes reported.
- \_\_\_\_\_ (R was issued for refusing to shower.
- \_\_\_\_\_ - Continues to refuse Mental Health.
- \_\_\_\_\_ full restraint/triple escort/Plan A/limited property. Medication compliant and largely cooperative with staff.



12761

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE				
DATE	Location	Symptoms	Diagnosis	Treatment	(Sign each entry)	
11/13/13	B10	(cont)		until he receives a shower. Received verbal authorization from Dr Pearson & OK from CW Bassman that a shower was approved however pt will remain on Plan A. Pt now refusing shower since he was not moved to plan B. Will encourage suture removal tomorrow.		Chlan RA
11/25/13	B13			During SMU rounds pt again refuses suture removal. Pt states he will not shower until off Plan A.		Chlan RA
11/26/13	0800			Pt demanding emergency psychiatric treatment. Pt seems agitated, avoids eye contact & displays flight of ideas. NO acute distress noted.		Woulamomen
11/27/13	0830			Pt @ cell door states "I have a bone to pick with you". This nurse asked this pt what his needs are. Pt rude and tells this nurse how to do SMU rounds. Again this nurse asks what his need is. Pt demands "emergency psychiatric treatment". Pt then begins jumping subjects, racing thoughts. Pt has inappropriate responses & flaring temper. This nurse leaves cell door. NO acute distress noted.		Woulamomen

PATIENT'S LAST NAME - FIRST NAME  
 Jenkins, Nikko

IDENTIFICATION NO.  
 59478



DATE	Location	Symptoms	Diagnosis	Treatment	(sign each entry)
08/13 0930				During smu rounds pt agrees to have suture removal. Will re-schedule for tomorrow	O'Donoghue
14/13 0730				pt refused to come to clinic for suture removal	
13/13 1920				During smu rounds pt states he needed emergency psychiatric treatment. States he is a danger to others. It should be committed. Pt has been visited by mental health. Pt is scheduled to have apt to Dr. Baker. Appears in acute distress	O'Donoghue
2/16/13				#6 suture found in show - pt eye - pt removed suture in self - P 3/5 of upper teeth	
2/17/13 1245pm				Received call from Major Sallies that pt is to continue 15 minute checks	Wether
2-18-13 1245pm				Received call from Major Sallies that pt is to continue 15 minute checks	Wether
3-5-13				0915) pt very vocal telephoning - state he is seeing a lot of mental health & psychiatric care - pt then goes on to cut several stitches & sutures of his hand by himself - pt has the apt of a Dr. Baker - pt states he should be "committed" as he is "unstable and dangerous"	Wether
3-8-13				0935) pt requests "Emergency Psychiatric treatment" in the clinic - pt scheduled - patient began to self-harm at this time	Wether



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**From:** Natalie Hesper  
**Sent:** Sunday, January 27, 2013 5:51 PM  
**To:** White, Cameron  
**Subject:** patient care

Hi Dr. White,

I just wanted to thank you again for listening to my concerns and helping to turn it around at TSCI. I will not be back out to TSCI until Thursday of this week. I am a little worried about what will be waiting for me when I return, but I will get through it the best that I can. Please let me know what your plans will be regarding the entering of mental health diagnoses into NiCam as well as how to better distribute and answer KITES in a more timely manner. I have no problem just having the KITES that directly deal with medication issues sent to me immediately, but sure could use some help with all the rest and that the turn around time of the KITES needs to be MUCH quicker.

My other major concern is regarding the mental health referrals that I copied you on and that mental health staff does not have any plans to test or further evaluate any of these individuals whom I clinically have genuine concerns about. I will also be completing a mental health referral on Nikko Jenkins on Thursday when I am back out at TSCI and really feel that another provider (NP or MD) needs to evaluate his mental status and diagnosis as he will be jamming I believe this July. Again, I could not locate any documented mental health notes on any of these individuals in NiCam except for my own. Please let me know how to handle future referrals as I do not feel my concerns are being followed up with, and I do not want to wait until we have a negative outcome so I am trying to be proactive with these issues.

I want you to know how much I appreciate your support and work on bringing us back to a team approach, and I will do anything I can to improve the situation as well. I also really have enjoyed the quarterly provider meetings and feel they are informative and helpful especially when providing mental health care across the different and unique facilities.

Thanks,  
Natalie

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**From:** White, Cameron  
**Sent:** Monday, January 28, 2013 1:59 PM  
**To:** Natalie Heser  
**Subject:** RE: patient care

Natalie,

Thanks for your note. I appreciate you bringing your concerns forward. My thought is that we need to re-set expectations and put some understandings and agreements in place. I am working with Mark Wellage to ensure that IIRs are sent to you in a timely manner and the other issues you raised. At this point, I think a face-to-face meeting with you, Mark, Melinda (and me if needed) is needed to clear the air and to figure out process issues so that things go more smoothly and more teamwork develops. I will send a note out to this effect and suggest a meeting next week. Thanks.

Cameron

Cameron S. White, Ph.D.  
 Behavioral Health Administrator, NDCS  
 Licensed Psychologist  
 Licensed Nursing Home Administrator

Phone: 402-479-5971  
 Facsimile: 402-479-5679  
 Email: [cameron.white@nebraska.gov](mailto:cameron.white@nebraska.gov)

NDCS Central Office  
 P.O. Box 94661  
 Lincoln, Nebraska 685509-4661

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**To:** White, Cameron  
**Subject:** patient care

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Thanks,  
Natalie

12913

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
MENTAL HEALTH/MEDICAL REFERRAL FORM

FEE, 0 1 RECD  
FEE

DATE: 1/31/13 REFERRAL SOURCE: Dr. Baker  
INMATE NAME: Jenkins, Nikko NUMBER: 59478  
INSTITUTION: TSCI LIVING LOCATION: SMU F-33

**Instructions:** The Referral source will retain the Pink Copy and send the White and Canary copies to the Referee. Once the Referee has completed the Disposition portion of the form, return the White copy to the Referral Source and file the Canary Copy.

**REFERRAL TO (Check One):**

- In-Patient Mental Health Program
- In-Patient Sex Offender Program
- Psychiatric Consult
- Medical
- Socially & Developmentally Impaired Program
- Crisis Intervention
- Mental Health Counseling/Assessment
- Other  by another provider (Nurse MD)

**COMMENTS:**

Pt. is agitated, threatening behaviors - pt. reported to medical staff that he will be eating the hearts of women, men & children when he JAMS in 5 months - comments made on 1/13/13. On 1/18/13 - pt. self-inflicted wound below & above his (R) eye requiring sutures. Pt. has been requesting "emergency psychiatric therapy and treatment" almost daily for the past 7-10 days. Pt. told nurse Specific Problem Identified: on 1/23/13 that he will drink his own semen for neuro-stimulants to increase his serotonin levels to & his emotional rage. Pt. is not sleeping much at night per custody staff as is frequently up exercising & has been exercising naked recently. Pt. has also been Description of Symptoms Inmate is Exhibiting: refusing to have sutures removed - should have been removed 1/23-1/25/13. Pt. described by staff as loud, agitated, FOI verbally threatening to others. Recent plan status 2° his behaviors.

Medical/Mental History (Include Current Medication(s)): Pt. cont. to refuse 4-topics. Pt. is h/o BAP. Pt. is a significant/serious risk to others & has a h/o violent/assaultive behaviors. Pt. also is a h/o strong cluster B/PAS traits. I am recommending for another provider (Nurse MD) to evaluate this pt. in the near future for further diagnostic clarification & tx options. Pt. currently appears mentally ill as well as an imminent danger to others. I also have scheduled pt. for a follow up visit within the next week. Possible civil commitment will be needed

Date of Screening Interview: 1/31/13 Interviewed By: N. Baker MD

Disposition: Seen on 2-1-13. Increases in anxiety and agitation noted. Feels he needs to be committed due to dangerousness to others. Very purposeful and coherent communication. Considering possible transfer to NSP due to need for additional observation needs prior to discharge. See clinical note in file. Date: 2-4-13 Initials: [Signature]

Original: Referee returns to Originator after Disposition  
Canary: Referee after Written Response  
Pink: Originator at the Time of Referral

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**CONFIDENTIAL****TULSA COUNTY STATE CORRECTIONAL INSTITUTE (TSCI)  
PROGRESS NOTE**

JENKINS, NIKKO #59478

FEBRUARY 4, 2013

**SUBJECTIVE** Met with the patient today who reports continued difficulties with mental health issues, anger and self-harm behaviors. He is currently on 15 minute checks as he broke a sprinkler head and is upset about not having his property. Patient reports he wants off psych unit, which he further elaborates is the treatment of disorders of behavior and personality. Patient continues to deny any psychotropic treatment at this facility. He reports he's been on limited property for the past 30 days with no mattress, which has made him angry. He complains of difficulty staying asleep. Appetite is good. He denies any difficulties with energy or concentration. He denies any suicidal or homicidal ideations, but patient did cut above and below his right eye on 1/13/2013 that required sutures. Patient has been scheduled 3 times with Medical to remove the sutures, but has refused to allow Medical to remove them. Patient denied that cutting his eye was a suicide attempt, but described it as a declaration of war as a "slither of war" as he reports he is a warrior with "spiritual declaration of warfare". He complains of difficulty with anger and feeling paranoid. He denies any physically aggressive behaviors, but does report he will harm people once he is released in 6 months. He has reported to Medical staff that he will eat the hearts of women, men, and children. He has been verbally threatening the safety of others. He also continues to request emergency psychiatric therapy and treatment on a daily basis. On 1/23/2013, patient had told the SMU nurse that he will drink his own semen for neuro-stimulators to increase his serotonin levels and to decrease his emotional rage. Outside staff reports patient has not been sleeping as well at night and is frequently up exercising. Patient has also been observed by staff to be exercising naked recently. Again, patient continues to refuse to have his sutures removed and they should have been removed on 1/23-1/25/2013. Staff report patient has been loud/agitated again, verbally threatening to others. Patient has been on recent plan status due to these behaviors. He reports he is working out approximately 2 hours per day. Patient reports his mood has been up and down. He denies any difficulties with anxiety. He denies any panic symptoms. Does report, however, racing thoughts as well as obsessive thoughts. Patient reports he was exposed to repeated violent and traumatic experiences while growing up, which continue to cause him nightmares and flashbacks. Patient reports he was reading, but is unable to do so due to limited property status. Patient continues to report positive auditory hallucinations regarding "apophasis" and command hallucinations to attack people. He denies any visual hallucinations. He feels he is the alpha leader of apophasis and further describes "night terrors" where he will sacrifice people and dreams of cannibalism. He does report good family support and he reports he plans to make his mother his power of attorney.

**OBJECTIVE MENTAL STATUS EXAM** Patient's room is bare. There are no odors. Patient is dressed in his boxer shorts. It was observed he does have several sutures, both above and below his right eye, which are still in place. His skin is somewhat erythematous, but otherwise clean, dry, and intact. Patient's presentation/symptoms remain similar to previous evaluations. Patient is fairly cooperative, but becomes easily agitated and irritable. He maintains good, but rather intense, eye contact. Increased psychomotor agitation overall. Mood he describes as "psychosis state" for which he had difficulty elaborating. Affect intense, labile, easily agitated.

RS



129111

Psych Note Jenkins, Nicko 2.4.13

**CONFIDENTIAL**

Speech spontaneous. Remains rapid and loud at times. Patient is talkative and difficult to redirect at times. Patient may have some difficulties organizing his thoughts. He remains grandiose regarding his abilities/intelligence. He does exhibit flight of ideas. There are no looseness of associations. He does exhibit significant narcissism. Positive auditory and command hallucinations as described above. There are no visual hallucinations. He does remain paranoid/suspicious. Questionable delusions of grandiose type. He denies any suicidal or homicidal ideations at this time. He is alert and oriented. Attention, concentration, and cognition appear grossly intact. Reality testing, insight, and judgment remain impaired.

**ASSESSMENT/DIAGNOSIS**

Psychosis NOS

Possible Bipolar Affective Disorder NOS w/ Psychotic Features vs Delusional Disorder Grandiose Type vs Schizoaffective Disorder, Bipolar Type vs Malingering

Probable PTSD

Patient with strong Antisocial and Narcissistic Traits

Relational Problem NOS

Polysubstance Dependence (Cannabis, WET, Alcohol)  
Adjustment P/Os

**PLAN** - Patient complains of increased difficulty with anger, paranoia, continued auditory hallucinations, as well as command hallucinations to harm others, especially when he is released from corrections as he reports he jams in 5 months. Does appear he may be having difficulty sleeping, is more agitated, verbally threatening, per staff report. Patient does report PTSD symptoms related to his history of witnessing traumatic and violent situations. Patient does exhibit some manic/hypomanic behaviors including speech, possibly decreased sleep, flight of ideas, grandiosity, excessively driven behaviors, continued auditory and command hallucinations. Patient was requesting candy bars so he could increase his glucose. Also reports he doesn't want medications to affect his neurons. Patient has not sent any faxes to his provider since June of 2012. He denies any somatic complaints at this time and does follow with Medical for any physical concerns, but again has been refusing on 3 consecutive occasions to have his sutures removed. Patient does exhibit significant narcissistic/antisocial traits and behaviors. Patient with manipulative and possible malingering behaviors for secondary gain as he continues to want to be transferred to LRC/LCC. Patient again reports PTSD symptoms related to his history of physical/sexual abuse and violence with continued nightmares and flashbacks. Patient has received psychiatric testing and assessment which did not find a definitive major mental illness or Axis I diagnosis besides his history of Polysubstance Dependence. Testing did reveal significant Axis II issues including strong antisocial and narcissistic traits. However, patient does have a history of Bipolar Affective Disorder as well as a significant history of violence and assaultive behaviors. This provider is concerned regarding the patient being released from this facility direct from segregation into the community as he is directly threatening to harm others when he is released. He also has had self-harm behaviors and is not allowing Medical to remove the sutures. Again, staff has also reported patient does not appear to be sleeping as well at night and is excessively exercising. Also has appeared more agitated again, with continued flight of ideas, grandiosity, verbally threatening. Recent plan status: This provider has completed a formal mental health referral due to feeling that the patient poses significant/serious risk to others and again has a history of violent/assaultive behaviors. Patient also with a history of strong Cluster B and Antisocial Traits. This provider is recommending for another provider, either a nurse

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**CONFIDENTIAL**

practitioner or psychiatrist to evaluate this patient in the near future for further diagnostic clarification and treatment options. Patient currently appears mentally ill as well as an imminent danger to others. Patient will possibly require civil commitment prior to being released to ensure his safety as well as the safety of others. This provider has also discussed the above concerns with Dr. Wellage who is also planning to see the patient soon and determine further treatment and housing options. Patient denies any significant symptoms of depression or anxiety. He continues to refuse all psychotropics. He has a history of noncompliance with psychotropics and it appears his symptoms have also been somewhat refractory to treatment in the past. Patient refuses both antipsychotics, mood stabilizers, as well as sleep aids. Patient with possible OCD symptoms including compulsive working out and cleaning. Some of patient's symptoms also are likely due to significant behavioral and Axis I issues. There are no Dissociative Identity Disorder symptoms reported or observed. Did discuss sleep hygiene, coping skills, anger issues and appropriate boundaries, grief and loss issues, trauma issues, reality testing, as well as treatment options with the patient. Did discuss risks, benefits, and alternative treatments with the patient. Patient is not taking any psychotropics due to patient refusal. Patient does appear to be meeting his overall basic needs, however again is refusing to allow Medical to remove his sutures as well as refuses to work with Mental Health staff. Did encourage the patient to cooperate with staff. Will continue to monitor the patient and adjust medications as necessary. He will be scheduled to follow up with the psychiatrist in approximately 4-6 weeks, sooner if needed.

*N. Baker*  
 Natalie Baker, M.D.  
 Consulting Psychiatrist

NB/mws  
 2/4/13

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## Oracle BI Interactive Dashboards - Corrections Mental Health

13710				following through on his request, Mr. Jenkins began to cry. This drew the visitors back in and they began to talk sympathetically to him and then complied with his request to take detailed notes about what they needed to do for him. He stated that it was important to get the POA set up because then his mother could file lawsuits for him and he believed it would allow them to be able to have all sorts of private/legal communications that staff could not monitor. He also stated that with the power attorney then he would not be responsible for why he did when he got out. He specifically stated that when he hurt people he could write a statement that he is mentally ill and has a power of attorney and is not responsible. He also told them he needs to be committed, made statements about aphophis and drinking his urine and storing his semen. but the primary focus of the hour was pressuring them to follow up on the power of attorney.
Individual	2/11/2013	Regular / Follow-up	0-15 min	Talked to Mr. Jenkins outside the SMU B07 door at approximately 9:55 Hrs. He was sitting on his desk reading but without wearing any glasses. When MHOD asked about SI/Self Harm Ideations/Plans Mr. Jenkins denied any. He then stated he had told this MHOD about a scenario not an actual risk of self harm when he talked about using one side of his glasses frame to cut his face. MHOD then asked him if he had indeed in the past used his glass frames to cut his face. Mr. Jenkins answered that he had but accused this therapist of twisting his words around, stated he was not doing well because he was not getting the treatment he needed and that this therapist was acting outside his jurisdiction. MHOD then asked Mr. Jenkins to specifically describe his symptoms but Mr. Jenkins did not do so. After consultation with Dr. Pearson, recommended Mr. Jenkins continue on 15 minute checks due to history of self harm. Recommendation delivered to Major Settles at approximately 1028 hrs. Larry Murphy, LMHP
Individual	2/8/2013	Custody / Unit staff	0-15 min	Talked to Mr. Jenkins outside the SMU B07 door at approximately 1040 hrs. He was not wearing his glasses. He asked why his glasses had been taken away. He was informed of his recent statement that he had used his glass frames to cut his face. He reported always telling staff before he was going to cut himself and that it had been last spring when he cut himself with his glasses. He accused MHOD of "twisting" his words around. When asked he reported no SI/Plans for self harm and stated that he was being subject to cruel and unusual punishment which was causing a detriation in his mental status. After consultation with LMHP Supervisor Logston, it was recommended that Mr. Jenkins remain on 15 minute checks with sharps restriction. Recommendation was delivered to Major Settles at approximately 1210 hrs. Larry Murphy, LMHP
Individual	2/8/2013	Regular / Follow-up	0-15 min	Talked to Mr. Jenkins outside the SMU B07 door at approximately 1040 hrs. He was not wearing his glasses. He asked why his glasses had been taken away. He was informed of his recent statement that he had used his glass frames to cut his face. He reported always telling staff before he was going to cut himself and that it had been last spring when he cut himself with his glasses. He accused MHOD of "twisting" his words around. When asked he reported no SI/Plans for self harm and stated that he was being subject to cruel and unusual punishment which was causing a detriation in his mental status. After consultation with LMHP Supervisor Logston, it was recommended that Mr. Jenkins remain on 15 minute checks with sharps restriction. Recommendation was delivered to Major Settles at approximately 1210 hrs. Larry Murphy, LMHP
Individual	2/7/2013	Regular / Follow-up	0-15 min	Talked to Mr. Jenkins outside the SMU B07 door at approximately 1045 hrs. He was wearing his glasses and staring at his sink. When MHOD comments that Mr. Jenkins was wearing his glasses, Mr. Jenkins stated, "You're observant." When MHOD asked if Mr. Jenkins had any desire/plan to harm himself, he answered, "No." He commented that he was doing pretty well "with the exception of having to deal with people like you who kept coming to my door and playing mind games." After consultation with Dr. Gibson, recommendation was to continue 15 minute checks with sharps restriction. Recommendation was delivered to Major Settles at approximately 1211 hrs. Larry Murphy, LMHP
Individual	2/7/2013	Regular / Follow-up	0-15 min	Talked to Mr. Jenkins outside the SMU B07 door at approximately 1045 hrs. He was wearing his glasses and staring at his sink. When MHOD comments that Mr. Jenkins was wearing his glasses, Mr. Jenkins stated, "You're observant." When MHOD asked if Mr. Jenkins had any desire/plan to harm himself, he answered, "No." He then commented that he was doing pretty well "with the exception of having to deal with people like you who kept coming to my door and playing mind games." After consultation with Dr. Gibson, recommendation was to continue 15 minute checks with sharps restriction due to his history of self harm. Recommendation was delivered to Major Settles at approximately 1211 hrs. Larry Murphy, LMHP
Individual	2/6/2013	Regular / Follow-up	0-15 min	Talked to Mr. Jenkins outside the SMU B07 door at approximately 9:55 AM. He was standing in the middle of his room. When asked about self-harm he reported no self-harm/plans. When asked about his safety plan, he reported that he would contact staff "immediately." He then proceeded to state that he had been on 15 minute checks so long it constituted "psychological warfare." He accused MH of using a false basis to place him on 15 minute checks since he could take anything in his room, sharpen it, and cut on himself. He reported even using his glass frames previously to cut on himself. After consultation with Dr. Gibson recommended Mr. Jenkins continue on 15 minute checks with sharps restriction and that unit staff be consulted about the possible risk of Mr. Jenkins's glasses. Recommendation was delivered to Major Settles at approximately 1111 hrs. Plan: Consult with SMU Staff/UM Jansen in regard to whether Mr. Jenkins's glasses can be taken away from him, Larry Murphy, LMHP
Individual	2/5/2013	Regular / Follow-up	0-15 min	Attempted to talk to Mr. Jenkins outside the SMU B07 door at approximately 10:12 AM. Mr. Jenkins was standing at his sink and vigorously brushing his teeth. When asked by this therapist if he had anything to tell Mental Health, Mr. Jenkins shook his head. After consultation with Dr. Gibson, recommended Mr. Jenkins continue on 15 minute checks due to previous self-harm behaviors and lack of cooperation with MH. Recommendation was delivered to Major Settles at approximately 1102 hrs. Larry Murphy, LMHP
seg mental status	2/4/2013	Regular / Follow-up	15-30 min	I met with Jenkins in SMU at approximately 902 hours as the MHOD due to his continued status on 15 minute checks. He was somewhat cooperative with the interview although it was difficult throughout the interview to keep Mr. Jenkins on topic. He reports numerous mental health issues making statements such as "I am a psychotic powerful warrior at the mercy of Aphophis" and "I am preparing for what is to come". Speech was rambling to the extent that it was incoherent at times. When asked about appetite Jenkins reported a constant hunger and that he supplements his diet with extra "protein and testosterone" obtained by "consuming my semen and urine". Reports difficulty with sleep due to constant hypervigilance and the "current torture of these deplorable conditions" referring to his limited property status. When asked if he had or intended to hurt himself in any way he pointed to where his face was injured and stated, "this doesn't hurt me, nothing hurts". I clarified and asked if he intended to injure himself in any way and he responded "no" but followed this by stating, "if I was you would never know". Reports no HI. Hygiene is WNL considering he is currently unable to shave and has limited access to hygiene items. Oriented in all spheres, motor activity is highly agitated and he



				that if this writer did not assist him with getting a Mental Health Board commitment that I was not attending to my professional duties. He appeared to want me to write down his statements of intended violence that he will commit if he is discharged to the community. Mr. Jenkins would occasionally speak rapidly and his presentation was intense and threatening in voice tone (loud and rapid), speech (threatening to cannibalize and drink the blood of people to appease Apophis) and gestures (staring and pointing at the scars on his face). This writer will look into potential community services for discharge follow-up for Mr. Jenkins and will talk with his mother about where he could live. I will then meet with Mr. Jenkins again to talk about possible discharge plans. Since he will not be leaving on parole, it will be up to him as to whether he wants to follow the discharge plan that will be formulated for him. Kathy Foster, LICSW
Individual	3/7/2013	MH Referral	45-60 min	Initial Social Work Contact (1 of 2): This writer met with Mr. Jenkins at the SMU at TSCI on the above noted date. This writer was asked to work with Mr. Jenkins on discharge planning. I introduced myself to Mr. Jenkins as a social worker and explained my role in helping with discharge plans for inmates leaving corrections. This writer asked when he will be discharging and he stated his TRD is July 30, 2013. Mr. Jenkins informed this writer that he does not want to discharge to the community because he will kill people and cannibalize them and drink their blood. He referenced Apophis, an Egyptian god who he is in allegiance to and talked about being a warrior. He noted throughout the interview that he is not self-destructive, but he is built for destruction. He pointed out the scars on his face numerous times and stated that he is not joking. This writer tried to redirect Mr. Jenkins throughout the interview to discuss potential community services he might need. When asked where he would live, Mr. Jenkins stated he would live with family in Lincoln. Later on he stated he would live in Omaha, but that Omaha would not be a healthy choice for him, so he seemed to land on living in Lincoln as the best option. He stated he needs mental health and psychiatric services. He informed this writer that he has Schizophrenia and Bipolar Disorders. When this writer asked about medications, he stated he won't take any at TSCI, but would take them at LRC after they evaluate his needs. He talked about his "research" on brain chemicals and that he knows what he needs to take that will help him and he can derive these chemicals naturally himself. He noted that he is high functioning and of superior intelligence, but that he needs daily psychotherapy. He informed this writer that he has petitioned Johnson County for a Mental Health Board commitment. He asked this writer if I think he needs to be committed and I told him that I did not think I could give an opinion on that based on my limited contact with him. He stated he would get me subpoenaed to testify. This social worker replied that he can take whatever legal actions he thinks are necessary and I noted that he appears to be taking steps to address his concerns about needing a commitment when he leaves. Mr. Jenkins stated he would need disability if he discharges to the community. (Continued)
collateral	3/5/2013	Regular / Follow-up	0-15 min	Contacted unit staff regarding Mr. Jenkins complaint about his belief that sexual comments have been made by security staff towards him in the past. Staff stated that they were in receipt of his grievance on the issue. They also stated that about a week ago he recanted his statement that staff had ever made the comments.
collateral	3/5/2013	Regular / Follow-up	0-15 min	Discussed Mr. Jenkins with unit staff. Staff reported that last week Mr. Jenkins went to physical reviews. During transport he reportedly spoke as if Apophis was in control of him. When they got back to his cell staff asked how it went and Mr. Jenkins said not really how I wanted. Staff reported that it appeared that Mr. Jenkins was cognizant, aware, and fully in control of the things he was saying both during transport and at his cell.
Individual	3/5/2013	Regular / Follow-up	15-30 min	Seen at cell in SMU. Refused to come out for session because he did not want to be strip searched by staff. He stated that the staff working had previously made sexual comments to him and he felt he was purposefully being assigned to his gallery. He also stated that the investigation a year ago saw his claim as unfounded. He then went on about how he would sue everyone in federal court because of the laws against treating mentally ill that way. He claimed he was receiving no treatment and I again asked why he refused meds that were offered. He said he won't take them here. He stated he is not incompetent and he is aware and understands everything he does and all that is going on around him. He then stated that he is mentally ill and disabled and we made him this way. He again threatened lawsuits for all of his perceived mistreatment. He was informed that he may be seen in the near future by Dr. Wetzel from the MHU. He then indicated that he did not want to wait and said it was unprofessional to make him wait to see him. He quoted statutes related to mistreatment of mentally ill and said grievances would be filed. He stated his mother is power of attorney and that when he gets out he will not be responsible for what he does. He again referenced lawsuits and complained we are doing nothing for him. I asked if there was anything else and he indicated there was not. The meeting ended at that point.
collateral	3/4/2013	Regular / Follow-up	0-15 min	Discussed inmate with Dr. Baker on this date. Dr. Baker requested inmate be added to list of inmates to be seen by Dr. Wetzel for a second opinion. Her expressed concerns are verification of absence or presence of mental illness due to his previous history of major mental illness diagnosis by other psychiatric providers. Her primary concern is his dangerousness to the community upon release and that he appears to be laying the groundwork for insanity defense if he harms someone in the community. Is requesting that Dr. Wetzel assess him for dangerousness risk. Will relay request to TSCI MIRT representative, M. Pearson, PsyD
Individual	2/19/2013	Regular / Follow-up	0-15 min	Mr. Jenkins was seen by staff today during physical reviews in SMU. When asked about MH concerns, Mr. Jenkins expressed that he "wanted it documented" that he was in need of "emergency psychiatric treatment". He also expressed that he was "psychologically deteriorating" as a result of his current living conditions and limited property status. Jenkins also expressed he was fearful of taking any medications at TSCI because "they are going to kill me" - he stated he would take medications if housed at a different institution. Jenkins presented all this information to me in a logical and calm manner. - B. Logston LMHP
collateral	2/15/2013	Regular / Follow-up	45-60 min	observed video visit with Mr. Jenkins mother and sister. Spent most of the hour plus visit dictating to his family how to go about filing for power of attorney and then how to petition the county attorney for him to go before the mental health board. No bizarre comments noted and he was clear and concise in what he was instructing his family to do.
Individual	2/12/2013	Regular / Follow-up	0-15 min	Seen on SMU B gallery at approximately 1400 hours. Denied current SI/HI or command hallucinations. No mental status concerns reported or observed. Recommended to be removed from 15 minute checks. M. Pearson, PsyD
collateral	2/11/2013	MH Referral	45-60 min	Observed Video Visit with Mr. Jenkins mother and sister from 2-9-13. He was very threatening and demeaning to both visitors in the initial part of the call. He called them all sorts of disparaging names due to his perception that they have not followed through on his demands to get Power of attorney turned over to his mother. His mother was not willing to listen to his threats and said things like it is his own fault that he is in the situation he is in and he needs to change his behavior. After it became apparent that his mother was not that interested in

Emergency please help me! Emergency please help me!  
12955 NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

RECEIVED

INMATE INTERVIEW REQUEST

FEB 13 REC'D

FEB 14

Tuesday Febr

To: ~~DCI~~ (Psychiatrist) Dr Baker DATE: 12th 2013  
FROM: 59478# NIKKO ALLEN JENKINS SC I SMU B7  
NAME / NUMBER FACILITY LOCATION

WORK LOCATION: \_\_\_\_\_ UNIT STAFF: \_\_\_\_\_

MESSAGE: Ma, Am I come to you now In A Emergency Request For your certificate of mental Health petition For my Emergency Hospitalization And treatment For my Schizophrenia / Bipolar disease under The mental Health Act of Nebraska Statu # 71-920 Dr Baker As well As Statu # 71-921 In A direct petition To The County Attorney of The district Court of Johnson County To Be Submitted To The mental Health Board of The State of Nebraska Under Nebraska Statu # 71-902 In A Emergency protective order For Hospitalization As I NIKKO Allen Jenkins #59478 Classify under Statu 71-908 As dangerous perangs of mentally ill due To my Long History of violent crime & Actions As well As Two major Self harming mutilating psychotic episodes of psychosis States As of May 2nd 2012 & January 18th 2013 These status of (NE) are under chapter 71 Article 9 of mental Health Act please Help me Recieve treatment For my severe mental deterioration Ma, Am NIKKO ALLEN JENKINS

ORIGINAL - DCS Employee  
YELLOW - Inmate  
Both copies need to be submitted for response. please #59478  
Signature

REPLY: Above Noted. Mental health staff and Dr. Weilage are aware of your mental health issues and concerns. Treatment options are being addressed, if you need immediate assistance, please contact medical and/or mental health staff. If you would like to take medications to help with your current mental health issues, please let me know.

Thank You -

0845 2/15/13 N. Baker MD  
Date Signature

Emergency please Help me! Emergency please Help me!

Fred Britten  
I warden.

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
INFORMAL GRIEVANCE RESOLUTION FORM  
UNIT STAFF

2013-1334 Fred Britten  
Warden

FROM: JENKINS NIKKO A  
Last Name, First, Middle Initial  
59478  
Number  
TSCI JMU B7  
Facility/Housing Unit

PART A: Inmate Request/Concern.

upon This day of Thursday February 14th 2013 I NIKKO Allen Jenkins  
Come to The Warden of TSCI Requesting Emergency psychiatric  
Hospitalization In Lincoln Regional center To Be treated For severe psych  
Enragements of my mental illness of Schizophrenia/Bipolar disorders  
under (Nebraska mental Health Act) Chapter 71 Article 9 Status #71-9071-90  
I NIKKO Allen Jenkins classify as dangerous persons As my Heat ment Fi  
clearly reflects psychological deterioration under status #71-92071-920  
please Submit certificate of mental health professional of Both (DO) & Bk  
Psychiatrist & clinical psychologist (Dr) Pearson within Johnson County  
February 14th County Attorneys office To Be Submitted NIKKO Allen Jenkins  
Date 2013 To The (mental Health Board) Signature Status #71-915 #59478  
SE HELP ME SIF I do not wish to eat human beings Not wage WAR OF Revelations Pt

PART B: Response and Reason(s) for Decision Reached.

Your medical health needs are being addressed and monitored by the mental health department  
and medical department. You are receiving appropriate treatment. If you are having mental  
health concerns please address those with your mental health staff or medical staff when they  
make their rounds.

2/14/13  
Date

DMC  
Signature

NOTE: A copy of this completed Informal Grievance Resolution Form must accompany any Step 1 Institutional Grievance Form.

PART C: Receipt.

RETURN TO: JENKINS NIKKO A  
Last Name, First, Middle Initial  
59478  
Number  
TSCI JMU B7  
Facility/Housing Unit

I acknowledge receipt this date of a complaint from the above inmate in regard to the following subject:  
Emergency Mental Health

2.14.2013 1030  
Date

191

Signature of Unit Staff Receiving Complaint



Emergency Please Help me! Emergency, Please Help me!  
NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES 13308

INMATE INTERVIEW REQUEST

FEB 19 REC'D

Friday February

TO: TSCIS Clinical Psychologist (Dr Pearson) DATE: 15th 2013  
FROM: NIKKO Allen JENKINS #59478 TSC I JMU B7  
NAME / NUMBER FACILITY LOCATION

WORK LOCATION: \_\_\_\_\_ UNIT STAFF: \_\_\_\_\_

MESSAGE: MaAm I Come To you now In A Very Emergency request And cry For Help Ma,AM To Recieve psychiatric Hospitalization For my Severe psychosis of orchizophrenia And As of now I will Be Released on the day of July 30th 2013 After 10 years of Inprisonment Since I was A 16teen year old child I Am now 26 years old Rapidly psychologically In declining Mentally deteriorating currently AS OF this day I Am not under Any prescribed psychotropic Medications nor Am I Recieving propr professional Therapeutic Treatment within TSC I As A mental Health professional (Dr Pearson) I NIKKO Jenkins #59478 Am Requesting your Certificate of petitioning Johnson County district Attorney under Chapter 71 Article 9 Nebraskas mental Health Act Statu # 71-920 And As of This very day under (NE) Statu # 71-902 #71-908 my History of Priminal violence And two Resent self Harming of psychotic episodes In mutilation to my own Face clearly raises A Emergency need of Hospitalization of dangeraus persons of mentally ill please MaAm Submit your mental Health professional Certificate To The mental Health Board NIKKO ALLEN JENKINS OF Nebraska (NE) Statu # 71-915 Signature #59478

REPLY: Mr. Jenkins, I will continue to meet with you and work with you on your concerns about discharge and return to the community.

2-25-13 192



Emergency Help me Please! Emergency Help me please!  
 (Fred Britten Warden) (CT) JENKINS NIKKO A  
 FROM: Last Name, First, Middle Initial  
 NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
 INFORMAL GRIEVANCE RESOLUTION FORM  
 UNIT STAFF  
 59478 # 2013-1434  
 Fred Britten Warden  
 TSCI SMU B  
 Facility/Housing Unit

**PART A: Inmate Request/Concern.**  
 I Come to the Administration of Tecumseh State Correctional Institution upon the day of February 16th 2013 Saturday again requesting Emergency psychiatric hospitalization As I NIKKO ALLEN JENKINS #59478 is of a severe psychosis declining psychologically deteriorating I Am under limited property status within my cell with only a mattress and blanket and clothing upon my back I've been upon this status for 37 days within OPH's isolation of confinement I Am not under any psychotropic medications nor Am I receiving any therapeutic treatment by the mental health department I Am called to wage the WAR of Revelations upon this Earth Eat Human Beings in elevation of my Alphas of Elite Golly please Help me receive Emergency psychiatric hospitalization  
 I do not wish to carry out the orders of the NIKKO ALLEN JENKINS  
 Great Serpent Anophis please  
 Date: Signature: 59478

Remove me from limited property and help me please I beg of you please.  
**PART B: Response and Reason(s) for Decision Reached.**  
 The information contained in your grievance does not meet the criteria which governs emergency grievances, as you are in no immediate danger of being subject to a substantial risk of personal injury or serious or irreparable harm. You may re-submit via the routine grievance procedure as outlined in DCS Rule #2. Additionally Limited Property status is reviewed daily by staff. Your AC status and assignment to SMU is appropriate and will be reviewed as scheduled. You are encouraged to work with Mental Health staff to address your options for appropriate mental health treatment.  
 2-16-13  
 Date: Signature: C. Frouzner

NOTE: A copy of this completed Informal Grievance Resolution Form must accompany any Step 1 Institutional Grievance Form.

**PART C: Receipt.**  
 RETURN TO: Jenkins, Nikko A  
 Last Name, First, Middle Initial  
 59478  
 Number  
 TSCI / SMU B 7  
 Facility/Housing Unit

I acknowledge receipt this date of a complaint from the above inmate in regard to the following subject:  
 Limited Property

2/16/2013  
 Date: Signature: CM Zander  
 Signature of Unit Staff Receiving Complaint

# Emergency/Psychiatric Hospitalization Please Help me!

Dr. Natalie Baker (TSCI)

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
INFORMAL GRIEVANCE RESOLUTION FORM  
UNIT STAFF 2013-1433

Natalie Baker (TSCI)  
Psychiatrist  
B7 SMU TSCI

FROM: JENKINS A NIKKO 59478 #  
Last Name, First, Middle Initial Number

**PART A: Inmate Request/Concern.**

I Nikko Allen JENKINS #59478 of SMU unit B7 within Isolation/Limited Property came to Mrs Natalie Baker TSCI Psychiatrist requesting under The Mental Health Act of Nebraska (chapter 71 Article 9) Statute (NE) 71-920 I am in rapid mental declining deteriorating psychobiologically under #71-920 please submit certificate of Emergency psychiatric hospitalization to the mental health board of Nebraska Statute # 71-915 directly acknowledging and notifying the judicial branch of the district court that Nikko Allen Jenkins #59478 under (NE) Statute # 71-902 # 71-908 classifies as mentally ill dangerous person as my treatment file/inmate file within (NDCS) reflects violent behavior upon others numerous assaults and has present self harming psychosis psychiatric episodes on May 2nd 2012 & January 18th 2013 in 4 large facial wounds upon my face (February 17th) July 30th is my discharge release date I am (Nikko Allen Jenkins) Signature #59478

**PART B: Response and Reason(s) for Decision Reached.**

The information contained in your grievance does not meet the criteria which governs emergency grievances, as you are in no immediate danger of being subject to a substantial risk of personal injury or serious or irreparable harm. You may re-submit via the routine grievance procedure as outlined in DCS Rule #2. Additionally Limited Property status is reviewed daily by staff. Your AC status and assignment to SMU is appropriate and will be reviewed as scheduled. You are encouraged to work with Mental Health staff to address your options for appropriate mental health treatment.

Date 2-17-13 Signature Sgt Barand

NOTE: A copy of this completed Informal Grievance Resolution Form must accompany any Step 1 Institutional Grievance Form.

**PART C: Receipt.**

RETURN TO: Jenkins Nikko 59478 # TSCI  
Last Name, First, Middle Initial Number Facility/Housing Unit

I acknowledge receipt this date of a complaint from the above inmate in regard to the following subject:  
decline in mental health, requesting psychological hosp care

Date 2-17-13 194 Signature of Unit Staff Receiving Complaint Sgt Tallant

---

**From:** White, Cameron  
**Sent:** Monday, February 25, 2013 2:55 PM  
**To:** Weilage, Mark  
**Subject:** Nikko Jenkins Follow Up

Couple things came up regarding Jenkins today:

- 1) Jerall Moreland phoned—I have not had a chance to return the call.
- 2) Rick Smith—Deputy County Attorney from Johnson County phoned \_\_\_\_\_ Apparently, Jenkins and his family are trying to petition for Jenkins to be committed post-incarceration. The attorney wanted to know if we are pursuing that and our process. I indicated that we work with counties on 1083 and 1199 issues frequently and that we make referrals for MH Boards when warranted. I do not think we are pursuing that for Jenkins. Please phone Mr. Smith to discuss further with him. He has some letters from Jenkins and his family.

Thanks.

Cameron S. White, Ph.D.  
Behavioral Health Administrator, NDCS  
Licensed Psychologist  
Licensed Nursing Home Administrator

Phone: 402-479-5971  
Facsimile: 402-479-5679  
Email: [cameron.white@nebraska.gov](mailto:cameron.white@nebraska.gov)

NDCS Central Office  
P.O. Box 94661  
Lincoln, Nebraska 685509-4661

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**From:** White, Cameron  
**Sent:** Monday, February 25, 2013 5:24 PM  
**To:** Kohl, Randy  
**Cc:** Weilage, Mark  
**Subject:** RE: Mr. Nikko Jenkins, #59478

FYI, I had a message from the Deputy County Attorney for Johnson County today and I phoned him back late in the day. He had communications from this inmate and his family requesting a MH Board hearing. I assured the attorney that we review cases of concern and make referrals under 1083 and 1199 when warranted. I am not aware that we are planning to making a MH Board referral on Jenkins.

I also had a message from Jerrall Moreland wanting to discuss the Jenkins case presumable before sending an email to us about it. I was not able to call him back today.

My thought is that we need a central point of contact on this case to coordinate as we have done for \_\_\_\_\_ would recommend that we meet at DCS CO for any meeting with our Legal Staff present.

Mark knows the most about this case so I am copying him and so he is aware of the below email from James.

Thanks.

Cameron S. White, Ph.D.  
 Behavioral Health Administrator, NDCS  
 Licensed Psychologist  
 Licensed Nursing Home Administrator

Phone: 402-479-5971  
 Facsimile: 402-479-5679  
 e-mail: [cameron.white@nebraska.gov](mailto:cameron.white@nebraska.gov)

NDCS Central Office  
 P.O. Box 94661  
 Lincoln, NE 68509-4661

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**From:** Kohl, Randy  
**Sent:** Monday, February 25, 2013 3:47 PM  
**To:** Davis III, James  
**Cc:** Cynthia Grandberry; Houston, Bob; Moreland, Jerall; Hopkins, Frank; White, Cameron  
**Subject:** RE: Mr. Nikko Jenkins, #59478

Mr. Davis, I will check with the others regarding a possible date.

Randy T. Kohl, MD  
 Deputy Director, Health Services  
 Nebraska Dept of Correctional Services

**From:** James Davis [<mailto:jdavis@leg.ne.gov>]  
**Sent:** Monday, February 25, 2013 3:15 PM  
**To:** Kohl, Randy  
**Cc:** Cynthia Grandberry; Houston, Bob; Moreland, Jerall; Hopkins, Frank  
**Subject:** Mr. Nikko Jenkins, #59478

---

**From:** Weilage, Mark  
**Sent:** Tuesday, February 26, 2013 9:35 PM  
**To:** Houston, Bob; Foster, Kathy  
**Cc:** White, Cameron; Bullock, Evelyn; Kohl, Randy; Hopkins, Frank  
**Subject:** RE: FW: Mr. Nikko Jenkins, #59478

Do I need to be at the meeting on 3-4... If so, at what time? I will be at central office for a PREA meeting at 1pm.

Thanks

Mark Weilage, Ph.D.  
 Assistant Behavioral Health Administrator - Mental Health  
 Nebraska Department Of Correctional Services  
 Health Services - Behavioral Health Section  
 PO Box 94661  
 Lincoln, NE 68509-4661  
 Phone (402) 326-3781  
[mark.weilage@nebraska.gov](mailto:mark.weilage@nebraska.gov)



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**From:** Houston, Bob  
**Sent:** Tuesday, February 26, 2013 5:23 PM  
**To:** Foster, Kathy; Weilage, Mark  
**Cc:** White, Cameron; Bullock, Evelyn; Kohl, Randy; Hopkins, Frank  
**Subject:** RE: FW: Mr. Nikko Jenkins, #59478

Thanks, Folks

Kathy and Cameron.....would you two mind taking the lead in gathering information on how we care for Mr. Jenkins. Thanks. This will help us do two things: first, we can help others understand what assistance we can and will provide for Inmate Jenkins; but secondly, we can draft policy and best practices for future cases. This multi-disciplinary team you are assembling is not only awesome, but will be a model we can be proud of as we continually strive to protect the public one inmate at a time.

Bob

---

**From:** Foster, Kathy  
**Sent:** Tuesday, February 26, 2013 3:57 PM  
**To:** Weilage, Mark  
**Cc:** White, Cameron; Bullock, Evelyn; Houston, Bob; Kohl, Randy; Hopkins, Frank  
**Subject:** RE: FW: Mr. Nikko Jenkins, #59478

Ok. Thank you!

Kathy Foster, LICSW  
 NDCS Director of Social Work  
 Nebraska State Penitentiary  
 4201 S. 14th Street  
 Lincoln, NE 68502  
 Phone: (402) 479-3094  
 Fax: (402) 479-3028  
 Cell:  
 email: [kathy.foster@nebraska.gov](mailto:kathy.foster@nebraska.gov)

resilience  
 WEAVING  
 advocacy

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**From:** Wellage, Mark  
**Sent:** Tuesday, February 26, 2013 3:40 PM  
**To:** Foster, Kathy  
**Cc:** White, Cameron; Bullock, Evelyn; Houston, Bob; Kohl, Randy; Hopkins, Frank  
**Subject:** RE: FW: Mr. Nikko Jenkins, #59478

let me or mental health in Tecumseh know when you are coming and we can setup a time to let you watch it in the monitoring room

*Sent from my Verizon Wireless 4G LTE DROID*

"Foster, Kathy" <[kathy.foster@nebraska.gov](mailto:kathy.foster@nebraska.gov)> wrote:

How can I access the video visit to watch?

Kathy Foster, LICSW  
 NDCS Director of Social Work  
 Nebraska State Penitentiary  
 4201 S. 14th Street  
 Lincoln, NE 68502  
 Phone: (402) 479-3094  
 Fax: (402) 479-3028  
 Cell:  
 email: [kathy.foster@nebraska.gov](mailto:kathy.foster@nebraska.gov)

resilience  
 WEAVING  
 advocacy



**From:** Wellage, Mark  
**Sent:** Tuesday, February 26, 2013 3:10 PM  
**To:** White, Cameron  
**Cc:** Foster, Kathy; Bullock, Evelyn; Houston, Bob; Kohl, Randy; Hopkins, Frank  
**Subject:** Re: FW: Mr. Nikko Jenkins, #59478

I will work on gathering information.

It may be helpful for Kathy and Evelyn to watch the video visit Mr Jenkins had with his family on Feb 13. It may provide an additional framework on what to expect as they begin to discuss discharge plans with Mr. Jenkins. I am scheduled to see him next Tuesday.

Mark

*Sent from my Verizon Wireless 4G LTE DROID*

"White, Cameron" <[Cameron.White@nebraska.gov](mailto:Cameron.White@nebraska.gov)> wrote:

Good afternoon. Please see the below email from James Davis to Dr. Kohl regarding Inmate Jenkins #59478. Dr. Kohl, Mr. Hopkins and I met with the Director today to discuss follow up. The recommendation is that we document what we are currently doing in this case and also have Kathy and Evelyn provide some assistance. Mr. Hopkins is gathering information about his current placement and historical information. We plan to relay the information to James on 3-4 prior to another meeting he will be attending at Central Office that day. The specific follow up plan is the following:

1. Mark—gather and send me a summary of prior Behavioral Health activity on this case including contacts and treatment plans. I know you have done assessment and met with him over time. Please specifically comment on any release planning activities. Please confirm that there is a signed release in place allowing us to discuss the case in detail. Need info late this week since our meeting is on 3-4.
2. Kathy and Evelyn—please schedule a time to have an initial meeting with Mr. Jenkins to discuss release planning and let us know the specific date. You may want to visit with him together for efficiency.

Thank you.

Cameron S. White, Ph.D.  
 Behavioral Health Administrator, NDCS  
 Licensed Psychologist  
 Licensed Nursing Home Administrator

Phone: 402-479-5971  
 Facsimile: 402-479-5679  
 Email: [cameron.white@nebraska.gov](mailto:cameron.white@nebraska.gov)

NDCS Central Office  
 P.O. Box 94661  
 Lincoln, Nebraska 685509-4661

**From:** James Davis [<mailto:jdavis@leg.ne.gov>]  
**Sent:** Monday, February 25, 2013 3:15 PM  
**To:** Kohl, Randy  
**Cc:** Cynthia Grandberry; Houston, Bob; Moreland, Jerall; Hopkins, Frank  
**Subject:** Mr. NIKKO Jenkins, #59478

Dr. Kohl:

I am requesting a meeting with you, Deputy Director Frank Hopkins, and Dr. White in regard to Mr. Nikko Jenkins transition plan and mental health status. Mr. Jenkins has a tentative release date of July 2013. However, it appears that his time being served is because of a loss of good-time. It is our understanding that Mr. Jenkins could be mandatorily jammed February of 2012. The concerns with Mr. Jenkins case is that he may pose a safety risk to the community of District # 11, without providing him with the necessary tools to succeed in the community. I have discussed this matter with Senator Chambers and he would like to know what treatment plans have been made for Mr. Jenkins to return to the community, instead of being released directly from Administrative Confinement to the community. I am requesting a meeting to take place at the State Capitol no later than March 7, 2013. Please bring all materials and documents to discuss Mr. Jenkins case in detail.

For clarification, please contact me or Jerall Moreland.

Respectfully,  
*James Davis III*  
JAMES DAVIS III,  
Deputy Ombudsman for Corrections  
STATE OF NEBRASKA  
OFFICE OF THE PUBLIC COUNSEL/  
State Capitol Building, P.O. Box 94604  
Lincoln, Nebraska 68509-4604  
Office 402-471-4195  
Fax: 402-471-4277  
Toll Free 800-742-7690  
[jdavis@leg.ne.gov](mailto:jdavis@leg.ne.gov)

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**From:** Weilage, Mark  
**Sent:** Wednesday, February 27, 2013 4:24 PM  
**To:** White, Cameron; Blum, Kathy; Green, George  
**Subject:** Fwd: Nikko Jenkins, #59478  
**Attachments:** Attachment: Jenkins, Nikko--mental health correspondence.pdf

*Sent from my Verizon Wireless 4G LTE DROID*

----- Original Message -----

Subject: Nikko Jenkins, #59478  
From: Richard Smith <[ricksmith@email.com](mailto:ricksmith@email.com)>  
To: "Weilage, Mark" <[Mark.Weilage@nebraska.gov](mailto:Mark.Weilage@nebraska.gov)>  
CC:

Dr. Wellage,

Please see the attached correspondence I received from Inmate Jenkins. If you need anything further, please let me know. Thanks.

Rick

Richard R. Smith  
454 Broadway  
PO Box 263  
Tecumseh, NE 68450  
(402) 335-2051  
fax: (402) 335-2135

This message may contain information that is privileged or confidential.  
If you received this message in error, please notify the sender immediately.

The destruction of the  
 East of Victorian Humanism  
 within the spirit of your  
 And Chaining the  
 An Element of existence  
 generating strength  
 Energies of spirit in  
 I Transform  
 Division  
 You shall  
 This shall  
 Protected  
 Best  
 Clean  
 will  
 neglecting  
 disabilities

Emergency psychiatric Hospitalization  
 Petition of NIKKO ALLEN JENKINS under  
 (NE) Statu's #71956 & #71957 chapter 71 Article 9  
 To Mental Health Board of (NE)

Dear Deputy County Attorney  
 Richard R. Smith

(Date documented)  
 February 24th 2013  
 TSCI submit by  
 Nikko Jenkins  
 #59478

MA 13  
 1-24 Sir I Come To you Now under The mental  
 Health Act of (NE) chapter 71 Article 9 Statu  
 (NE) #71-952 In presenting physical  
 Evidence of legal documentation Factually  
 Supporting my claims of Self Harming upon  
 my Face 303 pages of Institutional Action  
 sheet And Sanctions Imposed upon I NIKKO  
 Jenkins #59478 within (TSCI) (WDCS) of The  
 Institutional disciplinary Court please Sir  
 under (NE) Statu #71-956 Submitt This legal  
 documentation As well As correspondence  
 directly To The (Mental Health Board) of (NE)  
 As These physical Evidences of legal documents  
 Support my petition of Requesting Emergency  
 psychiatric Hospitalization In A protective  
 Custody order For Emergency Removal From TSC  
 under dangerous persons (NE) Statu #71-908 Any  
 notification or legal documentation please  
 Forward Information To my (Power of Attorney)

Sincerely Nikko Allen Jenkins



disorders - these are  
 psychiatric diseases  
 which this film of complex  
 nature an element of high functional  
 pathological chemistry phenomena  
 including genius intellectual brilliance  
 most often these patients also suffer  
 psychosis - sometimes do suffer  
 and psychological become stable - these  
 have species of mammalian body - the  
 capacity & abilities which allow the  
 intellect to achieve extraordinary  
 things - creation & designing - living of  
 life - inventing - illness - part of  
 medical science & aim of  
 these emended  
 brains do  
 function

1 of 3

Emergency psychiatric Hospitalization  
Petition of NIKKO ALLEN JENKINS  
under (NE) Staty # 71956; Chapter 71 Article 9

(date documented February  
24th 2013 TSCI Smu unit  
nikkojenkins87)



Dear Deputy County Attorney  
Richard R. Smith

NY  
2-24-13

I NIKKO ALLEN JENKINS #59478 of  
Tecumseh State Correctional Institution  
Came To The district Court of Johnson  
County In A written Statement directly  
requesting submission of my personal  
petition To The mental Health Board NE  
For An Emergency protection order for  
placement of The custody of Health And  
Human Services For Emergency psychiatric  
Hospitalization For severe psychosis  
Engagements of my mental illness of  
Schizophrenia I Also suffer From Bipolar  
disease And post traumatic stress disorder  
within my (smu unit) Isolation of 23 hour  
lock down were I Am Currently Held within  
(TSCI) I Am Not under Any psychotropic  
medications And In No way Being treated  
with Therapy sessions That I greatly  
Need Intensely daily I Am Set To Be  
Released July 30th 2013 I've Been

P.S. Power of Attorney



St Omaha NE 68111

Emergency psychiatric Hospitalization  
Petition of NIKKO ALLEN JENKINS  
Under (NE) Statu # 71-956 chapter 71 Article 9

2013

(date documented February  
24th 2013 TSCI Smu unit  
nikkojenkins137)



Dear Deputy County Attorney  
Richard R. Smith

My  
2-24-13

Within Smu unit Isolations deteriorating  
physically Emotionally And psychologically  
I've Been Confined Inprisoned Since I  
was But A 16 teenage child I Am Now 26  
years old Suffering From A Severe psychr's  
Condition of Schizophrenia That Has been  
directly The results of violant psychotic  
Episodes upon others As I Am 5 times  
Conficted of violant crime As well As upon  
my self In (2) Two self mutilating Episodes  
Resulting In (4) Four large facial wounds  
upon The Right Side of my Face That  
At Both Times of May 2nd 2017 & January  
18th 2013 These self Harmings were done  
within A Isolation cell In Smu unit of  
(TSCI) Factually I NIKKO ALLEN JENKINS  
Classify under (NE) Statu 71-908 As A  
dangerous persons of mentally ill please  
directly Summitt This document to The  
mental Health Board of NE Under #71-915 & #71-956

Power of Attorney  
[Redacted]  
[Redacted]  
[Redacted] Omaha NE 68111

Emergency psychiatric Hospitalization  
Petition of NIKKO ALLEN JENKINS

3.0F3 Under (NE) Statute #71-956 chapter 71 Article 9  
(date documented February  
24th 2013 TSCI SMU unit  
nikkojenkins.B7)



Dear Deputy County Attorney  
Richard R Smith

MY  
2-24-13

Sir due To my History of mental illness As well As violent criminal Record & self harm This IS An Emergency psychiatric need For Hospitalization As An Alphas of Elite Warrior of The Great Serpent Ahpphis I Am ordered To wage WAR of Revelations Eat of Human Beings Sacrifice christians And chatholics To Underworld Evils of The Immortal Egyptian WARGOD Ahpphis my Commander & chief within my Army of Alphas of Elite warriors please Sir I do not wish To unleash These Evils upon Society I wish To stablize And live A productive life Have A Family Box MMA professionally fight Continue my Education yet If I do not Recieve Hospitalization or Intense orthopsychiatry & Transdiagnosti unifiyed protocol Therapies daily I Am Enslavn To my Severe psychosis States of Enragements;

ps. Power of Attorney  
~~\_\_\_\_\_~~  
Omaha NE 68111  
~~\_\_\_\_\_~~

Sincerely Nikko Allen Jenkins



Emergency psychiatric hospitalization  
 (Protective Custody Petition)  
 1 of 2 To Be Submitted To mental Health Board

Dear Richard R Smith Deputy County  
 Attorney of (Johnson County)

I NIKKO ALLEN JENKINS # 59478  
 Come To you Now In A direct Written  
 Statement And petition under Statu 71-95  
 (NE) Mental Health Act chapter 71 Article 9  
 I Am Requesting Emergency protective  
 Custody For psychiatric Hospitalization  
 Under Status # 71.902 & 71.908 As I classify  
 under Nebraska Law As mentally ill of a  
 dangerous person please Submit This legal  
 documentation directly To The mental  
 Health Board of (NE) As well As All legal  
 documents Included within my Correspondence  
 As my (power of Attorney) Lori JENKINS  
 my mother & Sherry Floyd Have Already  
 Filed with The district Court of Johnson  
 Court In A petition of Notification under  
 Statu # 71-92 (NE) I Acknowledge All The  
 Content of Their petition As Factual  
 And True And Hereby Support Their  
 Petitions within my own Statement And  
 Request Sir please Forward my writ...



Emergency psychiatric Hospitalization  
 Protective Custody petition  
 To Be Submitted To The Mental Health Bar

Dear Richard R Smith Deputy County  
 Attorney of (Johnson County)

Statements Vir I Am within 73 Hour  
 A-day Isolation I Am Not Currently  
 under Any psychotropic medications  
 Nor Am I Receiving Therapeutic Sessions  
 For what mental illness I Suffer From  
 of Severe Schizophrenia psychosis as well  
 as Bipolar disease post-traumatic stress  
 disorder I Have Been Imprisoned Since  
 A 16 year teenage child I Am now 26  
 years old yet to be Released July 30th  
 2013 And As An Alpha of Elite Warrior  
 of The Great Serpent Ahpophis I Am ordered  
 I Wage The WAR of Revelations upon The  
 Earth of Evils of Eating Human Beings And  
 Attacking All That Is of light & good I  
 Carved 4 large Facial wound Into my  
 Face Resulting In 40 Stitches upon  
 may 2nd 2012 & January 18th 2013 5 time  
 Convicted of Violant crime Statu#71-908 NE  
 I classify As dangerous persons.

Sincerely Mike Allen Jenkins



# Multi-Disciplinary Treatment Team Meeting

02/28/2013 minutes

8:15 a.m.

Warden's Conference Room

Facilitator: A.W. Busboom

Note Taker: Jennifer Kunzman

Attendees: UM Meints; U.M. Jansen; Major Settles; UA Sherman; B. Logston, LMHP; K Bergstrom MHP; Dr. Baker; Dr. Gibson; Dr. Pearson; BSN Nannen.

Copy: Dr. Weillage, Fred Britten, Rick Sanne

## Minutes:

- TSCI currently has five Inmate Medical Porters – four housed 1CD and one housed in 1AB.
- UA Sherman discussed aging inmate assessments (NFAF).
- Television Requests: Inmate \_\_\_\_\_ - request not approved at this time.
- Inmat \_\_\_\_\_ requested ear plugs due to anxiety and gallery noise – request tabled until next month.

The TSCI Multi-disciplinary Team includes representatives from Mental Health, Medical, Housing, Security and Administrative staff. It meets monthly to review institutional care and facilitate treatment planning for individuals whose mental health concerns impact their own safety as well as the safety and security of the institution.

\* Next meeting will be held Thursday, March 21, 2013 @ 8:15 a.m. in the Warden's Conference Room\*

<u>Misconduct Report Reviews</u>	<u>Mandatory Shower/Sanitation List</u>	<u>Single Cell Support List</u>
_____	_____	_____

## MAJOR CONCERN LIST

- \_\_\_\_\_ Full restraints /Triple Escort/IM Cell Placement Chemical Agent List
  - Dr. Baker reported recent initiation of new medication.
  - AW Busboom reported, \_\_\_\_\_ continues to believe staff is stealing his money/canteen.
  - LMHP Logston reported \_\_\_\_\_ remains delusional, but with improvement in hygiene. Also more calm and redirectable.
  - Plan: Mental health staff will continue to monitor mental status and encourage continued medication compliance. Psychiatry will continue to monitor medication status and provide psychiatric services.
- \_\_\_\_\_ (LNC - O'Brien, Kevin John) Triple Escort Status/Full Restraint/Toothbrush/Sharps
  - Dr. Baker reported recent initiation of new medication. Unable to increase current medications due to side effects. She reports \_\_\_\_\_ mental state is unlikely to improve and medication options are limited. Dr. Wetzel from LCC will be providing a psychiatric consultation in the near future. No current medical issues, although he continues to purge his meals and his weight continues to fluctuate.
  - LMHP Logston reported he is currently very delusional with high anxiety and paranoia. Hygiene has also declined. He has made recent statements of being homicidal.
  - AW Busboom inquired about medication compliance \_\_\_\_\_ is currently compliant per Dr. Baker. AW Busboom asked about the LRC being an option for \_\_\_\_\_ and Dr. Pearson expressed this would be difficult. AW Busboom requested this concern be discussed with Dr. Weillage.
  - Dr. Gibson advised that \_\_\_\_\_ has been reviewed by MIRT and has been recommended for MHU programming. IM placement / violence risk level does not allow for this option at this time.
  - Mental health does not currently support an IMO for \_\_\_\_\_ based on his current compliance with prescribed medications.
  - Per medical, it does not appear that \_\_\_\_\_ wife is as supportive as she has been in the past. She reportedly does not plan to replace his broken television.
  - Plan: Mental health staff will continue to monitor mental status on a regular basis and encourage medication compliance. Psychiatry will continue to monitor medication status and provide psychiatric services.
- \_\_\_\_\_
  - Dr. Pearson reported \_\_\_\_\_ continues to follow his current behavioral plan and will be eligible to receive a television next week.
  - Dr. Baker reported a recent increase in his medication. His most recent lab work indicates compliance with current prescribed medications.

211

- Plan: Mental Health will continue working with [REDACTED] on his behavior plan, continue to monitor mental status and encourage medication compliance. Psychiatry will continue to monitor medication status and provide psychiatric services.

- [REDACTED] Double Escort/Full Restraint Involuntary Medication Exp. 6/11/13
  - Dr. Baker reported that [REDACTED] remains very focused on the injectable medication stating he wants this discontinued. He recently requested additional medication which was initiated but then quickly discontinued per his request.
  - AW Busboom discussed IMO expiration in June – seeking a continuance of the IMO will be determined closer to the expiration date of the current IMO.
  - LMHP Logston reported [REDACTED] states concern that his positive behaviors will be attributed to medication use instead of his own skills. His anxiety remains high, but managing better overall.
  - Plan: Mental Health will continue to monitor Mental Status and work with [REDACTED] Psychiatry will continue to monitor medication status and provide psychiatric services.

- [REDACTED] Involuntary Medication Exp. August 2013 Chemical Agent List
  - Dr. Pearson reported that [REDACTED] will need to transition from IM to AC placement before he can be considered for transfer to the MHU.
  - UM Jansen reported [REDACTED] recently appropriately dealt with problems related to his television which took a few days to resolve.
  - Dr. Baker reported [REDACTED] continues to decline any type of blood work but is compliant and cooperative in meeting his other medical needs and taking medications for physical health issues.
  - Plan: Dr. Baker will begin the process of requesting involuntary lab work and will monitor medication status and provide psychiatric services. Mental Health will continue to monitor mental status and attempt to engage him in treatment.

- [REDACTED] Involuntary Medication Exp. 6/11/13 Chemical Agent List
  - Dr. Pearson reported [REDACTED] not currently going to yard. His cell appears clean but there is a negative odor present. Recently he appears more energetic and appears to be less distracted by internal stimuli when interacting with others. He will be re-referred to MIRT in the near future.
  - Plan: Unit staff and Mental Health will continue to work with [REDACTED] on his behavior plan and encourage him to go to yard. Mental Health will continue to monitor mental status. Medical will monitor his weight, which currently appears to be increasing once again, and monitor for any medical concerns. Psychiatry will continue to monitor medication status and provide psychiatric services.

- [REDACTED] is added to the Major Concern List due to history of self-harm behaviors i.e. cutting himself. He currently resides in general population.
  - Medical reports [REDACTED] has frequent somatic complaints.
  - Plan: Mental health and medical will monitor for self-harm thoughts/actions. Psychiatry will continue to monitor medication status and provide psychiatric services.

- [REDACTED] M Placement
  - [REDACTED] reported some previous security restrictions were lifted from [REDACTED] and this has not been a problem.
  - Dr. Pearson reported that Dr. Wollage will be completing a neuro-psych evaluation in the future.
  - Dr. Baker reported that recent lab work determined that [REDACTED] is not currently taking medications as prescribed. Medications are currently crushed.
  - LMHP Logston reported he has been calm and cooperative with MH services but custody staff continues to report the [REDACTED] will engage in random outbursts of pacing and yelling, with no known cause.
  - UA Sherman asked if there had been documentation received regarding [REDACTED] bursts and UM Jansen indicated there had not.
  - Plan: MH will continue to monitor mental status concerns. Dr. Baker will continue to monitor medication compliance and concerns. Psychiatry will continue to monitor medication status and provide psychiatric services.

- [REDACTED] Sharps /Limited Property/ Full Restraints/Triple Escort/Spit Sock
  - At the time of the MDT meeting, [REDACTED] is in therapeutic restraints after having engaged in self-harm behaviors.

- Dr. Baker reported [redacted] is not currently taking all prescribed medications. Medication order recently changed to medications being delivered in the evening and to be crushed.
- Dr. Pearson reported [redacted] appears to be more personality disordered than mentally ill, making him a poor candidate for MIRT referral.
- UM Jansen reported [redacted] has removed screws out of fixtures in his cell; staff has been unable to locate the items.
- Plan: Dr. Baker will continue to monitor medication compliance. Mental Health will continue to monitor Mental Status and attempt follow-up on diagnostic clarification.

• [redacted] - Triple Escort/Full Restraint

- [redacted] added to Major Concerns List due to recent self-harm behaviors i.e. banging head.
- Plan: Mental health will continue to monitor mental status and assess treatment needs. Psychiatry will continue to monitor medication status and provide psychiatric services.

- When asked about MIRT history, Dr. Gibson reported [redacted] historically did not participate in treatment on the Mental Health Unit.
- UM Jansen reported staff will frequently go through the process for a mandatory shower but that [redacted] will generally comply with a final directive.
- Plan: Mental Health will continue to monitor mental status. Psychiatry will continue to monitor medication status and provide psychiatric services.

• Jenkins, Nikko 59478 - Sharps/Full Restraint/Double Escort

- Dr. Baker reported the County Attorney called her recently with concerns about Mr. Jenkins.
- Um Jansen reported Kathy Foster with social work will be working with Mr. Jenkins regarding discharge planning - this has been prompted by the ombudsman office's concern about community risk. Additionally, Mr. Jenkins has been repeatedly requesting "emergency psychiatric hospitalization" via IIRFs and grievances.
- Mental health board commitment was discussed. Mr. Jenkins is not a good candidate; however, the option is currently under review.
- Questions were raised regarding how stitches were removed from cut in his face. Medical will verify whether stitches were removed by medical or Mr. Jenkins.
- Plan: Mental health will continue to monitor mental status and work with providers regarding discharge planning.

• [redacted] - Triple Escort/Full Restraint/Limited Property/Water

- [redacted] moved to Major Concern List due to recent behaviors and elevated risk level.
- Dr. Baker reported [redacted] has identified people by name that he would harm upon release. She stated [redacted] is currently medication compliant; however she had noticed an increase in anxiety.
- Major Settles reported [redacted] has recently broken three sprinkler heads.
- Dr. Gibson reported MIRT recently reviewed [redacted] and determined he would be appropriate for MHU programming; however, his current security risk (IM) impedes transfer.
- LMHP Logston reported [redacted] is expressing anxiety about his release this year. She expressed concerns in regard to [redacted] potentially engaging in behaviors (i.e. staff assault) that could result in additional charges and continued incarceration.
- AW Busboom reported he will be verifying with the department investigator to determine if there are any pending legal charges for [redacted].
- Plan: Mental health will continue to monitor mental status and pursue social work assistance in preparing discharge plans for [redacted]. Psychiatry will continue to monitor medication status and provide psychiatric services.

- [redacted] was added to the Major Concern List because of recent decline and notable depressive symptoms i.e. not showering, not attending yard, refusing medical treatment, only eating once per day.
- Plan: Mental health will monitor mental status and encourage an increase in activity level.

**INMATE MONITOR LIST**

- [redacted] - (chemical agent list) LMHP Logston reported [redacted] is appropriate, attended his classification and requested a move from IM to AC. UM Jansen reported [redacted] is engaging appropriately with staff.



- [redacted] LMHP Logston reported [redacted] continues to have poor hygiene and reported he is not taking his thyroid medication. Medical will follow up to confirm medication compliance.
- [redacted] LMHP Logston reported [redacted] continues to refuse to engage in Mental Health services. No current behavioral concerns.
- [redacted] - AW Busboom reported [redacted] continues to file a high number of grievances.
- [redacted] recently received disciplinary segregation which resulted in his termination from the SAU program - he will be eligible to reapply for SAU in 90 days. Dr. Pearson and UM Meints both expressed the opinion that [redacted] does not appear invested in SAU treatment at this time.
- [redacted] UM Meints reported the number of grievances filed by [redacted] have decreased; however, he continues to display paranoia and delusional beliefs in regard to a peer on his unit. Dr. Pearson reported a recent increase in [redacted] anxiety related to recent discussion of the possibility of [redacted]. Dr. Baker reported a recent change in medications.
- [redacted] Dr. Baker reported improvement in sleep and mood for [redacted] is currently compliant with medication.
- [redacted] Dr. Pearson reported high levels of anxiety for [redacted] and possible signs of cognitive impairment. She will submit a referral to MIRT for consideration of MHU programming prior to release. UM Meints reported [redacted] was moved from 1F to SMU. BSN Nannen reported [redacted] currently has a lower tier and bottom bunk pass, which was a concern related to his 1F placement. Dr. Baker reported he is medication compliant at this time but cooperation with medication and staff is inconsistent.
- [redacted] Dr. Baker reported [redacted] has been cooperative with psychiatry and medical. BSN Nannen reported [redacted] has been aggressively requesting an increase in medications.
- [redacted] Dr. Baker reported a recent change in medication due to side effects. Dr. Gibson reported a transition to the MHU or 1F would be potentially beneficial but concerns exist in regard to his level of unpredictability. As he approaches discharge, a social worker will be contacted to assist him. UM Jansen reported [redacted] has not received an MR in over a year. Also reported his mother recently called - [redacted] will not be able to return to her home upon release.
- [redacted] BSN Nannen reported [redacted] is currently recovering from recent medical issues. Can be verbally abusive at times but is retraceable. UM Meints reported [redacted] back on the housing unit. No mental health status changes to report.
- [redacted] Triple Escort/Full Restraint/Water - Dr. Pearson reported [redacted] has requested a loaner television and is working with Dr. Wellage. UM Jansen reported staff recently used force with [redacted] and he was placed on water restriction. He was recently moved from IM to AC but will return to IM if problematic behaviors continue. Dr. Baker reported [redacted] is appropriate with psychiatry and medication compliant at this time.
- [redacted] Dr. Baker reported [redacted] has missed recent psychiatric appointments. BSN Nannen reported [redacted] has seen a physical therapist and was given exercises to complete to assist in meeting his medical needs but continues to demand he be given high power laxatives instead. Dr. Pearson reported [redacted] is focused on not receiving the job/cell placement he wants. He is exhibiting high levels of anxiety with some suicidal ideation (no plan/intent). Dr. Baker will reschedule him to be seen in the near future.
- [redacted] Double Escort/Full Restraint/Spit Sock/Sharps - Dr. Gibson reported [redacted] was reviewed by MIRT and approved for the MHU pending bed space. Dr. Baker reported [redacted] has an inconsistent presentation in regard to reported delusions. UM Meints reported [redacted] appears to want to return to Lincoln and appears to be fabricating stories in attempt to facilitate transfer.
- [redacted] Dr. Baker reported [redacted] has refused psychiatric services. LMHP Logston reported [redacted] refuses Mental Health services. BSN Nannen reported he has a medical pass for orthopedic shoes. The Ombudsman's office is currently working with [redacted] regarding diabetes issues.

- \_\_\_\_\_ - Dr. Gibson reported concerns with \_\_\_\_\_ learning how to appropriately manage his time. Anxiety levels are high but he is managing at this time. His sister recently passed away at NCCW.

#### MEDICAL CONCERNS MONITOR LIST

- \_\_\_\_\_ No current changes or concerns reported. (TSCI Hospital Placement)
- \_\_\_\_\_ No current changes or concerns reported. (HU1CD Placement)
- \_\_\_\_\_ No current changes or concerns reported. (TSCI Hospital Placement)
- \_\_\_\_\_ No current changes or concerns reported. (HU1CD Placement)
- \_\_\_\_\_ - No current changes or concerns reported. (TSCI Hospital Placement)
- \_\_\_\_\_ - Dr. Baker reported \_\_\_\_\_ is medication compliant. No current changes or concerns reported. (TSCI Hospital Placement)
- \_\_\_\_\_ - Medical staff reports \_\_\_\_\_ is uncooperative and difficult to work with. He is currently in SMU for throwing a tray at staff. Dr. Weilage will be scheduling \_\_\_\_\_ for neuro-psych screening.
- \_\_\_\_\_ is somewhat self-sufficient but presents with a tendency to exaggerate his level of need. No current changes or concerns to report. (HU1CD Placement)
- \_\_\_\_\_ - UM Meints report \_\_\_\_\_ does receive some help from the medical porters due to his physical limitations. No current changes or concerns reported. (HU1CD Placement)
- \_\_\_\_\_ - No current changes or concerns reported. (HU1CD Placement)
- \_\_\_\_\_ - No current changes or concerns reported. (HU1CD Placement)
- \_\_\_\_\_ - Added to the medical concerns list due to recent injuries – his physical limitations will likely be temporary. (HU1CD Placement)

---

**From:** Weilage, Mark  
**Sent:** Friday, March 01, 2013 11:04 AM  
**To:** Pearson, Melinda; Gelger, Elizabeth  
**Subject:** FW: Mr. Nikko Jenkins, #59478

fyi

Mark Weilage, Ph.D.  
 Assistant Behavioral Health Administrator - Mental Health  
 Nebraska Department Of Correctional Services  
 Health Services - Behavioral Health Section  
 PO Box 94661  
 Lincoln, NE 68509-4661  
 Phone  
[mark.weilage@nebraska.gov](mailto:mark.weilage@nebraska.gov)



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---

**From:** Weilage, Mark  
**Sent:** Friday, March 01, 2013 11:03 AM  
**To:** White, Cameron  
**Subject:** FW: Mr. Nikko Jenkins, #59478

Here is the summative statements on Mr. Jenkins.

I wrote this in early February 2013.

In summary, this is what we know from this and previous contact and observations.

1. No symptomology was displayed in multiple observed video visits in 2011. He was noted to be very goal directed, purposeful, manipulative, and controlling through threats and degrading statements.
2. He has stated to this author in the past that he needs to be on disability when he gets out because no one would hire someone with tattoos like he has.
3. He believes he has a neurochemical imbalance but refuses meds offered by psychiatry.
4. He believes he needs therapy daily but states it will not work if he is in segregation.
5. He has threatened to harm people when he gets out if he does not get the treatment he wants.
6. He has threatened to sue now and after he gets out because of how staff have treated him.

7. In all of this authors interactions with mr. Jenkins, his statements and behavior appeared well planned purposeful and deliberate.

He was reviewed by MIRT In February 2012 and they supported the determination of no MMI and not in need of additional mental health services.

When Inmate Jenkins was given that feedback on feb 15, 2012 he threatened to get this author when he gets out.

More recent observations and interactions indicate:

He has the ability to use threats and or feigned mental illness to gain compliance from his family to do his bidding (Filing Paper work, becoming a POA, etc) as seen in observations of video visits

He can control the display of his "symptoms" turning them off and on at his convenience

He believes that he will be able to sue the department when he gets out and he has told his family they will not have to worry about money once he gets out.

He has repeatedly stated that because he cut himself twice in the face and because of that he is mentally ill.

Overall his presentation is not consistent with serious mental illness. He presents as having serious personality disorder with antisocial, borderline, psychopathic traits

The plan is to continue to work with him on understanding what the real issues are, but he is resistant to any explanation other than major mental illness. we will monitor for any changes prior to discharge to determine what if any referrals need to be made.

It is a delicate balance as any feedback we give him about why his symptoms don't fit with mental illness runs the risk of making him feel better about his feigned mental illness.

As with any psychopath the wrong treatment can make them worse and possibly allow them to become a "better" psychopath.

This is probably more info than you needed...

Let me know if you want it condensed or you can pick and choose what to give the Ombudsman..

Mark

Mark Wellage, Ph.D.  
Assistant Behavioral Health Administrator - Mental Health  
Nebraska Department Of Correctional Services  
Health Services - Behavioral Health Section  
PO Box 94661  
Lincoln, NE 68509-4661  
Phone  
[mark.wellage@nebraska.gov](mailto:mark.wellage@nebraska.gov)



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prohibited by federal and/or state law. If you have received this communication in error, please notify the above immediately and destroy all copies of this communication, including any attachments.

---

**From:** Kunzman, Jennifer  
**Sent:** Wednesday, February 27, 2013 9:04 AM  
**To:** Wellage, Mark  
**Subject:** RE: Mr. Nikko Jenkins, #59478

# of Referrals are 3, which they are from January 2013.  
 # of IRs are 2, which 1 is from November 2012 & February 2013.  
 # of IIRs are 6, which 1 is from October 2012, November 2012, December 2012, January 2013 and 2 from February 2013.  
 # of Seg Reviews 5, Oct. 2012, Nov. 2012, Dec. 2012, Jan. 2013 & February 2013.

If you need anything else let me know. Thanks.

Jennifer Kunzman  
 Staff Assistant I  
 TSCI Mental Health Dept.  
 402-335-5155  
[jennifer.kunzman@nebraska.gov](mailto:jennifer.kunzman@nebraska.gov)

---

**From:** Pearson, Melinda  
**Sent:** Tuesday, February 26, 2013 3:39 PM  
**To:** Wellage, Mark  
**Cc:** Kunzman, Jennifer  
**Subject:** RE: Mr. Nikko Jenkins, #59478

OK, thank you.

---

**From:** Wellage, Mark  
**Sent:** Tuesday, February 26, 2013 3:39 PM  
**To:** Pearson, Melinda  
**Cc:** Kunzman, Jennifer  
**Subject:** RE: Mr. Nikko Jenkins, #59478

whatever is in the file in the last 6 months... I don't need them copied I just need numbers

*Sent from my Verizon Wireless 4G LTE DROID*

"Pearson, Melinda" <[melinda.m.pearson@nebraska.gov](mailto:melinda.m.pearson@nebraska.gov)> wrote:

Hi there,

Are you looking for a certain time frame or during his whole incarceration?

And as far as IRs, you are referencing the ones generated by Mental Health only?

---

**From:** Wellage, Mark  
**Sent:** Tuesday, February 26, 2013 3:01 PM  
**To:** Pearson, Melinda; Kunzman, Jennifer  
**Subject:** FW: Mr. Nikko Jenkins, #59478



do we have a signed release...

Jennifer can you summarize what is in his paper file that is not on nicams

of Referrals  
 # of IRs  
 # of IIRs  
 # of seg reviews

I will get other stuff from nicams

Mark Wellage, Ph.D.  
 Assistant Behavioral Health Administrator - Mental Health  
 Nebraska Department Of Correctional Services  
 Health Services - Behavioral Health Section  
 PO Box 94661  
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 Phone:  
[mark.wellage@nebraska.gov](mailto:mark.wellage@nebraska.gov)



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---

**From:** Foster, Kathy  
**Sent:** Tuesday, February 26, 2013 2:39 PM  
**To:** White, Cameron; Wellage, Mark; Bullock, Evelyn  
**Cc:** Houston, Bob; Kohl, Randy; Hopkins, Frank  
**Subject:** RE: Mr. Nikko Jenkins, #59478

Will do. Evelyn, when works well for you?

Kathy Foster, LICSW  
 NDCS Director of Social Work  
 Nebraska State Penitentiary  
 4201 S. 14th Street  
 Lincoln, NE 68502  
 Phone: (402) 479-3094  
 Fax: (402) 479-3028  
 Cell: \_\_\_\_\_  
 email: [kathy.foster@nebraska.gov](mailto:kathy.foster@nebraska.gov)

resilience  
 WEAVING  
 advocacy

**From:** White, Cameron  
**Sent:** Tuesday, February 26, 2013 2:17 PM  
**To:** Wellage, Mark; Foster, Kathy; Bullock, Evelyn  
**Cc:** Houston, Bob; Kohl, Randy; Hopkins, Frank  
**Subject:** FW: Mr. Nikko Jenkins, #59478

Good afternoon. Please see the below email from James Davis to Dr. Kohl regarding inmate Jenkins #59478. Dr. Kohl, Mr. Hopkins and I met with the Director today to discuss follow up. The recommendation is that we document what we are currently doing in this case and also have Kathy and Evelyn provide some assistance. Mr. Hopkins is gathering information about his current placement and historical information. We plan to relay the information to James on 3-4 prior to another meeting he will be attending at Central Office that day. The specific follow up plan is the following:

1. Mark—gather and send me a summary of prior Behavioral Health activity on this case including contacts and treatment plans. I know you have done assessment and met with him over time. Please specifically comment on any release planning activities. Please confirm that there is a signed release in place allowing us to discuss the case in detail. Need info late this week since our meeting is on 3-4.
2. Kathy and Evelyn—please schedule a time to have an initial meeting with Mr. Jenkins to discuss release planning and let us know the specific date. You may want to visit with him together for efficiency.

Thank you.

Cameron S. White, Ph.D.  
 Behavioral Health Administrator, NDCS  
 Licensed Psychologist  
 Licensed Nursing Home Administrator

Phone: 402-479-5971  
 Facsimile: 402-479-5679  
 Email: [cameron.white@nebraska.gov](mailto:cameron.white@nebraska.gov)

NDCS Central Office  
 P.O. Box 94661  
 Lincoln, Nebraska 685509-4661

**From:** James Davis [<mailto:jdavis@leg.ne.gov>]  
**Sent:** Monday, February 25, 2013 3:15 PM  
**To:** Kohl, Randy  
**Cc:** Cynthia Grandberry; Houston, Bob; Moreland, Jerall; Hopkins, Frank  
**Subject:** Mr. Nikko Jenkins, #59478

Dr. Kohl:

I am requesting a meeting with you, Deputy Director Frank Hopkins, and Dr. White in regards to Mr. Nikko Jenkins transition plan and mental health status. Mr. Jenkins has a tentative release date of July 2013. However, it appears that his time being served is because of a loss of good time. It is our understanding that Mr. Jenkins could of mandatory jammed February of 2012. The concerns with Mr. Jenkins case is that he may pose a safety risk to the community of District # 11, without providing him with the necessary tools to succeed in the community. I

have discussed this matter with Senator Chambers and he would like to know what treatment plans have been made for Mr. Jenkins to return to the community, instead of being released directly from Administrative Confinement to the community. I am requesting a meeting to take place at the State Capitol no later than March 7, 2013. Please bring all materials and documents to discuss Mr. Jenkins case in detail.

For clarification, please contact me or Jerall Moreland.

Respectfully,  
*James Davis III*  
JAMES DAVIS III,  
Deputy Ombudsman for Corrections  
STATE OF NEBRASKA  
OFFICE OF THE PUBLIC COUNSEL/  
State Capitol Building, P.O. Box 94604  
Lincoln, Nebraska 68509-4604  
Office 402-471-4195  
Fax: 402-471-4277  
Toll Free 800-742-7690  
[davis@leg.ne.gov](mailto:davis@leg.ne.gov)

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**From:** Weilage, Mark  
**Sent:** Tuesday, March 12, 2013 8:59 AM  
**To:** Wayne, Larry  
**Cc:** White, Cameron; Foster, Kathy  
**Subject:** Re: Coordination on Nikko Jenkins Case

The same records from douglas county basically said schizophrenia or malingering. Nikko was only told the first and the judge keyed in on that. Dr. baker has even considered a malingering diagnosis. I do not consider him to be majorly mentally ill. He does display symptoms and there is ample evidence that he is in control of his "symptoms" We have offered services and he refuses meds and refuses to participate in any therapy activities unless it is daily individual therapy. He appears focused on getting disability so he does not have to work and suing the department for maltreatment. He was seen by social work last week and dr. Wetzel will see him this week. We will coordinate a follow up although i am not hopeful as he resists anything that is not his specific agenda.

*Sent from my Verizon Wireless 4G LTE DROID*

"Wayne, Larry" <[Larry.Wayne@nebraska.gov](mailto:Larry.Wayne@nebraska.gov)> wrote:

Thanks Cameron and Mark.

*Sent from my Verizon Wireless 4G LTE DROID*

"White, Cameron" <[Cameron.White@nebraska.gov](mailto:Cameron.White@nebraska.gov)> wrote:

Mark,

Larry is fielding questions from the Ombudsman on the Jenkins case and his discharge planning. He is also getting questions such as if he has a prior dx of schizophrenia why isn't he considered MI now. My view is that we need to treat the symptoms that are currently presenting as opposed to those seen in the past. Please respond back to this email or phone Larry with the latest details. Thanks.

Cameron

Cameron S. White, Ph.D.  
Behavioral Health Administrator, NDCS  
Licensed Psychologist  
Licensed Nursing Home Administrator

Phone: 402-479-5971  
Facsimile: 402-479-5679  
Email: [cameron.white@nebraska.gov](mailto:cameron.white@nebraska.gov)

NDCS Central Office  
P.O. Box 94661  
Lincoln, Nebraska 68509-4661

---

**From:** Foster, Kathy  
**Sent:** Wednesday, March 13, 2013 3:36 PM  
**To:** Wayne, Larry  
**Cc:** White, Cameron; Wellage, Mark  
**Subject:** RE: Mr. Nikko Jenkins, #59478

Yes, I do plan to meet with him again, but it is difficult to arrange appropriate services when he wants services that our mental health documentation does not support. I typically do not arrange services that a person does not want, but will talk to him about this as a backup plan. I am not altogether comfortable with having him see a community provider given I think he is dangerous to act out in some way just to prove he is dangerous.

I can help him apply for social security, Medicaid and food stamps. I am not sure what good it will do to have him see a community provider for psychiatric medications that he refuses to take. If he wants to have therapy, I can make arrangements for that as well, but there isn't anyone who will see him daily (even if he is MHB committed to inpatient treatment!).

It is a little early for me to make concrete arrangements yet. He cannot apply for social security until he is 90 days from discharge and he cannot apply for Medicaid or Food Stamps until days before discharge. He has stated he plans to live in Lincoln (I think because he wants to go to LRC) and it is hard to know who will actually be providing mental health services for Lancaster County in July since they are soon to be reorganizing and contracting their services out to other community providers. Sorry if I am rambling, but long story short is I have to wait a bit to really start to make any arrangements for him.

Kathy Foster, LICSW  
 NDCS Director of Social Work  
 Nebraska State Penitentiary  
 4201 S. 14th Street  
 Lincoln, NE 68502  
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 Fax: (402) 479-3028  
 Cell:             
 email: [kathy.foster@nebraska.gov](mailto:kathy.foster@nebraska.gov)

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~~WEAVING~~  
 advocacy

---

**From:** Wayne, Larry  
**Sent:** Wednesday, March 13, 2013 3:10 PM  
**To:** Foster, Kathy  
**Subject:** RE: Mr. Nikko Jenkins, #59478

Kathy: do you have plans for him to be seen again by Social Services for purposes of creating a secondary discharge plan in case his primary interest in LRC doesn't occur?



Larry Wayne  
 Deputy Director  
 Programs and Community Services  
 Nebraska Department of Correctional Services  
 P.O. Box 94661  
 Lincoln, NE 68532-4661  
 Office: 402 479-5721  
 Cell: \_\_\_\_\_

---

**From:** Foster, Kathy  
**Sent:** Tuesday, March 12, 2013 8:13 AM  
**To:** Wayne, Larry  
**Subject:** RE: Mr. Nikko Jenkins, #59478

Larry, I had Mr. Jenkins sign releases for: Social Security Administration, Lancaster Medical Society, Medicaid, Community Mental Health Center (Lancaster), the Ombudsman, and Lori Jenkins (his mother). He agreed to disclosure of everything listed on the release except for HIV/AIDS information, progress notes, lab test results and radiology reports. I just noticed that he did NOT sign the release for the Ombudsman....

He only signed releases; there is no final discharge plan yet and I don't have anything to do with classification. I don't know what the Behavioral agreement is that is referenced.

I can get copies of the releases to you.

Kathy Foster, LICSW  
 NDCS Director of Social Work  
 4201 S. 14th Street  
 Lincoln, NE 68502  
 Phone: (402) 479-3094  
 Cell: \_\_\_\_\_  
 Fax: (402) 479-3028  
 email: [kathy.foster@nebraska.gov](mailto:kathy.foster@nebraska.gov)

---

**From:** Wayne, Larry  
**Sent:** Monday, March 11, 2013 8:38 PM  
**To:** Foster, Kathy  
**Subject:** Fwd: Mr. Nikko Jenkins, #59478

Kathy, can you have this? If so, please send me copies as he has requested.. Thanks.

*Sent from my Verizon Wireless 4G LTE DROID*

----- Original Message -----  
 Subject: Re: Mr. Nikko Jenkins, #59478  
 From: Jerall Moreland <[jmoreland@leg.ne.gov](mailto:jmoreland@leg.ne.gov)>

---

**From:** Wayne, Larry  
**Sent:** Thursday, March 14, 2013 10:25 AM  
**To:** Sabatka-Rine, Diane; Britten, Fred  
**Cc:** Houston, Bob; Hopkins, Frank; Moreland, Jerall; Weilage, Mark; Foster, Kathy; Young, Konda  
**Subject:** TSCI Inmate Nikko Jenkins #59478

We are attempting to situate Inmate Jenkins in the best possible position for his upcoming discharge on June 30, 2013. He has been a challenging individual to deal with. To this end we've agreed with The Ombudsman's Office for two things:

- 1.) We will move Mr. Jenkins from AC at TSCI's Special Management Unit to AC at NSP's Control Unit. This will provide the fresh start in segregation locations which Mr. Jenkins has requested.
- 2.) Dr. Weilage and Kathy Foster will meet with Jerall Moreland and I to discuss whatever other discharge planning may be appropriate for Mr. Jenkins. Much effort has already been expended in this area, particularly by Dr. Weilage and Ms. Foster. Our current thoughts are Mr. Jenkins will likely discharge from NSP's Control Unit. If there are plans we can make for returning him more safely to the community in June, we will explore these. Ms. Young will coordinate this meeting.

Please let me know if you have questions or need clarification. Thanks.

Larry Wayne  
Deputy Director  
Programs and Community Services  
Nebraska Department of Correctional Services  
P.O. Box 94661  
Lincoln, NE 68532-4661  
Office: 402 479-5721  
Cell: \_\_\_\_\_

---

**From:** Wellage, Mark  
**Sent:** Thursday, March 14, 2013 11:18 AM  
**To:** Pearson, Melinda  
**Subject:** Re: Jenkins 59478

Yes... It will be intetesting

*Sent from my Verizon Wireless 4G LTE DROID*

"Pearson, Melinda" <[melinda.m.pearson@nebraska.gov](mailto:melinda.m.pearson@nebraska.gov)> wrote:

Any thoughts about Nikko going to NSP?

Melinda M. Pearson, PsyD  
Clinical Psychologist Supervisor  
Tecumseh State Correctional Institution

*Connected by DROID on Verizon Wireless*

---

**From:** Pearson, Melinda  
**Sent:** Thursday, March 14, 2013 11:21 AM  
**To:** Weilage, Mark  
**Subject:** Re: Jenkins 59478

Ok. Looks like he's going.

Melinda M. Pearson, PsyD  
Clinical Psychologist Supervisor  
Tecumseh State Correctional Institution

*Connected by DROID on Verizon Wireless*

-----Original message-----

**From:** "Weilage, Mark" <[Mark.Weilage@nebraska.gov](mailto:Mark.Weilage@nebraska.gov)>  
**To:** "Pearson, Melinda" <[melinda.m.pearson@nebraska.gov](mailto:melinda.m.pearson@nebraska.gov)>  
**Sent:** Thu, Mar 14, 2013 16:18:12 GMT+00:00  
**Subject:** Re: Jenkins 59478

Yes... It will be intetesting

*ent from my Verizon Wireless 4G LTE DROID*

"Pearson, Melinda" <[melinda.m.pearson@nebraska.gov](mailto:melinda.m.pearson@nebraska.gov)> wrote:

Any thoughts about Nikko going to NSP?

Melinda M. Pearson, PsyD  
Clinical Psychologist Supervisor  
Tecumseh State Correctional Institution

*Connected by DROID on Verizon Wireless*

---

**From:** Pearson, Melinda  
**Sent:** Thursday, March 14, 2013 11:29 AM  
**To:** Geiger, Elizabeth  
**Subject:** Re: Nikko Jenkins 59478

Ha....apophis is the easy one

Melinda M. Pearson, PsyD  
Clinical Psychologist Supervisor  
Tecumseh State Correctional Institution

*Connected by DROID on Verizon Wireless*

-----Original message-----

**From:** "Geiger, Elizabeth" <[elizabeth.geiger@nebraska.gov](mailto:elizabeth.geiger@nebraska.gov)>  
**To:** "Pearson, Melinda" <[melinda.m.pearson@nebraska.gov](mailto:melinda.m.pearson@nebraska.gov)>  
**Sent:** Thu, Mar 14, 2013 16:27:39 GMT+00:00  
**Subject:** Re: Nikko Jenkins 59478

I just saw that haha. I think it is only fair that if we get nikko you get apophis...just saying...sharing is good

*Sent from my Verizon Wireless Droid*

-----Original message-----

**From:** "Pearson, Melinda" <[melinda.m.pearson@nebraska.gov](mailto:melinda.m.pearson@nebraska.gov)>  
**To:** "Geiger, Elizabeth" <[elizabeth.geiger@nebraska.gov](mailto:elizabeth.geiger@nebraska.gov)>, "Knight, Timothy" <[Timothy.Knight@nebraska.gov](mailto:Timothy.Knight@nebraska.gov)>  
**Sent:** Thu, Mar 14, 2013 16:22:59 GMT+00:00  
**Subject:** Nikko Jenkins 59478

Nikko will be transferring to NSP. Likely tomorrow. It is yet to be determined whether or not Apophis will be transferring.

Melinda M. Pearson, PsyD  
Clinical Psychologist Supervisor  
Tecumseh State Correctional Institution

*Connected by DROID on Verizon Wireless*

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NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

Location

Symptoms

Diagnosis

Treatment

(sign each entry)

3-1-13

0925) Pt reports Emergency Physician treated and reports mental health referral for complete apt in no obvious distress or DISCOPT at this time. Very anxious in fact extremely and nervous.

3-14-13

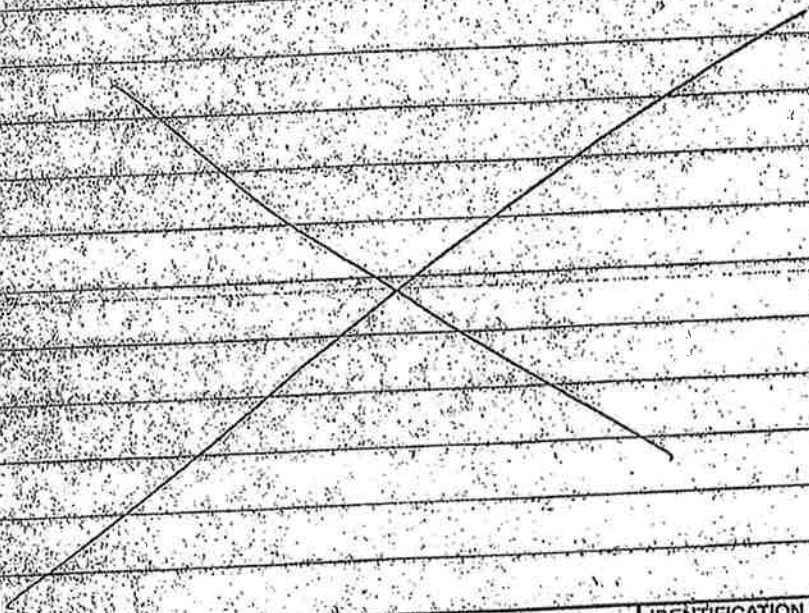
1300) mental health referral complete. Seen on segregation rounds. Would like to purchase glasses. Status was seen for eye exam in TSC1, no prescription is current. Advised to write TPR. Oliver Brubaker also notified.

3-18-13

800

Pt transfers to NSP. Chart review completed for Chronic Care with no indications found. 3/21/13 kd

Kimberly A. Doht APRN



PATIENT'S LAST NAME - FIRST NAME

Jenkins Mikko

IDENTIFICATION NO.

59878

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
MEDICAL TRANSFER SHEET

Jenkins, Nikko  
Inmate Name

59478  
Inmate Number

TSC1  
Transferring Facility

NKA  
Allergies

NSP  
Receiving Facility

Date of Transfer: 3/15/13

Time: 0745

Current Medications: None

Current Medical Problems: Psychosis, polysubstance dependence, Hx of self mutilation (face)

Physical Limitations/Special Needs: None

Medical Diet: Regular

Scheduled Appointments (clinic, lab, etc): psych flU ordered 2/4/13 for 4-6 weeks

Miscellaneous: mental health referral completed 3/14/13

3/15/13 @ 0745  
Date

Orlan RN  
Signature & Title

3/26/13  
1245  
KEMRD

## Psychiatric Consultation

Nikko Jenkins #59478

Patient was seen for a psychiatric consultation at the Tecumseh State Correctional Institution on March 14, 2013. Patient was seen with Wayne Chandler and escorting officers.

### Chief Complaint

"I am four slithers of war, I'm pledging to the underworld. I am Gremwar, related to the ancient Egyptians and the hypophysis."

Patient is a poor historian; he tends to persevere on rather fantastic themes referencing Egypt and his intellectual prowess.

Patient initiated the interview stating that he was severely mentally ill and in need of immediate transfer to a psychiatric hospital. This was an ongoing theme throughout the interview. He appeared to be in a persistent state of trying to intimidate and make demands. Patient states that he needs to be hospitalized to undergo "Transdiagnostic Unified Protocol" and "Orthopsychiatry."

"You need to tell these people—Write this down!—restore my good time!"

Patient reports that he was seen by Dr. Olivetto and diagnosed with PTSD, Bipolar Disorder and Schizophrenia. He states that he is maintaining his purity by avoiding artificial laboratory compounds (i.e. medication). He states he is developing his own compounds. Patient reports he has been snorting his semen in his left nostril on a daily basis, and drinking his own urine daily for the last two weeks as his own method of nutritional supplementation.

Patient states that adrenaline causes his psychosis and enragement. He states that being in segregation and in isolation is like a monastery to him and he is spiritually thriving. He states he is, on the other hand, deteriorating physically and severely paranoid. He states that women become infected with his psychosis. He states that people are trying to poison him and kill him. He states that he has a rare IQ. He denies thought broadcasting and denies thought insertion. He demands: "Send me to the psychiatric hospital and remove these handcuffs." He states that he has a "Superior Soldier's Complex in every aspect."

Patient reports that he has nightmares every night. He states he jumps up and checks the window eight times a night. He denies napping, denies feeling sleepy. He states he dreams about cannabis, and human sacrifice. Staff has reported the patient is indeed up in the night much of the time.

He states that his mother's pregnancy with him was not complicated and delivery was not complicated. As far as he knows his development was on time. Patient states that his mother feared that he would become homosexual and allowed members of his family to physically and emotionally abuse him to make him tough. "All my family is gang members. When they came out of prison they came to live with us and beat on me." Patient states that he was brutally abused by his older sister. He states

13754

that he was strangled, stomped, thrown down the stairs, spanked and stabbed. He stated that he started hearing voices and spirits when he was young. At age 7 or 8 he began starting fires and engaging in fights. At age 9 he was hospitalized at Richard Young for hearing voices. He reports that his abuse gave him an exceptionally high pain tolerance. Patient states that he was allowed to run the streets and was constantly in trouble beginning at a very early age.

Patient denies panic attacks. He states that he is always anticipating anxiety situations. He states that everywhere he goes, he's imagining how he could hurt people and eat them. He states his cannibalism makes him see everyone as a target, "pieces of meat," and how he could harvest their organs for his food. "I'm looking at you now like a piece of meat. I'm looking for your areas of weakness, imagining your genitals, your organs for my consumption." "When I enter a room, I am a mammalian of prey."

Patient states that he has extreme OCD, explaining that he is germ phobic and he has to count everything.

He describes his mood as: "Intense, violent and paranoid."

Patient reports that he hears auditory hallucinations that he is a prophet. He states they never go away. "I summon them." He states they are visions of the future. Patient reports that he was on medications for 3-1/2 months, which softened the voices and made them "lower and slower." He did not like the feeling of being slowed down. He states that music helps minimize the voices. Patient reports that he engages in self-harm to experience pain.

Patient reports that he was very spoiled as a child and had no limits, even though he was being beaten regularly. He states at age 7 he began smoking cigarettes, cannabis and alcohol. At 14 years of age he was using PCP and embalming fluid. He used every day until he was 16 years of age.

#### Past Psychiatric History

Patient reports that he was on psychiatric medication from age 6-9. He was hospitalized for two weeks and then had three or four months of outpatient treatment and then quit treatment. He states his therapist filed charges with child protective services because she saw bruises and welts on his back, and his mother then withdrew him from treatment. He states he went to Juvenile Hall at the age of 11. He states he was placed on Ritalin which made him "even more hyper and psychotic." He has been seen by Dr. Baker at TSCI and his working diagnoses include Psychosis NOS, Bipolar Disorder with Psychosis vs. Delusional Disorder Grandiose type vs Seasonal Affective Disorder Bipolar Type, PTSD, Antisocial and Narcissistic PD traits and Polysubstance Dependence.

#### Past Medical History

No known drug allergies. Patient denies any loss of consciousness. He states he's in good health. He has recently had some significant wounds on his face, over and down his right orbital area, which were self-inflicted. (Per patient: "This was savagely brutal.") Patient refused to have the stitches

removed, which became infected and had left him further disfigured. He has extensive tattoos covering the entire left side of his face.

#### Family History

Patient reports that all of his sisters had schizophrenia and bipolar disorder. A relative died by "suicide by police officer."

#### Social History

Patient reports that he is to be released from prison in July. He wants to be placed in a psychiatric hospital to stabilize for "modern times." He states that he plans to become a mixed martial arts fighter or a boxer. He would like to become a scientist and become a trauma surgeon. He plans to move back to Cuba. He does not see a role for drugs or alcohol after he leaves. Patient reports that he spends much of his time with music, exercise, and yoga.

#### Criminal history

Records indicate that Mr. Jenkins was charged with concealed weapon at the age of 7, then shoplifting at 9 and 10. Additional charges of attempted arson, criminal mischief and theft occurred during late childhood along with a 3<sup>rd</sup> degree assault, arson, receiving stolen property, missing juvenile and unlawful absences for a total of 16 police contacts by the age of 14. He was 15 years old at the time he was charged with Use of a Deadly Weapon to Commit a Felony, Robbery, and Assault 2<sup>nd</sup> Degree for which he is currently incarcerated.

#### Institutional adjustment

Mr. Jenkins served the first two years of this incarceration at NCYF. He then was in and out of segregation at OCC and LCC prior to his placement in the SMU at TSCI where he has resided for most of the past 7 years. The exception to this was an 18 month period of time when he was out to court and at the LRC following an assault on a correctional employee in late 2009. Based on current sentence structure Jenkins is scheduled to be released 7/30/2013.

#### Mental Status Exam

This patient presents well groomed. He has multiple tattoos covering his face and body. His motor was variable. At times he was extremely over activated and restless, other times generally calm. His speech and flow thought were also extremely variable. At times he was exhibiting profound pressured speech, other times he could be quiet. He was exhibiting significant perseveration, pseudo-intellectualization, and tangentiality. His expressed mood was of significant distress. His affect appeared to be dramatic, insistent and intimidating. There was no suicidal ideation. He did express repeated thoughts of harming other people in the form of cannibalism and "waging war." It is unclear if he is exhibiting psychotic symptoms. He certainly was expressing bizarre, and very unusual auditory hallucinations and delusions, but these did not appear to be consistent with typical symptoms of a psychotic disorder. He was fully oriented. His insight and judgment appeared adequate. For example, he



13756

was clearly trying to extend the length of the session, increasing his demands and elevating his voice and volume, until it was clear that security was going to be leading him out of the room, at which point he was immediately compliant and quiet.

Assessment

Bipolar Disorder NOS, Probable

PTSD, Probable

Antisocial and Narcissistic PD Traits

Polysubstance Dependence in a Controlled Environment

This patient presents with a very dramatic flair, yet there is enough objective evidence of disruption in sleep cycle, mood and behavior to suggest an element of major mood disorder influencing the clinical picture. The patient has an unusual list of demands, the first of which has been placement in a psychiatric hospital. This could be related to a singular motive or a combination of motives, including malingering and/or a sense of disease. At the time of this writing the patient has been transferred to another facility, and will be under the care of a different provider. Long-term strategies recommended for this patient include development of a rapport and trust to enhance participation in psychiatric care, ongoing development of objective evidence supporting--or not supporting--the presence of major mental illness and the possibility of further psychological formal testing to help clarify diagnostic picture.



Martin W. Wetzel MD  
Psychiatrist

12951

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

Wednesday March

TO: Psychiatrist Medical Dept DATE: 20th 2013  
 FROM: Nikolai Jenkins #59478 MSF C154  
NAME / NUMBER FACILITY LOCATION

WORK LOCATION: \_\_\_\_\_ UNIT STAFF: \_\_\_\_\_

MESSAGE: MAM I would like to please be assessed and  
evaluated regarding the psychosis I am suffering from  
of Schizophrenia I wish the very conditions of my psychosis  
mania engagements are of a very serious severe nature  
of violent physical responding psychotically I would  
like to also discuss my options of beginning psych-  
otropic compounds that will best ensure stabilization  
yet this isolation of control unit is inducing deteriorations  
of my psychological & emotional wellbeing I am greatly detached  
from reality. I thank you Nikolai Jenkins #59478  
MAM Sincerely  
ORIGINAL - DCS Employee  
 YELLOW - Inmate  
 Both copies need to be submitted for response.

REPLY: \_\_\_\_\_

Kate Mental Health  
you ARE NOT A clinic patient  
3/21/13  
[Signature]  
Date Signature

**03/13/13 02:32 PM** Larry Wayne and I spoke about this matter. He tells me that Mental Health told him that the Courts and Douglas County believe Mr. Jenkins is faking. Larry is going to ask Bob if he can have mental health, social worker and him meet with me. I am going to wait for Larry's response before moving forwarding with making an official request. Larry is also going to approach Bob about moving Mr. Jenkins to a different facility. (JM)

**03/14/13 08:56 AM** 3 new letter received through Sen. Chambers office. (KS)

**03/15/13 01:40 PM** another letter from Jenkins sent to Sen. Chambers and then sent to the Ombudsman's Office. (KS)

**03/18/13 03:24 PM** Mr. Jenkins called for Jerall. He said he was transferred to NSP on Friday, March 15, 2013. (RD)

**03/21/13 01:13 PM** The following people met on March 20, 2013 to discuss Mr. Jenkins case: James Davis, Larry Wayne, Sean Schmeits, Dr. Wellage, Kathy Foster, Sharon Lindgren, Jerall Moreland. The discharge plan for Mr. Jenkins:

1. Moved from TSCI to NSP Control Unit Friday March 15, 2013
2. After 30 days, he will transition to NSP transition unit barring any compelling reasons
3. Mental health with treat Mr. Jenkins every 15 days
4. After 30 days of being in transition Mr. Jenkins will be reviewed for general population
5. Kathy Foster, Social worker will meet with Mr. Jenkins to assist with the 5 risk factors of discharging.

I will keep in contact with Mr. Jenkins and Lori Jenkins, his mother during this period. Follow up will also be made during his 30 day reviews. (JM)

**03/22/13 08:58 AM** New letter and doc sent through Sen. Chambers Office. (KS)

**03/22/13 10:55 AM** New letter & doc through Sen. Chambers Office. (KS)

**04/08/13 03:36 PM** Mr. Jenkins called for Jerall. He said he met with the social worker on Friday (April 5). The Social Security conference call is April 30 with Kathy Foster. (RD)

**04/09/13 11:10 AM** New letter from Nikko sent through Sen. Chambers office. (KS)

**04/12/13 04:34 PM** Spoke with Warden Sabatka-Rine. I am told that Nikko Jenkins has been approved for transition. However, it would take 2-4 weeks for transfer to transition. This is not what we were told or agreed to. She will speak to Larry Wayne. I will follow-up next Tuesday if no word. In my opinion, Mr. Jenkins should be released to transition based on our meeting. (JM)

Help me! Emergency! Emergency! Help me!

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
INFORMAL GRIEVANCE RESOLUTION FORM  
UNIT STAFF

FROM: Jenkins NIKKO A  
Last Name, First, Middle Initial

#59478  
Number

TSCI Smu  
Facility/Housing Unit

PART A: Inmate Request/Concern.

I Nikko Jenkins #59478 Am currently housed in Smu 23 Hour lock down on Administrative Confinement I am writing An emerge grievance on the mental Health Staff Here in Tecumseh State Correctional Facility I am not recieving psychotherapy or being treated for my mental disorders I suffer from of schitzophrenia bipolar my symptoms of psychosis states & Hypomania Are very Severe I need to be treated professionally At A intense level out of Reality more then I am In It please Help me I am daily march 23<sup>rd</sup> 2012 deteriorating in this cell.

Signature Nikko Jenkins

PART B: Response and Reason(s) for Decision Reached.

The information contained in your grievance does not meet the criteria which governs emergency grievances as you are in no immediate danger or being subjected to a substantial risk of personal injury or serious or irreparable harm. You may re-submit via the routine grievance procedure as outlined in ICS Rule 72. You are encouraged to work with staff to request to speak with Mental Health. Mental Health will be notified of your concerns.

3-23-12  
Date

[Signature]  
Signature

NOTE: A copy of this completed Informal Grievance Resolution Form must accompany any Step 1 Institutional Grievance Form.

PART C: Receipt.

RETURN TO: Jenkins, Nikko A  
Last Name, First, Middle Initial

59478  
Number

SMU TSCI  
Facility/Housing Unit

I acknowledge receipt this date of a complaint from the above inmate in regard to the following subject:

grievance on mental health staff

3/23/12  
Date

237

[Signature]  
Signature of Unit Staff Receiving Complaint

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

13306  
RECEIVED  
MAR 27 2012  
Friday March

TO: Mental Health DATE: 26th 2013  
FROM: Nikka Allen Jenkins #59478 NS4 CUB4  
NAME / NUMBER FACILITY LOCATION

WORK LOCATION: \_\_\_\_\_ UNIT STAFF: \_\_\_\_\_

MESSAGE: May I please be seen by a mental health counselor  
to discuss my discharge plan and mental health  
options here in Lincoln.

I Thank you

#59478 Nikka Allen Jenkins  
Signature

ORIGINAL - DCS Employee  
YELLOW - Inmate  
Both copies need to be submitted for response.

REPLY: Mr. Jenkins,

You will be scheduled to meet with mental health to discuss these  
things. Thank you.

4-4-2013

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Dr. Geizer



13307

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

RECEIVED

MAR 27 2013

BY: *[Signature]*

TO: *Dr. Jack Foxhain*

FROM: *Mark Allen Jenkins #54478* *NSP* *CUB4*

NAME / NUMBER FACILITY LOCATION

DATE: *26th 2013*

WORK LOCATION: \_\_\_\_\_ UNIT STAFF: \_\_\_\_\_

MESSAGE: MA'AM I'd like to Bring very Serious in nature Factual Evidence of my psychiatric treatment within the Nebraska Department of Corrections MA'AM within my treatment File. Should you have reviewed it in the year of 2009 I Begin Actually ingesting Two psychotropic Compounds of Risperdal As well As Depakote. Am morning & Pm Night As of 8-27-09 August 27th 2009 start date discontinued December 2nd 2009 upon my own request & Refusal now MA'AM clearly with these medical records within my treatment File Factually would Indeed make me A clinical patient As I do suffer from Schizophrenia Bipolar disorders And As I refuse my psychiatric medications I then surely do not just become unclinical MA'AM I Am now requesting these psychotropic compounds solely because I Am set to be released from Segregation And Adjustment to people And Social Interacting for me can be quite Brutally Savage yet the more larger Important issue Is my Release from prison on July 30th 2013 make no mistake MA'AM (NDCS) Have directly violated my Human Rights Articles 5 & 7 As well As my 8th Amendment in which All medical & Administrative professionals shall soon answer under oath in Federal proceedings of legal litigation *Mark Allen Jenkins*

ORIGINAL - DCS Employee  
 YELLOW - Inmate  
 Both copies need to be submitted for response.

For Every neglecting liability they've Committed *Signature # 54478*

REPLY: *Mr. Jenkins,*

*This will be discussed with Dr. Jack.*

*[Large handwritten scribble]*

*4-18-2013* *239* *Dr. Geiger*

individual	4/30/2013	Regular / Follow-up	45-60 min	Individual Contact: This writer met with Mr. Jenkins in HU4 for his phone appointment with Social Security on this date. Prior to the phone call from Social Security, Mr. Jenkins stated that he did not really want to do this. This writer stated that he does not need to do it if he doesn't want to and that it is up to him. He stated he would do it or it would be turned around that he was refusing assistance. When the Social Security person called, an application for SSI was taken. Due to Mr. Jenkins time incarcerated, he is not eligible for SSDI. He informed the agent on the phone that they need to get his records from his youth as that has contributed to his current problems. He also told the phone agent that she should look up his mug shot because that would make a difference. The worker informed him they do not look up photographs or mug shots. After the phone call Mr. Jenkins informed this writer that when he gets out "it will begin" and he made allusions to killing "without prejudice." He stated that mental health has not seen him and when this writer asked if he had put in a request to be seen, he stated "now you know I know how the system works!" At one point, Mr. Jenkins asked this writer if he could have drink of my coffee to which I responded, "no." Mr. Jenkins informed this writer that he gets along better with women than with male staff and stated that women tattoo his name on themselves because they know he is genuine. He made comments about how he would sue the Department and that it would cost the department for the treatment he would end up having to get that he was denied. This writer redirected Mr. Jenkins to community resources and asked if he wanted to go to the Community Mental Health Center because he has stated he does not want to take medications. He stated he would be open to being evaluated for medication and is "more inclined to take them on the outside." He noted anger at his treatment and incarceration but did not take any responsibility for the behaviors that led to his security status. This writer noted that Mr. Jenkins should sign the release that social security sends to him so that they can access his records. I also informed him that when it is closer to time for him to leave, I will look into getting services for him at the Community Mental Health Center. Mr. Jenkins seemed to want to impress this writer with his potential for harm upon release and talked about his superior intelligence and capabilities. This writer will follow up with referrals to Lancaster County Mental Health Center. This writer also talked to Mr. Jenkins about a referral to Vocational Rehabilitation if he wants to pursue work. Kathy Foster, LICSW
psychiatric	4/25/2013	Regular / Follow-up	30-45 min	See Psychiatric Note for more diagnosis on Axis II.
Individual	4/16/2013	Custody / Unit staff	45-60 min	Seen for physical review in CU. Was initially hostile toward MH staff. Speech was pressured, and spends quite some time attempting to convince UM and CM of his knowledge, skills, and abilities. He demands "psychiatric treatment," but does not appear to understand that would primarily consist of psychotropic intervention, which does not interest him, as he believes it weakens his state, and he does not want to be "chemically lobotomized." Willingness to participate in behavioral program as part of transition is questionable, but later indicated he was willing to try it. Makes grandiose statements about the damage he will cause when he gets out, and his ability to inflict harm, or be a positive influence on humanity. Makes threats toward staff that he will sue the department, and anyone now involved in his treatment, due to his perception of treatment denial. Displays frustration about not immediately moving to HU4 upon placement on TC status for next class, even though there is no current space available in HU4. Discussed symptoms displayed today as indicative a mood stabilizer may assist him with bipolar characteristics. Evidence of thought disorder was not apparent, though delusional beliefs were present regarding own abilities. No confusion, memory impairment noted, and was oriented to person, place, and time. Stronger evidence persists for Cluster B personality traits, and etiology of such was also discussed with Mr. Jenkins. Plan consult net week with Dr. Jack and Dr. Wellage to assist with transition to HU4 and discharge planning. JSimonsen, LMHP
Individual	4/10/2013	Regular / Follow-up	15-30 min	Seen for seg MSE. He tended to try and direct the conversation and was slightly pressured in his speech. Demanded to see female psychologist as he has a "repore" with her, rather than MH asst director, as "he is just trying to protect himself from the lawsuit I will file." Has grandiose and highly narcissistic ideas about his own abilities, intelligence, and knowledge. Wants to argue about the definition of schizophrenia, and that he has it, even though there is no evidence of current thought disorder or other psychotic symptoms. Will continue to monitor. JSimonsen, LMHP
seg mental status	4/10/2013	Regular / Follow-up	0-15 min	
Individual	4/5/2013	Regular / Follow-up	0-15 min	Individual Direct Contact (2 of 2, continued from 4/5/2013): Mr. Jenkins then started to ask if there was someone who would help his wife who is getting ready to parole and asked if she should get into certain programs and treatment. I informed him that I could not answer that since I don't know enough about her circumstances. He asked if there were half-way or 3/4 way houses and I stated that there are, but they are not free, although sometimes there is assistance available. This writer informed Mr. Jenkins that his mother said she would look for ID for him or she would try to get his ID. Mr. Jenkins asked if we could talk to the Mental Health Center today so they can start to get to know him. This writer explained that it is too soon and informed him about the reorganization that is soon to happen. At various times, Mr. Jenkins said he needed Mental Health treatment and I needed to document if he was acting psychotic and make a referral. I indicated that I would document if I see any psychotic behavior, but he can request to see Mental Health if he wishes. At the end of the conversation, Mr. Jenkins stated he wanted information on Buddhist Churches in the area to help him with his spiritual concerns. This writer stated I would see what I could find. When I got back to my office I searched the internet and sent the information to Mr. Jenkins on Buddhist services in Lincoln. I will meet with Mr. Jenkins again on April 30 to help him with the call to Social Security. Mr. Jenkins did not exhibit any overt psychotic behavior or thinking during this meeting. He did appear to want to intimidate this writer by talking about his law suits and stating he is naming this writer in them. He also stated a couple of times that he is "not kidding, it will be bad" when he gets out. Kathy Foster, LICSW
individual	4/5/2013	Regular / Follow-up	15-30 min	Individual Direct Contact (1 of 2): This writer met with Mr. Jenkins in the Control Unit on this date to follow up with discharge planning. I informed Mr. Jenkins that it was my plan to call and get a phone appointment with Social Security set up for him today. I stated that I had spoken to his mother and she indicated he would live with her and his fiancé. I informed him that when he gets closer to leaving, I will work on getting an appointment for him at the Mental Health Center. When I brought up his mother, he stated that she is his power of attorney and he can't make decisions because he is incapacitated. This writer noted that he is not incompetent and can have a say in his discharge planning. When this writer again noted the plans for housing, he said he would not live with his mother and wanted his own residence. This writer stated that would be fine,

Emergency please Help me! Emergency please Help me!

1330

RECEIVED  
APR 11 2013  
BY: [Signature]

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST Wednesday Apr 11

TO: Clinical Psychologist Dr Geiger DATE: 10th 2013  
FROM: Nikko Allen Jenkins #59478 MSF CUB4  
NAME / NUMBER FACILITY LOCATION

WORK LOCATION: \_\_\_\_\_ UNIT STAFF: \_\_\_\_\_

MESSAGE: Hello MAAM I Am Sending you these Correspondence  
of Notification I Have Been Seeking psychiatric treatment  
for what severe psychosis I suffer from of Schizophrenia  
now As I once was treated within (NDCS) with psychotropic  
compounds as well as psychotherapies factually the mental  
health professionals Acknowledged the psychiatric  
disorders I suffer from MAAM under Chapter 71 Article 9  
of The Mental Health Act of NE 71-908 # 71907 # Have Been

Submitted To The Mental Health Board of (NE) please treat me medically  
psychologically For psychological traumas As well <sup>trauma</sup> Nikko Allen Jenkins  
Signature  
Both copies need to be submitted for response. As Emotional traumas clinically. Thank you

REPLY: Mr. Jenkins,

Dr. Jack has been informed of your concerns and you will  
be scheduled for an appointment. Thank you.

[Large handwritten scribble]

4-18-2013

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Dr. Geiger

13096

NEBRASKA DEPARTMENT OF CORRECTIONS SERVICES  
**SEGREGATION MENTAL STATUS REVIEW**

INSTITUTION: NSP

SUBJECT: JENKINS, NIKKO A

LOCATION: SEG-B 4

NUMBER: 59478

PSYCHIATRIC CONSULTATION REQUESTED AT THIS TIME	YES	NO	Comment:	
Complete <u>ALL</u> items. Any item checked NO or Marginal [MRGNL] requires an explanation and recommendations.				
CRITERION	YES	NO	MRGNL	Explanation/Recommendations
1. Hygiene appropriate	X			
2. Cooperative with interview (answers questions)			X	Tended to direct control of the interview.
3. Oriented to person, place, and time	X			
4. Recent and remote memory intact	X			
5. Thought patterns appropriate (capable of keeping thoughts on track; ideas are consistent with reality; no bizarreness)	X			Grandiosity & Narcissistic ideas present
6. Affect/mood appropriate (emotional expression fits situation/circumstances and is congruent with verbal and non-verbal communication)	X			
7. Absence of suicidal/homicidal ideation (does not reveal a suicide plan or intentions, appropriate coping strategies and plans for the future)	X			Has concerns he may want to hurt others when he is discharged
8. Sleep pattern satisfactory (does not express inability to sleep or evidence excessive tiredness)	X			
9. Eating pattern satisfactory (reports normal appetite, no indication of rapid weight change)	X			
10. Content and rate of speech are appropriate for current situation			X	Slightly pressured speech.
11. Understands how to contact Mental Health	X			
12. Maintains daily activities	X			
13. Unit/Custody Staff and/or logs indicate satisfactory adjustment	X			Good behavior since transfer to NSP displayed.

Additional Comments: *Mr Jenkins wants to engage & argue about his diagnosis - "I am schizophrenic, and highly educated", though presents w/out psychotic symptoms.*

*Jeremy Simonsen*  
 EXAMINER - Jeremy Simonsen, LMHP

*4/10/13*  
 DATE

*E. Geiger*  
 PSYCHOLOGIST - E. Geiger Psy.D.

242  
 CONFIDENTIAL



Jenkins, Nikko #59478  
Segregation Mental Status Review  
May 7, 2013

Met with Mr. Jenkins for Segregation Mental Status Review. Throughout the interview, he was observed to be highly animated as he spoke at length about a number of different topics, shifting quickly from one to another. His primary focus was on mental health treatment, which he reported that he has been denied. He went on to say that he plans to sue the department and everyone involved based on the lack of appropriate treatment/services provided to him. When asked what type of mental health treatment he needs, he stated that he needs "psychotherapy sessions" and treatment for his "hypomania" and "psychosis." He denied a need for medication, indicating he does not want "psychotropic compounds" in his body. Mr. Jenkins discussed at great length his beliefs about being a "brute, savage warrior" who will "carry out the orders of the commanding leader" to the great detriment of society upon his release. He went on to say that NDCS "allowed this happen" and talked about how the military will benefit greatly as he fulfills his destiny. This writer asked Mr. Jenkins why he continues to entertain these thoughts, as he acknowledged that he has "psychosis" which indicates that he is aware that these are delusions and are not real. In response, Mr. Jenkins got a confused look on his face, and he hesitated before stating "but they are real." He then went on to explain that he is a "high functioning psychotic," which is very rare and makes him all the more dangerous. He also reported that he hears voices, including command hallucinations, which tell him what to do. When questioned regarding suicidal ideation; Mr. Jenkins talked about how he cut his own face, causing the scars that are present today. While he did not specifically deny thoughts or urges to harm himself, he did not say or do anything to suggest that he is an imminent threat to himself at this time. In regard to homicidal ideation, Mr. Jenkins talked about fulfilling his destiny as a great warrior and bringing death and destruction, but he did not identify a specific target or offer evidence that he is at risk to harm others at this time.

Mr. Jenkins was observed to be alert. He was oriented x3, as he identified himself, his current location, and the date/time accurately. However, he also referred to himself as a warrior, and displayed grandiose and highly narcissistic ideas about his own abilities, intelligence, and knowledge. Speech was pressured and tangential, but he articulated himself well. He was noted to frequently redirect the focus of discussion and attempted to control the conversation/interview. There was no evidence of disturbance in memory. While delusional beliefs were present, his ability to communicate and articulate his thought process was not impaired. Hallucinations were reported, but there was no evidence that he was responding to internal stimuli. In addition, he identified himself as being "psychotic," which implies awareness and adequate reality testing. This further suggests minimal evidence for thought disturbance. He identified himself as "hypomanic," and there was some evidence to support this mood state (e.g., pressured speech, verbosity, highly animated, grandiosity, etc.). Unit staff noted that Mr. Jenkins engages in odd behavior, which Mr. Jenkins himself also reported, however, no major concerns were reported.

Mr. Jenkins will continue to be monitored, and this information will be forwarded to his primary treatment provider. S.Simonsen, LMHP



04/23/13 04:08 PM

Wayne, Larry  
2:11 PM (1 hour ago)

to Cameron, me, Marshall, Bob, Frank, Diane, Mark, Kathy  
Jerall: I believe we did discuss timeframes in general given his July 30 release, but we did not state he%u2019d be in any one place at any particular time. I believe Dr. Wellage has, or will be seeing Mr. Jenkins soon. I also know Ms. Foster has seen him. Finally, I did visit with Warden Sabatka-Rine and who indicated Mr. Jenkins has been doing well and was being considered for further classification review with movement as appropriate. I specified to her this should occur in line with institutional resources for time and space along with trying to situate Mr. Jenkins to have the best chance of success now and after his upcoming release. Let me know if you wish to discuss further.

Larry Wayne  
Deputy Director  
Programs and Community Services  
Nebraska Department of Correctional Services  
P.O. Box 94661  
Lincoln, NE 68532-4661  
Office: 402 479-5721  
Cell: \_\_\_\_\_

(JM)

04/23/13 04:09 PM

Jerall Moreland <jmoreland@leg.ne.gov>  
2:38 PM (1 hour ago)

to James, Sean, Cynthia, Larry, Marshall, Bob, Frank, Diane, Cameron, Mark, Kathy  
Larry, I have added a couple of communications that the Ombudsman's Office has had concerning Mr. Jenkins. The response from you in this matter, in our opinion (James Davis, Sean Schmelts and I ) does not capture the meeting we had on March 20, 2013. This is unfortunate. As you know, we discussed time lines and action items to assure Mr. Jenkins moved through the system. One of the reasons for the meeting, in any stretch of the imagination, was to make sure issues such as institutional resources, time and any other reasons outside of Mr. Jenkins being uncooperative wouldn't negatively effect the transitional plan. Therefore, it appears the only thing left to discuss with this matter is that the Department recognize the need to follow the transition plan discussed at the meeting.

(JM)

04/24/13 03:36 PM Wayne, Larry  
1:13 PM (2 hours ago)

to me  
Jerall: here's the latest we have on Nikko Jenkins' status.

Larry Wayne  
Deputy Director  
Programs and Community Services  
Nebraska Department of Correctional Services  
P.O. Box 94661  
Lincoln, NE 68532-4661  
Office: 402 479-5721  
Cell: 7

From: Sabatka-Rine, Diane  
Sent: Wednesday, April 24, 2013 11:26 AM  
To: Wayne, Larry  
Subject: RE: TSCI Inmate Nikko Jenkins #59478

Larry:

It turns out that I was misinformed on when the next Transition Confinement group would begin. On April 11th, I indicated that it would be a few more weeks. I learned today that there are 5 weeks left in the program for the current group which means the next class will not begin until the first part of June (at the earliest). Given this information, I have asked Deputy Warden to ensure that Mr. Jenkins is moved from the Control Unit to Housing Unit #4 no later than April 30th as part of his transition plan.

Please let me know if you have other questions or need additional information.  
Thanks!

From: Wayne, Larry  
Sent: Wednesday, April 24, 2013 11:08 AM  
To: Moreland, Jerall  
Cc: Houston, Bob; Hopkins, Frank; Sabatka-Rine, Diane; Foster, Kathy

Jerall Moreland <jmoreland@leg.ne.gov>  
3:35 PM (0 minutes ago)

to Larry  
Larry: Thanks for the update on Nikko Jenkins. The incorporation of a lower restrictive environment will hopefully assist with the step down approach needed, before any upcoming release into society.  
(JM)

05/10/13 09:08 AM New letter from Nikko. (KS)

---

**From:** Rouf, Mel  
**Sent:** Thursday, April 25, 2013 6:45 AM  
**To:** Weilage, Mark  
**Subject:** Jenkins #59478

Just to keep you up to date on our friend Nikko, I moved him to Hu #4 yesterday. He was placed on D Gallery and offered reading material used in the T/C program. It will be 5 or 6 weeks at least before the next T/C class starts however he understands that and is still working with us. On his trip from the control unit to Hu #4, he spent about 20 minutes in my office talking. He appears to be satisfied that we are trying to work with him and he said he wants to work with us to get any and all programming available to him.

## NEBRASKA STATE PENITENTIARY (NSP)

## PSYCHIATRIC NOTE

April 25, 2013

JENKINS, Nikko #59478

Nikko presents for a med review today. He states from the beginning of the session that he is not on meds and does not want meds. He wants to engage in 'therapy' and spats out the words, orthopsychiatry. "Do you know what that is?" He spent the session talking about his greatness and gave quite a performance. Apparently he has been observed 'bullying' his mother and trying to get her to do things, including telling her that he was going to try to get a psychiatric diagnosis so he could get paid. He states that he plans to 'go home to Cuba', yet has never been there. He states that he has a wife at NCCW. "She would say the same things I am. I've taught her well." He spends the session telling me about his intelligence and his belief in a dark religion (Ambis). He appeared to be 'on stage' and performing for me. He denied suicidality, self injurious, paranoia, psychotic symptoms, sleep or appetite disturbance or irritability. No request (aside from my time) voiced.

Nikko is self-aggrandizing, self-absorbed and flagrantly narcissistic in his presentation and verbiage. He is irritating in a pushy sort of way. He stresses his self-importance and rambles on about things that make him feel important. This session was never meant to be a two way discourse, but a lecture platform for him. He accepts nothing that is said and 'knows it all'. He is cooperative, clean and neatly dressed, and in no apparent distress. His thinking is goal directed without FOI, LOA or blocking. No delusions were elicited, although he is grandiose. He denied auditory or visual hallucinations, suicidal or homicidal ideations, self abuse, paranoia or thoughts of self harm. His mood is euthymic and his affect is bright and mood congruent. His psychomotor activity normal and his sensorium is clear. He tracked well. He indicates that he will JAM at the end of July.

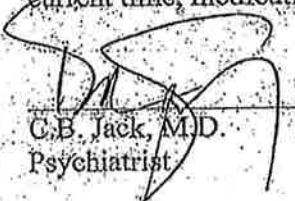
## Impression:

Axis I: No diagnosis

Axis II: Antisocial Personality w/ narcissistic features vs Narcissistic Personality w/ antisocial features

Axis III: None

Plan: inmate denies any symptoms of mental illness. He does appear to be severely character disordered. He is not on any medications and does not want any. At the current time, medications are not indicated. **Do not reschedule.**



C.B. Jack, M.D.  
Psychiatrist

---

**From:** Geiger, Elizabeth  
**Sent:** Thursday, April 25, 2013 12:53 PM  
**To:** Simonsen, Jeremy; Wellage, Mark  
**Cc:** Knight, Timothy  
**Subject:** RE: they both showed -- RE: [redacted] and Jenkins?

I can't wait to read the psych notes

-----Original Message-----

**From:** Simonsen, Jeremy  
**Sent:** Thursday, April 25, 2013 12:50 PM  
**To:** Wellage, Mark  
**Cc:** Knight, Timothy; Geiger, Elizabeth  
**Subject:** FW: they both showed -- RE: [redacted] and Jenkins?  
**Importance:** High

fyi

Jeremy Simonsen, LMHP  
 Psychologist Assistant  
 Nebraska State Penitentiary  
 P.O. Box 2500  
 Lincoln, NE 68542-2500  
 O:(402)479-3469

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**From:** Jack, Cheryl  
**Sent:** Thursday, April 25, 2013 10:34 AM  
**To:** Simonsen, Jeremy  
**Subject:** they both showed -- RE: [redacted] and Jenkins?

All these people showed.

[redacted] externalizing his displeasure with the length of his incarceration.

Jenkins -- "I don't want meds...Do you know about ortho psychiatry?"  
 He spent the session talking about how powerful he is and that the dark forces grant him that. Clearly narcissistic and antisocial. "I'm going back to my homeland, Cuba." Whatever...

Dr. Jack



133 RECEIVED  
APR 29 2013  
BY: [initials]

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

TO: Clinical Psychologist Dr Geiger  
FROM: Nello Allen Jenkins #59473 NSP  
DATE: Sunday April 28th 2013  
#59473 NSP #520 Unit 4  
NAME / NUMBER FACILITY LOCATION

WORK LOCATION: \_\_\_\_\_ UNIT STAFF: \_\_\_\_\_

MESSAGE: MA, AM I have not yet received  
any assessment for evaluation from  
yourself of the mental health department  
please assess my mental health treatment  
needs MA, AM regarding psychological & emotional  
traumatization, chronic trigger adverse feedback  
of my psychiatric disorders  
Thank you  
#59473 Nello Allen Jenkins  
Signature

ORIGINAL - DCS Employee  
YELLOW - Inmate  
Both copies need to be submitted for response.

REPLY: Mr. Jenkins,

You have met with multiple mental health staff and with the  
psychiatrist since your arrival at the NSP. Mental health will  
continue to meet with you as is clinically indicated. Please  
continue to work with the mental health providers you have  
seen to address concerns. Thank you

5-2-2013 249 Dr. Geiger  
Signature

13706

				really want to get social security because he would get labeled and it would interfere with his boxing career. This writer expressed confusion about this since he has repeatedly said he is mentally ill and wants to go to LRC. He asked if he would be able to get on a plane to go to Las Vegas or would they not let him fly. I indicated that if he has the money for a plane ticket and he is not threatening anyone, there is no reason they would not let him fly to Las Vegas. Mr. Jenkins informed this writer that the tattoos on his face are to show others that he is a warrior and not to mess with him. He stated he wants others to know that about him up front. He stated that if anyone messes with him, he will do what he needs to do and suggested that this would be in self-defense. He stated a couple of times during our meeting that he is a warrior and he has warned us that he will respond as he is programmed to do. (Continued) Kathy Foster, LICSW
seg mental status	7/2/2013	Regular / Follow-up	0-15 min	Met with Mr. Jenkins for Segregation Mental Status Review. Throughout the interview, he was observed to be highly animated. He tended to ramble and his comments were often tangential, as he shifted from one topic of discussion to another. He spoke at length about his plans for release as he will be discharged later this month. He indicated that he plans to move to Cuba and work as personal security/tour guide for tourists there. He spoke of how his specific talents make him perfect for such an occupation. He indicated that he has no intention of returning to prison. Mr. Jenkins also shifted the focus of the conversation to this writer several times throughout the interview, but he was compliant with redirection. Mr. Jenkins reported no current mental health issues or concerns. Mr. Jenkins was observed to be alert and oriented x3. He continues to present as grandiose and has highly narcissistic ideas about his abilities, intelligence, and knowledge. Speech was pressured and tangential, but he articulates himself well. He attempts to control discussion, but is generally compliant with redirection. While his plans for release are somewhat unrealistic, they are not necessarily bizarre. Unit staff reported no major concerns recently. S.Simonsen, LMHP
seg mental status	6/6/2013	Regular / Follow-up	15-30 min	(continued) Mr. Jenkins was observed to be alert. He was oriented x3, as he identified himself, his current location, and the date/time accurately. However, he also referred to himself as a warrior, and displayed grandiose and highly narcissistic ideas about his own abilities, intelligence, and knowledge. Speech was pressured and tangential, but he articulated himself well. He was noted to frequently redirect the focus of discussion and attempted to control the conversation/interview. There was no evidence of disturbance in memory. While delusional beliefs were present, his ability to communicate and articulate his thought process was not impaired. Hallucinations were reported, but there was no evidence that he was responding to internal stimuli. In addition, he identified himself as being "psychotic," which implies awareness and adequate reality testing. This further suggests minimal evidence for thought disturbance. He identified himself as "hypomanic," and there was some evidence to support this mood state (e.g., pressured speech, verbosity, highly animated, grandiosity, etc.). Unit staff noted that Mr. Jenkins engages in odd behavior, which Mr. Jenkins himself also reported, however, no major concerns were reported. Mr. Jenkins will continue to be monitored, and this information will be forwarded to his primary treatment provider. S.Simonsen, LMHP
collateral	6/5/2013	Regular / Follow-up	0-15 min	Collateral Contact: This writer received another voice mail from "Joannie" at Social Security. She stated that they still have not received an authorization from Mr. Jenkins and will be terminating his application if they do not get it yet today. This writer called her back and informed her that it appears Mr. Jenkins does not wish to pursue an application at this time. This writer has had no further communication from Mr. Jenkins regarding the authorization that was sent to him. I also have not received the release of information back for Vocational Rehabilitation that I sent to him on April 30, 2013. This writer will contact Mr. Jenkins' mother within a few weeks to talk about his current discharge plans. Kathy Foster, LICSW
Individual	5/21/2013	Regular / Follow-up	0-15 min	Individual Contact/Indirect: This writer received an IIR from Mr. Jenkins on this date stating he needed assistance in completing the form from Social Security. He stated "as well as I'd like any other RTC information that you could provide me with." I responded to his IIR that the only thing required on the authorization is his signature and they Social Security can get his records from the places he mentioned where he got mental health services in the past. I also replied that I was not sure what he was referring to regarding RTC information and that if he clarifies this I will try to assist. Kathy Foster, LICSW
collateral	5/18/2013	Regular / Follow-up	0-15 min	Collateral Contact/Indirect Contact: This writer got a voicemail from "Joannie" at Social Security stating that they have not received the authorization back from Mr. Jenkins and need that in order to move forward with his social security application. I called her back and let her know that I will send a new form to him since I do not know for sure if he received the other one. I then sent a new Social Security authorization form along with instructions to sign it, have it witnessed and send it to social security or send it back to me and I would send it on to social security for him. Kathy Foster, LICSW
seg mental status	5/7/2013	Regular / Follow-up	15-30 min	Met with Mr. Jenkins for Segregation Mental Status Review. Throughout the interview, he was observed to be highly animated as he spoke at length about a number of different topics, shifting quickly from one to another. His primary focus was on mental health treatment, which he reported that he has been denied. He went on to say that he plans to sue the department and everyone involved based on the lack of appropriate treatment/services provided to him. When asked what type of mental health treatment he needs, he stated that he needs "psychotherapy sessions" and treatment for his "hypomania" and "psychosis." He denied a need for medication, indicating he does not want "psychotropic compounds" in his body. Mr. Jenkins discussed at great length his beliefs about being a "brute, savage warrior" who will "carry out the orders of the commanding leader" to the great detriment of society upon his release. He went on to say that NDCS "allowed this happen" and talked about how the military will benefit greatly as he fulfills his destiny. This writer asked Mr. Jenkins why he continues to entertain these thoughts, as he acknowledged that he has "psychosis" which indicates that he is aware that these are delusions and are not real. In response, Mr. Jenkins got a confused look on his face, and he hesitated before stating "but they are real." He then went on to explain that he is a "high functioning psychotic," which is very rare and makes him all the more dangerous. He also reported that he hears voices, including command hallucinations, which tell him what to do. When questioned regarding suicidal ideation, Mr. Jenkins talked about how he cut his own face, causing the scars that are present today. While he did not specifically deny thoughts or urges to harm himself, he did not say or do anything to suggest that he is an imminent threat to himself at this time. In regard to homicidal ideation, Mr. Jenkins talked about fulfilling his destiny as a great warrior and bringing death and destruction, but he did not identify a specific target or offer evidence that he is at risk to harm others at this time. (see continued)
Individual	4/30/2013	Regular / Follow-up	0-15 min	Indirect Contact: This writer sent a release for Vocational Rehabilitation to Mr. Jenkins to sign if he would like a referral for job skills. He was directed to sign and return to me and then I will follow-up with them. Kathy Foster, LICSW

250

**Mental Health Big Picture**

ID Number 59478

ID #	Inmate Name	FAC	HU	Bed	Rec'd Date	TRD
59478	JENKINS NIKKO A	NSP	DISC		11/17/2003	7/30/2013

**Special Needs or Needs Levels**

Avoid Chems?	Ment Ill?	PREA High Aggr?	PREA High Vlc?	Psych Svc's?	Soc Dev Imp?	Spec Needs?
F	F	F	F	F	F	YES
				YES	F	YES

**Assigned Clinician and Needs Levels**

Assigned Clinician	Due to be Seen	Curr Need Level	New Level	New Level Rationale
Wellage, M E		0 - PRN/Inmate Request		
Sirgensen, J T		0 - PRN/Inmate Request		
Pearson, M M		0 - PRN/Inmate Request		

**Special Needs Section Narrative**

Inmate reassigned to clinician M. Wellage.  
 Inmate transferred to NSP segregation and was therefore reassigned to the clinician for the Control Unit.  
 Receives psychiatric services

**Diagnosis Information**

Diag Cd	Diagnosis	Date	Diagnosis By	Dx Loc
298.9	Psychotic Disorder NOS	7/2/2012	Baker, N	TSC
V62.81	Relational Problem NOS		Baker, N	TSC

**MH Contacts Info**

Type	Date	Referred By	Time Spent	Comments
Individual	7/30/2013	Regular / Follow-up	0-15 min	Met with Mr. Jenkins briefly in the holding area of NSP as he was waiting to discharge his sentence. This writer asked Mr. Jenkins if he has any additional Mental Health needs prior to leaving the institution and returning to the community and he responded in an unintelligible manner. Reviewed with him that he had worked with Social Work and developed plans/goals for his release, but he did not respond. Informed him if he did not have anything additional to discuss with Mental Health that I would be leaving and wished him luck in his endeavors. He responded "You don't need luck when you are an alpha". The interview ended due to no reported MH concerns. No signs of distress, anxiety, or agitation were noted. Mr. Jenkins maintained intense eye contact and his responses were terse and limited. When ending the interview, this writer made a statement that I hope to not talk to Mr. Jenkins again because he is successful. He responded "we won't be talking in this setting." This writer did not engage with the statement and the interview ended. -E. Gelger, PsyD
Individual	7/25/2013	Regular / Follow-up	15-30 min	Individual Contact (continued): He stated that other will judge him by his looks. This writer noted that he is capable of determining if someone is really a threat to him or if they are just reacting to his tattoos and suggested he is capable of letting slights go since others may react to his appearance. He commented several times that he is high functioning mentally ill and that we are used to dealing with someone who is mentally ill and as high functioning as he is. He stated that he is schizophrenic but at other times stated he had other mental health disorders. He stated that he needed therapy while he was incarcerated because medications would address his mental illness satisfactorily. This writer stated that it is widely recognized that both are medication and talk therapy are shown to be effective but that talk therapy is not very helpful before someone is stable on their medications. He stated that he thinks there are people and police who will target him. This writer encouraged him to go somewhere will he does not think this will happen. This writer cued Mr. Jenkins a couple of times during the meeting about another meeting I needed to go to. He stated he did not have any further requests for social work services. Mr. Jenkins presented as somewhat rambling in his thought process but was less dramatic in his statements of the threat he poses to society in this meeting. He appeared to be giving some thought to what he will do when he leaves and appears to be considering a career in boxing in Las Vegas. He stated he has a sister who lives there. This writer also reminded him that he could potentially get services from Vocational Rehabilitation. He did not seem to think this is a resource he would utilize. This writer gave a listing of various resources (clothing, food, mental health, etc.) for both Omaha and Lincoln to Mr. Jenkins. He did not look at them and left them on the table as we left the room. Mr. Jenkins releases next Tuesday. No further social work assistance appears to be indicated at this time. Kathy Foster, LICSW
Individual	7/25/2013	Regular / Follow-up	15-30 min	Individual Contact (part 1 of 2): This writer met with Mr. Jenkins one of the dayrooms in HU4 at NSP. This writer stated that I came to see if any further assistance regarding discharge planning was needed and it is my understanding that he can live with his mother if he chooses to do so. Mr. Jenkins initially informed this writer that he will be leaving the country. He asked why this writer had not been to see him sooner and I noted he had not sent any further requests other than the one for the social security form and that I had responded to that IIR. Mr. Jenkins rambled during our meeting and seemed to want to keep this writer engaged in "conversation" even though he did not appear to have any further social work related issues he wished to discuss. He stated that it is "pathetic" how much control he has over his mother who will do anything for him because she loves him. This writer expressed that I hope he does not use her love for him to manipulate her. He asked this writer what I would do if I had a son like him about to get out of prison. I indicated to him I would get additional evaluation and he stated that is what his mother wants him to do. He stated he wants to go to Las Vegas and be a boxer because he is very good at that. Mr. Jenkins stated that is why he did not

13094

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
SEGREGATION MENTAL STATUS REVIEW

*Shc*

INSTITUTION: NSP

SUBJECT: JENKINS, NIKKO A

LOCATION: 4D 20

NUMBER: 59478

PSYCHIATRIC CONSULTATION REQUESTED AT THIS TIME	YES	NO	Comment:	
Complete ALL items. Any item checked NO or Marginal [MRGNL] requires an explanation and recommendations.				
CRITERION	YES	NO	MRGNL	Explanation/Recommendations
1. Hygiene appropriate	✓			
2. Cooperative with Interview (answers questions)	<i>NA</i>		✓	frequently redirects focus, attempts to control discussion
3. Oriented to person, place, and time			✓	refers to himself as "brute savage warrior", but also aware of person, place, time
4. Recent and remote memory intact	✓			no evidence of disturbance in memory
5. Thought patterns appropriate (capable of keeping thoughts on track; ideas are consistent with reality; no bizarreness)			✓	spoke at length about bizarre delusions <del>and</del> + reports hallucinations, but also talks about being psychotic
6. Affect/mood appropriate (emotional expression fits situation/circumstances and is congruent with verbal and non-verbal communication)			✓	states he is "hypomaniac"
7. Absence of suicidal/homicidal ideation (does not reveal a suicide plan or intentions, appropriate coping strategies and plans for the future)	<i>NA</i>		✓	talks about fulfilling his destiny as a great warrior bringing death & destruction, no specifics
8. Sleep pattern satisfactory (does not express inability to sleep or evidence excessive tiredness)				did not comment on sleep
9. Eating pattern satisfactory (reports normal appetite, no indication of rapid weight change)				did not comment on appetite
10. Content and rate of speech are appropriate for current situation			✓	pressured speech, tangential
11. Understands how to contact Mental Health	✓			has written IIRs
12. Maintains daily activities	✓			
13. Unit/Custody Staff and/or logs indicate satisfactory adjustment			✓	note odd bx, but no major issues

Additional Comments: *See note on Nicams for more information (also attached)*

*[Signature]*  
EXAMINER - Stacy Simonsen, LMHP

*5/16/13*  
DATE

*[Signature]*  
PSYCHOLOGIST - E. Geiger Psy.D.



NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
**SEGREGATION MENTAL STATUS REVIEW**

*3063*

INSTITUTION: NSP

SUBJECT: JENKINS, NIKKO A

LOCATION: 4D 20

NUMBER: 59478

PSYCHIATRIC CONSULTATION REQUESTED AT THIS TIME	YES	NO	Comment:	
Complete <u>ALL</u> items. Any item checked NO or Marginal [MRGNL] requires an explanation and recommendations.				
CRITERION	YES	NO	MRGNL	Explanation/Recommendations
1. Hygiene appropriate	✓			
2. Cooperative with interview (answers questions)		✓		"I'm alright" "everything is ok" "you are no help anyway" terminated interview by stating "good day" + turning away
3. Oriented to person, place, and time	✓			
4. Recent and remote memory intact	✓			
5. Thought patterns appropriate (capable of keeping thoughts on track; ideas are consistent with reality; no bizarreness)	✓			
6. Affect/mood appropriate (emotional expression fits situation/circumstances and is congruent with verbal and non-verbal communication)	✓			
Absence of suicidal/homicidal ideation (does not reveal a suicide plan or intentions, appropriate coping strategies and plans for the future)	✓			
8. Sleep pattern satisfactory (does not express inability to sleep or evidence excessive tiredness)	✓			
9. Eating pattern satisfactory (reports normal appetite, no indication of rapid weight change)	✓			
10. Content and rate of speech are appropriate for current situation	✓			
11. Understands how to contact Mental Health	✓			
12. Maintains daily activities	✓			
13. Unit/Custody Staff and/or logs indicate satisfactory adjustment			✓	"control games" pees in sink

Additional Comments: *no issues/concerns observed or reported*

*[Signature]*  
 EXAMINER - Stacy Simonsen, LMHP

*10/16/13*  
 DATE

*[Signature]*  
 PSYCHOLOGIST - E. Geiger Psy.D.

**253**  
**CONFIDENTIAL**



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**From:** Weilage, Mark  
**Sent:** Monday, May 20, 2013 4:09 PM  
**To:** Clark, Trudy  
**Subject:** Fwd: Nikko Jenkins #59478

Trudy

we are aware of the things that Mr Jenkins is saying in writing. we are working with them on issues related to his upcoming discharge. feel free to forward the documents you are concerned about

thanks

*Sent from my Verizon Wireless 4G LTE DROID*

----- Original Message -----

**Subject:** FW: Nikko Jenkins #59478  
**From:** "Chandler, Wayne" <[Wayne.Chandler@nebraska.gov](mailto:Wayne.Chandler@nebraska.gov)>  
**To:** "Weilage, Mark" <[Mark.Weilage@nebraska.gov](mailto:Mark.Weilage@nebraska.gov)>  
**CC:**

Wayne Chandler, M.S., LIMHP, CPC  
 Clinical Program Manager  
 Lincoln Correctional Center  
 Office 479-6124  
 Cell

---

**From:** Clark, Trudy  
**Sent:** Monday, May 20, 2013 11:29 AM  
**To:** Chandler, Wayne  
**Subject:** Nikko Jenkins #59478

Wayne -

This e-mail is written from a personal level only. Why isn't Nikko Jenkins #59478 in the mental health unit? The Board is getting letters from him that he is going to eat people, specifically Christians and Catholics. This is only one of many bizarre letters the Board has gotten from him. Is he being evaluated for a mental health commitment? As a taxpayer, this guy scares me to death!!

**Trudy A. Clark**  
**Administrative Assistant II**  
**Nebraska Board of Parole**  
**Phone: (402) 479-6761**  
**Fax: (402) 471-2453**  
**E-Mail: [trudy.clark@nebraska.gov](mailto:trudy.clark@nebraska.gov)**

---

**From:** Geiger, Elizabeth  
**Sent:** Thursday, May 23, 2013 5:16 PM  
**To:** Sabatka-Rine, Diane  
**Subject:** Re: Nikko Jenkins response

haha yep, ohhhhh Nikko :)

Beth Geiger, Psy.D.  
 Clinical Psychologist Supervisor  
 Nebraska State Penitentiary  
 Nebraska Department of Correctional Services

Cell: \_\_\_\_\_  
 Email: [Elizabeth.Geiger@nebraska.gov](mailto:Elizabeth.Geiger@nebraska.gov)

"Sabatka-Rine, Diane" <[Diane.Sabatka-Rine@nebraska.gov](mailto:Diane.Sabatka-Rine@nebraska.gov)> wrote:

Wow.

-----Original Message-----  
**From:** Geiger, Elizabeth  
**Sent:** Thursday, May 23, 2013 4:10 PM  
**To:** Sabatka-Rine, Diane  
**Subject:** FW: Nikko Jenkins response

I forgot to CC you on this...just as an FYI

-----Original Message-----  
**From:** Geiger, Elizabeth  
**Sent:** Thursday, May 23, 2013 4:09 PM  
**To:** Edison, Michael; Knight, Timothy  
**Cc:** Foster, Kathy; Weilage, Mark  
**Subject:** Nikko Jenkins response

Mr. Jenkins has been seen on the following dates (only looking at April to now...he has been seen much more):

Mental Health - 4/12/2013, 4/16/2013, and 5/17/2013 Social Work - 4/5/2013 and 4/30/2013 Psychiatry - 4/23/2013

I would recommend responding with "Mr. Jenkins, you were seen by Psychiatry on 4/23/2013. You are currently being followed by Mental Health and Social Work, and will continue to be monitored in preparation for your release."

-----Original Message-----  
**From:** Edison, Michael  
**Sent:** Thursday, May 23, 2013 3:27 PM  
**To:** Knight, Timothy; Geiger, Elizabeth  
**Subject:** FW:

-----Original Message-----  
**From:** [dcs.copiers@nebraska.gov](mailto:dcs.copiers@nebraska.gov) [<mailto:dcs.copiers@nebraska.gov>]

255

Sent: Thursday, May 23, 2013 2:05 PM  
To: Edison, Michael  
Subject:

This E-mail was sent from "RNPD6DB9B" (MP 7000/LD270).

Scan Date: 05.23.2013 15:04:49 (-0400)  
Queries to: [dcs.copiers@nebraska.gov](mailto:dcs.copiers@nebraska.gov)

Emergency! mental Health Emergency mental Health

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
INFORMAL GRIEVANCE RESOLUTION FORM  
UNIT STAFF

NSP Warden Sabatka-Rine

Thursday May 23<sup>rd</sup>

FROM: JENKINS NIKKO A 59478# NSP 4D20 SM  
Last Name, First, Middle Initial Number Facility/Housing Unit

PART A: Inmate Request/Concern.

I NIKKO Allen Jenkins 59478# of Nebraska State Penitentiary came now to the warden Diane Sabatka-Rine in a Emergency grievance for mental health treatment I Am within 23 hour lockdown without Any form of psychiatric treatment for what mental illness I suffer from In witch Has A long and Serious history of psychosis psychotic episodes Schizophrenia/Bipolar disorders I Am set to Be released July 30th 2013 after 10 1/2 years of imprisonment The Great Serpent Ahrpphis egyptian WARD orders me to bring WARFARE of Revelation upon The Earth with resent self harming as well as violent criminal History I Classify as 71-408 59478# May 23rd 2013 71-408 Signature

dangrrous persons of mentally ill please Help me Recieve treatment please

PART B: Response and Reason(s) for Decision Reached.

The information contained in your grievance does not meet the criteria that govern EMERGENCY GRIEVANCES as you are in no immediate danger of being subjected to a substantial risk of personal injury or serious and irreparable harm. You may resubmit via the routine grievance procedure that is outlined in DCS rule # 2. Mental Health has been notified and will address your concerns as soon as possible. Please work with your unit staff if you have any further concerns.

5/23/13  
Date

[Signature]  
Signature

NOTE: A copy of this completed Informal Grievance Resolution Form must accompany any Step 1 Institutional Grievance Form.

PART C: Receipt.

RETURN TO: Jenkins Nikko 59478 NSP 4D20  
Last Name, First, Middle Initial Number Facility/Housing Unit

acknowledge receipt this date of a complaint from the above inmate in regard to the following subject:  
psychotic disorders

5/23/13  
Date

257

[Signature]  
Signature of Unit Staff/Supervisor

---

**From:** Sabatka-Rine, Diane  
**Sent:** Friday, June 07, 2013 3:29 PM  
**To:** Knight, Timothy  
**Subject:** RE: Options

Tim:

I am glad you want to come talk to me! I hope I was of some help.  
 Please know that whatever YOU decide you want to do, I will support you 100%. And my door will also be open to you – even if you aren't working in the same facility!

Again, I am so sorry about last Friday – It completely fell off my radar. I will try not to let that happen again.

One last piece of advice - Don't overthink this – go with your heart!

---

**From:** Knight, Timothy  
**Sent:** Friday, June 07, 2013 3:00 PM  
**To:** Sabatka-Rine, Diane  
**Subject:** Options

Thanks again for listening and providing perspective.

As I said I interviewed last Wednesday at LCC for Nate's spot.  
 Deputy Madsen was the only non MH person on the team.  
 I am sure some of my answers may have been a bit candid.  
 And Wayne told me that I messed up on the harassment question.  
 But now I'm current with that from my In-service training on the process.

I think that aspects of that LCC supervisor position  
 with the MH unit would be a challenge and a 'good fit'.

However, I do like NSP but also wonder about what is going to happen in the future  
 not only with VRP, but with the other MH programming and services we offer here.

And I misspoke earlier, LCC MH staff to inmate ratio is 1 staff to 39.8 inmates.  
 And here at NSP, the MH staff to inmate ratio is 1 staff to 218.9 inmates.  
 We do provide a variety of services (oHeLP, VRP, segregation, general prison population, etc)  
 here at NSP instead of only specializing.  
 At NSP each of us do facilitate in a specialty but we also each cover a specific segregation area,  
 and also participate in the variety of other tasks, such as initial or institutional classification,  
 screen inmates for mental illness symptoms, IIRs, MHOD, etc.  
 It can be hectic to cover everything with myself, Jessica, Stacy, Jeremy, and Dr. Gelger.

I do feel pulled in a couple directions as I think about this decision.  
 I probably should talk to Nate and just ask him about the successes and the challenges of MHU.  
 But there are + and - no matter where one is at.  
 Just have to make sure they are the + and - that are most acceptable.

But I have 10 years until retirement and so this change is probably my last hurrah.  
 I would like to be an agent of change with the inmates but as importantly



with the evolution of the NDCS programs and approaches.

I know that most likely changes are coming in mental health and in the department, and I need to figure out where I can feel the most effective, but also feel challenged and productive.

*Tim Knight, LMHP*

Mental Health Practitioner Supervisor  
Nebraska State Penitentiary (NSP)  
Nebraska Department of Correctional Services  
office: **no office phone**  
cell:  
[timothy.knight@nebraska.gov](mailto:timothy.knight@nebraska.gov)

The Truth is realized in an instant, the Act is practiced step by step.



Please consider the environment before printing this email

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13092

NEBASKA DEPARTMENT OF CORRECTIONAL SERVICES  
SEGREGATION MENTAL STATUS REVIEW

INSTITUTION: NSP

SUBJECT: JENKINS, NIKKO A

LOCATION: 4D 2

NUMBER: 59478

PSYCHIATRIC CONSULTATION REQUESTED AT THIS TIME	YES	NO	Comment:	
Complete ALL items. Any item checked NO or Marginal [MRGNL] requires an explanation and recommendations.				
CRITERION	YES	NO	MRGNL	Explanation/Recommendations
1. Hygiene appropriate	✓			
2. Cooperative with interview (answers questions)			✓	tends to ramble tangential
3. Oriented to person, place, and time	✓			
4. Recent and remote memory intact	✓			
5. Thought patterns appropriate (capable of keeping thoughts on track; ideas are consistent with reality; no bizarreness)			✓	talks about being released + moving to cubel to be a security/tour guide
6. Affect/mood appropriate (emotional expression fits situation/circumstances and is congruent with verbal and non-verbal communication)	✓			bright
7. Absence of suicidal/homicidal ideation (does not reveal a suicide plan or intentions, appropriate coping strategies and plans for the future)	✓			
8. Sleep pattern satisfactory (does not express inability to sleep or evidence excessive tiredness)	✓			
9. Eating pattern satisfactory (reports normal appetite, no indication of rapid weight change)	✓			
10. Content and rate of speech are appropriate for current situation	✓		✓	pressured
11. Understands how to contact Mental Health	✓			
12. Maintains daily activities	✓			
13. Unit/Custody Staff and/or logs indicate satisfactory adjustment	✓			

Additional Comments: Continues to present as grandiose. High animated & displayed bright affect. Plans for release seem unrealistic, but not necessarily bizarre. No acute mental health concerns observed or reported.

EXAMINER - Stacy Simonsen, LMHP

DATE 7/9/13

PSYCHOLOGIST - El. Geiger, Psy.D.

---

**From:** Geiger, Elizabeth  
**Sent:** Monday, July 29, 2013 8:59 AM  
**To:** Foster, Kathy; Weilage, Mark  
**Subject:** Nikko Jenkins

Good morning Kathy,

I just wanted to check in regarding Mr. Jenkins. I think his big day is tomorrow so I just wanted to double check if there is anything you need us to do on this end, regarding dangerousness. Please let me know. Thanks!

Beth

Beth Geiger, Psy.D.  
Clinical Psychologist Supervisor  
Nebraska State Penitentiary  
Nebraska Department of Correctional Services  
Cell:   
Email: [elizabeth.geiger@nebraska.gov](mailto:elizabeth.geiger@nebraska.gov)

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201

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**From:** McGraw, Adam  
**Sent:** Friday, August 30, 2013 12:10 PM  
**To:** Schmidt, Mark  
**Subject:** RE:

It's sad that it happened that quick.  
 \_\_\_\_\_ got paroled. Ricketts is his PO.

Adam M. McGraw  
 Senior Parole Officer  
 1313 Farnam St.  
 Omaha NE 68102

\_\_\_\_\_ Cell  
 (402)-595-3874 - Fax  
[adam.mcgraw@nebraska.gov](mailto:adam.mcgraw@nebraska.gov)

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---

**From:** Schmidt, Mark  
**Sent:** Friday, August 30, 2013 11:44 AM  
**To:** McGraw, Adam  
**Subject:** RE:

Didnt take long to catch another possible murder charge. We knew Omaha wasnt safe when he got out.

---

**From:** McGraw, Adam  
**Sent:** Friday, August 30, 2013 11:19 AM  
**To:** Schmidt, Mark  
**Subject:** RE:

Yikes

Adam M. McGraw  
 Senior Parole Officer  
 1313 Farnam St.  
 Omaha, NE 68102

\_\_\_\_\_ Cell  
 (402)-595-3874 - Fax  
[adam.mcgraw@nebraska.gov](mailto:adam.mcgraw@nebraska.gov)

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**From:** Schmidt, Mark  
**Sent:** Friday, August 30, 2013 10:58 AM  
**To:** McGraw, Adam  
**Subject:** RE:

Jenkins been out since July 30th.

---

**From:** McGraw, Adam  
**Sent:** Friday, August 30, 2013 8:56 AM  
**To:** Schmidt, Mark  
**Subject:**

Nikko Jenkins was arrested last night for Terroristic Threats. How long has he been out?

Adam M. McGraw  
Senior Parole Officer  
1313 Farnam St.  
Omaha, NE 68102

Cell  
(402)-595-3874 - Fax

[adam.mcgraw@nebraska.gov](mailto:adam.mcgraw@nebraska.gov)

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## Smith and Smith

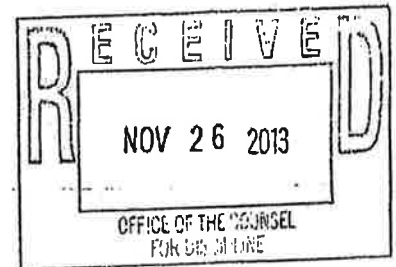
Attorneys at Law  
 454 Broadway, PO Box 263  
 Tecumseh, Nebraska 68450  
 (402) 335-2051  
 Fax: (402) 335-2135

Julie D. Smith  
 Richard R. Smith

Smith\_JulieD@yahoo.com  
 ricksmith@email.com

November 25, 2013

Mr. Dennis Carlson  
 Counsel for Discipline  
 3808 Normal Blvd.  
 Lincoln, NE 68506



Re: Request for Investigation from Nikko Jenkins

Dear Mr. Carlson,

Per your request, here is my response to Mr. Jenkins's allegations. In February 2013, Mr. Jenkins sent me several letters requesting that I file a Mental Health Board Petition alleging that he was a danger to himself due to mental illness. His mother Lori Jenkins and fiancée Sherry Floyd also attempted to file, on their own, a Petition with the Mental Health Board through the Johnson County District Court. I explained that under the Nebraska Mental Health Commitment Act, Ms. Jenkins wouldn't be able to file the petition but should provide me the information, so I could make a determination whether to file. Ms. Jenkins provided me copies of her Petition. Neither Mr. Jenkins nor his family provided any information from a mental health professional to support the allegations that he was dangerous due to mental illness.

Pursuant to the Mental Health Commitment Act, upon receiving information that a person may be mentally ill and dangerous, "if the county attorney concurs that such person is mentally ill and dangerous and that neither voluntary hospitalization nor other treatment alternatives less restrictive of the subject's liberty than inpatient or outpatient treatment ordered by a mental health board is available or would suffice to prevent the harm described in section 71-908, he or she shall file a petition," Neb. Rev. Stat. §71-921.

After receiving these requests from Mr. Jenkins, Lori Jenkins, and Sherry Floyd, I sought further information regarding Mr. Jenkins's mental health. At the time, Mr. Jenkins was an inmate at the Tecumseh State Correctional Institution in Johnson County, so I contacted Dr. Mark Weilage, a therapist at the Nebraska Department of Corrections. I discussed Mr. Jenkins's concerns and requested an opinion on whether Mr. Jenkins was mentally ill and dangerous and

whether means of treatment less restrictive than commitment by the mental health board were available.

Dr. Weilage explained that he was already familiar with Mr. Jenkins. Mr. Jenkins was already under Dr. Weilage's staff's care within the prison, and that the staff would continue to monitor, evaluate, and treat Mr. Jenkins's mental health. Dr. Weilage stated that he felt the current treatment plan was sufficient and less restrictive than commitment, and that a mental health board commitment was not warranted while Mr. Jenkins was incarcerated. Throughout late February and early March of 2013, I received further correspondence from Mr. Jenkins requesting that a mental health board commitment be sought. I provided such information to Dr. Weilage and received no request for filing from him.

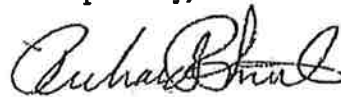
Dr. Weilage additionally explained to me the Department's procedures for determining whether to seek mental health commitments on inmates prior to their release. He stated that the Department evaluates each inmate prior to release to determine whether he is fit to be released or whether to seek further inpatient commitment, and that the Department would forward said determination to our office only in the event that it was seeking commitment. Our office received no such request prior to Inmate Jenkins's release in July 2013.

Without reports from a mental health provider supporting the conclusion that Mr. Jenkins was dangerous due to mental illness, and that commitment was the least restrictive alternative, I made the determination that I lacked sufficient evidence to ethically file a mental health board petition seeking the commitment of Nikko Jenkins.

On March 11, 2013, I responded to Mr. Jenkins in writing, explaining that I would not be filing a Mental Health Board Petition at that time and summarizing my reasons. I also explained that we had no attorney-client relationship and that our communications were not privileged. I did not receive any further correspondence from Mr. Jenkins or his family from that date forward.

I believe that given the information I had, I acted appropriately to ensure that Mr. Jenkins's concerns were not ignored. I am confident that my actions in this matter were not contrary to the Nebraska Rules of Professional Conduct or State law. If you have any questions or need anything further, please call me at the above-noted telephone number. I will happily provide whatever I can. Thank you for your attention in this matter.

Respectfully,



Richard R. Smith,  
Attorney at Law

---

**From:** Kohl, Randy  
**Sent:** Monday, January 13, 2014 11:01 AM  
**To:** Smith, Dawn Renee  
**Cc:** White, Cameron  
**Subject:** RE: News of Interest

This is a huge slap in the face for all the work put into developing a mental health system which incorporates evidence-based treatment.

Randy T. Kohl, M.D.

Deputy Director, Health Services  
 State of NE Dept of Correctional Svcs

---

**From:** Smith, Dawn Renee  
**Sent:** Sunday, January 12, 2014 11:42 PM  
**To:** Smith, Dawn Renee; DCS Executive Staff  
**Cc:** White, Cameron; Weilage, Mark  
**Subject:** News of Interest

Much more information was provided, which would have made this a more balanced story. Quite unfortunate the way it was written.

Published Jan 12, 2014

Published Sunday January 12, 2014

### **Nebraska prisons failing at rehabilitation programs, report finds**

By [Paul Hammel](#) / World-Herald Bureau

[Document: Read the report released by the State Ombudsman's Office](#)

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LINCOLN — Nikko Jenkins isn't the only prison inmate who hasn't been prepared to re-enter society.

A new report indicates rehabilitation programs in Nebraska prisons are inadequate and have not kept pace with a growing population of inmates.

The lack of treatment options has exacerbated overcrowding, risks public safety and could violate state laws, according to the report. Two state senators said they were alarmed by the report, which indicates that only about 13 percent of prison inmates were enrolled in anger management, substance abuse and sex offender treatment.

The report also said about 1 in 7 inmates, or 708, were on waiting lists for treatment. Some inmates were blocked from being paroled because they couldn't get into required rehab.

The lawmakers said the lack of available rehabilitation illustrates a broken and neglected state corrections system, which has seen prison populations grow by 11.5 percent over the past five years but funding increase by only 3.5 percent.

"I've never seen any system quite so broken, and I'm not overstating that," said State Sen. Brad Ashford of Omaha, who is drafting a bill on prison reform.

"We've got some serious problems," said Sen. Heath Mello of Omaha. "These offenders are coming back into our neighborhoods, and if they're coming back with substance abuse and mental illness issues they haven't gotten treatment for, they're coming back worse than they came in."

Gov. Dave Heineman said he is still reviewing the report, released last week by the State Ombudsman's Office.

A spokeswoman for the Corrections Department said the report accounts only for "formal" treatment and doesn't include the full array of routine work done with inmates.

Dawn-Renee Smith, the spokeswoman, said social workers deal with inmates on discharge planning. The report doesn't consider the department's mental health services, which have expanded in recent years.

The agency also has increased its substance abuse beds to 250 and shortened the length of an in-prison drug treatment program to accommodate twice as many inmates, she said.

Smith did not dispute the figures in the ombudsman's report, but she indicated that the department's focus has been on treatment of inmates who have been diagnosed with mental illnesses, which now stands at 33 percent of those behind prison bars. However, a former state prison warden said that basically "nothing" has kept up with growth in the Nebraska inmate population, other than increased mental health care.

As of Dec. 31, the state prison system held 4,864 inmates, 53 percent above capacity.

Jennis Bakewell, who retired nine months ago, said budget cuts have eliminated programs that allowed inmates to earn college credits while behind bars and to prepare for jobs in welding, auto repair and food service.

Why the lack of funds?

"The constituency are inmates and their families," Bakewell said. "They aren't voters, they have no political power. ... Pretty much no one cares about inmates."

The Ombudsman's Office investigates complaints about state government agencies. Its report on rehab programs is separate from a report it released last week questioning the lack of treatment provided to Jenkins.

Jenkins stands charged with four slayings in Omaha that authorities allege he committed within three weeks of his July 30 release from prison.

The Ombudsman's Office said Jenkins, a violent and mentally troubled inmate, spent the last two years of his sentence in disciplinary segregation, an isolation cell where inmates do not receive rehab for things like anger management and mental illness.

Jenkins was released "cold" into the community, without any transition from spending 23 hours a day alone in a segregation cell.

Such high-risk, potentially dangerous inmates who have spent time in isolation are most in need of rehabilitation and transition programs, said State Ombudsman Marshall Lux. But his office's report showed a lack of priority for such treatment.

"That's what troubles me," Lux said. "You need an agency that puts a high value on programming and rehabilitation. That's not something I see in the department right now."

The ombudsman's report was based on a snapshot of inmates on Sept. 23 who were involved in treatment for sex offender, substance abuse, anger management or violence.

Among the deficits identified:

- » In-prison programs for sex offenders, which are 24 to 36 months long, are offered at only one of the state's eight prisons for men, and that facility is in Lincoln.

- » The department's outpatient sex offender treatment, called OHelp, is offered at only two facilities, both in Lincoln.

- » The anger management program is available only to inmates on community release, not in prison (with the exception of the Nebraska Correctional Youth Facility in Lincoln).

- » The violence-reduction program has been offered to only 12 inmates a year, though the department is shortening the program to nine months to open it up to more inmates.

- » No rehabilitation of significance is offered to inmates in segregation or protective custody.

In the report, Lux recommended finding ways, such as via video, to provide services to inmates such as Jenkins who are in segregation.

He said rehab programs should be offered in every institution because completing them is often a requirement of parole and early release.

The ombudsman said he has received continued complaints from inmates and their families about being caught in a Catch-22 — they are required to complete a sex offender or anger management class to be paroled but can't get into the class. That means they sit in prison waiting, increasing the inmate population.

Ruben Hardy of Lincoln experienced that firsthand while serving 16 years for robbery.

Hardy, now 54 and a chef and ordained minister, said the Parole Board deferred his release until he completed mental health treatment. Because shorter-term inmates get priority for such programs, Hardy said, he had to wait an extra year before taking the class.



"In the meantime, you're just walking about wondering what you're going to do," said Hardy, whose ministry includes helping ex-cons transition into society. "There's a real bottleneck." Esther Casmer, chairwoman of the State Parole Board, said there are inmates the board

won't parole because they haven't obtained required rehabilitation.

She declined to comment on whether the problem is getting worse, and she said sometimes it's the fault of an inmate who refuses to participate or waits too long to sign up for classes.

Casmer said her impression is that corrections is doing the "best it can" within its budget, but she also made it clear that more rehab is needed.

"The Parole Board would like to see the 'perfect world,' where programming is provided equally in every (prison) facility," she said. "That would make our job easier."

Does rehab make a difference?

Definitely, said Casmer and Bakewell, the former prison warden.

"Personally, I'd rather have a neighbor an individual who has gone through programming than one who hasn't," Casmer said.

Marc Levin, who helped guide a prison reform effort in Texas that allowed the state to close prisons and reduce spending, said increased rehab while in prison was key in the Lone Star State.

It's also a smart move for public safety, Levin said, pointing to a recent Pew Center report indicating that inmates who received proper parole supervision were 40 percent less likely to commit a repeat crime.

The ombudsman, in his report, suggested that the Corrections Department may be in violation of a state law that requires inmates be provided substance abuse therapy before they become eligible for parole, and also given "adequate access" to mental health therapy prior to that date.

Smith, the prison spokeswoman, said the department has shifted some rehab programs to outside prison in order to get inmates released sooner. She said the department gives priority to shorter-term inmates for in-prison rehabilitation, which also is an effort to relieve overcrowding.

Nationally, prisons have seen an influx of mentally ill inmates with the closing of mental health institutions.

In Nebraska, the department recently increased the size of its mental health wing at the Lincoln Correctional Center from 60 to 80 beds and also established a similar 10-bed unit at the women's prison in York. Mental health staffing, though, hasn't changed in five years. Ashford, who heads the Legislature's Judiciary Committee, pledged to address the rehab problem in a prison reform bill he is drafting. He said he is looking at bulking up treatment programs and creating an oversight council to ensure that inmates are better prepared to re-enter society.

Ashford said he's also looking at a new research unit at the University of Nebraska at Omaha's School of Criminology and Criminal Justice and the NU Medical Center to better document which rehabilitation programs work and which don't. The Legislature and Nebraska Supreme Court, Ashford said, have invited the Council of State Governments Justice Center to come to Nebraska and study the problems facing the prison system. About 2,000 Nebraska inmates are released each year. Ashford and Mello said the prison system needs to shift focus to better prepare them for life on the outside. "It's a system that's been neglected for a number of years. Right now if nothing is done ... we are putting public safety at risk," Mello said.

*Dawn-Renee Smith*

Legislative & Public Information Coordinator  
 Nebraska Department of Correctional Services  
 Folsom & West Prospector Place, Bldg. 1, YY  
 Lincoln, Nebraska 68509  
 Phone: 402.479.5713  
 FAX: 402.479.5623  
[dawnrenee.smith@nebraska.gov](mailto:dawnrenee.smith@nebraska.gov)



Lee G-2

12519

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
INTAKE MEDICAL SCREENING

DATE/TIME: 4-22-14 1200

Name: Jenkins, Tuhko Inmate #: 5880

Date of Birth: 3-16-86 County of Commitment: Douglas Previous Inmate #: 59478

Allergies: NKD Vital Signs T: 99<sup>3</sup> P: 49 R: BP: 142/54

Current Health Problems: schizo-affect - schizophrenia - depression  
OCD -

Review Patient Questionnaire & Health History ~ Address any Concerns:

MENTAL HEALTH SCREENING

Consciousness	<input type="checkbox"/> Alert <input type="checkbox"/> Disoriented	Psychological:	<input type="checkbox"/> depressed affect <input checked="" type="checkbox"/> WNL
Appearance	<input checked="" type="checkbox"/> Well-groomed <input type="checkbox"/> Un-kept	<input type="checkbox"/> flat affect	<input type="checkbox"/> violent <input type="checkbox"/> paranoid
ROM/Movement	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABN	<input type="checkbox"/> hallucinating	<input type="checkbox"/> flight of ideas
Tremors/Sweating	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> delusional	<input type="checkbox"/> threatening suicide/self harm
Mental Status	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABN		Referred for immediate evaluation
<input type="checkbox"/> emotional <input type="checkbox"/> calm <input type="checkbox"/> angry <input type="checkbox"/> tearful			Mental Health Referral
<input type="checkbox"/> cooperative <input type="checkbox"/> hyper <input type="checkbox"/> anxious <input type="checkbox"/> fearful		<input checked="" type="checkbox"/>	General Population
Sexual Assault (Victim or Perpetrator)	Yes or <input checked="" type="checkbox"/> No		

MEDICAL SCREENING

Observations	Check any that apply	Intake Information Explanations
Bruises		<input checked="" type="checkbox"/> HIV / Hepatitis Testing
Lesions		<input checked="" type="checkbox"/> Venereal Disease Testing
Rashes		<input checked="" type="checkbox"/> Chlamydia < 35 yrs old
Scars		<input checked="" type="checkbox"/> PPD Test 2-step
Jaundice		<input checked="" type="checkbox"/> Access to Care/Grievance Process
Deformities		<input checked="" type="checkbox"/> Additional H&P Labs
Prosthetic/Brace		Medical Disposition of Offender
Needle Marks		<input checked="" type="checkbox"/> Referred for immediate evaluation
Recent Tattoos		<input checked="" type="checkbox"/> Schedule for Sick Call
Infestations		<input checked="" type="checkbox"/> General Population

Inmate Signature: *William Allen Jenkins* Inmate Number: 5880 Date: 4/22/14

Evaluator Signature: *A. Larker RN* Date:

2109

13945

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
DIAGNOSTIC AND EVALUATION CENTER  
INITIAL  REASSIGNMENT SCREENING

NAME JENKINS, NIKKO NUMBER CSK 5880 AGE 27  
DATE 4/22/14

BASED ON THE INFORMATION PROVIDED BY THE INMATE AND / OR FILES, CIRCLE THE RISK LEVEL THAT BEST FITS THIS INDIVIDUAL

<u>RISK FACTORS</u>	<u>LOW</u>	<u>MEDIUM</u>	<u>HIGH</u>
1. VIOLENCE TOWARDS OTHER INMATES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. VIOLENCE TOWARDS STAFF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. GENERAL HOSTILITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. VICTIM POTENTIAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ESCAPE / SECURITY RISK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UNIT ASSIGNMENT LCC RL

NAME AND NUMBER OR ROOMMATE \_\_\_\_\_  
(CURRENT OCCUPANT)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHITE- INMATE RECORDS  
CANARY - CASE MANAGEMENT  
PINK - CUSTODY

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DIAGNOSTIC & EVALUATION CENTER (DEC)  
INITIAL PSYCHIATRIC EVALUATION

Date: April 24, 2014

Name: Jenkins, Nikko CSK#5882

**Source of Information:** The inmate himself and the available record.

**Identifying Information:** Nikko Jenkins is a 27 year old African American male here as a County Safe Keeper from Douglas County. In August of 2013 he was charged with four counts of first degree murder.

**HPI:** Mr. Jenkins was seen in the Mental Health area of the Lincoln Correctional Center (LCC) where he is being housed as a County Safe Keeper from Douglas County. Also present was the escorting officer. Mr. Jenkins has served a previous sentence with the number 59478. Under that number he was seen by Dr. Baker at the Tecumseh State Correctional Institute (TSCI) a Psychiatric Consultation was completed on March 14, 2013 by Dr. Wetzel. Details of Mr. Jenkins' history and progress in treatment while at the Nebraska Department of Correctional Services (NDCS) under his previous number can be found in the record.

Mr. Jenkins has been diagnosed with various psychiatric illnesses in the past including Schizophrenia, Posttraumatic Stress Disorder (PTSD), Bipolar Disorder, and Antisocial and Narcissistic Personality Disorder Traits, as well as Polysubstance Dependence. He begins today's evaluation by stating that he needs to get back on his medications which included Wellbutrin and Seroquel. He states he is hearing voices; however he does not appear to be attending to internal stimuli and is able to carry on a conversation without pausing and in a coherent fashion. The content of his dialog includes delusional themes in that he reports himself to be a "soldier of Apophis." (Apparently Apophis is an Egyptian mythological character and also a character in a popular science fiction movie). He is vague about what his mission is as a soldier of Apophis. He does say that his previous acts of self-mutilation have been due to command auditory hallucinations. He states his engaging in self-mutilation was due to Apophis and demons commanding him to carry out certain "rituals." He states that he started hearing voices at a young age. He says he was hospitalized at Richard Young for hearing voices. Although his lack of symptoms of attending to internal stimuli had not been commented upon, he volunteered that the voices are "like they are in the next room and so while we are talking, we don't hear them but if it were quiet, they would be audible."

Mr. Jenkins stated that he needs daily therapy. He believes that he should be housed in the "least restrictive setting." He complained that his current living arrangements do not afford him the opportunity to buy items from the canteen, including sugar, which he says he somehow chemically alters and then snorts in order to provide himself with some type of energy supplement. He also reports that he ingests his own sperm daily, and snorts his urine as his own method of nutritional/hormonal supplementation. He states he is attempting to increase his "somatopratine" which he says is the scientific name for a

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growth hormone. He attempts to speak in an apparent pseudo-intellectual manner and at great length about various neurotransmitters in the brain.

He perseverated about getting to less restrictive housing, such as Protective Custody, so that he could have more privileges. He demanded that this examiner write down certain lengthy combinations of letters and numbers which he claimed were titles of laws regarding the rights of the mentally ill. He had also stated in the course of the interview that he could "go from zero to one thousand," indicating that he is unpredictable and could become violent at any second without warning. He also indicated that he "likes pain," and says that he sometimes sits in his cell and plans how he will act out violently toward corrections staff in order to cause staff to use interventions such as pepper spray, because he will enjoy the pain that brings him. He states he "feels a psychotic adrenalin" coming on after he acts out. He also cites his enjoyment of pain as a catalyst for his self-mutilation. He denies any desire to kill himself. He denies any past attempts at suicide.

He states he occasionally has visual hallucinations of "circles and specks." He presents with numerous grandiose statements about being superior to others. He suggests that this examiner must surely know all about him from media reports. He indicates that he feels he is intellectually and physically superior to most individuals. He says he believes he is a prophet.

He denies having panic attacks and states he is generally able to anticipate anxiety provoking situations. He reports a history of physical and emotional abuse growing up. He states that most of his family members are gang members and he was abused by them as well as by his older sister. He says he was lighting fires and engaging in fights by age 7 or 8. He was constantly in trouble as a youth. He reports being spoiled as a child and having no limits, even though he was being beaten.

**Current Psychiatric Medications:** He is currently on no medications.

**Past Psychiatric Hx:** Per the record, he reports that he was on psychiatric medication from age 6-9. He was hospitalized for two weeks, and then had three or four months of outpatient treatment, and subsequently quit treatment. He reported that his child therapist had filed charges with child protective services due to her observation of welts and bruises on his back. Following that, his mother withdrew him from treatment. He was placed at Juvenile Hall at age 11. He was prescribed Ritalin, which he says made him more hyper and psychotic. He was seen by Dr. Baker at TSCI and had several working diagnoses, including Psychosis NOS, Bipolar Disorder with Psychosis vs. Delusional Disorder Grandiose Type vs. Seasonal Affective Disorder Bipolar Type, PTSD, Antisocial and Narcissistic Personality Disorder traits, and Polysubstance Dependence. He reports being on medications in the past for a few months, which he says did seem to help his auditory hallucinations. Mr. Jenkins stated that he was prescribed Seroquel and Wellbutrin while in Douglas County Jail by Dr. Olivetto, and that his medications were discontinued when "they fired my psychiatrist." It was explained to Mr. Jenkins that Wellbutrin is no longer on the formulary at NDCS and that, should he require an antidepressant, a different antidepressant medication would be tried. He insisted that he wanted "something to bring me up, not bring me down. Seroquel brings me down, you

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CONFIDENTIAL

know." According to outside records, he has also claimed that Lithium and Risperdal "bring me down."

**Past Medical Hx:** He denies any history of loss of consciousness. He reports being in good health overall. He has some scars on his face from self-inflicted wounds. He also has numerous tattoos over his face.

**Healthcare Medications:** None.

**Allergies:** No known drug allergies.

**Family Psychiatric Hx:** He reports that all of his sisters had Schizophrenia and Bipolar Disorder. He states a relative died by "suicide by cop."

**Drug and Alcohol Hx:** He engaged in substance abuse beginning at age 7 with smoking cigarettes, drinking alcohol, and using cannabis. He was using PCP and embalming fluid by age 14 and used every day until he was 16.

**Social Hx:** See previous records. He states his birth was uncomplicated. He believes he met his developmental milestones. As noted above, he grew up in an environment of physical and emotional abuse, according to his report. He has been incarcerated for the majority of his life since the age of 15. He has attained a GED.

**Violence/Legal History:** Records indicate that Mr. Jenkins was charged with carrying a concealed weapon at age 7, then shoplifting at age 9 and 10. He incurred additional charges of attempted arson, criminal mischief, and theft during late childhood, along with a 3<sup>rd</sup> degree assault, arson, receiving stolen property, missing juvenile, and unlawful absences for a total of 16 police contacts by the age of 14. He was 15 years old at the time he was charged with Use of a Deadly Weapon to Commit a Felony, Robbery, and Assault 2<sup>nd</sup> Degree, for which he served his previous sentence. He served the first two years of that sentence at NCYF and was then in and out of segregation at the Omaha Corrections Center (OCC) and the Lincoln Corrections Center (LCC) prior to his placement at TSCI. He was released from that sentence on July 30, 2013. The exception to that stay in prison was an 18 month period when he was out to court and at the Lincoln Regional Center following an assault on a correctional employee in late 2009. In August of 2013 he was charged with First Degree Murder, four counts.

**Mental Status Exam:** Mr. Jenkins is a 27 year old, well developed, well-nourished African American male who appears his stated age. He is well groomed, his head is shaved, he is dressed in an orange jumpsuit, and is in shackles. He has multiple tattoos covering his face and body. He demonstrated variable psychomotor activity. He was calm and relaxed in his chair at times and at other times he appeared restless. His speech was spontaneous and at times mildly pressured, but normal in volume. He exhibited some perseveration, occasional tangentiality, and pseudo-intellectualization. He stated his mood was anxious and depressed. His affect was generally calm and relaxed. He smiled

12590

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occasionally. He denied any thoughts of suicide. He stated that his ability to become violent and harm other people was at times unpredictable, while at the same time, he indicated that some of his aggressive and violent acting out was premeditated and designed to incur painful consequences to himself, which he says he enjoys. He expressed bizarre and unusual auditory hallucinations and delusions, which is consistent with past presentations with other providers. He did not appear to be attending to internal stimuli at any point in the examination. He was fully oriented. His insight and judgment were adequate. He appears to be operating in the average range of intelligence.

**Diagnostic Impression:**

Axis I: Bipolar Disorder NOS  
 Rule out Psychotic Disorder NOS  
 PTSD  
 Polysubstance Dependence, in a controlled environment

Axis II: Antisocial and Narcissistic Personality Disorder Traits

Axis III: Facial scars from self-inflicted wounds

**Plan:** Mr. Jenkins presents with a rather grandiose and dramatic flair. He is demanding that he be placed in a less restrictive environment so that he can purchase items from the canteen and have better access to materials. At the same time, he admits to being unpredictable and volatile at times. He appears quite organized and able to articulate his desires. He has consistently presented the delusional content described above to this examiner and to others. At this time, he agrees to try getting back on Seroquel. He is insisting that he be given an antidepressant (one that won't "bring him down") with the Seroquel. We discussed the potential for excitation and induction of manic symptoms with many of the antidepressants and he agreed to take just the Seroquel at this time, providing an opportunity for this examiner to consult with Dr. Wetzel regarding any further medications.

1. Start Seroquel 100 mg po hs for mood stabilization and symptoms of psychosis.
2. The risks, benefits, and reasonable alternatives to the treatment were discussed with the patient. He verbalized understanding and agreed to the treatment plan.
3. Follow up in four weeks, sooner if needed.

Cynthia Petersen MSN, PMHNP, BC  
 Cynthia Petersen, MSN, PMHNP, BC

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Misconduct Report

In pursuance of 42 USC 10802 I am an individual with mental illness. This psychotic episode of self mutilation were the orders of apoths and demons. My bill of rights as an individual with mental illness are continuously being disregarded by NDCS mental health professionals. I have wrote IIR's to Dr.Watzel to receive anti depressant medications. I have been refused nor have I received an evaluation or an assessment from Dr.Watzel since April 21, 2014. I was placed in therapeutic restrains in DEC's hospital as a result of this psychotic episode of self mutilation NDCS administrative officials as well as Mental Health professionals are failing to provide appropriate psychiatric treatment as well as sufficient and safe housing. For the safety and well being for my psychosis condition since May 22, 2014 I have been on limited property status as a result of my first psychotic episode of self mutilation in which I was also five pointed in therapeutic restrains. I am being deprived of my necessities of clothing and bedding and my personal items of legal documents as a result of the psychotic episode I am suffering from in which are direct reflections of direct and in humane treatment the NDCS Officials. In persuant of Illie 5 mental health systems act 9501 USCA 10841 my bill of rights as an individual with mental illness are not being audited. Just completely disregarded with deliberate indifferences.

For the purposes of my Disciplinary Committee hearing on this Misconduct Report :

IDC Representative Requested : YES

Who : Vawser, Bruce

IDC Witness Requested : YES

Who : Sgt.Hohlfeld

IDC Employee Requested : YES

IDC 24 Hr Notice of Charges :

24 Hr Notice of Hearing :

Appearance Before the Committee :

Dismissal Recommended : NO

Investigation Continued : NO  
and Time :

Date of Investigation Continued :

Comments and Finding of Facts :

None.

Recommended Dt. of Disc. Committee Hrg. : 08/05/2014

and Time : After 0800

Dt. of Completed Report Delivered to Inmate : 08/02/2014

and Time : 12:22

Ask inmate (if applicable): Do you knowingly, intelligently, and voluntarily waive the above indicated rights? Do you affirm that no threats, coercion, or promises have been made to you to obtain your signature? Do you understand that the rights you've waived will not influence the disposition of the Committee?

Inmate's Waiver Response :

Signature Name/Number :

*Refer to Sig*

Investigating Officer (appears on report) : Sgt.Cabeen

UserID of Assigned PHO : BCabeen

Send Report to UDC or IDC :

SEND MISCONDUCT REPORT TO UDC OR IDC

( Last Updated by : RThomps005 Last Updated on : 08/10/2014 08:25 AM )

Assigned to : RThomps005

Send To : INSTITUTIONAL  
DISCIPLINARY COMMITTEE

Comments :

Disciplinary Committee :

INSTITUTIONAL DISCIPLINARY COMMITTEE ACTION SHEET

( Last Updated by : RThomps005 Last Updated on : 08/12/2014 02:10 PM )

Hearing Date : 08/12/2014

Hearing Time : 10:08

Continued Hearing : NO

If YES, Reason :

Continued To :

Interpreter Present : NA

Date/Amended Charge(s) :

Waived 24Hr. Notice of Amended Charge (s) :

Signature Initials :

For the purposes of my Institutional Disciplinary Committee (IDC) hearing on this Misconduct Report :

Representative Requested : NO

Who :

Representative Present :

If Representative Not Present Why :

Witness(es) Requested : NO

Who :

Witness(es) Present :

If Witness(es) Not Present Why :

Reporting Employee Requested : NO

Reporting Employee Present :

Inmate Given IDC 24Hr. Notice of Charge(a) : YES

Inmate Given 24Hr. Notice of Hrg. : YES

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Misconduct Report

12464

# of Hrs. between Filing and Logging : 3.03 Hrs

Comment (for Inmate Present) :

In pursulnat to 42USCS 10802 I Nikko Allen Jenkins am I Individual Mental Illness dlagnose pshyhofrenia psyhclo affective disorder My Doctor Eugene Olivato Doctor Bruce Gutlink who testified 2/12/2014 both physiatrist testified to their diagnosis 2/12/2014 on May 15 & 16 2014 C2 Lower 9 Mental Health Ted Hill documented that I was having Idolation of self harm that a prophet Ahopphs was ordering me to self sacrifice in blood oaths. Deputy Matt Heckmanand unit manager Tim Miller was notified by Ted Hill that I was intending to self harm and neither official acting to prevent self mullation of a Individual. As they possed directed knowledge what possible injurles I could of sustained. Both Administrative Officials wrecklessly fated to prevent these injurles. Since my arrival April 21, 2014 Dr. Martin Wetzel has unethically and unprofessionally mis treated my severe ppsychosis medical condition in ways of failing to prescribe a anti-depressant Medication as well to evaluate and assess my current condition failing to provide a sufficient treatment plan, in which is violation of my Bill of Rights as a Individual with mental illness. In pursulnat to Title IV Mental Health System act 9501 USCA 10841. Currently as of April 21, 2014 to current date. I am being in 23 hour a day lockdown seclusions and Isolations without psychotropic medication and theray sessions. I am greatly deteriorating physically mentally emotionally. NDCS Officials are wrecklessly intially failing to provide appropriate Physiatric Treatment as well as Physycological Therapy. In the US Constitution as well as the US Congress has prohibited such Inhumane treatments of Individual with mental illness to be subjected to cruel and unusual punishment.

For the purposes of my Disciplinary Committee hearing on this Misconduct Report :

IDC Representative Requested : YES

Who : Inmate Bruce Vawser

Sgt. Hohfeld. Cpl.

IDC Witness Requested : YES

Who : Beranek Ted Hill, Dr. Martin Wetzel

IDC Employee Requested : YES

IDC 24 Hr Notice of Charges :

24 Hr Notice of Hearing :

Appearance Before the Committee :

Dismissal Recommended : NO

Investigation Continued : NO

Date of Investigation Continued :

and Time :

Comments and Finding of Facts :

Inmate Jenkins is requesting pictures of the Cell and Video Evidence of the date in question.

Recommended Dt. of Disc. Committee Hrg. : 06/03/2014

and Time : after 0800

Dt. of Completed Report Delivered to Inmate : 06/29/2014

and Time : 16:06

Ask Inmate (if applicable): Do you knowingly, intelligently, and voluntarily waive the above indicated rights? Do you affirm that no threats, coercion, or promises have been made to you to obtain your signature? Do you understand that the rights you've waived will not influence the disposition of the Committee?

Inmate's Waiver Response :

*Waive to sign  
Due to restrictions*

Signature Name/Number : *COAY GIVSA*

UserID of Assigned PHO : CJenkin002

Investigating Officer (appears on report) : Sgt. Jenkins III

Send Report to UDC or IDC :

SEND MISCONDUCT REPORT TO UDC OR IDC

( Last Updated by : RThomps006 Last Updated on : 06/03/2014 09:11 PM )

Assigned to : RThomps006

Send To : INSTITUTIONAL DISCIPLINARY COMMITTEE

Comments :

Disciplinary Committee :

INSTITUTIONAL DISCIPLINARY COMMITTEE ACTION SHEET

( Last Updated by : RThomps006 Last Updated on : 06/12/2014 02:09 PM )

Hearing Date : 06/12/2014

Hearing Time : 09:37

Continued Hearing : NO

If YES, Reason :

Continued To :

Interpreter Present : NA

Date/Amended Charge(s) :

Waived 24Hr. Notice of Amended Charge (s) :

Signature Initials :

For the purposes of my Institutional Disciplinary Committee (IDC) hearing on this Misconduct Report :

Representative Requested : NO

Who :

Representative Present :

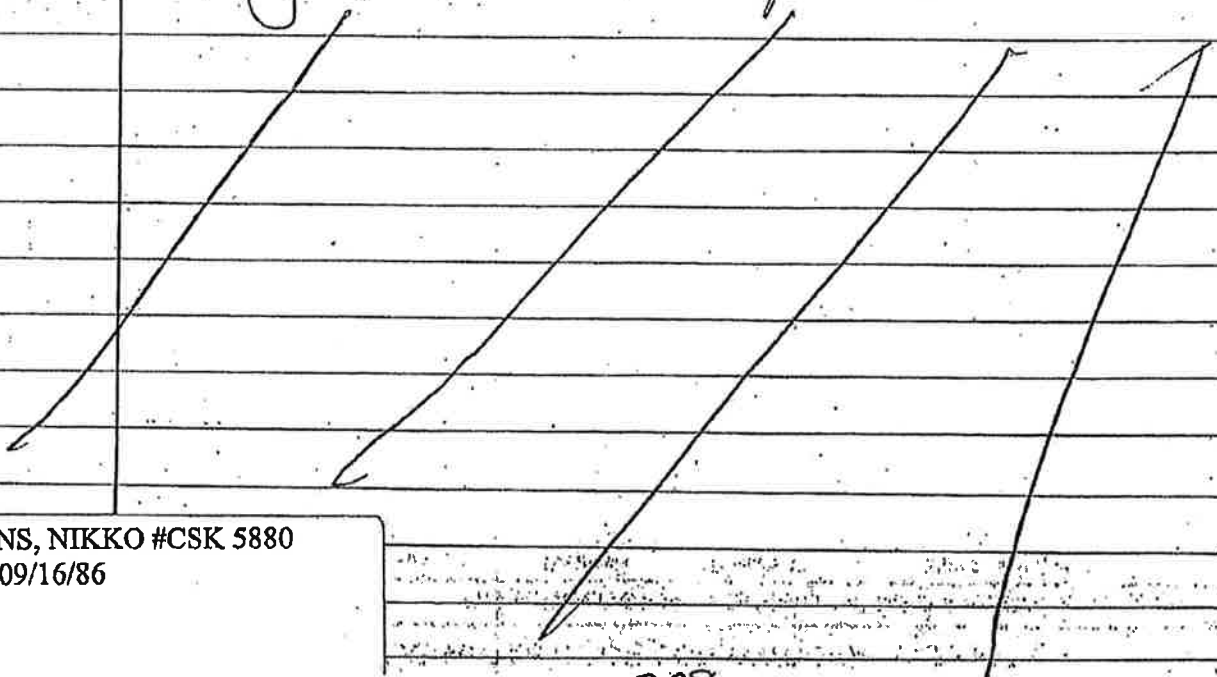
If Representative Not Present Why :

8 277

DATE	Location,	Symptoms,	Diagnosis,	Treatment	(sign each entry)
------	-----------	-----------	------------	-----------	-------------------

5/22/14 168/101, 97/1, 63, 99, 16.  
2056

Inmate found in cell c, cuts on face. Inmate states the voices told him to do it. Brought to LCC Clinic for 1st a/c. 9 cuts noted to upper lip, 9 cuts noted to bottom lip + 4 cuts noted to R) lateral inferior eye. 2 or 3 cuts around mouth approx ~~2~~ > 2mm in depth + may require stitches. Inmate denies knowing how, or what with, he made the cuts. Cleansed wound w/ wound wash. Left all wounds O/A. Called ~~MOD~~ MOD, Kildare APRN reports to take inmate to DEC where he will be 5-pointed + she will stitch him there. Lt Moore notified DEC SNF notified. Inmate A/O to place + time during assessment. CTY RN



J INS, NIKKO #CSK 5880  
DOB: 09/16/86





DATE	Location,	Symptoms,	Diagnosis,	Treatment	(sign each entry)
5/20/14		<p>PT in splashed procedure again. He is moved to the treatment room and placed again. Area is cleaned &amp; wound wash + glue. Evaluation reveals shallow wounds except most central of lip upper &amp; lower lips. Povidone iodine applied all lacerations &amp; liquid band glue &amp; central lacerations closed with 3/0 silk. 3 sutures up + 3 sutures below. -</p> <p>PT tolerated splashed procedure well - free discussed to substance + substance. Hemostasis achieved. Lips are covered &amp; triple antibiotic treatment. He is escorted by security to the shower.</p> <p>PT's verbal rationale for self harm was "hearing demon voices that told him to do things". He also said he likes "pain," so he can "feel".</p>			
5/22/14		<p>2315. Inmate admitted to DEC SNF for self-harm actions. A. Smith, MD</p>			
5/23/14		<p>Inmate discharged from DEC SNF to LCC Cld. JH</p>			
5/25/14		<p>1600 Inmate threatens self harm, Misconducts Reports written, per Sgt Moore, Shift Supervisor. J. Arduquin for</p>			
5-26-14		<p>1100 During Rounds on Cld - Inmate voiced request to see M. H. Now. Inmate eating lunch &amp; talking to this nurse @ same time. Inmate denies problems to wounds to face - 8 S/S bleeding noted. Inmate then reports to this nurse that he needs to see M. H. Now &amp; his face should be the one of reasons why. Inmate reported he is going to break the sprinkler head in his cell #16 if he don't get to see them (M. H.). Inmate also threatens the nurse &amp; a grievance if I don't call M. H. to his cell - I told inmate to send request to M. H. to be seen. -&gt; Inmate didn't report self harm to this nurse.</p>			



NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

MENTAL HEALTH RECORD      CHRONOLOGICAL RECORD OF PSYCHIATRIC / MENTAL HEALTH CARE  
(sign each entry)

5/23/2014  
0935

Psychiatry - Pt seen, chart reviewed + case discussed  
 to staff. Pt admitted to SWF 2° to inflict multiple  
 lacerations to lips and face, several require stitches.  
 - Pt initiates interview by demanding to sit up. Very  
 difficult to interview as he was frequently laughing/  
 interrupting with lectures and demands. In summary, he  
 states he act himself because: 1) He was following instructions  
 of his brother 2) He was not receiving mental health care  
 [ "No proper medications and psychotherapy ] 3) He is  
 in restricted housing. He endorses some anxiety and mood  
 issues. Reports he slept well. He denies any SI or HI.  
 He denies any intent to harm himself, stating he has  
 "satisfied" his need for pain. He was contradictory re: hearing  
 voices, one time denying he has any AH and then later  
 stating he hears them all the time. Patient made numerous  
 intimidating statements towards me, stating my license was  
 in peril, I had no idea how big this was, etc.  
 MSE - Face down in S pt. Calm on approach. Appears  
 comfortable. Quickly escalated verbally as noted above.  
 Mood: "Terrible" Affect: Irritable, demanding, intimidating,  
 Sarcastic. OSL OAH No evidence of psychosis beyond self  
 report, OX3 I+5 - Good - pt appears well in control,  
 and making numerous attempts to control situation.

→ Cont Mtd

PATIENT'S LAST NAME - FIRST NAME -

JENKINS NIKKO

IDENTIFICATION NO.

CSK 5880

12604

DATE	(sign each entry)
5/23/14 0955	<p>Psychiatry cont.</p> <p><u>IMP:</u> 1) Antisocial PD</p> <p>2) Self harm behavior</p> <p>3) No evidence of psychosis or mood driven behavior at this time.</p>
	<p><u>PLAN:</u> 1) Patient is, in my opinion, acting out for dramatic/manipulative reasons, and not appropriate for SNF care. This leaves us w/ Control Unit + camera the least restrictive environment, w/ hope pt will de-escalate and be able to transition to LLOC.</p> <p>2) Medication S/D at this time - C. Polage note unavailable, but case was discussed w/ Dr Kalheitzer, who has also been following pt and although pt refusing medication for now it may offer some relief from further acting out.</p> <p style="text-align: right;"><u>Whiteford</u></p>



NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

HEALTH RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | Location, Symptoms, Diagnosis, Treatment (sign each entry)

5/26/14 1125 notified / update conversation to Kerry Paulsen M.H on call - Kerry reported inmate reported self harm yesterday also -> inmate is currently in camera room to limited personal items. - will continue to monitor inmate per Dr Wetzels orders. Chlorazepate

5/29/14 BP 110/72 - T 98.7 - P 85 - R16 - wt 182 chains - SpO2 95 1015 S/C F/U venous sutures from upper & lower legs F/U pm no signs of infection. S. Luebbe, PA-C

[Signature] S. Luebbe, PA-C

5/29/14 Inmate asks that I make a note that he is unhappy with his mental health care. States he is on seroquel but was anti-depressant. He feels he needs an anti-depressant to stop his self destruction behavior such as cutting at him self.

[Signature] S. Luebbe, PA-C

8/29/14 Spoke with Dr. Wetzels about Mr. Jenkins concerns and states they continue to see him daily for his mental health concerns.

PATIENT'S LAST NAME - FIRST NAME -

Jenkins

IDENTIFICATION NO.

CSU 5880