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

Testifiers:
Dr. Eugene Oliveto
Denise Gaines
Dr. Natalie Baker
Dr. Mark Weilage
Dr. Cameron White
<table>
<thead>
<tr>
<th>DATE</th>
<th>Mental Health Contact Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/04/06</td>
<td>Met with Mr. Jenkins per his request, as primary counselor was unavailable. Mr. Jenkins</td>
</tr>
<tr>
<td></td>
<td>ventillated his stressors and current feelings towards his reality, facing additional</td>
</tr>
<tr>
<td></td>
<td>charges; potential testifying by other peers, his sister's betrayals, and his overall</td>
</tr>
<tr>
<td></td>
<td>stress related to his current lifestyle choices. Mr. Jenkins attempted several times to</td>
</tr>
<tr>
<td></td>
<td>cite his difficulties with sleeping and the disruptions that he was encountering.</td>
</tr>
<tr>
<td></td>
<td>Encouraged him to follow up with his primary MHP but reminded him of all the abuse of</td>
</tr>
<tr>
<td></td>
<td>prescribed meds that is going on coupled with his history equating it to being unlikely</td>
</tr>
<tr>
<td></td>
<td>that he would be placed on that regime. Mr. Jenkins was given a couple of coping skills</td>
</tr>
<tr>
<td></td>
<td>to implement in order to make healthier choices, burn off physical steam, and identify</td>
</tr>
<tr>
<td></td>
<td>some perspective on things that he has personal control of. Mr. Jenkins verbalized many</td>
</tr>
<tr>
<td></td>
<td>catastrophic distortions in his thinking and the mental filter in which he is receiving</td>
</tr>
<tr>
<td></td>
<td>his environment in a negative manner. Mr. Jenkins identified though that he is not looking</td>
</tr>
<tr>
<td></td>
<td>to change now or in the future, thus just wanted others to respect that he's going to be</td>
</tr>
<tr>
<td></td>
<td>irritable and if &quot;I fly off the handle, people will know that I warned them.&quot; Discussed</td>
</tr>
<tr>
<td></td>
<td>his need for personal accountability and acceptance of his own sabotaging and how he will</td>
</tr>
<tr>
<td></td>
<td>likely be impacted for such negative behaviors, and to accept the consequences accordingly.</td>
</tr>
<tr>
<td></td>
<td>He has verbalized that being placed on AC status would be worth it to him. Reminded Mr.</td>
</tr>
<tr>
<td></td>
<td>Jenkins of confidentiality and the safety of others in terms of reporting. Mr. Jenkins was</td>
</tr>
<tr>
<td></td>
<td>encouraged to reestablish closer contact with his MHP as they have the rapport and</td>
</tr>
<tr>
<td></td>
<td>previous history in which to establish relative goals with now. Mr. Jenkins was physically</td>
</tr>
<tr>
<td></td>
<td>calmer as he left to return to school and he was encouraged to continue to find support,</td>
</tr>
<tr>
<td></td>
<td>as it is available to him. Dawna Hill, MHP</td>
</tr>
</tbody>
</table>

| 115(06)    | unt to as follows up to 11 am 1/4 (06) Pr. started to hear voices, problems w/sleep. He   |
|            | denied any other symptoms related to depression or anxiety. Pr. started mending time to     |
|            | wanted medications to help him sleep. Interceded that the med will not prescribed again   |
|            | and Pr. asked how he feels. Pr. respond his vision by his feet & legs. Pr. voiced         |
|            | concerns on family related issues. Stated that the boss of his current anger is on         |
|            | motion restriction due to their chronic state and needed on well as himself for assault.   |
|            | Stated "If she tells me to think of my time, I'll give them something, to remember me by.|
|            | I might be a step, but they will remember me." Pr. was opposed to the idea of executive   |
|            | responsibility for his actions as he has direction to learn in a facility. Once the issue  |
|            | of responsibility discussion of his role's book out in a recent book. Pr. wanted to know  |
|            | the question. Stated w/11 assault education he was feeling upset at Stephos. Stated        |
|            | will fly in 2-3 weeks in his request. IST (06)                                           |

| 1/16(06)   | met w/ Pr. in E-BLK at his request. Pr. used his time to justifications!                   |
|            | Cites a roommate (not family). Pr. stated he always to return to book of crime but he   |
|            | is in a nonviolent and nonviolent in a month. Voted his voice at his defense. How to     |
|            | was selected that the queer's performances on his sister's (Pr. not sure, not clear). Pr.  |
|            | stated how a couple heard from last. Pr. stated his sister's (Pr. not sure what to do).   |
|            | Rambled on that to his, his ability to distinguish right from wrong. Discussed how he       |
|            | never have been influenced and his status. Pr. stated Pr. and Pr. and Pr. on his motion  |
|            | for participation. Mr. Jenkins Monday, impeached was the executive role model for Pr.      |
|            | At the suggestion he had his "training is going out soon." It's got a great time to me,  |
|            | Pr. stated that he can take care of some things. Pr. then asked if he could conduct an      |
|            | Rambled on that his, the influence. Pr. ways to justifications. No time or possible         |

**INMATE'S Last Name, First Name:** Jenkiris, Nikko

**INMATE'S Number:** 59478
Mental Health Contact Notes

10/26
Met with on the unit of his request. He admitted he did not feel well enough to attend classes so he asked to meet. Explained that this was inappropriate. He briefly discussed his concerns about participating and his desire to maintain contact with family. He is scheduled to meet with a counselor and he is scheduled for a medication review. He will be out of unit for 2 weeks on another request.

11/1
Met with on the unit. He continues to deal with many physical and emotional concerns. He stated his stiffness has improved. He feels better about himself. He discussed his family and the past week by mentioning a missing pair of underwear. He discussed his interest in art and the possibility of participating in an art class. He discussed his childhood and the abuse he received. He mentioned a recent incident involving a staff member and another inmate. He stated he has not been hurt in the past week. He continues to feel safe and secure on the unit. He is scheduled for a medication review in 2 weeks and a meeting with his counselor. He continues to work on his anger management issues and is scheduled for a meeting with the counselor. He is scheduled for a meeting with the counselor. He is scheduled to return to the unit in 2 weeks.

11/4
Met with on the unit. He continues to deal with many physical and emotional concerns. He stated his stiffness has improved. He feels better about himself. He discussed his interest in art and the possibility of participating in an art class. He mentioned a recent incident involving a staff member and another inmate. He stated he has not been hurt in the past week. He continues to feel safe and secure on the unit. He is scheduled for a medication review in 2 weeks and a meeting with his counselor. He continues to work on his anger management issues and is scheduled for a meeting with the counselor. He is scheduled to return to the unit in 2 weeks.
<table>
<thead>
<tr>
<th>DATE</th>
<th>Mental Health Contact Notes</th>
</tr>
</thead>
</table>
| 11/07/03 | Inmate open at the SMH cell door, for attitude or a glitch. Inmate would like to visit with a Medical staff. Inmate reported issues/problems he was encouraged to read and must keep his cool, he was informed a stage injury existed. Inmate reported he was lied to by an administration. In attitude stated: \*Inmate, I alway did it the inmate's way.

Inmate: Yes, he reported manne receiving a note. He said that left him in severe pain. Inmate presented considerable emotional truthing. Inmate was challenged to think critically of options. He felt a sense of his feeling told to keep things. Inmate believed he was being victimized. Inmate will attack innocent people who he returns to Nebraska because of the long placed in isolation. In need of treatment and not just report writing. The right thing is to get out of there unless seen lived as a violent person. Inmate believed he was killed and feared authority. In the course of his life, he feels to be a very close and extreme psychopath. Inmate appears to be a poor candidate. A much better alternative that was told to contact and it would address the inmate's future. 8/11/08 is the time to VM Hunt and Walden regarding inmate's communication. Inmate has had none released to copy is attached.

**IMATE'S Last Name, First Name**

Jenkins, Nikko

**INMATE'S Number**

59478
<table>
<thead>
<tr>
<th>DATE</th>
<th>Mental Health Contact Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/10/2020</td>
<td>Met with inmate in small cell. Attorney seen at his request. Appears unremarkable. Mood and affect appeared angry with intensity of emotion in talking about the event. Inmate indicated he had felt his life and attitude changed after the incident.</td>
</tr>
<tr>
<td></td>
<td>Inmate received X3 visits. Attorneys continue to attend. Memory unimpaired. Thought process linear. Thought content reveals no SI, AH, UA. Inmate seems to have a plan in mind to leave.</td>
</tr>
<tr>
<td></td>
<td>Inmate, if specific plan is known, not specified, only verbal. Inmate is prompted to explain goals and objectives for parole. Inmate has not yet discussed options in the state and only to &quot;wonder&quot; if parole is an option. Discussed anger and management. Inmate reports he has taken anger management and that is helping. New plan for leaving the state has been outlined. Inmate requests that he remain in the county.</td>
</tr>
<tr>
<td></td>
<td>Inmate states he is seeking to stay in the state and new plan for leaving the state is being made.</td>
</tr>
<tr>
<td></td>
<td>Inmate requested to have more contact with Unit. Discussed necessary change process &amp; goals for future in treatment.</td>
</tr>
<tr>
<td></td>
<td>Next of note above. Inmate displays anti-social behaviors and makes comments that suggest possible psychosis.</td>
</tr>
</tbody>
</table>

**INMATE'S Last Name, First Name**

Jenkins, Nikko

**INMATE’S Number**

59478
DATE
01-15-2009

Mental Health Contact Notes

Saw ct. in MH office in response to an interview request. C.t. c/o institutional wrong doing and
being infuriated by staff. C.t. denied difficulty adjusting to GP, but said that the two years he did
in segregation had ruined him for life and made him very mentally ill due to the abuse he suffered
at the hands of staff. C.t. said that he was unjustly held in segregation as he had gone two years
MR free. C.t. said that this place is a breeding ground for the criminally insane and that staff
intentionally berate and abuse inmates because staff want inmates to go kill there own kind when
they get out. C.t. said that no one here want to see inmates get better or meet their goals. C.t.
confronted me asking if I was genuine or if my niceness was fake. Told c.t. that I had no reason to
put on a fake persona, that what he saw is who I am. C.t. talked about being strong mentally,
physically, emotionally, and spiritually. C.t. talked about his intelligence and how he doesn’t fit
the label that people automatically assign to him. C.t. also talked about his unbreakable soul and
how he has deep emotional pain and scars and that this pain is what makes him so strong. C.t.
talked about being sexually abused when he was younger, and being exposed to violence at a very
young age. C.t. acknowledged that he is highly intelligent and that he is smart mentally,
emotionally, and relationally. C.t. said that he is an expert manipulator and motivator and that he
holds the power of life and death in his own hand. C.t. talked about acquiring a “complex balance”
of hate, love, emotion, and lack there of. C.t. explained that you can only hate as much as you can
love and that his love is a “pure love” because it comes from the capacity to hate. C.t. described
himself as a “rare species of human”. C.t. said that he has a military mind and that he has the
drive, dedication and appreciation for the hard work that it takes to be the best, that through his
work outs he becomes stronger, faster, and has more endurance. C.t. spoke about the life of crime
that awaits him once he is out and said that the people here better be careful because he believes in
fairness, and that his crimes and killing will not be limited to just his own kind. C.t. said that the
 loudest sound is that of innocent blood, that when someone innocent gets killed, everyone stops to
 listen. C.t. said that he is seeking vengeance and change – that he wants to be the one to educated
the world about the injustices of this system and about the making of a criminal mind. C.t. said
that after he is done he wants people to be able to read his file and know how the system had failed
him, that there was no chance for rehabilitation, that this is a broken system, and that it was the
worst thing possible for him to have been thrown in the hole for two years. C.t. also talked about
how dismissed he felt and that he had been in the system for a long time and that no one has
provided him with the skills or tools to make his life different. C.t. talked about the judge that sent
him to prison and how the judge had a choice to send him to boys town, but didn’t. C.t. said that
he lives by the rule of self-destruct or destroy and that he is not about to self-destruct which only
leaves him the option of destroying. C.t. also described himself as sincere, loyal, and dedicated,
about his purpose, and his relationships with others. Attempted to redirect c.t. to the purpose of the
session, but c.t. said that the session was for me, that it was his gift, that he was here only to
educate me. C.t. said that he had no benefit in coming here other than to help me learn about
the criminal mind. Explained the function and purpose of my time and that unless he could name a
goal, I would not schedule him to be seen again. C.t. again talked about what a gift it was for me
to learn from him and said that without this “education” I would be ignorant of the need for fear.
Throughout the session c.t. contrasted “culture” between his and mine. C.t. also operated from a
fixed perspective on the “reality” of the world and assumed to know what I was thinking and how
I was viewing him. Upon closing the session, the c.t. asked “how often can I come over and talk to
you?” Reinforced with the c.t. that I would not be able to see him because I already have too many
inmates who actually need and benefit from my time. C.t. then said that it was helpful to come and
vent and get everything off of his chest. Told c.t. that I would be happy to see him if he sends an
interview request, but that I would not schedule him on a regular basis. C.t. agreed. No follow up
scheduled at this time.

INMATE’S Last Name, First Name
Jenkins, Nikko

INMATE Number
59478
Inmate seen at Cell Area in SMU E-13 today. Inmate indicated interaction yesterday while inmates were on yard. Inmate was in cell and asked about his future plans and he became hostile and asked inmate name. Inmate indicated he was a quality special person at unusual physical attractiveness and diminutive height from a long line of superior athletes. Inmate played baseball and was going to become a fighter and college and had sponsor.<br>

Inmate stated he was a special person from a right family. Inmate has a history of being a drug user and using cocaine. Inmate stated his future plans were going to be to fish for him. Inmate is described as anti-social and anti-social. It is the opinion of long term custody staff that he is basically trouble of people and is a low level inmate. Inmate appears often to his mother as his principal friend and protégé. Inmate is reportedly a hard druggie and was often found to be at great risk for another incident.
<table>
<thead>
<tr>
<th>DATE</th>
<th>Mental Health Contact Notes</th>
</tr>
</thead>
</table>
| 2/23/09 | but WTP is concerned about inmate's intent to act upon his plan once released. Inmate
denies any intention to harm anyone
while incarcerated. WTP will consult with Dr. White/Willis to get further guidance. |
<p>| 3/27/09 | Seen in SMU. Speech pressurized. Intense affect some inappropriate laughter. Discussed his anger/violence issues and his belief that he has complete control over his behavior. He sees himself as highly intelligent and is narcissistic. He discussed his belief that he is schizophrenic and multiple personalities. His personalities are a serial killer, an 85 gangster, and Nikko. He states he has some good in him but not sure how much. He is perfectionistic and overcompensates for perceived weak. He has a history of being physically and sexually assaulted and some PTSD symptoms such as nightmares, anxiety, anger. He has a long history of criminal involvement. He is interested in &quot;rehab&quot; and the MHU at NEC. It is not clear if he would be appropriate. Will follow up again in Zucker. |</p>
<table>
<thead>
<tr>
<th>DATE</th>
<th>Mental Health Contact Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/09/09</td>
<td>Saw O. (2) at 8 a.m. Staff reported that O. was beginning to speak. O.'s cells were scheduled to be seen. O. indicated that he was a psychiatrist and should not be on staff doing in-person assessments. O. explained his anger and made his symptoms worse. O. said that he was submitting to go to LCC to the mental health unit so that he could receive medication. O. was advised on the importance of the staff to deal with the consequences of his care. O. further indicated that he would be seen in the next couple of weeks and that they would continue the conversation.</td>
</tr>
<tr>
<td>DATE</td>
<td>Mental Health Contact Notes</td>
</tr>
<tr>
<td>------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>03/09</td>
<td>MHP met with inmate in EF conference. His request. Inmate reports he is feeling isolated. He spoke about difficulties with seeing his family for contact visits, and the isolation in S holland. He feels as a child expressing that it is his culture that made him who he is and the isolation in S holland leaves him with feelings of rage and revenge. Discussed choice of gangs lifestyle. Inmate states of his history, contradictory. Example of how was when he expressed desire that he could change from his homicidal intentions. It could explain that this is who he is and a sense of pride in who he is as a &quot;intelligent&quot; &quot;unstoppable&quot; human being. Inmate attempted to place heavy responsibility for his past actions. Inmate stated he is seeking to help himself adopt distorted thought patterns and internal locus of control. He is aware of the possibility on MHP if he gets out of prison. Inmate stated &quot;If I didn't get out of here because of what I have done, I'm not capable of change when the time comes. I feel destined to be a &quot;homicidal maniac.&quot; Inmate attempted to place blame on MHP if he gets out of prison. Inmate challenged MHP's statements, attempting to help him see the errors of his ways and distorted thought patterns and internal locus of control. Inmate stated he has already been screened for MHP. Inmate explained he does not want to stay in S holland. For the next two years, MHP will be evaluated. Inmate to Dr. Weishaar for further evaluation. Comments to specific policies identified by inmate.</td>
</tr>
<tr>
<td>DATE</td>
<td>Mental Health Contact Notes</td>
</tr>
<tr>
<td>------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>08/16/2009</td>
<td>INMATE N. JENKINS #50478 was recommended to be placed on 15 minute check in 15 minute increments from 7:00 a.m. to 7:00 p.m.</td>
</tr>
<tr>
<td>08/16/2009</td>
<td>INMATE N. JENKINS #50478 was placed on 15 minute check in 15 minute increments from 7:00 a.m. to 7:00 p.m.</td>
</tr>
<tr>
<td>08/16/2009</td>
<td>STAFF were not placed on 15 minute check in 15 minute increments from 7:00 a.m. to 7:00 p.m.</td>
</tr>
</tbody>
</table>

INMATE'S Last Name, First Name | INMATE'S Number
Assessed inmate Tahilis Nhiko # 597478 today. He is in Cell B. Mental Health add us before recommending stepping of Tahilis off the Road lane. He is in no restrictions. He was sufficient with all the mental health. He is planning the Tahilis on the 13th of this month.
Date: 5-13-09

Name: Jenkins N. \\
Jenk

Reporting Employee Name & Job Title (PRINT)

That anything bad happens when she gets out and is just in the regular education (administrative) staff, and it is not working with the move towards rehabilitation for programming and mental health.

Distribution:

Reviewed by:

Reporting Employee Signature

Number: 59478

Page 2 of 2
Nikko Jenkins was screened by me and I do not believe he meets criteria for the MHU he is more Axis II... You can tell him that Dr. Wellage was not recommending him for that. He should work on managing behavior and making better decisions if given the opportunity to go to a less secure setting (SP, transition, etc.).

Mark Wellage, Ph.D.
Assistant Behavioral Health Administrator for Mental Health
Nebraska Department of Correctional Services
P.O. Box 94681
Lincoln, NE 68509-4681
mark.wellage@nebraska.gov
Office/Ce

---

From: Pella, Michael
Sent: Thursday, June 18, 2009 9:53 AM
To: Chandler, Wayne
Cc: Wellage, Mark
Subject: Inmates Nikko Jenkins #59478

Jayne,

I was inquiring about his status for transfer to LCC MHU. What should I tell him? For Mr. Jenkins, he keeps trying to convince me that he is mentally ill and needs to go to LCC MHU. What should I tell him? Thanks for any help you can provide.

Michael
Health Services Request Form

Date: 6-21-09

Name: Nellie Jenkins #: 59478 HU: SMU F13

What is your health concern? I would like to speak with Dr. Baker about what pills would help my mood and aggression level. Thank you.

Medication Refill

What medication needs refill:

Signature Nellie Jenkins 59478

↓ For Medical Response Only

Above noted. You will be scheduled for a mental health evaluation in the next several weeks. Recommend to work on anger issues with mental health staff. If you need immediate assistance, please contact medical and/or mental health staff. Thank you.

Date 6/23/09 Signature J. Baker MD

Follow Up Appointment with

Lab Draw Due
HEALTH SERVICES REQUEST FORM

Date: 9/21/09

Name: Nicko Jenkins  # 59478  HU: SMU B8

What is your health concern? Dr. Baker, I need something to help me sleep. I take melatonin at night and take my medications as directed. I wake up at least 4 times every night and I'm feeling weaker and weaker. I'm getting more and more weak. I'm going to die, will she go away?

Medication Refill? ____________________________

What Medications need refilled? ____________________________

Signature Nicko Jenkins 59478

For Medical Response Only

Above above noted. Will plan to schedule you for a sleep study within the next 2 weeks to further evaluate your problems sleeping. If you need immediate assistance, please contact a medical and/or mental health provider. Recommend you to continue taking your medications as prescribed.

Thank you

Date: 9/21/09  Signature: [Signature]

Follow Up Appointment With ____________________________

Lab Draw Due ____________________________
Tecumseh State Correctional Institution
Psychiatric Evaluation

Patient Name: Jenkins, Nikko  Age: 22  Date/Time: 7/30/09
Medical Record Number: 59478
Referral Source: per pt. request

History of Present Illness: At TSCI x 2 years - doing OK. Works out daily. Conflict w/ staff. Self diff & anger. Aggressive behavior X1. Week sleeping & eating well. Denies diff w/ eating or concentration. DTHF denial previous suicide attempt. Mild anxiety. Denies any suicidal ideation. Denies any "the Egyptian death god" derogatory in nature. Denies any "the magickal thought." VICH very focused on his strength & being an "alpha male." Very adamant - not taking medications Repairs he works out hard & "masterbates" daily. He tried himself out @NM @FB - h/o being physically & sexually abused ages 3-10. Stated he was a gang member from ages 11-16. Occ. suicidal thoughts. Psychiatric History: 1st saw @ age 7-8 "taking a gun to school. Anger issues I/P X1 @ KY @ age 8 for bringing a gun to school.
CP @ age 9-10. He & 2 others

Medical/Surgical/Trauma History: Denies any medical illnesses.
Surgical: S/P GSW (2) middle finger - lost ½ his finger (traumatic amputation)
HT/LOC X 2 as a child

Medications: per chart

Allergies: N/K/A

Family History: @/"bipolar + schizophrenia" - father, p. grandmother
LP/TH: alcohol - father, sisters (3), mother (1), uncle (1) - illicit drug use.
2 sisters, 1 brother, p. "ill" @ 18
Social History: Stated he is single. Children: 1 in grade. Employment has received GED in prison. Currently h/o no smoking 1 year. Alcohol x 3 years. States he would like to be a mechanic. Lives with sister. Alleged: Stated he JAMS in 2011, update in "out of prison situation" "unemploying fluid & animal behavior." Chemical Dependency History: @/heavy ethanol use. Cognac ½-1 pint/day, OVDs, @/HC and "wed" @ 80. IV use. @/man CO. Longest period clean & sober x 3 years (2005-2008) while incarcerated.
Mental Status Exam (psychosis / delusions / hallucinations / dep. live symptoms / hopelessness / helplessness / worthlessness / SI / HI / behavior etc. which lead to potential dangerousness / inability to care for basic human needs. Include Insight and Judgment) Pt. appropriately dressed/groomed

1. Triple tattoos on face, neck & arm; stated he likes the pain of tattoos & gets them on,
his face so he won't look like his dad. Pt. fully cooperative & good eye contact. Mood V/1 (agitated mood, "I wake up mad. With different levels of rage"). AFFECT easily
agitated at times, fundalated. Speech spontaneous, Ep. very talkative, but not
pressured + undeliberate. Speech fairly logical + GO - frequently went back to talking
about his strength + ability to hurt others. O'FELIA. Distractive/paranoid
behavior observed. @ AH limited to "Egyptian death god" OUCH. @ paranoid - belief
staff may poison him, so he will use his "mace". @ delusional egoparamy,
Magical thinking present = ST, alert + oriented, immediate + remote memory
Review of Systems: Negative

Assessment:

Axis I. Psychosis NOS. Possible SAD - upstate type, probable PTSD
Poly substance dependence (THC "wet"/STHT), age 3/0 = P features. R/I BAD 6 P features vs. CPS

I. Long cluster B traits

II. None known

V. Devere

35

2° control issues. On 10 aggressive/assaultive behavior reports. Long his
being a gang member 10+ out of prison since age 11. Reports significant 1/6
sexual abuse + physical. "V/1" abuse by his parents. ONM & F/S abuse
BFH MS; significant 1/6 STI/STHT. While drug use, Pt. V/O medical
use, Pt./P/O obsessed, cleans his arm & himself. "Leans on day long" for periods of time. @ strong cluster B traits

Disorganized, coping skills absent, reality testing V/appropriate
Roundup 3° Pt. O includes rate from WALT 0 & Pt. V/O significant anger
Mental health issues will aid pt. to MHT to work on trauma issues, anger
Management + request label by MIRT + CVORT. Pt. willing to go for 4x
"10x ELC. Stated he was bullied in GP, but back on SMT 3° adv mg of shox.
He pain board 1/0. Stated, Dr. Williams had ordered Depakote for hyper +
mania, but stated he never took it. Very resistant to taking Depakote - but agreeable to
total of Risperdal on some days. 1st plan to VA CBC, CMP next week
Initiate Risperdal (the following week) at 1mg 3/12 x 1 2 mg 2/12.

Physician Signature: W. Baker MD 17
I will be 23 in September been confined almost 9 years threw my time in prison I have taken steps in the direction of rehabilitation those steps were not with out mistakes I was thrown into a enviroment were either you attack or be attacked and I chose to fully live the gangbang life behind these gate your homeboys are your family and your all you have we need each other mentally emotionally to cope with outside stress and struggles we face in here the 22 months I just did have scared me my soul and mind I truely believe I have mental illness inside my brain because every single day I think of bloody revenge and a deep hattred grows for society because I cant live a good life and be happy so a voice tells me to take it away from as many people as I can any si7
my mental health is declining rapidly when people get hurt or I see suffering I laugh it makes me happy even children I need help before this sickness is unleashed onto society and I will do the best I can to work on my mental health but all I can do is ask for help it's up to you to here my plea and know that I am not a game what I am expressing is true as I feel it in my mind like the question the public always ask why what could have been done I need to start this rehabilitation now to give it time to help me this hole is not the answer to my mental health and will only feed this evil monster inside me that was created out of anger depression and suffering thank you
Inmate Name: Jenkins, Nikko

Date: 08-18-09

Special Needs Category(s)
☐ PREA High Victim
☐ PREA High Predator
☐ Socially/Developmentally Impaired
☐ Major Mental Illness – Note diagnosis below
☐ Psychiatric Services – Note medication(s) below

[Dx: Psychosis NOS, Possible SAD-bipolar type, polysubstance dependence, probably PTSD, Adl. Dis.,]

[Med: Risperdal 1 mg]

Narrative: Mr. Jenkins was seen by a MRT Committee consisting of Malinda Pearson, Wayne Chandler, and Leana Tice at TSCI on 08/18/09. Jenkins was interviewed through the door of a "plan room" on the SMU b gallery, based on a recent verbal threat to harm himself. Jenkins denied being at any risk of suicide at the time of the interview. He presented as being more manipulative and criminal than mentally ill. Jenkins was not able to identify specific mental illness indicators when pressed for current symptoms. He was at times difficult to understand due to the glass partition separating the interview team from the client. Jenkins was persistent and continued to insist that the team respond to his multiple inquires. Based on a file review and the interview process, Inmate Jenkins was not identified as meeting criteria for transfer recommendation to the LCC MHU. TSCI staff will continue to monitor him and will request further review if indicated.

Current Need Level: 2 - Low [monthly]
New Need Level: 2 - Low [monthly]

Rationale [if need level changes]:

Next Date to be seen:

Completed by:

NEED LEVEL SCALE
4 – Highest [Weekly]
3 – Moderate [2 weeks]
2 – Low [Monthly]
1 – Maintenance [2-Months]
1a – PREA Follow-up [3 months]
0 – PRN/Inmate Request

Date: 8/18/09
Inmate Name: Jenkins, Nikko

Date: 10-19-2009

Number: 59478

TYPE OF CONTACT

☐ GROUP

☒ MH INDIVIDUAL

☒ UNIT INDIVIDUAL

Special Needs Category(s)

☐ PREA High Victim

☐ PREA High Predator

☐ Socially/Developmentally Impaired

☒ Major Mental Illness – Note diagnosis below

Diagnosis Category(s)

☐ Psychotic Disorder

☐ Bipolar – Affective

☐ Depressive Disorder

☒ Anxiety

☒ Adjustment Disorder

☐ Personality Disorder

☐ Sleep

[Narrative: Jenkins was seen in legal room of ABC SMU. He talked rapidly and had normal eye contact. Hygiene was good. He does not appear to be causing problems in the unit. His mood appeared to be stable. His thought appears psychotic in nature, as Jenkins frequently referred to Ophiuchus, the Egyptian God of death and of his ‘(Ophiuchus) control of Jenkins. Mr. Jenkins reports that he has been taking his medications and the meds appear to be working.

CURRENT NEED LEVEL: 2 - MAINTENANCE LOW (MONTHLY)

NEW NEED LEVEL: 2 - LOW (MONTHLY)

RATIONALE [IF NEED LEVEL CHANGES]:

Next Date to be seen: 11-19-2009

Completed by: __________

Date: 10/19/2009

NEED LEVEL SCALE

4 – Highest [Weekly]

3 – Moderate [2 weeks]

2 – Low [Monthly]

1 – Maintenance [2-Months]

1a – PREA Follow-up [3 months]

0 – PRN/Inmate Request
<table>
<thead>
<tr>
<th>DATE</th>
<th>CHRONOLOGICAL RECORD OF PSYCHIATRIC / MENTAL HEALTH CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/13/09</td>
<td>appear fully well organized. Observations of behavior noted. Patient appeared calm and composed. No signs of aggression or disruptive behavior observed.</td>
</tr>
<tr>
<td></td>
<td>Overall behavior remained consistent with previous observations.</td>
</tr>
<tr>
<td></td>
<td>Ongoing monitoring is still necessary to ensure continued stability.</td>
</tr>
</tbody>
</table>


PSD sx. V ongoing thoughts/ideation. Overall, strong delusions present. Diagnosed coping skills, anger issues, reality testing & the importance of medication compliance & the pt.

See MHN M - encouraged pt. to work on coping skills/anger issues. Pt scheduled for a sleep study 9/8/09 - pt left pt. room until sleep study. Did sleep well on Fst night. Right-handed, no bilateral impact. The following morning, Diamond sleep hygiene pt. currently reports he is sleeping well. Pt. awaiting transfer to behavior program. Plan to T.

Response at end of 1/2 cont. Depakote 500 BID. Will v Depakote level in next 1-2 weeks. OCPs reported as observed - will monitor v/v AIMS p next visit. Will cont. to monitor pt. & adjust meds as necessary. Ht 5' 4". Wt 280 lbs, otherwise stable. N. Ballierno.
<table>
<thead>
<tr>
<th>DATE</th>
<th>Note</th>
</tr>
</thead>
</table>
| 8/27/09| Follow up medical for physical concerns. Encouraged pt. to work on anger issues, trauma issues, & coping skills.  
Plan to continue. Proposed an increase in Depakote to 250 mg bid x 5 days = 1500 mg bid. Increased RBA & pt. to labs at next visit. Will cont. to monitor pt. & adjust meds as necessary. P/l to 4 m. + month.  
Scenes of needed. J. Balcum. |
| 10/8/09| Pt. compliant & tolerating medications w/ difficulty. O/E & S/P reported as observed. Reported an anger/aggression & medications to transfer to induction unit next month. Sleeping & eating well. Denies diff in energy or concentration. QSTI.  
Denies any physically aggressive behavior. JAMS 2011.  
Continue to excuse regularly & go to yard. Anxiety/  
"agitation" overall. O/E limited to hearing "Omane/Egyptian death god - repeating in VD + "weaker" w/ the medications.  
OVCX. W. paranoia. Opmix sx. Enjoys writing letters, music,  
reading, & reading. Osfm. Complains of "impossible to think and make sense."  
Relative unchanged. Maintaining contact w/ family.  
Obsessive/compulsive behaviors (cleaning). Discussed the from 9/21/09 & pt. little less grandiose. Enjoys reading, states "voice  
inside of him is derogatory, cont. conflict w/ staff/authority.  
Pt. fairly cooperative, little clamor & good eye contact.  
Rauen & magification mood "its alright" affect little brighter,  
calm (less agitated) speech spontaneous. Pt. talkative, but  
Thinking remains extremely paranoid. Thoughts cont. &  
Scenes of needed. J. Balcum. |
<table>
<thead>
<tr>
<th>DATE</th>
<th>NOTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/27/09</td>
<td>It reports he is feeling better. Compliant and tolerating medications. No difficulty. OES reported as observed. C/O range of verbal aggression. Denies any physically aggressive behavior.</td>
</tr>
<tr>
<td>8/17/09</td>
<td>Stated he was still well. Sleeping and eating well. Denies diffuse energy on concentration. O.S.I.H.T. Stated he is exercising regularly and going to the yard regularly. Refers to himself as “the alpha male.”</td>
</tr>
</tbody>
</table>

CBC WNL

Serum WNL


Psych.: “Egyptian death god” O.V.K.T. |

Delusions Denies SIHT. Alert without difficulty. Reality testing appears limited. I.T.T. also limited. |

Pt. feeling a little better overall. C/O diff. = range of verbal aggression. Denies physically aggressive behavior. O.A.H. limited to “Egyptian death god” O.V.K.T. |

Special Needs Contact Documentation

Inmate Name: Jenkins, Nikko
Number: 59478

Date: 11-17-2009

TYPE OF CONTACT
☐ GROUP
☒ MH INDIVIDUAL
☒ UNIT INDIVIDUAL

Diagnostic Category(s)
☐ Psychotic Disorder
☐ Bipolar - Affective
☐ Depressive Disorder
☒ Anxiety
☒ Adjustment Disorder
☒ Personality Disorder
☐ Sleep

Special Needs Category(s)
☐ PREA High Victim
☐ PREA High Predator
☐ Socially/Developmentally Impaired
☒ Major Mental Illness – Note diagnosis below

[Dx: Psychosis NOS, Possible SAD - Bipolar type]
☒ Psychiatric Services – Note medication(s) below

Meds: Resperidal, Depakote - NOTE: Says flushes meds

NARRATIVE: Jenkins, Nikko #59478 was seen in the client/attorney rooms of SMU ABC. He talked rapidly and had normal eye contact. Hygiene was appropriate. His mood and affect were congruent. Mr. Jenkins exhibited delusions as he frequently referred to Opophus, the evil in him that was trying to take over control and not let the good in him out. He stated that Opophus tells him every day and that he (Opophus) gives him commands to do evil. He also stated that Opophus has been helping him plan the perfect crimes when he gets out. "Crimes of such evil that the world has never known." Mr. Jenkins used the example of Opophus as the reason why he needed a nurturing woman in his life. I reinforced the boundaries of professionalism that I had previously set. I attempted to help Mr. Jenkins recognize what his desire for nurturance truly consisted of. Mr. Jenkins stated that he figured it was because he was looking for a mother figure. Processed the importance of choices and reminded him that he has choices. That he can choose to let the good show or choose to allow the evil to take over. He agreed but stated that the evil was getting stronger due to his stay in SMU, because he has plenty of time to educate himself and get physically fit. He also stated that since Opophus had made him the "Alpha Warrior" that Opophus didn't want him taking any drugs. Mr. Jenkins stated that he has been flushing his medications down the toilet because Opophus doesn't want him controlled by medication. Will continue to monitor on a monthly basis. Will consult with Dr. Bailer regarding Mr. Jenkins statement of not taking his medications.

Current Need Level: 2 - Low [monthly]
New Need Level: 2 - Low [monthly]

Rationale [if need level changes]:

Next Date to be seen: 12-18-2009

Completed by: [Signature]
Date: 11-17-09

NEED LEVEL SCALE
4 – Highest [Weekly]
3 – Moderate [2 weeks]
2 – Low [Monthly]
1 – Maintenance [2-Months]
1a – PREA Follow-up [3 months]
0 – PRN/Inmate Request
Inmate Name: Jenkins, Nikko

Date: 12-02-2009

Type of Contact: MH Individual

Special Needs Category(s):
- Major Mental Illness - Note diagnosis below

Diagnostic Category(s):
- Anxiety

[Diagnosis: Psychosis NOS, Possible SAD - bipolar type]

Meds: Risperdal, Depakote - NOTE: Says flushes meds

Narrative: Jenkins, Nikko #59478 was seen in the client/attorney rooms of SMU ABC. He talked rapidly and had normal eye contact. Hygiene was appropriate. His mood and affect were congruent. Mr. Jenkins exhibited delusions as he frequently referred to Opophus, the evil in him that was trying to take over control and not let the good in him out. Mr. Jenkins was very agitated because he had recently found out about his grandmother needing to have her leg amputated due to diabetic issues. This issue seemed to have also brought to surface unresolved grief, "lack of closure" regarding the death of a beloved aunt, a cousin and several other losses. Mr. Jenkins referred frequently to his infatuation with power and strength. Processed the importance of choices and reminded him that he has choices. That he can choose to let the good show or choose to allow the evil to take over. He continued the theme of previous interviews focusing on the time he had to be psychologically, physically and mentally fit. He was ego-centric in his words - stating he was very well self-educated and that will make him attractive to women when he is released. He continues to focus on Opophus getting stronger and the evil he, (Opophus) has planned. Mr. Jenkins continues to report that he has been flushing his medications (Depakote and 'white pills') down the toilet because drugs are poison and that the drugs 'they' want him to take have side effects he (Jenkins) doesn't like. He (Jenkins) wants to keep his body pure and clean. He also stated that he is frustrated by the fact he can't get the help he needs. He mentioned his desire to go to the mental health unit and asked why he was turned down. Suggested to Mr. Jenkins to appeal the decision and request another interview. Will continue to monitor on a monthly basis.

Current Need Level: 2 - Low [monthly]

New Need Level: 2 - Low [monthly]

Rationale [if need level changes]:

Next Date to be seen: 1-02-2010

Completed by: R. Stramberg, LMPH

Need Level Scale:
- 4 - Highest [Weekly]
- 3 - Moderate [2 weeks]
- 2 - Low [Monthly]
- 1 - Maintenance [2-Months]
- 1a - PREA Follow-up [3 months]
- 0 - PRN/Inmate Request

Date: 12-2-2009
TO: Dr. Pearson Mental Health
FROM: Nillo Jenkins 59478
DATE: 12/23/09

MESSAGE: I really need to be placed in the mental health mod to receive the mental health sessions I need to work on childhood abuse, getting rid of this Oedipal GOD of death and growing stranger in my situation. Dated 1/16/09 I'm sending my head. I lost more of myself everyday. My goodness and this evil is getting harder. Human life is at stake if this evil wins. I don't want to carry out the missionship is ordering me to do my mental health declines rapidly in my mind. I hear this voice. I need help. Can't do is ask for help.

Nillo Jenkins 59478

REPLY: Dr. Pearson

You have been evaluated by the Mental Wellness Team. They did not find indication that MHP would be the best placement for you. You have the opportunity to work with Dr. Straussberg on these issues should you choose to.

12/10/09

Date

Dr. Pearson

Signature
<table>
<thead>
<tr>
<th>DATE</th>
<th>CONT.</th>
<th>NOTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/3/09</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;Opazo&quot; - delusional, grandiose</td>
<td>FYP improves in sx &amp; FYP. SX refractory to FYP vs. questionable compliance. FYP. DMID: QUIC, strong AS traits. Pt. has been refusing &amp; currently refuses to take any FYP. Appears hypomanic. OCD behaviors.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NMF &amp; hypomania - unchanged</td>
<td>OTH: PTSD sx. Pt. reports he sees KS in M/H &amp; is still working 2 M/H staff. Further evaluation &amp; feel counseling is most beneficial for him. Encouraged pt. to work on coping skills, anger issues &amp; M/H staff. Discussed coping skills, anger issues, appropriate boundaries, reality testing &amp; the importance of medication compliance. Pt. refused scheduled lab draw on 10/31/09. Plan to H/C Depakote &amp; H/C Resperidone 2nd.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/31/09</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>After discussing pt's mental status / Yxx / behavioral issues</td>
<td>Pt. mental health staff including MP. It appears pt's sx are inconsistent &amp; more behavioral. Axi II immature. Pt. appears to be attempting to use mental health sx / FYP for secondary gain, including to avoid legal consequences in court for recent behavior. Pt. has been evaluated by IMM &amp;...</td>
</tr>
</tbody>
</table>

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

IDENTIFICATION NO.: 59478

N. Bakerum
<table>
<thead>
<tr>
<th>DATE</th>
<th>NOTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/3/09</td>
<td>Pt reports he took his meds 3 days ago as he doesn't feel they help him &amp; he does not want to take them. Per MH note (1/17/09) pt had admitted to flushing Tylenol down the toilet. Reports he is sleeping &amp; eating well. Denies diff. energy or concentration. Denies SI/II. Exercises daily. Somatic complaints. Watches TV. Enjoys reading. Denies feeling depressed or anxious. Denies any physically aggressive behavior as reports &quot;I can control it.&quot; @AH - remains limited to &quot;Opaloo&quot; who he refuses to as comparative to &quot;Satan&quot; that Opaloo wants him to harm others, but he is able to resist others right from wrong. Stalks - gang affiliation &amp; activities. OVICH. Less paranoid. Overall: rec. no change. Thoughts &amp; anger. @NM/PS - h/o abuse - unchanged. @OCB behaviors (waiting out, cleaning) - fairly stable. Feels no body image problem. Describes himself as an &quot;alpha male.&quot; Maintains contact w/ his family. Pt's room is neat &amp; clean. Pt is fairly cooperative &amp; good-egg contact. Mild VM agitation, mood &quot;always mad.&quot; Affect grandiose, angry, agitated speech, spontaneous, rapid, talkative not pressured. Responses very circumstantial, fairly seductible. Thinking remains extremely narcissistic/ill. Thoughts appear fairly well organized. Grandiosity. @magical thinking. Some FOI OOB. Appears more hypomanic/agitated today. @AH - limited to &quot;Opaloo&quot; OVICH. Some paranoid remains delusional (persecutory, somatic). Denies SI/II. Alert &amp; oriented. Reality testing/TJ remain limited. Pt remains intense, angry, narcissistic. @AH limited.</td>
</tr>
</tbody>
</table>
Special Needs Contact Documentation

Inmate Name: Jenkins, Nikko
Number: 59478

Date: 12-16-2009

Type of Contact

☐ GROUP

☒ MH INDIVIDUAL

☒ UNIT INDIVIDUAL

Special Needs Category(s)

☐ PREA High Victim

☐ PREA High Predator

☐ Socially/Developmentally Impaired

☒ Major Mental Illness – Note diagnosis below

[Dx: Psychosis NOS, Possible SAD - bipolar type]

☒ Psychiatric Services – Note medication(s) below

[Meds: Risperdal, Depakote - NOTE: Says flushes meds]

Diagnostic Category(s)

☐ Psychotic Disorder

☐ Bipolar – Affective

☐ Depressive Disorder

☒ Anxiety

☒ Adjustment Disorder

☒ Personality Disorder

☐ Sleep

Narrative: Jenkins, Nikko #59478 was seen in the client/attorney room of SMU ABC. He talked rapidly and had normal eye contact. Hygiene was appropriate. Mr. Jenkins was seen due to the recent notification of the death of his grandmother. He showed very little grief or feeling regarding the loss. He did indicate that he would be attending the funeral. He stated that he has lost so many to death that he doesn’t feel anymore. After stating that fact, Mr. Jenkins began to discuss his delusion of Opophus, the evil in him. He reported that he wanted to go to the mental health unit because there he would be able to get the ongoing treatment he needed. Mr. Jenkins referred frequently to his infatuation with power and strength and his physical fitness. He stated frequently how strong and fit he was and that he was a "force that couldn’t be stopped". He also disclosed his belief that he had OCD. He went into detail on how he is OCD about his cell and personal appearance. (ie: bed is so well made can bounce a coin off it, trims pubic hairs so all even, peels skin off his lips so stay soft). I attempted by stressing the importance of his control over his own actions and he stated that he could control Opophus now but soon he (Opophus) would take over completely. He stated that if he was at the MIU he would be better able to control Opophus if he had physical contact with his family. Under the guise of trust building Mr. Jenkins attempted to probe into my personal life. I redirected him, indicating that it was inappropriate to discuss my personal life. He continued the theme of previous interviews focusing on the time he had to be psychologically, physically and mentally fit. Mr. Jenkins reported that he visited with Dr. Baker and that he took him off his medications. He appears to have self-diagnosed himself with bipolar and schizophrenia stating that his father was bipolar and schizophrenic and that he had aunts that were 'crazy' and on meds. Will continue to monitor on a monthly basis.

Current Need Level: 2 - Low [monthly]
New Need Level: 2 - Low [monthly]

Rationale [if need level changes]:

Next Date to be seen: 1-16-2010

Completed by: Stromberg/LMP

Need Level Scale

4 – Highest [Weekly]
3 – Moderate [2 weeks]
2 – Low [Monthly]
1 – Maintenance [2-Months]
1a – PREA Follow-up [3 months]
0 – PRN/Inmate Request

Date: 12-16-09
Inmate Name: Jenkins, Nikko

Date: 2-4-2010

Number: 59478

**TYPE OF CONTACT**

- [ ] GROUP
- [ ] MH INDIVIDUAL
- [ ] UNIT INDIVIDUAL

**Special Needs Category(s)**

- [ ] PREA High Victim
- [ ] PREA High Predator
- [ ] Socially/Developmentally Impaired
- [ ] Major Mental Illness – Note diagnosis below

**Diagnostic Category(s)**

- [ ] Psychotic Disorder
- [ ] Bipolar – Affective
- [ ] Depressive Disorder
- [ ] Anxiety
- [ ] Adjustment Disorder
- [ ] Personality Disorder
- [ ] Sleep

**Meds:** Resperidone, Depakote. NOTE: Says flushes meds

**NARRATIVE:** Jenkins, Nikko #59478 was seen at the doorway of his IM cell. He was methodically cleaning his cell throughout the interview stating that he had "OCD" and could not stop to have a conversation. When he became agitated, he stopped cleaning and stood at the door. He was oriented in all spheres. Did not appear to be attending to any internal stimuli. Hygiene was within normal limits. He continues to report a variety of symptoms including possession by an entity known as "Oophus." When asked to clarify symptoms, he responds by stating that he is a complex case with symptoms that aren't seen in most people. Made several statements about seeing this clinician in court and proving that he has been denied mental health care. Asked if he was willing to participate in a psychological assessment, to which he agreed. He continued to focus on the "uniqueness" of his case and that psychological assessment would likely not show anything. Continued to make legal threats toward mental health for "denying" him care. Informed him that he would be seen in the near future for assessment. Interview was terminated at this time.

Current Need Level: 2 - Low [monthly]

New Need Level: 2 - Low [monthly]

**Rationale [if need level changes]:**

Next Date to be seen: 3-4-2010

Completed by: [Signature]

**NEED LEVEL SCALE**

4 – Highest [Weekly]
3 – Moderate [2 weeks]
2 – Low [Monthly]
1 – Maintenance [2-Months]
1a – PREA Follow-up [3 months]
0 – PRN/Inmate Request

Date: 2/4/2010
On December 17, 2009 I Lieutenant Morris was assigned as to Second Shift at Tecumseh State Correctional Institution. On this date I was assigned to escort Jenkins, Nikko #59478 on a funeral transportation to Omaha, Nebraska. Sg1 Crulichlank and CW Roede were also assigned to this detail, as was an officer from OCC. At approximately 1630 hours we arrived at the designated church. We identified the correct entrance and escorted Jenkins inside. He was greeted and briefly embraced by several persons at once. Approximately ten to fifteen minutes after arriving Jenkins stated that he needed to use the restroom. I located the restroom and searched it thoroughly. CW Roede and I escorted Jenkins inside. He stated that he could not use the restroom the way he was restrained and would need one hand free. I agreed because I had intended to remove one restraint for him to use the restroom and then leave it free while he participated in the meal. Once the meal was over I intended to re-apply a handcuff to the free hand prior to him receiving packing instructions from friends and family. Sg1 Crulichlank called Sgt Nutter for permission to remove the restraint, and we closed the door with Jenkins, CW Roede, and myself in the restroom. I unlocked the padlock and removed the waist chain from the restroom cover (blue box). I then freed Jenkins' right hand. At this time I noticed that if I attached the remaining left handcuff to the waist chain as intended that it would be backward due to the way the restraints had been applied for the restraint cover. I removed the left handcuff to turn it around and then secured the right cuff to the waist chain, thus allowing Jenkins to have one hand free. At this point Jenkins spread his arms. He told CW Roede and I in a low tone that he had been around both of us and had not had problems with either of us. He stated that if he started fighting in the restroom that his 'boyos' would come in and help him. He stated that it would get bloody. He stated that his 'boyos' had guns and that it would be a bloodbath if he started fighting. He pointed to the left side of his face and asked "Do you know what this is? This is my rank (or stasis)." He stated that he was of significant rank or status. He then stated "Here's what we're going to do. You're going to take these leg irons off and I'm going to walk out that door. If you deal with whoever's outside?" He stated that if we remained in the restroom we would not be bothered. I spoke to Jenkins calmly. I reminded him that he did not have any years left in his sentence. He stated that he had no choice in the matter. I told him that he did. I told him that all he needed to do was let me put the handcuffs back on, we could walk out the door calmly, and that if his 'boyos' saw this there would be no trouble. He stated that they would not let that happen. At one point Jenkins tried to stop around CW Roede toward the door but I stepped around and blocked the doorway. We continued talking. At some point Jenkins leaned on the side (next to the door) with both hands and took a deep breath. When he stood up he began to unbuckle the top buttons of his shirt. I told him to stop, and I told him that we were not going to have a fight. I had my hands up, palms open in a calming gesture with the handcuffs in my right hand. My left hand was near his left hand while making this gesture. I told him that I was going to put the handcuffs back on. I grabbed his left hand in mine in a handshake-like motion and applied a handcuff to his left wrist. I did not 'pop' cuff or impact his wrist with the restraint. The handcuff came to a stop prior to contacting his left wrist and I then pressed it on with minimal effort. Jenkins, Nikko #59478 swung his closed right fist, impacting my face just above my left eye. His fist impacted my lip and the left side of my nose. I maintained control of the handcuffs and thus Jenkins' left hand. I yelled "Stop!" several times to let Sgt Crulichlank (outside) know that we needed law enforcement. CW Roede wrapped his arms around Jenkins, and we muscled him to the floor. I gave Jenkins several loud verbal directives to stop fighting and let me put the cuff on as I attempted to apply the remaining handcuff to Jenkins' right wrist. Jenkins continued to resist. He leaned his chest forward over my right hand and attempted to bite it. I held his teeth open on my right hand, which was holding the handcuff. I used my left hand to push his shoulder back and he was unable to bite me. Jenkins pushed at me with his knee. I directed him to stop. When he did not I used my left closed fist to strike his right femoral one time. He quit pushing with the leg. A large individual in a gray shirt had entered the doorway of the restroom. He told Jenkins to cooperate. Jenkins yelled at the individual outside? "Can't even count on you? In a seeming attempt to recruit assistance. A female was outside a few steps and yelled? "Get off my son? I believe another female yelled? "Get off my brother? I was concentrated mainly on Inmate Jenkins. Jenkins yelled in an accusing tone? "Can't even count on you? A male voice belonging to an unidentified individual yelled back? "They already called the cops! The cops are already on the way! Someone was yelling? "Let him stand up? Jenkins began to lessen his resistance and allowed me to apply the right handcuff. He stopped resisting altogether. We helped Jenkins to his feet as an officer from the Omaha Police Department arrived and directed all uninvolved parties to leave the area. The Officer arrived within two to three minutes of Jenkins striking me. The officer then escorted us outside, and we re-applied the restraints. During the use of force I primarily concentrated on applying the second handcuff and maintaining control of Jenkins. I did not see what occurred near the doorway or what actions Sgt Crulichlank and the officer from OCC look.
Misconduct Report

11967

Area : SMUD
Place of Occurrence : TSC
Where Evidence Held :
Evidence Collected : ☐
Evidence Held By :

Logging :
LOGGING
( Last Updated by : FSTinso Last Updated on : 12/18/2009 02:20 AM )
Logging Date : 12/18/2009 02:20 AM
Assigned To : FSTinso

Comments :

Charge(s) :

<table>
<thead>
<tr>
<th>CT</th>
<th>Charge</th>
<th>DISM?</th>
<th>Rest Type</th>
<th>Start Date</th>
<th>End Date</th>
<th>LGT Amt</th>
<th>LGT NR?</th>
<th>Action</th>
<th>View</th>
<th>Edit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1C ASSAULT</td>
<td>No</td>
<td>SEG</td>
<td>01/09/2010</td>
<td>03/09/2010</td>
<td>3 MONTHS LOSS OF GOOD TIME AND 80 DAYS DISCIPLINARY SEGREGATION</td>
<td>V</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2E DISOBEDYING AN ORDER</td>
<td>No</td>
<td>SEG</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>45 DAYS DISCIPLINARY SEGREGATION/C/C</td>
<td>V</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>2H USE OF THREATENING LANGUAGE OR GESTURES</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>V</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>3A FLARE OF TEMPER/MAJOR GESTURE/FIGHTING</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>V</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>3D SWEARING, CURSING, OR USE OF ABUSIVE LANGUAGE OR GESTURES</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>V</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>3E DISRUPTION OF AUTHORIZED DUTIES</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>V</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>3N VIOLATION OF REGULATIONS</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>V</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>1E ESCAPE</td>
<td>No</td>
<td>SEG</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60 DAYS DISCIPLINARY SEGREGATION/C/C</td>
<td>V</td>
<td></td>
</tr>
</tbody>
</table>

Investigation Reports :

HEARING BEFORE INVESTIGATING OFFICER
( Last Updated by : MShafre001 Last Updated on : 12/19/2009 02:08 PM )
Date of Hearing before Investigating Officer : 12/19/2009 and Time : 13:55
# of Hrs. between Infraction or Discovery & Filing : 5.08 Hrs
# of Hrs. between Filing and Logging : 2.55 Hrs
Inmate Present : YES
Comment (for Inmate Present) :
I wasn't responsible, Chipopols took control of me like he has been doing for the last 3 years.
For the purposes of my Disciplinary Committee hearing on this Misconduct Report :
IDC Representative Requested : NO
IDC Witness Requested : NO
IDC Employee Requested : NO
IDC 24 Hr Notice of Charges :
24 Hr Notice of Hearing :
Appearance Before the Committee :
Dismissal Recommended : NO
Date of Investigation Continued :
Investigation Continued : NO and Time :
Comments and Finding of Facts :

2/R
<table>
<thead>
<tr>
<th>DATE</th>
<th>Mental Health Contact Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-9-2009</td>
<td>Jenkins, Nikko #59478 was referred to MHOD by custody staff. Custody staff indicated Mr. Jenkins had threatened harm to others and stated that he was going to discontinue his medications. An MSR review was conducted at Mr. Jenkins's cell door on B gallery of lower SMU ABC. Mr. Jenkins was appropriate in hygiene and cooperative with interview. He was oriented x3. His recent and remote memory was intact. Thought patterns mostly were on track and seemed to be relevant, however Mr. Jenkins referred to Apophous during the interview, which seems to indicate reality issues. Mr. Jenkins denied any plans to harm himself or others. His affect and mood were congruent. Focus was on processing issues of concern that Mr. Jenkins saw as relevant. Mr. Jenkins seems to have some impulsive behavior issues as well as social judgment issues. He also seems to be experiencing transference issues as he indicated an over estimation of attachment to me. This is likely to be seen in his other relationships. He stated &quot;I am infatuated with you.&quot; I set clear boundaries by stating that his statement was inappropriate and that our relationship was professional only. Will explore prior relationships and appropriate social interaction as well as continue to focus on coping skills. K. Stranberg, LMHP</td>
</tr>
<tr>
<td>11-17-09</td>
<td>Mr. Jenkins was seen for special needs. K. Stranberg, LMHP</td>
</tr>
<tr>
<td>12-02-09</td>
<td>Mr. Jenkins was seen for special needs. K. Stranberg, LMHP</td>
</tr>
<tr>
<td>12-16-09</td>
<td>Mr. Jenkins was seen for special needs. K. Stranberg, LMHP</td>
</tr>
<tr>
<td>12-18-09</td>
<td>Jenkins, Nikko #59478 was seen at his cell door on D gallery of SMU DEF at his request. He was cooperative and appropriate in behavior. His hygiene was appropriate. Mood and affect were congruent. He talked rapidly and had normal eye contact. Mr. Jenkins indicated some frustration regarding his recent behavior on a funeral travel order. He stated frequently that Apophous was stronger than he had thought and that his behavior was all Apophous. He reported that he was trying to keep control of Apophous but that he lost and that is why he (Jenkins) hit the officer because he knew that he would get in trouble and that he would end up getting more prison time. He stated that if he (Jenkins) had escaped that Apophous had planned a massacre at a church on Christmas Eve. He also indicated remorse and regret over what happened and asked after the welfare of the officers that were involved in the altercation. I suggested that if he was concerned that he should send an inmate request to them and ask them personally. Mr. Jenkins seemed to upset and regretful over the events but did not take responsibility for his actions, choosing instead to blame the evil Apophous who dwells in him. He reported that he wanted to go to the mental health unit because there he would be able to get the ongoing treatment he needed. I explained to Mr. Jenkins that his behavior the previous evening lessened his chances of going to the mental health unit. He continued the theme of previous interviews focusing on his need for help and the time he had for getting mentally, psychologically, and physically fit. I encouraged him to consider how smart he (Jenkins) was and that he could figure out a way to beat Apophous. I recommended to Mr. Jenkins that perhaps he should consider taking medications to weaken the voice of Apophous. He seemed willing to consider the possibility and stated he would send a medical request to Dr. Baker. I will continue to see Mr. Jenkins for special needs. K. Stranberg, LMHP.</td>
</tr>
</tbody>
</table>

**INMATE'S Last Name, First Name** | **INMATE'S Number**
--- | ---
Jenkins, Nikko | 59478
<table>
<thead>
<tr>
<th>CRITERION</th>
<th>YES</th>
<th>NO</th>
<th>MRGNL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hygiene appropriate</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Cooperative with Interview (answers questions)</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Oriented to person, place, and time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Recent and remote memory Intact</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Thought patterns are appropriate (capable of keeping thoughts on track, ideas are consistent with reality, no bizarreness)</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Affect/mood appropriate (emotional expression fits situation, circumstances and is congruent with verbal and non-verbal communication)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Absence of suicidal/homicidal ideation (does not reveal a suicide plan or intentions, has appropriate coping strategies and has plans for the future)</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Sleep pattern satisfactory (does not express inability to sleep or evidence excessive tiredness)</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Eating pattern satisfactory (reports normal appetite, no indication of rapid weight change)</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Content and rate of speech are appropriate for current situation</td>
<td></td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>11. Understands how to contact Mental Health</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Maintains daily activities</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Unit/Custody Staff and/or logs indicate satisfactory adjustment</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Jenkins is a special needs client with numerous mental health related issues. See CN and SW documentation for further information. Jenkins continues to report multiple personalities, voices inside his head, and religious delusions.

Psychiatric consultation requested at this time (already in psych care)
Follow-Up Appointment with

Lab Draw Due

Date: 12/30/09

Signature: A. Ballmann

Thank you

Pour: As noted. Respond and report have been initiated and should help alleviate your symptoms. (You will be monitored (both the renal and hepatic) immediately. Please contact medical staff if any questions or concerns.

Drugs taken:

1. For Medical Response Only

Signature: H. Strong, S.A.

Medication Refill

What medication needs refilled: Name of Medication

Dose:

Be sure to change to:

Thank you

What is your health concern?}

By: H. Strong

DEC 29 RD

Health Services Request Form

# 3918

Hi: S.A.

Dr. Lasker

What is your health concern?
**Mental Health Record**

<table>
<thead>
<tr>
<th>DATE</th>
<th>Note</th>
</tr>
</thead>
</table>
| 2/31/09 | Found to be more Axis II/behavioral in nature vs. any Axis I dx & has been denied for transfer to MHI due to malingering behavior by pt. Mental health staff has observed that pt. does appear anxious but not psychotic. ODID observed. Pt. will be followed & monitored closely by MH staff. Behaviorally appear volitional. sx have been refractory to Prozac.

In the past, plan to P/I restricted at the time of pt's current status. 2° behavioral axis II issues. Pt. displays strong AS traits. Will cont. to Depakote.

500 mg BID for any anger/mood sx. Plan to discuss anxiety sx/OCDS. @ next visit & discuss Vx options. Will continue to monitor pt. & adjust meds as necessary. Fluoxetine as scheduled, sooner if needed.

Addendum: Will continue to expand database & reassess pt's psychiatric needs & Vx options. |

**Note**

2/11/10

Met briefly w/ pt. at his cell as he became argumentative & uncooperative & refused to answer the interviewer's questions. Pt. demanding to be placed back on. Refused to take Depakote as he doesn't feel it is helpful. But is unable to elavate. Reports he is sleeping & eating well. Denies diff in energy or concentration. Denies SI/ST. @ diff 2 anger & verbal aggression. Pt. was verbally aggressive & threatening towards the interviewer. @ All limited to Opus. Discussed at...
Health Services Request Form

Date: 1.1.10

Name: Nicki Jenkins

What is your health concern?
I would like to withdraw the risperdal. Why did you stop it? After 2 days when you gave it to me for 6 months the depakote only shut me down. The yelling and screaming is lower with risperdal. I don't want it.

Signature: Nicki Jenkins 59478 depakote only

↓ For Medical Response Only

Above noted: Risperdal is not indicated for your treatment at this time. Recommend for you to continue to take the Depakote as prescribed to help stabilize your mood and anger issues. Continue to work with mental health staff. Again, if you need immediate assistance please contact mental health staff.

Thank you, we will discuss treatment options at your next scheduled appointment.

Date 1/17/10

Signature: N. Balcorm

Follow Up Appointment with

Lab Draw Due
### Segregation Mental Status Review

**Institution:** TSCI  
**Subject:** Jenkins, Nikko  
**Date:** 1/19/10  
**Number:** 5947B  
**Previous Review Date:** 12/28/09  
**Location:** SMUD 12

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Yes</th>
<th>No</th>
<th>MRGNL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hygiene appropriate</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Cooperative with interview (answers questions)</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3. Oriented to person, place, and time</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>4. Recent and remote memory intact</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>5. Thought patterns are appropriate (capable of keeping thoughts on track, ideas are consistent with reality, no bizarreness)</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>6. Affect/mood appropriate (emotional expression fits situation, circumstances and is congruent with verbal and non-verbal communication)</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>7. Absence of suicidal/homicidal ideation (does not reveal a suicide plan or intentions, has appropriate coping strategies and has plans for the future)</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>8. Sleep pattern satisfactory (does not express inability to sleep or evidence excessive tiredness)</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>9. Eating pattern satisfactory (reports normal appetite, no indication of rapid weight change)</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>10. Content and rate of speech are appropriate for current situation</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>11. Understands how to contact Mental Health</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>12. Maintains daily activities</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>13. Unit/Custody Staff and/or logs indicate satisfactory adjustment</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

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

Jenkins continues to report difficulties regarding the Egyptian God of War attempting to "take me over." Staff reports he has been more agitated and aggressive in his behavior in the past week. See contact notes for further information.

Psychiatric consultation requested at this time (already seen)  

[Signatures]

**Examiner:**  
**Psychologist:**

---

DCS-A-mnh-007 (2/07)  
CONFIDENTIAL
<table>
<thead>
<tr>
<th>CRITERION</th>
<th>YES</th>
<th>NO</th>
<th>MRGNL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hygiene Appropriate</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>2. Cooperative with interview (answers questions)</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3. Oriented to person, place, and time</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>4. Recent and remote memory Intact</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>5. Thought patterns appropriate (capable of keeping thoughts on track and relevant)</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>6. Thought patterns appropriate (ideas are consistent with reality, no bizarreness)</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>7. Affect/mood appropriate (emotional expression fits situation, circumstances and information being processed mentally)</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>8. Absence of suicidal/homicidal ideation (does not reveal a suicide plan or intentions, has interests, plans for the future)</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>9. Sleep pattern satisfactory (does not express inability to sleep or evidence excessive tiredness)</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>10. Eating pattern satisfactory (reports normal appetite, no indication of rapid weight change)</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>11. Non-verbal communication is in alignment with verbal communication (facial expressions, etc. are congruent with verbal statements)</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>12. Content and rate of speech are appropriate for current situation</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>13. Understands how to contact Mental Health</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>14. Maintains daily activities</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>15. Unit/Custody Staff and/or logs indicate satisfactory adjustment</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

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

Jenkins continues to report struggles in regard to an Egyptian God "taking him over." Speech is rapid, pressured and disorganized. Staff reports Jenkins is demanding and makes frequent reference to the Egyptian God.

Examiner:  IHP/PC

Psychologist Supervisor
INMATE INTERVIEW REQUEST

TO: Mental Health Dr Pearson
FROM: Noble Jenkins S9478 TSCI
DATE: 1/27/10

NAME NUMBER FACILITY LOCATION

WORK LOCATION:

UNIT STAFF:

MESSAGE: Why are you playing mind games with my sanity you know I did not write the interview request form you sent me I need help none has seen me regarding my mental health declining you people are very unprofessional I hope that once these charges go to court you are all exposed for your mishandling of my case file lack of...

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

REPLY:

______________________________
Date

______________________________
Signature
TO: Mental Health Dr Pearson
FROM: Nillo Jenkins 59478
DATE: 1/27/10

NAME NUMBER: 59478
FACILITY: YSCY
LOCATION: SMM DL2

WORK LOCATION: 
UNIT STAFF: 

MESSAGE: "Sympathy for my mental disorders and how I am struggling to live mentally and remain grounded in reality. He is yelling at me everyday if I need proper medication. Mental Health sessions need professional staff who actually care if patients get better or at least stabilized all of you do not deserve to practice. Even anywhere your actions make people want to give up."

Signature: Nillo Jenkins 59478

REPLY: Mr. Jenkins,

You are seen on a regular basis by mental health. You will be seen again in the next 1-2 weeks.

1/28/2010 ur Dr. Pan
**NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES**

<table>
<thead>
<tr>
<th>DATE</th>
<th>CHRONOLOGICAL RECORD OF PSYCHIATRIC / MENTAL HEALTH CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/11/10</td>
<td><strong>Length of pt. that Risperdal is not indicated at this time</strong></td>
</tr>
<tr>
<td></td>
<td>and that mental health staff will be further evaluating</td>
</tr>
<tr>
<td></td>
<td>and testing the pt. to clarify pt's dx + then be able to</td>
</tr>
<tr>
<td></td>
<td>provide the most appropriate tx options to the pt.</td>
</tr>
<tr>
<td></td>
<td>Pt's room appears neat + clean. Pt. uncooperative + argumentative today. Demanding to be placed back on Risperdal + refuses to take Depakote as recommended. Good eye contact. MP noted pt's affect angry + agitated. Speech apathetic. Nervous and loud, not pressured. Unable to redirect pt. at this time. Pt refuses to answer most of the questions. Thoughts appear poorly organized. Pt's OFO/OLCA appear hypomanic + agitated. MP-limited to Opium. OUCH, once paranoid. Delusions noted today. Denies SI/HI. Reality testing/II remains limited.</td>
</tr>
<tr>
<td></td>
<td>Pt angry, visibly agitated. Pt. threatening today. Demanding to be placed back on Risperdal Ema to take Depakote as recommended. Pt. a strong nonverbal antisocial trait. MP-limited to Opium. OFO/OLCA appear hypomanic + grandiose. OUS/HI. Pt. would not answer. NRM/FB/PTSD sx of OCD behaviors (walking out, cleaning). Discussed Kite from 1/1/10 - 1/7/10, its pt. pt. frequently interrupting interview, very difficult to redirect. See KS in MR. Pt. ch. noncompliance to medications + sx have been refractory to tk. Spoke to MP in MR who reports she plans to do tk testing on pt. including the &quot;SIRS&quot; this week as pt may be attempting to reign MR for 2° gain. Including avoiding legal consequences for his actions. Sx most likely 2° significant behavioral Axis II issues. Pt. would not discuss issues regarding any paranoia + anxiety today.</td>
</tr>
</tbody>
</table>

**Patient Information**

- **Last Name:** Jenkins
- **First Name:** NIKKO
- **Identification No.:** 59478
- **Signature:** [Signature]

**Date:** 2/11/10
<table>
<thead>
<tr>
<th>DATE</th>
<th>CHRONOLOGICAL RECORD OF PSYCHIATRIC / MENTAL HEALTH CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/10</td>
<td>and will cont. to monitor 4x as necessary. O PID observed</td>
</tr>
<tr>
<td></td>
<td>PT continue to be monitored closely by MH staff. 4</td>
</tr>
<tr>
<td></td>
<td>continued testing for O. Propedal was D/C'd 12/31. 4</td>
</tr>
<tr>
<td></td>
<td>Depakote was D/C'd 11/11/10 4 pt refused &amp; pt refused to receive</td>
</tr>
<tr>
<td></td>
<td>Depakote per recommendations at this time. Will discuss</td>
</tr>
<tr>
<td></td>
<td>anxiety sx/ OCD sx w/ pt. at next visit. Will also cont.</td>
</tr>
<tr>
<td></td>
<td>to monitor mood change sx. O dr. improved at this time 5° pt</td>
</tr>
<tr>
<td></td>
<td>refused to receive Depakote. Pt. does appear to be meeting</td>
</tr>
<tr>
<td></td>
<td>the usual needs at this time. Pt. in sleeping/eating/outing</td>
</tr>
<tr>
<td></td>
<td>per custody staff. Will discuss 4x options w/ pt. 4 testing</td>
</tr>
<tr>
<td></td>
<td>completed will cont. to monitor pt. 4x sx as necessary.</td>
</tr>
<tr>
<td></td>
<td>Flx 2x w/ 2-3 weeks, sooner if needed. — D. Balzetti</td>
</tr>
</tbody>
</table>

**PATIENT'S LAST NAME - FIRST NAME**

Jenkins, Nikko

**IDENTIFICATION NO.**

59478
INMATE INTERVIEW REQUEST

TO: Mental Health (TSCI)  DATE: 7.23.11
FROM: Nikki Jenkins 59478  TSCI  SMU 07
WORK LOCATION:  UNIT STAFF:  
MESSAGE: This facility is not qualified to provide the treatment I need to mentally get better. The mental illness of schizophrenia I suffer from has reached a severe psychosis state. I would like to request to be placed at TCC. The mental health mod were it can be given psychiatric treatment at a higher rate. This rehabilitation treatment mentally is very important. Thank you.

REPLY: Mr. Jenkins,

You will be seen by your primary therapist in the near future. If your primary therapist believed it to be appropriate, he or she will send a referral to the Mental Illness Review Team to determine whether or not the Mental Health Unit would be an appropriate placement for you.

Thank You.
INMATE INTERVIEW REQUEST

To: Case Manager Houseman

From: Nikki Jenkins 59478 YSC I SMU D7

Date: 7-23-11

Work Location: 

Unit Staff: 

Message: I would like to put in for the mental health mod at SCC to receive mental health treatment before I am released.

Thank you.

Nikki Jenkins 59478

REPLY:

Mental health staff will determine if a referral to the Mental Illness Review Team is appropriate for you.

Thank you,

7/10/11
**Psychiatric Consultation Requested at this Time**

<table>
<thead>
<tr>
<th>Criterion</th>
<th>YES</th>
<th>NO</th>
<th>MRGNL</th>
<th>Explanation/Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hygiene appropriate</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Cooperative with interview (answers questions)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Oriented to person, place, and time</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Recent and remote memory intact</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Thought patterns appropriate (capable of keeping thoughts on track; ideas are consistent with reality; no bizarreness)</td>
<td>✓</td>
<td></td>
<td></td>
<td>Reports he has severe PTSD, severe paranoia, and is getting more unstable all the time.</td>
</tr>
<tr>
<td>6. Affect/mood appropriate (emotional expression fits situation/contexts and is congruent with verbal and non-verbal communication)</td>
<td>✓</td>
<td></td>
<td></td>
<td>Appeared calm but reported the information above.</td>
</tr>
<tr>
<td>7. Absence of suicidal/homicidal ideation (does not reveal a suicide plan or intentions, appropriate coping strategies and plans for the future)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Sleep pattern satisfactory (does not express inability to sleep or evidence excessive tiredness)</td>
<td>✓</td>
<td></td>
<td></td>
<td>Reports insomnia due to noisy peer on gallery does not appear excessively tired.</td>
</tr>
<tr>
<td>9. Eating pattern satisfactory (reports normal appetite, no indication of rapid weight change)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Content and rate of speech are appropriate for current situation</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Understands how to contact Mental Health</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Maintains daily activities</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Unit/Custody Staff and/or logs indicate satisfactory adjustment</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:

- Wants to be seen by MH - see #5 above.

EXAMINER: B. Logston LMHP/PC

DATE: 8/31/11

PSYCHOLOGIST: M. Pearson, PsyD

DCSA-mod-007 (4/09)

CONFIDENTIAL
**Seg Mental Status**

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Time</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/28/2011</td>
<td>Regular / Follow-up</td>
<td>15-30 min</td>
<td>Seen for MSH. Inmate overly hostile, demanding &amp; vaguely threatening. Rptd AH in form of voices, but did not elaborate, stating &quot;they are Egyptians so I can't translate.&quot; At times rel these same voices tell him to hurt people. Speech measured &amp; slow. Rptd diff staying asleep at night. Denied 5/14H, but alluded to violent ideation when under the power of 'Re.' Stated Douglas County MH had recommended psychotherapy and that TSCI MH and DOC were refusing him Trx &amp; he had a lawsuit in progress. Inmate did not present in a manner consistent w/ someone experiencing hallucinations or other psychotic symptoms. Did not appear to be attending to internal stimuli &amp; provided significant descriptions of rpts symptoms at a level of insight unusual in those currently experiencing said symptoms. Inmate shows no observable signs of mental illness, no apparent difficulty maintaining daily functioning and unit housing rpts show adequate ability to meet needs in current environment.</td>
</tr>
<tr>
<td>9/26/2011</td>
<td>Inmate Request</td>
<td>0-15 min</td>
<td>Inmate seen at call door in SMU JM cell at his request at approximately 1540 hrs. Gallery staff had reported that Mr. Jenkins was requesting to see Mental Health. Upon arrival, inmate opened conversation by stating that he was busy and that this writer would be happy to not have to talk to him. Began by introducing myself as Dr. Pearson. He stated that he knew who I was and addressed me by my first name. Expressed my preference that he use the more formal form of address to which he replied that he would call me by my first name. Stated that he had more important things to do, including a legal call and that he didn't have time to speak to Mental Health. Inmate appeared oriented to location, this writer and events on the gallery. Presentation was hostile, but no concerns were noted with mood or affect. Did not appear to be distracted or attending to internal stimuli. Will be seen again upon request or referral.</td>
</tr>
<tr>
<td>8/31/2011</td>
<td>MH Referral</td>
<td>30-45 min</td>
<td>Hard copy of completed MSR in MH file. Mr. Jenkins was cooperative w/ interview, oriented X3, presents w/appropriate hygiene/grooming, memory intact, eating satisfactorily, speech appears appropriate for situation, understands access to KH, reports maintaining daily activities including writing poetry &amp; staff report no immediate concerns. Reports he's been down 9 years since age 16 (TRD 11/30/13)... he wants parole to LRC. Of thoughts he reports he steps in/out of reality... see/hear... satanic warfare... since 2007 in hole, mood high, high/low low's very intense, H/I but not S/I, @night initially dead sleep then wake 6X's a night w/night terrors every night, OCD symptoms I.e. count seconds w/workout... was in middle of workout w/interview. He reports that in this cell can control self... train/workeout, not take medications, think paranoia... 5 generations of MH he described as schizo... he's had 15 MH counselors since 07... demonic scream all the time... alpha warrior... asked if I knew what that was... that he's lost aunt/father/family... everyone die... not to grieve... treat up &quot;voice yells&quot; @him since here 5 years. He reports concern about his release, managing symptoms when not in SMU... what would happen (revenge) without bike including medication &amp; intense therapy... need to grieve... Treatment options were discussed including CVRT &amp; MH options along w/coping skills. Will be followed by MH regularly &amp; w/request/referral.</td>
</tr>
<tr>
<td>8/30/2011</td>
<td>Regular / Follow-up</td>
<td>0-15 min</td>
<td>Concerns - see MH file</td>
</tr>
</tbody>
</table>

---

**Psychological Evaluation Requests**

<table>
<thead>
<tr>
<th>Requested Date</th>
<th>Due Date</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>0/0/0</td>
<td>0/0/0</td>
<td></td>
</tr>
</tbody>
</table>

There are no involuntary medication records on this inmate.

There is no suicide information on this inmate.

**Attached Documents in Inmates File**

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Created By</th>
<th>Created Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Note 4/25/13</td>
<td>PWavada</td>
<td>7/18/2013</td>
</tr>
<tr>
<td>Psychiatric Consultation Jenkins 5/14/15</td>
<td>MWelch</td>
<td>4/29/2013</td>
</tr>
<tr>
<td>Jenkins note 2-1-13</td>
<td>MWellag</td>
<td>2/12/2013</td>
</tr>
<tr>
<td>MDT Notes 10/25/12</td>
<td>JTaylor005</td>
<td>11/7/2012</td>
</tr>
<tr>
<td>MDT Review 9/27/12</td>
<td>JTaylor005</td>
<td>10/25/2012</td>
</tr>
<tr>
<td>Indirect Contact Notes 9-20 to 9-25-12</td>
<td>MPeaseo</td>
<td>11/1/2012</td>
</tr>
<tr>
<td>MDT Review 8/30/12</td>
<td>JTaylor006</td>
<td>9/27/2012</td>
</tr>
<tr>
<td>MDT Review 7/26/12</td>
<td>SGibson012</td>
<td>8/24/2012</td>
</tr>
<tr>
<td>psychiatric 7-2-12</td>
<td>WKarase-001</td>
<td>7/3/2012</td>
</tr>
<tr>
<td>MDT Review 6-21-12</td>
<td>SGibson012</td>
<td>7/3/2012</td>
</tr>
<tr>
<td>Contact Note 4-20-12</td>
<td>MPeaseo</td>
<td>5/1/2012</td>
</tr>
<tr>
<td>psychiatric 4-19-12</td>
<td>WKarase-001</td>
<td>4/26/2012</td>
</tr>
<tr>
<td>Seg MSR 4-19-12</td>
<td>MWellag</td>
<td>4/23/2012</td>
</tr>
<tr>
<td>MIRT Referral / Review 02-08-2012</td>
<td>DPatche</td>
<td>3/9/2012</td>
</tr>
<tr>
<td>MIRT Referral 2/8/2012</td>
<td>TSpier</td>
<td>2/16/2012</td>
</tr>
<tr>
<td>Contact Note 2-15-12</td>
<td>MWellag</td>
<td>2/16/2012</td>
</tr>
<tr>
<td>collateral contact 1/09/2012</td>
<td>TSpier</td>
<td>1/30/2012</td>
</tr>
<tr>
<td>psychiatric 12-23-11</td>
<td>WKarase-001</td>
<td>1/12/2012</td>
</tr>
<tr>
<td>MH Contact Note 12-28-2011</td>
<td>EGeiger001</td>
<td>12/28/2011</td>
</tr>
<tr>
<td>Ombudsman Collateral Contact 11/28/11 to 12/07/11</td>
<td>TSpier</td>
<td>12/12/2011</td>
</tr>
<tr>
<td>psychiatric 9-26-11</td>
<td>WKarase-001</td>
<td>10/25/2011</td>
</tr>
</tbody>
</table>
### Individual 5/3/2012

| Regular / Follow-up | 0-15 min |

Mr. Jenkins compiled an interview at his cell door. S/H was denied. He expressed concerns about being on limited property and staff response to his reported mental health concerns. He was encouraged to send an inmate interview request form to further outline his concerns and request a session with his assigned therapist. No additional concerns were reported or observed. Recommendations: Remove from 15 minute checks.

---

### Individual 5/2/2012

| Regular / Follow-up | 15-30 min |

Mr. Jenkins compiled an interview in SMU cell 023 while in therapeutic restraints. He reported feeling "darned," S/H was denied. He denied intent to self-harm prior to the incident leading to being placed in restraints the previous evening. He reported he was told to do it by a spiritual being inside him, "rapapara." Mr. Jenkins further explained 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.

---

### Individual 4/30/2012

| Regular / Follow-up | 0-15 min |

Please see attached document from this date.

---

### Psychiatric 4/19/2012

| Regular / Follow-up | 30-45 min |

Dr. Baker

---

### Seg mental status 4/19/2012

| Regular / Follow-up | 15-30 min |

Seen in SMU. Continues to be angry about my comments about him not having "schizophrenia-bipolar." He stated he was unprofessional, unethical, and played "psychological warfare" with him. He was not interested in dialogue and instead focussed on why he needed to be out of seg. He wanted treatment but not form TSCI/DCS MH staff. He then after about 20 minutes of making negative comments about this author, began to praise me as the only one with the power to get him out of seg. He was offered an opportunity to meet again and work on his issues/concerns, but he said no he just needed transferred and that was all I could do for him.

---

### Seg mental status 3/23/2012

| Regular / Follow-up | 15-30 min |

I met with Jenkins for a MSR today which was WNI. Except for reported thoughts/ideas (see below) and poor sleep (i.e. reports he tries to sleep and is constantly "up and down"). Jenkins reports he will not take medications at TSCI due to staff's "hidden agenda" but that he needs psychotropic medications for his "hypoamnesia" and "psychosis breaks." Jenkins explained that his stress hormones initiated leaving him vulnerable to the demonic forces and he is now possessed by an evil Egyptian God who will eventually "take over." Jenkins reports he has "visions" and is spoken to by the demonic forces continuously; however, he maintained full focus on the conversation between us throughout the interview. Jenkins repeatedly pointed out how he was of "superior intellect" and had "the body of a superhero" and expressed that women and children worship him. Jenkins insisted that he needed "intensive psychotherapy" before he was released and that I should suggest he be placed in a psychiatric hospital immediately due to the high level of distress he was experiencing. I offered materials in regard to distress management which he did not respond to which will be provided. I consulted with the psychologist regarding his current presentation to ensure no further action needed to be taken. I will follow up with Jenkins as appropriate.

---

### Eval 2/13/2012

| Regular / Follow-up | 0-15 min |

No concerns noted. Copy of completed MSR in file.

---

### Evaluation 1/31/2012

| MH Referral | 1-2 hrs |

Seen for continued evaluation.

---

### Evaluation 1/27/2012

| Regular / Follow-up | 0-15 min |

No concerns noted. Copy of MSR in file.

---

### Evaluation 1/25/2012

| MH Referral | 45-60 min |

Seen for initial part of evaluation.

---

### Seg mental status 12/28/2011

| Regular / Follow-up | 0-15 min |

See attached document. MH Contact Note 12-28-2011

---

### Psychiatric 12/23/2011

| Regular / Follow-up | 30-45 min |

Dr. Baker

---

### Seg mental status 12/5/2011

| Regular / Follow-up | 0-15 min |

Inmate threatening in manner, not predictable, not amenable to mental status assessment. Observational and staff logs information only.

---

### Seg mental status 10/30/2011

| Regular / Follow-up | 0-15 min |

No noted concerns
<table>
<thead>
<tr>
<th>DATE</th>
<th>NOTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/26/11</td>
<td>Last evaluated the pt. on 2/11/10 as pt. had been transferred to DCC for legal issues and recently has returned to TSCI. Pt. reports he was at SAMS in 1/13. Pt. reports he DCC'd Depakote which had also been prescribed by Dr. Oliveto. Pt. continues to base this on &quot;they killed my adrenalin&quot;, and pt. currently refused to reinitiate Risperdal and/or Depakote. Pt. very focused on wanting to be transferred to LRC and states he will only take meds if recommended by his doctor at LRC. Pt. refuses all psychphobics at this time but is requesting &quot;daily psychotherapy&quot; to help him cope with his violent thoughts and traumatic past. Pt. c/o some diff. staying asleep, 6&quot; NM appetite is good. Denies diff. c/o energy or concentration. Denies SUICIDAL currently, but c/o intermittent AH of &quot;opiums&quot; to harm others (no one in particular). Reports vague VH: SAW &quot;spirits&quot;. Believes he is an &quot;alpha warrior&quot; and believes he is from the &quot;ancient Egyptian culture.&quot; Pt. talked about how he is the reason that the DOC changed funeral policies because of his behavior/aggression at a funeral he had attended while incarcerated, and appears to take pleasure in this. Stated he will not take psychophobics except if @ LRC because feels staff will poison him. Pt. also talked about cutting up testicles in order to eat them for their testosterone content. O Somatic complaints: O diff. c/o anger. Denies any aggressive behavior for some time as staff he doesn't want to lose any more good time. Exercises daily. Maintains family contact. Keeps busy working on the appeal for his case and enjoys reading.</td>
</tr>
</tbody>
</table>

**Patient's Last Name** - First Name: Jenkins, Nikko

**Identification No.**: 59478
12/11/11 10NM/1M in "warfare"/violence he has witnessed as well as participated in, while on the streets.
P.t.s room is neat & clean. P.t.s presentation is similar to previous evaluations. Hygiene appears good. P.t. fairly cooperative, but appears manipulative. Only agreeable to take meds if transcribed to LRC/wanting "deep psychotherapy." P.t. & good eye contact. 10NM agitation. Mood: angry, affect intense, easily agitated. Speech: spontaneous, loud & rapid.
P.t. talkative & difficult to read at times. Responses are vague & reported according to p.t.s agenda vs. directed by this provider. P.t. similar themes of being an "alpha man," Opium guiding his violent thoughts/future actions, his physique & "genius intellect." Thought appear fairly well organized. + FOI. + OLOM. + grandiosity/narcissistic. + appears hyperactive & agitated today. + AHI - limited to Opium + CH to harm others (no one in particular). Vague. + VH - limited to "spurts" - dull elaborating. Some paranoia/suspiciousness. Questionable delusions of grandiose type. Denies SCH currently. Alert & oriented.

Attention/concentration/cognition appears ok. Reality testing intact.

P.t. appears unimpaired.

P.t. remains openly verbally aggressive. + AHI related to "Opium." + spurs. But currently. SCH at best. P.t. 2 significant hallucinations/antisocial acts/behaviors. + manic/hypomanic behavior - rapid speech, grandiosity, + agitation. + FOI. P.t. + manipulative, + poss. Malingering behavior for 2nd gain - LRC

Pt. reports 10NM/1M 

In MT. Plan to recommend/request further testing, including
<table>
<thead>
<tr>
<th>Date</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/26/11</td>
<td>Am MMPI, to help clarify dx/behavioral issues +</td>
</tr>
<tr>
<td></td>
<td>appropriate sx options, as well as R/O malinger. Pt. T h/o</td>
</tr>
<tr>
<td></td>
<td>noncompliance &amp; medo &amp; sx have also been refractory to sx</td>
</tr>
<tr>
<td></td>
<td>in the past. Pt. currently refusing all meds, including</td>
</tr>
<tr>
<td></td>
<td>prototypes and/or Depakote while he is transferred to LRC. Pt.</td>
</tr>
<tr>
<td></td>
<td>in requesting “daily psychotherapy” at this time. Poss h/o O.C.D.</td>
</tr>
<tr>
<td></td>
<td>sx [compulsion wanting out, cleaning] - cont. to monitor.</td>
</tr>
<tr>
<td></td>
<td>Physically aggressive. Behavioral problems T pt. recently per staff.</td>
</tr>
<tr>
<td></td>
<td>2nd likely 2nd significant behavioral axis II issues.</td>
</tr>
<tr>
<td></td>
<td>Pt. denied significant difficulties w/anxiety or panic sx.</td>
</tr>
<tr>
<td></td>
<td>O.D.D. sx observed. Pt. continues to be monitored by M.T staff.</td>
</tr>
<tr>
<td></td>
<td>Will complete a formal referral for further testing.</td>
</tr>
<tr>
<td></td>
<td>Discussed sleep hygiene, hygiene skills, trauma h/o violence.</td>
</tr>
<tr>
<td></td>
<td>Anger issues &amp; appropriate boundaries, reality testing &amp; the</td>
</tr>
<tr>
<td></td>
<td>importance of med compliance &amp; the pt. O.P. h/o currently</td>
</tr>
<tr>
<td></td>
<td>2nd pt. refusal. Pt. does appear to be meeting his basic needs.</td>
</tr>
<tr>
<td></td>
<td>At this time + allows for medical for any physical concerns.</td>
</tr>
<tr>
<td></td>
<td>Will discuss sx options &amp; PT. P.T. testing completed &amp;</td>
</tr>
<tr>
<td></td>
<td>reviewed. Will cont. to monitor PT. + sx as necessary.</td>
</tr>
<tr>
<td></td>
<td>Fly &amp; Y in 2 months, sooner if needed - N. Bakeem.</td>
</tr>
<tr>
<td>1/23/11</td>
<td>Note</td>
</tr>
<tr>
<td></td>
<td>Spoke to pt. while he was out on the yard. Pt. reports he is sleeping</td>
</tr>
<tr>
<td></td>
<td>+ eating well. Denies diff in energy or concentration. O.S.I.H.M.</td>
</tr>
<tr>
<td></td>
<td>Sleep writing. O.P. family contact. States he has been incarcerated</td>
</tr>
<tr>
<td></td>
<td>for the past 7 years. Pt. reports he is waiting to see the ombudsman</td>
</tr>
<tr>
<td></td>
<td>Office about wanting to receive mental health treatment at LRC.</td>
</tr>
</tbody>
</table>
From: Britten, Fred  
Sent: Monday, September 26, 2011 3:29 PM  
To: Hopkins, Frank  
Subject: FW: TSCI Inmate Nikko Jenks #59478

FYI and this guy seriously need to be on IM. Thanks

Fred Britten, Warden  
Tecumseh State Correctional Institution  
e-mail: fred.britten@ohiora.gov  
Phone: 402-335-8104

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please immediately contact the sender by reply e-mail and destroy all copies of the original message.

From: Sherman, Shawn  
Sent: Monday, September 26, 2011 3:17 PM  
To: Wayne, Larry  
Cc: Britten, Fred; Gage, Brian; Pearson, Mellinda  
Subject: RE: TSCI Inmate Nikko Jenks #59478

Mr. Wayne,

Inmate Jenkins, Nikko #59478 has been screened by CVORT. He is recommended to complete the Violence Reduction Program at NSP. He is not recommended for other mental health programming at this time.

Currently TSCI Mental Health staff sees inmate Jenkins on a regular basis. At this time Mental Health staff at TSCI does not believe there is any indication that Mr. Jenkins is being denied mental health treatment based on his current placement.

TSCI Mental Health staff have assured me, if they believe that inmate Jenkins', or any other inmate's, housing placement should be changed in order to best manage any mental illness symptoms, they will make necessary recommendations to the Institutional Classification Committee; as well as make appropriate recommendations to the Mental Illness Review Team (MIRT).

If you have any questions regarding this information or need additional detail please contact me.

Shawn Sherman  
Unit Administrator  
Tecumseh State Correctional Institution

From: Wayne, Larry  
Sent: Monday, September 26, 2011 11:40 AM  
To: Sherman, Shawn  
Subject: TSCI Inmate Nikko Jenks #59478
Shawn: I'm inclined to deny the Inmate's appeal to come off Intensive Management. He makes a claim however his current classification is preventing him from getting mental health treatment. Can you advise me what his needs are and if they're being addressed? 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

"Life's not the breaths you take, but the moments that take your breath away"

George Strait
DATE: September 26, 2011

To: Shawn Sherman, Unit Administrator, TSCI

FROM: Melinda M. Pearson, PsyD, Clinical Psychologist Supervisor, TSCI

RE: Nikko Jenkins, #59478

Nikko Jenkins, #59478 was recommended to participate in the violence reduction program on 10/22/2010. The TSCI Mental Health Department works with the institution through the institutional classification process to balance programming needs that target increased public safety upon release with current institutional safety and security needs. When an inmate is eligible to be rostered for recommended programming, Mental Health notifies the institution and makes an effort to work with the institution to transition inmates to a classification level that allows them to participate in the recommended treatment.

Per policy, inmates in a segregated status are seen by Mental Health on a regular basis and are seen more often if clinically indicated. Mental Health assesses each inmate in person, as well as gathers information from unit documentation and conversations with other staff about an inmate’s functioning. If Mental Health believes that an inmate needs different housing placement to best manage mental illness symptoms, they will make the necessary recommendations to the institutional classification committee, as well as appropriate referrals to the Mental Illness Review Team. At this time, there is no indication that Mr. Jenkins is being denied Mental Health treatment based on his Intensive Management placement.
The following inmates are within the range for the next group but are in seg at TSCI:

<table>
<thead>
<tr>
<th>TRD</th>
<th>PED</th>
<th>ID Number</th>
<th>Inmate Name</th>
<th>HU</th>
<th>PB Hearing Date</th>
<th>A-Case Nbr w/ Immigration Status</th>
<th>Date / Refuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/30/2014</td>
<td>12/18/2013</td>
<td>JENKINS NIKKO A</td>
<td>SMUB</td>
<td>12/18</td>
<td>1/30/2014</td>
<td>12/18</td>
<td>1/30/2014</td>
</tr>
</tbody>
</table>

K. Perez, Ph.D.
Clinical Psychologist Supervisor
Nebraska State Penitentiary
Nebraska Department of Correctional Services
(W) 402/479-3371
kperez@nebraska.gov

CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain information that is privileged, confidential and exempt from disclosure under applicable law. The designated recipient(s) are prohibited from re-disclosing this information to any other party without authorization and are required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is 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.
Dr. Baker Mental Health Emergency
Health Services Request Form

Date: Sept 27th 2011
Name: Nick Jenkins  #: 59478  HU: SMH 57

What is your health concern? Dr. Baker please refer
me to be placed in LRC psychiatric
institution. I need to be professionally
treated daily psychotherapy sessions.

Thank you for your professionalism.

Medication Refill: Your prescriptions were helpful.

What medication needs refilled:

______________________________

Signature: Nick Jenkins  #59478

↓ For Medical Response Only

Above noted. I am contacted to provide mental
health/medication treatment at TSCI. My understanding
is that people may be transferred to the Mental
Health Unit in Lincoln as deemed appropriate
by the MIRT review team, but not LRC which
is outside the treatment confines of the Department
of Corrections once someone has been sentenced.

I recommend for you to contact Dr. Pearson in
mental health for any further details regarding
mental health treatment options outside of TSCI.

Date  10/3/11  Signature  N. Baker MD  Thank You

Follow Up Appointment with

Lab Draw Due ________________  72
<table>
<thead>
<tr>
<th>CRITERION</th>
<th>YES</th>
<th>NO</th>
<th>Marginal</th>
<th>Explanation/Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hygiene appropriate</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Cooperative with interview (answers questions)</td>
<td></td>
<td>X</td>
<td></td>
<td>Hostile and threatening</td>
</tr>
<tr>
<td>3. Oriented to person, place, and time</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Recent and remote memory intact</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Thought patterns appropriate (capable of keeping thoughts on track; ideas are consistent with reality; no bizarreness)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Affect/mood appropriate (emotional expression fits situation/circumstances and is congruent with verbal and non-verbal communication)</td>
<td></td>
<td>X</td>
<td></td>
<td>Rats constantly odd, edges present, hostile, electric, denial of SI/HI, but difficulty staying asleep, sed; Apt. denies problems</td>
</tr>
<tr>
<td>7. Absence of suicidal/homicidal ideation (does not reveal a suicide plan or intentions, appropriate coping strategies and plans for the future)</td>
<td></td>
<td>X</td>
<td></td>
<td>Denied SI/HI, but alluded to alternate personality, difficulty staying asleep, sed; Apt. denies problems</td>
</tr>
<tr>
<td>8. Sleep pattern satisfactory (does not express inability to sleep or evidence excessive tiredness)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Eating pattern satisfactory (reports normal appetite, no indication of rapid weight change)</td>
<td>X</td>
<td></td>
<td></td>
<td>Speech was measured and slow.</td>
</tr>
<tr>
<td>10. Content and rate of speech are appropriate for current situation</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Understands how to contact Mental Health</td>
<td>X</td>
<td></td>
<td></td>
<td>Per Staff Log</td>
</tr>
<tr>
<td>12. Maintains daily activities</td>
<td></td>
<td>X</td>
<td></td>
<td>Per Staff Rpt</td>
</tr>
<tr>
<td>13. Unit/Custody Staff and/or logs indicate satisfactory adjustment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments: I am along different opinions so I can't tolerate. Demanding and subtly threatening.
Britten, Fred
Wednesday, October 05, 2011 10:55 AM
Houston, Bob

FW: Nikko Jenkins #59478 follow up

fyl

Fred Britten, Warden
Tecumseh State Correctional Institution
e-mail: fred.britten@nebraska.gov

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please immediately contact the sender by reply e-mail and destroy all copies of the original message.

Britten, Fred
Tuesday, October 04, 2011 12:36 PM
Wayne, Larry
Hopkins, Frank; Britten, Fred; Gage, Brian; Sherman, Shawn
RE: Nikko Jenkins #59478 follow up

Larry, here is some follow-up to the questions/issues raised by Ben Gray regarding Nikko Jenkins:

1. Staff observed Jenkins and another inmate with a string stretched between their Intensive Management exercise yards. One end of the string had a toothbrush, with no bristles, attached to it; this enables the string to be tossed from one cell/yard to another. This is a common method used by inmates to pass items between each other. Each inmate had an end of the string in their respective exercise yard. Per usual procedure in these sorts of situations, the inmates were placed on limited property status. This status is reviewed regularly to determine when to change same.

2. On 10/02/11, inmate Jenkins received a video visit (he's on IM in SMU) from his mom, Lori Jenkins, a lady named who also had a minor aged visitor with her named . They visited for approximately 47 minutes. These type of visits are authorized for up to an hour. I have no information/reports indicating any issues regarding this visit.

3. There is no "court order" for Jenkins to receive mental health treatment. The sentencing document from the court reads in part..... " The Court therefore recommends to the Department of Corrections that Defendant be assessed and treated for issues regarding his mental health. " Mental Health staff have assessed Jenkins and recommended him for the Violence Reduction Program (VRP) based on his behavior not a diagnosis of mental illness. At this time mental health staff have not determined that there is a need to refer Jenkins to the Mental Illness Review Team (MIRT). However, based on his segregation status and behavior, VRP is not an option at this time. Jenkins does have a TRD of 1/30/13.

4. The last four Misconduct Reports issued on Jenkins were written by four different staff, so I am not seeing a pattern from any one staff member. However noted above, called TSCI on 10/3/11, and questioned whether Lt. Morris was on the gallery when a use of force was done on Jenkins. [On 10/2/11, when staff placed Jenkins on Limited Property status do to the string incident, he was not cooperative, but no use of force was required.] As you may recall, Lt. Morris was the OIC on the funeral travel order where Jenkins acted out (assault/attempted escape) and ultimately was charged and received additional time.

5. Jenkins will not sign a release for NDCS to obtain information from Dr. Gaines. Jenkins claims NDCS has more information about him than Dr. Gaines.

I hope this addresses the questions raised by Ben Gray. Let me know if you need more info. I will scan you the sentencing document noted above. The reference information (mental health recommendation) is on the second page of that document. Thanks.
CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please immediately contact the sender by reply e-mail and destroy all copies of the original message.

From: Wayne, Larry  
Sent: Monday, October 03, 2011 1:38 PM  
To: Britten, Fred  
Cc: Hopkins, Frank  
Subject: Nikko Jenkins #59478 follow up

Fred: Omaha City Councilman Ben Gray sent me a fax indicating Inmate Jenkins had been under care of a Dr. Gaines while in Douglas County up until his recent return to TSCI. He doesn’t indicate if Dr. Gaines is a mental health clinician, but I’d like someone there to see if Jenkins will sign a release for us to obtain the records of the therapy Mr. Gray indicates he received from Dr. Gaines while in Douglas Co. Please advise me on what Jenkins says and does regarding this request. Thanks for this and follow up on the other concerns Mr. Gray alleged concerning conditions of Inmate Jenkins’ conditions of confinement at TSCI.

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

"Life’s not the breaths you take, but the moments that take your breath away"  

George Strait
From: Wayne, Larry  
Sent: Wednesday, October 05, 2011 9:32 AM  
To: Britten, Fred; Hopkins, Frank  
Subject: RE: Message from "RNP0026731E3271"  

OK; I later received this also. The judge can recommend, but the clinicians are whom we’re obliged to follow. He’s getting everything he needs except VRP which is precluded by his behavior for now. I’ll let Mr. Gray know this. Thanks, Fred---

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

"Life’s not the breaths you take, but the moments that take your breath away"  

George Strait

-----Original Message-----  
From: Britten, Fred  
Sent: Tuesday, October 04, 2011 12:42 PM  
To: Wayne, Larry; Hopkins, Frank  
Subject: FW: Message from "RNP0026731E3271"  

See attachment noted in my previous e-mail on Nikko Jenkins. Thanks

Fred Britten, Warden  
Tecumseh State Correctional Institution  
e-mail: fred.britten@nebraska.gov

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please immediately contact the sender by reply e-mail and destroy all copies of the original message.

-----Original Message-----  
From: dcs.copyers@nebraska.gov [mailto:dcs.copyers@nebraska.gov]  
Sent: Tuesday, October 04, 2011 11:40 AM  
To: Britten, Fred  
Subject: Message from "RNP0026731E3271"  

This E-mail was sent from "RNP0026731E3271" (LD 620C).
NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
MENTAL HEALTH/MEDICAL REFERRAL FORM  

DATE: 10/15/11  REFERRAL SOURCE:  Dr. Baker  
INMATE NAME: Jenkins, Nikko  NUMBER: 59478  
INSTITUTION: TSCI  LIVING LOCATION: SMV D-07  

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  □  Socially & Developmentally Impaired Program  □  
In-Patient Sex Offender Program  □  Crisis Intervention  □  
Psychiatric Consult  □  Mental Health Counseling/Evaluation  □  
Medical  □  Other  □  
Recommend psychological testing/IMMRT to help clarify diagnosis/clarify issues and treatment options 

COMMENTS:  


Specific Problem Identified: Inconsistent psychiatric sx & dramatic presentation. 

Pt. manipulative & refusing all psychotropic. Pt. appears hypomanic/ borderline. 

Description of Symptoms Inmate is Exhibiting: At times. Requesting journal psychiatric testing to better clarify Axis I vs. Axis II issues, potential malinger. + rx options. 

Medical/Mental History (Include Current Medication(s)): No documented known mental health hx. When initially evaluated @ DFC on 11/25/03. O/P: Proprietary currently 3rd pb. 

Adjudged had significant requested psychotropic previously (11/11/08). Prior to plb transfer to PRCC & recent transfer back to TSCI & sundry. 

Clinical Presentation: 12/11/11  Interviewed By: N. Baker, RN  

Disposition: Have requested and received records from Douglas County. Reused available psychiatric and mental health contact notes. Definite in aggressive during clinical contact and presents in a manner inconsistent with self-reported symptoms. Currently refusing psychological testing. Will continue to monitor. 

Original: Referee returns to Originator after Disposition  
Canary: Referee after written response  
Pink: Originator at the time of referral  

Date:  
Initials:  

RMN DWN 42
Unfortunately in my opinion he is personality disordered (psychopathic) individual who gleefully feigns mental illness.

---Original message-----
From: "White, Cameron" <Cameron.White@nebraska.gov>
To: "Pearson, Melinda" <melinda.m.pearson@nebraska.gov>
Cc: "Weilage, Mark" <Mark.Weilage@nebraska.gov>
Sent: Fri, Oct 21, 2011 12:08:55 GMT+00:00
Subject: FW: Nikko Jenkins Final Order Pleas and Sentence--Douglas County--Judge Randall

Melinda,

Please see the attachment for a letter from Director Houston to Ernie Chambers regarding a final order plea and sentence regarding Nikko Jenkins that is dated 7-11-11. Please ensure that this document is in his MH file for future reference. There is a reference on page two that "The Court recommends to the Department of Correctional Services that Defendant be assessed and treated for issues regarding his mental health". Please ensure that this is occurring and update me on this case. Thank you.

Cameron

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

Phone: 402-479-5971
Facsimile: 402-479-3679
e-mail: cameron.white@nebraska.gov

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

From: dcs.copiers@nebraska.gov [dcs.copiers@nebraska.gov]
Sent: Friday, October 21, 2011 6:02 AM
To: White, Cameron
Subject: Message from "RNP0026731DD56E"

This E-mail was sent from "RNP0026731DD56E" (MP C4501/LD645C).

Scan Date: 10.21.2011 07:02:08 (-0400)
Queries to: dcs.copiers@nebraska.gov
Please be sure there is documentation of him being assessed which informs any treatment. I believe this satisfies the interests of the court.

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

Phone: 402-479-5971
Facsimile: 402-479-5679
e-mail: cameron.white@nebraska.gov

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

From: Pearson, Melinda
Sent: Friday, October 21, 2011 9:09 AM
To: Wellage, Mark; White, Cameron
Subject: RE: Nikko Jenkins Final Order Pleas and Sentence--Douglas County--Judge Randall

I concur with this based on his presentation and his history.

Melinda M. Pearson, PsyD
Clinical Psychologist Supervisor
Tecumseh State Correctional Institution
melinda.m.pearson@nebraska.gov

CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain information that is privileged, confidential and exempt from disclosure under applicable law. The designated recipient(s) are prohibited from re-disclosing this Information to any other party without authorization and are required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is 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: Wellage, Mark
Sent: Friday, October 21, 2011 8:07 AM
To: White, Cameron; Pearson, Melinda
Subject: Re: Nikko Jenkins Final Order Pleas and Sentence--Douglas County--Judge Randall

Unfortunately in my opinion he is personality disordered (psychopathic) individual who gleefully feigns mental illness
---Original message---
From: "White, Cameron" <Cameron.White@nebraska.gov>
To: "Pearson, Melinda" <melinda.m.pearson@nebraska.gov>
Cc: "Wallage, Mark" <Mark.Wallage@nebraska.gov>
Sent: Fri, Oct 21, 2011 12:06:55 GMT+00:00
Subject: FW: Nikko Jenkins Final Order Pleas and Sentence—Douglas County—Judge Randall

Melinda,

Please see the attachment for a letter from Director Houston to Ernie Chambers regarding a final order plea and sentence regarding Nikko Jenkins that is dated 7-11-11. Please ensure that this document is in his MH file for future reference. There is a reference on page two that "The Court recommends to the Department of Correctional Services that Defendant be assessed and treated for issues regarding his mental health." Please ensure that this occurring and update me on this case. Thank you.

Cameron

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

Phone: 402-479-5971
Facsimile: 402-479-5679
e-mail: cameron.white@nebraska.gov

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

From: dcs.copiers@nebraska.gov [dcs.copiers@nebraska.gov]
Sent: Friday, October 21, 2011 6:02 AM
To: White, Cameron
Subject: Message from "RNP0026731DD56E"

This E-mail was sent from "RNP0026731DD56E" (MP C4501/LD645C).

Scan Date: 10.21.2011 07:02:08 (-0400)
Queries to: dcs.copiers@nebraska.gov
October 20, 2011

Mr. Ernie Chambers, Senator Emeritus
311 North 24th Street
Omaha, NE 68110

Dear Senator Chambers:

Thank you for your note dated October 17, 2011, which included the final order plea and sentence for Nikko Jenkins.

I have forwarded this Order to Dr. Cameron White, Behavioral Health Administrator, to insure this Order becomes part of Mr. Jenkins treatment file. Dr. White will insure Judge Garry Randall's notations are followed.

Thank you for your interest in Mr. Jenkins welfare. We will insure proper follow-up steps are taken.

Sincerely,

Robert P. Houston
Director

RPH/qjk

Attachments

cc: Dr. Cameron S. White, Behavioral Health Administrator

File
Defendant appeared with Gary Olson, Attorney with the Douglas County Public Defender's Office, appointed by the Court as legal advisor to Defendant. State appeared by Katie Benson for Shelly Stratman. Defendant requested and was given leave to withdraw previous plea of "Not Guilty". Defendant arraigned. Defendant voluntarily, knowingly and intelligently entered a plea of No Contest to Assault on an Officer, 3rd Degree, a Class IIIA Felony and thereupon was adjudged by the court to be guilty as charged.

On the State's Motion, Counts II and III of the Information are dismissed.

Defendant waived pre-sentence investigation.

The Defendant was informed of conviction for the crime of Assault on an Officer, 3rd Degree, a Class IIIA Felony. The Defendant stated no reason why sentence should not be passed against him. Thereupon, it is the judgment and sentence of the court that the Defendant shall be imprisoned in an institution under the jurisdiction of the Nebraska Department of Correctional Services for a period of 2 to 4 years, no part of which shall be in solitary confinement, and judgment is rendered against the Defendant for costs of prosecution. Commitment ordered accordingly. Credit for time served for 513 days shall be given against sentence imposed. Mittimus signed. Bond exonerated.
IT IS FURTHER ORDERED that defendant pursuant to Neb. Rev. Stat. §29-4106 (Reissue 2008), as amended by L.B. 190, 2010 Nebraska Laws, the defendant shall submit to a DNA test and shall pay to the Nebraska Department of Correctional Services twenty-five dollars ($25.00). Such amount may be taken by the Department of Correctional Services from funds held by the defendant in the trust account maintained by the Department of Correctional Services on behalf of the Defendant, until the full amount in the order has been remitted.

The Court notes for the benefit of the Department of Corrections that at sentencing the Defendant requested treatment for his mental health issues. The record in this case would support the Defendant's request, although competent to stand trial, and not mentally incapacitated at the time of committing this crime, the Defendant has a long and serious history of mental illness which inhibits his ability to be rehabilitated. The Court therefore recommends to the Department of Correctional Services that Defendant be assessed and treated for issues regarding his mental health.

IT IS FURTHER ORDERED that this sentence shall run consecutively to any other sentence currently being served by this Defendant.

IT IS SO ORDERED.

DATED this 11th day of July, 2011.

BY THE COURT:

GARY B. RANDALL
DISTRICT COURT JUDGE
**PSYCHIATRIC CONSULTATION REQUESTED AT THIS TIME**

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

<table>
<thead>
<tr>
<th>CRITERION</th>
<th>YES</th>
<th>NO</th>
<th>MRGNL</th>
<th>Explanation/Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hygiene appropriate</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Cooperative with interview (answers questions)</td>
<td></td>
<td>X</td>
<td></td>
<td>Dominant of discussion</td>
</tr>
<tr>
<td>3. Oriented to person, place, and time</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Recent and remote memory intact</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Thought patterns appropriate (capable of keeping thoughts on track; ideas are consistent with reality; no bizarreness)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Affect/mood appropriate (emotional expression fits situation/circumstances and is congruent with verbal and non-verbal communication)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Absence of suicidal/homicidal ideation (does not reveal a suicide plan or intentions, appropriate coping strategies and plans for the future)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Sleep pattern satisfactory (does not express inability to sleep or evidence excessive tiredness)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Eating pattern satisfactory (reports normal appetite, no indication of rapid weight change)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Content and rate of speech are appropriate for current situation</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Understands how to contact Mental Health</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Maintains daily activities</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Unit/Custody Staff and/or logs indicate satisfactory adjustment</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Comments:**
Initially stated that Mental Health was denying treatment. Initially stated he was willing to complete psychological assessment, then changed his mind and refused. Described manic mood, stating that any violent behavior engaged in would be for protection of other. Encouraged him to try treatment again.

**EXAMINER** - G. Leeson, LHP/IPC
**DATE** - 01/31/2011
**PSYCHOLOGIST** - M. Pearson, PsyD

**treatment concerns and goals**
TO: Fred Britten (Warden)  
FROM: Nikka Jenkins #59478  
WORK LOCATION:  
UNIT STAFF:  
DATE: Nov 27, 2011  

MESSAGE: Sir I brought my request to your Attention for my mental Health need of rehabilitation And treatment As of July 9, 2011 Yet you failed to acknowledge my pleas for help I have been back in your facility since July 9, 2011 And I have not received not one psychotherapy session From your mental Health department that is the unprofessional misconduct I informed you of on behalf of your staff in my final order rendered by A District Court judge stated I Nikka Jenkins Have A long And Serious History of mental Illness with this information that has been provided to your facility the lack of treatment is clearly intentional neglect of my well being As well As mental Health needs your unconstitutional Actions of your staff will be Answered for the governor will be contacted then the president of this country you were aware of my deterioration mentally And you did nothing.

Thank you

Nikka Jenkins

Date: 11/27/11  

PLEASE SUBMIT A SUGGESTED RESPONSE TO THE WARDEN'S OFFICE WITHIN 5 WORKING DAYS. THANK YOU.
Multi-Disciplinary Treatment Team Meeting

11/28/2011 minutes  8:15 a.m.  Warden's Conference Room

Facilitator: D. W. Brian Gago  Note Taker: Teresa Spier
Attendees: U.A. Sherman, U.M. Jansen, Captain Settles, Dr. Melinda Pearson, Dr. Elizabeth Geiger, Dr. Natalie Baker, Jake Topp, LPN; K. Keesler, PA; J. Wickersham, DON; Kim Hofmann CCS Admin.
Copy: Dr. Wellage, Kim Hofmann, Fred Brittan, Rick Sanne

Minutes:
- Transferred to CCC-L 10/28/2011
- Discharged 10/26/2011
- Added to Misconduct Report Review list, moved from Monitor list to Major Concern list
- Moved from Monitor List to Major Concern list
- Removed from Major Concern list to the Monitor list
- Removed from Monitor list
- Added to Mandatory Shower/Sanitation List

Kim Hofmann, CCS Administrator gave progress update for obtaining a therapeutic light box for Hospital.

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, December 29, 2011 @ 8:15 a.m. in the Warden's Conference Room*

<table>
<thead>
<tr>
<th>Misconduct Report Reviews</th>
<th>Mandatory Shower/Sanitation List</th>
<th>Single Cell Support List</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MAJOR CONCERN LIST

- **Full restraints - Double Escort/IM Placement**
  - Chemical Agent List
  - Seen by Dr. Baker today - inmate was sexually inappropriate, but was able to be redirected.
  - Unit staff reports inmate has been sleepy
  - Dr. Baker reports medications Haldo and Paxil were slightly decreased which may help with drowsiness. Inmate tells her that he is continuing to contact his mother. Dr. Baker has not had contact with his mother recently.
  - Dr. Geiger reports inmate stated to her that he likes to kill people, but feels remorseful.
  - U.M. Jansen will verify the inmate’s call records to see if he is placing calls to his mother.
  - Plan: Continue on IM placement, per treatment plan and multi-disciplinary team decision.

- **Triple Escort/Full Restraint**
  - 11/10/2011 inmate threw food tray/milk/cups out of hatch, made threatening statements to staff. Placed on restrictions of triple escort, full restraint.
  - Per unit staff and Mental Health – inmate’s delusion of hallucinations is increasing and he is becoming more agitated.
  - Unit staff have noted that another inmate with poor hygiene is located near Dix’ cell and inmate may be personalizing comments he overhears in reference to odor from other inmates.
  - Dr. Baker reports inmate wrote interview Request stating he is doing better, feeling better since restarting the medication Latuda.
  - Plan: Relocate other inmate with hygiene concerns. Monitor symptoms and behavior.
Dr. Geiger reports inmate is requesting to speak with a Spanish speaking clergy - inmate will send interview request to religious services. Inmate will also sign release of information allowing Mental Health to respond to Ombudsman's office's request for information. Inmate also reported concern about liver functioning.

Dr. Baker reports inmate is taking psychotropic medications.

Medical staff they will follow-up on inmate's concern about his liver.

Plan: Continue to monitor symptoms and reinforce positive behavior changes.

---

**IM Cell - Double Escort - Full Restraints - Modified Sharps - Split Sink - Limited Property**

Currently on PLAN A status with suicide at risk in SMU Observation. Therapeutic restraint were used on 11/27/11 to manage self-harm risk after inmate attempted to cut wrists with glass he had broken out of observation cell camera.

Involuntary medication order (IMO) was successfully obtained on 11/27/2011.

Dr. Baker reported that inmate was seen on Saturday 11/26/2011, medications had been stopped due to inmate refusal. Medications were restarted today.

Plan: Inmate will received injection today per IMO. Continue to monitor symptoms and behaviors and manage risk of harm to self and others.

---

Involuntary Medication Order (IMO) in place until 1/21/2012.

Per Dr. Pearson, inmate continues to refuse to speak with her.

Per Dr. Baker, inmate and cell appears neat, clean - focuses on hygiene.

Per J. Topp LPN, inmate does speak with him in regard to showers, lotions, hygiene products - inmate is compliant with administration of involuntary medication, but continues to refuse related lab work.

Plan: Continue to monitor symptoms and behavior. Continue to attempt to obtain lab work.

---

Deputy Warden Gage reports he has spoken with inmate's mother through the Ombudsman. The first step is to have inmate go to PC unit - this current time the inmate refuses to go to PC and has requested no contact.

Dr. Baker reports inmate does speak with him at his cell door. Currently taking medication.

Per Dr. Pearson, inmate is speaking with him for longer periods of time at cell - does not present with signs of anxiety disorder, refuses to meet in attorney/client room.

Per U.M. Jansen inmate is currently on grievance restriction. Inmate showers once per week, but does not go to yard.

Plan: Continue to encourage transition from segregation to protective custody.

---

Per U.M. Jansen inmate can be calm but escalate quickly.

Per Dr. Baker, inmate continues to refuse medication.

Per Dr. Geiger, inmate has been pleasant, says he is eating.

Per J. Topp LPN, inmate reports various physical complaints. Was seen by Dr. Studley last week.

Plan: continue to monitor symptoms and behavior.

---

**Transferred to LCC 12/12/2011**

**Modified Escort/Double Escort - Full Restraint**

Involuntary Medication Order in place.

Per medical, inmate had seizure activity today, hit back of head - received abrasion on back of head, scrapes on face.

Per Dr. Baker seizure activity has increased - is currently taking seizure medications. Dr. Danzis (CCS MD) is concerned about the impact inmate's psychotropic medication has on seizure threshold. Plan is to decrease Haldol Dec to 25 mg.

Per J. Topp LPN, medication injection given on Wednesday 11/23/2011. Inmate was at first verbally aggressive, but was calmed down and accepted injection without further concern.

Medical reports neuro-exam was normal - no further recommendations.

Dr. Pearson will look into formal neuro-psych testing.

Plan: continue to monitor symptoms and behavior. Medical will provide Dr. Pearson with documentation from Dr. Danzis and neuro-consult to share with the Mental Illness Review Team.
Restriction
- Continued placement at TSCI as county wide keeper.
- Currently on PLAN A in TSCI Hospital. Per Dr. Gelger inmate has increased self-harm behaviors, had used TV plug to attempt to cut stomach, ear buds to 'whip self'. Inmate making suicidal statements.
- Dr. Baker reports inmate is currently refusing medications.
- Medical reports he is showering 1 time per week with prompting. Last showered and cell cleaned on 11/22/2011.
- Inmate has not gone to the SMU yard when made available to him.
- Per Brian Gage if inmate becomes aggressive towards staff, he will be moved to SMU.
- Per Dr. Pearson on AC or observation cell in SMU may be more therapeutically appropriate if inmate becomes long-term.
- Inmate has scheduled court date for 12/12/2011.
- Plan: Continue to monitor symptoms and behavior to manage risk of harm. Continue mandatory shower status.

Full Restraint - Triple Escort - Split Sock - IM Cell Chemical Agent List
- Involuntary medication order in place until 1/20/2012.
- Per U.M. Jansen inmate appears angry, yelling during the night. Hygiene is poor with strong cell odor. Inmate needs to be prompted to shower. Last showered on 11/14/2011, will be prompted to shower tomorrow.
- Per Dr. Baker inmate was started on a sleep medication.
- Dr. Gelger has contact with inmate's mother who has stated she wanted to come visit, Dr. Gelger will speak with her again to let her know this may not be a good time, due to inmate's behavior.
- Staff should be aware of possible increase in aggression or assault potential.
- Plan: Continue to monitor symptoms and behavior to manage risk of harm. Add to mandatory shower list.

Chemical Agent List
- Involuntary medication order continued as of 11/2/2011.
- Per U.M. Jansen inmate lies in bed most of the time. Is showering. Inmate will usually follow about three staff directives before he stops complying.
- Dr. Baker reports inmate sleeps all day long.
- Dr. Gelger reports inmate stated that he is having difficulty sleeping, but reports he is eating.
- Per Dr. Pearson there is a decrease in interview requests with delusional content.
- Inmate has gained a significant amount of weight while at the Mental Health Unit - weight is being monitored by medical.
- Plan: Continue to monitor symptoms and behavior. Mental Health will work to engage inmate in therapeutic contact.

Mattress/Hatch Restriction Device/Limited Property
- Moved to major concern list - added to Misconduct Report Review list.
- Per U.M. Jansen on 11/24/2011 inmate had removed the inner contents of his mattress, placed the mattress cover on the bunk and was lying inside it with his blanket.
- Per J. Topp LPN, inmate appears paranoid, is difficult to follow. Lab work has been obtained, inmate had previously refused.
- Per Dr. Gelger last few visits with inmate has dealt with reality based issues. Inmate is not 'doing well' but has improved.
- Medical reports documentation is in chart pertaining to food refusal while in the hospital, more difficult to monitor while in SMU. Inmate has recently been on nutra-loaf due to behavior. Inmate remains medically stable.
- Per Dr. Pearson while inmate was at the LCC Mental Health Unit he stabilized on his medications and reported manipulating MHU placement to reduce his disciplinary aggregation time. Inmate does however show signs of symptoms of mental illness.
- Plan: move to major concern list, add to Misconduct Report review list. Continue to monitor symptoms and behavior. Seek Involuntary medication status if/when inmate meets threshold of functioning for application.
- Moved to major concern list.
  - Per Dr. Gelser, Unit staff reports property found in cell today that appears to not be his. MR was written.
  - Dr. Baker reports she is seeing inmate weekly. Has been receiving numerous interview requests per day from him. Inmate is refusing some medications, reporting side effects, but is not elaborating on them. Inmate is taking anti-psychotic medications. Dr. Baker believes inmate benefits from employment and requested he be allowed to work when possible - previously assigned to CSI.
  - Per Dr. Pearson inmate associates with MIRT and refused to meet with him, inmate has spoken with Dr. Gelser. Dr. Pearson also supports finding work for inmate that can accommodate his symptoms.
  - Plan: Move to major concern list. Remain on single-cell support list. Continue to monitor for symptoms and behaviors of concern

**Inmate Monitor list:**

- **Chemical Agent List.** On mandatory shower/sanitation list. Last shower date 11/24/2011, cell clean date 11/27/2011. Per Dr. Gelser, no new concerns noted.
  - Currently in PC. Per Dr. Pearson inmate is unwilling to speak with Mental Health.
  - No major concerns noted. Per Dr. Baker inmate refuses psychotropic medications.
  - **Chemical Agent List.** On mandatory shower/sanitation list. Last shower 11/19/2011, cell cleaned 11/20/2011. J. Tapp LPN reports inmate does not respond to him. Dr. Geiger reports inmate was masturbating last time he was seen by her, was not redirectable at that time.
  - U.M. Jansen reports inmate recently used another inmate's phone to make a phone call.
  - **Jenkins, Nikko 59478 - Double Escort, Full Restraint.** Ombudsman has been in contact with TSCI regarding inmate's mental health status. Mental Health records have been received from Douglas County Corrections. Psychiatric diagnosis was listed, but documentation was limited regarding presenting symptoms. Per Dr. Baker inmate has been offered the same medications he received at Douglas County but he has refused. Per Dr. Pearson inmate has also refused psychological testing for diagnostic clarification and does not show signs of mental illness consistent with his reported symptoms. Per administration, inmate is currently focused on getting good time back.
  - **Jenkins, Nikko 59478 - Double Escort, Full Restraint, Limited Property, Mattress.** Inmate is currently in Hospital for sleep study. Was on PLAN status 11/16/2011 through 11/22/2011. Placed on therapeutic restraints on 11/23/2011 due to head-banging behavior, later placed on 15 minute day. Per Dr. Baker inmate reported a goal of remaining write-up free. Inmate is currently on the medication Zoloft. Per Brain Gage inmate had tried to negotiate special consideration for reinstatement of lost good time and having a television.
  - **Chemical Agent List.** Dr. Pearson reports she will see him this week. Inmate doesn’t speak much - is monitored by B. Logston, LMSW. Recommended by MIRT to be transferred to NSP and a segregation environment that would be more conducive to therapeutic goals. Inmate is currently taking meds.
  - Per Dr. Baker inmate started meds, but then declined them. Inmate shows signs of paranoia and anxiety.
  - In TSCI hospital. Per J. Wickensham inmate is declining, movement is more difficult. Inmate shows decrease in motivation and engagement, appears weak. Is currently working with Physical Therapy.
  - **Double Escort, Full Restraint.** Inmate continues to expose self, act inappropriate around females. Per Dr. Pearson inmate is inappropriate, but not showing aggression. Multi-disciplinary Team recommends all female staff to have a male staff member accompany when working with this inmate due to history and risk factors. Inmate is continuing to request that he receive a TV and a CD player for mental health reasons.

**all Restraint - Double Escort - moved to monitor list.** Inmate received an MR on 11/27/2011 for unauthorized use of a stapler. No other immediate concerns at this time.

- moved to monitor list. Per Dr. Pearson inmate presents angry - reports mental health concerns, but does not present with symptoms of mental illness. Uses time with mental health to list justification for his bad choices. Per Dr. Baker inmate attempts to manipulate to be pulled out of cell to be seen, is not on any medications.
TO: (Mental Health) Dr Pearson  
FROM: Nikko Jenkins, #59478  
DATE: December 4th, 2001  
FACILITY: TSCI  
LOCATION: AMU E39

MESSAGE: Dr Pearson your responses to past request by I Nikko Jenkins for psychotherapy sessions are very misleading as well as manipulative when you state I will be seen for my regular meeting when I have not received one psychotherapy session since my return to TSCI as of July 19th, 2001 your actions are clearly intentional means of neglecting my severe disability mentally speaking I am making you aware that your unprofessional misconduct is directly contributing to my deterioration psychologically. I am a human being I do not deserve to be treated unhumanely nor judged or punished for my disability your handling of my case file has been unconstitutional treatment of a mentally ill patient. Unprofessional psychologist such as yourself Mr. Reason bring hopelessness to the very suffering minds of mentally ill patients disabled by a chemical imbalance we have no control of yet as a high functioning mentally ill patient myself I will be the voice of others disabled patients who suffer from schizophrenic bipolar or any other disorder so they receive help real professional help and not disregarded as

ORIGINAL – DCS Employee I am right now.  
YELLOW – Inmate  
Thank you Nikko Jenkins #59478  
Signature

REPLY: Mr. Jenkins

Your concerns are noted. You will continue to be monitored by Mental Health.

12/28/2011  
--  
Signature
<table>
<thead>
<tr>
<th>Created Date</th>
<th>Entered By</th>
<th>Treatment Program</th>
<th>Treatment Status</th>
<th>Status Date</th>
<th>End Date Program Progress</th>
<th>Program Recommendation</th>
<th>Recommendation Text</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/14/2013</td>
<td>CStejsk</td>
<td>File Transfer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Received discharge file 8-12-13.</td>
</tr>
<tr>
<td>3/15/2013</td>
<td>JKeller008</td>
<td>File Transfer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Reviewed by the Mental Illness Review Team on this date. No Mental Health recommendations at this time.</td>
</tr>
<tr>
<td>2/16/2012</td>
<td>MPearso</td>
<td>No Program</td>
<td>MRT Program Screening</td>
<td>2/8/2012</td>
<td></td>
<td></td>
<td></td>
<td>This Clinical Violent Offender Review Team has determined, based on clinically assessed risk and need that Mr. Jenkins is among the highest risk offenders for violent recidivism and is therefore recommended to participate in the Violence Reduction Program (VRP) at NSP. However, if transferred to community custody or paroled prior to participation, it is recommended that the offender participate in re-entry services through NDACS or a community provider while on community custody, re-entry or parole to address his criminogenic needs.</td>
</tr>
<tr>
<td>12/8/2011</td>
<td>TSpler</td>
<td>Violence Reduction Program (VRP)</td>
<td>Program Re-Screening</td>
<td>10/22/2010</td>
<td></td>
<td></td>
<td></td>
<td>Mr. Jenkins accepted his Clinical Violent Offender Review Team recommendation to complete on the Violence Reduction Program. There are no further Mental Health recommendations at this time.</td>
</tr>
<tr>
<td>8/5/2011</td>
<td>MPearso</td>
<td>Violence Reduction Program (VRP)</td>
<td>Accepted Treatment Recommendation / Name Placed on Waiting List</td>
<td>10/22/2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There are no Counselor / Unit Supervisor contact notes on this inmate.
"At your request, I have reviewed your original email regarding Mr. Nikko Jenkins #59478. The questions and comments expressed are related to the presence of mental illness. As previously noted, Mr. Jenkins does not present with signs of major mental illness. He has shown no evidence of decline in mental status since his return to NDCS. If you would please clarify which questions still remain, I will be happy to provide you with the needed information.

In regards to your question about medication prescribed at Douglas County Corrections, I am referring you to Kim Hofmann on this as it is most appropriate for medical to do any detailed follow up and response to these questions.

I have spoken to Dr. Wellage about the request to observe Mr. Jenkins’s psychological assessment and he indicated it would not be clinically appropriate."

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
mark.wellage@nebraska.gov

Please consider the environment before printing this email

CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain information that is privileged, confidential and exempt from disclosure under applicable law. The designated recipient(s) are prohibited from re-disclosing this information to any other party without authorization and are required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is 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: Pearson, Melinda
Sent: Thursday, December 22, 2011 2:20 PM
To: Wellage, Mark
Subject: Ombudsman Response

Here is what I’ve sketched out in response. I’m working with our HSA on how to respond to the hole I may have dug regarding medication. What I wrote, I got from Dr. Baker’s notes, but sometimes I don’t know if she’s quoting the inmate or if its document verified info. I should have checked further. …or not discussed medication, since he’s not mentally ill. I don’t know how to answer why someone would be prescribed psychotropics when they’re not mentally ill.

Mr. Moreland,
At your request, I have reviewed your original email regarding Mr. Nikko Jenkins #59478. The questions and comments expressed are related to the presence of mental illness. As previously noted, Mr. Jenkins does not present with signs of major mental illness. He has shown no evidence of decline in mental status since his return to NDCS. If you would please clarify which questions still remain, I will be happy to provide you with the needed information.

In regards to your question about medication prescribed at Douglas County Corrections, (I'm working with Kim Hofmann on this but will likely refer them to speak to DCC as the ultimate source of that information.)

I have spoken to Dr. Weilhe about the request to observe Mr. Jenkin's psychological assessment and he indicated it would not be clinically appropriate.

Melinda M. Pearson, Psy.D.
Clinical Psychologist Supervisor
Tecumseh State Correctional Institution
melinda.m.pearson@nebraska.gov

CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain information that is privileged, confidential and exempt from disclosure under applicable law. The designated recipient(s) are prohibited from releasing this information to any other party without authorization and are required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is 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: Hofmann, Kim [mailto:Kim.Hofmann@nebraska.gov]
Sent: Thursday, December 22, 2011 3:06 PM
To: nbakerpc@cox.net
Subject: FW: Jenkins, Nikko #59478

FYI

Kim Hofmann
Health Services Administrator
Tecumseh State Correctional Institution
Office 402-335-5140
Fax 402-335-5167

From: Pearson, Melinda
Sent: Thursday, December 22, 2011 2:35 PM
To: Moreland, Jerall
Cc: Gage, Brian; Wellage, Mark; White, Cameron; Hofmann, Kim
Subject: Re: Jenkins, Nikko #59478

Mr. Moreland,

At your request, I have reviewed your original email regarding Mr. Nikko Jenkins #59478. The questions and comments expressed are related to the presence of mental illness. As previously noted, Mr. Jenkins does not present with signs of major mental illness. He has shown no evidence of decline in mental status since his return to NDCS. If you would please clarify which questions still remain, I will be happy to provide you with the needed information.

In regards to your question about medication prescribed at Douglas County Corrections, I am referring you to Kim Hofmann with CCS on this as it is most appropriate for medical to do any detailed follow up and response to these questions.

I have spoken to Dr. Wellage about the request to observe Mr. Jenkin's psychological assessment and he indicated it would not be clinically appropriate.
CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain information that is privileged, confidential and exempt from disclosure under applicable law. The designated recipient(s) are prohibited from re-disclosing this information to any other party without authorization and are required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is 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: Jerall Moreland [jmoreland@leg.ne.gov]
Sent: Monday, December 12, 2011 12:41 PM
To: Pearson, Melinda
Cc: Gage, Brian; Wellage, Mark; White, Cameron
Subject: Re: Ombudsman's Inquiry (Jenkins release form)

Thanks for the information. In regards to the psychological assessment, Mr. Jenkins claims to not have refused the assessment. I asked him not to focus on that but to focus on the reported symptoms. He has indicated to me that he would like to take the assessment and request that the Ombudsman's Office attend. I would ask that DCS move forward with the assessment and I will let you know if my schedule permits. Your response in terms of DCC-prescribed medications seems to indicate that Mr. Jenkins was on medication while at Douglas County prior to transfer and return to DCS. Is this correct? I am still interested in many of the comments and questions I posed to you on my email dated November 28, 2011. Can you review that email again and respond accordingly. Thank you.

Jcrrall

On Thu, Dec 8, 2011 at 11:54 AM, Pearson, Melinda <melinda.m.pearson@nebraska.gov> wrote:
Mr. Moreland,

Thank you for sending the release form.

Nikko Jenkins #59478 is monitored by Mental Health on a monthly basis due to his segregated status. He does not present with signs of major mental illness and has refused psychological assessment for clarification of reported symptoms on February 12, 2010 and October 31, 2011. He was seen by the psychiatrist on September 26, 2011 after self discontinuing his DCC-prescribed medications upon return to NDCS. At that time, he refused re-initiation of psychotropic medications unless he was transferred to the Lincoln Regional Center. There has been no evidence of decline in mental status since his return to NDCS. Mr. Jenkins presents with significant psychopathic traits and does not appear to be mentally ill at this time. Mental Health will continue monitoring him and provide assessment and treatment as clinically indicated.

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

CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain information that is privileged, confidential and exempt from disclosure under applicable law. The designated recipient(s) are prohibited from re-disclosing this information to any other party without authorization and are required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is 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: Jerall Moreland [jmoreland@leg.ne.gov]
Sent: Wednesday, December 07, 2011 12:04 PM
To: Pearson, Melinda; Gage, Brian
Subject: RE: Ombudsman's Inquiry (Jenkins release form)
Emergency please Emergency please
NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
INMATE INTERVIEW REQUEST

To: (Mental Health) DR Pearson
From: Nikko Jenkins # 59478

Date: December 27th

Facility: ISC I
Location: SMU F39

Work Location: 
Unit Staff: 

Message: I do not understand how you, Dr. Pearson, could be under the impression I have denied mental health treatment regarding my assessment plan due to the fact this matter is very serious. Medically in a mental aspect of my psychological health there would be a form of documentation documenting my denying mental health treatment on record while there could have been some form of communication between us. Let me please clearly make known I am in need of a. Assessment plan of treatment regarding my mental illness needs of continuing to seek rehabilitation before I am released this is by all means an emergency in my current confinement of 123 hour lockdown without medication nor psychotherapy sessions. I am deteriorating rapidly. I am requesting medical treatment mentally speaking.

Thank you

Nikko Jenkins

Original - DCS Employee
Yellow - Inmate
Both copies need to be submitted for response.

Reply: Mr. Jenkins,

We can discuss this at your next mental status review. Please be prepared to elaborate your specific mental health concerns and goals.

[Signature]

12/27/11

Dr. Pearson
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-28-2011</td>
<td>Met with Mr. Jenkins to complete MSR. He initially interrupted as this writer was mtg with another Inmate on the gallery, I did not acknowledge his statements until the interview was complete, at which time I went to speak with Mr. Jenkins. Immediately asked where Dr. Pearson was &amp; stated he felt he was being treated unprofessionally for a variety of reasons. At that time he verbally recognized that he had interrupted &amp; stated &quot;you are going to get to me, right?&quot; He was talkative, goal oriented speech, difficult to interject. Was redirectable at times (e.g. talking about Dr. Pearson, when reminded that she was not present &amp; he needed to communicate current concerns, he changed topics). Statements made were consistent with previous documentation (e.g. discussed physique, mistreatment by mental health, psychotic states, refusal of medication, history of violence, etc.) He reported going &quot;in &amp; out of psychotic states all day every day&quot;, having &quot;night terrors every night.&quot; He appeared upset w/this interviewer for not &quot;documenting what I'm saying&quot; &amp; indicated that by not documenting his reports, I was not taking him seriously, &amp; he stated he would report that to his family. Reinforced his choices to use appr methods to report concerns (e.g. ombudsman, grievances, support system, etc). He stated his belief that others do not take his mental illness seriously because &quot;I take care of my body, I can express myself well, I am educated&quot;. Presented with no signs of psychosis or anger/agitation present, no overt threats or aggression noted. Cont externalization of blame reported dept forced him into discontinuing medications when MHU went back on their word to let him on the unit, that lead to psychotic episode which caused him to assault staff on visit.) Did thank this writer for taking the time to talk to him. No significant concerns at this time &amp; no signs of MMI noted. Will cont to monitor as appropriate. -E. Gelger, PsyD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient’s Last Name, First Name</th>
<th>Identification No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jenkins, Nikko</td>
<td>59478</td>
</tr>
<tr>
<td>DATE</td>
<td>Reality testing, I/J remained unimpaired</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>12/23/11</td>
<td>Pt. easily agitated, manipulative, argumentative, critical...</td>
</tr>
<tr>
<td></td>
<td>to succeed at tasks. At times related to &quot;One's&quot; and &quot;Spud's&quot;...</td>
</tr>
<tr>
<td></td>
<td>OCI currently. OSI/II. Pt. C significant paranoid/paranoid...</td>
</tr>
<tr>
<td></td>
<td>hyper/intrusive behavior. Manic/hypomanic behavior. Rapid speech...</td>
</tr>
<tr>
<td></td>
<td>Grandiosity, YM, agitation. OPI. Pt. C manipulative, possible malingering behavior. 3° gain → LRC. Pt. reports...</td>
</tr>
<tr>
<td></td>
<td>2° NMF, B: d. h/o sexual/physical abuse. Pt. sus MP in MHC...</td>
</tr>
</tbody>
</table>

No provider has recommended further 1° testing, including an MMPI to help clarify dx/behavioral issues, appropriate 1° testing as well. To 2° malingering. Per MHC staff, pt. has not been cooperative 1° testing. Dr. Pt. nil. Noncooperative with meds. X 1° have all been satisfactorily to 4x in the past. Pt. continues to receive all 4° testing, including Diproide and Depakote until further noted. Possible 4° testing is completed and reviewed. Will continue to monitor pt. 1° testing is completed. Treated with...
12/23/11
Pt reports he is unable to receive mental health tx for the severity of his sx anywhere other than LRC. Referred to one contact c Dr. Pederson in Mental Health. Continue to refuse any tx outside of the LRC. Pt reports he does not have violent thoughts due to his traumatic past - denies he will harm anyone while incarcerated, but feels he will hurt others if released back to the community - no one in particular. Pt family contact Pt gets intermittent AH - quotes which he feels makes him violent - vague V/H - "spouts" OCH at this time. Talks to him being on "alpha male" - somatic complaints. Pt MFB - violent things he has witnessed - participated in previously.
Pt is appropriately dressed, groomed. Pt's presentation is same as previous evaluations. Pt fairly cooperative, but appears manic. Thought processes are rapid and flitting. Pt denies attributing his violent thoughts/actions to his medical condition. Pt continues to believe he is an "alpha male" - quotes which he feels makes him violent - vague V/H - "spouts" OCH at this time. Talks to him being on "alpha male" - somatic complaints. Pt MFB - violent things he has witnessed - participated in previously.
Pt's presentation is same as previous evaluations. Pt fairly cooperative, but appears manic. Thought processes are rapid and flitting. Pt denies attributing his violent thoughts/actions to his medical condition. Pt continues to believe he is an "alpha male" - quotes which he feels makes him violent - vague V/H - "spouts" OCH at this time. Talks to him being on "alpha male" - somatic complaints. Pt MFB - violent things he has witnessed - participated in previously.
Emergency! Emergency!
NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

TO: (Warden) Fred Britten
FROM: Nikki Jenkins 59478
NAME / NUMBER: TSCF
FACILITY: F39 SMU
LOCATION: 

DATE: January 8, 2012
Warden's Office

WORK LOCATION: 
UNIT STAFF: 

MESSAGE:

I would like to be transferred to DCC upon my next transfer so I can have better access to mental health programming. I am in an emergency need of mental health treatment. Before I am released I have been back in TSCF since July 19, 2011. My current review is dated for February 17, 2012. At this point, I have not been assessed or treated for my mental disorder. In any way, please acknowledge my serious need of medical treatment related to my psychiatric disability.

Nikki Jenkins 59478
Signature

REPLY:

Date: 1/9/12

HU 1A/B  HU 3C/D  A & R  Bus. Ofc.  Library
HU 1C/D/E  SMU  UA  Canteen  Medical
HU 2A/B  DW  Hobby  Food Svcs.  Records
HU 2C/D  AW  DCC  Hrg. Ofc.  Property
HU 3A/B  Major  MHS  Maint.  Mailroom

Other: 

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

JAN 23 2012

TO: Medical DR. Baker, Psychiatrist

FROM: Avelo Jenkins #59478 TSCI

MESSAGE: Dr. Baker, my treatment file clearly shows at one point you prescribed risperdal & depakote morning & night for mental disorders. I asko Jenkins suffer from now as a very professional psychiatrist. Mrs. Baker, you diagnosed me properly as well as treated in late 2007 as my treatment file will reflect. I thank you for your very professional means of handling my mental health needs. However, Mrs. Baker, I have now been in need of psychiatric treatment for some time now since I arrived back in TSCI as of July 19. All the treatment I'm referring to is psychosocial therapy as well as (UP) therapy (UP) Transdiagnostic unified protocol. As I have been diagnosed with severe schizophrenia and bipolar and as of an initial assessment in Douglas County by Dr. Oliveto, PTSD also these mental disorders are of severity in emergency need of professional psychiatric treatment. Please forward a written recommendation to the warden Fred Britton as well as MIR team in LCC facility notifying them of my emergency need of mental health treatment. As I am pending release very soon.

ORIGINAl - DCS Employee Thank you very much Avelo Jenkins #59478
YELLOW - Inmate
Both copies need to be submitted for response.

REPLY: Above noted. Recommended treatment options are determined by the MIR team and Mental Health staff. My job at TSCI is to make medication recommendations and adjust medications as necessary. I can reinitiate risperdal and depakote if you feel they are helpful for your mental health issues - please complete another request form and let me know. However, treatment beyond medication management is based on the recommendation of medical staff and recommended mental health advisory teams in the Department of Corrections. Thank you.

1140 1/23/12 12 J. Baker
INMATE INTERVIEW REQUEST

TO: Dr. Baker Psychiatric/ Medical
FROM: Nick Jenkins 59478

DATE: January 29, 2012

WORK LOCATION: ____________ UNIT STAFF: ____________

MESSAGE: Ma'am I thank you for your professionalism in offering me medication treatment yet as you know I am periodic Schizophrenic. I believe it will be possible here ma'am as Townsends administration its very economically focused in fear of legal litigation that is driving upon our facility due to their own negligent unprofessional actions I am in great need of intense psychiatric treatment daily with Transdiagnostic Unified Protocol UP Therapy as well as psychotherapy continue your great professionalism ma'am sincerely  Nick Jenkins 59478

Ma'am, I am in great need of medication management here at TSCT please let me know.

Thank You

1045 1/30/12

N. Baker MD
From: Pearson, Melinda  
Sent: Friday, January 27, 2012 8:55 AM  
To: Logston, Brandy  

Sounds fine.

On another note...do you still want to do the blanket approach to MSRs one week a month? And if so...when do you want to start that?

Also, I want to talk to you about /I can't remember if I did already. Beth said it sounded like he was starting to focus on you. Given his history, I think we need to tag team his monitoring with you overseeing his case. This will also be the case with Nikko Jenkins. He will be on Beth's caseload until she leaves and then switch to you for overseeing it. If you need to consult on him, you can contact Beth. I don't have the necessary objectivity anymore. Unless they find some mental illness issues in the assessment, he will not need more than monthly monitoring.

Melinda M. Pearson, PsyD  
Clinical Psychologist Supervisor  
Tecumseh State Correctional Institution  
melinda.m.pearson@nebraska.gov  
Office (402) 355-5153

CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain information that is privileged, confidential and exempt from disclosure under applicable law. The designated recipient(s) are prohibited from re-disclosing this information to any other party without authorization and are required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is 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: Logston, Brandy  
Sent: Friday, January 27, 2012 8:53 AM  
To: Pearson, Melinda  

I got it – and given that I get everything done I will leave about 15 minutes early today ☺ – I was here early Tues/Thur/and today.
Thanks!

From: Pearson, Melinda  
Sent: Friday, January 27, 2012 8:42 AM  
To: Logston, Brandy; Gelger, Elizabeth  
Cc: Spler, Teresa  

See below. Brandy, do you need me to pick up a few of the Intakes?
<table>
<thead>
<tr>
<th>CRITERION</th>
<th>YES</th>
<th>NO</th>
<th>MRGNL</th>
<th>Explanation/Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hygiene appropriate</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Cooperative with interview (answers questions)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Oriented to person, place, and time</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Recent and remote memory intact</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Thought patterns appropriate (capable of keeping thoughts on track; ideas are consistent with reality; no bizarreness)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Affect/mood appropriate (emotional expression fits situation/circumstances and is congruent with verbal and non-verbal communication)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Absence of suicidal/homicidal ideation (does not reveal a suicide plan or intentions, appropriate coping strategies and plans for the future)</td>
<td>✓</td>
<td></td>
<td></td>
<td>Denied SI - unknown regard. HI - stated he was suffering from &quot;hypomania&quot;</td>
</tr>
<tr>
<td>8. Sleep pattern satisfactory (does not express inability to sleep or evidence excessive tiredness)</td>
<td>✓</td>
<td></td>
<td></td>
<td>Expects sleep is poor - waking up 8-9 x's thru night - nightmares</td>
</tr>
<tr>
<td>9. Eating pattern satisfactory (reports normal appetite, no indication of rapid weight change)</td>
<td>✓</td>
<td></td>
<td></td>
<td>Stated he has a very large appetite</td>
</tr>
<tr>
<td>10. Content and rate of speech are appropriate for current situation</td>
<td>✓</td>
<td></td>
<td></td>
<td>Rapid speech - yelling/loud w/o any reason/cause</td>
</tr>
<tr>
<td>11. Understands how to contact Mental Health</td>
<td>✓</td>
<td></td>
<td></td>
<td>Stated he is &quot;slipping into psychosis&quot;</td>
</tr>
<tr>
<td>12. Maintains daily activities</td>
<td>✓</td>
<td></td>
<td></td>
<td>Recent incident with possibly inciting a peer across the gallery</td>
</tr>
<tr>
<td>13. Unit/Custody Staff and/or logs indicate satisfactory adjustment</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:

EXAMINER: B. Logston LMHP/IPC
DATE: 11/7/12
PSYCHOLOGIST: M. Pearson, Psy.D.
Good idea. I just finished a draft of my letter to DHHS in response to the complaint. I also got the date for the phone call from Sherry Floyd and will have that contact note in soon.

Melinda M. Pearson, Psy.D.
Clinical Psychologist Supervisor
Tecumseh State Correctional Institution
melinda.m.pearson@nebraska.gov
Office: 402-335-5153

CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain information that is privileged, confidential and exempt from disclosure under applicable law. The designated recipient(s) are prohibited from re-disclosing this information to any other party without authorization and are required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is 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: Geiger, Elizabeth
Sent: Monday, January 30, 2012 9:34 AM
To: Pearson, Melinda
Subject: RE: Psychiatric assessment

I'm going to forward it to Dr. Wellage...and tap my third eye for awhile to simmer down

Beth Geiger, Psy.D.
Clinical Psychologist
Mental Health Department
Tecumseh State Correctional Institution

Office: (402) 335-5155 ex. 5435
or
(402) 335-5183

Email: elizabeth.geiger@nebraska.gov

CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain information that is privileged, confidential and exempt from disclosure under applicable law. The designated recipient(s) are prohibited from re-disclosing this information to any other party without authorization and are required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is 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: Pearson, Melinda
Sent: Monday, January 30, 2012 8:31 AM
To: Geiger, Elizabeth
Subject: Psychiatric assessment

Dr. Baker gave Jenkins 59478 diagnoses on 12/23/2011. Did you see her note?

Melinda M. Pearson, Psy.D.
Clinical Psychologist Supervisor
Tecumseh State Correctional Institution
melinda.m.pearson@nebraska.gov
Office: 402-335-5153

CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain information that is privileged, confidential and exempt from disclosure under applicable law. The designated recipient(s) are prohibited from re-disclosing this information to any other party without authorization and are required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is 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: Pearson, Melinda
Sent: Monday, January 30, 2012 9:30 AM
To: Wellege, Mark
Subject: Letter for DHHS
Attachments: DHHS Complaint Response.docx

Would you have time to review this letter and see if it's likely what they're looking for? Also, are you still planning to be here tomorrow?

Melinda M. Pearson, Psy.D.
Clinical Psychologist Supervisor
Tecumseh State Correctional Institution
melinda.m.pearson@nebraska.gov
Office: 402-335-6163

CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain information that is privileged, confidential and exempt from disclosure under applicable law. The designated recipient(s) are prohibited from re-disclosing this information to any other party without authorization and are required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is 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.
Nebraska Department of Health and Human Services  
Division of Public Health  
Office of Professional & Occupational Investigations  
1033 'O' Street, Suite 500  
Lincoln, NE 68508

January 30, 2012

Dear Sir or Madam:

This letter is in response to the complaint received by the Department of Health and Human Services on 12/12/2011 from on Behalf of Nikko Jenkins, Nebraska Department of Correctional Services (NDCS) #59478. Mr. Jenkins began his sentence with NDCS on 10/13/2003 for his conviction for 2 counts of Robbery and 1 count of Use of a Deadly Weapon to Commit a Felony. He received an 'A' Sentence on 08/29/2006 for 2nd Degree Assault and a 'B' Sentence on 07/11/2011 for 3rd Degree Assault of a Peace Officer/DCCS Employee. He is currently Parole Eligible and has a Tentative Release Date of 04/30/2013.

My position with NDCS is as the Clinical Psychologist Supervisor at the Tecumseh State Correctional Institution (TSCI). I am not involved with the medical care or prescription of medication for Mr. Nikko Jenkins. However, I have provided and/or supervised Mr. Jenkins Mental Health care since August 2009. He was seen by Mental Health 28 times between August 2009 and transfer to Douglas County on 02/19/2010. He returned to TSCI on 07/19/2011 and has subsequently seen by Mental Health a total of 8 times.

Mr. Jenkins reports previous diagnoses of Bipolar Disorder, Schizophrenia, Dissociative Identity Disorder and Post-traumatic Stress Disorder. He reports symptoms of auditory hallucinations, paranoia and being possessed by another being. He presents as grandiose, narcissistic and aggressive. He does not present with observable signs or patterns of depression, psychosis or dissociation and is adequately able to meet his daily living needs. Presentation is most consistent with Axis II, Cluster B traits rather than signs of an Axis I disorder. He has been largely uncooperative with attempts to further clarify his reported symptomology, refusing psychological assessment on 02/12/2010 and 10/31/2011. Most recently he began the formal assessment process with another provider on 01/25/2012.

As of 12/28/2012, I have recused myself from Mr. Jenkins case, due to my clinical objectivity being compromised secondary to threatening behavior by Mr. Jenkins and I will be happy to provide copies of documentation regarding Mr. Jenkins mental health care upon request. If there are any further questions, please feel free to contact me at 402/335-5153 or by email at melinda.m.pearson@nebraska.gov.
Sincerely,

Melinda M. Pearson, PsyD
Clinical Psychologist Supervisor
Tecumseh State Correctional Institution
Nebraska Psychologist License #781
From: Geiger, Elizabeth  
Sent: Monday, January 30, 2012 9:43 AM  
To: Wellage, Mark  
Subject: Jenkins

Good morning,

Just an FYI that Dr. Baker diagnosed Nikko Jenkins, in her notes from 12/23/2011, with Psychosis NOS, Possible BAD ("Bipolar Affective Disorder") w/ Psychotic Features vs. Delusional Disorder, Grandiose Type vs. SAD, BT and Probable PTSD...

Beth Geiger, Psy.D.  
Clinical Psychologist  
Mental Health Department  
Tecumseh State Correctional Institution

Office: (402) 335-5155 ex. 5435

or

(402) 335-5183

Email: elizabeth.geiger@nebraska.gov

CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain information that is privileged, confidential and exempt from disclosure under applicable law. The designated recipient(s) are prohibited from re-disclosing this information to any other party without authorization and are required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is 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.
Thanks for the info.

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

Phone: 402-479-5971
Facsimile: 402-479-5679
e-mail: cameron_white@nebraska.gov

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

From: Pearson, Mellinda
Sent: Wednesday, February 08, 2012 9:42 AM
To: White, Cameron
Subject: FW: FW: a call on behalf of the Directo to a Re: Inmate Jenkins #59478 TSCI

Please see Dr. Gelger's Information below.

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

CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain information that is privileged, confidential and exempt from disclosure under applicable law. The designated recipient(s) are prohibited from re-disclosing this information to any other party without authorization and are required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is 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: Geiger, Elizabeth
Sent: Tuesday, February 07, 2012 3:27 PM
To: Hillman, Michele
Cc: Pearson, Mellinda
Subject: FW: FW: a call on behalf of the Directo to a Re: Inmate Jenkins #59478 TSCI

Hi Michele, I have provided the MH responses to concerns noted below. Please let me know if you have any questions or need additional information. Thanks!
I have reviewed the records received from Douglas County Corrections (DCC) regarding Jenkins, Nikko #59478 incarceration there from 2/13/2010 through 7/19/2011. I cannot respond to all of the statements, but the information I can provide is outlined here:

**Nikko is not receiving medical care in which he received at Douglas County; when he doesn’t receive proper meds, he acts out.**

- **He has 3 personalities.**

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.

**She mentioned that Nikko never had write ups at Douglas County and probably due to him having medication; which he isn’t getting at TSCI.**

1. 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.”

2. 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.

Beth Gelger, Psy.D.

* Clinical Psychologist

Mental Health Department

Tecumseh State Correctional Institution

Office: (402) 335-5155 ex. 5435

or

(402) 335-5183

Email: elizabeth.gelger@nebraska.gov