

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

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

DATE	Mental Health Contact Notes
01/04/06	<p>Met with Mr. Jenkins per his request, as primary counselor was unavailable. Mr. Jenkins ventilated his stressors and current feelings towards his reality, facing additional charges; potential testifying by other peers, his sister's betrayals, and his overall stress related to his current lifestyle choices. Mr. Jenkins attempted several times to cite his difficulties with sleeping and the disruptions that he was encountering. Encouraged him to follow up with his primary MHP but reminded him of all the abuse of prescribed meds that is going on coupled with his history equating to it being unlikely that he would be placed on that regime. Mr. Jenkins was given a couple of coping skills to implement in order to make healthier choices, burn off physical steam, and identify some perspective on things that he has personal control of. Mr. Jenkins verbalized many catastrophic distortions in his thinking and the mental filter in which he is receiving his environment in a negative manner. Mr. Jenkins identified though that he is not looking to change now or in the future, thus just wanted others to respect that he's going to be irritable and if "I fly off the handle, people will know that I warned them." Discussed his need for personal accountability and acceptance of his own sabotaging and how he will likely be impacted for such negative behaviors, and to accept the consequences accordingly. He has verbalized that being placed on AC status would be worth it to him. Reminded Mr. Jenkins of confidentiality and the safety of others in terms of reporting. Mr. Jenkins was encouraged to reestablish closer contact with his MHP as they have the rapport and previous history in which to establish relative goals with now. Mr. Jenkins was physically calmer as he left to return to school and he was encouraged to continue to find support, as it is available to him. Dawna Hill, MHP</p>
1/5/06	<p>Met w/ AS follows up to 1:1 on 1/4/06. Pt. stated he has had ongoing problems w/ sleep. He denied any other symptoms related to depression or anxiety. Pt said multiple times he wanted medications to help him sleep. Informed him the MD will not prescribe sleep aids. Pt stated how he has repressed his anger by his lack of sleep. Pt voiced minimal concerns for family related issues. stated that the focus of his current anger is on "Administration" due to their changing other inmates as well as himself for 2nd assault. He stated "If the Admin. want to trick off my time, I'll give them something to remember me by... I might be in jail but they will remember me." Pt was exposed to the issue of accepting responsibility for his actions as he has admitted to being in a fight. Once the issue of responsibility & discussion of his role was brought in a vacant fight. Pt wanted to end the session. Encouraged Pt to request 1:1 session whenever he was feeling upset or stressed. Will file in 2-3 weeks w/ at his request. — S.E.L. (handwritten)</p>
1/9/06	<p>met w/ in E-315 at his request. Pt used his time to voice frustrations & feelings of abandonment from family. Pt stated he plans to return to life of crime but he is uncertain how - plans to wear a mask. Voiced his anger at his sisters & how he feels distracted by the prison. Disappointed for their actions. Crying, rural going overboard. Pt stated how he could have turned out better if had positive influences. Reminded Pt that he has the ability to distinguish right from wrong. Discussed how his behavior may have also influenced his sisters. Pt stated he only cares for his mother & youngest sister. Pt encouraged to reevaluate how his return to crime would account to nothing more than abandoning his mother & sister - instead of being the positive role model he wants or states will be. Pt also discussed how his "Pharm" is getting out soon - "I'll put my anger into him so he can take care of some things." Pt to evaluate his impact on possibly ruining someone's life w/ this influence. Pt stated to end position in his life - some possible goals. Will file w/ Pt in 1-2 weeks w/ at his request. — S.E.L. (handwritten)</p>
NMATE'S Last Name, First Name	NMATE'S Number
Jenkins, Nikko	59478

Mental Health Contact Notes

1E	
1/8/06	Met w/ on the unit at his request. Pt admitted he did not go to class so he asked to meet. Explained that this was inappropriate. Pt briefly discussed his anger w/ pending court case. Allowed him to vent until end of class hour (banned). Explained: emphasized responsibility for his actions, and to not take advantage of others. Will file in 2-3 weeks or at his request.
1/12/06	met w/ on the unit for 1:1 - Pt denied any probs or concerns. He stated his attitude has improved: feels better about events. He assisted staff over the past week by retrieving a missing pair of handcuffs from other inmates. "If someone I like dropped them I would help, if they are an ass they fuck em." Discussed & encouraged ongoing appropriate behaviors. Pt stated he still has anger towards people: "will act on it once out of prison." He related intense anger towards his father and was open to discussing his relationship w/ him, including once when Pt pulled a gun & threatened his father. Discussed pt becoming a father once out of prison. He stated he would make his child out of state but he would stay behind. Talked about a newspaper article on how most underachieving boys have in common with lack of a father in the home - then compared the information to his own life. Encouraged pt to look at the rest of his life: how he could have positive impacts on others - instead of focusing on the negatives. Pt to submit his ability to focus on good - will file in 2-3 weeks or at his request.
1/27/06	Pt transferred to LCC this date. He did not expect transfer. He denied any problems or concerns, sick shanic, and visual halluc. Sympt of depression or anxiety. Completed GOLF, multiple terminations from GOLF II due to failure to abs. disclose his crime. 11 sessions focused on issues related to gang mentality, and setting goals once out of prison. Case file sent to LCC. Writing lists for MIT groups & medication or writing list for psychiatrist. Command GOLF II: III
1/30/06	Resil file

MATE'S Last Name, First Name	INMATE'S Number
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T. 12/11/06

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5947A

13173

NEBRASKA DEPARTMENT OF CORRECTION SERVICES

DATE	Mental Health Contact Notes
11/02/07	<p>Inmate seen @ via SMH call door, per notation on an MSR that he would like to visit with a MH staff. Inmate reported sleeping problems; he was encouraged to spend much less time in bed; & he was counseled a sleep hygiene habit. Inmate reported he was ^(SD) being "tormented by administration" for "attacking another inmate, that I never did & the inmate denied it"; he reported never receiving an MR for the incident that left him in segregation. Inmate presented considerable criminal thinking, & he was challenged to think rationally & to not let other or his "feelings pull his strings". Inmate believes he has been unjustly treated, & believes he will attack innocent people when he returns "to North Omaha" because of his being placed in "isolation" @ TSCI. Inmate presents conflicts; e.g., reports wanting to do the "right thing" & get out of gang while seeing himself as a violent (even sadistic) person who is destined to be in gangs & take on authority for the rest of his life. He presents no overt psychopathology, & appears to be a poor candidate for mental health intervention. There was talk to contact MH if wanted to address his problems in the future. S. Kelly/Pate</p>
8/11/68	<p>Memo sent to Wm Hunt and Warden regarding inmate's communication/intention to harm of head case released. A copy is attached.</p>
INMATE'S Last Name, First Name	INMATE'S Number
Jenkins, Nikko	59478

NEBRASKA DEPARTMENT OF CORRECTION SERVICES

13172

DATE	Mental Health Contact Notes
7/16/2008	<p>met with inmate in small client attorney room at his request. Appearance unremarkable. Mood and affect appeared angry with intensity of emotion in talking about the perceived injustice about he has encountered in his life and while incarcerated. C/P max oriented x 3. Attention, concentration & memory unimpaired. Thought process linear. Thought content reveals no SI, AH, VH. Inmate does fantasize about hurting others and even HI without specific plan or victim. MHP prompted inmate to explain goals and objectives for counseling. Inmate wants "out of the hole" and to "be better" with no collaboration. Discussed anger management. Inmate reports he has taken anger management and that his issues revolve around being "punished" by his placement in seg. Discussed inmate's option for changing life style that he intends to pursue after released. Discussed change model. Inmate is not in pre-contemplation stage yet. Encouraged inmate to use all avenues at his disposal to request move from segregation. Inmate requested to have more contact with MHP. Discussed reviewing change process & goals for future in 1 month.</p>
9/16/08	<p>Met. as note above. Inmate displays anti-social features and makes comments that suggest possible psychosis.</p>
INMATE'S Last Name, First Name	INMATE'S Number
Jenkins, Nikko	59478

DATE 01-15-2009	Mental Health Contact Notes
	<p>Saw ct. in MH office in response to an interview request. Ct. c/o institutional wrong doing and being infuriated by staff. Ct. 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. Ct. said that he was unjustly held in segregation as he had gone two years MR free. Ct. 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. Ct. said that no one here want to see inmates get better or meet their goals. Ct. confronted me asking if I was genuine or if my niceness was fake. Told ct. that I had no reason to put on a fake persona, that what he saw is who I am. Ct. talked about being strong mentally, physically, emotionally, and spiritually. Ct. talked about his intelligence and how he doesn't fit the label that people automatically assign to him. Ct. 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. Ct. talked about being sexually abused when he was younger, and being exposed to violence at a very young age. Ct. acknowledged that he is highly intelligent and that he is smart mentally, emotionally, and relationally. Ct. said that he is an expert manipulator and motivator and that he holds the power of life and death in his own hand. Ct. talked about acquiring a "complex balance" of hate, love, emotion, and lack there of. Ct. 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. Ct described himself as a "rare species of human". Ct. 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. Ct. 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. Ct. said that the loudest sound is that of innocent blood, that when someone innocent gets killed, everyone stops to listen. Ct. 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. Ct. 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. Ct. 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. Ct. 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. Ct. 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. Ct. also described himself as sincere, loyal, and dedicated, about his purpose, and his relationships with others. Attempted to redirect ct. to the purpose of the session, but ct. said that the session was for me, that it was his gift, that he was here only to educate me. Ct. 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. Ct. 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 ct. contrasted "culture" between his and mine. Ct. 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 ct. asked "how often can I come over and talk to you?" Reinforced with the ct. that I would not be able to see him because I already have too many inmates who actually need and benefit from my time. Ct. then said that it was helpful to come and vent and get everything off of his chest. Told ct. 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. Ct. agreed. No follow up scheduled at this time.</p>

INMATE'S Last Name, First Name
Jenkins, Nikko

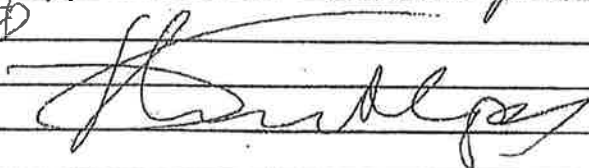
[Handwritten Signature]
INMATE Number
59478

DATE

Mental Health Contact Notes

2/17/09

Inmate seen at Cell Door in SMU E-13, talked favorable interaction yesterday while inmate was on yard. This date inmate was asked about his future plans and he became hostile and called excessive names. Inmate indicated he was a genetically special person at unusual physical capabilities and coordination, and came from a long line of superior athletes, basketball player and was going to become a fighter and referee and had sponsors. Inmate stated he was a Special Person from North Carolina. Inmate has a history of intimidating other inmates (young white inmates) and extorting stove from them and taking them fish for him. Inmate is extremely narcissistic and Anti-social but it is the opinion of long-term custody staff that he is basically afraid of everyone and is a "low end". Inmate frequently refers to his mother as his principle friend and protector. Inmate is reportedly up for parole in 2010 he appears to be at low to moderate risk for reoffending and for interpersonal violence. EAD



INMATE'S Last Name, First Name

INMATE'S Number

Paul D. A. 111

U

111

13167

NEBRASKA DEPARTMENT OF CORRECTIONS SERVICES

DATE	Mental Health Contact Notes
2/23/09 CMT	but MMP is concerned about inmates' intention to act upon HT, once released. Inmate denies any intention to harm anyone while incarcerated. MMP will consult with Dr. White/Williams for further guidance. C. B. Bailey, LMSW
3-27-09	Seen in SMU. Speech pressured. 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 OG gangster, and Nikko. He states he has some good in him but not sure how much. He is perfectionistic and overcompensates for perceived weaknesses. 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 "rehab" and the MHU at LCC. It is not clear if he would be appropriate, will follow up again in Zwick. Mar W. [Signature]
5/15/09	Seen in response to referrals. Highly narcissistic/anti-social personality disorder. Does the idea of a voice in his head to discuss thoughts of harm to others, as if not having to own the attention seeking nature. & that he is worried no. Unit staff perceive he is angry about current status. Recently placed on limited property. He was exercising w/ mattress. Complained cell was not cleaned before he moved in. Spoke w/ staff about getting cell clean, which he can do anyway on Friday. Does not appear to be psychiatric & refuses consideration of any P-S intervention. [Signature]
MATE'S Last Name, First Name	INMATE'S Number
Jenkins, Nikko	59478

13169

Mental Health Contact Notes

02/09/09

Saw of ^(P) @ ~~all~~ all down in SNU. Staff reported that of. was requesting to speak w/ M.H. Was on gallery conducting M&L when of. stopped me to ask if he was scheduled to be seen. of. indicated that he was a psychopath and should not be in SNU had been on segregation only perpetrated his anger and made his symptoms worse. of. said that he was requesting to go to LCC to the mental health unit so that he could receive rehabilitation. of. very focused on the inadequacy of TSET staff to deal with the complexities of his case. Co-facilitator indicated that he would be seen in the next couple of weeks and that they would continue the conversation.

Christi Walker Smith

INMATE'S Last Name, First Name

Tank 10111

INMATE'S Number

50070

DATE	Mental Health Contact Notes
1/23/09	<p>MHP met with inmate in EF conference room at his request. Inmate reports that his dad died last week. He spoke about difficulties with not being able to see his family for contact visits and the isolation in seg that he feels is making him "homicidal." Inmate has fantasies of "killing" others once he is released. He disclosed trauma & abuse suffered as a child; explaining that it is his culture that made him who he is and the isolation in seg leaves him with feelings of "rage" and revenge. Discussed choice of gang lifestyle. Inmate's statements at times seemed contradictory. Example of this was when he expressed hope that he could change from his homicidal intentions but also expressed that this is who he is and a sense of pride in who he is as a "intelligent" "unstoppable" human being. Prompted inmate to look at the cost of criminal/deviant lifestyle. Inmate's statements seemed nihilistic and strong anti-social traits evident. MHP explained change process and limits of change when he sees himself "destined" to be a "homicidal maniac." Inmate attempted to place responsibility on MHP if he gets out of prison & starts "killing" people. MHP challenged inmate's statements, attempting to help him see distorted thought patterns and external locus of control view/beliefs. Inmate has already been screened for MIRT. Inmate explained he does not want to stay in J-seg for the next two years. MHP will refer inmate to Dr. Weiland for further evaluation/assessment. MHP gave staff an ITR to warn staff to be careful given inmate's comments. No specific person identified by inmate.</p>
INMATE'S Last Name, First Name	INMATE'S Number
T ...	9

13165

DATE	Mental Health Contact Notes
08/18/2009	<p>Inmate N Jenkins #5947B was recommended to be placed on Plan A status in Small observation cell @ about 22:30hrs on 08/18/2009. MHOA received nearby INAVSilla communication via cell phone that inmate threatened to harm self using a blade @ about 19:40hrs. In view of inmates present in Small IT was recommended that inmate be placed on 15 minute checks with continuation from TCS Psi and to page back if anything changed. @ about 20:30 hrs MHOA was paged a 2nd time by detainee STAFF who indicated that inmate threatened to harm self using a T-shirt. MHOA reviewed that inmate be placed on Plan A status in Small observation cell with custody to call TCS Psi for continuation. Custody to call back if anything untoward occurred. Bon.</p> <p><i>[Signature]</i></p>
08/18/2009	<p>Inmate Jenkins seen out cell door in Small B-23 on Plan A status. Inmate abusive to examiners regarding and attributes his "suicidal" actions to "bad medication". Contacted with Psi in regard to inmates status. Psi suggested and concurred with MHOA recommendation that inmate remain in Plan A status per order to fully evaluate the extent of his capabilities and responsibility regarding mental health. Recommendation is to continue on Plan A.</p> <p><i>[Signature]</i></p>

INMATE'S Last Name, First Name	INMATE'S Number
Jenkins, N	5947B

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

MENTAL HEALTH RECORD CHRONOLOGICAL RECORD OF PSYCHIATRIC / MENTAL HEALTH CARE

DATE	(sign each entry)
8/19/09	Assessed inmate Jenkins, Nicko #59478 today in 5MU B 23 who is on Plan A since 8/17/09 due to OT. Mr. Jenkins seems to be unsettled between being psychotic ("I" words in my head falling over what to do") and being suicidal ("I want to die"). I just wanted off the gallery, the people were bugging me"). Mr. Jenkins seems more of an ANXIETY client as opposed to being suicidal with a true M.H.E. Due to recent past b/c - OT & gathering Mr. Jenkins is recommended to be put on Plan A with Mental Health to follow-up tomorrow. Dr. Baker agrees with this recommendation. Malle L.M.P.
8/20/09	Assessed inmate Jenkins, Nicko #59478 today in 5MU B 23 who is on Plan A since 8/17/09. Mr. Jenkins denied being suicidal today and denied being suicidal at any time. Mr. Jenkins has been compliant with 5MU staff and institutional rules & policies. Therefore, I recommend stopping Mr. Jenkins down to Plan B today with mental health to follow-up tomorrow. Dr. Baker agrees with this recommendation. Malle L.M.P.
8/21/09	Assessed inmate Jenkins, Nicko #59478 today in 5MU B 23 who is on Plan B. Mental health and Dr. Baker are recommending stopping Mr. Jenkins off Plan B and move back to 5MU w/ no restrictions. Denial OT and has been compliant with 5MU staff. Mental health has placed Mr. Jenkins on the 5MU list to monitor erratic behavior. Malle L.M.P.

PATIENT'S LAST NAME - FIRST NAME - Jenkins, Nicko IDENTIFICATION NO. 59478

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
INCIDENT REPORT

Date: 5-13-09

Page 2 of 2

Name: Jenkins Wilko

Number: 59478

Sgt [Signature]
Reporting Employee Name & Job Title (PRINT)

that anything that happens when he gets out is going to be everyone (Administration) fault due to not working with him to move towards rehabilitation for programming and mental health.

Distribution:

Name/Area Date Sender

Sgt [Signature]
Reporting Employee Signature

Reviewed by:

12

Date

From: Weilage, Mark
Sent: Thursday, June 18, 2009 10:49 AM
To: Pella, Michael
Cc: Chandler, Wayne
Subject: RE: Inmates Nikko Jenkins #59478

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. Weilage 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 (GP, transition, etc.).

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

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

/ayne,

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

12985

Health Services Request Form

RECEIVED

JUN 22 2009

Date: 6-21-09

Name: Nikk's Jenkins # 59478 HU: SMU F13

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

Medication Refill

What medication needs refilled:

Signature Nikk's 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 N. Baker MD

Follow Up Appointment with

Lab Draw Due

14

RECEIVED

SEP 22 2009

HEALTH SERVICES REQUEST FORM

Date 9/22/09

Name: Nikko Jenkins # 59478 HU: SMU B8

What is your health concern? Dr Baker I need something to sleep the pike pill is making it hard to sleep I wake up at least 4 times every night phophis is real mad he tells me there kidding us and im getting weaker like useless humans. her getting weaker will he go away for good?

Medication Refill? _____

What Medications need refilled? _____

Signature Nikko Jenkins 59478

For Medical Response Only

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

Thank You

Date: 9/22/09

Signature: N. Baker MD

Follow Up Appointment With _____

Lab Draw Due _____

13230

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. Wakes out daily
↑ conflict & staff. ⊕ diff. & anger. ⊕ aggressive behavior X 6 weeks.
Sleeping & eating well. Denies diff. & energy or concentration. ⊕ STIM
Denies previous suicide attempts. mild anxiety. ⊕ panic sx. c/o ↑
stress. ⊕ AH from "the Egyptian death god" - derogatory in nature
⊕ AH last 2 years. ⊕ magical thinking. ⊕ VICH. Very focused on his strength
& being an "alpha male". Very adamant ~ not taking medications
Reports he works out hard & "masturbates" daily to wear himself out
⊕ NM ⊕ FB ~ h/o being physically & sexually abused ages 3-10
states he was a gang member from ages 11-16. occ. racist thoughts.

Psychiatric History: 1st saw P age 7 "2" taking a gun to school / anger issues
I/P X 1 @ RY @ age 8 for bringing a gun to school
C/P age 9-10
h/o PK & Ritalin

Medical/Surgical/Trauma History: Denies any medical illnesses
surg/hosp: S/P GSW (R) middle finger - lost 1/2 his finger (traumatic amputation)
HT/LOC X 2 as a child

Medications: per chart

Allergies: NKMA

Family History: ⊕ "bipolar + schizophrenia" - father, p. grandmother
⊕ ETOH abuse - father, sisters (3), mother (1), m. uncles - illicit drug use
↳ sisters / 2 mothers p.c. # 4/9

Social History: from Omaha. Single. ⊕ children. 6th grade. ⊕ employment hx
received GED in prison. ⊕ military hx. h/o smoking 1 p.p.d. ⊕ tobacco
X 3 years. states he would like to be a professional boxer when
released. States he JAMS in 2011. reports in & out of prison since age 11

Chemical Dependency History: ⊕ h/o heavy ETOH use (cornac 1/2 - 1 pint/day)
⊕ OUIS. ⊕ THC + "wet" a d. ⊕ IV use. ⊕ man CD. longest period
clean & sober X 3 years (2005-2008) while incarcerated.

13229

Mental Status Exam (psychosis / I. delusions / hallucinations / dep. depressive symptoms / hopelessness / helplessness / worthlessness / SI / HI / behavior etc. which lead to potential dangerousness / inability to care for self or basic human needs. Include Insight and Judgment) Pt. appropriately dressed/groomed

1. Multiple tattoos on face, neck & arms/stubs he likes the pain of tattoos & gets them on his face so he won't look like his dad. Pt. fairly cooperative & good eye contact. mild & PM agitation mood "I wake up mad with different levels of rage" affect easily agitated at times, frustrated. speech spontaneous. Pt. very talkative, but not pressured & redirectable. responses fairly logical & GD - frequently went back to talking about his strength & ability to hunt others! OFI OLOA. O manic/hypermanic behaviors observed. O AH - limited to "Egyptian death god" O V/GH. O paranoia - believes staff may poison him so he will lose his "muscle mass" O delusions O grandiosity O illogical thinking. Denies S/HI. alert & oriented. immediate & remote memories

Review of Systems: Negative appear G.I. knowledge & comprehension appear adequate
Jan reality testing. I/T has been limited

Assessment:

Axis I Psychosis NOS, Possible SAD-bipolar type, probable PTSD
Polysubstance dependence (THC/"wet"/ETOH), ad/d/o & mixed
features. R/O BAD & P features vs. CPS

I strong cluster B traits

II none known

V severe

7 35

Treatment Plan: Pt. c/o diff & anger, agitation, AH, paranoia. O diff & authority
2° "control issues". O n/o aggressive/assaultive behaviors reports long h/o
being a gang member & in & out of prison since age 11. reports significant h/o
sexual abuse & physical "brutally" abuse by his parents! O NM O FB 2° abuse
O FH MI. significant h/o ETOH/illegal drug use - O prior CD & X + tends to
minimize h/o use. Pt reports obsessed & cleaning his room & himself -
leans "all day long" for periods of time. O strong cluster B traits.
Discussed coping skills, anger issues, reality testing & appropriate
boundaries w/ pt. Discussed kite from 6/2/09 & pt. Pt & significant anger
mental health issues. Will refer pt. to MHT to work on trauma issues, anger
management & request evals by MIRT & CVORT. Pt. willing to go for & X
to HV @ LCC. States he was muply in GP, but back in SMU 2° having a "shank"
in the parole board 1/10. States Dr. Williams had ordered Depakote for him in the
past, but states he never took it. Very resistant to taking kites - but agreeable to
treat of Risperdal if has come law - work 1st. plan to v a CBC, CMP next week
initiate Risperdal (the following week) at 1mg qhs x 7d => ↑ 2mg qhs.

Physician Signature: N. Baker MD 17

Niko
Julius

I will be 23 in September
been confined almost 7 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 enviornment were
either you attack or be attacked
and I chose to fully live the
gangbang life behind these gat-
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 sir/

13642

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 its 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.

13201

Special Needs Contact Documentation

Date: 08-18-09

Inmate Name: Jenkins, Nikko

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*

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

Psychiatric Services – *Note medication(s) below*

[Meds: Risperdal 1 mg]

Diagnostic Category(s)

Psychotic Disorder

Bipolar – Affective

Depressive Disorder

Anxiety

Adjustment Disorder

Personality Disorder

Sleep

NARRATIVE: Mr. Jenkins was seen by a MIRT Committee consisting of Melinda Pearson, Wayne Chandler, and Leann 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*]:

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

Next Date to be seen: _____

Completed by: *[Signature]*

20

Date: 8/18/09

Special Needs Contact Documentation

Date: 10-19-2009

Inmate Name: Jenkins, Nikko

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

(DX: Psychosis NOS, Possible SAD, bipolar

Psychiatric Services - Note medication(s) below

(Meds: Refuses ^{error} Risperdal, Depakote

Diagnostic Category(s)

Psychotic Disorder

Bipolar - Affective

Depressive Disorder

Anxiety

Adjustment Disorder

Personality Disorder

Sleep

NARRATIVE:

Jenkins was seen in legal rooms 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 thoughts appear psychotic in nature, as Jenkins frequently referred to Opophus, the Egyptian God of death and of his (Opophus) control of Jenkins. Mr. Jenkins reports that he has been taking his medications and the meds appear to be working.

Current Need Level: ^{KS.} 2 - ~~Maintenance~~ Low (Monthly)

New Need Level: 2 - Low [Monthly]

Rationale [if need level changes]:

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

Next Date to be seen: 11-19-2009

Completed by: K. Stranberg 21

Date: 10/19/2009

13226

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

MENTAL HEALTH RECORD	CHRONOLOGICAL RECORD OF PSYCHIATRIC / MENTAL HEALTH CARE
DATE	(sign each entry)
10/8/09	<p>cont. & note</p> <p>appear fairly well organized. @FOE @LOA. @mimic/hypermimic behaviors observed. @AH - limited to "Opafus" - ↓ overall. @VICH. ↓ paranoid overall. @delusions (persecutory, somatic) Denies ^{any} SI/HI. alert & oriented. reality testing / I/I remains limited</p>
	<p>Pt. a little calmer, more redemptable today. Remains somewhat intense & narcissistic. @AH - limited to "Opafus". @VICH. ↓ paranoia overall. ↓ diff. in anger/aggressive behaviors @delusions (persecutory, somatic) @neurovegetative sx. @OCD behaviors. ↓ anxiety. @NM/FSB w/ h/v abuse - unchanged - @other PTSD sx. ↓ racing thoughts/grandiosity overall. strong cluster B traits. Discussed coping skills, anger issues, reality testing & the importance of med compliance to the pt. Sees MPM in MH - encouraged pt. to work on coping skills & anger issues. Pt scheduled for a sleep study 9/27/09 - pt left p 1 night into sleep study. Did sleep well on 1st night => left AMA the following morning. Discussed sleep hygiene & pt. humerly reports he is sleeping ok. Pt. awaiting transfer to transition program. Plan to ↑ Risperdal 1/2, cont. Depakote 500 BID. Will ↓ Depakote level in next 1-2 weeks. DEPs reported as observed - will monitor ↓ ↓ AIMS p next visit. Will cont. to monitor pt. & adjust meds as necessary. f/v & 4 in 6-8 weeks, sooner if needed ————— N. Bakummo</p>

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

IDENTIFICATION NO.
59470

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

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

DATE | cont. Ψ Note (sign each entry)

8/27/09
 * Follows \bar{c} medical for physical concerns. Encouraged pt. to work on anger issues/trauma issues + coping skills \bar{c} MH. Plan to cont. Risperdal 2mg q hs + initiate Depakote 250 BID x 5d \Rightarrow \uparrow 500 BID. Discussed RBA \bar{c} pt. Plan to v labs p next visit. Will cont. to monitor pts + adjust meds as necessary. f/u \bar{c} Ψ m i month, sooner if needed N. Bakummo

10/8/09
 * Ψ Note
 Pt. compliant + tolerating medications \bar{c} difficulty. O&PS reported or observed. reports \downarrow anger/aggression \bar{c} medications. Plans to transfer to transition unit next month. Sleeping + eating well. Denies diff \bar{c} energy or concentration. OSHI. Denies any physically aggressive behaviors. JAMS 2011. Continues to exercise regularly + goes to yard. \downarrow anxiety/ "edginess" overall. \oplus AH - limited to hearing "Opafus"/Egyptian death god - reports is \downarrow d + "weaker" \bar{c} the medications. OVICHT. \downarrow paranoia. Opanic sx. Enjoys writing letters, music. \downarrow racing thoughts. O somatic complaints \oplus NMIFB v h/o abuse - relatively unchanged. Maintains contact \bar{c} family obsessive/compulsive behaviors (cleaning). Discussed kite from 9/21/09 \bar{c} pt. Little less grandiose. Enjoys reading. states "voice" inside of him is derogatory. cont. conflict \bar{c} staff/authority. Pt. fairly cooperative, little calmer \bar{c} good eye contact. mild Ψ Magitation mood "it's alright" affect little brighter, calmer (less agitated) speech spontaneous. Pt. talkative, but more redirectable. O mumbled speech. \downarrow grandiosity. \oplus magical thinking remains extremely narcissistic. thoughts cont \rightarrow

PATIENT'S LAST NAME - FIRST NAME | IDENTIFICATION NO.
 Jenkins, Nikko | 59478 N. Bakummo

2.2 73

13228

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

MENTAL HEALTH RECORD	CHRONOLOGICAL RECORD OF PSYCHIATRIC / MENTAL HEALTH CARE
DATE	NOTE (sign each entry)
8/27/09	Pt reports he is feeling better. Compliant & tolerating medications 3 difficulty. @EPS reported as observed. c/o anger & verbal aggression. Denies any physically aggressive behaviors. Stated he JAMS 2011. Sleeping & eating well. Denies diff. energy
Laws 8/7/09	on concentration. @SI/HI. States he is exercising regularly & goes to the yard regularly. refers to himself as "the alpha male"
CBC work	@AH limited to "Egyptian death god" @VICH. states he is a "warrior" & talks w/ no h/o gang involvement. @somatic complaints
CMP work	@racing thoughts. @NM/FB - h/o being abused. States he was evaluated by MIRT & was recommended for the transition program at NSP ↓ paranoia. cont. diff. @ "authority" / staff. @obsessive/compulsive behaviors (cleaning).
	Pt cooperative & good eye contact. mild PM agitation. mood: "better" affect less agitated, remains intense. speech spontaneous. Pt talkative & rapid speech, but fairly redactable. @grandiosity @magical thinking. extremely narcissistic. thoughts appear fairly well organized. @FOI @LOA. @manic/hypomanic behaviors observed. @AH - limited to "Egyptian death god" @VICH. ↓ paranoia. @delusious Denies SI/HI. Alert & oriented. Reality testing appears limited. I/I also limited
	Pt feeling a little better overall c/o diff. @ anger/verbal aggression. Denies physically aggressive behaviors. @AH - limited to "Egyptian death god" @VICH. ↓ paranoia. @racing thoughts. @grandiosity strong cluster B traits @NM/FB related to h/o abuse. @other PTSD sx @OCD sx "cleaning" - ↓ overall. Discussed coping skills, anger issues, reality testing, & the importance of med compliance @ the pt. See TK in MH. MIRT recommended transition program at NSP.
PATIENT'S LAST NAME - FIRST NAME	IDENTIFICATION NO
Jenkins, Nikko	59478 cont. →

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24

N. Baker

13199

Special Needs Contact Documentation

Date: 11-17-2009

Inmate Name: Jenkins, Nikko

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*

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

Psychiatric Services - *Note medication(s) below*

Meds: Resperdal, 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 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 talks to 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. Baker 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]:

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

Next Date to be seen: 12-18-2009

Completed by: K. Stranberg LMP 25

Date: 11-17-09

Special Needs Contact Documentation

Date: 12-02-2009

Inmate Name: Jenkins, Nikko

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*

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

Psychiatric Services – *Note medication(s) below*

[Meds: Resperdal, 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 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 pill') 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]:

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

Next Date to be seen: 1-02-2010

Completed by: R. Stranberg LMHP 26

Date: 12-2-2009

INMATE INTERVIEW REQUEST

DEC 04 REC'D

TO: Dr Pearson Mental Health DATE: 12-2-09
 FROM: Nikko Jenkins 59478 YSCY smu B8
NAME / NUMBER FACILITY LOCATION

WORK LOCATION: _____ UNIT STAFF: _____

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 psychosis. GOD of death was grows stronger in my suffering my pain his resting dove held linen inside my head I lost more of myself everyday my goodness and this evil is it war human life is at stake if this evil wins I fight it every day I need help I dont want to carry out the missions psychosis is ordering me to do my mental health declines rapidly in smu hear this plea for help all I can do is ask for help.
 Thank you Nikko Jenkins 59478
Signature

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

REPLY: Mr Jenkins,
 You have been evaluated by the Mental Illness Review Team. They did not find indication that MHP would be the best placement for you. You have the opportunity to work w/ MHP Strahberg on these issues should you choose to.

12/10/09 Dr Pearson
Date Signature

13224

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

MENTAL HEALTH RECORD	CHRONOLOGICAL RECORD OF PSYCHIATRIC / MENTAL HEALTH CARE
DATE	(sign each entry)
12/31/09	<p>cont. Ψ Note</p> <p>to "Opafus", \oplus delusional, grandiose. \oplus significant improvement in sx \bar{c} Ψ tropic. sx refractory to Ψ tropic vs. questionable compliance \bar{c} Ψ tropic. Denies SI/HI, DV/CH. Strong AS traits. Pt. has been refusing + currently refuses to take any Ψ tropic. appears hypermanic. \oplus OCD behaviors.</p> <p>\oplus NMIFB - h/o abuse - unchanged - \oplus other PTSD sx. Pt. reports he sees KS in MH Ψ is still working \bar{c} MH staff w/ further evaluation + feels "counseling" is most beneficial for him. Encouraged pt. to work on coping skills, anger issues \bar{c} MH staff. Discussed coping skills, anger issues, appropriate boundaries, reality testing + the importance of med compliance \bar{c} the pt. Pt. refused scheduled lab draw on 10/23/09. Plan to D/C Depakote + D/C Risperdal 2^o. pt refusal. Pt. refuses any Ψ tropic at this time.</p> <p>OEPS reported or observed. Will cont. to monitor pt + Ψ sx as necessary. Pt. appears to be meeting his basic needs at this time and is not an imminent danger to himself or others at this time. flv \bar{c} Ψ in 2 months, sooner if needed.</p> <p style="text-align: right;">N. Bakum</p>
12/31/09	<p>Ψ Note</p> <p>After discussing pt's mental status / Ψ hx / behavioral issues \bar{c} mental health staff including MP. It appears pt's sx are inconsistent and more behavioral / Axis II in nature. Pt. appears to be attempting to use mental health sx / Ψ tropic for secondary gain, including to avoid legal consequences in court for recent behavior. Pt. has been evaluated by MIRT and</p>

ref/trauma +

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

IDENTIFICATION NO.
59478 cont ->

DCS-A-mnh-010 (4/02)

N. Bakum

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

MENTAL HEALTH RECORD

CHRONOLOGICAL RECORD OF PSYCHIATRIC / MENTAL HEALTH CARE

DATE

PNote

(sign each entry)

12/3/09

*

PT reports he DIC'd his meds ~ 3 days ago as he doesn't feel they help him & he does not want to take them. per MH note (11/17/09) pt had admitted to flushing Xtropis down the Toilet. Reports he is sleeping & eating well. Denies diff. energy or concentration. Denies SI/HI. Exercises daily. @somatic complaints. Watches TV; enjoys reading. Denies feeling depressed or anxious. @panic sx. @feelings of anger/irritation towards society in general. denies any physically aggressive behaviors as reports "I can control it". @AH - remains limited to "Opafus" who he refers to as comparable to "Satan" & that Opafus wants him to harm others, but he is able to resist and knows right from wrong. Talks ~ gang affiliation & activities. @VICH. less paranoid overall. occ racing thoughts & anger. @NM/FB ~ h/o abuse - unchanged. @OCD behaviors (washing out, cleaning) - fairly stable. Feels his body is perfect & describes himself as an "alpha male". Maintains contact ~ his family.

PT's room is neat & clean. Pt. fairly cooperative & good eye contact. mild ~m agitation mood "always mad" affect grandiose, angry, agitated speech spontaneous, rapid, talkative not pressured. responses very circumstantial, fairly redirectable. thinking remains extremely narcissistic/AS. thoughts appear fairly well organized. @grandiosity. @magical thinking. some FOI @LOA. appears more hypomanic/agitated today @AH - limited to "Opafus" @VICH. some paranoia. remains delusional (persecutory, somatic). Denies SI/HI. Alert & oriented. reality testing/I/IJ remain limited

PT. remains intense, angry, narcissistic. @AH limited

PATIENT'S LAST NAME - FIRST NAME

Jenkins, Nikko

IDENTIFICATION NO.

59478 cont ->

13197

Special Needs Contact Documentation

Date: 12-16-2009

Inmate Name: Jenkins, Nikko

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*

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

Psychiatric Services -- *Note medication(s) below*

[Meds: Resperdal, 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 rooms 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 to stress 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 MHU 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 she 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]:

[Empty box for Rationale]

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

Next Date to be seen: 1-16-2010

Completed by: K. Stenberg LMT/HP

Date: 12-16-09

Special Needs Contact Documentation

Date: 2-4-2010

Inmate Name: Jenkins, Nikko

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

[Dx: _____]

Psychiatric Services - *Note medication(s) below*

[Meds: Risperdal, 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 "Opophus." 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]:

- 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

Next Date to be seen: 3-4-2010

Completed by: 

Date: 2/4/2010

Nebraska Inmate Case Management System (NICaMS)

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

Inmate ID: <input type="text" value="59478"/>	Go	Active <input checked="" type="checkbox"/>	Last: <input type="text" value="JENKINS"/>	Search
▶ Name: JENKINS, NIKKO A Rcvd Dt: 11/17/2003 Released: 07/30/2013 RecCtr: GRO Loc: DISC				

[Back to Appeal](#)

Violation Report :

DISCIPLINARY MISCONDUCT REPORT

Report Filed Date: 12/17/2009	Time : 23:45
Report was Written on Date : 12/17/2009	Report Written Time : 23:30
Employee Who Filed Report : LMorris004	Reporting Employee (appears on report) : Lt Morris
MR Number : 1BSZ	
Date of Discovery : 12/17/2009	Discovery Time : 18:40

Explain Violation Fully : (who, what, when, where, how, why and your actions)

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 order to Omaha, Nebraska. Sgt Cruickshank and CW Roede were also assigned to this detail, as was an officer from OCC. At approximately 1830 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 one at a time. 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 parting embraces from friends and/or family. Sgt Cruickshank 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 restraint 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 secure 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 'boys' would come in and help him. He stated that it would get bloody. He stated that his 'boys' had guns and that it would be a bloodbath if he started fighting us. He pointed to the left side of his face and asked 'You know what this is? This is my rank (or status).? 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. I'll deal with whoever's outside.? He stated that if we remained in the restroom we would not be harmed. I spoke to Jenkins calmly. I reminded him that he did not have many 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 'boys' saw this there would be no trouble. He stated that 'they' wouldn't let that happen. At one point Jenkins tried to step around CW Roede toward the door but I stepped around and blocked the doorway. We continued talking. At some point Jenkins leaned on the sink (next to the door) with both hands and took a few deep breaths. When he stood up he began to unbutton 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 grasped his left hand in mine in a handshake-like motion and applied a handcuff to his left wrist. I did not 'speed 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 lip. 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 7911? several times to let Sgt Cruickshank (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 handcuffs. 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 individuals outside 'I 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 'I 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 'Just 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 Cruickshank and the officer from OCC took.

Misconduct Report

11967

Area : SMUD	
Place of Occurrence : TSC	Evidence Collected : <input type="checkbox"/>
Where Evidence Held :	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) :

CHARGES										
CT	Charge	DISM?	Rest Type	Start Date	End Date	LGT Amt	LGT NR?	Action	View	Edit
1	1C ASSAULT	No	SEG	01/06/2010	03/06/2010	3 MONTHS		3 MONTHS LOSS OF GOOD TIME AND 80 DAYS DISCIPLINARY SEGREGATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	2E DISOBEYING AN ORDER	No	SEG					45 DAYS DISCIPLINARY SEGREGATION C/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	2H USE OF THREATENING LANGUAGE OR GESTURES/FIGHTING	Yes							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	3A FLARE OF TEMPER/MINOR PHYSICAL CONTACT	Yes							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	3D SWEARING, CURSING, OR USE OF ABUSIVE LANGUAGE OR GESTURES	Yes							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	3K DISRUPTION OF AUTHORIZED DUTIES	Yes							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	3N VIOLATION OF REGULATIONS	Yes							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8	1E ESCAPE	No	SEG					80 DAYS DISCIPLINARY SEGREGATION C/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Investigation Reports :

HEARING BEFORE INVESTIGATING OFFICER	
(Last Updated by : MShafer001 Last Updated on : 12/19/2009 02:06 PM)	
Date of Hearing before Investigating Officer :	12/19/2009 and Time : 13:55
# of Hrs. between Infraction or Discovery & Filing :	5.08 Hrs Inmate Present : YES
# of Hrs. between Filing and Logging :	2.58 Hrs
Comment (for Inmate Present) :	
I wasn't responsible, Ohpopfols 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 Who :
IDC Witness Requested :	NO Who :
IDC Employee Requested :	NO
IDC 24 Hr Notice of Charges :	
24 Hr Notice of Hearing :	
Appearance Before the Committee :	
Dismissal Recommended :	NO Investigation Continued : NO
Date of Investigation Continued :	and Time :
Comments and Finding of Facts :	

13161

NEBRASKA DEPARTMENT OF CORRECTIONS SERVICES

DATE	Mental Health Contact Notes	
11-9-2009	<p>Jenkins, Nikko #59478 was referred to MHOD by custody staff. Custody staff indicated that 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 Apophus 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 "I am infatuated with you." 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</p>	
11-17-09	<p>Mr. Jenkins was seen for special needs. K. Stranberg, LMHP</p>	
12-02-09	<p>Mr. Jenkins was seen for special needs. K. Stranberg, LMHP</p>	
12-16-09	<p>Mr. Jenkins was seen for special needs. K. Stranberg, LMHP</p>	
12-18-09	<p>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 Opophus was stronger than he had thought and that his behavior was all Opophus. He reported that he was trying to keep control of Opophus 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 Opophus 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 Opophus 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 Opophus. I recommended to Mr. Jenkins that perhaps he should consider taking medications to weaken the voice of Opophus. 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.</p>	
INMATE'S Last Name, First Name		INMATE'S Number
Jenkins, Nikko		59478

NEBRASKA DEPARTMENT OF CORRECTION SERVICES
SEGREGATION MENTAL STATUS REVIEW

13120

INSTITUTION: TSCI

SUBJECT: Jenkins, Nikko

DATE: 12/28/09

NUMBER: 59478

PREVIOUS REVIEW DATE: 11/17/09

LOCATION: SMUD 12

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

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 SN documentation for further information. Jenkins continues to report multiple personalities, voices inside his head, and religious delusions.

Psychiatric consultation requested at this time (already rec psych care)	YES	NO
		✓

T Rogstin LMHP/PC
EXAMINER

M Pearson PsyD
PSYCHOLOGIST

CONFIDENTIAL

35

(I need immediate Assistance Please)!!!

Health Services Request Form

Date: 12/28/09

DEC 29 RECD

Name: Nick Jenkins

59478

HU: 57M D12

What is your health concern?

Mrs Baker I'm having personality shifts the voices are yelling screaming all day to hurt guards Oh pophis wants me to start war between god & Evil please help

Medication Refill

What medication needs refilled: me hes getting too strong he wants full control I'll take the pills I dont want to feel thi

Signature Nick Jenkins

59478

↓ For Medical Response Only

Thank you

Above noted. Risperdal and Depakote have been reinitiated and should help stabilize your symptoms. you will be receiving both the Risperdal and Depakote twice a day (morning & bedtime). If you need immediate assistance, please contact medical and/or mental health staff.

Thank You

Date 12/29/09

Signature N. Baker

Follow Up Appointment with

Lab Draw Due

30

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

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

DATE

cont. P/Note

(sign each entry)

12/31/09

found to be more Axis II / Behavioral in nature vs. any Axis I dx & has been denied for transfer to MHI. ? malingering behaviors by pt. Mental health staff have observed that pt. does appear anxious, but not psychotic. ODD observed. Pt. will be followed & monitored closely by MH staff. Behaviors ultimately appear volitional. sx have been refractory to P/opic P/x in the past. Plan to D/C Risperdal at this time as pt's current status 2° behavioral / Axis II issues. Pt displays strong AS traits. Will cont. c Depakote 500 BID for anger/mood sx. Plan to discuss anxiety sx/OCD sx c pt. @ next visit & discuss P/x options. Will cont. to monitor pt & adjust meds as necessary. f/v c P as scheduled, sooner if needed.

Addendum: Will continue to expand database & reassess pt's psychiatric needs & P/x options

M. Bakummo

2/1/10

P/Note

*

Met briefly c pt. at his cell as he became argumentative & uncooperative and refused to answer the interviewer's questions. Pt. demanding to be placed back on Risperdal & refuses to take Depakote as he doesn't feel it is helpful, but is unable to elaborate. Reports he is sleeping & eating well. Denies diff. c energy or concentration. Denies SI/HI. @ diff c anger & verbal aggression. Pt was verbally aggressive & threatening towards this interviewer. @ AH-limited to "Opafus" DV/CH. Discussed at

PATIENT'S LAST NAME - FIRST NAME

Jenkins, Nikko

IDENTIFICATION NO.

59470 cont ->

I ¹²⁹⁷⁷ Need Immediate assistance (For Meds) Please!
Health Services Request Form

JAN 04 RE

Date: 1.1.10

Name: Niklas Jenkins # 59478 HU: SMU D12

What is your health concern?
I would like to review the risperdal why did you stop it? after 2 days when you gave it to me for 9 months

Medication Refill the depakote only. about what medication needs refilled: me down the yelling and screaming is lower with risperdal I dont want

Signature Niklas Jenkins 59478 depakote any

↓ 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 1/7/10 Signature N. Bakum

Follow Up Appointment with _____

Lab Draw Due _____ 38

NEBRASKA DEPARTMENT OF CORRECTIONS SERVICES
SEGREGATION MENTAL STATUS REVIEW

13118

INSTITUTION: TSCI

SUBJECT: Jenkins, Nikko

DATE: 1/19/10

NUMBER: 59478

PREVIOUS REVIEW DATE: 12/28/09

LOCATION: SMUD 12

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

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 Was attempting to "take me over". Staff reports he has been more agitated and aggressive in his behaviors the past week. See contact notes for further information.

Psychiatric consultation requested at this time (already seen)	YES	NO
		✓

J. Logston LMHP/PC
EXAMINER

M. P. [Signature]
PSYCHOLOGIST

CONFIDENTIAL

13119

NEBRASKA DEPARTMENT OF CORRECTION SERVICES
SEGREGATION MENTAL STATUS REVIEW

INSTITUTION: TSCI

SUBJECT: Jenkins, Nikko

DATE: 2/3/10

NUMBER: 59478

PREVIOUS REVIEW DATE: 12/28/2009

LOCATION: SMU D12

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

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

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.

T. Rogers LMHP/PC
Examiner

UP [Signature] Psychologist Supervisor

13355

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

JAN 28 REC'D

100

INMATE INTERVIEW REQUEST

TO: Mental health Dr Pearson

DATE: 1/27/10

FROM: Nikko Jenkins 59478

TSCI
FACILITY

Smul D12
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 noone had
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

Nikko Jenkins 59478
Signature

ORIGINAL - DCS Employee
YELLOW - Inmate

Both copies need to be submitted for response.

REPLY: _____

Date

41

Signature

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

13356

INMATE INTERVIEW REQUEST

TO: Mental health Dr Pearson DATE: 1/27/10
 FROM: Nikko Jenkins 59478 YSCY SMU D12
NAME/ NUMBER FACILITY LOCATION

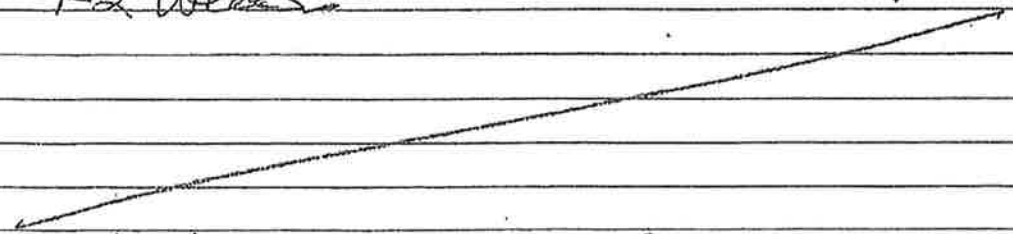
WORK LOCATION: _____ UNIT STAFF: _____

MESSAGE: Sympathy for my mental disorders and how I am struggling to live mentally and remain grounded in reality he's killing me everyday I need proper medication mental health sessions real professional staff who actually care if patients get better or at least stabilized all of you do not deserve to practice ever anymore your actions make people want to give up. Nikko Jenkins 59478
Signature

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

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 42 Dr. Pan

13222

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

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

DATE | cont. & Note (sign each entry)

2/11/10 length c pt. that Risperdal is not indicated at this time and that mental health staff will be further evaluating and testing the pt. to clarify pt's dx + then be able to provide the most appropriate fx options to the pt.

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. @ PM agitation affect angry & agitated. speech spontaneous - rapid & loud, not pressured. Unable to redirect pt. at this time. Pt refuses to answer most qs. thoughts appear fairly well organized. Pt organized. @FOI @LOA. appears hypomanic/agitated. @AH - limited to "Opafus" @VICH. some paranoia. @delusions noted today. Denies SI/HI. reality testing /ITJ remains limited

Pt. angry, verbally aggressive/threatening today. Demanding to be placed back on Risperdal refuses to take Depakote as recommended. Pt. c strong narcissistic/antisocial traits. @AH - limited to "Opafus" appears hypomanic & grandiose. @SI/HI. Denies VICH. Pt. would not answer qs ~ NM/FB/PTSD sx or OCD behaviors (wandering out, cleaning). Discussed Kates from 1/1(x2) & 1/9/10 c pt. Pt. frequently interrupting interview, very difficult to redirect. See KS in MH. Pt. c h/o noncompliance c medications & sx have been refractory to fx. Spoke to MP in MH who reports she plans to do & testing on pt, including the "SIRS" this week as pt may be attempting to feign MI 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 problems c anxiety today

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

IDENTIFICATION NO: 59478 cont -5

DCS-A-mnh-010 (4/02)

43

N. Bakermm

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

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

DATE | cont & Note (sign each entry)

2/1/10 * and will cont. to monitor & tx as necessary. DID observed Pt. continues to be monitored closely by MH staff, & further testing is @. Risperdal was d/c'd 12/31 & Depakote was d/c'd 1/11/10 @ pt refusal & pt. refuses to reinitiate Depakote per recommendations at this time. Will discuss anxiety sx/OCD sx @ pt. at next visit. Will also cont. to monitor mood/anger sx. @ Protopos at this time @ pt. refusal to reinitiate Depakote. Pt. does appear to be meeting his basic needs at this time. Pt. is sleeping/eating/showering per custody staff. Will discuss tx options @ pt. p & testing completed. Will cont. to monitor pt. & tx sx as necessary. f/u @ 4 w. 2-3 weeks, sooner if needed - N. Bakum

PATIENT'S LAST NAME - FIRST NAME - Jenkins, Nikko 44 IDENTIFICATION NO. 59478

DCS-A-mnh-010 (4/02)

13350

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

JUL 25 REC'D

TO: Mental Health (TSCI) DATE: 7-23-11
 FROM: Nikko Jenkins 59478 TSCI SMU D7
NAME / NUMBER FACILITY LOCATION

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 LCC. The mental health mod were I can be given psychiatric treatment at a higher rate. This rehabilitation treatment mentally is very detrimental to my life.
Nikko Jenkins 59478
Signature Thank you

REPLY: Mr. Jenkins,

You will be seen by your primary therapist in the near future. If your primary therapist believes 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,

13351

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE INTERVIEW REQUEST

Mental Health

TO: Case Manager Houseman DATE: 7-23-11

FROM: Niklas Jenkins 59478 TSC I SMU D7

NAME/NUMBER FACILITY LOCATION

WORK LOCATION: _____ UNIT STAFF: _____

MESSAGE: I would like to put in for
The mental health mod at LCC
to receive mental health treatment
before I am released.

Thank you

ORIGINAL - DCS Employee

YELLOW - Inmate

Both copies need to be submitted for response.

Niklas Jenkins 59478
 Signature

REPLY: _____

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

Thank You,

13117

NEBRASKA DEPARTMENT OF CORRECTIONS SERVICES
SEGREGATION MENTAL STATUS REVIEW

INSTITUTION: TSCI

SUBJECT: JENKINS, NIKKO A

LOCATION: SMUD7

NUMBER: 59478

PSYCHIATRIC CONSULTATION REQUESTED AT THIS TIME	YES	<input checked="" type="radio"/> NO	Comment: N/A
---	-----	-------------------------------------	--------------

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

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

Additional Comments:

Wants to be seen by MH - see #5 above

B. Logston WHP/PC
EXAMINER - B. Logston LMHP/PC

8/31/11
DATE

M. Pearson PsyD
PSYCHOLOGIST - M. Pearson, PsyD

137-14

seg mental status	9/28/2011	Regular / Follow-up	15-30 min	Seen for MSR. Inmate overtly hostile, demanding & vaguely threatening. Rptd AH in form of voices, but wld not elaborate, stating "they are Egyptian so I can't translate." At times rpt these same voices tell him to hurt people. Speech measured & slow. Rptd diff staying asleep at night. Denied SI/HI, but alluded to violent ideation when under the power of 'Ra.' Stated Douglas County MH had recommended psychotherapy and that TSCI MH and DOC was refusing him TX & 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 & provided significant descriptions of rptd 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.
psychiatric	9/26/2011	Regular / Follow-up	30-45 min	Dr. Baker
Individual	9/6/2011	Inmate Request	0-15 min	Inmate seen at cell door in SMU IM 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 w/ mood or affect. Did not appear to be distracted or attending to internal stimuli. Will be seen again upon request or referral.
seg mental status	8/31/2011	MH Referral	30-45 min	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 MH, reports maintains daily activities including writing poetry, & staff report no immediate concerns. He reports he's been down 9 years since age 16 (TRD 1/30/13)... 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's/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/workout, 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 warler... asked if I knew what that was... that he's lost aunt/father/family... everyone die... not grieve yet... if tear up "voice yell" @him since here 5 years. He reports concern about his release... managing symptoms when not in SMU... what would happen (revenge) without b't including medication & intense therapy... need to grieve". Treatment options were discussed including CVORT & MH options along w/coping skills. He'll continue to be followed by MH regularly & w/request/referral.
seg mental status	8/30/2011	Regular / Follow-up	0-15 min	concerns - see MH file

Rows 1 - 87 (All Rows)

Psychological Evaluation Requests

Requested Date	Due Date	Completed Date
0/0/0	0/0/0	

There are no involuntary medication records on this inmate.

There is no suicide information on this inmate.

Attached Documents in Inmates File

Document Name	Created By	Created Date
Psychiatric Note 4/25/13	PWavada	7/18/2013
Psychiatry Consultation Jenkins 59478	MWetzel	4/29/2013
Jenkins note 2-1-13	MWellag	2/12/2013
MDT Notes 10/25/12	JTaylor006	11/7/2012
MDT Review 9/27/12	JTaylor006	10/25/2012
Indirect Contact Notes 9-20 to 9-25-12	MPearso	10/1/2012
MDT Review 8/30/12	JTaylor006	9/27/2012
MDT Review 7/26/12	SGibson001	8/24/2012
psychiatric 7-2-12	WKaras-001	7/3/2012
MDT Review 6-21-12	SGibson001	7/3/2012
Contact Note 4-30-12	MPearso	5/1/2012
psychiatric 4-19-12	WKaras-001	4/26/2012
Seg MSR 4-19-12	MWellag	4/23/2012
MIRT Referral / Review 02-08-2012	DPatche	3/9/2012
MIRT Referral 2/8/2012	TSpller	2/16/2012
Contact Note 2-15-12	MWellag	2/16/2012
collateral contact 1/09/2012	TSpller	1/30/2012
psychiatric 12-23-11	WKaras-001	1/12/2012
MH Contact Note 12-28-2011	EGelger001	12/28/2011
Ombudsman Collateral Contact 11/28/11 to 12/07/11	TSpller	12/12/2011
psychiatric 9-26-11	WKaras-001	10/25/2011

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				Jenkins that he had been assessed on more than one occasion by Dr. Wellage and it was determined that he did not suffer from a major mental illness which required the type of treatment Mr. Jenkins was describing. I also clarified to him that I was not a prescriber of psychotropic medications so could not speak on this issue but he was more than welcome to contact the psychiatrist with concerns via an Inmate Interview request form.
Individual	5/3/2012	Regular / Follow-up	0-15 min	Mr. Jenkins complied with an interview at his cell door. SI/Hi 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 complied with an interview in SMU cell B23 while in therapeutic restraints. He reported feeling "disgruntled". SI/Hi was denied. He denied intent to self-harm prior to the incident leading up to being placed in restraints the previous evening. He reported he was told to do it by a spiritual being inside of him, "Apothos." Mr. Jenkins further expressed frustration regarding the response to his reported mental health issues by MH and Unit Staff. He expressed a belief that his "psychosis" is changing and getting worse. He reported he is prescribed medication, but is not consistent. He reported he would like to have a session with mental health to further discuss his concerns when he is removed from therapeutic restraints. Unit Staff reported Mr. Jenkins has not been aggressive toward self or staff since being placed in restraints. No additional concerns were reported or observed. Recommendations: Removal from 5-point therapeutic restraints and 15 minute checks.
Individual	4/30/2012	Regular / Follow-up	0-15 min	Please see attached document from this date.
Individual	4/29/2012	Regular / Follow-up	0-15 min	Seen on SMU observation gallery in therapeutic restraints at approximately 0710 hours. Appeared calm and was cooperative with interview. Answered questions appropriately and did not appear to attempt to manipulate the conversation. Reported that he did not want to return to the SMU Upper F Gallery as he had been living there when he learned of his father's death (verification shows that his father's obit was published Feb 20, 2009 and Inmate was living on Upper F from Jan 26 to March 17, 2009). Sgt. Slupe reported the previous shift noted Inmate had started to become aggressive during the first time they turned him, but had settled down after it was pointed out to him there was seven officers and only one of him. Other reports indicated that he had been cooperative throughout the rest of the night. Recommended he be returned to his assigned housing on 15 minute checks, limited property, sharps restriction and paper clothes. Recommendation delivered to Lt. Ellinger.
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-bi-polar." He stated I was unprofessional, unethical, and played "psychological warfare" with him. He was not interested in dialogue and instead focused on why he needed to be out of seg. He wanted treatment but not from 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 "hypomania" and "psychosis breaks". Jenkins explained that his stress hormones mutated 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 "intense 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.
seg mental status	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.
seg mental status	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	12/6/2011	Regular / Follow-up	0-15 min	Inmate threatening in manner, not redirectable, 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

13220

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

MENTAL HEALTH RECORD		CHRONOLOGICAL RECORD OF PSYCHIATRIC / MENTAL HEALTH CARE	
DATE	Ψ Note	(sign each entry)	
9/26/11	<p>Last evaluated the pt. on 2/1/10 as pt. had been transferred to DCCC for legal issues + recently has returned to TSCI. Pt. reports he JAMS in 1/13. Pt. reports he D/C'd Risperdal + Depakote which had also been prescribed by Dr. Oliveto @ DCCC because "they killed my adrenaline" and pt. currently refused to reinstate Risperdal and/or Depakote. Pt. very focused on wanting to be transferred to LRC and states he will only take meds if recommended if he is at LRC. Pt. refuses all Ψ topics at this time, but is requesting "daily psychotherapy" to help him cope with his violent thoughts + traumatic past. Pt. c/o some diff. staying asleep 2° NM, appetite is good. Denies diff. energy or concentration. Denies SI/HI currently, but c/o intermittent AH of "opafix" & H to harm others (no one in particular). reports vague VH - sees "sprites". Believes he is an "alpha warrior" & beliefs from the "ancient Egyptian culture". 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. states he will not take Ψ topics 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. 0 somatic complaints. 0 diff. & anger. Denies any aggressive behaviors for some time as states he doesn't want to lose any more good time. Exercises daily. Maintains family contact. Keeps busy waiting on the appeal for his case and enjoy reading.</p>		
PATIENT'S LAST NAME - FIRST NAME Jenkins, Mikko		IDENTIFICATION NO. 59478	

DCS-A-mnh-010 (4/02)

W5

A. Bakumid

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

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

DATE: 9/26/11 cont. Ψ Note (sign each entry)

\oplus NM/FM in "warfare" / violence. he has witnessed as well as participated in while on the streets.

Pt's room is neat & clean. Pt's presentation / sx similar to previous evaluations. Appearance appears good. Pt. fairly cooperative, but appears manipulative in only agreeable to take meds if transferred to LRC. / wanting "deuly psychotherapy". Pt. \pm good eye contact. \oplus Ψ M agitation. mood "angry" affect INTENSE, easily agitated. speech spontaneous, loud & rapid. Pt. talkative & diff. to redirect at times. responses are vague & reported according to pt's agenda vs. directed by this provider. Pt. \pm similar themes of being an "alpha warrior", Opafus guiding his violent thoughts / future actions, his physique & "genius intellect". thoughts appear fairly well organized. \oplus FOI. \oplus LOA. \oplus grandiosity / narcissistic. & appears hypomanic & agitated today. \oplus AH - limited to Opafus \pm H to harm others (no one in particular). vague \vee H - limited to "spirits" - diff. elaborating. some paranoia / suspiciousness. Questionable delusions of grandiose type. Denies SI/HI currently. Alert & oriented. Attention / concentration / cognition appears \pm . Reality testing / I/J appears unpaired.

Pt. remains angry / verbally aggressive \pm \oplus AH / CH related to "Opafus" & spirits. \oplus SI/HI at this time. Pt. \pm significant narcissistic / antisocial traits / behaviors. ? manic / hypomanic behavior - rapid speech, grandiosity, Ψ M agitation, \oplus FOI. Pt. \pm manipulative; & poss. malingering behavior for 2^o gain \rightarrow LRC

Pt. reports \oplus NM/FM \bar{q} d \sim ^{high sexual / physical abuse} past traumatic events. Pt. sees mp in MH. Plan to recommend / request further Ψ testing, including

PATIENT'S LAST NAME - FIRST NAME - JENKINS, NIKKO
 IDENTIFICATION NO. 5947B cont \rightarrow

13218

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

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

DATE cont. & Note (sign each entry)

9/26/11 an MMPI to help clarify dx/behavioral issues & appropriate tx options as well as R/O malingering. Pt. is h/o noncompliance in medo & sx have also been refractory to tx in the past. Pt. currently refusing all psychos, including lithium and/or Depakote unless he is transferred to LRC. Pt. is requesting "daily psychotherapy" at this time. Poss h/o OCD sx (compulsive washing out, cleaning) - cont. to monitor. Typically aggressive behavior/problems in pt recently per staff. Sx also likely 2° significant behavioral / Axis II issues. Pt. denied significant difficulties in anxiety or panic sx. DID sx observed. Pt. continues to be monitored by MH staff & will complete a formal referral for further psych testing. Discussed sleep hygiene, coping skills, trauma / h/o violence, anger issues & appropriate boundaries, reality testing & the importance of med compliance to the pt. Psychos currently 2° pt. refusal. Pt. does appear to be meeting his basic needs at this time & follows medical for any physical concerns. Will discuss tx options to pt. psych testing completed & reviewed. Will cont. to monitor pt. & tx sx as necessary. F/U in 2 months, sooner if needed - N. Baker MD

12/23/11 Psych Note
 Spoke to pt. while he was out in the yard. Pt. reports he is sleeping & eating well. Denies diff in energy or concentration. DSI/HI. c/o diff in anger. Denies aggressive behaviors. Wants out regularly. Synopsis writing. Family contact. States he has been incarcerated for the past 9 years. Pt reports he is working in the ombudsman office about wanting to receive mental health treatment at LRC.

PATIENT'S LAST NAME - FIRST NAME - IDENTIFICATION NO.
 Jenkins, Nikko 59478 cont ->

From: Britten, Fred
Sent: Monday, September 26, 2011 3:29 PM
To: Hopkins, Frank
Subject: FW: TSCI Inmate Nikko Jenkins #59478

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

Fred Britten, Warden
Tecumseh State Correctional Institution
e-mail : fred.britten@nsbreaka.gov
Phone : 402-335-5104

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

~~Shawn: I'm inclined to deny this Inmate's appeal to come off Intensive Management. He makes a claim however his current classification in precluding him from getting mental health treatment. Can you advise me what his needs are and if they're being addressed? Thanks.~~

Jerry Wayne
Deputy Director
Programs and Community Services
Nebraska Department of Correctional Services
P.O. Box 94681
Lincoln, NE 68532-4681
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.

From: Perez, Karl
Sent: Tuesday, September 27, 2011 5:00 PM
To: Pearson, Melinda
Subject: VRP

The following inmates are within the range for the next group but are in seg at TSCI:

TRD	PED	ID Number	Inmate Name	HU	PB Hearing Date	A-Case Nbr w/ Immigration Status	Date / Refus
1/30/2013	8/15/2010		JENKINS NIKKO A	SMUD			3/8/20
2/20/2013	11/20/2007			SMUC			6/28/2
7/7/2013	7/22/2010			SMUE			9/27/2
10/20/2013	10/20/2006			SMUC			11/24/
10/22/2013	5/22/2012			SEGP			
1/12/2014	8/30/2008			SEGA			3/4/20
1/30/2014	12/15/2013			SMUB			12/19/

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

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12969

Dr Baker Mental Health Emergency

Health Services Request Form

RECEIVED

Date: Sept 28th 2011

SEP 29 2011

Name: Nick Jenkins #: 59478 HU: 5Meth A7 \$6.1mm

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 your prescriptions were helpful

Medication Refill

What medication needs refilled:

Signature

Nick Jenkins #59478

↓ For Medical Response Only

Above noted. I am contracted 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.

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 Thank you

Follow Up Appointment with

Lab Draw Due

72

13115

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
SEgregation MENTAL STATUS REVIEW

INSTITUTION: TSCI

SUBJECT: JENKINS, NIKKO A

LOCATION: SMUD

NUMBER: 59478

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

Additional Comments: Rpts hearing voices every single cell day. They are along ancient's reputation so I can't translate. Demeanor and subtly threatening.

EXAMINER: _____

DATE: 09/28/11

PSYCHOLOGIST - M. Pearson, PsyD. Examiner

From: Britten, Fred
Sent: Wednesday, October 05, 2011 10:55 AM
To: Houston, Bob
Subject: FW: Nikko Jenkins #59478 follow up

fyi

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

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From: Britten, Fred
Sent: Tuesday, October 04, 2011 12:36 PM
To: Wayne, Larry
Cc: Hopkins, Frank; Britten, Fred; Gage, Brian; Sherman, Shawn
Subject: 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 sort 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

1 74

Fred Britten, Warden
Tecumseh State Correctional Institution
e-mail : fred.britten@nebraska.gov
Phone : 402-335-5104

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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
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

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

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

From: dcs.copiers@nebraska.gov [mailto:dcs.copiers@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).

12927

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
MENTAL HEALTH/MEDICAL REFERRAL FORM

OCT 17 2011

DATE: 10/15/11 REFERRAL SOURCE: Dr. Baker
INMATE NAME: Jenkins, Nikko NUMBER: 59478
INSTITUTION: TSCI LIVING LOCATION: SMU 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
- In-Patient Sex Offender Program
- Psychiatric Consult
- Medical
- Socially & Developmentally Impaired Program
- Crisis Intervention
- Mental Health Counseling/Assessment
- Other *Recommend psych testing / MMPI to help clarify diagnosis / axis II issues and treatment options*

COMMENTS:

Pt. clo cont. diff & AH/paranoia/anger. @nightmares/flashbacks/PTSD sx related to traumatic childhood. Pt. eh/o assaultive behaviors. strong antisocial/narcissistic traits. questionable malingering for secondary gain -> LRC

Specific Problem Identified: inconsistent psychiatric sx & dramatic presentation. Pt. manipulative & refusing all psychotropic tx. Pt. appears hypomanic/delusional

Description of Symptoms Inmate is Exhibiting: at times. Requesting formal psychiatric testing to better clarify Axis I vs. Axis II issues, potential malingering, & tx options

Medical/Mental History (Include Current Medication(s)): No documented known mental health hx when initially evaluated @ D+E on 11/25/03. @ tx currently 2° pt. refusal. Had requested requested psych testing previously (1/11/10). prior to pt transfer to DCC & recent transfer back to TSCI & similar clinical presentation 9/26/11

Date of Screening Interview: 9/26/11 Interviewed By: N. Baker MM

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

Date: _____ Initials: _____

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

22 Monitor
 11/1/11 MP... PA

From: Weilage, Mark
Sent: Friday, October 21, 2011 8:08 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

Connected by DROID on Verizon Wireless

-----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 12:06:55 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 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: 402-479-5679
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

From: White, Cameron
Sent: Friday, October 21, 2011 9:12 AM
To: Pearson, Melinda; Wellage, Mark
Subject: RE: Nikko Jenkins Final Order Pleas and Sentence--Douglas County--Judge Randall

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

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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

Connected by DROID on Verizon Wireless

---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 12:06:55 GMT+00:00
Subject: FW: Nikko Jenkins Final Order Pleas and Sentence--Douglas County--Judge Randall

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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

STATE OF NEBRASKA

DEPARTMENT OF CORRECTIONAL SERVICES

Robert P. Houston

Director



Dave Heineman
Governor

October 20, 2011

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

Senator Chambers

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

Robert P. Houston
Director

RPH/cjk

Attachments

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

10-17-11



J00023765D01

DOUGLAS COUNTY, NEBRASKA

*Bob - Have you seen this Order?
E. Chambers*

THE STATE OF NEBRASKA,)
)
)
 Plaintiff,)
)
 Vs.)
)
 NIKKO JENKINS,)
)
 Defendant.)

CASE ID CR 10 9075400.
DOC. 183 NO. 218

FINAL ORDER
PLEA & SENTENCE

FILED
JOURNAL CLERK
JUL 12 AM 8:31
3K DISTRICT COURT

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 Straitman. 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.

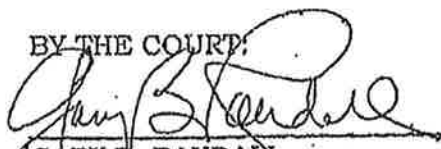
IT IS FURTHER ORDERED that defendant pursuant to Neb. Rev. Stat. §29-4106 (Reissue 2008), as amended by L.B. 190, 2010 Nebraska Laws, the defendant shall submit to a DNA test and shall pay to the Nebraska Department of Correctional Services twenty-five dollars (\$25.00). Such amount may be taken by the 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

NEBRASKA DEPARTMENT OF CORRECTIONS SERVICES
SEGREGATION MENTAL STATUS REVIEW

13114

INSTITUTION: TSCI

SUBJECT: JENKINS, NIKKO A

LOCATION: SMUD F.99

NUMBER: 59478

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

Additional Comments: Stated that Mental Health was denying treatment. Initially stated he was willing to complete psychological assessment, then changed his mind and refused. Vague threatening manner stating that any violent behavior if engaged in would be the fault of mental health. Discouraged him to ID.

EXAMINER - B. Logston LMHP/PC DATE 10/31/2011 PSYCHOLOGIST - M. Pearson, PsyD

treatment concerns and goals

84.

13324

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

TSCI

653

INMATE INTERVIEW REQUEST

10/23/11

Warden's Office

TO: Fred Britten (Warden)

DATE: Nov 27 2011

FROM: Nikko Jenkins #59478

TSCI FACILITY

SMU F39 LOCATION

WORK LOCATION: UNIT STAFF:

MESSAGE: Sir I Brought my request to your Attention for my mental Health need of rehabilitation And treatment as of July of 2011 yet you failed to Acknowledge my pleas for Help I Have been back in your facility since July 19, 2011 And I Have not recieved Not one psycho Therapy 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 Nikko 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 governer will be contacted then the president of this country you were Awaite of my deterioration mentally And you did nothing.

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

Thank you

Nikko Jenkins #59478
Signature

REPLY: _____

Date: 11/28/11

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

Other: _____

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

Note

Signature

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. Keebler, PA; J. Wickersham, DON; Kim Hofmann CCS Admin.
Copy: Dr. Weilage, Kim Hofmann, Fred Britten, 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.
_____ moved 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*

Misconduct Report Reviews Mandatory Shower/Sanitation List Single Cell Support List

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 Haldol 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 halitosis 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 inmate.
 - Dr. Baker reports inmate wrote Interview Request stating he is doing better, feeling better since re-starting the medication Latuda.
 - Plan: Relocate other inmate with hygiene concerns. Monitor symptoms and behavior.

cln

- 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 stated 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 - Spit Sock - Limited Property
- Currently on PLAN A status with suicide smock in SMU Observation. Therapeutic restraints 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 11/02/2011.
 - 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 receive injection today per IMO. Continue to monitor symptoms and behaviors and manage risk of harm to self and others.

Chemical Agent List

- 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 to request creams, 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/goal is to have inmate go to PC unit - at this current time the inmate refuses to go to PC and has requested no contact.
 - Dr. Baker reports inmate does speak with her at his cell door. Is currently taking medication.
 - Per Dr. Pearson inmate is speaking with her 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 *Chemical Agent List*

- 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. Danne (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. Danne and neuro-consult to share with the Mental Illness Review Team.

- *restriction*
- Continued placement at TSCI as county safe keeper.
- Currently on PLAN A in TSCI Hospital. Per Dr. Geiger 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 an 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 – Spit 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. Geiger has contact with inmate's mother who has stated she wanted to come visit, Dr. Geiger 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 time. Is showering. Inmate will usually follow about three staff directives before he stops complying.
- Dr. Baker reports inmate sleeps all day long.
- Dr. Geiger 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. Geiger 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 segregation time. Inmate does however show signs and 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. Geiger, 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 her with MIRT and refused to meet with her, inmate has spoken with Dr. Geiger. 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:

- _____ per Dr. Baker, inmate was seen Saturday 11/26/2011 – started on medication Pamelor. Order written to start on Amitriptyline.
- _____ - *Chemical Agent List*. On mandatory shower/sanitation list. Last shower date 11/24/2011, cell clean date 11/27/2011. Per Dr. Geiger, no new concerns noted.
- _____ On mandatory shower/sanitation list. Last shower 11/19/2011, cell cleaned 11/20/2011.
- _____ - 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 11/25/2011, cell cleaned 11/13/2011. J. Topp 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 pin# 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 diagnoses were 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.
- _____ - *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, 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, LMHP. Was 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. Wickersham 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.

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

13348

INMATE INTERVIEW REQUEST

DEC 05 2011

TO: (Mental Health) Dr Pearson DATE: December 4th 2011
 FROM: Nikko Jenkins #59478 TSCI 8MU F39
NAME / NUMBER FACILITY LOCATION

WORK LOCATION: _____ UNIT STAFF: _____

MESSAGE: Dr Pearson your responses to past request by I Nikko Jenkins for psycho therapy sessions are very misleading as well as manipulative when you state I will be seen for my regular meeting when I have not received not one psycho therapy session since my return to TSCI as of July 19th 2011 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 Dr Pearson 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 other disabled patients who suffer from schizophrenic / bipolar or any other disorder so they receive help real professional help and not discarded as

ORIGINAL - DCS Employee I am right now.

YELLOW - Inmate

Both copies need to be submitted for response.

Thank you Nikko Jenkins #59478
Signature

REPLY: Alta Jenkins,

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

12/2/2011

ED

D. Pan

Collateral Contact Notes July 2011 TSpler 7/26/2011

Programming Involvement Form

Created Date	Entered By	Treatment Program	Treatment Status	Status Date	End of Program	End Date	Treatment Progress	Program Recommendation	Recommendation Text	Comments
8/14/2013	CStejsk	File Transfer								Received discharge file 8-13-13.
3/15/2013	JKeller008	File Transfer								
3/15/2013	JTaylor006	File Transfer								
2/16/2012	MPearso	No Program Recommended	MIRT Program Screening	2/8/2012						Reviewed by the Mental Illness Review Team on this date. No Mental Health recommendations at this time.
12/8/2011	TSpler	Violence Reduction Program (VRP)	Program Re-Screening	10/22/2010						The 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 MSP. However, if transferred to community custody or paroled prior to participation, it is recommended that the offender participate in re-entry services through NDCS or a community provider while on community custody, re-entry or parole to address his criminogenic needs.
8/5/2011	MPearso	Violence Reduction Program (VRP)	Accepted Treatment Recommendation / Name Placed on Waiting List	10/22/2010						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.

There are no Counselor / Unit Supervisor contact notes on this inmate.

From: Wellage, Mark
Sent: Thursday, December 22, 2011 2:24 PM
To: Pearson, Melinda
Subject: RE: Ombudsman Response

"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. Weilage about the request to observe Mr. Jenkin'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.welage@nebraska.gov



Please consider the environment before printing this email

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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. Wellage 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

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From: Natalie Hesel <nbakerpc@cox.net>
Sent: Saturday, December 24, 2011 8:40 AM
To: Hofmann, Kim
Subject: RE: Jenkins, Nikko #59478

Thanks for the update.
Natalie

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.

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

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From: Jerall Moreland [<mailto: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.

Jerall

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

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From: Jerall Moreland [jmoreland@leg.ne.gov]
Sent: Wednesday, December 07, 2011 12:04 PM

AS

To: Pearson, Melinda; Gage, Brian
Subject: RE: Ombudsman's Inquiry (Jenkins release form)

13345

Emergency Please Emergency Please
NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

Rec'd
12/27/11

INMATE INTERVIEW REQUEST

TO: (Mental Health) DR Pearson DATE: December 20/11
FROM: Nikko Jenkins #59478 TSCI SMU F39
NAME / NUMBER FACILITY LOCATION

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 miscommunication 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 confinements of AC 23 hour lockdown without medication nor psychotherapy sessions I am deteriorating rapidly. I am requesting medical treatment mentally speaking.

Thank you

Nikko Jenkins
Signature

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.

12/27/11 97 DuPear

Chronological Record of Psychiatric/Mental Health Care

Date	(sign each entry)	
12-28-2011	<p>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 & stated he felt he was being treated unprofessionally for a variety of reasons. At that time he verbally recognized that he had interrupted & stated "you are going to get to me, right?" 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 & 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 "In & out of psychotic states all day every day", having "night terrors every night." He appeared upset w/this interviewer for not "documenting what I'm saying" & indicated that by not documenting his reports, I was not taking him seriously, & 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 "I take care of my body, I can express myself well, I am educated". 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 & no signs of MMI noted. Will cont to monitor as appropriate. -E. Gelger, PsyD</p>	
Patient's Last Name, First Name		Identification No.
Jenkins, Nikko		59478

13216

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

MENTAL HEALTH RECORD CHRONOLOGICAL RECORD OF PSYCHIATRIC / MENTAL HEALTH CARE

DATE cont. & Note (sign each entry)

12/23/11 Reality testing / I/I remains impaired

- Psychosis NOS
- Poss BAD & features vs. delusional d/o grandiose type vs. SAD, B

- Prob. PTSD

DAS/paranoid traits

Relational Problem NOS

PS dep (TH/LWT/ETD)

Pt. easily agitated, manipulative & argumentative - diff. to redirect at times. @ A/V/CH related to "Opafus" & "spruits" @ CH currently. @ SI/HT. Pt. & significant narcissistic/antisocial traits/behaviors? manic/hypomanic behaviors - rapid speech, grandiosity, & m agitation, @ FOI. Pt. & manipulative & possible malingering behaviors for 2° gain -> LRC. Pt. reports @ NM/IB q d - h/o sexual/physical abuse. Pt. sees MP in MTH. This provider has requested/recommended further & testing, including an MMPI to help clarify dx/behavioral issues & appropriate & options as well as to R/O malingering. Per MTH staff, pt. has not been cooperative & testing so far. Pt. & h/o noncompliance & meds & sx have also been refractory to & in the past. Pt. continues to refuse all & tropics, including Risperdal and/or Depakote until he is transferred to LRC. Poss h/o dep sx (compulsive walking out, cleaning) - appears fairly manageable at this time & @ significant functional impairments reported or observed. @ physically aggressive behaviors/problems & pt. recently per staff. Sx also likely 2° significant behavioral/axis II issues. Pt. denied any significant difficulties & anxiety or panic sx. @ DID sx' observed. Disturbed sleep hygiene, coping skills, trauma/h/o violence, anger issues & appropriate boundaries, reality testing & & options & the pt. @ & tropics 2° pt. refusal. Pt. does appear to be meeting his basic needs & falls out & medical for any physical concerns. Will discuss & tropics & & options & pt. p & testing is completed & reviewed. Will cont. to monitor pt. & & sx as necessary. f/u & & in 2-3 months, sooner if needed

PATIENT'S LAST NAME - FIRST NAME -

Jenkins, Nikko

IDENTIFICATION NO.

59478

DCS-A-mh-010 (4/02)

99

N. Baker

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

MENTAL HEALTH RECORD CHRONOLOGICAL RECORD OF PSYCHIATRIC / MENTAL HEALTH CARE

DATE cont. 4 Note (sign each entry)

12/23/11
 * Pt reports he is unable to receive mental health tx for the severity of his sx anywhere other than LRC. Reports some contact w/ Dr. Pearson in Mental Health. Continues to refuse any tx outside of the LRC. Pt reports he does 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. @ family contact. Pt. w/ intermittent AH - "opafus" which he feels makes him violent @ vague VH - "spirits" @ CH at this time. Talks w/ him being an "alpha male". @ somatic complaints. @ NM / FB "violent things he has witnessed + participated in previously."

Pt. is appropriately dressed/groomed. Pt's presentation/sx same to previous evaluations. Pt. fairly cooperative, but appears manipulative + focused on getting transferred to LRC. Pt. is good, but intense eye contact. @ PM agitation. mood "psychosis state" affect remains intense, easily agitated, speech spontaneous, loud + rapid. Pt. talkative + diff. to redirect at times. responses are vague + reported according to pt's agenda vs. directed by this provider. Pt. is similar themes of being an "alpha male/warrior", opafus guiding his violent thoughts/future actions, his physique + "genius intellect". thoughts appear fairly well organized. @ FOI @ IOA. @ grandiosity (- his educational background failed today) + narcissistic + appears hypomanic/agitated today. @ AH - limited to opafus @ intermittent CH to harm others (no one in particular) vague VH - "spirits" - diff. elaborating. Some paranoia! suspiciousness. Questionable delusions of "grandiose type". @ SI/HF. Alert + oriented. attention/concentration/cognition appears. GI

PATIENT'S LAST NAME -- FIRST NAME -- IDENTIFICATION NO.
 Jenkins, Nikko 59478 cont ->

Emergency! Emergency!
NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

150-13621

AR 1001

46

INMATE INTERVIEW REQUEST

Warden's Office

TO: (Warden) Fred Britton
FROM: Nikko Jenkins 59478 TSCF F39 SMU
DATE: January 8th 2012
NAME / NUMBER FACILITY LOCATION

WORK LOCATION: _____ UNIT STAFF: _____

MESSAGE: I would like to be transferred to DCC upon my next review so I can have better access to mental health programming. I am in emergency need of mental health treatment before I am released. I have been back in TSCF since July 19th 2011. My current review is dated for February 17th 2012. As of now I have not been assessed or treated for my mental disorder in any way. Please acknowledge my severe need of medical treatment mentally for my psychiatric disability.

Nikko Jenkins #59478
Signature

ORIGINAL - DCS Employee
YELLOW - Inmate

Both copies need to be submitted for response.

Thank you Sir

REPLY: _____

Date: 1/9/12

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

Other: _____

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

_____ Date

101 _____ Signature

12967

Emergency! Emergency!
NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

4/11/12

INMATE INTERVIEW REQUEST

JAN 23 2012

TO: (Medical) Dr Baker Psychiatrist DATE: January 22, 2012
 FROM: Nikko Jenkins #59478 TSCI F39 Smu
NAME/NUMBER FACILITY LOCATION

WORK LOCATION: _____ UNIT STAFF: _____

MESSAGE: Dr Baker As my treatment file clearly shows At one point you prescribed risperdal & depakote morning & night for mental disorders I Nikko Jenkins suffer from now As A very professional psychiatrist Mrs Baker you diagnosed me properly as well as treated in late 2009 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 great need of psychiatric treatment for sometime now since I arrived back in TSCI as of July 19th all the treatment Im referring to is psycho therapy as well as (UP) Therapy (UP) Transdiagnostic unified protocol As I have been diagnosed with severe Schizophrenia / Bipolar and As of an all assessment in douglas county By Dr Olivetto PTSD all of these mental disorders are of severity in emergency need of professional psychiatric treatment please forward A written recommendation to the warden Fred Britten As well As MIRT team in LCC Facility notifying them of my emergency need of mental Health treatment As I am pending release very soon I

ORIGINAL - DCS Employee Thank you very much Nikko Jenkins #59478
 YELLOW - Inmate Ma, am
Signature

Both copies need to be submitted for response.

REPLY: Above Noted. Recommended treatment options are determined by the MIRT 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 recommendations/evaluations of the mental health staff and associated mental health advisory teams in the Department of Corrections.

1140

1/23/12

102

N. Baker MD
Signature

Thank you

Emergency! Emergency!
NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

9AM
12966

INMATE INTERVIEW REQUEST

JAN 30 2012

TO: Dr. Baker Psychiatrist / Medical
FROM: Nick Jenkins 59478 TSCI JMU F39
NAME / NUMBER FACILITY LOCATION

WORK LOCATION: UNIT STAFF:

MESSAGE: Ma'am I thank you for your professionalism in offering me medication treatment yet as you know I am perinat (Schizophrenic) I believe I will be prisoned here Ma'am the Teamsehr Administration is very Economically Focused in Fear of legal litigation that is driving upon this 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 I Nick Jenkins #59478
ORIGINAL - DCS Employee
YELLOW - Inmate
Both copies need to be submitted for response.

REPLY: Above Noted. The pharmacy staff would only be able to give you the medications prescribed by myself and agreed upon by you. If there is a way to assist you with medication management here at TSCI, please let me know.

Thank You
1045 1/30/12
Date

N. Baker MD
108
Signature

From: Pearson, Melinda
Sent: Friday, January 27, 2012 8:55 AM
To: Logston, Brandy
Subject: RE: TSCI Transfers for Friday, January 27, 2012.

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 [redacted] 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) 335-5153

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From: Logston, Brandy
Sent: Friday, January 27, 2012 8:53 AM
To: Pearson, Melinda
Subject: RE: TSCI Transfers for Friday, January 27, 2012.



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
Subject: FW: TSCI Transfers for Friday, January 27, 2012.

See below. Brandy, do you need me to pick up a few of the intakes?

13111

NEBRASKA (A DEPARTMENT OF CORRECTIONS) SERVICES
SEGREGATION MENTAL STATUS REVIEW

INSTITUTION: TSCI

SUBJECT: JENKINS, NIKKO A

LOCATION: SMUF 39

NUMBER: 59478

PSYCHIATRIC CONSULTATION REQUESTED AT THIS TIME	YES	<input checked="" type="radio"/> NO	Comment: N/A (prior consultation)
---	-----	-------------------------------------	-----------------------------------

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

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

Additional Comments:

B. Logston LMHP/PC
EXAMINER - B. Logston LMHP/PC

1/27/12
DATE

M. Pearson Psy.D.
PSYCHOLOGIST - M. Pearson, Psy.D.

105

CONFIDENTIAL

From: Pearson, Melinda
Sent: Monday, January 30, 2012 9:35 AM
To: Geiger, Elizabeth
Subject: RE: Psychiatric assessment

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

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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. Weilage...and tap my third eye for awhile to slimmer 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

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From: Pearson, Melinda
Sent: Monday, January 30, 2012 8:31 AM
To: Gelger, 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

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From: Pearson, Melinda
Sent: Monday, January 30, 2012 9:30 AM
To: Weilage, 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: 402-335-5153

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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/DCS 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 Identify 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: Weilage, Mark
Sent: Monday, January 30, 2012 10:22 AM
To: Geiger, Elizabeth
Subject: RE: Jenkins

What??????

From: Geiger, Elizabeth
Sent: Monday, January 30, 2012 9:43 AM
To: Weilage, 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

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From: White, Cameron
Sent: Thursday, February 09, 2012 7:55 AM
To: Pearson, Melinda
Subject: RE: FW: a call on behalf of the Director to a Ms. Sherry Floyd Re: inmate Jenkins #59478 TSCI

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

Please see Dr. Geiger's Information below.

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

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From: Geiger, Elizabeth
Sent: Tuesday, February 07, 2012 3:27 PM
To: Hillman, Michele
Cc: Pearson, Melinda
Subject: FW: FW: a call on behalf of the Director 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 his 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 received 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

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