

Illinois Department of Corrections  
Mental Health Progress Note

Danville CC

Facility

Session Date: July 25, 2019

Time: 8:20 AM

Session Duration: 20 minutes

Offender Name: (Last, First) [REDACTED]

ID Number: [REDACTED]

Part I: Offender Information

Level of Care:  General/Outpatient  Special/Residential Treatment Unit  Crisis Placement  Inpatient

MSR: 02/18/2026

Discharge: 02/18/2029

Check all that apply:  Designated SMI  Designated GBMI  On Enforced Medication  None

No face-to-face contact occurred  
(If checked, skip Brief Mental Status Evaluation section, document information in Part III)

Completed by Behavioral Health Technician  
(If checked, skip Brief Mental Status Evaluation section, document information in Part III)

Part II: Brief Mental Status Evaluation

Level of Cooperation:  Cooperative  Guarded/Suspicious  Hostile  Uncooperative

Orientation:  O<sub>x</sub>3 (Time, place, person)  O<sub>X</sub> \_\_\_\_\_ (list: \_\_\_\_\_)  Disoriented

Affect:  Unremarkable  Constricted  Blunt/Inexpressive  Flat  Labile

Appearance:  Appropriately Groomed  Disheveled  Poor Hygiene

Thought Process:  Clear/Coherent  Circumstantial  Tangential  Perseveration  
 Loose Association  Word Salad/Incoherent  Thought Blocking

Part III: S.O.A.P. Note

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem;  
A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Pt was seen on 30 minute watch

S: "I'm alright." Pt reported that she is annoyed she cannot shave while on watch. Pt rated her anxiety at a 0 out of 10. Pt reported that she has no depression. He stated that she does not want to transfer to Elgin. "I don't think that level of treatment is necessary." "I don't think I could get any better at another facility." Pt stated that her anxiety has decreased due to her court next week getting canceled. She reported that she has been "chill." States thinking, praying and relaxing to cope and pass the time. Pt stated that her mood is good. "I'm actually pretty happy, proud of myself because I knew my history and myself and read the signs of my anxiety." Pt stated that she has been eating and sleeping well. Denies SI/Hi. Denies AH/VH.

O: Oriented X3. Mood is good. Mood and affect are congruent. Eye contact is fair. Did not appear to be responding to internal stimuli. Pt calm and cooperative. Insight and judgment good. Thought process coherent. No apparent distress or agitation. Logical and coherent speech. Denies SI/Hi. Denies AH/VH.

A: gender dysphoria

Clinician Name (Print): [REDACTED] LPC, NCC

Signature: [REDACTED]

LPC/NCC

Facility: Danville CC

Title: QMHP

Illinois Department of Corrections  
Mental Health Progress Note  
Danville CC

Facility

Session Date: July 25, 2019 Time: 10:45 AM Session Duration: 30 minutes

Offender Name: (Last, First) Tate, Carl ID Number: R12529

process coherent. Logical and coherent speech. Denies SI/RI. Denies AH/VH.

A: gender dysphoria  
-PTSD  
- GAD

P: Following the hearing a phone call was made to regional psychologist [REDACTED] regarding pt's concerns. [REDACTED] suggested that a second hearing could be held once [REDACTED] arrives at Elgin Treatment Center if she still wishes to have witnesses present.

- With the approval of [REDACTED] Offender [REDACTED] is authorized to be transferred while on crisis watch. Offender [REDACTED] will be considered a continuous watch status while transferring and can be re-evaluated once she arrives at Elgin Treatment center.

E: Brief therapeutic support and feedback

Clinician Name (Print): [REDACTED] LPC, NCC

Signature

[Handwritten Signature]

Facility: Danville CC

Title: QMHP

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Facility

Session Date: July 25, 2019 Time: 10:45 AM Session Duration: 30 minutes

Offender Name: (Last, First) [REDACTED] ID Number: [REDACTED]

**Part I: Offender Information**

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MSR: 02/18/2026 Discharge: 02/18/2029

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(If checked, skip Brief Mental Status Evaluation section, document information in Part III)

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**Part II: Brief Mental Status Evaluation**

Level of Cooperation:  Cooperative  Guarded/Suspicious  Hostile  Uncooperative

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**Part III: S.O.A.P. Note**

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Pt was seen for emergency hearing regarding impending psychiatric transfer with MHP [REDACTED], MHP [REDACTED], volunteer [REDACTED], and Major [REDACTED] present

S: From direction of Chief of psychiatry [REDACTED] it was recommended that Offender [REDACTED] be transferred to Elgin Treatment Center for more intensive treatment than what is available at Danville. Per direction of [REDACTED] an emergency hearing was held to determine if a transfer to Elgin Treatment Center would be appropriate for Offender [REDACTED]. Offender [REDACTED] voiced her concern that she was unable to call witnesses to her defense due to the emergency status of the hearing. Offender [REDACTED] reported that she did not wish to go to Elgin, despite her previously voiced dissatisfaction with the treatment she is currently receiving at Danville. She stated that she would like to stay here and continue with the building blocks program and join Bible College. The committee took into consideration Offender [REDACTED] opinion, and it was determined that a transfer to Elgin Treatment Center would provide the best care for Offender [REDACTED] and her needs.

O: Oriented X3. Mood is good, though appeared agitated at times. Mood and affect are congruent. Eye contact is fair. Did not appear to be responding to internal stimuli. Pt calm and cooperative. Insight and judgment good. Thought

Clinician Name (Print): [REDACTED] LPC, NCC Signature [REDACTED] LPC, NCC

Facility: Danville CC Title: QMHP

ILLINOIS DEPARTMENT OF CORRECTIONS  
Notice of Impending Psychiatric Transfer

To: [Redacted] Facility [Redacted]  
Offender Name ID #: [Redacted]

As a result of your interview on 7/25/19 with the Department physician or psychiatrist, it has been recommended that you be transferred to Elgin Treatment Center for further evaluation and treatment.  
(Month, day, year) (Facility/institution)  
Prior to transfer, you have the right to appeal this decision. To do this, you must request a hearing before the Psychiatric Review Committee Board, where two members of the institutional staff and one member not employed by the agency will review your case. During this hearing, you will be present and, at your own expense, may have your personal psychiatrist or other professional persons appear on your behalf to present verbal or written testimony. Furthermore, you may specify institutional employees or other offenders whom you desire to appear at this hearing on your behalf.

Please indicate below whether or not you desire this hearing, sign your name, and return the white and yellow copies of this form to your counselor within 24 hours. You should retain the pink copy for your own records. If you have not requested a hearing, your proposed transfer will be reviewed in the General Office in Springfield. If you have requested a hearing, one will be held within five working days of your returning this form. You may request an additional delay of two working days to prepare for the hearing. To do so please specify, in the space provided below, the reason why you are requesting this delay.

[Redacted] L. P. NCE 7/25/19  
Employee's Signature Date  
Q MHP  
Title

Please complete the following:

I have read the above and:

- I do not request a hearing regarding my proposed transfer.
- I request a hearing regarding my proposed transfer.
- I request a hearing regarding my proposed transfer and request an additional two days for preparation prior to the hearing. I am requesting the additional preparation time for the following reasons:

REQUESTED WITNESSES SAID  
NO DUE TO EMERGENCY. I REQUESTED  
RULES TO READ IN THIS NOT ALLOWED  
Cal 7/25/19  
Offender Signature Date  
DUE PROCESS VIO.