

**02/03/2025 - ED in Huntsman Mental Health Institute Receiving Center****Abstract Notes****Consults****Macholica Williams, CSW at 2/3/2025 1840****BH Clinical Intake Assessment****Assessment Date:** 2/3/2025**Primary Service:** HMHI Receiving**Visit Information:****Identifying Information**

Questions	Responses
Employment Status	Unemployed
Occupation?	None

Referring Provider: No ref. provider found

**Notice to Family**

Should the hospital notify a family member or representative about your admission?: No

Status of contact:: Completed

Comment:: pt will coordinate

**Notice to Provider**

The hospital may communicate with your referring physician and primary care physician if applicable, is there any other provider you would like us to communicate with?: No

Status of contact:: Completed

Comment:: Pt will coordinate

Informants: Patient

Legal Status: Involuntary-Pink Sheet

Guardian: Self

**Presentation:**

Boone is a 45-year-old male who presented to HMHI as a walk-in. Pt expressed active SI . Upon interview, the patient endorsed SI with a plan to overdose on fentanyl. The patient also reported feeling depressed, which is affecting his day-to-day living. On 1/24/25, he was seen by MCOT due to his suicidal ideations with a plan overdose as a means to die by suicide.

**02/03/2025 - ED in Huntsman Mental Health Institute Receiving Center (continued)****Abstract Notes (continued)**

Pt was currently a resident of the Fortitude Treatment center run by the Utah Department of Corrections. he had a long history of mental illness that include frequent but brief episodes of disassociation leading to significant disfunction in his life. He has been at Fortitude for over a year, pt reported that he is having difficulty in making progress there due to these periods of disassociation. Pt has had multiple instances of aggressive and inappropriate behavior on his part when he has had to deal with the frustration that both he and the staff there experience due to his inability to have consistent behavior. These inconsistencies have led to him having difficulty with employment, managing the social services he potentially has access to, and engaging fully in treatment.

Pt denied HI, AH, VH, Alcohol use, substance use and self-harm or intention to do so, but then shifted to endorsing a plan for SI and OD on fentanyl once this SW asked more detailed questions. Although he currently does not have any in his possession. He is able to obtain fentanyl at his place of residence.

He is being prescribed medications for his mental health symptoms and he feels that they are mostly effective. He takes them as prescribed. As part of his treatment program, he receives extensive therapeutic services. Boone reported previous substance abuse with a variety of opioids, marijuana, tobacco and alcohol. He denied any current use, however pt made statements about buying bottles of Adderall from other residents at fortitude and spending \$180 a bottle.

Boone started to exhibited signs of tension when queried regarding SI. Following a consultation with this SW and the PA on the floor, it was determined that the patient met the criteria for inpatient admission. However, due to Boone's infection with SaproVirus, which necessitated isolation ina private room, the RC was deemed unfeasible. Additionally, there were no available beds suitable for his level of care. As a result, it was decided that the patient would be transferred to the ED for further evaluation once a bed became available. Furthermore, the patient's heightened levels of tension, along with statements indicating that he was "pretending to" endorse suicidal ideation, led to his subsequent pink-sheeting. Emergency Medical Services transported him to the University of Utah's emergency department.

**Mental Status Exam:****Mental Status Exam**

Appearance: Appears stated age

Behavior: Fidgety, Anxious, Agitated

Presentation: Cooperative, Evasive

Speech: Unremarkable

Thought Process: Logical

Thought Content: Suicidal ideations, Insight impaired, Judgement fair

Affect: Mood congruent, Depressed, Anxious

Cognition/Orientation: Name, Month, Date, Year, Hospital, Patient appears capable of making own decisions

Developmental Stage Appropriateness: Developmentally age appropriate

Depressive Symptoms: Depressed, History of depression, Irritable, Appetite down, Sleep down, Fatigue, History of suicide attempts, Active suicidality

Manic Symptoms: No mania evident

Anxiety Symptoms: Tense, Worry up

Attention: Normal

**02/03/2025 - ED in Huntsman Mental Health Institute Receiving Center (continued)**
**Abstract Notes (continued)**

Eating Disorder: None  
 Appetite: Decrease  
 Sleep: Decrease  
 Self Harm/Suicidal Ideation: Pt reported that if was to be d/c'd hes OD on fentayl  
 Delirium: None

**Risk Assessment:**

## Suicide Risk

This patient screened as a HIGH RISK for suicide/self-harm by RN assessment

## COLUMBIA SUICIDE SEVERITY RATING SCALE

In the past month, have you had any actual thoughts of killing yourself?: Yes  
 In the past month, have you been thinking about how you might do this?: Yes  
 In the past month, have you had these thoughts and had some intention of acting on them?: Yes  
 In the past month, have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?: Yes  
 Have you ever done anything, started to do anything, or prepared to do anything to end your life?: Yes  
 Was this within the past three months?: Yes  
 Suicide Risk Stratification: High Risk

**Suicide Assessment:**
**Behavioral Health Suicide History**

Questions	Responses
Firearms	No
Unsecured firearms	No
Past Suicide Attempts	Yes
If yes, please describe	Pt met with MCOT 1/24 after endorsing SI w/ plan to OD , pt had a previously attempted to shoot self in 2015, missed and shot wall 2 times.

Suicidal ideation? Yes

Plan: Pt reported that if he was to be dc'd he would OD on fentanyl

Opportunity: ample

Suicidal Ideation: Thoughts of death, Suicidal thoughts, Suicidal thoughts with plan, Suicidal thoughts with plan and intent and Access to method in plan

Mental Health: Active psychiatric illness and Barriers to accessing mental health treatment (finances, insurance, transporation, etc.)

Social/Environmental: Economic Hardship, Lack of support system and Unemployment

**02/03/2025 - ED in Huntsman Mental Health Institute Receiving Center (continued)**
**Abstract Notes (continued)**

Suicide: Past suicide attempts and Suicidal behavior within the last 3 months

Chronic pain? No

Chronic Homelessness? No

Anti-suicide: Outpatient treatment organized and scheduled

Adjusted Risk Assessment: High

**Violence Assessment:**
**Behavioral Health Violence History**

Questions	Responses
Past Aggression/Violence	Yes
If yes, please describe	has an aggravated/assult kidnapping charge against his mom in 2015, Pt reported that he is also a registerd sex offender

Current violence ideation? No

Violence risk: Unemployed and Active suicidal ideation

Violence risk: Impulsive/aggressive history

Other risks: none

 **No data to display**

**History:**
**Past Psychiatric History:**
**Past Psychiatric History**

Questions	Responses
If yes, please describe	Reports a hx of 8-9 admissions, unable to provide details. Reports last admission at McKay in 2023.
Past Suicide Attempts	Yes
If yes, please describe	Pt met with MCOT 1/24 after endorsing SI w/ plan to OD , pt had a previously attempted to shoot self in 2015, missed and shot wall 2 times.
Past Self-Harm Behaviors	No

**02/03/2025 - ED in Huntsman Mental Health Institute Receiving Center (continued)**
**Abstract Notes (continued)**

Questions	Responses
Past Aggression/Violence	Yes
If yes, please describe	has an aggravated/assult kidnapping charge against his mom in 2015, Pt reported that he is also a registerd sex offender
Have you ever received Neurostimulation (ECT, TMS, VNS, etc)?	No

**Social History:**
**Behavioral Health Social History**

Questions	Responses
Living situation	Pt is currently residing at fortatude half way house.
Support systems	denies any supports in his life
Married?	No
Education	Bachelor's degree
Employment Status	Unemployed
Occupation?	None
Physical abuse	Yes
Sexual abuse	No
Emotional abuse	Yes
Abuse comment	Reports abuse as a child from his mother
Firearms	No
Unsecured firearms	No
Legal concerns	Currently on Parole

**Sexual Orientation and Gender Identity**
**Sexuality**

Patient's sexual orientation: Straight

**Gender Identity**

Patient's gender identity: Male

**History**
**Sexual Activity**

- |                    |               |
|--------------------|---------------|
| • Sexual activity: | Not Currently |
| • Partners:        | Female        |

**Abuse History:**
**Behavioral Health Abuse History**

Questions	Responses
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**02/03/2025 - ED in Huntsman Mental Health Institute Receiving Center (continued)**
**Abstract Notes (continued)**

Questions	Responses
Physical abuse	Yes
Sexual abuse	No
Emotional abuse	Yes
Abuse comment	Reports abuse as a child from his mother

**Family Medical, Psychiatric and Substance Abuse History:**
**Family History**

No family history on file.

**Past Medical History:**
**Past Medical History:**

Diagnosis	Date
<ul style="list-style-type: none"> <li>Hyperhidrosis</li> <li>Mental disorder</li> </ul>	

**Tobacco & E-Cig Use History:**
**Tobacco History**

Tobacco Use	
Smoking Status	Former
<ul style="list-style-type: none"> <li>Types:</li> </ul>	Cigarettes
Smokeless Tobacco	Former
<ul style="list-style-type: none"> <li>Quit date:</li> </ul>	03/2023

**E-Cigarette/Vaping**

Questions	Responses
E-Cigarette Use	Never Used

**E-cigarette/Vaping Substances**

Questions	Responses
Nicotine	No
THC	No
CBD	No
Flavoring	No

**02/03/2025 - ED in Huntsman Mental Health Institute Receiving Center (continued)****Abstract Notes (continued)****E-cigarette/Vaping Devices**

Questions	Responses
Disposable	No
Pre-filled or Refillable Cartridge	No
Refillable Tank	No
Pre-filled Pod	No

**Substance Usage and Treatment History:****Alcohol Use**

Questions	Responses
Alcohol use?	No

**Drug Use**

Questions	Responses
Have you ever used drugs?	Yes
Previous substance abuse treatment?	Yes
Residential (Rehab) Location:	Fortitude Treatment Center, Salt Lake City
Treatment date(s) (Rehab):	Currently
Have you previously had an overdose?	No
If yes, were you hospitalized?	No
Do you have a Naloxone (Narcan) Rescue Kit?	No

**Marijuana Use**

Questions	Responses
Marijuana	Yes
Current frequency?	Reports hx of use, no current use

**02/03/2025 - ED in Huntsman Mental Health Institute Receiving Center (continued)****Abstract Notes (continued)****Cocaine Use**

Questions	Responses
Cocaine	No

**Stimulants/Methamphetamines Use**

Questions	Responses
Stimulants/Methamphetamines	No

**PCP/LSD/Mushrooms Use**

Questions	Responses
Mushrooms/PCP/LSD	No

**Heroin Use**

Questions	Responses
Heroin	No

**Inhalants Use**

Questions	Responses
Inhalants	No

**Opioids Use**

Questions	Responses
Opioids	No

**Barbiturates/Sedatives/Benzodiazapines Use**

Questions	Responses
Barbiturates/Sedatives/Benzodiazapines	No



**02/03/2025 - ED in Huntsman Mental Health Institute Receiving Center (continued)****Abstract Notes (continued)****Over the Counter Use**

Questions	Responses
Over-the-counter	No

**Other Drug Use**

Questions	Responses
Other	No

**Motivation for Substance Abuse Treatment & Withdrawal Signs/Symptoms:**

No History: No History

**Medical:****Current Medications:**

No outpatient medications have been marked as taking for the 2/3/25 encounter (Hospital Encounter).

Anticipate any ancillary services?: No

Assistive Devices? Yes

Assistive Devices: CPAP/BIPAP

**Allergies:****Allergies**

Allergen	Reactions
• Dulaglutide	Constipation
<i>Patient admitted with acute colonic pseudo-obstruction in 1/2025 while taking this medication.</i>	
<i>Avoid GLP1 agonists in the future</i>	

**Vitals:** BP 148/80 (BP (Cuff) Location: Left arm, Patient Position: Sitting) | Pulse 115 | Temp 37.3 °C (99.1 °F) (Temporal) | Resp 16 | SpO2 94%

**02/03/2025 - ED in Huntsman Mental Health Institute Receiving Center (continued)****Abstract Notes (continued)****Formulation:**

The patient presented to HMHI with acute suicidal ideation and depression, along with a decline in functioning. Although he met the criteria for inpatient hospitalization for safety and stabilization, admission was not feasible due to his SaproVirus infection requiring isolation, and there were no suitable available beds. Therefore, it was decided to transfer the patient to the emergency department for further evaluation when a bed became available. His heightened tension and statements about "pretending to" have suicidal ideation led to his pink-sheeting, and he was subsequently transported by Emergency Medical Services to the University of Utah's emergency department.

Warning Signs: Rapid dissociation, Severe Anxiety, Repeated depressed episodes, Become emotional (cry), Become apathetic "don't really care too much"

Coping Strategies: Meditation, Use mental health AI

Professionals/agencies I can contact during a crisis: Stephan Larson, therapist at Valley Behavioral Health, Heidi, mental health support person at Fortitude Treatment Center Utah Dept. of Corrections

Plan: Patient said the people who live at Fortitude are "not safe" for someone with mental health problems to be around.

Optional: What is most important to me and worth living for? "See the evolution of AI."

**Diagnostic Impressions:****Problem List**Hospital ProblemsICD-10-  
CMHospital**\* (Principal) MDD (major depressive disorder)**

F32.9

**02/03/2025 - ED in Huntsman Mental Health Institute Receiving Center (continued)****Abstract Notes (continued)****Plan:**

Admission: Other Facility

Discharged: ED

**Author:** Macholica Williams, CSW

Time Spent: 120 minutes

Electronically signed by Macholica Williams, CSW at 02/05/25 0928

Electronically signed by Natalie Marie McClintock, LCSW at 02/05/25 0955

**Progress Notes****Dakota Jaymes Wellman, RN at 2/3/2025 1641****HMHI Receiving Center Brief Medical Screening**

**Why are you here?** Pt reports that he is staying at a halfway house and needs to maintain employment as a condition of his staying at the halfway house. Pt reports that due to his dissociative condition this is impossible. Pt reports that he is worried about going to the streets and feel that he is going to end up dead. Pt reports he would rather die than go to prison.

**Have you made a recent suicide attempt or overdosed?** No

**Have you recently harmed yourself?** No

**Do you have any medical issues?** No

**Medical History:****Past Medical History:**

Diagnosis

Date

- Hyperhidrosis

**Do you take Depakote, Lithium, Anti-Seizure Mediation, Insulin, Blood Thinners or any other medications that you need special monitoring for?** No

Mydayis 50 mg daily

Gabapentin 800 mg TID

Lamictal 200 mg daily

**When did you last take them today?** Yes

**Do you currently have pain or physical symptoms?** No

**02/03/2025 - ED in Huntsman Mental Health Institute Receiving Center (continued)****Abstract Notes (continued)****Have you ingested any substances, including drugs or alcohol, in the last 2 days? No****Vital Signs:****Vitals:**

02/03/25 1500

BP: 148/80  
Pulse: 115  
Resp: 16  
Temp: 37.3 °C (99.1 °F)  
SpO2: 94%

**Assessment:** Medically Cleared for Receiving Center

Electronically signed by Dakota Jaymes Wellman, RN at 02/03/25 1650

**01/24/2025 - Therapy Visit in Huntsman Mental Health Institute Mobile Crisis****Abstract Notes****Progress Notes**

Nathan Ray Cruz, CMHC at 1/24/2025 1450

**BH Mobile Crisis Outreach Team Assessment****[Address of Outreach:] Address of Outreach: 855 California Av, Salt Lake City, UT 84104****Visit Information:**

Boone Cabal is a 45 year old male. He reported that he has been struggling with Utah Department of Corrections, he is on parole and has a plan to overdose on fentanyl if he is going to be sent back to prison. He reported that he does not have a plan to act on this today, but he feels like his risk is fairly imminent. He currently resides at Fortitude Treatment Center.

**Identifying Information**

Questions	Responses
Employment Status	Unemployed
Occupation?	None

**[Referral Source:] Referral Source: Self**  
Informants: Patient, Provider Fortitude Staff  
Guardian: Self

**Presenting Problem:**

Boon requested MCOT support due to his suicidal ideations with a plan overdose as means to die by suicide. MCOT arrived at his location and Boon coordinated with the team determine his location. He had requested that MCOT meet him in a park as he was currently a resident of the Fortitude Treatment center run by the Utah Department of Corrections. MCOT provided introductions and discussed informed consent and our role. Boon provided verbal consent to complete the assessment. During the course of the assessment, MCOT used open ended questions to gather detailed information, reflective statements to ensure accuracy of information and identify positive change talk.

MCOT met with Boon in the park adjacent to the Sorensen Cultural center for approximately 60 minutes. He required multiple attempts at redirection to stay on topic, and often provided conflictual and confusing information in his answers. He stated that he was no intentionally obfuscating the events leading up to his circumstances, but he had a long history of mental illness that include frequent but brief episodes of disassociation leading to significant disfunction in his life. He has been at Fortitude for over a year, which is significantly longer than the time that most residents spend in the program and he has difficulty in making progress there due to these periods of disassociation. The facility has been coordinating his care over the past year, but he has had multiple instances of aggressive and inappropriate behavior on his part when he has had to deal with the frustration that both he and the staff there experience due to his inability to have consistent behavior. These inconsistencies have lead to him having difficulty with employment, managing the social services he potentially has access to, and engaging fully in treatment.

During the course of his assessment, sporadic and limited eye contact. His speech was ate times pressured as he expressed the need to complete his sentences before he forgot what he was saying. He was oriented to the current situation and context which was causing him distress and could identify the timeframe he was expected to complete

**01/24/2025 - Therapy Visit in Huntsman Mental Health Institute Mobile Crisis (continued)****Abstract Notes (continued)**

the program. His affect vacillated between helpless, frustration at his "fate" and then defiant towards the "systems" that were letting him down. He indicated that the only explanation he had for the series of unfortunate events he has experienced was that he was in "Karmic Hell" for some sort of sin he had committed in a previous life. He reported that his plan to die by suicide, was to procure some fentanyl and take it in a large dose enough to overdose. He did not currently have any in his possession. He described that he had been suicidal in the past, and had been hospitalized for it. He denied any self-harm or intention to do so. He described that his thoughts of suicide were passive, and that he wished they were more active, but that he was living in a world that was "designed to be so bad, that I can't even find a way to kill myself." His identified means of suicide is an illegal drug, and he is searched any time he returns to the facility, so there are barriers to him procuring and maintaining access to this means.

He is being prescribed medications for his mental health symptoms and he feels that they are mostly effective. He takes them as prescribed. As part of his treatment program, he receives extensive therapeutic services, including individual and group therapy. He does not have a high regard for these services and does not feel that they are effective. He does not have access to any other means to die by suicide other than fentanyl, and he identified that his timeline would not be until after it was determined that he would return to prison. During the course of the conversation, he called Fortitude staff to check in and let them know of his location and timeline for return.

Boon reported previous substance abuse with a variety of opioids, marijuana, tobacco and alcohol. He denied any current use, and his current circumstances he was wary of reporting any current use. He provided conflicting information about timelines and amounts of use. He but denied experiencing any auditory or visual hallucinations, but reported his dissociative episodes made it appear as if he was at times. At times, when attempting to answer questions he would often stare over the team's shoulder and into the distance as if he was seeing or experiencing something that the team could not perceive.

He has felt increasingly overwhelmed due to his perception of his imminent return to prison. He was unable to identify any social support systems. He does not have close associations with his peers in the facility, and has conflict with the staff who have expectations of him that he has difficulty meeting.

He presented as resistant to help and support only semi receptive to resources MCOT explored with him. He currently has a case manager at Valley Behavioral health. He was not receptive to discussion about coping skills and triggers and as we moved to a discussion about this, a police officer and staff from Fortitude Treatment center arrived at the park and approached. Boon agreed to continue the conversation with them present. Fortitude staff indicated that he was not in current jeopardy of returning to prison, and suggested that they continue a conversation about how to help with his current feelings and circumstances at the center. He agreed to this and went willingly back to Fortitude. Due to his return to the facility and engagement with a treatment team there, MCOT did not engage in a discussion regarding a safety plan.

MCOT coordinated with Fortitude staff and Boon, describing the resources we had discussed, which included the Microshelters, which are run by Switchpoint. Both Boon and treatment staff were receptive to this idea. We also discussed 988, Crisis line and future MCOT outreaches for support.

Based on his denial of an imminent plan to die by suicide, denial of self-harm, no thoughts or plans to harm anyone else, identification of potential resources stringing supervision from treatment center staff and a clear plan for the immediate future, MCOT determined that it was appropriate for him to remain in place.

**Past Treatment History and Substance Use:****Past Psychiatric History**

**01/24/2025 - Therapy Visit in Huntsman Mental Health Institute Mobile Crisis (continued)**
**Abstract Notes (continued)**

Questions	Responses
If yes, please describe	Reports a hx of 8-9 admissions, unable to provide details. Reports last admission at McKay in 2023.
Past Suicide Attempts	Yes
If yes, please describe	attempted to shoot self in 2015, missed and shot wall 2 times.
Past Self-Harm	No
Behaviors	
Past Aggression/Violence	Yes
If yes, please describe	has an aggravated/assault kidnapping charge against his mom in 2015
Have you ever received	No
Neurostimulation (ECT, TMS, VNS, etc)?	

**Alcohol Use**

Questions	Responses
Alcohol use?	No

**Drug Use**

Questions	Responses
Have you ever used drugs?	Yes
Previous substance abuse treatment?	Yes
Residential (Rehab)	Fortitude Treatment Center, Salt Lake City
Location:	
Treatment date(s) (Rehab):	Currently
Have you previously had an overdose?	No
If yes, were you hospitalized?	No
Do you have a Naloxone (Narcan) Rescue Kit?	No
Marijuana	Yes
Current frequency?	Reports hx of use, no current use
Cocaine	No
Stimulants/Methamphetamine	No
mines	
Mushrooms/PCP/LSD	No
Heroin	No
Inhalants	No
Opioids	No
Barbiturates/Sedatives/Benzodiazapines	No

**01/24/2025 - Therapy Visit in Huntsman Mental Health Institute Mobile Crisis (continued)**
**Abstract Notes (continued)**

Questions	Responses
Over-the-counter	No
Other	No

**Patient Care Team:**

Patient Care Team:

Pt Requests No Assignment as PCP - General

**Assessment:**
**Mental Status Exam/Symptom Checklist:**

Mental Status Exam

Appearance: Appears stated age

Behavior: Fidgety, Poor eye contact, Restless, Anxious, Excited, Tense, Agitated, Guarded

Presentation: Defensive, Evasive, Guarded, Helpless, Hypersensitive, Negative, Sarcastic

Speech: Pressured, Volume Up, Rapid

Thought Process: Incoherent, Disorganized, Circumstantial, Flight of ideas

Thought Content: Suspicious, Grandiose, Suicidal ideations, Insight impaired, Judgement fair

Affect: Depressed, Irritable, Angry, Anxious

Cognition/Orientation: Name, Month, Date, Year, Patient appears capable of making own decisions

Developmental Stage Appropriateness: Developmentally age appropriate

Depressive Symptoms: Irritable, Appetite down, Sleep down, Concentration down, Hopelessness

Anxiety Symptoms: Sleep problems, Tense, Restless, Worry up, De-realization

Eating Disorder: None

Appetite: Decrease

Sleep: Decrease

Self Harm/Suicidal Ideation: Denied self-harm thoughts, has a suicide plan, but no access to means or identified timeline.

Delirium: None

**Suicide Assessment:**
**Behavioral Health Suicide History**

Questions	Responses
Firearms	No
Unsecured firearms	No
Past Suicide Attempts	Yes
If yes, please describe	attempted to shoot self in 2015, missed and shot wall 2 times.

Current suicidal ideation: Yes, Die by fentanyl overdose

Suicide plan: Overdose on illegal drug

Opportunity: Access to individuals who likely have opportunity to procure the substance.



**01/24/2025 - Therapy Visit in Huntsman Mental Health Institute Mobile Crisis (continued)**
**Abstract Notes (continued)**

Risk factors: History of attempts, history and likely current substance use, depression and other significant mental health issues.

Protective factors: Close supervision via treatment center staff, current engagement in therapeutic services

Risk assessment: Moderate, Impulsive individual with a plan, but current limited access to the means.

**Violence Assessment:**
**Behavioral Health Violence History**

Questions	Responses
Past Aggression/Violence	Yes
If yes, please describe	has an aggravated/assult kidnapping charge against his mom in 2015

Current violence ideation: No

Duty to warn: None

Property destruction: None

**Medications Reported at Time of MCOT Assessment:**

No outpatient medications have been marked as taking for the 1/24/25 encounter (Therapy Visit) with Mobile Crisis Provider Uni.

**Compliance with Medications:**

Compliance with Medication: Current compliance with medication

**Relevant Medical Issues:**
**Past Medical History:**

Diagnosis	Date
• Hyperhidrosis	

**Ancillary Services:**

Anticipate any ancillary services? No

Assistive Devices?: No

**Allergies:**
**Allergies**

Allergen	Reactions
• Dulaglutide	Constipation
<i>Patient admitted with acute colonic pseudo-obstruction in 1/2025 while taking this medication.</i>	
<i>Avoid GLP1 agonists in the future</i>	

**Diagnostic Impression:**

	ICD-10-CM
1. Suspiciousness and marked evasiveness	R46.5

**01/24/2025 - Therapy Visit in Huntsman Mental Health Institute Mobile Crisis (continued)****Abstract Notes (continued)**

2. Worries R45.82

**Meets Involuntary Criteria:** No. If Yes:

Substantial danger to self, due to suicidal ideation: No

Substantial danger to self, due to inability to care for self: No

Substantial danger to others due to mental illness: No

Inability to make rational decisions about care: No

**Plan:****Disposition:**

Disposition: Remained in place

Based on his denial of an imminent plan to die by suicide, denial of self-harm, no thoughts or plans to harm anyone else, identification of potential resources stringing supervision from treatment center staff and a clear plan for the immediate future, MCOT determined that it was appropriate for him to remain in place.

**Safety Plan Completed:** No**Resources Given:** Yes, 988, crisis line, Microshelters.**Funding:** Medicaid.**ED Avoided Because of MCOT:**

ED Avoided Because of MCOT?: Yes

**Incarceration Avoided Because of MCOT:**

Incarceration Avoided Because of MCOT?: Yes

**Total Time in Minutes (Including Travel and Documentation):**

Total Time in Minutes: 105

**Author:** Nathan Ray Cruz, CMHC

Electronically signed by Nathan Ray Cruz, CMHC at 01/25/25 0053

**02/03/2024 - Admission (Discharged) in Huntsman Mental Health Institute Receiving Center****Abstract Notes****Consults****Flor S Olmedo, CSW at 2/3/2024 1638****BH Clinical Intake Assessment****Assessment Date:** 2/3/2024**Primary Service:** HMHI Receiving**Visit Information:****Identifying Information**

Questions	Responses
Employment Status	Unemployed

Referring Provider: No ref. provider found

**Notice to Family**

Should the hospital notify a family member or representative about your admission?: No

Name of family member notified:: Pt will notify

Status of contact:: Needs follow-up

**Notice to Provider**

The hospital may communicate with your referring physician and primary care physician if applicable, is there any other provider you would like us to communicate with?: No

Name of Provider to Notify:: TBD

Status of contact:: Needs follow-up

Informants: Patient

Legal Status: Voluntary

Guardian: Self

**Advance Directives (For Healthcare)**

Does patient have an Advance Directive?: No

Would you like additional information or assistance to complete an Advance Directive?: No

**Presentation:**

Boone Cabal is a 44 year old male who presented to HMHI as an unscheduled walk in assessment. Pt presented as alert and oriented x4. Pt presented as anxious, agitated, polite and paranoid. Pt reports that he is here due to "mental health crises." Stating that he is not being provided the appropriate mental health and medical health he needed

**02/03/2024 - Admission (Discharged) in Huntsman Mental Health Institute Receiving Center (continued)****Abstract Notes (continued)**

while residing at Fortitude. Pt reports that he is not suicidal today, but has had thoughts of suicide. Pt reports that "Im not suicidal yet, and can get fentanyl if I need to." Pt denied HI/AH/VH.

Pt reports that he is on parole and was struggling with "disassociation" stating that he goes into a dream like state and starts to deeply think of things that are stressing him. He reports that he has been able to meditate and calm his disassociation at times. Pt reports that he is worried of disassociating and getting lost, reporting he is unable to have a phone at the half way house and because of not having a phone will get lost in attempt to get to a potential job or to his appointments. Pt reports "he is trying to get a paper trail of his needs, so he can sue them for not providing his medical needs." Pt reports fear of being violated for disassociating and getting lost or forgetting to charge his ankle monitor.

Pt reports he has an intensive hx of mental health treatments but was unable to provide dates. Pt reports he had treatment in Oregon and 5-6 admissions at McKay Dee hospital, with his last admission being in 2023. Pt reports he is currently on parole for aggravated assault/ kidnapping of his mother in 2015. Pt denied any current substance use. Sw discussed options of receiving center for pt to be able to get medication management for his concerns. Pt was agreeable to receiving but then asked if he would be sheeted or on a 72 hour hold. Sw informed him pt Receiving center would be voluntary.

**Mental Status Exam:**

## Mental Status Exam

Appearance: Appears stated age, Clean/Neat, Casual

Behavior: Anxious, Guarded, Calm

Presentation: Cooperative, Polite, Suspicious

Speech: Unremarkable

Thought Process: Linear, Logical

Thought Content: Perseveration, Insight impaired, Judgement fair, Suspicious

Affect: Mood congruent, Flat, Irritable, Anxious

Cognition/Orientation: Name, Date, Month, Year, Hospital, Patient appears capable of making own decisions

Developmental Stage Appropriateness: Developmentally age appropriate

Depressive Symptoms: History of depression, Appetite up, Passive suicidality

Manic Symptoms: Racing thoughts

Anxiety Symptoms: History of anxiety

Attention: Normal

Eating Disorder: None

Appetite: Increase

Sleep: No changes

Self Harm/Suicidal Ideation: Stated he is not suicidal today, but could get fentanyl "if he needs to"

Delirium: None

**Risk Assessment:**

## Suicide Risk

This patient screened as a MODERATE RISK for suicide/self-harm by RN assessment

## COLUMBIA SUICIDE SEVERITY RATING SCALE

**02/03/2024 - Admission (Discharged) in Huntsman Mental Health Institute Receiving Center (continued)****Abstract Notes (continued)**

In the past month, have you had any actual thoughts of killing yourself?: Yes  
In the past month, have you been thinking about how you might do this?: Yes  
In the past month, have you had these thoughts and had some intention of acting on them?: No  
In the past month, have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?: No  
Have you ever done anything, started to do anything, or prepared to do anything to end your life?: No  
Suicide Risk Stratification: Moderate Risk

**Suicide Assessment:****Behavioral Health Suicide History**

Questions	Responses
Firearms	No
Unsecured firearms	No
Past Suicide Attempts	Yes
If yes, please describe	attempted to shoot self in 2015, missed and shot wall 2 times.

Suicidal ideation? Yes

Plan: Pt reports he isnt suicidal today but had access to Fetenayl if he needed it.

Suicidal Ideation: Suicidal thoughts

Mental Health: Anxiety

Social/Environmental: Economic Hardship and Recent Homelessness

Suicide: Past suicide attempts

Chronic pain? No

Chronic Homelessness? Yes

Mental Health: No substance use

Adjusted Risk Assessment: Moderate

**Violence Assessment:****Behavioral Health Violence History**

Questions	Responses
Past Aggression/Violence	Yes
If yes, please describe	has an aggravated/assult kidnapping charge against his mom in 2015

**02/03/2024 - Admission (Discharged) in Huntsman Mental Health Institute Receiving Center (continued)**
**Abstract Notes (continued)**

Current violence ideation? No

Violence risk: Unemployed

Violence risk: Current legal issues, History of violent behavior, Low social economic status and Past jail/prison

Other risks: none

**History:**
**Past Psychiatric History:**
**Past Psychiatric History**

Questions	Responses
If yes, please describe	Reports a hx of 8-9 admissions, unable to provide details. Reports last admission at McKay in 2023.
Past Suicide Attempts	Yes
If yes, please describe	attempted to shoot self in 2015, missed and shot wall 2 times.
Past Self-Harm Behaviors	No
Past Aggression/Violence	Yes
If yes, please describe	has an aggravated/assult kidnapping charge against his mom in 2015
Have you ever received Neurostimulation (ECT, TMS, VNS, etc)?	No

**Social History:**
**Behavioral Health Social History**

Questions	Responses
Living situation	Pt is currently residing at fortatude half way house.
Support systems	denies any supports in his life
Married?	No
Education	Bachelor's degree
Employment Status	Unemployed
Physical abuse	Yes
Sexual abuse	No
Emotional abuse	Yes
Abuse comment	Reports abuse as a child from his mother
Firearms	No
Unsecured firearms	No
Legal concerns	Currently on Parole

**Sexual Orientation and Gender Identity**
**Sexuality**

**02/03/2024 - Admission (Discharged) in Huntsman Mental Health Institute Receiving Center (continued)****Abstract Notes (continued)**

Gender Identity

**History****Sexual Activity**

- Sexual activity: Yes
- Partners: Female

**Abuse History:****Behavioral Health Abuse History**

Questions	Responses
Physical abuse	Yes
Sexual abuse	No
Emotional abuse	Yes
Abuse comment	Reports abuse as a child from his mother

**Family Medical, Psychiatric and Substance Abuse History:****Family History**

No family history on file.

**Past Medical History:**

History reviewed. No pertinent past medical history.

**Tobacco & E-Cig Use History:****Tobacco History**

Tobacco Use	
Smoking Status	Never
Smokeless Tobacco	Never

**E-cigarette/Vaping Substances**

Questions	Responses
Nicotine	No
THC	No
CBD	No
Flavoring	No

**02/03/2024 - Admission (Discharged) in Huntsman Mental Health Institute Receiving Center (continued)****Abstract Notes (continued)****E-cigarette/Vaping Devices**

Questions	Responses
Disposable	No
Pre-filled or Refillable Cartridge	No
Refillable Tank	No
Pre-filled Pod	No

**Substance Usage and Treatment History:****Alcohol Use**

Questions	Responses
Alcohol use?	No

**Drug Use**

Questions	Responses
Have you ever used drugs?	Yes
Previous substance abuse treatment?	No
Have you previously had an overdose?	No
If yes, were you hospitalized?	No
Do you have a Naloxone (Narcan) Rescue Kit?	No

**Marijuana Use**

Questions	Responses
Marijuana	Yes
Current frequency?	Reports hx of use, no current use

**Cocaine Use**

Questions	Responses
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**02/03/2024 - Admission (Discharged) in Huntsman Mental Health Institute Receiving Center (continued)****Abstract Notes (continued)**

Questions	Responses
Cocaine	No

**Stimulants/Methamphetamine Use**

Questions	Responses
Stimulants/Methamphetamine	No

**PCP/LSD/Mushrooms Use**

Questions	Responses
Mushrooms/PCP/LSD	No

**Heroin Use**

Questions	Responses
Heroin	No

**Inhalants Use**

Questions	Responses
Inhalants	No

**Opioids Use**

Questions	Responses
Opioids	No

**Barbiturates/Sedatives/Benzodiazapines Use**

Questions	Responses
Barbiturates/Sedatives/Benzodiazapines	No

**02/03/2024 - Admission (Discharged) in Huntsman Mental Health Institute Receiving Center (continued)****Abstract Notes (continued)****Over the Counter Use**

Questions	Responses
Over-the-counter	No

**Other Drug Use**

Questions	Responses
Other	No

**Motivation for Substance Abuse Treatment & Withdrawal Signs/Symptoms:**

No History: No History

**Medical:****Current Medications:**

No outpatient medications have been marked as taking for the 2/3/24 encounter (Hospital Encounter).

Anticipate any ancillary services?: No

Assistive Devices? No

**Allergies:**

No Known Allergies

**Vitals:** There were no vitals taken for this visit.**Formulation:**

After staffing case with RC staff, receiving center is recommended to stabilize mood and medications for the following reasons: pt reports feeling like he disassociates, worried he may need different medication to help with this. Pt denied current SI but stated he would become suicidal if treatment was not provided.

**02/03/2024 - Admission (Discharged) in Huntsman Mental Health Institute Receiving Center (continued)****Abstract Notes (continued)****Diagnostic Impressions:****Problem List**Hospital ProblemsICD-10-  
CMHospital**\* (Principal) Mild mood disorder (HCC)**

F39

**Plan:**

Admission: Observation

**Author:** Flor S Olmedo, CSW

Time Spent: 180 minutes

Electronically signed by Flor S Olmedo, CSW at 02/03/24 1725  
Electronically signed by James Griner, LCSW at 02/05/24 1358

**02/03/2024 - Admission (Discharged) in Huntsman Mental Health Institute Receiving Center (continued)****Abstract Notes (continued)****Progress Notes**

Edwin Etchu Nyambi, PA-C at 2/3/2024 1804

**HMHI Receiving Center Brief Medical Screening****Why are you here?**

Patient presents with increased anxiety symptoms. Patient explains that he was released from the Utah State Prison on 01/30/2024 (after 8 months). Patient explains that he is required to stay at the Fortitude Treatment Center (Utah) until he has an address and finances to sustain himself. Patient recounts that he has experienced increased anxiety since being at the treatment facility. Patient states that he is concerned that his current symptoms will prevent him from fulfilling the stipulations by the judge to prevent re-incarceration. Patient recalls that he has experienced daily episodes of loss of memory, feeling of detachment from his body, "dreams during the day and not aware of surroundings", bumps into other residents during these episodes. Patient admits to current; 7/10 Anxiety and 6/10 Depression severity. He denies; psychosis, nightmares, insomnia, suicide ideation or self-harm thoughts.

**Have you made a recent suicide attempt or overdosed?** No**Have you recently harmed yourself?** No**Do you have any medical issues?** No**Medical History:** History reviewed. No pertinent past medical history.**Do you take Depakote, Lithium, Anti-Seizure Mediation, Insulin, Blood Thinners or any other medications that you need special monitoring for?** No**When did you last take them today?** NA**Do you currently have pain or physical symptoms?** No**Have you ingested any substances, including drugs or alcohol, in the last 2 days?** No**Vital Signs:****Vitals:**

02/03/24 1740

BP: 122/74

Pulse: 79

SpO2: 100%

**Assessment:** Medically Cleared for Receiving CenterEdwin E. Nyambi, DMSc, MPAS, PA-C  
University of Utah, School of Medicine  
Adult Division, Department of Psychiatry

Huntsman Mental Health Institute

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**02/03/2024 - Admission (Discharged) in Huntsman Mental Health Institute Receiving Center (continued)****Abstract Notes (continued)**

501 Chipeta Way  
Salt Lake City, UT 84108  
Tel: (801) 587-7988



Electronically signed by Edwin Etchu Nyambi, PA-C at 02/03/24 1919  
Electronically signed by Amber Nicole Mackey, DO at 02/05/24 0849

**Suavis Kanyange, CSW at 2/3/2024 2149**

**HMHI Receiving Center Social Work Progress and/or Discharge**

**Assessment Date:** 2/3/2024

**Primary Service:** HMHI Receiving

Informants: Patient

Legal Status: Voluntary

Guardian: Self

When was the last BH intake or transfer assessment completed: 2/2/2024

Reason for Admission/Goal: Boone Cabal, who prefers to go by Boone and identifies as male, presenting to HMHI Receiving Center as a walk in self- referral due to the following principal problem(s): anxiety and "mental health issues, "disassociation"" within context of not been able to function normally.

Pt asked to talk with the social worker and asked to go somewhere he can talk freely. Met with the Pt in the Receiving center meeting room. Pt was very talkative to the point he didn't want to stop talking.

Refer to respective clinical notes in medical records for more information.

Course of Treatment/Progress Made to Goal: Upon admission to HMHI RC, pt was oriented and provided safe space to eat, sleep, and meet with peers and various mental health professionals. Refer to respective clinical notes in medical records for more information.

Assumed care of Boone at 8 pm , listening to the Pt while in meeting room. Then this SW met with Boone, who presents currently as oriented to person, place, time, and situation, appears capable of making their own decisions, calm and anxious, cooperative, obsessions and SI thought content, and linear, tangential, and circumstantial in conversation/thought process, reporting that I am the only person who sat down with him and get to hear what he wanted to say. He stated, my life has been bad to the point I don't know where to start to tell you everything. Pt asked

**02/03/2024 - Admission (Discharged) in Huntsman Mental Health Institute Receiving Center (continued)****Abstract Notes (continued)**

if I was able to talk with the team who met with his before and told him that I didn't have a chance to talk with anyone because I was with another Pt.

Pt reported that the Doctor who met with him didn't seem to care about him adding that he is not happy because no one believe him. He reported that he has been trying to get help many times starting with McKay Dee hospital, where he went 6 times trying to get help and one Evaluation he did back in Oregon and where the man told him that he didn't see any memory problem, and now that he is trying to get help and no one seems to care.

Pt asked if Huntsman have an impatient program where he can have a group of people to help him to figure out what is going on with the "disassociation" problem his having. He reported that at the Half Way House where is currently staying he has been having weird experience where he bump on people because he continues to "disassociate". He reported that he can't remember things or where he is going and he is very confused when the staffs ask him to do things, where he cannot remember anything. He reported that he can't remember to monitor his ankle monitor, and he think that he will need up filing lawsuit against the UT office of collection because they are violating his civil rights.

Pt reported a long history of abuse where his mother first tried to drown him in the water when he was an infant, then continue to abuse him because she was someone who didn't have any affection at all. Pt self-disclosed that he also don't have any affection for any human beings because he is a product of his own mother. He added that he also have a brother who is psychopath somewhere in the US and a grandpa who tried to kill his father when he was a teenager and a sister who suffer from other mental health illness ( maybe ADHD ). Pt reported that he thinks that what is going with him is a king of a curse or something which it meant to be following him because no one among his family is normal or doing well. He reported that he convinced that there is something like a supernatural power which is inflicting harm or punishment to him and that will never end.

Pt reported that he doesn't want to go back in prison, he rather purchase fentanyl for 20\$ (it doesn't cost a lot he added) which he know it can kill him easily. When asked if he have any plan, he responded: I don;t know but I think I don't have any choice because they want us to stay at the Half Way House for 6 months, to find a job for 20.000/year or more otherwise you have to go back in jail.

Pt asked if he can go impatient the next day and I informed him that he will need to be reassessed to determine the next step.

Pt asked me to tell the Social worker to give him more time for him to tell them everything because when they rash they can;t understand what is going on with him or what he need to get more help. .

Client staying in place.

**Social Determinants of Health**

Tobacco Use: Low Risk (2/3/2024)

Patient History

- Smoking Tobacco Use: Never
- Smokeless Tobacco Use: Never
- Passive Exposure: Not on file

Alcohol Use: Not on file

**02/03/2024 - Admission (Discharged) in Huntsman Mental Health Institute Receiving Center (continued)****Abstract Notes (continued)**

Depression: Not on file

Personal Safety: Not on file

Food Insecurity: Low Risk (2/3/2024)

SINCERE Food Insecurity

- In the last month, did you feel there was not enough money for food?: No

Housing Stability: Low Risk (2/3/2024)

SINCERE Housing Needs

- In the last month, was there a time when you were not able to pay your mortgage or rent?: No
- In the last month, have you slept outside, in a shelter, in a car, or any place not meant for sleeping?: Not on file

Utilities: Low Risk (2/3/2024)

SINCERE Utilities

- Not able to pay your utility bills in the last month: No

Transportation Needs: High Risk (2/3/2024)

SINCERE Transportation Needs

- In the last month, have you not seen a doctor because you didn't have a way to get to the clinic or hospital?: Yes

Financial Resource Strain: Not on file

Medical Cost Burden: Not on file

Employment Status: Not on file

Caregiver Impact: Not on file

Social Connections: Not on file

Stress: Not on file

Physical Activity: Not on file

Current suicidal ideation? No

Suicidal Ideation: Suicidal thoughts

Mental Health: Anxiety, Hopeless, Guilt/Shame, Active psychiatric illness and Barriers to accessing mental health treatment (finances, insurance, transportation, etc.)

Social/Environmental: Economic Hardship, Lack of support system, Parent Child Conflict and Unemployment

Adjusted Risk Level: Moderate

Current violence ideation: No

Principal Problem:

Mild mood disorder (HCC)

Active Problems:

Unspecified mood (affective) disorder (HCC)

Remained in RCV: Yes

Other comments: Pt will need to be reassessed to determine the next step

**02/03/2024 - Admission (Discharged) in Huntsman Mental Health Institute Receiving Center (continued)****Abstract Notes (continued)**

Suavis Kanyange, CSW

Time Spent: 120 minutes

Electronically signed by Suavis Kanyange, CSW at 02/03/24 2240  
Electronically signed by Michael J Hoglund, LCSW at 02/09/24 1945