

STATE OF MINNESOTA

DISTRICT COURT
FIRST JUDICIAL DISTRICT
DIVISION I

RE: Smeeta Antony, RESPONDENT

REPORT OF PRE-PETITION
SCREENING TEAM

The undersigned, having been appointed to conduct an investigation pursuant to M.S. 253 B.07, Subd. 1, hereby makes the following written report:

1. A personal interview with the above Respondent at UMMC, Fairview in a private interview room on 2/11/19. ;
2. The Team also reviewed the medical records of Respondent at NSC;
3. The following specific conduct of the Respondent is the basis for the Team's conclusions:

Respondent is a 36-year-old divorced woman who currently lives in her own apartment in Burnsville. Respondent is well known to Dakota County CRU and Burnsville Police Department, based on numerous calls concerning her belief that she is being targeted in her apartment through various electronic devices, and that she is being targeted by electro-magnetic energy that cause her to have episodes of vulgar, racist language, frequently screaming and spitting, and then returning to a calm state. Screener was able to view some of her episodes as she posts them on YouTube. Many of the videos are made as she sits in a public area of Target. Respondent reports that she has never been asked to leave Target. Respondent has also had frequent interaction with the police department as she attempts to report how she is being targeted in her apartment. She hired a private investigator to do a sweep of her apartment to detect high frequencies of electro-magnetic energy that is causing her outbursts, and reports that significant electro-magnetic energy was found. Respondent presents during interview as calm and in control her thoughts and words. She reports having no such episodes in the hospital and believes that what causes these episodes, along with increased involuntary sexual orgasms, has not yet been detected. Respondent believes that something may have happened during her lumpectomy surgery in 2010, as these episodes began immediately following that surgery. Respondent reports doing everything she can to manage herself, by staying out of her apartment as much as possible throughout the day. She reports however that as soon as she returns to apartment in the evening she will begin having these episodes. Respondent reported to Screener that her out-patient psychiatrist, through the First Episode Psychosis Program at the U of M, Dr. Vinogradov does not support psychotropic medications and believes that an evaluation by neurology should be the next step. However, Screener contacted the U of M psychosis program and they indicated that this is in fact not true and that they have been recommending neuroleptics and she has been refusing. They were in support of this hospitalization and a filing for civil commitment with Jarvis. They believe that her diagnosis is harder to treat, but that anti-psychotics would be beneficial. When asked about the level of dangerousness that is present without civil commitment and neuroleptic medications, the social worker in the program reports that they are very concerned about her vulnerability. Social worker named as an example large amount of money that the Respondent paid to this private investigator to prove that something was happening in her apartment with electro-magnetic frequencies. Social worker indicates that she is unsure in what other ways she may be spending money and being taken advantage of based on her delusions. Respondent's case manager from People Incorporated shares the same concerns. Respondent has in the past couple of weeks had a major increase in police calls, and CRU had been contacted to assist with getting Respondent in to the hospital for evaluation. Respondent maintains that her thoughts about being targeted, possibly and most likely by her ex-husband, and that her behavior is in response to energy being targeted at her. She thus feels that anti-psychotic medications would not improve her situation, and she therefore continues

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to refuse them. Pre-Petition Screening Team determined that the increase in her volatility in public, and her vulnerability in her delusional state meets the criteria for civil commitment and a Jarvis order for neuroleptic medications, to see if in fact they will help reduce her ongoing symptoms.

Dakota County CRU Note 2/6/2019:

CRU and law enforcement determined a face to face contact w cllt in order to facilitate transportation to Fairview Riverside. Smeeta has multiple contacts with law enforcement due to her paranoia and delusional thought. Contacts with police have escalated over recent weeks as Smeeta was discharged from day treatment at HCMC. Smeeta lives independently in an apartment in Burnsville; her supports have included case management from People Inc., day treatment at HCMC, psychiatry at U of M. She also accessed a drop in program at Vail Place. When all these supports were in place Smeeta still contacted police frequently and her symptoms appeared to impair her daily functioning. Without day treatment she deteriorated further. She believes she is a victim of cyberattacks; her delusions consume her daily activities.

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Smeeta's psychiatry team was contacted and in support of hospitalization. Smeeta refuses recommended antipsychotic medication. Psychiatry team is in support of civil commitment/Jarvis. Psychiatry team contacted Fairview Riverside ED to advise, support inpatient care.

Site assessment was done. Smeeta was at home; her home was tidy and decorated for Xmas holiday. Smeeta was dressed casually and appeared comfortable in her home. Concerns were brought to her attention regarding her difficulty in the community, specifically her recent behaviors at Target and other public locations. Smeeta posts videos on you tube in which she appears to be psychotic, enraged, speaking of illogical themes, much of the content of a sexual content. Smeeta believes she is only symptomatic in certain environments; in her home she is symptomatic and finds herself a target of cyber theft and electromagnetic assaults and crime. She reports drones attack her with an energy that keeps stimulating her sexually, causing her to experience frequent orgasms.

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Assessment Smeeta has paranoid delusions, untreated. She finds no relief from her symptoms. She lacks any insight into her paranoid condition. She is critical of law enforcement efforts and expects all her claims to be investigated. Her needs are not able to be addressed by law enforcement; Smeeta fails to understand this due to her illness. It would appear that her illness causes significant distress and lowers her ability to function independently. Additionally, she over-uses the law enforcement system. In her current state she lacks necessary structure and support. She would benefit from medication that would help with her symptoms; she seems likely to require commitment/Jarvis as part of her treatment plan.

TCM services are ineffective at this time. She would be appropriate more intensive supports in the community including supported housing, ARMHS worker, intensive CM.

Smeeta was put on a transport hold to Fairview Riverside.

Dakota County CRU Note 2/4/2019:

Antony was staffed at the supervisor meeting on 2/4. Antony continues to struggle with symptoms and as a result has frequent contact with police department. Recent changes include her termination of services with her day treatment program at HCMC. She appears to have no structure within her day. At this time she receives CM services from People Inc. and psychiatry at U of M psychiatry clinic.

I spoke w CM team. I also contacted the social worker at the Psychosis Program at the U. Social worker advised that their psychiatry dept. would support hospitalization and would provide support statement for commitment. I did provide social worker w documentation police department provided that includes multiple contacts regarding Smeeta and also a link to the YouTube videos Antony has been posting.

Antony would benefit from hospitalization, civil commitment w Jarvis. Discussed plan to consider a transport hold to Fairview Riverside. If police call with further contact w Smeeta, consider transport hold to Riverside.

Diagnosis:

- Dissociative Identity Disorder
- Delusional Disorder vs Unspecified Psychotic Disorder
- Borderline Personality Disorder
- Somatic Symptom Disorder.

The above diagnoses were given by Dr. Sameer Danye, MD, UMMC Fairview in his Examiner's Statement dated 2/7/2019

4. Interview with Respondent:

Screeners conducted an in-person interview with the Respondent in a private interview room at UMMC Fairview on 2/11/2019. Screener explained the reason for the interview and Respondent was given a Written Notice of Pre-Petition Screening. Respondent reported that she was aware of civil commitment process and had been on civil commitment in 2012. Respondent gave Screener a very lengthy explanation of what she has been experiencing in her apartment and shared that evidence of what has been happening to her could be viewed on her website www.avictimoforganizedcrime.com. Respondent explains how she has been targeted for many years now and the many jewels that were stolen from her, the lies that her ex-husband has told to hide money from her and her history of being a Software Architect up until 2010. She reports having twin daughters that she has supervised visitation with. She tells Screener of the various programs she attends and how she is able to manage her life, her finances and her day. She indicates that the way that she behaves screaming vulgar sexual and racist things is not at all her actual nature. She does not have an explanation for this behavior but does not believe anti-psychotics will help her. She reports being on many trials of different anti-psychotics and that they only caused her more issues. She plans to leave the hospital when her hold is up, and indicates that she will continue with her case management, psychiatry, and would like to be re-admitted to her day treatment program. She has no history of chemicals, and no legal issues. She indicates wanting to find the cause for the episodes she is having as much as anyone.

5. Interview with Collateral/Concerned Person:

Screeners conducted a collateral phone interview with the Respondent's case manager, Alyson Boynton, People Inc. on 2/11/2019. Alyson indicates that she is in support of civil commitment as there is no other way to convince the Respondent to take anti-psychotic medications. She reports

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Stated of Minnesota
County of Dakota
First Judicial District

File No. 19HA-PR-19-99

In the Matter of:
Smeeta Antony
Respondent

EXHIBIT A

The following observations of the respondent's behavior provide a factual basis for believing the patient is mentally ill, and in need of hospitalization. The following information has been obtained from records at the University of Minnesota Medical Center, Fairview Riverside (UMMC, FR).

"Dakota Co Crisis stabilization worker, Leanne, reports the increase in contact that Smeeta has had with their team and law enforcement over the last week. Smeeta appears to be decompensating. Dispatchers responded to Target within the community and needed to escort Smeeta out of the store and home because of her disruption. Dakota Co Crisis plans to place Smeeta on a hold this week and attempt hospitalization. Nurse Laura Pratt attempted to explore holding an inpatient bed where we could facilitate a direct admission, but there were currently 9 people in the ED seeking admission as well. Writer notified Dak. Co crisis of the demand currently at Fairview Riverside in order to weigh which hospital system they access. Smeeta has a f/u appointment with Dr. Vinogradov on Friday 2/8. She has cancelled the last 2 appointments. If she shows to this appointment, we will attempt exploring a direct admission at the request of crisis stabilization team and our ongoing assessment. " - Jewels Lindholm, Social Worker, 02/05/19

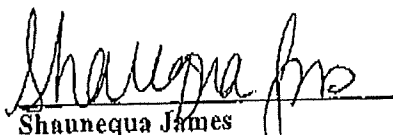
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"Admitted to st 20 on a 72 hour hold after presenting with police for concerns about paranoia and psychosis. Reported has been calling police daily, and believes she is being controlled by "electromagnetic fields" that cause outbursts and public disturbances. Pt states she will have verbal outbursts that are sexually graphic, and "very racist" in nature. She states she has no control over this, but it occurs in some settings, but not others. She also states she has no memory of doing this, but knows she does because she records it. She also reports having "excessive sexual stimulation" nightly, and says "my vagina orgasms on it's own". States it is a "demeaning, raped, horrible feeling". States this has been going on for the past 3 years. Pt reports past hx of abuse from ex husband. Reports past hx of commitment. (See chart review, DEC assessment for further details and hx) Pt presents as calm, polite and cooperative completing admission. Speech is hypervocal, tangential, but clear and coherent, delusional. Pt is articulate and goes into many details with each answer. Pt denies mental illness. Affect is full range, bright. Oriented to room and unit. Encouraged to voice needs, questions, and concerns. Pt verbalizes understanding." - Scott Hanson, RN, 02/06/19

"Smeeta Antony is a 46 year old female with schizophrenia who was sent here on a transport hold with hopes by her care team for admission to the hospital. The patient tells me she has "episodes"

that can occur every 30 seconds when she is at home. She tells me she had a lumpectomy surgery almost a decade ago for a benign cyst, and since that time she has episodes. She says her face will contort, she scream, swear with terrible language. She says she doesn't ever remember doing this. However, she video records herself on her phone all the time, so she knows that she is doing this. She also senses she has had an episode by how she physically feels after. She says during the episode she is aware that she is doing it but can't control herself. She says it is not tourettes. According to Dakota county crisis she is having disruptive and disorganized behavior in the community. She is also calling the police several times per day with paranoid thinking. She is concerned she is being irradiated at home. She is concerned thousands of dollars of jewelery was stolen, laundry stole, cell phone stolen. She apparently has no insight into her mental illness. They feel she is decompensating and cannot function independently in the community at this time. " - Cara Black, MD, 02/06/19

"Pt speaks at length about her past medical history and her divorce. She also stated that she was "irradiated" in her apt but states that police denied seeing any marks on her face. She states that she had a binder with pictures of these marks as well as burns on her feet. Pt also states that MD's do not listen to her because she has been diagnosed as mentally ill" - Kim Copper, RN, 02/06/19

I declare under the penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. Executed on this 7th day of February, 2019 in the county of Hennepin, in the state of Minnesota.



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Date: 2/7/19