

THIS IS A CAPITAL CASE – EXECUTION SET FOR

August 1, 2023, 6PM CENTRAL

No. 23-_____

**IN THE
SUPREME COURT OF THE UNITED STATES**

JOHNNY JOHNSON, Petitioner,

v.

DAVID VANDERGRIFF,
Warden, Potosi Correctional Center, Respondent.

On Petition for Writ of Certiorari
to the Eighth Circuit Court of Appeals

APPENDIX

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INDEX

Dr. Agharkar Report	1a
Dr. Agharkar Supplemental Report.....	56a
Affidavit of Ashley Skaggs.....	58a
Excerpts from filed Mr. Johnson Records	60a
Dr. Dean Report Excerpt.....	90a
Dr. Stanislaus Affidavit	91a
Dr. Whitehead Affidavit	97a
Missouri Supreme Court Opinion	103a
District Court Opinion	112a
Panel Order Granting Stay and COA	126a
Order for Rehearing Response	127a
Order Granting En banc	128a
Corrected Order Granting En banc	129a
Revised En banc Judgement Denying Stay and COA	130a

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May 10, 2023

Daniel E. Kirsch, Esq.
1000 Walnut St., Ste. 600
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Re: Mr. Johnny Johnson
DOB: 3/16/78

Dear Mr. Kirsch:

Enclosed is my report concerning the psychiatric evaluation of Mr. Johnny Johnson, performed on February 24, 2023, at the Potosi Correctional Center in Mineral Point, Missouri. This evaluation was performed pursuant to your request, in order to assess Mr. Johnson's competency to be executed. The opinions expressed in this report represent my professional opinion to a reasonable degree of psychiatric certainty, based upon my clinical interview with Mr. Johnson and review of relevant records provided by you.

A copy of this report is being sent only to you with the understanding it will be shared with the court.

Summary of Qualifications

I am a medical doctor, who is licensed to practice medicine in Georgia since 2002. I have owned and operated an active clinical private practice since 2005. I treat a wide variety of conditions including ADHD, Depression, Bipolar Disorder, Anxiety, Schizophrenia, Post-traumatic Stress Disorder, Panic Disorder, and Substance-related illnesses. On a weekly basis, I conduct neuropsychiatric evaluations of people with neurologic impairments, acquired brain injuries, and neurodevelopmental disorders including Intellectual Disability.

Re: Johnny Johnson
Competency to be executed

I earned my Doctor of Medicine degree from the State University of New York Health Science Center at Syracuse and completed my residency at Emory University School of Medicine Department of Psychiatry and Behavioral Sciences, where I was Chief Resident.

I also completed a Forensic Psychiatry Fellowship at Emory University School of Medicine. I hold dual board certification as a Diplomate of Adult Psychiatry (AP) and Forensic Psychiatry (FP) of the American Board of Psychiatry and Neurology (ABPN). In addition to my private practice, I am an Adjunct Assistant Professor of Psychiatry at Morehouse School of Medicine and a Clinical Assistant Professor with the Emory University School of Medicine.

I was awarded Distinguished Fellow status of the American Psychiatric Association in 2015. I have served as a consultant to various school systems in the Atlanta area, Emory University Hospitals, Georgia Tech Athletic Department, Georgia Composite State Board of Medical Examiners, Arizona Medical Board, the Federal Bureau of Investigation (FBI), the United States Armed Forces, and the Department of Defense (DoD). I have been an invited lecturer at a number of law schools nationally including Berkeley, Columbia, Emory, and the University of Texas. I hold Top Secret security clearance with the United States government. I am one of the only civilian forensic psychiatrists asked to evaluate detainees held at Guantanamo Bay. My curriculum vitae is attached.

I have experience testifying in criminal and civil cases nationwide. I perform independent medical examinations and medical record reviews for psychiatric malpractice and disability cases. I am able to provide professional opinions on an array of legal questions, including criminal and civil competencies, criminal responsibility (insanity defense), personal injury, medical malpractice, and fitness for duty.

Sources of Information:

I was asked by defense counsel to conduct a psychiatric evaluation of Mr. Johnson. I conducted a face-to-face clinical interview of Mr. Johnson on February 24, 2023, for approximately 2.6 hours.

I have also reviewed the following documentary information regarding Mr. Johnson:

Dr. Gordon and Kraushaar Evaluation and Notes

Brooke Kraushaar PCR testimony

Neuropsychological Test Results

Craig Beaver PCR Testimony

Re: Johnny Johnson
Competency to be executed

Stewart Notes Regarding Johnson

Dr. Stewart - Pablo Stewart MD CV2

Pablo Stewart PCR Testimony

Pablo Stewart, M.D. Power Point, undated

2003-11-24 Becker English Reports

2004-12-15 Depo of Stephen Becker, Psy.D.

2005-01-14 Cotton-Willigor, Dr. Karen [GP Testimony]

Delaney Dean - Dr. Dean MCMI-III Testing

2004-02-17 Exhibit O Psychological Evaluation Delaney Dean, JD, Ph.D

2004-12-28 Dean CV

2005-01-15 Dean, Dr. Delaney [GP Testimony]

2004-12-11 Draper Report and Testing Material

2004-12-11 Draper Summary Report

2005-01-17 Draper, Wanda [PP Testimony]

Defendant's Ex. AAA - Wanda Draper Life Path

Byron Clayborne English Ph.D. Resume

2003-11-24 Becker English Reports

2004-12-15 Depo of Dr. Byron English

2005-01-15 English, Dr. Byron [GP Testimony]

2001-12-07 John Rabun, M.D. Psych Evaluation

2005-01-14 Rabun, Dr. John [GP Testimony]

2005-01-14 Rehmani, Dr. Zafar [GP Testimony]

Re: Johnny Johnson
Competency to be executed

2005-01-14 Dugbatey, Dahley [GP Testimony]
2005-01-18 Dugbatey, Dahley [PP Testimony]
Pamela Strothkamp-Dapron PCR Testimony
Vol 1. Johnny Johnson's Educational Records
Vol 2. Johnny Johnson's Psychiatric Records
Vol 3. Johnny Johnson's Psychiatric Records
Vol 4. Johnny Johnson's Department of Corrections Mental Health Records
Substitute Vol 6. Johnny Johnson's Miscellaneous Records
Vol 7. Johnny Johnson's Jail and Prison Records
Vol 8. Johnny Johnson's Missouri Department of Corrections Medical Records
Vol 9. Johnny Johnson's Missouri Department of Corrections Medical Records Continued
Vol 11. Miscellaneous Records
2003-03-14 St. John's Mercy Records
2003-04-07 State of MO Dept of Mental Health Recs
2003-07-07 Correctional Med Southeast CC Med Records
2003-07-15 St. John's Mercy Medical Center Birth Records
2004-02-09 St. Louis Co Justice Center Medical Records
2004-05-10 Des Peres Hospital Records
2007-01-11 John C. Murphy Health Center Records
2007-05-14 Potosi MH Records
2022-10-31 Complete Medical History - 2

Re: Johnny Johnson
Competency to be executed

2022-10-31 Complete Medical Records - 1

2023-01-05 Sorted Johnson Psych meds timeline

Notification of Non-Confidentiality:

At the outset of the evaluation, I informed Mr. Johnson that I was conducting a psychiatric evaluation, that it was not confidential, that anything he told me I might be asked to testify about in court, and that a copy of this report would be sent to you. Mr. Johnson agreed to proceed.

Referral Question:

I was asked to evaluate Mr. Johnson for competency to be executed under the standard announced in *Ford v. Wainwright*, 477 U.S. 399 (1986), *Panetti v. Quarterman*, 551 U.S. 930 (2007), and *Madison v. Alabama*, 139 S.Ct. 718 (2019). In *Ford* and *Panetti*, the Supreme Court ruled that the Eighth Amendment prohibits the execution of a person who, because of a severe mental illness or disorder, does not have the ability to rationally understand the reasons for his death sentence, such that the execution can serve no retributive purpose. In *Madison*, the Court reaffirmed that what matters is whether a person has the “rational understanding” *Panetti* and *Ford* require, not whether the person has any particular memory or any particular mental illness.

History of Presenting Problem:

Mr. Johnson is a 45-year-old Caucasian male who was incarcerated after his arrest approximately twenty years ago. He is currently confined at the Potosi Correctional Center in Mineral Point, Missouri. He was convicted on January 17, 2005, of Murder in the First Degree, Armed Criminal Action, Kidnapping, and Attempted Forcible Rape. On March 7, 2005, a judge imposed the jury-recommended sentence of death on the murder charge and three consecutive life sentences for the other three charges.

Mr. Johnson was polite and cooperative with the interview but questioning quickly revealed a profoundly delusional inner world. He has been treated with antipsychotic medications for years in prison but despite this, he continues to have psychotic symptomatology. Mr. Johnson endorsed auditory hallucinations which he believed are beings from another dimension or spiritual realm (the “Underworld”) communicating with him. They are intermittent in frequency, and he experiences them as originating outside his head. He believes at night he goes through a “portal” to the Underworld where he gains assistance from the beings there to communicate with others through their minds. He has been having difficulty doing this because “I don’t have the right codes” but he is working on it. He endorsed thought insertion (believing people can put thoughts into his head that are not his own) and thought broadcasting (that people can

Re: Johnny Johnson
Competency to be executed

read his mind) but denied ideas of reference. Mr. Johnson thinks that sometimes beings from the Underworld follow him into this world through the “portal” he uses, and this is how he can hear them when he is awake.

Mr. Johnson endorsed a number of irrational and delusional beliefs including believing he is a vampire, that he is undead, that he can be “mind manipulated” by others, and that his body is “charged up.” He thinks he lives “between two worlds” and that he was selected because he “used to do necromancy.” He is not sure if he can be killed because he reported swallowing a “bunch of razors and it didn’t touch me.” He is aware he has been sentenced to death for the murder of a child and that the State plans to execute him via lethal injection. Mr. Johnson stated that he believes he can be killed by lethal injection; however, he also stated that because he is a vampire, he may be able to “reanimate” his organs if he eats food before the execution. Importantly, he told me the spirits in the Underworld do not want him to be killed because they tell him that would “destroy the world.” Mr. Johnson reported that Satan himself has told Mr. Johnson that Satan is using the State of Missouri to kill Mr. Johnson to end the world, but the spirits are actively trying to influence the State not to kill Mr. Johnson to destroy the world. He said he has been marked with the “Seventh Sign” and showed me his hand which he believed demonstrated the mark, though I could see nothing but the folds of his skin. Mr. Johnson believes this is further proof he has been “chosen” and that if he dies, the world will end. He has told medical providers at the prison this in the past as well.

Mr. Johnson was clearly thought-disordered and lost his train of thought frequently. He had a flat affect, a common symptom of Schizophrenia, and I witnessed him respond to internal stimuli. That is, he appeared to be hallucinating in front of me. He exhibited thought blocking, a psychotic symptom in which a person will abruptly stop talking about the subject discussed and not be able to continue on. He tried to demonstrate how he can enter people’s minds and said, “I would have to go through tears to Glory to diamonds” and held his hands up to his brow. Mr. Johnson knows he can go into others’ minds because he hears people in his head, so obviously “they” have learned how to do it. His belief that Satan is using the State of Missouri to execute him for the purpose of ending the world, as Satan’s voice has told him, is irrational. His plan to go into the Judge and his lawyers’ heads to influence them to not execute him is likewise irrational. Similarly, his belief that at the time of execution, if he can learn the right “code,” he will be able to enter an animal’s mind and live that way after he is executed, reflects an irrational understanding of the finality of his execution.

As Mr. Johnson remains quite psychotic and delusional, it was difficult to gather a history of symptoms and past records will be discussed below. He also demonstrated significant cognitive impairment which will be further discussed below as well. He denied a history of manic symptoms and said he had not used any illicit drugs since his incarceration.

Re: Johnny Johnson
Competency to be executed

Relevant History:

Facts of the Crime

Case records indicate that Mr. Johnson was convicted in connection with the July 26, 2002, death of 6-year-old Casey Williamson in Valley Park, MO. Casey was living in her grandfather's house with her mother and siblings, while her father Ernie, who was separated from Casey's mother Angie, was living in a house across the street from them with two friends so he could remain close to his children. On the night of July 25, 2002, Casey and her siblings spent the night at the house where their father was living. Mr. Johnson was also staying at the house temporarily and had been sleeping on the couch for several days.

At 6 a.m. on July 26, 2002, Casey's father woke up to get ready for work. Casey was awake and told him she was hungry. He told her to wait upstairs while he went downstairs to get ready for work. He then would take her to her grandfather's house to get breakfast. At the time, Mr. Johnson was on the couch downstairs. Casey went downstairs while her father was getting ready and allegedly stood next to the couch where Mr. Johnson had been sleeping so she could watch television. He invited her to go to a nearby abandoned glass factory to play games with him. The two left the house with Casey wearing only a nightgown and underwear. At one point Mr. Johnson carried her because she reportedly said that her feet hurt from walking barefoot.

At the glass factory site, Mr. Johnson and Casey crawled through a tunnel to get into a sunken pit with 4- to 6-foot-high brick and concrete walls. At that point Mr. Johnson exposed himself to Casey and she turned away from him. He then asked her to pull off her panties so he could see her genitals, but she refused. He grabbed her, tore her panties off, and forced her to the ground while she kicked, screamed, and scratched his chest. Mr. Johnson attempted to rape Casey but was unsuccessful and told police he then just decided to kill her. He grabbed a brick and hit her in the head with it about six times, bruising and cutting her. However, she ran around the pit, so Mr. Johnson hit her again, and she fell to her knees and tried to crawl away. He struck her with the brick one more time, fracturing the right side of her skull. Because Casey was still moving, Mr. Johnson told police he lifted a basketball-sized boulder and brought it down on the back, left side of Casey's head and neck, causing multiple skull fractures. At that point Casey stopped breathing. Mr. Johnson left Casey's body in the pit and covered it with rocks, leaves, and debris from the pit. He then went to the nearby Meramec River to wash Casey's blood and other evidence off his body.

The police were already searching for Mr. Johnson. He was stopped and then got into a squad car and told the officer, unprompted, that he would never hurt little children and also said he had just been swimming in the Meramec River. Mr. Johnson then agreed to go to the police station to talk further. At the station, Mr. Johnson was identified by a witness who had seen him carrying Casey earlier that morning. Mr. Johnson told police

Re: Johnny Johnson
Competency to be executed

he had Schizophrenia but denied visual or auditory hallucinations and said he had not been taking his medication for a month, but he was fine. (Some accounts reported that he said he told police he was hearing voices, but the police would not listen to him.)

Ultimately Mr. Johnson told police they could find Casey in the old glass factory. He originally said that a rock had fallen on her while they were there, killing her and he had “freaked out” and buried her. He said he had gone to the river to kill himself but could not. He was taken to the site by the police to help locate Casey’s body, however at that point a searcher had already found her. Later that night, after a discussion about the Bible and salvation, Mr. Johnson told police he had taken Casey from the home with the intention of having sex with her and killing her afterward.

In a 2004 psychological evaluation, Mr. Johnson was asked if he wanted to provide his version of what happened the day of the crimes. He said he was staying at the home of Michelle and Eddie Rehm, where Casey’s father was also staying, after leaving his home at his grandmother’s house because he was concerned that his girlfriend had told his probation officer he was using crack and marijuana. He said the day before the crime, Eddie gave him money to get liquor, cigarettes, and soda and when he returned to the house with those, Eddie pulled out some weed and some meth. Mr. Johnson said he didn’t smoke meth, that he only used it intravenously, so he shot up with a combo of meth and liquor. He said he did this and the next he knew it was the next morning.

Mr. Johnson said the next morning Casey came downstairs after spending the night with her father, and he invited her to go to the glass factory with him. He said while he was carrying her to the factory voices told him to expose himself to her, so he did. He said he was “still tripping” and was hearing the voices tell him to hit her with a brick and kill her and he obeyed. He said he then covered her body with brush and washed the blood off of himself and at that point the voices told him, “Good job, good job.” Asked if he knew when hearing the voices that they were just voices, Mr. Johnson replied yes. (2003-11-24 Becker English Reports.pdf, pp.15-16)

Social History

Mr. Johnson was born March 16, 1978, in St. Louis. His mother, Connie Kemp, and his father, Robert Johnson were married but they divorced when he was three or four years old. Neither parent went beyond the second year of high school. He had three siblings - all full siblings - two brothers, and a sister, all older. Mr. Johnson’s father died in 1999 from complications of diabetes. Mr. Johnson’s siblings had various legal, mental health, and substance abuse problems. His brother Eric had drug and alcohol problems and was incarcerated for auto theft, and his sister Katie and brother Robert also had drug and alcohol abuse problems. (2004-12-11 Draper Summary Report.pdf, p.3) (2003-07-15 St. John’s Mercy Health Center Birth Records.pdf, p.9)

Re: Johnny Johnson
Competency to be executed

Kemp reported that her pregnancy with Mr. Johnson was normal, however birth records reflect she had gestational diabetes. Kemp also reported Johnny met normal developmental milestones. (This is inconsistent with other reports regarding his enuresis including prison records showing that it continues.) He was taken to the hospital when he was four days old for two days of testing for hypothyroidism but was not diagnosed with anything. Mr. Johnson's mother reported that he hit his head as a child and required stitches at least twice – once at 18 months old when he hit it on a nightstand and once when he was three years old when he fell and hit the back of his head on concrete steps. She also reported that when Mr. Johnson was about four she slipped on a stairway while carrying him and he required 14 stitches to his head for that injury. She reported that he never lost consciousness in these incidents. (2001-12-07 John Rabun MD Psych Evaluation.pdf, p.3) (2003-11-24 Becker English Reports.pdf, p.3) (2004-12-11 Draper Summary Report.pdf, p.1) (2003-07-15 St. John's Mercy Health Center Birth Records.pdf, p.12) (2022-10-31 Complete Medical Records-1.pdf, p. 363)

After his parents divorced, Mr. Johnson and his siblings moved in with his mother's parents for several years and then ultimately to Valley Park and finally High Ridge, MO. He reported that his mother had several live-in boyfriends over the years. One of them, a man named Mickey Miller, held Mr. Johnson underwater when he was preschool age and then threw him into a river current; Mr. Johnson's mother allegedly had to rescue him. (2004-12-11 Draper Summary Report.pdf, p.2) Mr. Johnson reported that he had nightmares about Miller trying to drown him, and that when his mother reunited with the man after breaking up with him those nightmares escalated. (2004-12-11 Draper Summary Report.pdf, p.3) (2003-03-14 St. John's Mercy Records.pdf p. 89)

Connie married a man named Greg Kemp in 1999. (2003-11-24 Becker English Reports.pdf, p.3) Apparently the children were split up occasionally while growing up and lived with other relatives. (2004-12-11 Draper Summary Report.pdf, p.1)

When Mr. Johnson was nine, his father suffered brain damage as a result of a diabetic coma. Mr. Johnson stayed with his father sometimes and he witnessed his deterioration, including having to go on dialysis and ultimately having to have a foot and then a leg amputated due to diabetic gangrene. He also helped with his father's care, including his toileting needs. His father ended up in a nursing home until he died. Of this, Mr. Johnson said: "I was with him and his legs had gangrene. ... He died in the hospital. It was awful. I'd hear him moo like a cow when he had an insulin reaction or he would recite colors. I got more into drugs and alcohol to numb myself from my father's death." (2004-12-11 Draper Summary Report.pdf, pp.2-3) (Substitute Vol 6. Johnny Johnson's Miscellaneous Records.pdf p. 137)

Although his mother denied that he had been physically abused, Mr. Johnson said that his grandmother used to beat him with a shoe. He also said he was sexually molested by a neighbor when he was seven years old, but he did not tell his family about it until later.

Re: Johnny Johnson
Competency to be executed

And he reported emotional abuse at school with his peers calling him a “retard,” and at home with his siblings calling him a “faggot.” (2003-11-24 Becker English Reports.pdf, p.5)

There have been inconsistent reports of how many times Mr. Johnson was sexually abused as a child, but it is clear he reported sexual abuse to health care providers in the past. (2003-03-14 St. John’s Mercy Records.pdf p. 419) (Des Peres Hospital Records.pdf) Johnson “[a]ppears to have a long [history] of physical, emotional and sexual abuse (2007-05-24 Potosi MH Records.pdf p. 42) His mother reported he was sexually abused as well (2004-12-11 Draper Summary Report.pdf, p.2)

When Mr. Johnson was 13, he witnessed the death of his maternal grandfather. He and his grandfather were tilling the garden when his grandfather had a heart attack; Mr. Johnson saw him die and recalled how his eyes changed at the time of death. It is reported by one examiner that this grandfather had a history of Schizophrenia. Mr. Johnson said he had issues understanding the reality of death after this and reported that he watched gravediggers at the cemetery. (2004-12-11 Draper Summary Report.pdf, pp.2-4)

In 2004, at the time of a family history evaluation, Mr. Johnson’s siblings were described as follows:

Sister, Katie: Bipolar disorder, and recovering alcoholic and drug abuser. Incarcerated for drug and burglary related charges. History of self-mutilation. Sexually abused at age 10. History of treatment in mental health programs.

Brother, Robert: Used alcohol and drugs and taught Mr. Johnson how to use crack.

Brother, Eric: Diagnosed Schizophrenic and Bipolar. Diabetic. Alcohol and drug abuse history was extensive and involved multiple substances. Incarcerated at time of evaluation on charges that included illegal possession of drugs in prison. Sexually molested at ages 8 and 15. (2004-12-11 Draper Summary Report.pdf, p.7)

One examiner’s court submitted report indicated that Mr. Johnson’s mother had Bipolar Disorder. (2004-2-17 Psychological Evaluation Delany Dean, J.D., PhD.pdf, p.2)

In addition to the possible mental illness of his grandfather, Mr. Johnson’s maternal aunt reportedly had Schizophrenia. (2003-11-24 Becker English Reports.pdf, p.6) Mr. Johnson’s maternal grandfather allegedly had Schizophrenia and at one point was hospitalized for a year at the Anna State Hospital in Illinois. A maternal great uncle had alcohol abuse and mental health problems and was in the same state mental hospital. A second maternal great uncle was described as having both mental retardation and mental illness. Mr. Johnson had six paternal aunts and uncles with alcohol or drug abuse issues, one of whom was in the Anna State Hospital; a paternal aunt was described as having mental retardation/low IQ and a second paternal aunt had severe depression and had attempted suicide. Mr. Johnson’s paternal grandfather had locked his four-year-old

Re: Johnny Johnson
Competency to be executed

daughter out of the house in freezing weather, and she died of exposure. (2004-12-11 Draper Summary Report.pdf, p.6-8) (2007-05-14 Potosi MH Records.pdf, p.42)

According to Mr. Johnson, he had issues with attention as a child and was unable to concentrate on schoolwork or on household activities, even when they were activities he enjoyed. He did not indicate any issues with hyperactivity and said his attention span improved when he was an adolescent and young adult, stating in 2001 that attention issues no longer bothered him. (2001-12-07 John Rabun MD Psych Evaluation.pdf, p.4) He said he did not understand why he could not learn and the fact that he never completed high school or earned a GED affected his self-esteem. (2004-12-11 Draper Summary Report.pdf, p.3)

During his adolescence, Mr. Johnson ran away from home several times and slept on the streets. (Substitute Vol 6. Johnny Johnson's Miscellaneous Records.pdf, p. 138) Before Johnny was 18, he was admitted for psychiatric care due to suicidal ideation, suicide attempts, threats and gestures, four times. (2003-03-14 St. John's Mercy Records.pdf, pp. 718-23, 26, 30, 57, 78-79, 81, 251-9, 253-54, 257, 259, 301-03, 324, 348, 360-365, 386) In addition, he was treated in the emergency room and received 12 stitches on his left wrist which at the time he said was an accident, but later admitted was a suicide attempt. (2003-03-14 St. John's Mercy Records.pdf, pp. 8, 11-13, 304, 353, 360)

Mr. Johnson never married but had a son, Devin, with girlfriend Lisa Mabe in December 1999. Mabe is described in one evaluation as having been homeless with a son already when Mr. Johnson met her and having been physically and mentally abusive to Mr. Johnson for two years (according to Mr. Johnson's mother and sister; Katie Johnson said she witnessed this abuse.) (2004-12-11 Draper Summary Report.pdf, p.12)

Education

Mr. Johnson attended school in several different schools/systems in the St. Louis area. On May 29, 1984, at age 6, Mr. Johnson was retained in kindergarten and was administered numerous tests due to previous concerns regarding Mr. Johnson's weak academic performance and behavioral progress. Due to poor test results, Mr. Johnson was enrolled in special education programs with a diagnosis of Learning Disabled. (02. Vol. 1. Johnny Johnson's Educational Records.pdf, pgs. 106-114) On March 16 and 17, 1987, at age 8 years, 10 months, Mr. Johnson is still receiving services from the Special School District, and it is recommended that Mr. Johnson start Occupational Therapy, as Mr. Johnson is significantly behind with balance, postural stability, bilateral coordination, and motor planning. The school also reports that Johnny had to be retained in first grade. (02. Vol. 1. Johnny Johnson's Educational Records.pdf, pgs. 53-57) Mr. Johnson attended numerous schools throughout his youth and he continued receiving special education services. By the time he was in 8th grade, at the age of 15, Mr. Johnson's grades had fallen to F's, one D and one C-. (02. Vol. 1. Johnny Johnson's Educational Records.pdf, pg. 233) In 9th grade, Mr. Johnson was attending Potosi High School and

Re: Johnny Johnson
Competency to be executed

was failing all of his classes. This was around the time that Mr. Johnson was living with his disabled father. He reported that he quit school in the 9th grade because he was being bullied. (2001-12-07 John Rabun MD Psych Evaluation.pdf, p.4) (2004-12-11 Draper Summary Report.pdf, p. 5)

5/18/1984 Informal coordination assessment

The gross motor tasks Mr. Johnson performed at age 6 years, 2 months were at the 3 or 4 year old level, documents indicated. "He could kick a ball forward only when it was stationary. He runs on his toes rather than smoothly and his skipping is of a four-year-old galloping nature." He needed to use the handrail to ascend stairs. (02.Vol. 1 Johnny Johnson's Educational Records.pdf, p. 113)

5/29/1984 Evaluation Conference

Mr. Johnson was in kindergarten and was 6 years, 2 months old. This was after his first year of kindergarten and when special education enrollment processes were begun. He had attended a year of Head Start before kindergarten and was to be retained in kindergarten after this year.

The meeting documentation notes there are no outstanding medical concerns, although it included the statement that "Johnny has received over thirty five stitches in his head resulting from several accidents." (02. Vol. 1. Johnny Johnson's Educational Records.pdf, p. 106) A speech language evaluation in February 1984 found "maturational articulation errors and language deficits" and his teacher reported "significant gross and fine motor delays." He could not color within the lines, use scissors, hold a pencil appropriately, zip, tie, or button. "Mrs. Johnson reports that she still dresses Johnny." At home he is "seen as clumsy and awkward in most activities." His classroom performance was in the bottom quartile. "His behaviors appear very immature and Johnny does not seem to comprehend what school is all about." (02. Vol. 1. Johnny Johnson's Educational Records.pdf, pp. 106-107)

The WISC-R was administered on 5/11 and 5/17/1984 along with other tests.

- Full Scale IQ: 82
- Performance IQ: 87
- Verbal IQ: 80

Bender Gestalt: Score = age 5-0 to 5-1

Beery Developmental Test of Visual Motor Integration: Score = age 4-1

Motor Free Visual Perception Test: Score appears to be 6-0

The examiner described Mr. Johnson as "pale, appears frail, with a limp hand grasp as we walked to the testing room together. He is very shy, slow in his movements ... he lisps and is difficult to understand. He spoke almost in a whisper." He required task

Re: Johnny Johnson
Competency to be executed

redirection as he would often stop and “stare at the page or look around the room. ... He consistently confuses the right and left parts of his body.” (02. Vol. 1. Johnny Johnson’s Educational Records.pdf, p. 107)

In terms of the WISC-R, the examiner calculated Mr. Johnson’s mental age as 5-0 and said that on the verbal subtests, only those measuring his knowledge base and verbal reasoning were in the average range. “He understands very little about everyday situations and his verbal auditory memory is in the second percentile. Johnny did not express whole thoughts but spoke in fragments of sentences.” (02. Vol. 1 Johnny Johnson’s Educational Records.pdf, p. 108)

On the performance section, the examiner noted that Mr. Johnson did “exceptionally well” in organizing puzzle parts although he did not seem to pay much attention to the shapes of the pieces. All performance test scores were average or above “except for tests requiring visual sequencing of causes and consequences and ability to learn a visual motor skill quickly.” (02. Vol. 1. Johnny Johnson’s Educational Records.pdf. p. 108)

On the Woodcock Johnson, Mr. Johnson’s perceptual speed age score was 5 years-4months and his memory age score was 4 years-9 months. He was at the 5th percentile and his standard score was 69. (02.Vol. 1. Johnny Johnson’s Educational Records.pdf, pp. 108-110)

On the Bender, the examiner noted that “(i)n addition to his perceptual motor lag of approximately one year, Johnny’s work expressed timidity and impulsivity. He gives an impression of helplessness and incompetence.” (02.Vol. 1 Johnny Johnson’s Educational Records.pdf, pp. 106-108)

Boehm Test of Basic Concepts: 25th percentile rank using mid-year kindergarten norms.

Bankson Language Screening Test: 24th percentile

4/86 Woodcock Johnson (Age 8 years, 1 month; 1st grade)

Reading

1-3 instructional grade score

Math

1-4 instructional grade score

(02.Vol. 1 Johnny Johnson’s Educational Records.pdf, p.75)

3/87 Woodcock Johnson (Age 9 years, 2 months)

Reading

- 1-7 instructional grade score

Re: Johnny Johnson
Competency to be executed

- 4th percentile
- 74 standard score

Math

- 2.0 instructional grade score
- 4th percentile
- 74 standard score

Written communication

- 2.0 instructional grade score
- 9th percentile
- 80 standard score

(02.Vol. 1 Johnny Johnson's Educational Records.pdf, p.69)

5/6/1987 Mr. Johnson (age 9 years, 2 months) was evaluated using the Bruininks - Oseretsky Test of Motor Proficiency in addition to being observed clinically. Overall muscle tone appeared to be in the "low to normal range." Balance and postural stability were well below age expectancy, as was right-left discrimination. Rapid forearm rotation was poor. Overall assessment age scores were:

- Balance: 5 years 2 months
- Bilateral Coordination: 5 years 11 months
- Strength: 8 years 11 months.
- Upper Limb Coordination: 6 years 8 months
- Visual Motor Control 5 years 5 months
- Upper Limb Speed and Dexterity 6 years 2 months

"In summary, Johnny is experiencing difficulty with balance, postural stability, bilateral coordination ... eye-hand coordination, and motor planning." OT was recommended. (02.Vol. 1 Johnny Johnson's Educational Records.pdf, pp. 53-54)

3/11/1988 An IEP note indicates that Mr. Johnson's assignments should be shortened

Re: Johnny Johnson
Competency to be executed

due to “slow motor response.” (02.Vol. 1 Johnny Johnson’s Educational Records.pdf, p.47)

2/27/90 Three-year learning disability reevaluation (4th grade) Special School District of St. Louis County. (Age 11 years, 9 months)

Mr. Johnson was originally identified as LD on 5/29/1984 and enrolled in a “resource room for the Learning Disabled.” After re-evaluation in March 1987 the diagnosis and placement were kept the same. Interventions up to this point had included retention in kindergarten and in first grade and occupational therapy from 5/87 to 3/89. The occupational therapy seemed aimed at both fine motor skills and more gross coordination skills, such as improving bilateral coordination. (02.Vol. 1 Johnny Johnson’s Educational Records.pdf, p.35) Visual and auditory acuity were not concerns, however motor skills were and that was the reason for the OT.

“The most recent intellectual assessment dated March 3, 1987 by Special School District using the Wechsler Intelligence Scale for Children - Revised (WISC-R) indicated cognitive functioning within the low average range. Further assessment of cognitive functioning is recommended.” (02.Vol. 1 Johnny Johnson’s Educational Records.pdf, p.11)

Still determined to be learning disabled as of this date. Overall cognitive functioning is still low average. Academic abilities had improved although there were still difficulties with reading and language - high 2nd grade or low 3rd grade level. Mr. Johnson had difficulty writing down information received auditorily. Behaviors were “generally appropriate” except in task related areas, particularly task completion. (02.Vol. 1 Johnny Johnson’s Educational Records.pdf, p.12)

Testing 3/90

WISC-R. (Age 11 years, 10 months)

- Full Scale IQ 89

- Verbal IQ 87

- Performance IQ 92

Developmental Age for Bender Gestalt Visual Motor Test was between 8-6 and 8-11.

Visual Aural Digit Span Test 9-6 to 9-11

Woodcock Johnson (only the Achievement Section was given)

Reading: Grade 3.4, Age 8-6, Percentile 11, Functioning Level SD (severe deficit) Math:

Grade 4.3, Age 9-8, Percentile 8, Functioning Level MD (moderate deficit)

Written Language 3.9, Age 8-11, Percentile 11, Functioning Level MD (moderate deficit)

(02.Vol. 1 Johnny Johnson’s Educational Records.pdf, p.15)

Re: Johnny Johnson
Competency to be executed

Recommendation has him participating in regular education programs 83% of the time.

From assessment paperwork:

“John’s intellectual functioning is in the low average range. His visual motor skills are below age expectancy. A significant weakness was noticed in visual motor speed. Also noted were areas of distortion and perseveration. John learns best visually when there is no need of a motor response.” (02.Vol. 1 Johnny Johnson’s Educational Records.pdf, p.22)

Stanford Achievement Test Scores, 1/21/1991 (5th grade, age 12)

- Total Reading Grade Equivalent 2.7
- Total Math Grade Equivalent 2.7
- Total Language Grade Equivalent 2.4

(02.Vol. 1 Johnny Johnson’s Educational Records.pdf, p. 235)

WISC-R 9/1992 7th grade (14 years, 6 months of age)

Verbal IQ 87, 19th percentile, “low average” Performance IQ 96, 40th percentile, average Full Scale Score 91, 27th percentile, average

A note at the end of the handwritten score sheet said “I was concerned about how familiar he was with the WISC-R. I asked when he had taken one. He said in 1992.”

(02.Vol. 1 Johnny Johnson’s Educational Records.pdf, pp. 286-287)

10/13/1992 Computer Assisted Analysis Program. Uses WISC-R and WAIS-R forms’ scaled scores to describe student strengths and deficits relative to their measured ability. Statistically significant deficits identified for Mr. Johnson were:

- Symbol Manipulation
- Fluency
- Numerical Facility
- Freedom from Distractibility
- Attending
- Memory

(02.Vol. 1 Johnny Johnson’s Educational Records.pdf, pp. 260-263)

Middle School - Mr. Johnson’s grades in 6th grade were As, Bs, and Cs; in 7th grade there were no As but Ds and Fs started to appear with the Bs and Cs; in 8th grade he had all Fs with one D and one C-. His 8th grade record is marked with “social promotion.”

(02.Vol. 1 Johnny Johnson’s Educational Records.pdf, p.233)

His scores for standardized achievement tests in 6th grade were as follows: Reading, 7th percentile; Language Arts, 5th percentile; Math, 16th percentile; Science, 7th percentile;

Re: Johnny Johnson
Competency to be executed

Social Studies, 4th percentile. (02.Vol. 1 Johnny Johnson's Educational Records.pdf, p.234)

Test data from 2/1/1994 Northwest School District IEP

(Eighth grade, North Jefferson Middle School, age 15 and 11 months.)

Mr. Johnson continued in LD classes. (02.Vol. 1 Johnny Johnson's Educational Records.pdf, pp.278-280) He was to continue to be provided with LD resources in language arts, math, science, and social studies.

Employment

As an adolescent, Mr. Johnson was employed at the St. Louis Country Club during the summer, but in 2001 he reported that he had not worked for four years. (2001-12-07 John Rabun MD Psych Evaluation.pdf, p.5)

Prior Criminal Record

Mr. Johnson said he was arrested as a juvenile for taking a knife to school and was in juvenile detention for one week and on probation for several months. He said he had taken the knife to Northwest High School to protect himself; after the incident he went to live with his father in Potosi, MO and subsequently dropped out of Potosi High School. This was the only issue reported as a juvenile. (2001-12-07 John Rabun MD Psych Evaluation.pdf, p. 4)

At the age of 19, Mr. Johnson pled guilty to burglary and was given three years probation in connection with burglarizing a home and stealing a stereo. He was charged with burglary again when he was 20 after he stole "a four-wheeler and some guns," and said he received "120-day shock" and five years probation. Mr. Johnson violated his probation on 8/18/1998 and later on 9/11/1998 for Minor Possession of Intoxicating Liquor, possession of Drug Paraphernalia, Indecent Act and several FTA ordinances stemming from his initial arrest in 1998. He was taken into custody after stealing a pager and a bicycle. (07. Substitute Vol. 6 Johnny Johnson's Miscellaneous Records.pdf, p. 200)

Substance Abuse

There do not seem to be any drug test records indicating use of substances other than alcohol and marijuana, and amphetamines on one occasion. (See the testimony of Pablo Stewart, M.D., for an extensive discussion of reported drug use vs. documented drug use.)

Medical and Mental Health

Medical Health

Mr. Johnson reported a history of enuresis continuing into adulthood and records support this. His mother reported that his father had the same problem. (2003-11-24 Becker English Reports.pdf, p.3) In addition to the head wounds discussed earlier, he was

Re: Johnny Johnson
Competency to be executed

tested for thyroid problems as a newborn and thyroid issues are reported on one of his psych evaluations.

Medication list:

A representative sample meant to indicate the range and types of psychotropic medications Mr. Johnson has been prescribed through the years.

1992

Prozac 20mg

1995

Prozac 20mg

1996

Haldol 5mg and 10mg

Thiamine 100mg

1998

Paxil 2mg

Lorazepam .5mg, 1mg, 2mg

Chlorpromazine 50mg and 100mg

Risperdal 1,2, and 5mg

2001

Effexor 2mg

Olanzapine 10mg, 15mg

Lorazepam 2mg

Paxil 20mg

Trazodone 10mg and 100mg

2002

Lorazepam 2mg

Zyprexa 10mg

Trazodone 100mg

Zoloft 50mg

Tofranil 75mg

2003

Zyprexa 10mg and 20mg

Prozac 20mg

Loxapine 10mg and 25mg

Zoloft 50mg

Cogentin 0.5mg

Amitriptyline 50mg, 75mg and 100mg

Perphenazine 2mg

Chlorpromazine 50mg and 100mg

2004

Amitriptyline 100mg

Chlorpromazine 100mg, 200mg, and 300mg

Re: Johnny Johnson
Competency to be executed

Propranolol 20mg
Lithium Carbonate 300mg
Thiothixene 10mg
Tofranil 50mg
Haloperidol injection, 5mg
Klonopin 1mg
Valium 5mg and 10mg
Seroquel 100mg
2005
Seroquel 100mg, 400mg, 600mg
Lexapro 10mg
Propranolol 10mg
Valium 10mg
Tofranil 50mg and 100mg
Thiothixene 10mg, 20mg and 40mg
Celexa 10mg
2006
Celexa 10mg
Seroquel 200mg and 600mg (one in am and one in pm)
Perphenazine 8mg 2x/day
Cogentin 2mg
Benztropine 2mg 2x/day
Trihexyphenidyl 2mg
Paxil 10mg
2007
Clonidine 0.3mg
Mirtazapine 15mg
Desipramine 50mg
Ziprasidone 40mg
2008
Perphenazine 2mg, 8mg and 10mg
Clonidine 0.2mg, 0.4mg (for nightmares)
Mirtazapine 15mg and 30mg
Ziprasidone 60mg and 80mg
Tofranil 50mg
Benztropine 2mg
Cogentin 2mg
2009, 2010
Cogentin 2mg
Clonidine 0.2mg and 0.4mg
Mirtazapine 30mg
Perphenazine, 4mg and 10mg
Ziprasidone, 60mg, 80mg and 120mg

Re: Johnny Johnson
Competency to be executed

Benztropine 2mg
Olanzapine, 5mg
Chlorpromazine 100mg
2011
Ziprasidone, 40mg
Olanzapine 5mg and 10mg
Clonidine 0.2 mg
Benztropine 4mg
Perphenazine 8mg
Cogentin 4mg
Tofranil 50mg
2012
Olanzapine 10mg
Benztropine 2mg
Clonidine 0.2mg
Perphenazine 8mg
2013
Olanzapine 10mg, 15mg, and 20mg
Clonidine 0.3mg
Amitriptyline 25mg and 50mg
2014 and 2015
Olanzapine 20mg
Vistaril 50mg
Hydroxyzine 50mg
2016
Olanzapine 20mg
Loxapine 10mg
Hydroxyzine 50mg
Cogentin 1mg
2017, 2018, and 2019
Benztropine 2mg
Olanzapine 10mg and 20mg
Loxapine 10mg, 25mg, 50mg and 100mg
Cogentin 1mg
Thiotixene 10mg
2020
Thiotixene 5mg and 10mg
Olanzapine 5mg and 10mg
Benztropine .5mg and 1mg
Clonidine 0.1mg, 0.2mg and 0.3mg
Cogentin 0.5mg
Propranolol 10mg
Oxcarbazepine 300mg

Re: Johnny Johnson
Competency to be executed

2021

Abilify 15mg, 20mg and 30mg (for psychosis)
Clonidine 0.3 mg and 0.3+0.1mg (for anxiety and anger)
Navane 5mg
Thiothixene 0.5mg
Benztropine 0.5mg

2022

Lithium Carbonate 150mg
Benztropine 0.5 mg
Clonidine 0.3mg+0.1mg
Abilify 30mg
Cogentin 0.5mg
Lamotrigine 25mg, 50mg, 100mg

Psychiatric Hospital Admissions

1992-1996: Six admissions to St. John's Mercy Hospital, St. Louis (suicide attempts, by cutting and by drug overdose; psychotic symptoms).

6/19/96-6/26/96: Southeast Missouri Mental Health Center (complaint of "blackout," hearing voices, "seeing his dead friends telling him to kill himself;" cut himself with a knife).

10/13/96-10/29/96: Metropolitan Psychiatric Center, St. Louis (threats of harm to self following use of psychostimulants).

11/8/96-11/13/96: Metropolitan Psychiatric Center, St. Louis (flashbacks and thoughts of self-harm).

August/September, 1998: Deaconess Hospital West Psychiatric Ward.

10/17/01-1/9/02: St. Louis Psychiatric Rehabilitation Center (psychiatric evaluation for purposes of sentencing/probation violation hearing).

(Delany Dean exhibit, p.3)

History of Psychiatric Diagnoses

6/19/96: Adolescent Antisocial Behavior; Polysubstance Abuse (Drs. Howley and Tiongson)

7/8/96: Major Depression, Recurrent; Psychotic Disorder, Not Otherwise Specified (related to periods when withdrawing from drugs); Polysubstance Dependence (Drs. Kim and Tiongson)

10/28/96: Psychostimulant Dependence; Polysubstance Abuse; Personality Disorder Not Otherwise Specified (Antisocial/Borderline) (Dr. Riedesel)

10/30/96: Post Traumatic Stress Disorder; Polysubstance Abuse; Antisocial Personality Disorder with Borderline Features (Dr. Carrera)

11/13/96: Psychostimulant Dependence; Probable Malingering; Antisocial Personality Disorder (Dr. Riedesel)

4/28/98: Major Depression with Psychotic Features; Cannabis and Alcohol Abuse, by history (Dr. Syed, DOC)

Re: Johnny Johnson
Competency to be executed

10/18/01: Schizophrenia, Paranoid Type; Rule Out Drug Induced Psychosis;
Polysubstance Dependence (Dr. Mallya)
12/7/01: Schizophrenia, Undifferentiated Type; Alcohol Dependence (Dr. Rabun)
1/14/02: Schizoaffective Disorder in Remission; Polysubstance Dependence; Learning
Disorder NOS. (Dr. Mallya)
2/28/03: Major Depressive Disorder with Psychotic Features, by history; Schizoaffective
Disorder, suspected; Polysubstance Abuse; Post Traumatic Stress Disorder, suspected (Dr.
Ajans, DOC)
5/19/03: Schizoaffective Disorder; Mood Disorder Secondary to Polysubstances;
Polysubstance Dependence (Dr. Galioto, DOC)
6/16/03: Major Depressive Disorder with Psychotic Features; Mood Disorder induced by
substances; Polysubstance Dependence (Dr. Galioto, DOC).
7/24/03: Major Depressive Disorder with Psychotic Features; Polysubstance Dependence
by history (Dr. Tionson, DOC).
(Delany Dean Exhibit page 5)

Mental Health Treatment, Evaluations, and Diagnoses

- 1) 4/23/1992 - 5/02/1992 St Johns Mercy Medical Center St. Louis (age 14)
Mr. Johnson slashed both wrists several times. He reported this was because a girlfriend
broke up with him. Cuts were not deep. Diagnoses: Depression, ADD with Dyslexia
(2003-3-14 St John's Mercy Records.pdf, p.254)
- 2) 5/13/1992 - 5/29/1992 St John's Mercy Medical Center, St. Louis
Mr. Johnson overdosed on Imipramine tablets. The ICU first saw him, and Mr. Johnson
was then transferred to psychiatry. He was severely depressed because his mom's
boyfriend was moving back in. Given 20mg of Prozac. (2003-3-14 St John's Mercy
Records.pdf, p.78)
- 3) 5/30/1992 - 10/20/1992 (age 14) Comtrea Community Treatment Center
Mr. Johnson and his mother attended three therapy sessions after he was discharged
from St. John's Mercy Hospital following treatment for depression and suicide attempts.
Mr. Johnson stated he attempted suicide after his mother's boyfriend, who was an
alcoholic, moved into their home; the boyfriend moved out of the home after Mr.
Johnson's second hospitalization. This was apparently the boyfriend who tried to drown
Mr. Johnson earlier in his life. Mr. Johnson appeared to function better while taking
antidepressants prescribed when he was hospitalized. (07 Substitute Vol. 6 Johnny
Johnson's Miscellaneous Records.pdf, pp.287-292)
- 4) 11/19/1993 - 11/25/1993 (age 15) St. John's Mercy Medical Center
Admitted from the ER after threatening suicide because he said he was upset with a
teacher. Diagnosis: Major Depression, Recurrent Type (2003-3-14 St John's Mercy
Records.pdf, p.57)

Re: Johnny Johnson
Competency to be executed

5) 6/5/1995-6/9/1995 St. John's Mercy Medical Center (age 17)

Mr. Johnson was admitted after he threatened to harm himself or his sister's boyfriend. His wrists had both lacerations and cigarette burns that were healing. It was discovered that his ex-girlfriend was in the psych ward too, and he was transferred to another unit. He said he didn't know she was there. He had apparently called her family the day before to determine where she was. (2003-3-14 St John's Mercy Records.pdf, p.301) He reported that his sister's boyfriend, who was living with him, his mother, his sister and their two small children, was emotionally and verbally abusive to him and his mother confirmed this. (2003-3-14 St John's Mercy Records.pdf, p.372)

Discharge diagnosis

- Major Depression, Recurrent, Moderate
- Borderline Personality Disorder
- Thyroid Abnormalities

6) 6/19/1996 - 6/26/1996 Southeast Missouri Mental Health Center (age 18)

Voluntary admission, reported "blackout," hearing voices, and seeing his dead friends telling him to kill himself. "Low intellect and self esteem" He had been staying with his grandmother for a couple of weeks and she said she saw him with a knife then he cut his wrist before she could get to him, saying he wanted to join his dead friends, both of whom were drug dealers who had committed suicide. (Substitute Vol. 6 Johnny Johnson's Miscellaneous Records.pdf, p.149)

Diagnoses

- 296.30 Major Depression, Recurrent
- 298.09 Psychotic Disorder, NOS
- 304.9 Polysubstance dependence

Prescribed Paxil 20mg per day

Psych eval - 6/21/1996

WAIS-R IQ of 93, using the Silverstein Scale

Note that on the verbal subtests, Mr. Johnson's scaled score was at least one standard deviation below the mean, "suggesting he possesses a significant cognitive weakness in his verbal abilities as a whole." His performance scale scores differed significantly from his verbal scores (higher). "Such individuals tend to present with poor scholastic histories and are often labeled as slow learners. Many suffer from a learning disability." "His Digit Span subtest scaled score of 7 suggests a significant impairment in his auditory/short term memory and concentration ability." (Substitute Vol. 6 Johnny Johnson's Miscellaneous Records.pdf, p.160)

7) 10/13/1996 - 10/29/1996 Metropolitan St. Louis Psychiatric Center (age 18)

Re: Johnny Johnson
Competency to be executed

Admitted because of a negative reaction to psychostimulants with threats of violent harm to himself. Tested positive for amphetamines. Was waiting to be admitted to drug rehab program (see above entry) when he became “verbally agitated requiring restraints and sedative medication.”

Drugs of choice described as psychostimulants including crystal meth and LSD.

8) 10/21/1996 Malcolm Bliss Mental Health Center Rehabilitation Assessment

Diagnoses

- Depression, NOS
- Alcohol and Marijuana Dependence
- Conduct Disorder
- Borderline Personality Traits

Admitted for suicidal ideation, polysubstance abuse, poor self-esteem, depressed mood, violent. Said he wanted to cut his jugular vein and die. (07 Substitute Vol. 6 Johnny Johnson’s Miscellaneous Records.pdf, pp.62-64)

9) 10/29/1996 - 11/7/1996 Comtrea Community Treatment

Recommended for 30-45 days of residential treatment “provided that his depression and flashbacks are not too intrusive.” Note that “he has experienced severe and pervasive losses due to his alcohol and drug use.” (07 Substitute Vol. 6 Johnny Johnson’s Miscellaneous Records.pdf, p.282)

Diagnoses

PTSD

Polysubstance Abuse

Antisocial Personality Disorder with Borderline Features

(Substitute Vol. 6 Johnny Johnson’s Miscellaneous Records.pdf, p.286)

10) 11/8/1996 - 11/12/1996 Metropolitan St. Louis Psychiatric Center (age 18)

This was Mr. Johnson’s second admission to this facility. Admitted from the ER after threats to harm himself and others. On his first admission the diagnosis was psychostimulant dependence and he was released to the Athena program (drug rehab) where he did not adapt well and reportedly “used ‘flashbacks’ and thoughts of harm to himself as a means of not really dealing with his chemical dependency issues and the need to change.” A doctor saw him and prescribed Haldol and Mellaril, but reportedly this caused excessive sedation. Continued threats of self harm and a refusal to participate in programming led to his return to the ER for this admission. The admission started as voluntary but when Mr. Johnson was informed that he would be on restricted privileges because of his threats to harm himself and others, he became violent and the admission

Re: Johnny Johnson
Competency to be executed

was changed to involuntary. (Substitute Vol. 6 Johnny Johnson's Miscellaneous Records.pdf, p.17)

Records indicated that Mr. Johnson's mood improved immediately after admission and he showed no agitation or psychosis over the next several days. He was not medicated. On 11/12/1996 he denied thoughts of harming himself or others and said the flashbacks had decreased. He said he felt uncomfortable dealing with his substance abuse issues in an inpatient program and agreed to participate in NA and AA on an outpatient basis.

Discharge Diagnoses

- Psychostimulant Dependence
- Probable Malingering
- Antisocial Personality Disorder
- GAF 55

(Substitute Vol. 6 Johnny Johnson's Miscellaneous Records.pdf, pp.18-19)

11) 4/28/1998 Missouri Department of Corrections Psychiatric Evaluation
Main complaint was depression and hearing voices. He described the voices as being derogatory and saying things like "You're worth nothing. Kill yourself or hurt others." Noted that he had multiple previous psychiatric hospitalizations, and depression and hearing voices were the common factors. He had been put on suicide watch the week before this evaluation after being seen crying frequently and saying he was having auditory and visual hallucinations, claiming that "they were coming to get him." He had been placed on Thorazine and said medications had helped but he was still hearing voices. (Vol.9 Johnny Johnson's Missouri Department of Medical Corrections Records Continued.pdf, p. 105)

12) 8/31/1998 - 9/7/1998 Des Peres Hospital, St. Louis
Mr. Johnson was 20 when he was admitted with a reported history of Schizophrenia and drug abuse and complaining of hearing voices daily telling him to kill himself and that had been getting worse. He was living on the streets of St. Louis before his admission. (2004-5-10 Des Peres Hospital Records.pdf, p.10)

The police brought him to the ER and said he was hearing voices telling him to jump off a bridge. His history included cutting, needles stuck in his lips and body. (2004-5-10 Des Peres Hospital Records.pdf, p.26)

"The patient states he had a happy childhood although he was molested by a neighbor at age 6 but just once." (2004-5-10 Des Peres Hospital Records.pdf, p.18) (Later in the

Re: Johnny Johnson
Competency to be executed

records there is a note he reported being molested by a neighbor at age 13) Family stated that he would not take prescribed drugs when out of the hospital because he would rather use street drugs; Mr. Johnson confirmed this. (2004-5-10 Des Peres Hospital Records.pdf, p.27) He reported after several days of hospitalization and medication that the voices had stopped. (2004-5-10 Des Peres Hospital Records.pdf, p.30) The hospital discharged him to Hillside Manor on 9/8/1998, stating that “medicine helped.” (2004-5-10 Des Peres Hospital Records.pdf, p.37-38)

According to a discharge report by William Clendenin, M.D., Mr. Johnson’s mental status was “consistent with paranoid psychosis.” Clendenin reported that rather than being taken to the care facility, Mr. Johnson was apprehended by police and arrested as soon as he left the hospital. He was discharged with a prescription of 2mg of Risperdal at bedtime. (2004-5-10 Des Peres Hospital Records.pdf, p.40)

Discharge Diagnoses:

- 295.70 Schizoaffective disorder
- 319 Mild Mental Retardation

(2004-5-10 Des Peres Hospital Records.pdf, p.9)

13) 10/17/2001 - 1/9/2002 Missouri Department of Mental Health St Louis Psychiatric Rehab Center Involuntary Admission

Mr. Johnson had been arrested two months before on probation violation charges and had begun experiencing increasingly severe mental problems while in jail. It was requested that he receive psychiatric evaluation and treatment before a probation decision. Under stress, the intensity of Mr. Johnson’s hallucinations increased. “He has periods of intense dysphoria, inability to sleep, and desires to hurt himself. During these periods, he has inflicted tattoos, cuts, and burns on his body.” (2003-04-07 State of MO Dept of Mental Health Records.pdf, p.4-6)

14) 11-29-01: “Patient operates on a high functional level. He has a broad knowledge base and his level of thought demonstrates abstract thinking. His thought flow is clear and directed. He has a good understanding of his illness and the role of medications in suppressing his symptoms. He also understands that substance abuse is detrimental to his recovery.” (2003-04-07 State of MO Dept of Mental Health Records.pdf, p. 116)

Discharge diagnoses

- Schizoaffective Disorder in remission
- Polysubstance dependence
- Learning disorder, NOS

(2003-04-07 State of MO Dept of Mental Health Records.pdf, p.8)

Re: Johnny Johnson
Competency to be executed

15) 12/09/2001 Court Ordered Psychiatric Evaluation by John Rabun, MD, Certified Forensic Examiner, State of Missouri Forensic Evaluation Services.

At the time of this evaluation, Mr. Johnson was 23 and was housed at the St. Louis Psychiatric Rehabilitation Center after a probation violation. He reported that he was physically healthy but was taking a prescribed antipsychotic, Zyprexa. While not experiencing symptoms at the time of the 2001 evaluation by Rabun, Mr. Johnson reported previous symptoms included hearing both female and male voices and that sometimes they spoke in a normal tone while other times they addressed him in a derogatory manner. He said the voices sounded like they were coming from outside of his head, that they were intermittent rather than continuous, and that they could be temporarily interrupted by activities such as listening to music. Mr. Johnson also reported having had delusions that people were trying to harm him or that people could read his mind. He said several times he was no longer experiencing these issues while on medication and Rabun said he saw no evidence to contradict this assertion.

Rabun judged Mr. Johnson's intelligence to be in the average range. His diagnoses were:

- Schizophrenia, Undifferentiated Type, Episodic with no Interepisode Residual Symptoms
- Alcohol Dependence, Sustained Full Remission.

Rabun concluded that "the examiner is of the opinion, with reasonable medical certainty, that Mr. Johnson is afflicted by a mental disease." However, he concluded that treatment had put Mr. Johnson's illness into remission and that he was competent to stand trial. (2001-12-07 John Rabun MD Psych Evaluation.pdf, pp.6-8)

In assessing risk, Rabun concluded: "If Mr. Johnson is noncompliant with his medication, his psychiatric history suggests that his psychotic illness will emerge. Mr. Johnson reported that he has heard "voices" telling him to harm himself when he is off his medications. Moreover, the psychiatric literature suggests that individuals afflicted with a psychiatric illness sometimes hear "voices" telling them to harm others. Further, Mr. Johnson has displayed paranoid delusions as a component of his illness. Accordingly, if Mr. Johnson is noncompliant with treatment, and his illness exacerbates, he poses an increased risk to himself and others." He notes if Mr. Johnson used alcohol and/or drugs, that would further increase the risk, as would his continued unemployment.

"Accordingly, the examiner is of the opinion with reasonable medical certainty that Mr. Johnson poses an unacceptable risk for violence in the following situations: if he is off his medication and acutely ill; if he is living "on the streets" or in an unstable situation; if he is using alcohol and/or drugs; and if he has significant idle time." Rabun said that Mr. Johnson should receive mandatory outpatient psychiatric treatment if he were to be placed on probation and there should be voluntary or involuntary hospitalization if psychiatric deterioration became evident. He said Mr. Johnson should remain

Re: Johnny Johnson
Competency to be executed

hospitalized until the case involving his probation violation was decided by the court.
(2001-12-07 John Rabun MD Psych Evaluation.pdf, pp.8-10)

16) 1/23/2002 - 6/28/2002 Adapt of Missouri. Referred from St. Louis Psychiatric Rehab Center.

Endorsed psychiatric symptoms were “hearing a mumbling man’s voice whispering and telling me that I am worthless. I also get depressed and have trouble sleeping.”

(Substitute Vol. 6 Johnny Johnson’s Miscellaneous Records.pdf, p.201)

Diagnosis: Schizophrenia, Paranoid Type.

Mr. Johnson stayed in this program until he stopped seeing his clinical social worker the month before Casey Williamson was killed. He missed psychiatrist appointments at the beginning of June 2002 and the last meeting he attended with his caseworker was on 6/28/2002. Casey was killed 7/26/2002.

17) 11/24/2003 Examination by Stephen Becker, PsyD, and Byron English, PhD Examination ordered by St. Louis County Circuit Court. Becker did the interview and testing while English provided supervision and oversight. The evaluation took place at the Southeastern Missouri Correctional Center and took approximately seven hours.

Testing: WAIS III

- Full Scale IQ 70
- Verbal IQ 72
- Performance IQ 74

(2nd percentile for age cohort; borderline range. 95% CI between 67 and 75 IQ.)

WRAT-III

- Reading level - 3rd grade
- Math level - 1st grade

(Could read only on a very elementary level and perform very basic math calculations.)
(2003-11-24 Becker English Reports.pdf, p.7)

At the time of the evaluation, Mr. Johnson was described as oriented, with adequate concentration and memory. He did not appear overtly psychotic. He did admit to issues with paranoia and believing that others were talking about him and that they might hurt him. He reported prior episodes of seeing “little people - three inches tall and they give me weird looks” and also having auditory hallucinations in which voices told him to hurt himself. He was medicated at the time of the evaluation and reported no current psychotic symptoms. (2003-11-24 Becker English Reports.pdf, pp. 7-8)

Re: Johnny Johnson
Competency to be executed

Diagnoses:

Axis I

- 295.90 Major Depressive Disorder, Recurrent, Severe, with Psychotic Features, in partial remission.
- 304.80 Polysubstance Dependence, in remission, within a controlled environment.

Axis II

- 301.7 Antisocial Personality Disorder
- V 62.89 Borderline Intellectual Functioning

Axis V

- Current GAF = 55 (2003-11-24 Becker English Reports.pdf, pp. 8)

The evaluators concluded that Mr. Johnson was sufficiently competent for trial and also that he did not need to be held in a hospital or hospital facility pending the trial outcome.

18) 2/17/2004 Psychological Evaluation by Delany Dean, PhD, Forensic Psychologist
Dean evaluated Mr. Johnson four times: 3/10/2003, 9/30/2003, 12/2/2003, and 2/5/2004. She was retained by defense to determine whether Mr. Johnson suffered from a mental disorder that was relevant to his mental state at the time of the killing of Casey Williamson.

Dean said that during her visits Mr. Johnson exhibited normal speech and behavior and his thought processes seemed logical, with no evidence of psychotic symptoms. She noted that he was taking antipsychotic medications at the time of each visit. (2004-2-17 Exhibit O Psychology Evaluation Dean, Delany, JD, PhD.pdf, pp.8-9)

Yet she said that "Mr. Johnson reported unusual thoughts, such as: it would be possible to generate a tornado by twirling a stick in a baseball diamond. He expressed the belief that "when I was born the world was created, and when I die the world will die." He said that he stares at peoples' foreheads and can see their "auras." He reported that he has experienced a variety of visual, auditory, and tactile hallucinations: a small person riding on a mouse; people screaming; people on fire; strange languages on the radio; the feeling of "stuff" crawling on his arm and face; voices telling him he belongs to them and that they will come for him; seeing cracks forming on walls; seeing "shadow people" coming out of cracks in walls. He reported that antipsychotic medication reduces but does not entirely eliminate these symptoms. He denied having used any illicit drugs since being incarcerated on the current charges in 2002."

Dean also reported that Mr. Johnson's intellectual functioning appeared to be in the low average or borderline range. (2004-2-17 Exhibit O Psychology Evaluation Dean, Delany, JD, PhD.pdf, p.9)

Re: Johnny Johnson
Competency to be executed

Testing:

Millon Clinical Multiaxial Inventories. (Administered 3/10/2003, 12/2/2003 for personality assessment)

Dean noted that on both tests, Mr. Johnson's scores revealed an apparent tendency to exaggerate and complain; however, the protocols/clinical scales were not rendered invalid. It should be noted, she said, that "exaggeration" is not the same as "malingering." "Individuals with legitimate mental disorders are sometimes also prone to exaggerating their symptoms, in part because they do not feel that they are being believed or taken seriously."

Her conclusion was that both tests indicated "the presence of a severe mental disorder, including psychotic symptoms." The diagnoses most likely to be consistent with his test results were:

Axis I: Schizophrenia (paranoid type, subchronic with acute exacerbation)
Generalized Anxiety Disorder
Psychoactive Substance Abuse
Axis II: Paranoid Personality Disorder
Schizotypal Personality Disorder with Depressive and Avoidance Personality Traits
(Delany Dean Dr. Dean MCMI-III Testing.pdf, p.4)

Shibley Institute of Living Scales

Showed an IQ in the "low average range" of approximately 85. The abstraction standardized score was "significantly higher" than the vocabulary standardized score and Dean wrote these scores were consistent with previous IQ testing and not by themselves indicative of brain damage.

Stroop Neuropsychological Screening Test

Mr. Johnson's performance on this test is described as "significantly below average" and this is attributed to his learning disability.

"Together, and considering Mr. Johnson's history (including his learning disability, and ongoing treatment with antipsychotic medications), these instruments did not yield scores that are suggestive of significant neuropsychological impairment (brain damage).

Prior psychological testing:

1990: Full Scale IQ = 89 (Low Average Range) 1996: WAIS-R Full Scale IQ = 93 (Average Range) 2003: WAIS-III Full Scale IQ = 70 (Borderline Range)

Dean concluded that "(a)t the time of the offense, Mr. Johnson, who suffers from Schizoaffective Disorder, was not taking his prescribed antipsychotic medication. He had been using stimulant drugs (methamphetamine or crack cocaine) for three days. His resulting drug intoxication/withdrawal triggered or induced a severe psychotic episode, during which he experienced intense hallucinations that significantly interfered with his capacity to engage in rational thought and normal

Re: Johnny Johnson
Competency to be executed

decision-making,” thus significantly impairing his mental capacity at the time of the offense. (2004-2-17 Exhibit O Psychology Evaluation Dean, Delany, JD, PhD.pdf, p.12)

19) 6/7/2004 Second examination by Stephen Becker, PsyD, and Byron English, PhD The evaluation was aimed at determining legal competency and responsibility at the time of the crimes. This evaluation, at Southeast Missouri Correctional Center, lasted approximately 6.5 hours.

Testing WRAT-III

- Reading - High school level
- Spelling and Math - 5th grade range

MMPI-2

“Clinically questionable.”

“Validity indices point in the direction of an individual who is over-reporting his problems and attempting to exaggerate psychopathology in an attempt to derive secondary gain. Although Mr. Johnson may have limited ability to cope with stress, his MMPI-2 profile paints a picture of an individual who has distorted and greatly exaggerated his problems to create the impression of a severe psychological disorder. Item analysis indicates a response set in which the client appeared to endorse a wide array of the obviously pathological items. Subsequently, in this examiner’s attempt to clarify the depth and degree of Mr. Johnson’s symptomatology, the Structured Interview of Reported Symptoms (SIRS) was conducted.”

SIRS

“Mr. Johnson’s SIRS profile provides six moderately elevated scaled scores which indicate probable feigning. These scales indicate endorsement of psychiatric symptoms which occur infrequently and rarely simultaneously, and the endorsement of a very wide range of psychiatric symptoms with extreme or unbearable severity. His highest score revealed the client over-endorsed symptoms which are obvious signs of a mental disorder. This combination of elevated scores is characteristic of individuals who are feigning a mental disorder and is rarely seen in clients responding truthfully. Supplementary Scales are seldom interpreted when the primary scales evidence such marked elevation; nevertheless, a common finding is that many malingerers endorse an unusually high number of everyday problems in addition to severe psychopathology, e.g., Scale DS=34, as did Mr. Johnson.” (2003-11-24 Becker English Reports.pdf, p.21)
The WAIS was not administered again because of the short intervening time period. The qualities displayed in the psych evaluation were essentially the same as they were the previous November - oriented, no overt psychotic symptoms, etc. Mr. Johnson reported that he still sometimes had visual hallucinations “I see figures that disappear. I see cracks form.”

Re: Johnny Johnson
Competency to be executed

The report stated these types of hallucinations were not likely to be caused by mental illness but rather by systemic physical issues such as toxicity or infection. The examiners brought up Mr. Johnson's past drug abuse and reported that he told them he took drugs to hallucinate, and that he was aware that he was hallucinating when this happened to him while under the influence of drugs. He also told the examiners he was aware that he was hallucinating during the time period in which the crimes occurred. The examiners noted that Mr. Johnson's judgment and insight appeared to be somewhat lacking.
Diagnoses:

Axis I

- 292.89 Methamphetamine Intoxication, with Perceptual Disturbances
- 304.80 Polysubstance Abuse (Alcohol, Cannabis, Methamphetamine, Hallucinogens, Cocaine, and Inhalants) in Remission Within a Controlled Environment
- 295.70 Schizoaffective Disorder, Depressive Type
- V 65.2 Malingering, Partial
- 315.9 History of Learning Disorder, NOS

Axis II

- 301.7 Antisocial Personality Disorder

Axis V

- GAF = 60

The evaluators concluded that he was competent to stand trial and, in terms of responsibility, that although "Mr. Johnson does suffer from a mental disorder ... it is the opinion of this examiner that the client's apparent auditory hallucinations at the time of the alleged offenses were not a production of his mental disorder, but a sequel to his intravenous methamphetamine/alcohol abuse." They wrote that he was aware of his actions, that they were deliberate and planned, and that "Mr. Johnson's reported psychiatric symptoms reveal the probable intoxication and rebound effect of the previous evening's (or that early morning's) intravenous use of methamphetamine and alcohol."

They concluded that: "Although Mr. Johnson suffers from Polysubstance Dependence in addition to Schizoaffective Disorder. It appears to this examiner that, at the time of the alleged criminal conduct, Mr. Johnson was not suffering from a mental disease or defect which would have kept him from knowing and appreciating the nature, quality or wrongfulness of his conduct or which would have made him incapable of conforming his conduct to the requirements of the law. He apparently was able to formulate a goal,

Re: Johnny Johnson
Competency to be executed

planned and prepared to meet that goal, was effective in performing his goal and was able to exert efforts directed towards not getting caught for the alleged offenses but, ultimately, to provide adequate recall and confession of the event.”
(2003-11-24 Becker English Reports.pdf, pp.24-26)

20) 12/23/2004 - 1/13/2005 St Louis Department of Health Corrections Medicine
Problems with hallucinations, panic attacks. Concentration and judgment impaired.
Diagnostic Assessment 12/23/2004

- Bipolar Affective Disorder, Mixed
- Borderline Personality Disorder
- Schizophrenia, Undifferentiated Type

(2003-04-07 State of MO Dept of Mental Health Records.pdf)

21) 3/20/2005 Psychological Evaluation by Kimberly Weitzl, PsyD, because of new arrival at Potosi Correctional Center With Capital Punishment sentence.
WAIS-III

- Full-Scale IQ 78, 7th percentile, 95% C.I. 74-83
- Verbal IQ 78, 7th percentile, 95% C.I. 75-85
- Performance IQ 83, 13th percentile, 95% C.I. 77-91

On the subtests Mr. Johnson was below average on everything but information (scaled score 9), and Picture Arrangement (scaled score 15). His verbal scores varied less than did his performance scores with a range of 4-9 vs. the performance score range of 3-15. “In relation to his own scores, Mr. Johnson displays strengths in several areas on the Performance tests. He displayed good planning ability and the ability to interpret social situations. On the other hand, he displayed a weakness with perceptual discrimination when speed and accuracy were needed. He also had some difficulty demonstrating flexibility in new learning situations and visual-motor dexterity. (Vol.9 Johnny Johnson’s Missouri Department of Medical Corrections Records Continued.pdf, p. 377)

WRAT-3

Scores put Mr. Johnson at the post High School level in Reading Ability - 79th percentile. His spelling scores were at the 6th grade level, or 7th percentile. Weitzl suggested that this discrepancy could indicate deliberate underperformance. “Other responses to items suggest that Mr. Johnson may display marked overreactions to stress, complain of difficulty concentrating, and experience delusions and hallucinations. In addition, Mr. Johnson’s responses indicate that he may have difficulty incorporating the value and

Re: Johnny Johnson
Competency to be executed

standards of society, engage in asocial, antisocial, and even criminal behavior. On the neurological screening, there was some evidence of mild to moderate difficulty with memory.” (Vol.9 Johnny Johnson’s Missouri Department of Medical Corrections Records Continued.pdf, p. 377)

Axis I

295.70 Schizoaffective Disorder, per history

303.90 Alcohol Dependence, in a controlled environment

Axis II

307.1 Antisocial Personality Disorder

Axis V

GAF 45

(Vol.9 Johnny Johnson’s Missouri Department of Medical Corrections Records Continued.pdf, p. 378)

22) 6/20/2007 and 6/21/2007 Psychological Evaluation, Robert Gordon PhD (Director, Forensic Evaluation Division, St Louis Behavioral Medicine Institution and Dr. Brooke Kraushaar, PsyD.

Mr. Johnson was evaluated for approximately 5 hours as part of the PCR process. The examiners reported that he was cooperative and appeared to focus “reasonably well.” His mood was described as “largely subdued and neutral,” however during the clinical examination process “he became frightened and intimidated” and broke down crying. He felt that the examiner had stared at him strangely and was “angry” with him. He responded to reassurance but was “wary” for the rest of the interview process; the examiners felt this reaction was genuine. (44. Dr. Gordon and Kraushaar Examination and Notes.pdf, p.3)

WRAT-3/Basic Academic Skills

Deficits in Reading, Spelling, and Math (22nd, 21st, and 3rd percentiles, respectively.)

Wechsler norms indicated his level of functioning was in the low average range, with scores that would place him below the 16th percentile.

- Functional IQ 85
- Performance IQ 91
- Verbal IQ 88

Wechsler Memory Scale III

Scores between the 4th and 7th percentile “on most indices.”

Mr. Johnson reported no delusions or hallucinations at the time of the examination. He endorsed a variety of symptoms on the Emotional Problems Scale including “those consistent with a thought disorder, anxiety, depression, and low self-esteem.” The EPS

Re: Johnny Johnson
Competency to be executed

was described as “valid but augmented” indicating Mr. Johnson may have been exaggerating some symptoms. This scale was given because it was felt that Mr. Johnson’s cognitive abilities did not allow for the use of the MMPI. (Dr. Gordon and Kraushaar Examination and Notes.pdf, p.3)

The examiners administered four instruments in order to determine Mr. Johnson’s competency to waive his Miranda rights. His overall understanding was limited and when questioned about Miranda vocabulary (CMV) his understanding was at the 5th percentile when compared to other offenders of low average intelligence. He scored at the 12th percentile when compared to a same-age/same intelligence cohort when asked about the nature of an interrogation.

“In other words, compared to same age adult offenders with Low-Average Intelligence, Mr. Johnson’s comprehension is worse than 95% of his peers when it comes to his right to counsel and his right to silence during an interrogation.”

“Mr. Johnson did not demonstrate an ‘intelligent’ capacity to waive his Miranda rights in the following sense: His knowledge was superficial, he was psychotic, and he showed very little capacity to reason about different circumstances and their applicability to the waiver decision.”

The examiners conclude that based on Mr. Johnson’s Low Average IQ, his lifelong history of learning disorders, and his mental illness “with a reasonable degree of psychological certainty, it is judged that his conceptual skills would not allow him to reason about and communicate material relevant to Miranda rights in a meaningful way.”

Gordon and Kraushaar concluded that Mr. Johnson “can be diagnosed with a psychotic illness, a co-occurring depressive disorder, and Low Average intellectual functioning with significant memory deficits.” (44. Dr. Gordon and Kraushaar Examination and Notes.pdf, pp.3-5)

22) 2/24/2007 and 4/05/2007 Neuropsychological Examination by Dr. Craig Beaver, PhD

WAIS II

- Full Scale IQ 88, 21st percentile
- Verbal IQ 85 16th percentile
- Performance IQ 94, 34th percentile

Verbal subtest scores ranged from <1st percentile (Letter/number sequencing) to 50% percentile (information.) Performance subtests ranged from second percentile (Digit/symbol coding) to 91st percentile (Matrix Reasoning).

Re: Johnny Johnson
Competency to be executed

Motor Functioning Grooved Pegboard Test
0.5%tile for dominant hand (right)
3rd percentile for non-dominant
Digit span
2nd percentile forward and 26th percentile reverse (WMS-R) 9th percentile overall (WAIS III)
COWF/Expressive language
3rd percentile letter fluency; 5th percentile category fluency
WTAR/Academic Skills
13th percentile reading score
Rey Complex Figure Test/Visual Perceptual and Visual Spatial <1st percentile Copy
<1st percentile Time to Copy
RAVLT (Memory Functioning) 1st percentile Trial 1
2nd percentile Trial 5
9th percentile Trial 6
14th percentile Trial 7
<1st percentile Trial 8, delayed <1st percentile Trial 9, recognition
Rey Complex Figure Test/Memory Functioning (see copy scores above)
1st percentile Recall
1st percentile Delayed
38th percentile Recognition

WMS-III (Abbreviated) Memory Functioning 3rd percentile Immediate Memory Index
8th percentile Delayed Memory Index
4th percentile Total Memory Index
Executive Functioning
Trail Making Test (Information Processing) 8th percentile Trails A; 6th percentile Trails B
Constant Trigrams (Information Processing) <1st percentile 9 seconds
12th percentile 18 seconds
0.3 percentile 36 seconds
Category Test/problem solving 34th percentile
Stroop Test Color Word Task Pr = .95; 2nd to 3rd percentile

WCST
6 categories completed; 2 failure to maintain set; >99% error rate; >99% perseverative error rate; 89 trials administered
(61 Neuropsychological Test Results, Dr. Beaver.pdf)

Expert testimony

Trial experts

12/15/2004 Deposition of Byron English, PhD on behalf of defendant

Re: Johnny Johnson
Competency to be executed

English noted that Becker did the testing, that Becker essentially wrote the reports and that, while English was “supervising,” his role involved reviewing older documents for information and was less active. (2004-12-15 Depo of Dr. Byron English.pdf, p.11) Also important to note is that English said that he was not with Becker during the entire testing process in a supervisory capacity, that at least part of the time he was elsewhere, “reviewing documents.” (2004-12-15 Depo of Dr. Byron English.pdf, p.11)

English noted that there may have been differences in the documents reviewed for the first and second evaluations of Mr. Johnson (evaluations that differed markedly in terms of test results and diagnoses) but that he did not know - that the source documents were listed in the reports and that “Dr. Becker keeps the records.”

The issue was raised that perhaps English and Becker received some documents after the report was written and before it was filed (there was at least a week between the two dates) but English said he would have no way of telling if there were documents that were or were not reviewed just by looking at them, and he was not sure which of the two reviewed which documents. (2004-12-15 Depo of Dr. Byron English.pdf, p.17)

English was queried about information about the actual crime and his view of police reports and was asked specifically whether if something was in a police report he accepted it as truth - “if the police officers write it in the report do you accept it as truth” and he responded “yes.” (2004-12-15 Depo of Dr. Byron English.pdf, p.19) Defense then asked English about the part of the second report that was Mr. Johnson’s version of events as told to English and/or Becker, and specifically addressed a section in which Mr. Johnson described injecting himself with meth mixed with liquor on the night before the murder, asking if English had ever heard of anyone doing such a thing. English said no and agreed that he did not know what effects this combination would have on a person physiologically. The questioning continued to address the differences between what Mr. Johnson told examiners and what he told police about areas such as remorse, preplanning of the killing, etc. (2004-12-15 Depo of Dr. Byron English.pdf, pp.22-24)

1/14/2005 Zafar Rehmani

Rehmani was the psychiatrist treating Mr. Johnson since January 2003 while providing services to the St. Louis County Jail. Rehmani testified that he was treating Mr. Johnson for Schizophrenia and that Mr. Johnson was receiving psychotropic medications and being housed in the infirmary section of the jail in addition to receiving both individual and group psychotherapy. This treatment had not been continuous because Mr. Johnson had been incarcerated in other facilities at different times.

Rehmani said that Mr. Johnson was taking amitriptyline for depression and anxiety, Seroquel for psychosis, Valium for anxiety and Propranolol for anxiety. Rehmani said that the decision about medications was based on an interview with Mr. Johnson, and review

Re: Johnny Johnson
Competency to be executed

of records from an earlier jail stay in 2001 and “my conclusion was that he was hallucinating, he had a lot of anxiety symptoms and depressive symptoms.” Rehmani said that Mr. Johnson had been on medications consistently while in jail but that the medications had changed depending on the facility in which he was incarcerated. He indicated that Mr. Johnson had been “fairly compliant” with taking his medications but that he had exhibited some signs of schizophrenic behavior such as auditory hallucinations.

Rehmani also said that Mr. Johnson had a history of self-injuring behavior and that he was aware of an incident in the St. Louis Jail during which Mr. Johnson was banging his head on the door of his cell. (2005-1-14 Rehmani Dr. Zafar [GP Testimony].pdf)

1/14/2005 Dr. John Rabun

Rabun did a psych evaluation of Mr. Johnson in 2001 and diagnosed him with Schizophrenia, undifferentiated type. Rabun had a private practice and worked for the State of Missouri Department of Mental health as a forensic psychiatrist. He evaluated Mr. Johnson when he was housed at the St. Louis Psychiatric Rehab Center from October 2001 until mid-January 2002.

He noted that Mr. Johnson had a history of treatment for psychiatric problems starting as a young teen when he was hospitalized for attempted suicide; he said there were other suicide attempts in Mr. Johnson’s records after this first attempt. He also had issues with alcohol and drug use, and with depression and Rabun noted, as he wrote in his report, when he reviewed Mr. Johnson’s records in 2001, he had already been diagnosed with depression, substance abuse, and schizoaffective disorder.

Rabun also reported that he had learned from his records review that Mr. Johnson was sexually molested as a child, he had been diagnosed with a learning disability, he had a history of self-mutilation, and there was a family history of substance abuse and mental illness (including a brother with Schizophrenia).

Rabun went on, under questioning, to explain the criteria for Schizophrenia and the reasons he made his diagnosis of Mr. Johnson. He also reported that the records he reviewed indicated that IQ testing of Mr. Johnson in 1996 had found an IQ of 93, but that he himself had not given Mr. Johnson an IQ test.

He repeated what he said in the 2001 report, that in certain situations Mr. Johnson could be at unacceptable risk of being violent toward himself or others, but that he left the final decision on probation to the court. The prosecution focused on a line of questioning involving Mr. Johnson’s prior and current abuse of drugs that could cause hallucinations, including LSD, and proposing those as the cause of his criminal behavior rather than the Schizophrenia driving the behavior.

Re: Johnny Johnson
Competency to be executed

The prosecuting attorney noted that medical records from November 1996, when Mr. Johnson was discharged from Metropolitan Psychiatric Hospital, indicated that he left with a diagnosis of psychostimulant dependence, probable malingering, and antisocial personality disorder. The defense attorney then noted in further questioning that when discharged, Mr. Johnson was given no medication and was told simply to attend Alcoholics Anonymous. Rabun pointed out during this questioning that Mr. Johnson had experienced delusions and hallucinations while not under the influence of illegal drugs although he said he could not completely rule out that LSD flashbacks could have been affecting Mr. Johnson. (2005-1-14 Rabun, Dr. John [GP testimony].pdf)

1/14/2005 Karen Cotton-Willigor Cotton-Willigor was the clinical psychologist who did an intake evaluation at the St. Louis County Jail along with therapy, psychiatric referrals, and crisis intervention. She first evaluated Mr. Johnson during an August 2001 intake at the jail when there were concerns he was suicidal. After her evaluation, Mr. Johnson was admitted to the psychiatric infirmary because of both depressive and psychotic symptoms. She provided therapy for him during that jail stay and had also seen him whenever he was returned from the penitentiary for court proceedings in St. Louis.

Cotton-Willigor said she was aware that Mr. Johnson had a learning disability as a child and that he had had mental illness and substance abuse issues; she knew he had diagnoses of schizoaffective disorder and Schizophrenia. She evaluated Mr. Johnson on 7/29/2002 after his arrest in the death of Casey Williamson to determine whether he needed placement in the psychiatric infirmary or whether he was stable enough for placement in the general population. She determined that he needed to stay in the infirmary. He told her he was taking Zyprexa since a recent hospitalization and that it had been helpful, but she could not say whether he had been taking it before his arrest.

At the time of this post-arrest evaluation, Mr. Johnson denied psychotic symptoms, however he had endorsed multiple psychotic symptoms during her previous evaluation of him in 2001, Cotton-Willigor said. She said during the post-arrest evaluation they did not discuss the criminal charges in great detail but that Mr. Johnson told her he wanted to be put to death by the state. She said that her job was to help him cope with the actual process of being in jail, not to deal with legal issues and details of the crime. However, she said he told her he felt that what he did was wrong and that he did not believe his actions had had anything to do with his mental illness. She added that Mr. Johnson was not the most reliable reporter and noted that he had made inconsistent statements in the past about things such as drug abuse and his acceptance of his girlfriend's infidelity.

While Mr. Johnson was not suicidal at this evaluation, unlike in 2001, Cotton-Willigor said she recommended that he be placed in the psychiatric infirmary based on her previous evaluation. "I had diagnosed him with Schizophrenia and also post-traumatic stress disorder as well as borderline personality disorder and because of these particular

Re: Johnny Johnson
Competency to be executed

illnesses we predicted he would have a difficult time coping with some of the stressors” involved with being in jail “and we were likely to see some emotional instability and some slippage in terms of the possibility of him becoming suicidal and perhaps decompensating and perhaps becoming psychotic.” (2005-1-14 Cotton-Willigor Dr. Karen [GP testimony].pdf p.3)

Cotton-Willigor said that Mr. Johnson had returned to the jail from the penitentiary at least six times since his arrest and each time he stayed in the psychiatric infirmary.

1/15/2005 Trial testimony of Byron English

English was a psychologist and forensic examiner for the Missouri Department of Mental Health. English was working part-time, having retired in September of 2003. English was queried regarding the reports he and Becker did documenting their two evaluations of Mr. Johnson in late 2003 and early 2004.

English was less clear in his testimony than he was in his deposition several weeks prior in terms of who did what when Mr. Johnson was being evaluated. Becker was in the process of being certified as a forensic examiner and English was supervising him. Note that during the deposition he clarified that the two reports were written by Mr. Becker, the psychological testing was conducted by Mr. Becker, that English was not present in the room for all of the psychological testing, that he did not have the actual documents used as background - that Becker kept them - and that he wasn't sure that all documents received before the report being delivered were actually reviewed for the report.

English repeated that the first evaluation, in which Mr. Johnson was given the WAIS and the WRAT, indicated that Mr. Johnson had a borderline to low average mental capacity, but said he and Becker felt that his IQ was higher than that given how they conversed and that they later found he had a higher IQ, although note that this “higher IQ” was not found with any testing they did. Asked to explain why the WRAT test scores were at early grade school level in the first administration and high school level in the second, English said that it indicated that Mr. Johnson was deliberately underperforming in the first administration of the test.

Asked about the different diagnoses, English pointed to the fact that the first evaluation was for trial competency while the second was for both trial competency and responsibility at the time of the crime, thus explaining his self-described most-important Axis I diagnosis of Methamphetamine intoxication; he said this diagnosis referred to Mr. Johnson's state at the time of the crime not at the time of the evaluation.

Next, English was questioned about whether Mr. Johnson was having command hallucinations while he was carrying Casey to the glass factory. Mr. Johnson said he was hearing voices telling him to expose himself to Casey. English indicated that the fact that

Re: Johnny Johnson
Competency to be executed

Mr. Johnson did not act on the hallucinations right away showed that they were not, in fact, command hallucinations. He was asked the following question: “For instance, if an individual was receiving a command hallucination, a voice telling him to expose himself, would he continue to walk a full mile before exposing himself, is that a true command hallucination?” English replied no, and said a person receiving such a command would need to act “fairly immediately” otherwise they would be “overwhelmed by anxiety, they would be afraid that they would lose their mind if they were aware of what was going on, and that’s, you know, a truly psychotic individual, you know, that follows the commands of these hallucinations.” English concluded that the voices were not triggered by psychosis but rather by the meth that Mr. Johnson said he had used during the prior 24 hours. (2005-1-15 English, Dr. Byron [GP Testimony].pdf, pp.7-8)

English testified that if someone was truly psychotic they would not be able to have an awareness that the voices were not real. In lengthy discussions of the varied IQ scores reported for Mr. Johnson over the years, English was asked whether with an IQ score of 70, indicating borderline mental retardation, use of an adaptive scale or instrument would be considered. English replied no, not for that score and not for the type of evaluation being done. (2005-1-15 English, Dr. Byron [GP Testimony].pdf, pp.11)

Later, English was asked about why in the second evaluation a diagnosis of malingering was added, with the qualifier it was partial malingering. “... it was our impression that he was malingering some of the symptomology. We included - we said it was partial because there were some voices there but he was probably exaggerating, you know, the effect that the voices were having on him and then we also had the malingering in that because he had - did not perform as well as he could have on the first IQ test that we did.”

Asked about Mr. Johnson’s having diminished mental capacity raised by the defense, English said there was no indication to him that Mr. Johnson was unable to deliberate on his actions before taking them. “He planned, he planned the whole thing,” English said, detailing all the planned actions. However, he acknowledged that this belief was based on information in police records, not in statements that Mr. Johnson had made to English and/or Becker. He also acknowledged that in his evaluation, he did not find Mr. Johnson to be a reliable reporter (raising the question of why he could then be considered a reliable reporter in his discussions with the police to the point that English said conclusively that Mr. Johnson’s actions were deliberate and planned.) (2005-1-15 English, Dr. Byron [GP Testimony].pdf, pp.12-13)

Later, under defense questioning, English acknowledged that he was aware that Mr. Johnson was in special education classes, that he had a history of suicide attempts, of self-mutilation, of bedwetting that continued into adulthood, physical abuse, sexual molestation, emotional abuse, multiple hospitalizations for psychotic symptoms such as hallucinations, and substance abuse treatment. He also acknowledged that Mr. Johnson

Re: Johnny Johnson
Competency to be executed

had a brother and an aunt who both had Schizophrenia and that Mr. Johnson at the age of 13 - shortly before his first suicide attempt - witnessed his grandfather's death and felt partially responsible for it because he was looking directly in his eyes when he died.

Again, English continued to conflate IQ and achievement tests, referring to the IQ scores going up on the second "IQ test" when in fact he was referring to the WRAT, and the point of giving that test was not to determine IQ for cognitive ability but simply to determine if Mr. Johnson had a reading level high enough to allow the administration of the MMPI. (2005-1-15 English, Dr. Byron [GP Testimony].pdf, pp.16)

Defense counsel pointed out that Mr. Johnson failed first and second grade and that at the age of 14 he was unable to subtract seven from 100 and could not name the president of the United States. (2005-1-15 English, Dr. Byron [GP Testimony].pdf, p.19) Defense counsel also queried whether it was reasonable to assume that hallucinations still being experienced after two years of consecutive imprisonment should be attributed to drug abuse rather than psychosis. English maintained that it was known that Mr. Johnson's hallucinations "were there as a result of his drug abuse" and reiterated that if you know they are hallucinations then by definition they are NOT hallucinations. "He had, he had - he still had some intact reality testing, you know, because he knew these voices were the result of his drug abuse, that's why he abused drugs." Pushed further, English acknowledged that, in fact, Mr. Johnson never told him he did use drugs so he would have hallucinations, but rather that he was capable of telling him that, even if he didn't. (2005-1-15 English, Dr. Byron [GP Testimony].pdf, p.18)

Asked to clarify the "partial malingering" diagnosis, English said that "yes, there were voices there, they were substance induced but he was - it was our opinion that he was exaggerating the severity of them." English also discussed Mr. Johnson's visual hallucinations in his testimony - hallucinations he was still having while incarcerated involving things like figures that disappear and cracks forming in walls and stated that "that's not the type of hallucination that an individual with psychosis reports. That's the type of individual that - that somebody who is using drugs can see." (2005-1-15 English, Dr. Byron [GP Testimony].pdf, p.11)

Delany Dean, PhD, JD Forensic Psychologist (Guilt Phase testimony, 1/15/2005)

Dean testified that she met with Mr. Johnson four different times, in several different facilities and that he was on medication at all the meetings, although the exact medicine regimen varied depending on time and facility.

She said that she administered the MCMI III to Mr. Johnson two different times to see if his symptomology was consistent. There was some evidence that he exaggerated his symptoms, but she said testing clearly indicated that he had symptoms of psychosis and depression. She found an IQ of 85 using the Shipley test. As for the Stroop test, Dean testified that "the Stroop told me that his functioning with respect to the task that is

Re: Johnny Johnson
Competency to be executed

asked of a person with the Stroop, was very poor. That he had great difficulty coping with the task.” She said she felt those results reflected Mr. Johnson had a learning disability and had issues with rapid mental shifting and with reading.

Dean described Mr. Johnson’s educational history as “just a big mess.” Additionally, she said he had “significantly subaverage intellectual functioning,” deficits in his home living situation and in his functional academics with all deficits existing before he was 18, and that she believed his IQ to be in the borderline to low average range. She said he would be at an “OK level” for functioning independently if the intellectual deficits were the only thing wrong with him. (Dean, Dr. Delany [GP Testimony].pdf, p.12)

1/17/2005 Testimony of Wanda Draper, PhD

Draper was professor emeritus at University of Oklahoma Health Sciences Center School of Medicine. Her testimony came during the penalty phase of the trial. Mr. Johnson was raped while in prison. He continued self-mutilation in prison. (2005-1-17 Draper, Wanda [PP Testimony].pdf, p.17)

11/30/2009-12/1/2009 Pablo Stewart PCR Testimony

Psychiatrist, faculty at the University of California/San Francisco School of Medicine. Had done significant work with dual diagnosis cases.

“...(S)omebody told you in the records, self-reported that he uses drugs, again without any objective verification and then it becomes somehow, you know, written in stone in the records so that everyone seeing him subsequently just immediately jumps on that.” ... “certainly there is no objective evidence of his using LSD, amphetamines, or crack.” (Pablo Stewart PCR Testimony.pdf p.86) Toxicology screens were only positive for marijuana and alcohol he said (Pablo Stewart PCR Testimony.pdf p.88) (although there is one report of a positive test for during a hospitalization well before the crime, when Mr. Johnson was 18.)

There was discussion in this testimony regarding flashbacks and hallucinations being attributed to LSD when there was a lack of drug tests indicating LSD use. There was more discussion about a report by Dr. Tiongsen saying that Mr. Johnson had no mental illness but then recording he prescribed Thorazine. (Pablo Stewart PCR Testimony.pdf p.84)

Stewart noted that there were “lots of people referring to flashbacks” but that drugs that Mr. Johnson was found to have used were not likely to have caused them, and people were “referring to them as if they are a given diagnosis when in fact they are not.” (Pablo Stewart PCR Testimony.pdf p.96)

In terms of hallucinations being caused by drugs vs. psychosis, Stewart said that “(a) hallucination is a hallucination. One cannot determine the etiology by the type of symptom.” (Pablo Stewart PCR Testimony.pdf p.103) He refuted the idea that genuine

Re: Johnny Johnson
Competency to be executed

command hallucinations must be acted on immediately. (Pablo Stewart PCR Testimony.pdf p.105)

As testimony continued, Stewart once again noted the absence of positive drug tests. “I find it amazing that people rush to make that diagnosis of substance abuse in the absence of urine toxicology.” (Pablo Stewart PCR Testimony.pdf p.113) He also pointed out that Mr. Johnson had visual, auditory and somatic hallucinations and it is unusual to get “persistent” auditory and somatic hallucinations with LSD intoxication or flashbacks. (Pablo Stewart PCR Testimony.pdf p.123)

Stewart pointed to Rabun’s report as the first time anyone did a “thoughtful analysis” of Mr. Johnson’s psychotic symptoms (Pablo Stewart PCR Testimony.pdf p.129) He also pointed out that Rabun clearly understood that antisocial behaviors that occurred as a symptom of Schizophrenia didn’t warrant a diagnosis of antisocial personality disorder. (Pablo Stewart PCR Testimony.pdf p.130)

Stewart continued that just before the murder, Mr. Johnson began missing appointments with his psychiatrist, his social worker, and his probation officer, and that the social worker along with Mr. Johnson’s mother and girlfriend all noticed his behavior seemed off and there was a thought he had stopped taking his medications. (Pablo Stewart PCR Testimony.pdf p.143)

In terms of the Becker/English diagnoses and findings, Stewart stated that he did not agree with them and that they ignored what was in Mr. Johnson’s history and records in terms of Schizophrenia/psychosis. (Pablo Stewart PCR Testimony.pdf p.160) Delany Dean’s findings were discussed, and it was noted that she did not appear to have any experience in dual diagnosis. (Pablo Stewart PCR Testimony.pdf p.162) Stewart also said it was “unclear” to him how Dean could arrive at a diagnosis of personality disorder.

And in terms of Mr. Johnson at the time of the crime experiencing “intense hallucinations that significantly interfered with his capacity and normal decision-making, well, they certainly weren’t due to drugs, because there is no evidence that Mr. Johnson had been using drugs,” referring to the lack of drug-related metabolites found in Mr. Johnson’s urine within a time frame after the crime in which they would have been expected to be present.” (Pablo Stewart PCR Testimony.pdf p.167)

Becker and English’s second report had as their primary and Axis I diagnosis of methamphetamine intoxication with perceptual disturbances, and they said this was made in reference to Mr. Johnson’s mental status at the time of the crime. Stewart responded that “you can’t have perceptual disturbances behind methamphetamine unless you use methamphetamine and there’s no evidence in the record that he used methamphetamine.” (Pablo Stewart PCR Testimony.pdf pp.173-174)

Re: Johnny Johnson
Competency to be executed

“You have to remember that Mr. Johnson ... suffers from a chronic psychotic disorder, possibly with a mood disorder thrown in there with it, so he is seriously mentally ill and has demonstrated significant cognitive deficits, we have a psychotic person with significant cognitive deficits who’s making statements about using drugs that aren’t true.” ... “I don’t think he’s lying, I think that he’s psychotic, with cognitive impairment and bad memory.” (Pablo Stewart PCR Testimony.pdf p.176-177)

English and Becker reported that Mr. Johnson said he wanted to use drugs so he could hallucinate, but Stewart said in his discussions with Mr. Johnson the only indication he had about hallucinations experienced by Mr. Johnson was, “He was plagued by his hallucinations and wished they would stop.” (Pablo Stewart PCR Testimony.pdf p.178)

Stewart spent at least four hours evaluating Mr. Johnson face to face and noted that he discussed auditory hallucinations and displayed “dissociative flashbacks.” He did not do any cognitive testing because of what he described as Mr. Johnson’s “very slow speech.” (Pablo Stewart PCR Testimony.pdf pp.191-193)

Non-Expert testimony

1/14/2005 Dahley Dugbatey trial testimony.

Dugbatey was a community support worker for Mr. Johnson in 2002. She worked at Adapt, an agency funded by the Missouri Department of Mental Health. The role was to help individuals transition from mental hospital stays, by helping them with psych appointments, meds, finding places to stay, etc. She found him a psychiatrist and took him to his appointments. Dugbatey said at that point Mr. Johnson was taking Zyprexa, Trazodone, and Paxil; she also arranged for his prescription refills and for him to get a Medicaid card.

She met with Mr. Johnson from 2/12/2002 to 6/28/2002. She said it was going well, but that in June things changed. He mentioned that his probation officer had seen him in a bar. She said their conversations changed as well that Mr. Johnson’s “reality seemed a little off.” He stopped showing up for meetings and she was unable to get in touch with him. He was sent a letter on July 15, 2002, saying that if he did not get in touch by the end of July, they would assume he no longer wanted services. This letter also went to his probation officer and Dugbatey said she hoped that Mr. Johnson’s grandmother or the probation officer or someone else would make it clear to Mr. Johnson he had to continue the meetings or risk returning to the mental hospital. Dugbatey said she did not hear from the probation officer until the abduction and murder of Casey Williamson were being reported on television. (2005-1-14 Dugbatey, Dahley [GP Testimony].pdf)

1/17/2005 Shirley McCulloch penalty phase testimony.

McCulloch was a former librarian and kindergarten teacher at Kaiser Elementary School. McCulloch knew Mr. Johnson when he was in kindergarten and first grade. She was also on the school’s IEP team for Mr. Johnson. She recalled him as a “very sweet little boy”

Re: Johnny Johnson
Competency to be executed

and “not disruptive.” She said that while he loved stories, he seemed very “limited” or “challenged” academically and did not spend a lot of time with the other students his age. She also noted that he was in and out of the school where she worked because of family relocations and noted that this type of change was unusual for that school.

2009 Pamela Strothkamp-Dapron Testimony, PCR testimony

She was a special education teacher who worked with Mr. Johnson in 1991 and 1992 in the Northwest R-1 School District when he was in 6th grade. She was concerned that Mr. Johnson seemed to have “an inability to attend to what was being spoken, a lack of understanding of language. He appeared to be language impaired and as a normal part of my duties I made recommendations for testing.” (Pamela Strothkamp-Dapron PCR Testimony.pdf, p.11)

Mr. Johnson was one of 10-12 students in her special education class and he “didn’t seem to fit in” and was very different both in terms of how much he lagged behind and because he was two years behind where he should have been chronologically. He was about 13 and the other students were around 11. (Pamela Strothkamp-Dapron PCR Testimony.pdf, p.14)

Strothkamp-Dapron said the other students in her special education classroom “ridiculed” Mr. Johnson, at least in part because he was older but also because “he was dirty” and “he smelled.” She said that in going through Mr. Johnson’s files to develop his IEP she noticed that many of the issues he had that were noted when he was in kindergarten looked to her like they indicated neurological problems. She said that if she had been involved and had seen that, and had also seen that the problems continued, she would have suggested to Mr. Johnson’s mother that he be taken to see a neurologist. (Pamela Strothkamp-Dapron PCR Testimony.pdf, p.33)

Strothkamp-Dapron said she contacted CPS several times during the year she taught Mr. Johnson. She said she was concerned because he was dirty, and that he had bruises on his body - especially since some of the bruises seemed to be obvious handprints. She said these bruises appeared on the back and side of his neck, and around his throat, and also on his back and legs. (Pamela Strothkamp-Dapron PCR Testimony.pdf, p.48)

Corrections Records Excerpts

10/26/2022 Crisis intervention. Mr. Johnson’s cellmate reported that he was yelling at his tablet and talking to himself and yelling at night; Mr. Johnson reported that he was having an increase in AH. Medications were changed recently. (2022-10-31 Complete Medical History 2.pdf, p.452)

9/23/2022 Mr. Johnson reported that he no longer got visits from his family because “half his family died from COVID” including his mother, grandmother, son and some aunts and uncles. (Note: No indication that this is true.) He said his sleep was “iffy” and

Re: Johnny Johnson
Competency to be executed

he often kept himself awake by talking to himself. (2022-10-31 Complete Medical History 2.pdf, p.445)

2/28/2022 Some paranoia, some voices, erratic mood. (2022-10-31 Complete Medical History 2.pdf, p.424)

9/30/2021 Mr. Johnson reported that he was still having constant auditory hallucinations - more than one voice calling his name and constant slamming of doors. (2022-10-31 Complete Medical History 2.pdf, p.409)

9/24/2021 Suicide watch. Said "I'm a vampire and I might as well kill myself." Reported the next day he swallowed razors. (10-31-2022 Complete Medical Records.pdf, p.428-431)

9/15/2021 Had recently punched television because he believed staff members were watching him. Had increased paranoia, had pulled away from his family because he said they lied to him. Having auditory hallucinations telling him others are out to get to him. Said he was having increased distress because of the pending execution of another inmate. (2022-10-31 Complete Medical History 2.pdf, p.400)

1/21/2021 Mr. Johnson reported hearing more voices, said he was unable to sleep and that his meds were not working. (2022-10-31 Complete Medical History 2.pdf, p.375)

11/2/2020 "I am starting to hear voices." Reported concerns about his death penalty appeals running into difficulties. Voices had been telling him he was worthless. (2022-10-31 Complete Medical History 2.pdf, p.365)

5/7/2020 Racing mind, inability to focus, hearing male and female voices in his head telling him people were talking about him, it's the end of the world or he is God. Sleeping only 2-3 hours per night. (2022-10-31 Complete Medical History 2.pdf, p.347)

2/11/2020 Requested a psych visit because he had been hearing voices and was becoming "A little paranoid." (2022-10-31 Complete Medical History 2.pdf, p.342)

4/12/2018 Mr. Johnson reported that it had been four years since he had had any visitors. Doing yoga, drawing, reading religious material; symptoms seemed well controlled by medication. Still having issues with enuresis. (2022-10-31 Complete Medical History 2.pdf, p.297)

8/25/2017 Currently studying yoga and meditating twice a day. (2022-10-31 Complete Medical History 2.pdf, p.287)

9/28/2016 Mr. Johnson checked himself into adseg because he had been hearing laughter and voices telling him people were out to get him for the past several weeks and he felt safer in adseg. (2022-10-31 Complete Medical History 2.pdf, p.260)

5/12/2016 Mr. Johnson reported that he was practicing Wicca. Had a few experiences of hearing voices calling his name but they seemed to have stopped. Speaking with his mother and son weekly. (2022-10-31 Complete Medical History 2.pdf, p.253.)

2/20/2014 Hallucinations limited to hearing a little mumbling and seeing some shadows. (2022-10-31 Complete Medical History 2.pdf, p.193)

4/22/2018 Enuresis issues continuing. (10-31-2022 Complete Medical Records.pdf, p.363)

1/28/2013 Still hearing voices making fun of him but did not seem disturbed. (2022-10-31 Complete Medical History 2.pdf, p.155)

Re: Johnny Johnson
Competency to be executed

1/10/2012 Increase in agitation and increase in voices making fun of him. (2022-10-31 Complete Medical History 2.pdf, p.123)

10/20/2011 Reported that Zyprexa had helped to stop hallucinations. Said bedwetting had begun again after Imipramine was stopped and he wanted it resumed. (2022-10-31 Complete Medical History 2.pdf, p.117)

8/31/2011 Refusing meds. (10-31-2022 Complete Medical Records.pdf, p.146)

7/18/2011 Mr. Johnson reported that this was the month of his crime, and he was experiencing more hallucinations than usual, which had been a pattern for several years. (2022-10-31 Complete Medical History 2.pdf, p.105)

8/27/2010 Visual and auditory hallucinations plus anxiety and panic attacks after noncompliance with meds. (2022-10-31 Complete Medical History 2.pdf, p.67)

8/4/2010 Refusing meds. (10-31-2022 Complete Medical Records.pdf, p.122)

1/12/2010 Annual Review. Auditory hallucinations about 3 times a week for about two hours in the form of humming sounds and mumbles. Working in the facility kitchen. (2022-10-31 Complete Medical History 2.pdf, p.51)

5/1/2008 Suicide watch. Said voices were telling him to kill himself. (10-31-2022 Complete Medical Records.pdf, p.42)

1/9/2009 "Offender Johnson has a schizoaffective diagnosis and a low average IQ which results in poor judgment and impulsive behaviors on his part. This writer has not been able to complete an evaluation on him because of his refusals and his placement in Ad Seg. He is currently stable on his medication." (2022-10-31 Complete Medical History 2.pdf, p.31)

12/19/2007 Deep abrasion/self-mutilation reported on left arm in shape of "K." (10-31-2022 Complete Medical Records.pdf, p.11)

1/26/2007 Reported that he is studying books from the library on different religions and "we discussed and processed the similarities between religions." (2007-5-14 Potosi Mental Health Records.pdf, p.102)

12/21/2006 Said he enjoyed reading and was waiting for a couple of books on Latin to arrive because he wanted to study it. (2007-5-14 Potosi Mental Health Records.pdf, p.100)

7/14/2006 Mr. Johnson reported that he had been swallowing objects because "the Tin Man" told him to do so. (2007-5-14 Potosi Mental Health Records.pdf, pp.90)

3/29/2005 Wrote "die" in feces on the window to his cell. (2007-5-14 Potosi Mental Health Records.pdf, pp.65)

3/28/2005 Mr. Johnson was found in cell cutting himself with a razor blade. Placed on full suicide watch in full restraints. (Vol.9 Johnny Johnson's Missouri Department of Medical Corrections Records Continued.pdf, p. 384)

3/8/2005 Mr. Johnson had received his death sentence the week before. He reported an increase in nightmares and hallucinations (Vol.04 Johnny Johnson's Department of Corrections Mental Health Records.pdf, p.61)

11/19/2004 Suicide Intervention Report: "Out of control. Head banging, numerous self-induced scratches on chest and arms." Rubber room, full suicide watch. Reported hearing voices and that he could hurt himself and he knew how. (Vol.9 Johnny Johnson's

Re: Johnny Johnson
Competency to be executed

Missouri Department of Medical Corrections Records Continued.pdf, p. 48)
11/04/2004 Mr. Johnson stated that he had been arrested for the murder of the 7-year-old son of a friend. He said at the time he had stopped taking his psych meds because he had discovered his wife was cheating on him. He was using meth after he stopped taking the meds, he said, because “that was one way out.” (Vol.04 Johnny Johnson’s Department of Corrections Mental Health Records.pdf, p.47)
11/2/2004 Stressed out, said he had not slept in 3 days. Body physically shaking. (2007-5-14 Potosi Mental Health Records.pdf, p.43)
8/10/2004 Did not want to take antipsychotics. Said he was hearing voices and that “I am not from this dimension. I was born in this world but my soul is from a different world.” (2007-5-14 Potosi Mental Health Records.pdf, p.41)
5/24/2004 Mr. Johnson complained of hearing voices again but said the voices themselves bothered him less than the fear and anxiety he felt when he heard them. (Vol.04 Johnny Johnson’s Department of Corrections Mental Health Records.pdf, p.39)
2/27/2004 Placed on suicide watch after being found in cell scratching up his arms. Said he felt like there were bugs crawling inside of him and he had to get them out. (2007-5-14 Potosi Mental Health Records.pdf, pp.27)
2/20/2004 DX Schizoaffective Disorder, Mood Disorder Secondary to Polysubstances, Polysubstance Dependence. “Symptoms of psychosis and depression. Frequently experiences mood swings, feelings of unreality, auditory/visual hallucinations, and feelings of paranoia. (Vol.9 Johnny Johnson’s Missouri Department of Medical Corrections Records Continued.pdf, p. 61)
10/07/2003 Complained of anxiety attacks and “seeing little men on mice.”
6/16/2003 Reported that voices were getting so loud that they were screaming at him.
6/10/2003 Mr. Johnson reported that he had been raped by another inmate about two weeks prior. (2007-5-14 Potosi Mental Health Records.pdf, pp.10)
6/7/2003 Placed on full suicide watch after reporting that he swallowed contents of toothpaste tube and wanted to hurt himself. (Vol.9 Johnny Johnson’s Missouri Department of Medical Corrections Records Continued.pdf, p.68)
2/13/2003 - Potosi Correctional Center Mental Health. He reported that the voices in his head (previously) had told him to “kill, kill, kill.” Said he used to practice necromancy. He said there were times when might have been having a conversation with someone and out of the blue would get an urge to punch or beat them. (2007-5-14 Potosi Mental Health Records.pdf, pp.7-9)
1/7/2003 Found with his knuckles bleeding. Said he had been hitting the cell door because other inmates were making jokes about him. (Vol.04 Johnny Johnson’s Department of Corrections Mental Health Records.pdf, p.13)
11/6/2002 Mr. Johnson told jail staff he was suicidal - that “he was thinking about what he did to that little girl and that he wanted to kill himself by hanging himself.”(Vol.07 Johnny Johnson’s Jail and Prison Records.pdf, p.11)

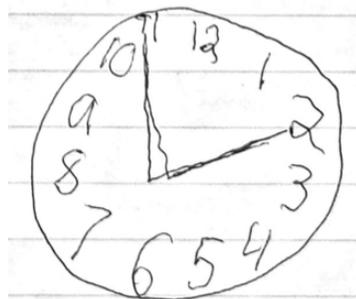
Re: Johnny Johnson
Competency to be executed

Formal Mental Status Examination:

Mr. Johnson is of average height and build, dressed in jail attire. His grooming appeared somewhat unkempt. He was cooperative though guarded. He had reasonable eye contact with his examiner throughout the interview. His speech was generally within normal limits, though he would abruptly stop talking (thought blocking) at times. He was oriented to person, place, time and situation. He endorsed a "fine" mood overall. His affect was flat. He endorsed current auditory hallucinations and I witnessed him experience them contemporaneously. There was evidence of paranoid and grandiose delusions, as described earlier. He denied any homicidal or suicidal thoughts or attempts in the recent past. His thought processes were tangential and illogical at times. He repeatedly lost his train of thought. His insight and judgement were poor.

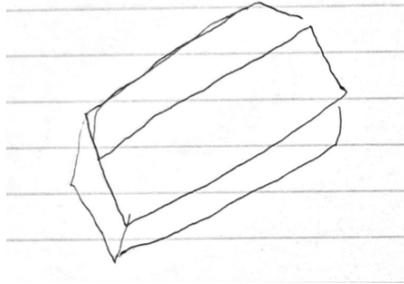
As part of my neuropsychiatric examination, I conducted a number of neurologic screenings. Mr. Johnson could not follow and demonstrate an organized series of hand movements and made perseverative errors (a sign of frontal lobe impairment). He could not accurately recall a short story fifteen minutes after I read it to him. When asked to name all the letters of the alphabet that rhyme with the word "key," he incorrectly responded, "all of them." He said that 54 divided by 3 was 7. He believed Labor Day was "August 28th." He knew the capitals of Missouri and the United States, but not England or France. He incorrectly approximated the average length of the human spine as "2 feet," and said the ceiling in our interview room was approximately 12 feet high, when it appeared to me to be closer to 16. He could not name similarities between common objects. He made errors when asked to make simple change and could not solve a more complicated math problem.

When asked to draw a clock face, showing all the numbers, and to set the hands at "11:10," he incorrectly drew two long hands and did not adequately space between numbers:

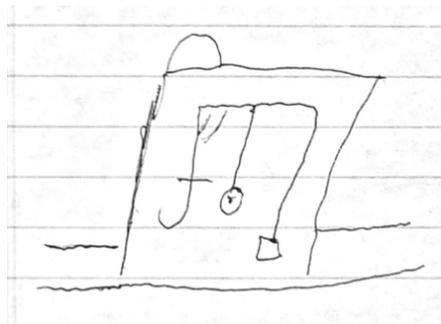


Re: Johnny Johnson
Competency to be executed

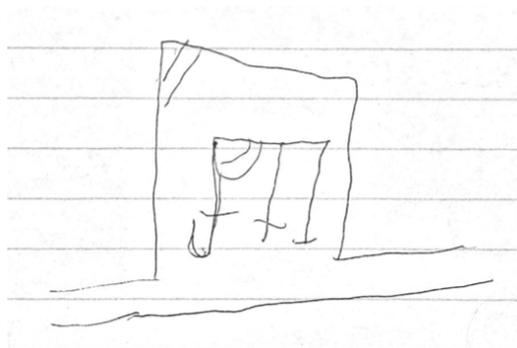
When asked to copy a three-dimensional cube he incorrectly drew:



When asked to draw a complex figure after being shown a picture of it, he drew:

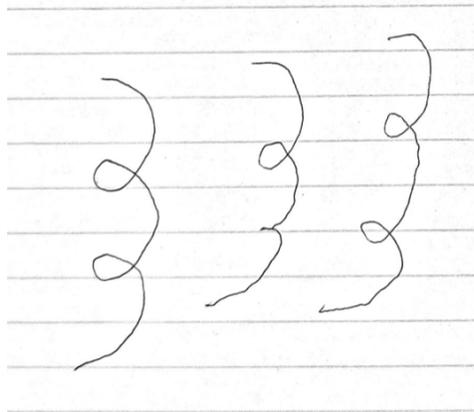


After approximately fifteen minutes, he was asked to draw this figure from memory. The image degraded as follows:

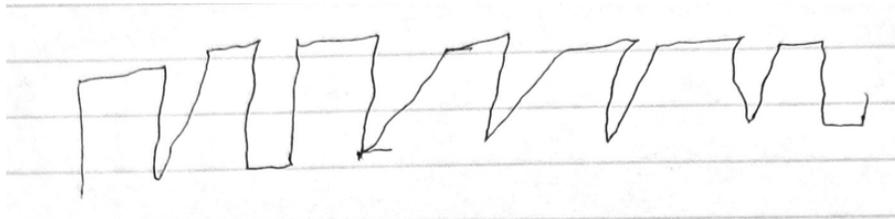


Re: Johnny Johnson
Competency to be executed

Mr. Johnson was asked to copy three looping lines. He incorrectly drew:



He made errors in copying a sequence of rectangles and triangles as well:



He was able to correctly place his left thumb to his right ear. When asked to tell a story about what was happening in this picture:



Re: Johnny Johnson
Competency to be executed

He responded concretely by describing parts of the picture rather than the theme. He could not correctly interpret three proverbs. For example, when asked to interpret “people who live in glass houses shouldn’t throw stones,” he responded, “it all falls apart, the glass will break. It’s the butterfly effect.”

When asked to name all the words he could think of that start with the letter “S” in one minute, he named six. The general cutoff is twelve. When asked to name all the animals he could think of in one minute, he could only name nine and had difficulty “switching sets.” The general cutoff is eighteen. He could not correctly repeat three sets of seven-digit numbers backward.

In total, failing these screenings indicates a high likelihood of frontal and temporal lobe damage/dysfunction, which is consistent with, and confirmed by, Dr. Beaver’s 2007 neuropsychological battery. When asked simple standard questions to detect for overt malingering such as the colors of the United States flag and how many legs a dog has, he answered these questions correctly.

Assessment:

Based on my clinical interview and review of collateral information, it is my opinion, to a reasonable degree of psychiatric certainty, that Mr. Johnson is **not** competent to be executed.

Mr. Johnson has a long-documented history of psychotic mental illness. He has been diagnosed with Schizophrenia, and his clinical presentation is most consistent with this. He has a long history of hallucinations, delusions, and disorganized thinking, dating back decades. He exhibited tangential thought processes, grandiosity, and thought blocking. Mr. Johnson conveyed paranoid and grandiose delusions which he clearly believes are real.

According to the neuropsychological testing by Craig Beaver, Ph.D., Mr. Johnson demonstrated significant deficits in executive functioning and memory impairment. The types of damage detected by Dr. Beaver’s battery are consistent with Mr. Johnson’s poor performance on neurocognitive screenings with me. These deficits were primarily in the frontal and temporal lobes. These areas of the brain are responsible for memory, affect and mood regulation, impulse inhibition, effective weighing and deliberating, and the ability to see the long-term consequences of behavior. Mr. Johnson has a long history dating back to childhood of poor academic performance and learning disabilities.

Mr. Johnson is aware he is on death row and that he was convicted of murder. However, he does not have a rational understanding of the link between his crime and his punishment. His understanding of the reason for his execution is irrational and

Re: Johnny Johnson
Competency to be executed

delusional, because he believes it is Satan “using” the State of Missouri to execute him in order to bring about the end of the world and that the voice of Satan confirmed this plan to him. He believes he has been marked with the “Seventh Sign” and the world will be destroyed were he to die. His belief that he can change this plan by going into the judge and lawyers’ heads to influence them to not execute him is likewise irrational and delusional, as is his belief that the spirits of the underworld can influence the State to not execute him for Satan’s purposes. He endorsed delusional beliefs about his mortality, and while he conceded he “thinks” he would die by lethal injection, his statements that he is a vampire and able to “reanimate” his organs, and his belief he can enter an animal’s mind if he can learn the right “code” in order to go on living after his execution show that he does not have a rational understanding of the finality of his punishment.

Mr. Johnson, despite treatment with appropriate and significant doses of powerful antipsychotic medications, remains floridly psychotic. He suffers from debilitating hallucinatory and delusional experiences. His responses were often irrational and inconsistent as the interview wore on, and his thought-disordered and psychotic state was evident throughout the interview. Even if any of his responses voiced understanding or appeared “rational,” he nonetheless remains psychotic due to his severe mental disorder. Furthermore, the fact that his mind continues to be thought-disordered and psychotic, despite treatment, offers little assurance that any potentially voiced understanding or “rational” answer would remain stable from warrant to execution, for example.

It is the combination of conditions Mr. Johnson suffers from that impacts his current competency. He has an extensive delusional belief system involving paranoid, grandiose, and bizarre beliefs. He evidenced disorganized thought processes and thought blocking. His beliefs about why he is to be executed are rooted in delusional thinking, the product of a severe psychotic mental illness and a cognitively impaired brain. His brain damage/dysfunction does not allow him to rationally weigh and deliberate or reason through his decisions and thinking. His understanding of the reason for his execution—that Satan is using the State of Missouri to execute him to bring about the end of the world—is irrational. This irrational understanding is further demonstrated by his belief that he potentially can change this plan by going into the judge and lawyers’ heads or that the spirits of the underworld can influence the State to not execute him for Satan’s purposes. His delusional beliefs regarding his ability to live on after death in an animal’s mind or as the undead are particularly troubling and indicate a lack of rational awareness of the finality of his punishment. It is therefore my opinion, to a reasonable degree of psychiatric certainty, that Mr. Johnson does not have a rational understanding of the reason for his execution and is incompetent to be executed.

I considered the possibility that Mr. Johnson malingered his impairments. but in my opinion, he did not. Given his decades-long history of serious psychotic symptoms; his

Re: Johnny Johnson
Competency to be executed

earnest belief that his symptoms are real and not symptoms of mental illness; that the symptoms elicited and observed are consistent with other mental health professionals' observations and reports in the past; that he endorsed and demonstrated significantly aberrant thought processes—not just thought content—(thought blocking, responding to internal stimuli and tangentiality) that are seen in serious mental illness but often unknown to laypeople; that his deficits on neurocognitive screenings with me matched Dr. Beaver's testing results; and his correctly answering simple standard questions to detect overt malingering with me, I do not believe Mr. Johnson to be malingering.

If you have any questions about this report, I would be happy to answer them. Please feel free to telephone me at 404.939.6636.

Sincerely,

A handwritten signature in black ink, appearing to read 'BSA', with a large, stylized flourish underneath.

Bhushan S. Agharkar, MD, DFAPA
Distinguished Fellow, American Psychiatric
Association
Diplomate, American Board of Psychiatry
and Neurology, with Added Qualifications in
Forensic Psychiatry

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July 23, 2023

Daniel E. Kirsch, Esq.
1000 Walnut St., Ste. 600
Kansas City, MO 64106

Re: Mr. Johnny Johnson
DOB: 3/16/78

Dear Mr. Kirsch:

At your request, I am writing this report to update you on my opinions in this case. This is meant as an addendum to my previous report dated May 10, 2023. I conducted an additional face-to-face clinical interview of Mr. Johnson on July 15, 2023, for approximately 45 minutes at the Potosi Correctional Center in Mineral Point, Missouri. I have also been provided additional information for review including the affidavit of Ashley Skaggs, LPC, and other lay affidavits, the affidavits of former Missouri Department of Corrections employees Angeline Stanislaus, MD, and Alwyn Whitehead, PsyD, updated prison medical records, and reports from Drs. Hyde and Stinson.

Mr. Johnson was difficult to interview in our most recent meeting due to clear over-sedation from his antipsychotic medications. Prison mental health staff have changed his medications from when I conducted my first interview and while Mr. Johnson reports some improvement in his auditory hallucinations, they are not eliminated. Unfortunately, this tradeoff in symptom reduction has resulted in sedation and Mr. Johnson fell asleep multiple times in our interview. From my conversations with his attorneys, this has been their experience as well. It is not clear why after all this time the prison has decided to alter his medications and over-sedate him, particularly in light of Ms. Skaggs reporting that Mr. Johnson is not symptomatic.

EXHIBIT 3

Re: Johnny Johnson
Competency to be executed

Indeed, Mr. Johnson confirmed that he continues to hear auditory hallucinations and his delusions regarding his ability to live on after execution remain. He confided that he does not trust prison staff and knows “they don’t believe” him so he does not talk to them about his symptoms. Mr. Johnson also confirmed that his interactions with prison staff are extremely brief and do not delve deeply into his belief system.

Mr. Johnson has been trying to enter the minds of the Judge and the Prosecutor but has been unsuccessful. He does not think that will work at this point because he “can’t figure out the code.” He absolutely believes he can communicate with the “Underworld” but has grown frustrated with “them” because he cannot get what they say to work. He continues to believe he has been marked with the “Seventh sign” and his death would cause the end of the world.

I would mention, having read the supplemental materials provided, that this is greater confirmation that Mr. Johnson is profoundly mentally ill and has been for decades. There is no evidence he is malingering his symptoms and prison treatment staff confirm this. To my knowledge, I am the only examiner to conduct a competency to be executed evaluation. Ms. Skaggs is not only unqualified to perform such an evaluation, as a licensed professional counselor, she does not possess the requisite training and experience to rebut my evaluation.

It continues to remain my opinion, to a reasonable degree of medical certainty, that Mr. Johnson is incompetent to be executed.

If you have any questions about this addendum report, I would be happy to answer them. Please feel free to telephone me at 404.939.6636.

Sincerely,



Bhushan S. Agharkar, MD, DFAPA
Distinguished Fellow, American Psychiatric
Association
Diplomate, American Board of Psychiatry
and Neurology, with Added Qualifications in
Forensic Psychiatry

Affidavit of Ashley Skaggs

I, Ashley Skaggs, having been duly sworn under penalty of perjury, do hereby state the following to the best of my knowledge and belief:

1. I am over 18 years old and of sound mind.
2. I work as the Institutional Chief of Mental Health at Potosi Correctional Center in Potosi, Missouri. I am an employee of Centurion Health, a company that contracts to provide mental health services to the Missouri Department of Corrections.
3. I graduated in December of 2011 with a Master's Degree in Clinical Psychology. I began working part-time with the Missouri Department of Corrections in 2012 and have worked full-time with the Department since 2013.
4. I began working in the Potosi Correctional Center in 2021.
5. As the Institutional Chief of Mental Health, I have administrative and clinical duties. As part of my clinical duties, I provide care to patients at the Potosi Correctional Center.
6. I have treated Johnny Johnson on and off since I began working at Potosi Correctional Center in 2021. I see him regularly to check in with him and assess his mental health needs.
7. Mr. Johnson has a history of auditory hallucinations, but his symptoms are managed by medication. When I have met with him, Mr. Johnson has not had clinically observable hallucinations.
8. I have reviewed a report authored by Dr. Bhushan S. Agharkar, dated May 10, 2023, regarding Mr. Johnson's competency to be executed.
9. In that report, Dr. Agharkar states that Mr. Johnson "endorsed auditory hallucinations" related to "beings from another dimension or spiritual realm." Dr. Agharkar also reports that Mr. Johnson "endorsed a number of irrational and delusional beliefs" including, among other things, that he is a vampire, that he may not be able to be killed, that he travels through a portal to the Underworld, that he may have the ability to communicate with others through their minds, and that Satan is using the State of Missouri to kill Mr. Johnson in order to end the world.
10. During my visits with Mr. Johnson, he has never expressed these kinds of hallucinations or delusional beliefs. On the contrary, in recent months Mr. Johnson has reported that his auditory hallucinations are well managed by medication and has denied more severe symptoms or side effects.

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

***** PLAN CONTINUATION FROM PREVIOUS PAGE *****

CCC AT LEAST MONTHLY

20040701 133144

TECH./MH SCT00#SEMH SUE C TUCKER

MSR DATE TIME COMPLAINT *****
08/09/2004 10:24 A MH- CHRONIC CARE CLINIC

TECH/MH ENCOUNTER APPOINTMENT DATE 08/09/2004 TIME 09:00 A SHOW UP Y SECC
SUBJECTIVE

REFUSED TO BE SEEN. REFER TO PRIMARY COUNSELOR FOR RECD.APPT 20040930 094030
20040930 094030

TECH./MH JCD00#SEMH JOHN C DARIN

MSR DATE TIME COMPLAINT *****
08/10/2004 01:48 P MH- CHRONIC CARE CLINIC

DOCTOR ENCOUNTER APPOINTMENT DATE 08/25/2004 TIME 09:30 A SHOW UP Y SECC
SUBJECTIVE

DOING OK. SLEEPS OK. NOW TAKING ONLY LITHIUM. 300MG BID. USE 20040825 110339
D TO BE ON CPC. DOESN'T WANT IT AND WAS D/CED. O: CALM AND 20040825 110339
COOPERATIVE. NOT VERY TALKATIVE. SAID HE SEES DEMONS, AND HE 20040825 110339
ARS VOICES ALSO. ADAMANT ABOUT NOT WANTING TO TAKE ANY ANTIP 20040825 110339
SYCHOTICS. "I AM NOT FROM THIS DIMENSION. - I WAS BORN IN 20040825 110339
THIS WORLD . BUT MY SOUL IS FROM A DIFFERENT WORLD." 20040825 110339
NO SUICIDAL OR VIOLENT THOUGHTS. "I CAN'T LEAVE MY ARMY - OF 20040825 110339
DEMONS." A MURDER CHARGE IS PENDING. I'M PUSHING FOR THE DE 20040825 110339
ATH PENALTY, SO THAT I CAN CROSS OVER - TO DEMON'S WORLD." 20040825 110339

ASSESSMENT

SCHIZOAFFECTIVE DISORDER. 20040825 110339
PARANOID PERSONALITY DIS? 20040825 110339

PLAN

INCREASE LITHIUM TO 300MG NOON AND 600 MG HS. STROGLY SUGGES
TED AND AND ADVISEED TO TAKE AN ANTIPSYCHOTIC.
LITHIUM CARBONATE 300MG CAP
300 MG NOON AND 600 MG HS X 90 DAYS
090 90

DOCTOR AGA00#SEMH AIKARAKUDY G ALIAS

MSR DATE TIME COMPLAINT *****
09/07/2004 02:12 P MH- CHRONIC CARE CLINIC

TECH/MH ENCOUNTER APPOINTMENT DATE 09/20/2004 TIME 09:45 A SHOW UP Y SECC
SUBJECTIVE

SEEN FOR CCC. MR. JOHNSON REPORTS NO ADVERSE SIDE EFFECTS W 20040920 101430
ITH CURRENT MEDS. STATES HE STILL HEARS VOICES & HAS VISUAL 20040920 101431
HALLUCINATIONS. WHEN ASKED WHAT MEDS HE TOOK ON THE STREET 20040920 101431
THAT SEEMED TO HELP WITH THE HALLUCINATIONS, HE STATED "ZYPR 20040920 101431
EXA" STATES HE IS HATED BY EVERYONE - HAS A MURDER CHARGE 20040920 101431

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

***** SUBJECTIVE CONTINUATION FROM PREVIOUS PAGE *****

NO SIGNS OF CONFUSION OR GROSS MEMORY DEFICITS OR OVERT	20041103	142538
IMPAIRED IN INSIGHT & JUDGEMENT.	20041103	142538
DISCUSSED SINEQUAN FOR DEPRESSION & NAVANE FOR AUDITORY	20041103	142538
HALLUCINATIONS INCLUDING POSSIBLE SIDE EFFECTS & AGREED TO	20041103	142538
TRY THESE MEDS.	20041103	142538

ASSESSMENT

MDD RECURRENT W/ PSYCHOTIC FEATURES. R/O SCHIZOAFFECTIVE	20041103	142538
D/O.	20041103	142538

PLAN

LITHIUM CARBONATE 300MG CAP
 300 MG NOON & 600 MG HS X 90 DAYS
 090 90
 THIOTHIXENE 5MG CAP
 5 MG HS X 90 DAYS
 090 30
 DOXEPIN 50MG CAP
 50 MG HS X 90 DAYS
 090 30
 CONTINUE LITHIUM 300 MG NOON & 600 MG HS. START NAVANE 5 MG
 HS & SINEQUAN 50 MG HS.

DOCTOR PPT00#SEMH PERCIVAL P TIONGSON

MSR DATE TIME COMPLAINT *****
11/02/2004 02:27 P MH- CHRONIC CARE CLINIC

TECH/MH ENCOUNTER APPOINTMENT DATE 11/04/2004 TIME 03:30 P SHOW UP Y SECC
SUBJECTIVE

CCC AND F/U ON THERAPIST REFERRAL. O/F AFFECT BLUNTED. WEARS	20041104	160147
HOODED SWEATSHIRT, STATING "IT MUFFLES OUT NOISES" THAT MAK	20041104	160148
E HIS "VOICES WORSE". CALLS ONE LEVIATHAN. STATES THAT HE'S	20041104	160148
STILL "HEARING VOICES". APPETITE 'LOUSY'. GIVES FOOD AWAY. "H	20041104	160148
AVE TO FORCE MYSELF TO EAT". STATES THAT HE'S NOT ABLE TO SM	20041104	160148
ELL THINGS. STATES THAT HIS SLEEP IS GOOD. C/O ENURESIS. CUR	20041104	160148
RENT MEDS; DOXEPIN 50MG, LITHIUM 300MG Q AM & 600 MG Q HS. N	20041104	160148
AVANE 5 MG HS. COMPLIANT WITH MEDS. ANXIOUS RE: UPCOMING "BI	20041104	160148
G COURT DATE ON JAN 7TH '05 FOR MURDER OF 7 YO SON OF A "GOO	20041104	160148
D FRIEND". STATES HE HAD "JUST LEARNED THAT MY WIFE WAS CHEA	20041104	160148
TING ON ME. STOPPED TAKING MY MEDS AND STARTED USING METH. S	20041104	160148
TATES THAT WAS ONE "WAY OUT". REPORTS THAT HE DOES HAVE WEIR	20041104	160148
D DREAMS FILLED WITH THOUGHTS OF VIOLENCE. STATES THAT HE IS	20041104	160148
ISOLATIVE AND WHEN ALONE "THE VOICES QUIET DOWN". STATES TH	20041104	160148
AT HE HEARS SCREAMS IN HIS HEAD, "LIKE WHEN SOMEONE SHOOTS IN	20041104	160148
TO A CROWD". HAS "DEMONIC DREAMS WITH DEAD PEOPLE AND FLAMES	20041104	160148
". REPORTS THAT SYMPTOMS STARTED AGE 13YO WHEN HE BEGAN SLIC	20041104	160148
ING ON HIS WRISTS; STARTED COUNSELING AT 6 YO; WAS SEXUALLY	20041104	160148
ABUSED AT 7YO BY NEIGHBOR; "MOM"'S EX-BOYFRIEND TRIED TO DRO	20041104	160148
WN ME"AND WITNESSED GRANDFATHER DIE OF HEARTATTACK AT 12 YO.	20041104	160148
STATES THAT HIS SIBLINGS "USED TO BEAT ME UP ALL THE TIME" W	20041104	160148
AS HIT ON THE BACK OF THE HEAD WITH A 2X4. CONCERNED FOR SAF	20041104	160148

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

***** ASSESSMENT CONTINUATION FROM PREVIOUS PAGE *****

ASSESSMENT

DX IMPRESSION PER PSYCIATRIST ON AXIS I - III	20041119	104602
I. SCHIZOPHRENIA	20041119	104602
II. DEFER	20041119	104602
III. DEFER	20041119	104602
IV. INCARCERATION	20041119	104602
V. 64	20041119	104602

PLAN		
RE-ASSESS ON 11-22-04	20041119	104602

TECH./MH EJB00#SEMH ELIZABETH J BENNETT

MSR DATE TIME COMPLAINT *****
11/19/2004 01:57 P MH- PSYCHOTROPIC MEDICATION CHECK

DOCTOR ENCOUNTER APPOINTMENT DATE 11/19/2004 TIME 01:30 P SHOW UP Y SECC

SUBJECTIVE

OFFENDER HAS BEEN EXHIBITING VERY AGITATED BEHAVIOR W/ SELF	20041119	145750
SCRATCHING ON HOS BODY & BANGING HIS HEAD. EMERGENCY MEDICAT	20041119	145750
ION THEREFORE ORDERED TO HELP HIM CALM DOWN & AVERT PROGRESS	20041119	145750
ION INTO SERIOUS INJURY TO HIMSELF.	20041119	145750

ASSESSMENT

SCHIZOAFFECTIVE D/O. MDD RECURRENT W/ PSYCHOTIC FEATURES	20041119	145750
BY HX.	20041119	145750

PLAN

HALOPERIDOL INJECTION 5MG/ML
5 MG IM STAT
001 1
DIPHENHYDRAMINE 50MG/ML INJECTION
50 MG IM STAT
001 1
GIVE HALDOL 5 MG IM & BENADRYL 50 MG IM AS EMERGENCY MED
FOR OUT OF CONTROL BEHAVIOR & SELF INJURIOUS BEHAVIOR CAU-
SING POTENTIAL SERIOU INJURY TO HIMSELF.

DOCTOR PPT00#SEMH PERCIVAL P TIONGSON

MSR DATE TIME COMPLAINT *****
11/19/2004 03:25 P MH- SUICIDE INTERVENTION

TECH/MH ENCOUNTER APPOINTMENT DATE 11/19/2004 TIME 01:00 P SHOW UP Y SECC

SUBJECTIVE

MH IN HU1 WHEN APPROACHED BY HU SGT STATING THAT /S/ WAS	20041119	161804
HOLDING HIS HEAD AND CRYING STATING THAT THE VOICES WERE	20041119	161804
BOTHERING HIM. WENT TO TALK WITH /S/ AND ATTEMPTED TO COMPL	20041119	161804
ETE ASSESSMENT. /S/ TALKED BRIEFLY STATING THAT HE FELT SO G	20041119	161804
UILTY AND THE VOICES WERE BLAMING HIM FOR KILLING HIS GRANDF	20041119	161804
ATHER AND HE FELT SO GUILTY. /S/ WAS BEHAVING IN AN UNPREDIC	20041119	161804
TABLE MANNER AND REFUSED TO COMMUNICATE WHEN TRYING TO CONDU	20041119	161804
CT SUICIDE ASSESSMENT. PLACED /S/ ON FULL SUICIDE WATCH FOR	20041119	161804

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

MSR DATE TIME COMPLAINT *****
01/11/2005 02:08 P MH- CHRONIC CARE CLINIC

TECH/MH ENCOUNTER APPOINTMENT DATE 01/20/2005 TIME 01:30 P SHOW UP N SECC

SUBJECTIVE

THIS RECORD IS A NO SHOW	20050125	084752
OUT OF INSTITUTION	20050125	084752
ASSESSMENT		
THIS RECORD IS A NO SHOW	20050125	084752
PLAN		
THIS RECORD IS A NO SHOW	20050125	084752
OUT OF INSTITUTION	20050125	084752

TECH./MH EJB00#SEM ELIZABETH J BENNETT

MSR DATE TIME COMPLAINT *****
01/19/2005 02:02 P MH- INITIAL PSYCHIATRIC EVAL-NEW PROVIDR

DOCTOR ENCOUNTER APPOINTMENT DATE 01/21/2005 TIME 08:15 A SHOW UP Y PCC

SUBJECTIVE

MR JOHNSON IS A 26 YO WM, WILL SOON RECIEVE HIS DEATH SENTEN	20050121	194629
CE FOR MURDER. HE IS FROM KIRKWOOD. FAMILY IN EUREKA. DX WIT	20050121	194629
H SCHIZOAFFECTIVE D/O AND IS ON SEROQUEL/NAVANE/IMIPRAMINE/P	20050121	194629
ROPANALOL WITH GOOD RESPONSE. HE IS CURRENTLY IN 1 HOUSE/SU	20050121	194629
ICIDE OBS/CLOSELY MONITORED ON CAMERA GIVEN HIS HIGH PROFILE	20050121	194629
CASE, INVOLVING MURDER OF A LITTLE GIRL IN A QUITE DRAMATI	20050121	194629
C WAY. JURY HAS AWARDED HIM DEATH PENALTY. _____	20050121	194629
THIS IM HAS CHRONIC MENTAL HEALTH ISSUES DATING TO HIS CHILD	20050121	194629
HOOD. H/O CONDUCT PROBLEMS AS A CHILD/CRUELTY TO ANIMALS. SE	20050121	194629
XUALLY ABUSED BY NEIGHBORS. MOMS BF TRIED TO DROWN HIM. HIS_	20050121	194629
LOW INTELLECTUAL FUNCTIONING/DISABILITY MADE THINGS EVEN WOR	20050121	194629
SE. DYSFUNCTIONAL FAMILY/NEGLECT. HE TURNED TO DRUGS AT AN E	20050121	194629
ARLY AGE. USED MJ DAILY SINCE AGE 12. INHALED GAS/BUTANE. ___	20050121	194629
SEVERAL SUICIDE ATTEMPTS(OVERDOSE, TRIED TO HANG SELF. SEVER	20050121	194629
AL INPATIENT HOSPITALIZATIONS. H/O COMMAND HALLUCINATIONS/TO	20050121	194629
HURT SELF. REPORTEDLY HE WAS HALLUCINATING WHEN COMMITTING H	20050121	194629
IS CRIME. HE WAS ALSO UNDER THE INFLUENCE OF METHAMPH DURING	20050121	194629
THE CRIME. HE CONTINUES TO HALLUCINATE"JUST MUMBLING"NO COMM	20050121	194629
AND TYPE CURRENTLY. HE IS CURRENTLY ON SUICIDE WATCH FOR SCR	20050121	194629
ATCHING/BURNING HIS ARMS WHILE AT CHARLESTON. MR JOHNSON IS_	20050121	194629
DELUSIONAL WITH "I THINK IM THE 7 THS IGN""IM THE END OF TH	20050121	194629
E WORLD WHEN I DIE"/SINCE AGE 19. HE CURRENTLY REPORTS FEE	20050121	194629
LING "OKAY". HATES HIS SUICIDE CELL AND WANTS OUT. THUS HE	20050121	194629
MAY BE FALSELY PROJECTING HIS TRUE EMOTIONS. THERE WAS NO OV	20050121	194629
ERT REGRESSIVE PSYCHSOSIS/MANIA IN SESSION. ANSWERED QUESTIO	20050121	194629
NS APPROPRIATELY. SPEECH/THOUGHTS WERE SLOW YET COHERENT. L	20050121	194629
OW IQ, MENTAL HANICAPPEDNESS EVIDENT. SURPRISINGLY HE SEEMS	20050121	194629
TO HAVE GOOD KNOWLEDGE ABOUT HIS DX/ SX/ TX. HE IS MED COMPL	20050121	194629
IANT. SEROUQLE WAS MISTAKENLY NOT RENEWED UPON HIS ARRIVAL H	20050121	194629
ERE IN PCC. GOOD RESPONSE TO THIS MED. HE CURRENTLY DENIES A	20050121	194629

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

***** PLAN CONTINUATION FROM PREVIOUS PAGE *****

PLAN
WILL START ON SEROQUEL 400 MG BID AND DISCONTINUE NAVANE. WI
LL CONTINUE IMIPRAMINE RETURN IN ONE WEEK
START SEROQUEL 400 MGS PO BID X 90D - 1ST DOSE NOW
DISCONTINUE THIOTHIXENE

DOCTOR SDP00#EMMH SADASHIV D PARWATIKAR

MSR DATE TIME COMPLAINT *****
03/28/2005 08:21 P MH- NON-CONTACT NOTE

TECH/MH ENCOUNTER APPOINTMENT DATE 03/28/2005 TIME 07:00 P SHOW UP Y PCC

SUBJECTIVE
RECEIVED TELEPHONE CALL FROM SHIFT COMMANDER THAT /S/ HAD 20050328 203010
CUT HIMSELF WITH A RAZOR ON HIS ARM. STATED THAT WOUNDS 20050328 203010
WERE BUTTERFLY BANDAGES. ASKED IF /S/ SHOULD BE PLACED 20050328 203010
IN TCU-1 OR IN RESTRAINTS. I TOLD HIM THAT I WOULD COME 20050328 203010
IN TO ASSESS /S/ 20050328 203010
ASSESSMENT
SCHIZOAFFECTIVE DISORDER 20050328 203010
MH3 20050328 203010
PLAN
FOLLOWUP PER POLICY 20050328 203010

TECH./MH AJO00#EMMH ANGELA J O'NEILL

MSR DATE TIME COMPLAINT *****
03/28/2005 08:22 P MH- CRISIS INTERVENTION

TECH/MH ENCOUNTER APPOINTMENT DATE 03/28/2005 TIME 07:30 P SHOW UP Y PCC

SUBJECTIVE
MET WITH /S/ IN RESTRAINT ROOM IN MEDICAL FOR ASSESSMENT. 20050328 203526
/S/ STATED THAT HE IS "HEARING VOICES TELLING ME TO CUT 20050328 203526
MY ARM OFF". HE WAS VERY DISTRESSED AND STATED THAT HE 20050328 203526
WOULD CONTINUE TO HARM HIMSELF WHEN GIVEN THE CHANCE. HE 20050328 203526
STATED "I NEED TO BE IN A MENTAL HOSPITAL"; I DISCUSSED 20050328 203526
WITH /S/ THAT WE COULD PLACE HIM IN TCU-1 TONIGHT AND HE 20050328 203526
STATED IF WE DID NOT RESTRAIN HIM THAT HE WOULD OPEN HIS 20050328 203526
WOUNDS AND BITE HIS TOUNGE OFF. HE BECAME VERY AGITATED 20050328 203526
AT THIS TIME AND TRIED TO BAND IS HEAD ON THE WALL BUT 20050328 203526
WAS STOPPED BY AN OFFICER. /S/ STATED "I KNOW MYSELF 20050328 203526
AND YOU DON'T RESTRAIN ME I WILL KILL MYSELF". DUE TO THE 20050328 203526
LEVEL OF DISTRESS AND SERIOUS THREATS OF SELF HARM /S/ WAS 20050328 203526
PLACED IN TCU-1 ON RESTRAINT BED FOR HIS SAFETY. 20050328 203526
/S/ EXTREMELY AGITATED; HEARING VOICES TELLING HIM TO SELF 20050328 203526
HARM. 20050328 203526
ASSESSMENT
SCHIZOAFFECTIVE DISORDER 20050328 203526
MH3 20050328 203526
PLAN

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

***** PLAN CONTINUATION FROM PREVIOUS PAGE *****

PLAN
WILL CONTINUE TO MONITOR 20050329 095640

NURSE LKP00#EMMH LINDA K LITTLE

MSR DATE TIME COMPLAINT *****
03/29/2005 12:07 P MH- CRISIS INTERVENTION

NURSE ENCOUNTER APPOINTMENT DATE 03/29/2005 TIME 11:45 A SHOW UP Y PCC

SUBJECTIVE
ASKED BY SGT. FORBES TO COME AND SEE OFFENDER. OFFENDER HAD 20050329 122225
WRITTEN "DIE" IN FECES ON THE WINDOW TO THE CELL. HAD ALSO 20050329 122225
WRITTEN "WERE DEAD" ON THE WALL IN FECES. HAD TORN THE STER 20050329 122225
I-STRIPS OFF OF HIS LACERATION AND HAD FECES SMEARED ALL 20050329 122225
OVER IT. OFFENDER CONTINUES TO STATE HE WANTS TO GO TO A 20050329 122225
HOSPITAL - THAT WE CANNOT HELP HIM HERE. HE WAS A&O X4. 20050329 122225
SPEECH RELEVANT, COHERENT AND GOAL-DIRECTED. MOOD ANGRY 20050329 122225
WITH CONGRUENT AFFECT. +SUICIDAL THOUGHTS. WAS COOPERATIVE 20050329 122225
WITH REMOVAL FROM CELL AND CLEANING OF ARM. 20050329 122225

ASSESSMENT
SCHIZOAFFECTIVE D/O PER PSYCHIATRIST 20050329 122225
PLAN
CONTINUE TO MONITOR 20050329 122225

NURSE LKP00#EMMH LINDA K LITTLE

MSR DATE TIME COMPLAINT *****
03/29/2005 12:34 P MH- SUICIDE INTERVENTION

TECH/MH ENCOUNTER APPOINTMENT DATE 03/29/2005 TIME 12:00 P SHOW UP Y PCC

SUBJECTIVE
I WAS ASKED TO COME TO MEDICAL BY PSYCH NURSE BECAUSE /S/ 20050329 125222
WAS REPORTED TO HAVE WRITTEN "DIE" ON THE WINDOW OF CELL 20050329 125223
IN BLOOD AND FECES. HE HAD APPARENTLY OPENED HIS WOUND 20050329 125223
AND SMEARED FECES IN IT ALSO. 20050329 125223
MET WITH OFFENDER IN MEDICAL. WHEN ASKED WHAT HAPPENED 20050329 125223
HE STATED "I TOLD YOU THIS IS WHAT HAPPENS WHEN THE VOICES 20050329 125223
GET LOUDER" /S/ WAS SITTING ON RESTRAINT BENCH. I TOLD 20050329 125223
HIM THAT WE ARE EXPECTING THE DOCTOR AT ANY TIME AND THAT 20050329 125223
THE DOCTOR WILL SEE HIM RIGHT AWAY ABOUT MEDICATION TO 20050329 125223
STOP THE VOICES. /S/ SPOKE SOFTLY AND AFFECT WAS FLAT 20050329 125223
STATED HE IS "HEARING VOICES". /S/ TO REMAIN ON 20050329 125223
FULL SUICIDE WATCH IN TCU UNTIL EVALUATION FROM PSYCHIATRIST 20050329 125223

ASSESSMENT
SCHIZOAFFECTIVE DISORDER 20050329 125223
MH3 20050329 125223
PLAN
FOLLOWUP PER CHRONIC CARE POLICY 20050329 125223

TECH./MH AJO00#EMMH ANGELA J O'NEILL

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

MSR DATE TIME COMPLAINT *****
07/13/2006 04:02 P VERBAL ORDER

DOCTOR ENCOUNTER APPOINTMENT DATE 07/13/2006 TIME 04:00 P SHOW UP Y PCC

SUBJECTIVE

ORDER RECEIVED DATE & TIME: _____7-13-06 @ 1630_____ 20060716 155345

ASSESSMENT

ORDER RECEIVED BY NURSE NAME: _L PENBERTHY RN_____ 20060716 155345

PLAN

ORDER FROM DOCTOR: AHMED

Perphenazine 8 mg po bid and Cogentin 2 mg po bid x 30d
crush and float

PERPHENAZINE 8MG TAB

BENZTROPINE MESYLATE 2MG TAB

DOCTOR BMA00#EMMH BASHEER M AHMED

MSR DATE TIME COMPLAINT *****
07/13/2006 04:09 P MH- SUICIDE INTERVENTION

NURSE ENCOUNTER APPOINTMENT DATE 07/13/2006 TIME 03:15 P SHOW UP Y PCC

SUBJECTIVE

RECD WORD THAT CLIENT HAD SWALLOWED SOME RAZOR BLADES. I 20060713 162029
WENT TO FOUR HOUSE WHERE HE WAS SITTING ON THE BENCH 20060713 162029
WAITING FOR MEDICAL TO ARRIVE. HE APPEARED TO BE IN PAIN. 20060713 162029
I ASKED WHAT HAD HAPPENED. HE HAD TOLD US HE WAS DOING 20060713 162029
FINE AND ASKED TO BE TAKEN OFF ALL OF HIS MEDICATION. HE 20060713 162029
STATED HE SWALLOWED SOME RAZOR BLADES SATURDAY NIGHT. 20060713 162029
STAFF SAID HE CAME TO THE BUBBLE REPORTING THIS AND STATING 20060713 162029
HIS STOMACH WAS HURTING. MEDICAL ARRIVED AND HE GOT UP AND 20060713 162029
WALKED TO THE STRETCHER AND LAID DOWN ON IT. I NEXT TALKED 20060713 162029
TO HIM IN MEDICAL WHERE HIS WHOLE Demeanor HAD CHANGED. HE 20060713 162029
WAS TALKING LIKE HE WAS SOMEONE ELSE WHO WAS TRYING TO KILL 20060713 162029
"JOHNNY". I COULD NOT UNDERSTAND WHO HE SAID HE WAS BUT HE 20060713 162029
KEPT TALKING ABOUT TELLING JOHNNY WHAT TO DO AND JOHNNY 20060713 162029
WOULDN'T DO IT. DR. AHMED CAME OUT TO TALK WITH HIM AND 20060713 162029
TOLD HIM HE WAS GOING TO PUT HIM ON SOME HALDOL. THE NURSE 20060713 162029
STATED HE WAS ALLERGIC TO HALDOL. JOHNNY SAID "GOOD. GIVE 20060713 162029
IT TO ME." DR. AHMED CHANGED IT TO PERPHENAZINE AND 20060713 162029
COGENTIN AND JOHNNY SAID HE WOULD NOT TAKE IT BUT THAT HE 20060713 162029
WOULD SAVE IT UP. ORDER WAS GIVEN TO CRUSH AND FLOAT. 20060713 162029

OBJECTIVE

CLIENT WAS POLITE AND COOPERATIVE WHEN I FIRST SAW HIM. 20060713 162029
APPEARED IN PAIN GRIMACING AND CLOSING EYES. SPEECH 20060713 162029
DECREASED IN AMOUNT. AFTER SEEING HIM IN MEDICAL, HE NO 20060713 162029
LONGER APPEARED IN PAIN BUT HAD TURNED INTO A SURLY, 20060713 162029
SARCASTIC YOUNG MAN. NO GRIMACING OR GUARDING. HE LOOKED 20060713 162029
OUT OF THE CORNER OF HIS EYES IN A THREATENING MANNER. 20060713 162029
VAGUE SUICIDAL STATEMENTS. NO THREATS TO HARM OTHERS. 20060713 162029
MOTOR ACTIVITY WNL. COOPERATIVE WITH NURSE WHO WAS TRYING 20060713 162029

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

***** SUBJECTIVE CONTINUATION FROM PREVIOUS PAGE *****

hears the voices every day . he states he hears a demonic	20080610	205902
voice- then stated there are several voices at the same	20080610	205902
time that downgrade him, laugh at him and tell him he is	20080610	205902
worthless. he reports that in the past he has stuffed	20080610	205902
toilet paper in his ear but he has not done so recently.	20080610	205902
sleeps ok. report that the voices trouble him the most in	20080610	205902
the morning. when pointed out that he has gained a lot of	20080610	205902
weight, he stated, that he eats all the food that is on his	20080610	205902
tray and left over from his cellie and others. when asked	20080610	205902
about his unkempt hair, he stated he did not want a hair	20080610	205902
cut in seg because he is afraid he will catch some sort of	20080610	205902
infestation. he reports a sense of paranoia "it feels like	20080610	205902
my family is playing games on me". no specific delusions	20080610	205902
voiced. compliant with meds. since being on geodon, he has	20080610	205902
experienced some shakiness of his hands. when asked if i	20080610	205902
can reduce dose of geodon, he stated geodon helps with his	20080610	205902
mood and the voices and he wants it at the current dosage	20080610	205902
and he does not mind the shakes. he wanted to be on a	20080610	205902
higher dose of trilafon to help with the voices.	20080610	205902

OBJECTIVE

unkept long hair and beard. pleasant. coherent	20080610	205902
conversation. described current psychotic sx. no acute	20080610	205902
psychotic behavior. denies si of hi. no agitation.	20080610	205902

_ Y/N ABLE TO FEEL PLEASURE: _____	20080610	205902
_ Y/N COGNITIVE ABILITY INTACT: _____	20080610	205902
_ Y/N ABLE TO CONTROL/DIRECT THOUGHTS: _____	20080610	205902
_ Y/N REALITY TESTING INTACT: _____	20080610	205902
_ Y/N HALUCINATIONS ELICITED: _____	20080610	205902
_ Y/N DELUSIONAL STATEMENTS NOTED: _____	20080610	205902
INSIGHT/JUDGEMENT: _____	20080610	205902
_ Y/N SUICIDAL/HOMICIDAL/VIOLENT IDEATIONS PRESENT: _____	20080610	205902
***IF PRESENT, ABLE TO CONTROL IDEATIONS: _____	20080610	205902
_ Y/N STATES SATISFACTION/COMFORT WITH CURRENT MEDICATIONS:	20080610	205902
S/E NOTED/STATED: _____	20080610	205902
_ Y/N STATES COMPLIANCE WITH MEDICATIONS: _____	20080610	205902
CURRENT APPLICABLE LAB VALUES: _____	20080610	205902
_ Y/N CURRENT MEDICATIONS THERAPEUTIC: _____	20080610	205902
_ Y/N MEDICATION CHANGES INDICATED: _____	20080610	205902
O:::MH02:: End of: MENTAL HEALTH: FOLLOW UP FOR PSYCHIATRIC	20080610	205902

ASSESSMENT

SCHIZOAFFECTIVE DISORDER	20080610	205902
ASSESSMENT: AXIS I: _____	20080610	205902
AXIS II: _____	20080610	205902
AXIS III: _____	20080610	205902

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

***** ASSESSMENT CONTINUATION FROM PREVIOUS PAGE *****

THIS RECORD IS A NO SHOW	20200211	084647
ERROR	20200211	084647
PLAN		
THIS RECORD IS A NO SHOW	20200211	084647
ERROR	20200211	084647

TECH./MH NLK000EMMH NENA L KIRCHER

MSR DATE TIME COMPLAINT *****
02/10/2020 12:40 P HSR TRIAGED

NURSE ENCOUNTER APPOINTMENT DATE 02/11/2020 TIME 07:00 A SHOW UP Y PCC
SUBJECTIVE
SEE MENTAL HEALTH NURSE NOTE THIS DAY 20200211 083847

NURSE CEB002EMMH CHRISTINE E BALLARD

MSR DATE TIME COMPLAINT *****
02/10/2020 01:25 P PSYCHIATRIST - CHRONIC CARE/FOLLOW-UP

DOCTOR ENCOUNTER APPOINTMENT DATE 02/13/2020 TIME 08:15 A SHOW UP Y PCC
SUBJECTIVE

CHIEF COMPLAINT: 41 yo wm in doc since 2002	20200213	101219
RECENT EVENTS/INTERIM HISTORY: He reports history of psych treatment since early teenage with multiple hospitalizations -- St. John, MPC, St. Lpuios Psych Rehab ctr, Farmington state hospital etc. He reports hx of hearing voices,paranoid beliefs, manic/depression, suicide asttempts by OD & cutting on self. He reports voices as "you are worthless". He reports paranoia of people plotting on him and "sometimes I think that the world will end if I die".	20200213	101219
He grew up in Kirkwood with maternal grandmother. He was in special Ed classes because of LD -- dropped out in 9th grade.	20200213	101219
REVIEW OF SYMPTOMS:	20200213	101219
y Y/N APPETITE GOOD	20200213	101219
y Y/N SLEEP ADEQUATE	20200213	101219
y Y/N ENERGY LEVEL APPROPRIATE	20200213	101219
MOOD (SELF-REPORT) denies depression	20200213	101219
y Y/N ANXIETY CONTROLLED	20200213	101219
n Y/N EXCESSIVE IRRITABILITY	20200213	101219
n Y/N DISTRACTIBILITY	20200213	101219
n Y/N RACING THOUGHTS PRESENT	20200213	101219
y Y/N GRANDIOSE IDEATION ABSENT	20200213	101219
n Y/N OTHER DELUSIONS PRESENT reports ongoing paranoia	20200213	101219
n Y/N HALLUCINATIONS PRESENT	20200213	101219
n Y/N OCD SYMPTOMS PRESENT	20200213	101219
n Y/N PTSD SYMPTOMS PRESENT	20200213	101219
n Y/N MEMORY CHANGES PRESENT	20200213	101219

DOC ID OFFENDER

00534534 JOHNNY A JOHNSON

***** OBJECTIVE CONTINUATION FROM PREVIOUS PAGE *****

NON CONTACT. PT HAS PROVIDER APPT 5/7/20 20200505 080337

ASSESSMENT

NON CONTACT 20200505 080337

PLAN

WILL SEE PROVIDER AT SCHED APPT. PT INFORMED UPCOMING APPT 20200505 080337

NURSE CEB002EMMH CHRISTINE E BALLARD

MSR DATE TIME COMPLAINT *****

05/06/2020 10:07 A PSYCHIATRIST - CHRONIC CARE/FOLLOW-UP

DOCTOR ENCOUNTER APPOINTMENT DATE 05/07/2020 TIME 02:15 P SHOW UP Y PCC

SUBJECTIVE

CHIEF COMPLAINT: He reports not doing good. 20200507 143237
RECENT EVENTS/INTERIM HISTORY: He reports racing mind, 20200507 143237
inability to focus, hearing male/female voices inside his 20200507 143237
head telling him that people talk about him, end of world, 20200507 143237
he is God etc. He reports sleepin 2/3 hours a night & not 20200507 143237
so good appetite. He reports his usual day as "listen to 20200507 143237
music, read bible etc." 20200507 143237
REVIEW OF SYMPTOMS: 20200507 143237
n Y/N APPETITE GOOD see above 20200507 143237
n Y/N SLEEP ADEQUATE see above 20200507 143237
y Y/N ENERGY LEVEL APPROPRIATE 20200507 143237
MOOD (SELF-REPORT) endorses depression with quick 20200507 143237
statement that he does not want to harm self/others 20200507 143237
y Y/N ANXIETY CONTROLLED 20200507 143237
n Y/N EXCESSIVE IRRITABILITY "pressure inside head 20200507 143237
masks me agitated" 20200507 143237
n Y/N DISTRACTIBILITY 20200507 143237
y Y/N RACING THOUGHTS PRESENT as above 20200507 143237
y Y/N GRANDIOSE IDEATION ABSENT Voices tell him that he 20200507 143237
is god 20200507 143237
y Y/N OTHER DELUSIONS PRESENT paranoid about people 20200507 143237
talking about him 20200507 143237
y Y/N HALLUCINATIONS PRESENT 20200507 143237
n Y/N OCD SYMPTOMS PRESENT 20200507 143237
n Y/N PTSD SYMPTOMS PRESENT 20200507 143237
n Y/N MEMORY CHANGES PRESENT 20200507 143237
y Y/N SUICIDAL IDEATION ABSENT 20200507 143237
y Y/N HOMICIDAL IDEATION ABSENT 20200507 143237
y Y/N MEDICATION ADHERENT (SELF-REPORTED) 20200507 143237
n Y/N SELF-REPORTED MEDICATION SIDE EFFECTS (COMMENTS) 20200507 143237

OBJECTIVE

MENTAL STATUS EXAMINATION: 20200507 143237
GENERAL APPEARANCE: 41 yo wm 20200507 143237
MOTOR ACTIVITY/GAIT: normal 20200507 143237
ABNORMAL INVOLUNTARY MOVEMENTS (IF ANY): none 20200507 143237
ATTITUDE: calm, polite and cooperative 20200507 143237
EYE CONTACT: good 20200507 143237

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

***** OBJECTIVE CONTINUATION FROM PREVIOUS PAGE *****

n_____	Y/N	PATIENT EXHIBITING SIDE EFFECTS FROM MEDICATION	20211005	145752
n_____	Y/N	PATIENT STATES MEDICATION(S) IS/ARE WORKING	20211005	145752
y_____	Y/N	PATIENT IS MEDICATION COMPLIANT (BASED ON	20211005	145752
REVIEW OF MEDICATION ADMINISTRATION RECORD/MAR)			20211005	145752
			20211005	145752
Pt was recently on s/w medications were adjusted			20211005	145752
on 9/16/21 when sn by provider. Currently denied SI/HI			20211005	145752
ASSESSMENT				
METABOLIC MONITORING FOR PRESCRIBED ATYPICAL ANTIPSYCHOTIC			20211005	145752
MEDICATION			20211005	145753
NAME OF ATYPICAL ANTIPSYCHOTIC(S)			20211005	145753
PLAN				
(METABOLIC SYNDROME DEFINED AS WAIST CIRCUMFERENCE > 40"			20211005	145753
(MEN), > 35" (WOMEN); FASTING TRIGLYCERIDES > 150/DL, HDL <			20211005	145753
40/DL (MEN), < 50 DL (WOMEN); BLOOD PRESSURE 130/85 MMHG;			20211005	145753
FASTING GLUCOSE > 110 MG/DL)			20211005	145753
LAB VALUE(S)/SYMPTOMS REPORTED TO PROVIDER:			20211005	145753
n_____	Y/N	INCREASE IN WEIGHT	20211005	145753
n_____	Y/N	INCREASE IN BP	20211005	145753
y_____	Y/N	OTHER SYMPTOMS, DESCRIBE	20211005	145753
			20211005	145753
PATIENT EDUCATION PROVIDED REGARDING:			20211005	145753
y_____	Y/N	PURPOSE OF MEDICATION	20211005	145753
y_____	Y/N	MEDICATION SIDE EFFECTS	20211005	145753
n_____	Y/N	OTHER (DESCRIBE)	20211005	145753
			20211005	145753
encouraged pt to work with counselor and notify mh if			20211005	145753
becomes suicidal or homicidal			20211005	145753

NURSE CEB002EMMH CHRISTINE E BALLARD

MSR DATE TIME COMPLAINT *****
09/24/2021 06:47 A MH - NON-CONTACT NOTE

TECH/MH ENCOUNTER APPOINTMENT DATE 09/24/2021 TIME 06:45 A SHOW UP Y PCC

SUBJECTIVE

9/24/21 Call received at approx 3:50am reporting offender	20210924	064918
Johnson 534534 had made suicidal statements and was	20210924	064918
reporting he was a vampire. Offender placed on watch in TCU5	20210924	064918
and authorized a smock and applicable meal.	20210924	064918

TECH./MH BJL000EMMH BARBARA J LINDELL

MSR DATE TIME COMPLAINT *****
09/24/2021 06:51 A MH - SUICIDE INTERVENTION

TECH/MH ENCOUNTER APPOINTMENT DATE 09/24/2021 TIME 08:00 A SHOW UP Y PCC

SUBJECTIVE

Subjective:SW placement	20210924	100739
Time: 9:05am	20210924	100739

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

***** SUBJECTIVE CONTINUATION FROM PREVIOUS PAGE *****

Offender was seen at the cell door in segregation on SW.	20210924	100739
	20210924	100739
Offender was seen in TCU at the door. Offender stated "I am not suicidal. I am vampire. I have been one for awhile. I am hearing everubodu in the camp. I found about the machine.It is everybody. I want to have some regular clothes. I am not suicidal." QMHP explained to offender he has just went on watch. QMHP informed offender would share his desire but would likely remain on watch.	20210924	100739
	20210924	100739
	20210924	100739
	20210924	100739
	20210924	100739
	20210924	100739
	20210924	100739

OBJECTIVE

Alert/oreintated:X1	20210924	100739
Mood/affect: Calm/sad	20210924	100739
Eye contact: Limited	20210924	100739
Speech: Thought blocking	20210924	100739
Appearance: Appropriate for situation	20210924	100739
Thought processes: Bizarre	20210924	100739
Insight/judgement: Poor	20210924	100739

ASSESSMENT

MH3 per provider	20210924	100739
	20210924	100739
	20210924	100739

DX SCHIZOAFFECTIVE D/O	20210924	100739
	20210924	100739
	20210924	100739

Crisis ITP	20210924	100739
Problem: Offender was placed on SW.	20210924	100739
Goal: Offender will develop coping skills to manage stress and not exhibit self harm.	20210924	100739
Responsibility: Offender will develop coping skills to manage stressors appropriately.	20210924	100739
Interventions: QMHP will assess Mon-Fri, will utilize brief therapy, and assist offender in developing appropriate	20210924	100739
	20210924	100739

PLAN

Offender to remain SW. Offender to be moved to HU on SW.	20210924	100739
Offender will have FU per SW protocol.	20210924	100739

TECH./MH BJL000EMMH BARBARA J LINDELL

MSR DATE TIME COMPLAINT *****
09/24/2021 09:02 A CP ANNUAL REVIEW

TECH/MH ENCOUNTER APPOINTMENT DATE 09/24/2021 TIME 09:00 A SHOW UP Y PCC

SUBJECTIVE

Mr. Johnson is a 43 year old White male incarcerated at Potosi Correctional Center. He is serving a sentence for capital murder rlated to an offense committed in St. Louis County; he was sentenced on March 7, 2005.	20210924	093136
	20210924	093136
	20210924	093136
	20210924	093136
He was transported to the mental health nurse's office from the infirmary due to being on suicide watch. He was	20210924	093136
	20210924	093136

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

***** SUBJECTIVE CONTINUATION FROM PREVIOUS PAGE *****

handcuffed to the bench throughout the evaluation, which he verbally consented to doing. No informed consent form was signed. 20210924 093136

He explained that he was on suicide watch due to realizing he was vampire, which he substantiated by noting he can "flex my eyes" and manipulate his bones/back as well. He denied suicidal ideation, however. He noted his ears are very sensitive and he can "hear the whole camp at one time" which he confirmed was overwhelming. 20210924 093136

He noted he is from Kirkwood, MO originally and had received a great deal of mental health treatment throughout his life for "Schizophrenia," including inpatient hospitalizations. Although he struggled with the question, he noted he is currently taking Abilify. He states he has been in prison since 2002 and has been at other facilities, including Licking, Charleston and Bonne Terre. He states he attended school until the 9th grade and then dropped out. 20210924 093136

He denied holding a job currently or wanting one. He states he recently had a cellmate and they got along until "we had a falling out." He notes he has not been sleeping or eating well, stating he has been awake for the last 3 days. Both of these are new problems he does not usually have. 20210924 093136

Review of records indicated that he is in general population protective custody and carries a diagnosis of Schizoaffective Disorder. He is compliant with medications and is an MH3. He has had no conduct violations in the past year and has not seen medical. He has had 13 nursing visits and 4 visits with psychiatry, as well as 12 chronic care follow ups. He has had no visitors since 2016. 20210924 093136

OBJECTIVE

The patient was mostly alert and seemed to be fully oriented. He was dressed in a suicide smock and rocked throughout most of the evaluation. His speech was normal for tone and volume, but content was dominated by delusional themes of being a vampire, having sensitive hearing. His mood was depressed and affect was flat. He appeared to be distracted by internal stimuli, which was evidenced by delays in responding and asking me to repeat questions at times. He endorsed having auditory hallucinations and reminded me frequently of being a vampire. He remained engaged throughout, save for the aforementioned deviations. Abstract reasoning and judgment were impaired. Personal hygiene was unremarkable. 20210924 093136

ASSESSMENT

Nursing staff familiar with Mr. Johnson confirm that his current mental status is a deviation from the norm. He is 20210924 093136

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

TECH/MH ENCOUNTER APPOINTMENT DATE 09/22/2022 TIME 09:00 A SHOW UP Y PCC

SUBJECTIVE

Offender seen approx. 9:42-10:09 AM on 9/22/22 in office in Segregation unit at PCC for CP annual MH assessment. 20220923 212750
 Introduced self and purpose of visit. Offender agreed to meet with this psychologist and informed consent was reviewed, including limits of confidentiality, and offender verbalized understanding and verbalized his consent to participate in encounter. He was not able to sign consent due to being cuffed and restrained to bench d/t segregation status. 20220923 212750

Identifying info: Offender is a 44-yo Caucasian male serving a capital punishment sentence for Murder-1st, ACA, Attempted Forcible Rape, and Kidnapping for which he was sentenced on 3/7/2005 in St. Louis County. He is currently residing in the Segregation unit at PCC, awaiting return to PC placement. He is in MH CCC and is prescribed psychotropic medication. 20220923 212750

He reported feeling anxious due to being in segregation and wanting to return to PC so he can write his attorneys and work on his appeals. He isn't sure if he has exhausted all his appeals yet. He noted he came to segregation for fighting with a cellmate because the cellmate was "trying to make (him) do stuff (he) didn't want to do." He received a 25.1 CDV for fighting on 6/15/22 and the sanction was 20 days Disciplinary Segregation. He noted that he discussed the situation with staff. He reported he had been doing well in PC prior to the fight. He noted he currently has a cellmate and they have been getting along so far. 20220923 212750

Offender reported he began receiving MH care as a child, around age 9 or 10. He reported several inpatient hospitalizations related to suicide attempts, typically by overdose on his prescribed medications. He denied any current suicidal or homicidal ideation, intent or plans. He said he last engaged in any suicide attempts about a year ago when he swallowed razors. He stated, "I've given up on trying to kill myself." He stated that if he did start having thoughts about killing himself, he would tell a staff member. 20220923 212750

He noted he has experienced command AH in the past to harm himself but not in "years." He said he has also experienced command AH to harm others "when other people are doing stuff to me" and noted the voices would tell him "the world is going to end." He denied any recent or current experience of command AH to harm others. He said he does experience AH on a regular basis that is mostly "mumbling" and voices that 20220923 212750

Resp. Ex. C
 Johnson v. Vandergriff
 SC100077
 Page 567

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

***** SUBJECTIVE CONTINUATION FROM PREVIOUS PAGE *****

"get on to me." He reported being paranoid at times. He also said he has heard God's voice talking directly to him and sometimes he "can hear the other side of the world and different spirits." He reported he has also believed that the TV has communicated directly with him in the past. He noted believing that he was a famous singer once in the past.

Offender noted he does not get visits from family as "half (his) family died from COVID" or complications associated with COVID, including his mother, son, grandmother, and some aunts and uncles. He said that these losses "hurt" and his sister tries to help him and they email to each other, and he noted that she sends him pictures. His attorneys visit him and the last time was last Friday.

He reported his sleep is "iffy" and noted that he often keeps himself up by talking to himself. He reported his appetite and energy level are both "pretty good." He was able to list his psychotropic medications and reported he is compliant with all meds. He was able to accurately report his diagnosis and said "it means I hear voices and have manic depression and a mood disorder." He said he struggles with reality testing at times. He noted, "I can close my eyes and see into somebody else's eyes. I know it's not real. It's hard to explain. I can blur my vision. It's my power. It's weird."

He confirmed he has a 9th grade education. He said that he likes to listen to music, draw, and read the Bible to pass the time.

He reported he had no current mental health or medical needs. He believes his medications are effective and understands he can request to see MH or medical by submitting an HSR. He said he is open with psychiatrist and feels comfortable sharing when feeling depressed.

OBJECTIVE

Offender was cuffed behind the back and secured to a restraint bench in an office in the segregation unit. He was polite and cooperative. He agreed to talk with this psychologist after reviewing the informed consent document. He was grossly oriented to date, noting the correct month, year, day of the week, but guessed the date to be the 17th of Sept, when it was the 22nd. He correctly identified the current president as Biden. He was oriented to person and place. Hygiene and grooming were fair. He had several dry spots on his face and appeared somewhat disheveled. Speech was of normal rate, tone, volume. Eye contact was good. His mood was "anxious" and affect was blunted. No evidence of

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

***** OBJECTIVE CONTINUATION FROM PREVIOUS PAGE *****

any acute emotional distress or severe mood disturbance. He 20220923 212750
 was not observed to be responding to any unseen stimuli 20220923 212750
 during the encounter, but endorsed regular experience of AH. 20220923 212750
 Thought content evidenced some grandiosity, paranoia, and 20220923 212750
 ideas of reference. Insight/judgment fair at this time. 20220923 212750
 20220923 212750
 Review of records indicates that since last annual CP MH 20220923 212750
 assessment on 9/24/21, he was seen by psychiatry 5 times, 20220923 212750
 by primary care providers 22 times, by nursing 10 times, and 20220923 212750
 for MH CCC 17 times. He also was seen for one 30-day 20220923 212750
 segregation evaluation. He received CDVs on 12/6/21 for 24.1 20220923 212750
 (altering tablet, reading lamp and 3 pieces of cut 20220923 212750
 aluminum), 18.1 (interfering with count), 20.1 (disobeying 20220923 212750
 an order) and on 6/15/22 for 25.1 (fighting). He had been in 20220923 212750
 PC since 8/2/21 until he went to Segregation for fighting in 20220923 212750
 6/2022. He did not have a job since he was in PC. His last 20220923 212750
 placement on suicide watch was at the time of his last 20220923 212750
 annual CP MH assessment on 9/24/21. 20220923 212750

ASSESSMENT

MH3/SR 3 20220923 212750
 Diagnosis per last psychiatrist visit on 7/26/22: 20220923 212750
 Schizoaffective Disorder, Intellectual Disability 20220923 212750
 20220923 212750
 Offender's Shipley IQ score was in the low average range in 20220923 212750
 2003. 20220923 212750
 20220923 212750
 Institutional adjustment is fair as he is currently in 20220923 212750
 segregation for fighting, but overall he has not had a 20220923 212750
 significant amount of CDVs over the past year. 20220923 212750
 20220923 212750
 Treatment needs/recommendations: Offender denied any current 20220923 212750
 additional MH needs. He reported he believes his medications 20220923 212750
 are effective and symptoms are currently stable. He is seen 20220923 212750
 per MH3 protocols by QMHP and psychiatry. He should continue 20220923 212750
 to be seen per MH/HSR/Seg protocols. 20220923 212750

PLAN

Offender will continue to be seen per MH/HSR/Seg protocols. 20220923 212750

TECH./MH AJW000MHMH AMANDA J WALLACE

MSR DATE TIME COMPLAINT *****
09/23/2022 01:43 P QMHP - CHRONIC CARE ENCOUNTER

TECH/MH ENCOUNTER APPOINTMENT DATE 09/23/2022 TIME 10:30 A SHOW UP Y PCC

SUBJECTIVE

CC time 10:07 am 20220929 165142
 20220929 165142
 Met with offender at cell door in segregation due to no 20220929 165142
 available office space. Offender described his mood, 20220929 165142
 appetite and sleep as "good." He reported taking his 20220929 165142

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

***** PLAN CONTINUATION FROM PREVIOUS PAGE *****

BENZTROPINE MESYLATE 1MG TAB
1 MG PO DAILY
090 STOCK
CLONIDINE 0.1MG TAB (WATCH TAKE)
0.1 MG PO DAILY
090 STOCK
CLONIDINE 0.2MG TAB (WATCH TAKE)
0.2 MG PO QHS
090 STOCK
CLONIDINE 0.2MG TAB (WATCH TAKE)
0.2 MG PO Q HS
090 STOCK
LAMOTRIGINE 25MG TAB (FOR BIPOLAR)
25 MG PO DAILY X 14 DAYS
014 STOCK
LAMOTRIGINE 25MG TAB (FOR BIPOLAR)
50 MG PO DAILY X 14 DAYS STARTING 11/4/2022
014 STOCK
LAMOTRIGINE 100MG TABS (FOR BIPOLAR)
100 MG PO DAILY STARTING 11/18/22
028 STOCK
LAMOTRIGINE 100MG TABS (FOR BIPOLAR)
100 MG PO DAILY STARTING 11/19/22
090 STOCK
SEE SUBJECTIVE FOR COMPLETE SOAP NOTE

DOCTOR BGC000CCMH BRUCE G CORNELIUS

MSR DATE TIME COMPLAINT *****
10/26/2022 12:37 P MH - CRISIS INTERVENTION

TECH/MH ENCOUNTER APPOINTMENT DATE 10/26/2022 TIME 01:00 P SHOW UP Y PCC

SUBJECTIVE

Crisis Intervention/Close observation time 1:15 pm	20221026	155431
	20221026	155431
Met with offender in QMHP office located in ADSED pod.	20221026	155431
QMHP was contacted by HU4A staff stating that offender was	20221026	155431
talking to himself, yelling at his tablet and waking up	20221026	155431
yelling at night. His cellmate reported not sleeping for	20221026	155431
three days due to concern offender may "spas out." It was	20221026	155431
also reported that this behavior has gotten worse over the	20221026	155431
past 3 days. Offender stated that he has been experiencing	20221026	155431
an increase of AH; however, denied AH commanding him to do	20221026	155431
anything. He stated it is like a conversation occurring.	20221026	155431
When asked about yelling about aliens and robots, offender	20221026	155431
stated that he was singing. He further stated that he	20221026	155431
wakes up at night talking to himself and that he has been	20221026	155431
talking to self more than before. Upon reviewing MAR, it	20221026	155431
was noticed that offender did have a medication change on	20221026	155431
10/20/2022. Discussed with Mental Health Nurse. Offender	20221026	155431

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

***** SUBJECTIVE CONTINUATION FROM PREVIOUS PAGE *****

will be seen by psychiatrist on 10/28/2022 to address possible medication changes/issues. Offender reported his mood and appetite are good. He stated his sleep is good other than waking up in the night and this has been more bothersome to his cellmate.

Offender denied current SI/HI. He denied wanting to die, kill himself, or go to sleep and not wake up over the past 30 days.

It is believed that offender may be minimizing his symptoms and things bothering him. After discussing with Mental Health Nurse and CCM, it was decided offender will be placed on close observation with kevlar blanket, security mattress, boxers, t-shirt, styro tray, tablet, charger, ear buds, bible and prayer book authorized. Custody notified.

Offender was in agreement to close observation placement at least until he can be seen by psychiatrist on Friday.

Crisis ITP

Problem: Offender was placed on CO.

Goal: Offender will develop coping skills to manage stress and not exhibit self harm.

Responsibility: Offender will develop coping skills to manage stressors appropriately.

Interventions: QMHP will assess Mon-Fri, will utilize brief therapy, and assist offender in developing appropriate coping skills to manage stressors.

OBJECTIVE

Offender presented average groomed with appropriate dress (state grays and coat). Behavior was cooperative and calm. Mood was euthymic and affect congruent. Thought process was linear and content endorsed hallucinations and psychosis. Speech within normal limits. Insight and judgment limited. Alert and oriented times three. Offender denied current SI.

ASSESSMENT

MH3 per psychiatrist Schizoaffective disorder

Offender endorsed increased AH, disrupted sleep, and talking to himself. These symptoms reportedly became worse after medication change. Offender placed on close observation with boxers, t-shirt, styro tray, kevlar blanket, security mattress, tablet, charger, earbuds, bible and prayer book authorized.

Reviewed RTP no updates needed.

Offender to see psychiatrist on Friday.

PLAN

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

***** PLAN CONTINUATION FROM PREVIOUS PAGE *****

PLACE ON CLOSE OBSERVATION FOLLOW PER PROTOCOL 20221026 155431

TECH./MH JLR001EMMH JENNIFER L ROACH-SANSONE

MSR DATE TIME COMPLAINT *****
10/26/2022 02:28 P MH - NON-CONTACT NOTE

TECH/MH ENCOUNTER APPOINTMENT DATE 10/26/2022 TIME 02:15 P SHOW UP Y PCC

SUBJECTIVE

Offender Johnson, Johnny #534534 was placed on close 20221026 142941
observation in TCU5 at approximately 2:20 pm with boxers, 20221026 142941
t-shirt, security mattress, Kevlar blanket, styro tray, 20221026 142941
tablet, charger, earbuds, bible and prayer book authorized. 20221026 142941

TECH./MH JLR001EMMH JENNIFER L ROACH-SANSONE

MSR DATE TIME COMPLAINT *****
10/26/2022 02:29 P MH - CLOSE OBSERVATION

TECH/MH ENCOUNTER APPOINTMENT DATE 10/26/2022 TIME 01:15 P SHOW UP Y PCC

SUBJECTIVE

PLEASE SEE CRISIS INTERVENTION WITH SAME DATE 20221026 153418

TECH./MH JLR001EMMH JENNIFER L ROACH-SANSONE

MSR DATE TIME COMPLAINT *****
10/27/2022 10:31 A PSYCHIATRIST - CHRONIC CARE/FOLLOW-UP

DOCTOR ENCOUNTER APPOINTMENT DATE 10/28/2022 TIME 09:00 A SHOW UP Y PCC

SUBJECTIVE

CC: ??..been hearing voices and talking to myself?..? 20221028 174105
20221028 174105
Reports AVH since 16, 1st psychiatric admission at 19. 20221028 174105
States AVH are like a voice just inside his ear (not inside 20221028 174105
head or other location around the room). States they are 20221028 174105
always at least a mumble in the background, get worse when 20221028 174105
he is stressed. 20221028 174105
Pt is almost done with his federal appeals of his death 20221028 174105
sentence, is feeling increasingly under stress as a result. 20221028 174105
Pt reports jumping up out of his sleep, ?talking to aliens? 20221028 174105
in the middle of the night, though he does not remember 20221028 174105
doing so. 20221028 174105
Denies drug use in DOC. ETOH and mj on the street ? was 20221028 174105
occasional with ETOH, BID mj when available. Some 20221028 174105
methamphetamine and other drugs on rare occasions. 20221028 174105
Pt is concerned that Abilify isn?t helpful, suggests he 20221028 174105
might benefit from something else instead. Pt found relief 20221028 174105
from AVH with Klonopin in STL jail, recognizes that?s not an 20221028 174105
option. Pt denies remembering anything else helping, but 20221028 174105
liked how it ?mellowed him out.? 20221028 174105

DOC ID OFFENDER

00534534 JOHNNY A JOHNSON

***** SUBJECTIVE CONTINUATION FROM PREVIOUS PAGE *****

Pt states he imagines he should be treated for talking to himself, but only because it bothers his cellie. 20221028 174105
 20221028 174105
 20221028 174105
 ROS: jaw clenching ~3x/week, feels like his brain squirms and hurts (associates both of these with Abilify). 20221028 174105
 20221028 174105
 20221028 174105
 SocHx 20221028 174105
 Largely lived in Kirkwood, MO (grew up ?all over?). Learning disabled special services in school, made it to 9th grade. 20221028 174105
 Death sentence for rape/murder. 20221028 174105

OBJECTIVE

MSE: 20221028 174105
 GAB ? disheveled, extensive superficial scratches/plaques to face, NAD, ok eye contact, engaged if somewhat slow to answer at times, no RTIS. 20221028 174105
 20221028 174105
 20221028 174105
 Sp ? slow, quiet 20221028 174105
 FOT ? logical but concrete/limited 20221028 174105
 TC ? AVH (mumbling), no delusional/grandiose statements, no statements implying SI/HI/PTOD. Concepts presented were simple and concrete in nature. 20221028 174105
 20221028 174105
 Mood ? ?ok? 20221028 174105
 Aff. ? restricted but congruent 20221028 174105
 S/I ? grossly A&O, intellect grossly <nl 20221028 174105
 Memory ? grossly nl 20221028 174105
 I/J ? poor-fair 20221028 174105

ASSESSMENT

A/P: 20221028 174105
 Dx: Unsp. Psychotic Disorder, Neurocognitive Disorder (Mod.) 20221028 174105
 - Pt?s history implies consistent AVH, though the extent to which these are from a primary psychotic disorder is not clear as age of onset is earlier than typical. 20221028 174105
 20221028 174105
 - Pt?s history of special education argues for neurocognitive disorder severe enough to cause him to leave school early and have limited capacity to engage in today?s conversation. 20221028 174105
 20221028 174105
 - Pt presents with unclear degree of psychotic decompensation vs. stress- or other- induced sleep disturbances. 20221028 174105
 20221028 174105
 - Pt?s reported somatic sx attributed to aripiprazole may reflect EPS and can be addressed with higher Cogentin dose. 20221028 174105
 20221028 174105
 - Pt?s report of subjective improvement with olanzapine appears more clear on brief review of the record than other agents. Whether ziprasidone or risperidone is worth considering will involve more extensive review. Pt?s report of olanzapine causing weight loss is plausible, implying the need for only brief use of olanzapine pending switch to a different rx if employed. 20221028 174105
 20221028 174105
 - Indication for lamotrigine is not clear at this time. Will need to review for strong evidence of BPAD sx. 20221028 174105
 20221028 174105

PLAN

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

***** PLAN CONTINUATION FROM PREVIOUS PAGE *****

BENZTROPINE MESYLATE 2MG TAB
2MG PO BID
090 60

PLAN:

- Cont. aripiprazole 30mg daily
- Incr. Cogentin to 2mg BID
- Cont. Lamotrigine 100mg daily
- Cont. clonidine 0.1mg daily and 0.2mg qHS
- RTC 2 weeks

DOCTOR DJH000EMMH DAVINDER J HAYREH

MSR DATE TIME COMPLAINT *****
10/27/2022 12:47 P MH - CLOSE OBSERVATION

TECH/MH ENCOUNTER APPOINTMENT DATE 10/27/2022 TIME 10:00 A SHOW UP Y PCC

SUBJECTIVE

Close Observation time: 10:14 am 20221027 135246
 20221027 135246
 Met with offender at cell door in HU4 due to no available 20221027 135246
 office space. Offender reported things are going well. He 20221027 135246
 continued to report AH, without commanding statements. 20221027 135246
 Offender indicated he woke up last night listening to his 20221027 135246
 music and denied waking up screaming. He indicated he 20221027 135246
 continues to talk to self. Offender will remain on close 20221027 135246
 observation until he sees the psychiatrist on Friday. 20221027 135246
 20221027 135246
 Offender denied current SI/HI. He denied wanting to die, 20221027 135246
 kill himself, or go to sleep and not wake up over the past 20221027 135246
 30 days. 20221027 135246

OBJECTIVE

Offender presented in boxers/t-shirt as he is on close 20221027 135246
 observation. Behavior was calm and cooperative. Mood was 20221027 135246
 euthymic and affect congruent. Thought process was linear 20221027 135246
 and offender endorsed AH. He was delayed a bit in 20221027 135246
 responding to questions. Insight and judgment limited. 20221027 135246
 Alert and oriented times three. Offender denied current SI. 20221027 135246

ASSESSMENT

MH3 per psychiatrist Schizoaffective disorder 20221027 135246
 20221027 135246
 Offender to remain on close observation to monitor symptoms 20221027 135246
 until he see psychiatrist on Friday. 20221027 135246

PLAN

REMAIN ON CLOSE OBSERVATION FOLLOW PER PROTOCOL 20221027 135246

TECH./MH JLR001EMMH JENNIFER L ROACH-SANSONE

MSR DATE TIME COMPLAINT *****
10/28/2022 09:16 A MH - CLOSE OBSERVATION

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

TECH/MH ENCOUNTER APPOINTMENT DATE 10/28/2022 TIME 10:00 A SHOW UP Y PCC

SUBJECTIVE

Close observation time 10:26 am 20221028 130615
 20221028 130615
 Met with offender at cell door in HU4B as offender on 20221028 130615
 suicide watch. Offender reported he is doing well today. 20221028 130615
 He reported AH are "so so" today. His sleep was 20221028 130615
 interrupted last night due to being cold. Offender 20221028 130615
 continues to endorse talking to himself. He met with 20221028 130615
 psychiatrist today, who told him he was likely going to 20221028 130615
 make some medication changes; however, was not sure to 20221028 130615
 what. QMHP spoke with psychiatrist, who stated he did not 20221028 130615
 have concerns with offender being removed from Close 20221028 130615
 Observation. 20221028 130615
 20221028 130615
 Offender denied current SI/HI. He denied wanting to die, 20221028 130615
 kill himself, or go to sleep and not wake up over the past 20221028 130615
 30 days. 20221028 130615
 20221028 130615
 Conferred with RMHD to remove. Offender removed from close 20221028 130615
 observation. 20221028 130615

OBJECTIVE

Offender presented with appropriate dress for situation. 20221028 130615
 Behavior was calm and cooperative. Mood was "good" and 20221028 130615
 affect congruent. Thought process delayed at times and 20221028 130615
 offender endorsed AH, without commanding statement. Speech 20221028 130615
 within normal limits. Insight and judgment fair. Alert and 20221028 130615
 oriented times three. Offender denied current SI. 20221028 130615

ASSESSMENT

MH3 per psychiatrist Schizoaffective disorder 20221028 130615
 20221028 130615
 20221028 130615
 Conferred with RMHD to remove from close observation. 20221028 130615
 Offender denied current SI. He is not exhibiting signs and 20221028 130615
 symptoms that cause an acute concern for his safety or 20221028 130615
 other's safety. Offender has appropriate coping skills, as 20221028 130615
 he listens to his tablet and reads his bible. His acute 20221028 130615
 risk for suicide is low at this time. Offender removed 20221028 130615
 from suicide watch. 20221028 130615
 20221028 130615
 Offender was seen by psychiatrist today and reported 20221028 130615
 medication changes will likely occur. 20221028 130615

PLAN

REMOVE FROM CLOSE OBSERVATION FOLLOW PER SWFU PROTOCOL 20221028 130615

TECH./MH JLR001EMMH JENNIFER L ROACH-SANSONE

MSR DATE TIME COMPLAINT *****
11/02/2022 01:34 P QMHP - CHRONIC CARE ENCOUNTER

DOC ID OFFENDER

00534534 JOHNNY A JOHNSON

TECH/MH ENCOUNTER APPOINTMENT DATE 05/26/2023 TIME 12:45 P SHOW UP Y PCC

SUBJECTIVE

Individual Encounter time approximately 12:30 pm 20230526 131902

Staff indicated that offender had been observed crying much of the day. QMHP met with offender at cell door in segregation. Offender indicated that he has been upset today and crying; however, when asked he wanted to talk, he declined. He did ask for drawing paper, which will be provided via institutional mail. 20230526 131902

Offender denied wanting to harm himself. 20230526 131902

OBJECTIVE

Offender dressed appropriate and average grooming. He was cooperative with fair eye contact. Mood was euthymic and affect restricted. No responding to unseen stimuli was observed. speech within normal limits. Insight and judgment fair. Alert and oriented times three. Offender denied current SI. 20230526 131902

ASSESSMENT

MH3 per psychiatrist Dx: Unsp. Psychotic Disorder, Neurocognitive Disorder (Mod.) 20230526 131902

PLAN

ASSIGNED CLINICIAN WILL FOLLOW UP WITHIN TWO WEEKS 20230526 131902

TECH./MH JLR001EMMH JENNIFER L ROACH-SANSONE

MSR DATE TIME COMPLAINT *****
05/30/2023 09:50 A PSYCHIATRIST - CHRONIC CARE/FOLLOW-UP

DOCTOR ENCOUNTER APPOINTMENT DATE 05/31/2023 TIME 12:30 P SHOW UP Y PCC

SUBJECTIVE

PCC MHCCC 20230531 155742

Patient seen over Centurion Zoom telehealth connection; pt seen in PCC Mental Health office, provider located at his home in St. Louis. Christine Ballard LPN was present for the encounter. Pt provided signed consent for telehealth care, and self-identified with name, DOC# and DOB. 20230531 155742

CC: not specified 20230531 155742

- Says he feels tired, has been feeling this way for some weeks, thinks this is related to Abilify 20230531 155742

- Asking about what to be tested for after being stuck with a rusty needle a few months ago. 20230531 155742

- Pt otherwise denies concerns or questions. 20230531 155742

- Attempted to address findings of forensic consultant assessment received from AG's of-fice related to reported psychotic ideation. Pt states he has felt regularly like people are controlling him, that he hears voices in his head and has others' voices come out of his mouth at times. He reports this has been going on for an extended period. Pt 20230531 155742

DOC ID OFFENDER

00534534 JOHNNY A JOHNSON

***** SUBJECTIVE CONTINUATION FROM PREVIOUS PAGE *****

was too tired and distractible to fully engage on this point. 20230531 155742

ROS: denies any somatic complaints/concerns or rx SE's 20230531 155742

Mood: "kinda drained" 20230531 155742

Sleep/Appetite/Concentration/Interest/Energy: ok 20230531 155742

SI/HI/DSH/PTOD: denies 20230531 155742

OBJECTIVE

MSE 20230531 155742

GAB: OK grooming, NAD, good eye contact, engaged and 20230531 155742

responsive, slack-jawed expression, slow to respond 20230531 155742

initially , improved facial skin condition (fewer psoriatic 20230531 155742

plaques), 20230531 155742

SP: reduced amount and slowed with elevated latency at 20230531 155742

times. 20230531 155742

FOT: relevant but limited/concrete 20230531 155742

TC: no statements implying SI/HI, no grandiose statements, 20230531 155742

delusion of passivity and AVH as above 20230531 155742

Mood: "kinda drained" 20230531 155742

Aff,: congruent, full amplitude 20230531 155742

S/I: grossly A&O, intellect grossly nl 20230531 155742

Memory: grossly nl 20230531 155742

I/J: poor 20230531 155742

ASSESSMENT

ASSESSMENT: 20230531 155742

Dx: Unsp. Psychotic Disorder, Neurocognitive Disorder (Mod.) 20230531 155742

- Pt presents without evidence of imminent dangerousness to 20230531 155742

self/others. 20230531 155742

- Pt's presentation is far more sedated than has been the 20230531 155742

case in the past. The possibility of rx SE's suggests period 20230531 155742

of dose reduction or frank dc. Also worth considering is 20230531 155742

whether there is any possibility of an in-teraction with 20230531 155742

other rx he is currently receiving (i.e. hydrocortisone). 20230531 155742

PLAN

CLONIDINE 0.2MG TAB (WATCH TAKE)

0.2MG PO QHS FOR ANXIETY

090 30

PLAN:

- Continue lamotrigine 100mg qHS

- dc Abilify

- reduce clonidine to 0.2mg qHS

- LABS: none at this time

- EKG: none at this time

- RTC: 2-4 weeks or as needed

- review time course of sedation more closely at f/u for

possible rx interaction

- Pt provided verbal assent for this plan.

DOCTOR DJH000EMMH DAVINDER J HAYREH

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

***** ASSESSMENT CONTINUATION FROM PREVIOUS PAGE *****

Dx per psychiatrist 20230609 153746
Unsp. Psychotic Disorder, Neurocognitive Disorder (Mod.) 20230609 153746

PROBLEMS (PLEASE NUMBER)

1. Offender has a history of auditory hallucinations. He reports none since taking medication. 20230609 153746
2. Offender is an SR3 due to swallowing multiple razor blades in 2006 to attempt suicide. He has not had any recent suicidality. 20230609 153746

GOALS (ACCORDING TO PROBLEM # ABOVE)

1. Offender will remain free of AVH and maintain medication compliance. 20230609 153746
2. Offender will immediately report and suicidality to staff. 20230609 153746

Current: Offender indicates stability. Progress noted. 20230609 153746

PLAN

WILL HAVE CC F/U IN 30 DAYS. 20230609 153746

TECH./MH ASS000EMMH ASHLEY S SKAGGS

SPECIFIC CHARTING INFORMATION

06/20/2023

NO SIGNS OF TRAUMA 20230620 135526
NO MEDICAL/MENTAL HEALTH COMPLAINTS 20230620 135528
NO EXISTING MEDICAL/MENTAL HEALTH COMPLAINTS 20230620 135528
NO CRYING 20230620 135528
YES ORIENTED X'S 3 20230620 135528
NO WITHDRAWN 20230620 135528
NO HOSTILE/ANGRY 20230620 135528
NO QUIET 20230620 135528
NO MANIC BEHAVIOR 20230620 135528
YES DENIES COMPLAINT 20230620 135528

MSR DATE TIME COMPLAINT *****
06/26/2023 12:10 P PSYCHIATRIST - CHRONIC CARE/FOLLOW-UP

DOCTOR ENCOUNTER APPOINTMENT DATE 06/27/2023 TIME 10:00 A SHOW UP Y PCC

SUBJECTIVE

PCC MHCCC 20230705 111752
CC: not specified 20230705 111752
- Pt reports doing ok, was having nightmares prior to his dc of Abilify at last encounter, but is doing better now, no concerns or SE's attributed to his lamictal or clonidine. 20230705 111752
- Pt reports some diarrhea in the last two weeks, believes he is doing better now that he is getting "vitamin C?K and all that stuff?orange soda?peanuts." 20230705 111752
- Staff had told me pt was forgetting legal calls. Pt denies this but states he doubts his presence is meaningful. Pt 20230705 111752

DOC ID OFFENDER

00534534 JOHNNY A JOHNSON

***** SUBJECTIVE CONTINUATION FROM PREVIOUS PAGE *****

vague on whether he has an advocate regarding his sentence beyond his "4-5 lawyers." 20230705 111752
 - Pt confirmed ongoing AVH, commentary on his actions but no commands, doesn't recognize the voices, says they are both male and female and come from "far away." He finds them mostly irritating and has been hearing them since approximately age 6. He is open to treatment to address them. He reports sometimes he has contact with demons as indicated by feeling heat on his ears. 20230705 111752
 ROS: denies all somatic complaints or rx SE's 20230705 111752
 Mood: "OK" 20230705 111752
 Sleep/Appetite/Concentration/Interest/Energy: ok 20230705 111752
 SI/HI/DSH/PTOD: denies 20230705 111752

OBJECTIVE

MSE 20230705 111752
 GAB: OK grooming, NAD, good eye contact, engaged and responsive, some apparent RTIS and at least once instance of thought-blocking, variably motivated/trusting in manner, occasionally bemused for unclear reasons. 20230705 111752
 SP: nl 20230705 111752
 FOT: logical, linear, relevant if limited 20230705 111752
 TC: denies SI/HI, no grandiose/delusional statements, POC 20230705 111752
 Mood: "OK" 20230705 111752
 Aff,: congruent, restricted amplitude 20230705 111752
 S/I: grosly A&O, intellect grossly <nl 20230705 111752
 Memory: grossly nl 20230705 111752
 I/J: poor 20230705 111752
 AIMS = 0 20230705 111752

ASSESSMENT

ASSESSMENT: 20230705 111752
 Dx: Unsp. Psychotic Disorder, Neurocognitive Disorder (Mod.) 20230705 111752
 - Pt presents without evidence of imminent dangerousness to self/others. 20230705 111752
 - Pt was coherent and more open to discussing AVH and odd ideas than previously. Pt's responses indicated present, if not particularly strong, motivation for treatment of his psychotic sx. 20230705 111752
 - If pt's response is adequate to olanzapine or similar agent, revisiting BPAD dx and use of lamotrigine will be appropriate. 20230705 111752

PLAN

CLONIDINE 0.2MG TAB (WATCH TAKE)
 0.2MG PO QHS FOR ANXIETY
 090 30
 LAMOTRIGINE 100MG TABS (FOR BIPOLAR)
 100MG PO QHS FOR MOOD STABILIZATION
 090 30
 OLANZAPINE 5MG TAB

DOC ID OFFENDER
00534534 JOHNNY A JOHNSON

***** PLAN CONTINUATION FROM PREVIOUS PAGE *****

5MG PO QHS FOR PSYCHOSIS
090 30

PLAN:

- start olanzapine 5mg qHS
- continue clonidine 0.2mg qHS, lamotrigine 100mg qHS
- LABS: none at this time
- EKG: none at this time
- RTC: 2-4 weeks or as needed
- Pt provided verbal assent for this plan. Pt educated on need for adherence to treatment, and possible outcomes if nonadherent.
- Plan review of lamotrigine use at f/u.

DOCTOR DJH000EMMH DAVINDER J HAYREH

SPECIFIC CHARTING INFORMATION

06/27/2023

NO SIGNS OF TRAUMA	20230627	113618
NO MEDICAL/MENTAL HEALTH COMPLAINTS	20230627	113622
NO EXISTING MEDICAL/MENTAL HEALTH COMPLAINTS	20230627	113622
NO CRYING	20230627	113622
YES ORIENTED X'S 3	20230627	113622
NO WITHDRAWN	20230627	113622
NO HOSTILE/ANGRY	20230627	113622
NO QUIET	20230627	113622
NO MANIC BEHAVIOR	20230627	113622
YES DENIES COMPLAINT	20230627	113622

MSR DATE TIME COMPLAINT *****
07/03/2023 02:07 P BLOOD PRESSURE CHECK

SPECIFIC CHARTING INFORMATION

07/05/2023

NO SIGNS OF TRAUMA	20230705	151210
NO MEDICAL/MENTAL HEALTH COMPLAINTS	20230705	151212
NO EXISTING MEDICAL/MENTAL HEALTH COMPLAINTS	20230705	151212
NO CRYING	20230705	151212
YES ORIENTED X'S 3	20230705	151212
NO WITHDRAWN	20230705	151212
NO HOSTILE/ANGRY	20230705	151212
NO QUIET	20230705	151212
NO MANIC BEHAVIOR	20230705	151212
YES DENIES COMPLAINT	20230705	151212

MSR DATE TIME COMPLAINT *****
07/10/2023 10:01 A QMHP - CHRONIC CARE ENCOUNTER

TECH/MH ENCOUNTER APPOINTMENT DATE 07/10/2023 TIME 09:45 A SHOW UP Y PCC
SUBJECTIVE

Met with offender in PRU group room from approx. 945-955 am 20230710 142351

15:43:53
AFR079H
Ver: 1

Department of Corrections
Medical Accountability Records System
Offender Specific Medication

Page: . . .
Date: 07/12/2
From: 07/05/2
Thru: 07/12/2

Offender Name: JOHNSON JOHNNY A
Offender Id: 534534
Location: PCC
Current Housing: 001-01A-00011

Medication Name	Dosage	Start Date	End Date	Qty	Numb of D
CLONIDINE 0.2MG TAB (WATCH TAK	0.2MG PO QHS FOR ANXIETY	05/31/2023	07/05/2023	30	090
CLONIDINE 0.2MG TAB (WATCH TAK	0.2MG PO QHS FOR ANXIETY	07/05/2023	10/03/2023	30	090
LAMOTRIGINE 100MG TABS (FOR BI	100MG PO QHS FOR MOOD STABILIZ	05/10/2023	07/05/2023	30	090
LAMOTRIGINE 100MG TABS (FOR BI	100MG PO QHS FOR MOOD STABILIZ	07/05/2023	10/03/2023	30	090
OLANZAPINE 5MG TAB	5MG PO QHS FOR PSYCHOSIS	07/05/2023	07/10/2023	30	090
OLANZAPINE 10MG TAB	10MG PO QHS FOR PSYCHOSIS	07/10/2023	10/08/2023	30	090

Electronically Filed - SUPREME COURT OF MISSOURI - July 21, 2023 - 04:04 PM

EXHIBIT
1

04111907



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
CONDUCT VIOLATION REPORT

INSTITUTION SECP	DATE 11-19-04
ASSIGNMENT L-27	H.U. 1

OFFENDER NAME Johnny Johnson	DOC NUMBER 534534
VIOLATION OF RULE #17 Self Mutilation	PLACE (BUILDING/ROOM/COMPLEX) H41 cell 145 B-wing
TIME <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. DAY 1:30 P.M. Friday	DATE 11-19-04
PLACE CODE 001-01B-08145	

THE FOLLOWING EVENTS OCCURRED:
 on the above date and approximate time I cos Dalton witnessed offender Johnny Johnson #534534 bang his head on his cell door and start scratching himself to draw blood. The offender then proceeded to write on the cell walls "I'm The Dead" This places the offender in violation of rule #17 self mutilation #32 Sanitary violation.

SIGNATURE OF REPORTING EMPLOYEE <i>K Dalton</i>	PRINT NAME Kenneth Dalton	TITLE COJ	BADGE NO. 52075
--	------------------------------	--------------	--------------------

You have the right to written notice of the alleged violation prior to a hearing.
 You have the right to a hearing.
 You may be allowed to present documentary evidence at the hearing.

4. Witnesses may be allowed.
 5. You have the right to the written findings and decision.
 6. You have the right to appeal the decision as set forth in D5-32 Offender Grievances.

REPORT OF JOINT INTERVIEW BY INTERVIEWING STAFF	TIME 2:25	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	DATE 11-19-04
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Offender states: No Statement

to be seen by DHO at a later date.

WITNESS REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF "YES", COMPLETE WITNESS REQUEST (MO 931-0259)	PRINT NAME OF INTERVIEWER, TITLE AND BADGE NO. COTI Glenn Durrow 57566
UNDERSTAND MY RIGHTS AND HAVE RECEIVED A COPY OF THIS CONDUCT VIOLATION REPORT.	
OFFENDER SIGNATURE DNL Sign if not confined. <i>[Signature]</i>	DOC NUMBER 1807
SIGNATURE OF INTERVIEWER COTI Glenn Durrow 57566	



ST. LOUIS COUNTY CORRECTIONS MEDICINE
NURSES NOTES

NAME	DATE OF BIRTH:
Johnson, Johnny	3-16-78
DATE/TIME:	
7-27-02 0650	Dr. Greenberg called to give med order for meprobamate 10mg qHS & 1mor. - I tried to
7-28 7-27/02 7-3	PT refused the med. - I tried to PT quiet most of this shift. PT has poor PO intake. PT refused breakfast et only picked @ his lunch. He was given cereal BT + milk which he ate et a sandwich milk + OT for his snack. He has been appropriate et cooperative. He denies any S/I or current H/I ep Johnson
7/28/02 7-3	PT quiet et sleeping all shift. PT refused breakfast he only took bites of his lunch. Denies S/I or H/I. PT appears paranoid today. PT given milk + OT which he accepted. PT enc to call of overwhelmed. PT today appears to be in a "daze". PT remains cooperative + calm. Support offered - ep Johnson
7/30/02 1800	PT in cell crying and fearful. PT talked briefly to the nurse. He denies S/I or H/I but states that he sees "demons" he feels guilty and "I am a bad person because of what I did" PT also states he feels afraid. He states he hasn't had contact w his family or friends because they are "probably mad at me" PT given support et given time to vent. PT reassured et coping skills discussed Dr Greenberg notified et new orders rec'd ep Johnson
1730	PT given PRN med et is encouraged to ask for help. ep Johnson
1800	PT out in day area on 1 st walk milk + OT given PT no longer fearful. PT quiet in day area watching TV. ep Johnson
2130	PT monitored throughout the shift. He has been out on his 1 st walk et used the pay phone. He is standing at his

FORM CMS16 DOH PS 5-00

language were normal, generally reflecting logical thought processes. He did not appear to be responding to internal stimuli, and did not complain of hearing voices or seeing anything unusual during the interviews. He was being treated with antipsychotic medication on each of the occasions when I examined him.

Mr. Johnson reported unusual thoughts, such as: it would be possible to generate a tornado by twirling a stick in a baseball diamond. He expressed the belief that "when I was born the world was created, and when I die the world will die." He said that he stares at peoples' foreheads and can see their "auras." He reported that he has experienced a variety of visual, auditory, and tactile hallucinations: a small person riding on a mouse; people screaming; people on fire; strange languages on the radio; the feeling of "stuff" crawling on his arms and face; voices telling him that he belongs to them and that they will come for him; seeing cracks forming on walls; seeing "shadow people" coming out of cracks in walls. He reported that antipsychotic medication reduces but does not entirely eliminate these symptoms. He denied having used any illicit drugs since being incarcerated on the current charges in 2002.

He reported that he had been in Administrative Segregation throughout nearly all of his time in the DOC.

Mr. Johnson's affective display was somewhat blunted, but he did exhibit some signs of anxiety. He complained of sleep disturbance but reported that his appetite was normal. Overall, he had a rather bland presentation. He displayed neither tears nor evidence of humor. Intellectual functioning appeared to be within the Borderline or Low Average Range. He has a superficial awareness of his mental illness, but his insight and judgment are impaired.

Psychological Testing: I administered the Millon Clinical Multiaxial Inventories (MCMI-III) on two occasions: 3/10/03 and 12/2/03. The MCMI-III is a reliable and valid objective personality assessment instrument. It is often used by forensic psychologists for the assessment of criminal defendants.

On both tests, Mr. Johnson's scores revealed an apparent tendency to exaggerate and complain; however, the protocols/clinical scales were not thereby rendered invalid. It should be noted that "exaggeration" is not the same as "malingering." Individuals with legitimate mental disorders are sometimes also prone to exaggerating their symptoms, in part because they do not feel that they are being believed or taken seriously.

Mr. Johnson's MCMI results reveal the presence of a severe mental disorder, including psychotic symptoms. Diagnoses most consistent with his symptom picture, as revealed by the tests, were: Schizophrenia; Bipolar Disorder (with psychotic features); Post Traumatic Stress Disorder; and Psychoactive Substance Abuse.

AFFIDAVIT OF DR. ANGELINE STANISLAUS, ^{MD} ~~MD~~

I, Dr. Angeline Stanislaus, ^{MD} ~~MD~~ after being duly sworn, declare under penalty of perjury, the following to be true to the best of my knowledge and belief:

1. My name is Angeline Stanislaus. I am over the age of 18 and competent to make this affidavit.
2. I am a psychiatrist currently employed as the Chief Medical Director – Adult Services in the Missouri Department of Mental Health. I am board certified by the American Board of Psychiatry and Neurology in Psychiatry and Forensic Psychiatry. My current Curriculum Vitae is attached to this affidavit and reflects my education, training, and other relevant information.
3. I finished my fellowship in psychiatry in July of 2002. My first job was at Potosi Correctional Center [PCC]. I was a contract employee with Corizon. I later went to the Eastern Reception and Diagnostic Center [ERDC] and was also at Farmington for three years. In 2014, I was still working at least part time at PCC.
4. I was Johnny Johnson's treating psychiatrist while he was incarcerated at PCC. ~~_____~~ ~~_____~~ I remember Mr. Johnson quite well because I saw him for years. While I may not remember someone I met with for treatment a few times, he was not someone I would forget because of our continuous contact over the years.
5. I previously met with members of Mr. Johnson's defense team and have reviewed my notes prior to preparing this affidavit. I was also provided with a Release of Information signed by Mr. Johnson to permit me to speak with the defense team about Mr. Johnson's treatment while in my care. I began treating Mr. Johnson in January of 2007. The last treatment note by me is dated September 9, 2014. While

Initials: AS

Date: 07/7/2023
EXHIBIT 4

I am an expert in forensic psychiatry, I have not evaluated Mr. Johnson since I last saw Mr. Johnson at PCC. I have been informed there is current litigation regarding a potential claim Mr. Johnson is presently not competent to be executed. It would be unethical for me to opine on whether Mr. Johnson is competent to be executed because I have not evaluated him for this purpose. I provide this affidavit as a fact witness regarding my treatment of Mr. Johnson while under my care.

6. When a person was first incarcerated, they were triaged, and a code was assigned to them. Mental health care codes included the level of care required by an individual, and these codes would be reassessed as an individual received mental health care. An MH 1 was assigned to an individual who required no services. MH 2 required some therapy. MH 3 was someone who had a mix of services requiring therapy and medication. This was an individual that would see a psychiatrist every three months. If an individual was MH 4, they were at the highest level of care and would see a psychiatrist monthly because of the severity of their illness. Although there were occasions where Mr. Johnson was designated as an MH 3. Mr. Johnson was assigned MH 4 much of the time as is reflected in many of the notes. He required a great deal of support in the institution to treat his severe mental illness.
7. Mr. Johnson was diagnosed as suffering from schizoaffective disorder. My evaluations of Mr. Johnson confirmed this diagnosis. I treated Mr. Johnson over a period of several years. I am trained and familiar with individuals who malingering, or fake, mental illness. Because of my training and experience, it is my professional opinion that Mr. Johnson was not malingering. The primary evidence that Mr. Johnson was not malingering was that he was consistently reporting his symptoms. He was very open in reporting his symptoms. He was psychotic. He

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Date: 7/7/2023

heard voices and talked about them. When they were just murmurs, he would tell me he could deal with them. On occasions, his symptoms would increase and greatly disturb him. His auditory hallucinations would increase. The voices would get louder, more distinct, and demeaning. I would either increase the dosage of a medication or change the medication to help him manage his symptoms. At one point, he was on Geodon, and it stopped performing its function of reducing his symptoms to a manageable level. As a result, I changed his medication to Zyprexa based on his report. He did well on Zyprexa, which you do not see when someone is not suffering from severe mental illness. Likewise, the fluctuations in the voices from murmurs to more distinct voices were indications Mr. Johnson was not malingering because it reflected the waxing and waning of symptoms, which is an accurate and normal reflection of a severe mental illness like schizoaffective disorder.

8. I would also observe Mr. Johnson when we were meeting, and his symptoms often were apparent. There would be long pauses in the conversation where he would lose focus and be unable to concentrate. It is comparable to when you are having a conversation with someone in one room but can hear a conversation in the next room. Your concentration wanes as you hear things from the conversation in the next room. In Mr. Johnson's case, it was not a conversation in another room, but the symptoms of his mental illness distracting him. He had auditory hallucinations that would interfere with his ability to attend to and concentrate on his conversation with me.
9. When I would observe Mr. Johnson, I could tell when he was experiencing symptoms. There was a facial change. There was a blankness in his look. There

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Date: *7/7/2023*

were pauses and he was slow to respond to questions. I treated him for years and would recognize changes in his appearance and responses.

10. Mr. Johnson had psychotic breaks. They would occur during stressful time periods. Stress would cause his symptoms to increase. Events like the anniversary of the offense triggered him. His symptoms would increase as a result.
11. Mr. Johnson's symptoms were not a product of his prior drug use. Methamphetamine has changed in the last two decades. The methamphetamine of today is not the same as the methamphetamine of 2002, when Mr. Johnson had access to it. In 2002, it was not as potent as it is today. This is because the methamphetamine from 2002 was not as pure. As the purity has increased in the last two decades, the product now causes psychosis that lingers. In 2002, methamphetamine psychosis cleared in a matter of days. Now, it takes months to clear. I have seen individuals more recently that have not used methamphetamine for six months but still experience hallucinations. Mr. Johnson's symptoms are due to his mental illness not to his prior drug abuse. He was still consistently hearing voices while in the institution and not using street drugs.
12. It is also common for individuals suffering from schizophrenia to self-medicate. My patients have reported that at least in the short term, it calms them and makes the voices better.
13. Mr. Johnson was in the Protective Custody [PC] area of PCC. He killed a child and would have been very vulnerable because of his crime. He would have been targeted. Also, he was seriously mentally ill which would have made him a target as well because he was so sick.

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Date: 7/7/2023

14. Mr. Johnson never fully responded to his psychotropic medications. I would see him, and his symptoms would have diminished, but only to the point that they were merely tolerable for him. Under stress, he would decompensate even while on medications and his symptoms would become more pronounced.
15. I was asked if Mr. Johnson suffered from drug-resistant schizophrenia or schizoaffective disorder. Mr. Johnson was on two antipsychotics to control his symptoms. Schizophrenia afflicts one percent of the population. Of those individuals, one third of the population does okay with a small amount of medication. They may have had a psychotic break at one point, but subsequent medication controls their symptoms and they do well from that point forward. Another one third need to be isolated when they experience symptoms while being medicated. The final one third needs to be in a state hospital or other care while in carceral settings like prison. They have breakthrough symptoms. Mr. Johnson was in this final group. In the community, an individual like Mr. Johnson would need to see a psychiatrist very frequently to have any hope at managing his symptoms.
16. Generally, it takes some time for the diagnosis of schizophrenia to come about. Symptoms such as depression appear first. When they are younger, individuals look odd and do not have many friends. They have odd behaviors, and their thinking is different as well. The family does not recognize that the person is ill because they may not ever see a full episode of the illness. It is also not uncommon for the individual to seek substances like illicit drugs because they want the symptoms to go away. They know their experiences are not normal and want the symptoms to stop.

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Date: 7/7/2023

17. Mr. Johnson suffers from a severe mental illness. He has for many years and while medicated, he still suffered from breakthrough symptoms of his illness. I also have no question he was not malingering or feigning his mental illness. It is difficult to malingering or feign a mental illness over a significant period. In addition, he reported symptoms consistently and would report symptoms waxing and waning. My personal observations of him confirmed my diagnosis that he suffered from schizoaffective disorder.

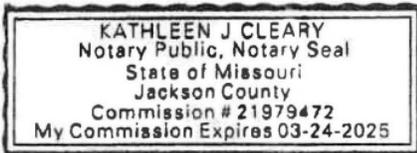
I hereby certify that the facts set forth above are true and correct to the best of my personal knowledge, information, and belief, subject to the penalty of perjury. This 7 day of July 2023.

Angeline Stanislaus
Dr. Angeline Stanislaus, MD
AS

State of Missouri)
)
)
)
County of St. Louis)

SS:

On this 7th day of July 2023, before me, the undersigned notary, personally appeared Dr. Angeline Stanislaus, personally known to me to be the person who signed the proceeding document in my presence and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of her knowledge and belief.



Notary Public: Kathleen J. Cleary
Kathleen J. Cleary

My Commission Expires: March 24, 2025

Commission # 21979472

Initials: AS

Date: 07/7/2023

AFFIDAVIT OF DR. ALWYN WHITEHEAD

I, Dr. Alwyn Whitehead, after being duly sworn, declare under penalty of perjury, the following to be true to the best of my knowledge and belief:

1. My name is Alwyn Whitehead. I am over the age of 18 and competent to make this affidavit. I worked at Potosi Correctional Center [PCC] in Mineral Point, Missouri for about nine years as a psychologist.
2. In preparation for this affidavit, I was provided an Authorization and Release to discuss Johnny Johnson, as well as my treatment notes from the Missouri Department of Corrections and other notes which provided context to my observations.
3. I worked all over PCC. There were three-four mental health professionals that were assigned a caseload of 300 mental health patients in a prison that had 1000 inmates. Those three-four mental health professionals were responsible for seeing the 300.
4. I remember Mr. Johnson because I treated him while he was incarcerated at PCC. I recall one of the diagnoses was that Mr. Johnson suffered from schizophrenia. He was also diagnosed with schizoaffective disorder. Mr. Johnson was mild mannered, pleasant more than anything else, and respectful. Mr. Johnson was in the protective custody unit. I believe Mr. Johnson also attended one of my classes. I think it was my Anger Management class. As I stated earlier, Mr. Johnson was respectful and paid attention when I spoke with him. Mr. Johnson did not try to stand out. I felt sorry for him. All the men at the prison had a hard-knock life. Mr. Johnson was quiet, not a troublemaker, and he went along with

AWW 7-7-25

Exhibit 5

Page 2 of 6

things. I also recall Mr. Johnson was not very bright. I do not recall Mr. Johnson causing disturbances.

5. Mr. Johnson was not malingering or faking his mental illness. It is hard to fake schizophrenia. Because I was at the prison for around nine years, I evaluated Mr. Johnson over time. Mr. Johnson's responses to me and reporting of symptoms was consistent during the years I saw him. I detected no red flags that suggested Mr. Johnson was faking his mental illness. Having evaluated individuals in carceral settings for years, I know there are red flags to look for when evaluating if someone is malingering. including: how the person describes their voices, how the person describes their visual disturbances, and whether they are consistent over time. I was always looking for signs someone was faking to get drugs. I saw no such signs in Mr. Johnson's case. He was very consistent in his verbalizations regarding the voices he heard.
6. The medication prescribed for schizophrenia are powerful medications. I remember Mr. Johnson having no problems with his medications. If someone is malingering, the medications will not work on them. Mr. Johnson's medications worked in that they helped with his symptoms. Medication does not get rid of the symptoms; it just makes them less apparent. Mr. Johnson consistently heard voices even when on the medication.
7. Mr. Johnson was on incredibly strong antipsychotics. If he did not have a severe mental illness, he would not be able to tolerate the medications. If Mr. Johnson were off his medications, he would have severe symptoms.
8. I was reminded that Mr. Johnson had shy bladder syndrome. After being reminded of this, I remembered that I had given Mr. Johnson a book on shy

afw 7-7-23

bladder syndrome. Many individuals at the prison had that problem. The prison can make it so hard on individual who has a shy bladder and tries to dissuade individuals from getting assistance. The prison thinks men are making it up to avoid having to give a urine sample.

9. Mr. Johnson was consistent in his presentation, and he was reporting the same symptoms—such as hearing voices—to the mental health technicians, psychiatrists, and physicians.
10. Mr. Johnson had classic schizoaffective symptoms. He presented with a lot of negative symptoms. People with schizoaffective can have a lot of negative symptoms, such as depression/anxiety, staring at walls. Paranoia is also a symptom of this disease. There is a lot of paranoia reported by Mr. Johnson and mentioned multiple times in the records. Some people have positive signs of schizophrenia which includes hearing voices or seeing things like shadows. Mr. Johnson had constant auditory hallucinations. Seeing things is rare, and Mr. Johnson denied visual hallucinations. Mr. Johnson did report seeing shadows, which I felt was a function of Mr. Johnson's paranoia. His paranoia caused him to incorrectly interpret what he saw.
11. Mr. Johnson was on suicide restriction. I do not recall the specifics of any attempts. However, Mr. Johnson had several instances of suicidal ideation which led to isolation. Mr. Johnson made threats and his paranoia led to these threats. Mr. Johnson was afraid of the cameras and thought someone was watching him.
12. Mr. Johnson typically had an even mood and was a pleasant guy for someone who had mental health symptoms. He had no shouting or disturbances. His mental health symptoms were always consistent. He was primarily hearing

AK 7-5-23

mumbling and voices. Mr. Johnson's mood did vary but was in the normal range for him. Sometimes he was depressed.

13. Mr. Johnson worked in the kitchen and had some problems there. The kitchen is a terrible place to work for someone who does not have mental problems. It was even harder for someone, like Mr. Johnson, who did have a mental health problem.
14. PCC did not give the best medical care to the individuals incarcerated there.
15. The prison gave Mr. Johnson Imipramine for his bedwetting and then took him off it.
16. Mr. Johnson was in a unit of 40 individuals. Someone was always going off (being disruptive) in the protective custody unit and/or threatening the other individuals in that unit. People in that unit had problems behaviorally. I do not recall Mr. Johnson causing problems or being disruptive.
17. When I was reviewing my notes, I reported Mr. Johnson was shy and usually stayed to himself. That report is consistent with my memory of Mr. Johnson.
18. The protective custody unit had two mental health techs assigned permanently to the unit. About 30% in the protective custody unit had limited intellectual functioning. They would have been taken advantage of in general population. Most of the people in the protective custody unit were in what we called "the pill line." These were individuals prescribed psychotropic medications.
19. Drugs prescribed for schizophrenia are powerful drugs that give all kinds of side effects such as weight gain, growing of breasts, impotence, and make people who take them nervous. It is no wonder people would not want to take the

QJW 7-7-23

medications at times. Taking medications in prison around an unstable population such as you find in prison would make anyone leery of taking them.

20. Mr. Johnson seemed to be not only mentally impaired, but intellectually impaired as well. Individuals with the impairments such as I identified in Mr. Johnson were targeted, picked on and bullied. If you wet the bed in prison, it was not a secret. You would get abused for that. Having a job in the kitchen, those rumors would be there, and it would be a bad job for anyone that had those kinds of problem and guys would pick on them there. If you got called for medications or were on the pill line, that was another reason people would get picked on. People who took meds would be called "pill heads" by other inmates and would become a target.

21. From my review of the records, even though Mr. Johnson had conduct violations, they were usually for disobeying an order, which meant he had contraband, or he was disrupting count, which meant he did not get out of bed and stand at the door in time.

22. Mr. Johnson was in administrative segregation a number of times. This is also a hard place to be as there are always inmates who are screaming and yelling all the time. It was tough atmosphere and a pressure cooker.

23. Mr. Johnson suffered from paranoia. He believed people were threatening him for one reason or another. For someone who has these issues, usually it takes a toll on them.

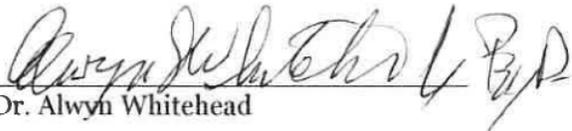
24. Mr. Johnson did not report anything out of the ordinary for someone with a diagnosis of schizoaffective disorder. He reported common problems in relation to that illness.

7-7-23

25. Mr. Johnson also was consistent with his reporting of auditory hallucinations.

There was very little fluctuation in his reporting. This consistent reporting and his other symptoms support my conclusion that he was not malingering his mental illness.

I hereby certify that the facts set forth above are true and correct to the best of my personal knowledge, available information, and belief, subject to the penalty of perjury. This 7 day of July 2023.


Dr. Alwyn Whitehead

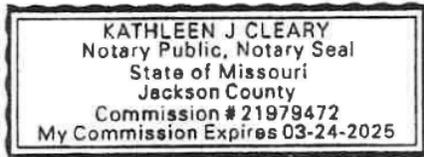
State of Missouri)
)
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) SS:
City of St. Louis)
County of St. Louis)

On this 7th day of July 2023, before me, the undersigned notary, personally appeared Dr. Alwyn Whitehead, personally known to me to be the person who signed the proceeding document in my presence and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his knowledge and belief.

Notary Public: 
Kathleen J. Cleary

My Commission Expires: March 24, 2025

Commission # 21979472



apw 7-7-23



SUPREME COURT OF MISSOURI
en banc

FILED

STATE EX REL. JOHNNY A. JOHNSON,)
)
 Petitioner,)
)
 v.)
)
 DAVID VANDERGRIFF,)
)
 Respondent.)

JUN 8 2023

CLERK, SUPREME COURT

No. SC100077

ORIGINAL PROCEEDING IN HABEAS CORPUS

On April 19, 2023, this Court issued a warrant for the execution of Johnny Johnson on August 1, 2023.¹ On May 16, 2023, Johnson filed a petition for a writ of habeas corpus, claiming his execution would violate the Eighth and Fourteenth amendments of the United States Constitution because (1) he is incompetent to be executed under the standard set by the United States Supreme Court in *Panetti v. Quarterman*, 551 U.S. 930 (2007), and *Ford v. Wainwright*, 477 U.S. 399 (1986), and (2) he is severely mentally ill. Johnson asks this Court to issue a writ prohibiting his execution and to appoint a special master to conduct an evidentiary hearing on his

¹ The factual background underlying Johnson’s first-degree murder conviction can be found in this Court’s opinion affirming his death sentence. *State v. Johnson*, 207 S.W.3d 24, 31-34 (Mo. banc 2006).

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incompetency claim. He also filed a motion for a stay of execution while his incompetency claim is adjudicated.

Johnson has not demonstrated the “substantial threshold showing of insanity” required by *Panetti* and *Ford*. Further, Johnson’s mental illness claims are procedurally barred. Accordingly, this Court denies his habeas petition and overrules as moot his accompanying motion for a stay of execution.

Standard of Review

Habeas relief “is limited to cases of manifest injustice involving a claim of actual innocence or where the sentence is unlawful.” *State ex rel. Nixon v. Sprick*, 59 S.W.3d 515, 519 (Mo. banc 2001). “[H]abeas review does not provide duplicative and unending challenges to the finality of a judgment, so it is not appropriate to review claims already raised on direct appeal or during post-conviction proceedings.” *State ex rel. Strong v. Griffith*, 462 S.W.3d 732, 733-34 (Mo. banc 2015) (internal quotation omitted). Additionally, a writ of habeas corpus will be denied if one “raises procedurally barred claims that could have been raised at an earlier stage” *State ex rel. Amrine v. Roper*, 102 S.W.3d 541, 546 (Mo. banc 2003). This restriction can be overcome by showing a jurisdictional defect, cause and prejudice, or extraordinary circumstances where manifest injustice would occur without relief. *Id.* “A petition for a writ of habeas corpus is a proper means to raise a claim of incompetency.” *State ex rel. Cole v. Griffith*, 460 S.W.3d 349, 356 (Mo. banc 2015). A habeas petitioner bears the burden of proof to show he or she is “entitled to habeas corpus relief.” *State ex rel. Lyons v. Lombardi*, 303 S.W.3d 523, 526 (Mo. banc 2010).

Analysis

Johnson argues that, because he is severely mentally ill, his execution violates the Eighth Amendment and the Equal Protection Clause under the Fourteenth Amendment. This Court has already heard and denied, on direct appeal, Johnson's claim that his execution violates the Eighth Amendment.² *Johnson*, 207 S.W.3d at 50-51. "[H]abeas review does not provide duplicative and unending challenges to the finality of a judgment, so it is not appropriate to review claims already raised on direct appeal or during post-conviction proceedings." *Strong*, 462 S.W.3d at 733-34 (internal quotation

² On direct appeal, this Court considered Johnson's following argument:

He asserts that the evidence showed that his severe mental illness impaired his ability to reason and control his conduct in the same manner as an offender who suffers from mental retardation, such that he should not be sentenced to death under *Atkins v. Virginia*, 536 U.S. 304, 122 S. Ct. 2242, 153 L.Ed.2d 335 (2002) (execution of the mentally retarded criminal is "cruel and unusual punishment" prohibited by the Eighth Amendment). Johnson further argues that the mitigating evidence of his mental illness weighed against imposition of the death penalty.

Johnson, 207 S.W.3d at 50-51. In rejecting Johnson's argument, this Court explained:

The jury rejected Johnson's mental illness defenses and arguments in both the guilt and penalty phases of the trial. Both federal and state courts have refused to extend *Atkins* to mental illness situations. *In re Neville*, 440 F.3d 220, 223 (5th Cir. 2006); *State v. Hancock*, 108 Ohio St. 3d 57, 840 N.E.2d 1032, 1059-60 (2006). There is nothing in the record of this case that would justify a different course of action.

Id. at 51.

omitted).³ Even if this Court were to reach the merits of Johnson’s claim, however, it fails. The United States Supreme Court held in *Atkins v. Virginia*, 536 U.S. 304 (2002), that the execution of an intellectually disabled criminal is “cruel and unusual punishment” prohibited by the Eighth Amendment. *Id.* at 321. Both federal and state courts, however, have refused to extend *Atkins* to mental illness. *See Johnson*, 207 S.W.3d at 51. Accordingly, Johnson’s claim fails.

Johnson also argues he is mentally incompetent to be executed and, therefore, his execution would violate the Eighth Amendment. *Ford* and *Panetti* set forth the standard for an Eighth Amendment claim that a prisoner is not competent to be executed. “[T]he Eighth Amendment prohibits a State from carrying out a sentence of death upon a prisoner who is insane.” *Ford*, 477 U.S. at 409-10; *see also Panetti*, 551 U.S. at 934. This constitutional protection “prohibits the execution of a prisoner whose mental illness prevents him from ‘rational[ly] understanding’ why the State seeks to impose that punishment.” *Madison v. Alabama*, 139 S. Ct. 718, 722 (2019) (alteration in original) (citing *Panetti*, 551 U.S. at 959). *Panetti* does not require a hearing unless Johnson demonstrates a “substantial threshold showing of insanity.” *Panetti*, 551 U.S. at 949; *Ford*, 477 U.S. at 426.

In support of his incompetency claim, Johnson presents evidence from Dr. Bhushan Agharkar, who was hired to conduct a psychiatric evaluation of Johnson.

³ Likewise, Johnson’s claim that, because he is mentally ill, his execution violates the Equal Protection Clause is procedurally barred because he could have raised this claim on direct appeal or in postconviction proceedings. *Roper*, 102 S.W.3d at 546.

Following a review of Johnson’s records and a single clinical interview with Johnson on February 24, 2023, Agharkar concluded:

Mr. Johnson is aware he is on death row and that he was convicted of murder. However, he does not have a rational understanding of the link between his crime and his punishment. His understanding of the reason for his execution is irrational and delusional, because he believes it is Satan “using” the State of Missouri to execute him in order to bring about the end of the world and that the voice of Satan confirmed this plan to him. He believes he has been marked with the “Seventh Sign” and the world will be destroyed were he to die. His belief that he can change this plan by going into the judge and lawyers’ heads to influence them to not execute him is likewise irrational and delusional, as is his belief that the spirits of the underworld can influence the State to not execute him for Satan’s purposes. He endorsed delusional beliefs about his mortality, and while he conceded he “thinks” he would die by lethal injection, his statements that he is a vampire and able to “reanimate” his organs, and his belief he can enter an animal’s mind if he can learn the right “code” in order to go on living after his execution show that he does not have a rational understanding of the finality of his punishment.⁴

While Agharkar opines that Johnson “does not have a rational understanding of the link between his crime and punishment,” his opinion also states: “[Johnson] is aware he has been sentenced to death for the murder of a child and that the State plans to execute him via lethal injection.” The State contends Agharkar’s statement—that Johnson is aware he has been sentenced to death for the murder of a child—evidences that Johnson has a rational understanding of the reason for his execution.⁵ To the contrary, Johnson asserts

⁴ As for Johnson’s alleged delusions regarding whether the State can be influenced (“by going into the judges’ and lawyers’ heads”) into not executing him or his mortality, this Court has held that merely because an inmate is delusional as to his/her chances of escaping execution does not make the inmate incompetent under *Ford* and *Panetti*. *State ex rel. Middleton v. Russell*, 435 S.W.3d 83, 85 (Mo. banc 2014). Accordingly, even assuming Johnson is delusional as to whether the State can be influenced into not executing him or as to his mortality, this does not make him incompetent to be executed.

⁵ The State also cites *State ex rel. Clayton v. Griffith*, 457 S.W.3d 735 (Mo. banc 2015), in support of its argument that Johnson is competent to be executed. In *Clayton*, the

that “awareness” of the reason for his penalty is not the same as a rational understanding of the reason for his penalty, citing *Panetti*. Instead, Johnson maintains he lacks a rational understanding of his punishment and genuinely believes the true purpose of his execution is to do Satan’s bidding and bring about the end of the world. In *Panetti*, the United States Supreme Court noted:

We likewise find no support elsewhere in *Ford*, including in its discussions of the common law and the state standards, for the proposition that a prisoner is automatically foreclosed from demonstrating incompetency once a court has found he can identify the stated reason for his execution. A prisoner’s awareness of the State’s rationale for an execution is not the same as a rational understanding of it. *Ford* does not foreclose inquiry into the latter.

551 U.S. at 959. Accordingly, Johnson’s awareness of the State’s rationale for his execution should not end the inquiry as to whether he has a rational understanding of the reason for his penalty.

The State further challenges the credibility of Agharkar’s opinion in arguing that Johnson’s medical reports do not support the alleged delusions that Agharkar asserts.

The State relies on Johnson’s medical reports and the affidavit, dated May 24, 2023, of Ashley Skaggs, the institutional chief of mental health at Potosi Correctional Center, who

petitioner dealt with delusions that his conviction was the result of a conspiracy and that some outside force would intervene and save him, yet such was not enough to meet the substantial threshold showing under *Ford* and *Panetti* because Clayton understood the reason for his execution. *Id.* at 744-45. Likewise, the State argues here that Johnson’s religious-themed delusions are not enough to meet the substantial threshold showing of incompetency. But *Clayton* is distinguishable from the instant case because Clayton’s delusions related to the reason for his conviction and whether his execution would, in fact, occur—not *why* he was to be executed. *Id.* at 745. To the contrary, here, Johnson’s expert opines that Johnson does not have a rational understanding as to *why* he is to be executed.

has met regularly with Johnson since 2021 to assess his mental health. In response to Agharkar's assessment, Skaggs states:

During my visits with Mr. Johnson, he has never expressed these kinds of hallucinations or delusional beliefs. On the contrary, in recent months Mr. Johnson has reported that his auditory hallucinations are well managed by medication and has denied more severe symptoms or side effects. ... During my visits with Mr. Johnson, he has made statements about his upcoming execution, his communications with his attorneys, and the status of his legal appeals. ... From my observations, Mr. Johnson appears to understand the nature of his upcoming execution.

Agharkar's insistence that Johnson is suffering from hallucinations and delusional beliefs is refuted by Skaggs's affidavit and Johnson's recent medical records. For example, in discussing on September 9, 2020, his "death row status" with a mental health services provider, Johnson stated he "is very ashamed of killing his best friend's daughter." On May 10, 2023, in talking to a mental health services provider, Johnson stated "he's still working with his attorneys to fight his case as best as he can but he's at peace with whatever happens." Further, while Johnson is diagnosed with schizophrenia and has reported hearing voices before,⁶ his most recent medical records indicate that his current medications are controlling his mental health symptoms—including reports from April and May of 2023 that he has been free of auditory hallucinations since taking medication.

Because Johnson's petition for a writ of habeas corpus is an original proceeding in this Court, this Court is the factfinder. Rule 84.22; Rule 91.01; *see also Cole*, 460 S.W.3d at 358. "In this role, this Court considers [Johnson's] argument and evidence in ruling on his writ petition." *Cole*, 460 S.W.3d at 358. Though Agharkar's report—which

⁶ Johnson was diagnosed with schizophrenia at the age of 16.

was based on a single meeting with Johnson—alleges Johnson lacks a rational understanding of the reason for his execution, his report is contrary to the other evidence. Neither Skaggs’s affidavit—which was based on her regular assessments of Johnson’s mental health since 2021—nor Johnson’s medical records support Agharkar’s allegations of Johnson’s delusions. Such conflicting evidence weakens the persuasiveness of Agharkar’s report.⁷ This Court finds Johnson’s evidence lacks credibility, particularly when viewed in light of the State’s evidence, to demonstrate a substantial threshold showing of insanity. *See Cole*, 460 S.W.3d at 358. Johnson’s claim fails.

Conclusion

Johnson has not demonstrated the substantial threshold showing of insanity required by *Panetti* and *Ford*. Additionally, Johnson’s mental illness claims are

⁷ This Court has previously considered the persuasiveness of inmates’ doctor reports to be weakened when there is other conflicting evidence. For example, in rejecting the petitioner’s claim in *Cole* that he was incompetent to be executed, this Court noted:

Additionally, the persuasiveness of the attorneys’ affidavits and Dr. Logan’s report with respect to Mr. Cole’s behavior is significantly weakened by the audio recordings from the telephone conversations. In their affidavits, the attorneys state that Mr. Cole appeared agitated, talked for long periods of time before suddenly stopping during a sentence, sometimes whispered or mouthed words, and jumped from topic to topic in a disorganized fashion. Dr. Logan also reported that Mr. Cole’s thinking became disorganized during the examination. Mr. Cole does not exhibit any of these bizarre speech behaviors during the telephone conversations, however. Rather, Mr. Cole sounds calm and is able to follow the conversations without abruptly changing the conversation to an unrelated topic.

Cole, 460 S.W.3d at 360-61. Similarly, here, the persuasiveness of Agharkar’s report is significantly weakened by Skaggs’s report and Johnson’s medical records, which do not include a single mention of the type of delusions that Agharkar alleges.

procedurally barred. Johnson's petition for a writ of habeas corpus is denied, and his accompanying motion for a stay of execution is overruled as moot.⁸


Mary R. Russell, Judge

Wilson, C.J., Powell, Breckenridge, Fischer
and Ransom, JJ, concur;
Draper, J., dissents without opinion.

⁸ No Rule 84.17 motions for rehearing shall be filed in this matter.

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
EASTERN DIVISION**

JOHNNY A. JOHNSON,)	
)	
Petitioner,)	
)	
vs.)	Case No. 4:23-cv-00845-MTS
)	
DAVID VANDERGRIFF,)	
)	
Respondent.)	

MEMORANDUM AND ORDER

Twenty-one years ago this month, Petitioner Johnny Johnson took six-year-old Casey Williamson to a concrete pit in an abandoned factory where he attempted to forcibly rape her. After pulling down his pants and exposing himself to her, Johnson tore Casey’s underwear off her and forced her to the ground. Johnson pinned her to the ground while he rubbed his penis on her leg. Casey resisted Johnson’s sexual predation, scratching Johnson’s chest. Johnson then grabbed a brick and struck Casey in the head at least six times. Casey continued to try to get away from Johnson, even after she could no longer walk. As she tried to crawl away, Johnson continued to strike her with the brick, eventually fracturing her skull. Casey continued to move. Johnson then lifted a boulder over his head and brought it down on Casey’s head and neck, killing her. Johnson left Casey’s body in the pit, covering much of it with rocks, leaves, and other debris. He left the abandoned factory and washed himself of Casey’s blood in the Meramec River.

Shortly thereafter, Johnson confessed to his crimes, and, at his jury trial, he did not deny killing Casey. Rather, he maintained that he had not deliberated before doing so. *See* Mo. Rev. Stat. § 565.020 (codifying first degree murder as “knowingly caus[ing] the death of another

person after deliberation upon the matter”). He asserted a diminished capacity defense, arguing that his mental illness—specifically schizoaffective disorder that, he said, caused command hallucinations to rape and kill Casey—prevented him from deliberating. The jury rejected the defense and convicted Johnson of first-degree murder, along with armed criminal action, kidnapping, and attempted forcible rape. Not only did the jury reject Johnson’s defenses and arguments regarding his mental illness in the guilt phase of the trial, it also rejected them in the penalty phase. For the murder conviction, the jury recommended a sentence of death, having found the statutory aggravating circumstances that the murder was outrageously or wantonly vile, horrible, or inhuman in that it involved depravity of mind and further finding that Johnson committed the murder while engaging in the offenses of kidnapping and attempted forcible rape. The trial court sentenced Johnson to death.

On appeal, the Supreme Court of Missouri¹ unanimously affirmed Johnson’s conviction and death sentence in a lengthy opinion. *State v. Johnson*, 207 S.W.3d 24 (Mo. banc 2006). And with no noted dissent, the Supreme Court of the United States denied Johnson’s petition for writ of certiorari. *Johnson v. Missouri*, 550 U.S. 971 (2007). Johnson then sought post-conviction relief under Missouri law. *See* Mo. R. Crim. Pro. 29.15. After holding an evidentiary hearing, the motion court overruled Johnson’s motion in its entirety. The Supreme Court of Missouri unanimously affirmed the motion court’s denial of post-conviction relief. *Johnson v. State*, 388 S.W.3d 159 (Mo. banc 2012).

Johnson next sought federal habeas relief under 28 U.S.C. § 2254. His requests were denied at every stage. *Johnson v. Steele*, 4:13-cv-00278-HEA, 2020 WL 978038 (E.D. Mo. Feb. 28, 2020) (denying, in a fifty-one-page opinion, Johnson’s Petition for Writ of Habeas Corpus

¹ Because the trial court sentenced Johnson to death, the Supreme Court of Missouri had exclusive jurisdiction of his appeal. Mo. Const. art. V, § 3. As such, the Missouri Court of Appeals did not review Johnson’s case.

and declining to issue a certificate of appealability); *id.*, 2020 WL 5760742 (E.D. Mo. Sept. 28, 2020) (denying Johnson’s subsequent Motion to Alter or Amend Judgment Pursuant to Rule 59(e) and again declining to issue a certificate of appealability); *Johnson v. Blair*, No. 20-3529, 2022 WL 2032929 (8th Cir. Jan. 21, 2022) (denying Johnson’s application for certificate of appealability); *Johnson v. Blair*, 143 S. Ct. 430 (2022) (denying Johnson’s petition for writ of certiorari).

With Johnson’s post-conviction challenges complete, the Supreme Court of Missouri, on April 19, 2023, issued a warrant for Johnson’s execution, setting his execution date for August 01, 2023. On May 16, 2023, Johnson filed a petition for a writ of habeas corpus in the Supreme Court of Missouri claiming his execution would violate the Eighth and Fourteenth Amendments to the United States Constitution because he is incompetent to be executed under the standard set by the Supreme Court of the United States in *Panetti v. Quarterman*, 551 U.S. 930 (2007), and *Ford v. Wainwright*, 477 U.S. 399 (1986). In his petition, Johnson claimed he lacks a rational understanding of his punishment and genuinely believes the true purpose of his execution is to do Satan’s bidding and bring about the end of the world. He sought a writ prohibiting his execution and requested that the Supreme Court of Missouri appoint a special master to conduct an evidentiary hearing on his incompetency claim. The Supreme Court of Missouri concluded Johnson did not demonstrate the “substantial threshold showing of insanity required by *Panetti* and *Ford*,” and it therefore denied his petition for writ of habeas corpus without conducting an evidentiary hearing. *State ex rel. Johnson v. Vandergriff*, 668 S.W.3d 574, 579 (Mo. banc 2023).²

² Five other Members of the Supreme Court of Missouri concurred in Judge Russell’s opinion denying Johnson’s petition for a writ of habeas corpus; one Member dissented without opinion.

Johnson’s Petition presently before this Court seeks review of the Supreme Court of Missouri’s denial of his petition. Pursuant to 28 U.S.C. § 2254(d), Johnson must show that the Supreme Court of Missouri’s decision was “contrary to, or involved an unreasonable application of,³ clearly established Federal law, as determined by the Supreme Court of the United States” or that the Supreme Court of Missouri based its decision “on an unreasonable determination of the facts in light of the evidence presented in the State court proceeding.” This “highly deferential standard” is “difficult to meet,” *Cullen v. Pinholster*, 563 U.S. 170, 181 (2011), and this Court concludes Johnson has not met it.

**Whether the Decision was Contrary to or Involved an
Unreasonable Application of Clearly Established Federal Law**

Contrary to Clearly Established Federal Law

“A decision is contrary to federal law if it (1) contradicts a rule set forth in the Supreme Court’s cases or (2) confronts a set of ‘materially indistinguishable’ facts and arrives at a different result.” *Dansby v. Payne*, 47 F.4th 647, 655 (8th Cir. 2022), *cert. denied*, 599 U.S. ---, No. 22-7222, 2023 WL 3937655 (U.S. June 12, 2023) (quoting *Williams v. Taylor*, 529 U.S. 362, 405–06 (2000)). It is difficult to pin down Johnson’s argument here. *See* Doc. [20] at 13 n.4 (noting Johnson did not analyze the “contrary to” and “unreasonable application of” prongs independently). But the Court does not see anywhere where Johnson put forward a rule set forth in a case from the Supreme Court of the United States that the Supreme Court of Missouri’s decision here contradicts. *See generally* Doc. [3] (using “rule” eight times but never in the context of actually providing one). Johnson seems to argue, though, that the Supreme Court of

³ The “contrary to” and “unreasonable application” clauses have independent meaning. *See Williams v. Taylor*, 529 U.S. 362, 405 (2000). Thus, Johnson need only show that the Supreme Court of Missouri’s decision was either (1) contrary to clearly established Federal law, as determined by the Supreme Court of the United States, or (2) involved an unreasonable application of clearly established Federal law, as determined by the Supreme Court of the United States. *Id.* at 404–05.

Missouri’s decision confronted a set of “materially indistinguishable” facts from *Panetti* and from *Madison v. Alabama*, 139 S. Ct. 718 (2019), and arrived at a different result. Doc. [3] at 48, 51. His argument misses the mark. *Panetti* is materially distinguishable, and, as for *Madison*, Johnson altogether misstates its holding.

In *Panetti*, no party disputed that the petitioner made a substantial threshold showing of insanity. 551 U.S. at 950. The Supreme Court of Missouri’s decision in this matter confronted parties disputing whether Johnson had made a substantial threshold showing of insanity. In *Panetti*, the petitioner made a substantial showing, in no small part, by including “pointed observations” from two experts on the day before the petitioner’s scheduled execution. *Id.* Here, Johnson provided *one* expert’s opinion from *five months* before Johnson’s scheduled execution. Further, unlike in *Panetti*, Missouri provided an affidavit from the institutional chief of mental health where Johnson is incarcerated, who had evaluated Johnson more recently *and* had met with him over a longer period of time. To the extent cases dealing with the review of a prisoner’s mental health records and experts’ opinions on a prisoner’s mental health can ever be “materially indistinguishable” based on the number of experts alone, *Panetti* is not materially indistinguishable to this case.⁴

In *Madison*, the Supreme Court held that the Eighth Amendment does *not* forbid the execution of a prisoner who shows that a mental disorder has left him without any memory of committing his crime and that the Eighth Amendment’s prohibition on executing a prisoner who cannot rationally understand the reason for his punishment applies regardless of whether that lack of rational understanding stems from dementia or psychotic delusions. 139 S. Ct. at 722. The Court then decided that it would leave to the state court to determine what those rulings

⁴ Johnson appears to argue that if two cases have the same number or type of experts on competency, then they are materially indistinguishable. The Court disagrees it is that simple.

meant for the petitioner’s execution because there was some reason to think the state court accepted Alabama’s argument that *Ford* and *Panetti* extended only to prisoners who suffer from psychotic delusions. *Id.* at 722, 730–31. So, contrary to Johnson’s claim, the Supreme Court in *Madison* in no way ruled that the petitioner’s evidence—a letter and declaration from a psychologist and a law professor—was “sufficient to establish a prima facie case of incompetency.” Doc. [3] at 51.⁵

Unreasonable Application of Clearly Established Federal Law

“A decision unreasonably applies federal law if the ‘state court correctly identifies the governing legal standard but either unreasonably applies it to the facts of the particular case or unreasonably extends or refuses to extend the legal standard to a new context.’” *Dansby*, 47 F.4th at 656 (quoting *Munt v. Grandlienard*, 829 F.3d 610, 614 (8th Cir. 2016)). An “unreasonable application of” clearly established federal law under § 2254(d)(1) “must be ‘objectively unreasonable,’ not merely wrong; even clear error will not suffice.” *White v. Woodall*, 572 U.S. 415, 419 (2014) (quoting *Lockyer v. Andrade*, 538 U.S. 63, 75–76 (2003)); accord *Cole v. Roper*, 623 F.3d 1183, 1187 (8th Cir. 2010) (explaining that a state court decision “may be incorrect, yet still not unreasonable” such that relief is appropriate “only if the state court decision is both incorrect *and* unreasonable”). Thus, to support his claim that the Supreme Court of Missouri unreasonably applied clearly established federal law, Johnson must show that its ruling “was so lacking in justification that there was an error well understood and comprehended in existing law beyond any possibility for fairminded disagreement.” *Harrington v. Richter*, 562 U.S. 86, 103 (2011). He has not done so.

⁵ As noted in footnote four, merely having the same number or type of experts as another case does not necessarily make a case materially indistinguishable. In any event, the facts of *Madison* and this case indeed are distinguishable in that Missouri provided an affidavit here that undercut Johnson’s expert’s opinion.

Johnson argues that the Supreme Court of Missouri’s decision denying him “a fair hearing to assess his incompetence and finding he did not meet the required ‘substantial threshold’ to show incompetence, while at the same time making credibility determinations and resolving factual disputes, was contrary to and an unreasonable application of the clearly established federal law set forth in *Ford* and *Panetti*.” Doc. [3] at 49–50; *accord id.* at 48–49. Precedent binding on this Court indicates otherwise.

When Andre Cole challenged his competency to be executed, the Supreme Court of Missouri weighed the evidence before it and concluded that even if it “assum[ed]” Cole made “a substantial threshold showing of insanity,” Cole “[wa]s not entitled to any further process under *Ford* and *Panetti* because he ha[d] been afforded the opportunity to submit argument and evidence, including expert psychiatric evidence, and to reply to the evidence submitted by the state.” *State ex rel. Cole v. Griffith*, 460 S.W.3d 349, 362 (Mo. banc 2015). Cole filed his federal habeas petition with respect to the Supreme Court of Missouri’s decision, which is equivalent to Johnson’s Petition now before this Court, and a Judge of this Court concluded “that the state court’s decision not to hold a hearing was an unreasonable application of *Ford* and *Panetti*.” *Cole v. Griffith*, 4:05-cv-00131-CDP, 2015 WL 1636429, at *5 (E.D. Mo. Apr. 13, 2015) (noting agreement with the petitioner that the Supreme Court of Missouri “improperly combined the issue of a threshold showing with improper fact-finding on the ultimate issue”). The United States Court of Appeals for the Eighth Circuit disagreed. *Cole v. Roper*, 783 F.3d 707 (8th Cir. 2015) (reversing the district court and vacating the court’s stay of execution).

The Court of Appeals for the Eighth Circuit concluded that “it was not an unreasonable application of *Ford* or *Panetti*” when the Supreme Court of Missouri “reach[ed] the merits of Cole’s incompetency claim without a more formal hearing.” *Id.* at 711 (Beam, J., for the Court);

accord id. at 713 (Gruender, J., joined by Beam, J., concurring) (“It was not an unreasonable application of *Ford* and *Panetti* for the Supreme Court of Missouri to reach the merits of Cole’s competency claim on the basis of Cole’s submissions, the state’s response, and Cole’s reply.”). Here, Johnson received the exact same process that Cole received; Johnson provided the Supreme Court of Missouri his submissions, the state responded, and he replied. Although Johnson may take issue with the Supreme Court of Missouri’s factual determinations, it is puzzling how, in light of *Cole*, he can take issue with the court’s process.

If the Court of Appeals for the Eighth Circuit has determined that it was not an unreasonable application of *Ford* and *Panetti* for the Supreme Court of Missouri to reach the merits of a competency claim on briefing alone, it is beyond this Court’s grasp how it could be an unreasonable application of *Ford* and *Panetti* for the Supreme Court of Missouri to reach the threshold question on briefing alone. How could it be an unreasonable application of *Ford* and *Panetti* for the Supreme Court of Missouri to weigh evidence or determine credibility in its consideration of whether a petitioner has met the threshold showing of insanity when the Court of Appeals for the Eighth Circuit has determined the Supreme Court of Missouri could weigh evidence and determine credibility for the merits of a competency claim?

What is the difference between weighing evidence or determining credibility, then explicitly concluding that a petitioner has failed to make a threshold showing of insanity versus assuming a petitioner has made a threshold showing of insanity and then weighing the very same evidence obtained via the very same process? Johnson, at least at times, seems to agree there is no difference. Doc. [3] at 52 (arguing the Supreme Court of Missouri “decided the competency issue on the merits”). The only difference between what the Supreme Court of Missouri did with Johnson’s petition and what it did in *Cole* is that, in *Cole*, based on all the evidence and briefing,

it assumed Cole made a substantial threshold showing of insanity but concluded Cole did indeed rationally understand his sentence. *See State ex rel. Cole v. Griffith*, 460 S.W.3d 349, 362 (Mo. banc 2015) (Stith, J., dissenting) (describing what the majority did as “simply” taking the evidence Cole presented to support his threshold showing “and us[ing] that evidence to make credibility determinations as to whom to believe and whose reports are entitled to more weight in the first instance and then itself decide the ultimate factual issue of whether Mr. Cole is incompetent”). The Supreme Court of Missouri determined, by weighing the evidence it had before it through the same process as *Cole*, that Johnson did not even make a threshold showing.

The Supreme Court of Missouri could have made the exact same decision by simply assuming Johnson met his threshold showing, exactly like the court did in *Cole*, then concluding, on weighing the evidence, that Johnson was competent. The fact that it concluded that Johnson’s evidence and argument were so weak as to not even clear the first hurdle cannot be an unreasonable application of federal law when the Court of Appeals for the Eighth Circuit has held the former is not. *Zornes v. Bolin*, 37 F.4th 1411, 1415 (8th Cir. 2022) (explaining that, under § 2254, the federal court evaluates the reasonableness of the state court’s ultimate conclusion, not necessarily the reasoning used to justify the decision).

Johnson has not shown the Supreme Court of Missouri made an “unreasonable application of” clearly established federal law under § 2254(d)(1) when it determined Johnson failed to demonstrate “the substantial threshold showing of insanity required by *Panetti* and *Ford*.” *State ex rel. Johnson v. Vandergriff*, 668 S.W.3d 574, 579 (Mo. banc 2023).⁶

⁶ Johnson makes the argument that the Supreme Court of Missouri decided the competency issue “based on a record that was intended only to establish the threshold showing necessary.” Doc. [3] at 52. He writes passively about the record, so it is unclear who intended it to only establish the threshold. In any event, such an argument did not suffice in *Cole*. *See Cole*, 783 F.3d at 714 (Gruender J., joined by Beam, J., concurring) (“*Panetti* does not clearly establish that a petitioner is entitled to an opportunity to present evidence and argument even if he already has had two such chances.”). And, thanks to *Cole*, Johnson was on notice that he should present all the evidence he had.

**Whether the Decision Was Based on an Unreasonable
Determination of the Facts in Light of the Evidence Presented**

Johnson also argues that the Supreme Court of Missouri’s decision was based on an unreasonable determination of the facts in light of the evidence before the court. Doc. [3] at 54; *see also* 28 U.S.C. § 2254(d)(2). Like “unreasonable” in the context of an unreasonable application of clearly established federal law, discussed above, “unreasonable” here does not simply mean wrong. Thus, the Supreme Court of Missouri’s factual determinations here will not be unreasonable even if this Court “would have reached a different conclusion in the first instance.” *Wood v. Allen*, 558 U.S. 290, 301 (2010). Further, a state court’s “credibility determinations are owed the same deference as their factual findings.” *Grass v. Reitz*, 749 F.3d 738, 744 (8th Cir. 2014). Section 2254 requires that this Court “presume[.]” the determination of factual issues the Supreme Court of Missouri made in its decision are “correct.” *Id.* at 743 (citing 28 U.S.C. § 2254(e)(1)).

In making its determination, the Supreme Court of Missouri had before it Johnson’s medical records, a report from Bhushan Agharkar, who was hired to conduct a psychiatric evaluation of Johnson, and an affidavit of Ashley Skaggs, who has met regularly with Johnson since 2021 to assess his mental health as the institutional chief of mental health where Johnson is incarcerated. In reviewing this evidence, the Supreme Court of Missouri noted that Skagg’s affidavit and Johnson’s medical records refuted Agharkar’s “insistence that Johnson is suffering from hallucinations and delusional beliefs.” 668 S.W.3d at 578. Indeed, Skaggs wrote that

See id. at 716 (Bye, J., dissenting) (lamenting that the Supreme Court of Missouri’s process in *Cole* was “particularly egregious” because, since the Supreme Court of Missouri, up until then, had never proceeded in that way, “Cole had no reason to believe he was required to marshal all evidence supporting his lack of competency under the expedited route of a petition for habeas relief”). What is more, Johnson does not identify the evidence he would have brought to the Supreme Court of Missouri in a subsequent hearing but did not bring in his petition, and he “had strong incentives to put forth his best evidence.” *See id.* at 714 n.2 (Gruender J., joined by Beam, J., concurring).

during her visits with Johnson, “he has never expressed these kinds of hallucinations or delusional beliefs.” *Id.* As for Johnson’s medical records, the court focused on Johnson’s *recent* records, like reports from April and May of 2023 that Johnson has been free of auditory hallucinations since taking medication. *Id.* at 579.

The Supreme Court of Missouri ultimately concluded that Agharkar’s report was “contrary to the other evidence.” *Id.* It noted that Skaggs’s affidavit, which she based on her regular assessments of Johnson’s mental health since 2021, did not support the allegations in Agharkar’s report, which he “based on a single meeting with Johnson,” that Johnson had this type of delusion. *Id.* This “conflicting evidence weaken[ed] the persuasiveness of Agharkar’s report,” the court concluded. *Id.* The court found that “Johnson’s evidence lack[ed] credibility, particularly when viewed in light of the State’s evidence, to demonstrate a substantial threshold showing of insanity.” *Id.*

As for his arguments before this Court, Johnson first makes much of the last sentence in one of the Supreme Court of Missouri’s decision’s footnotes. The Supreme Court of Missouri stated that it found “the persuasiveness of Agharkar’s report [wa]s significantly weakened by Skaggs’s report and Johnson’s medical records, which do not include a single mention of the type of delusions that Agharkar alleges.” *Id.* at 579 n.7. The problem, Johnson says, is that his medical records “contain at least 15 mentions of the types of delusions” that Johnson expressed to Agharkar. Doc. [3] at 54. But the Supreme Court of Missouri’s finding that Johnson’s medical records do not contain mention of the same type of delusions “is itself presumed to be correct.” *See Cole*, 783 F.3d at 711. This dispute boils down to Johnson and the Supreme Court of Missouri disagreeing about the “type of delusions” at issue.⁷

⁷ Because Johnson has previously been determined competent to stand trial, he faced a presumption of competency. *Cole v. Roper*, 783 F.3d 707, 711 (8th Cir. 2015); *Ford v. Wainwright*, 477 U.S. 399, 426 (1986) (Powell, J.,

Johnson argues his current delusion, which he says precludes his execution, is that Satan is “‘using’ the State of Missouri to execute [Johnson] in order to bring about the end of the world,” and that “the world will be destroyed were [Johnson] to die.” Doc. [10] at 137. While the instances to which Johnson points in his medical records involve demons, Satan, the dead, and vampires, Doc. [3] at 56–59, it is not wrong, let alone unreasonable, to say that those instances are not of the same “type of delusions”—delusions that prevent him from rationally understanding why Missouri seeks to execute him. The mere fact that someone experiences delusions does *not* mean that the person experiences the type of delusions that prevent him from rationally understanding why the state seeks to execute him. *See Madison*, 139 S. Ct. at 729 (“[D]elusions come in many shapes and sizes, and not all will interfere with the understanding that the Eighth Amendment requires.”). Johnson does not point to any delusion documented in his medical records that prevents him from rationally understanding why Missouri seeks to execute him.

All Johnson’s other issues boil down to the credibility of Agharkar and Skaggs and how he believes the Supreme Court of Missouri should have evaluated them. He argues Agharkar is more qualified, more educated, than Skaggs. He calculates that Agharkar, though only meeting with Johnson one time, may have spent just as much time, or even more time, with Johnson than Skaggs did in total throughout her more numerous but briefer visits. Those points undoubtedly are things that could be considered when weighing the persuasiveness of Agharkar’s report or

concurring) (recognizing that since a “petitioner must have been judged competent to stand trial, or his competency must have been sufficiently clear as not to raise a serious question for the trial court,” the state “therefore may properly presume that petitioner remains sane at the time sentence is to be carried out”). So, when Johnson points to the same delusions he has been having “for over twenty years,” Doc. [3] at 59—delusions he had even as a pretrial detainee, *id.* at 56—he essentially is equating the delusions he had while he was determined to be competent to stand trial, and competent to deliberate under the first-degree murder statute, with the delusions he experiences now. *See also* Doc. [22] at 8 (discussing his “longstanding delusions” that he has “endured over decades”). But if his delusions are the same, he remains competent. Thus, this Court understands the Supreme Court of Missouri’s observation to be an unremarkable one, that Johnson’s medical records do not mention the type of delusions that would render Johnson incompetent, the type Agharkar alleges Johnson has.

Skaggs’s affidavit. But they do not establish that the Supreme Court of Missouri was wrong, let alone that it was objectively unreasonable, when it concluded Johnson’s evidence lacked credibility. “Reasonable minds reviewing the record might disagree about [the evidence’s] credibility, but on habeas review that does not suffice to supersede the [Supreme Court of Missouri’s] credibility determination.” *Rice v. Collins*, 546 U.S. 333, 341–42 (2006). That important principle remains true even when, as here, “the state court made its factual findings on a cold record instead of live testimony.” *Graham v. Solem*, 728 F.2d 1533, 1541 (8th Cir. 1984) (en banc).

“The presumed correctness of a state court’s credibility determinations does not require the court to give a detailed explanation for those determinations.” *Robinson v. LaFleur*, 225 F.3d 950, 953 (8th Cir. 2000). The Supreme Court of Missouri provided ample explanation for its credibility determinations. Johnson has failed to show that any of the Supreme Court of Missouri’s factual findings were unreasonable in light of the evidence presented to it, let alone that it based its decision on one. 28 U.S.C. § 2254(d)(2).

CONCLUSION

For these reasons, the Court concludes that Johnson has failed to establish the Supreme Court of Missouri’s decision was contrary to, or involved an unreasonable application of, clearly established Federal law, as determined by the Supreme Court of the United States; or that its decision was based on an unreasonable determination of the facts in light of the evidence presented in the State court proceeding. Therefore, the Court will deny Johnson’s Petition for Writ of Habeas Corpus pursuant to 28 U.S.C. § 2254.

Because the Court concludes that Johnson has not made a substantial showing of the denial of a constitutional right, the Court will deny a certificate of appealability. 28 U.S.C.

§ 2253(c)(2); *see also* Rules Governing Section 2254 Cases in the United States District Courts 11(a) (“The district court must issue or deny a certificate of appealability when it enters a final order adverse to the applicant.”).

Accordingly,

IT IS HEREBY ORDERED that Petitioner Johnny A. Johnson’s Petition for Writ of Habeas Corpus under 28 U.S.C. § 2254, Doc. [3], is **DENIED**.

IT IS FURTHER ORDERED that the issuance of a certificate of appealability is **DENIED**.

IT IS FURTHER ORDERED that Petitioner Johnny A. Johnson’s Motion for Stay of Execution, Doc. [4], is **DENIED**.

IT IS FINALLY ORDERED that Petitioner Johnny A. Johnson’s Motion to File Exhibit Under Seal, Doc. [17], is **DENIED**.

Dated this 17th day of July 2023.



MATTHEW T. SCHELP
UNITED STATES DISTRICT JUDGE

**UNITED STATES COURT OF APPEALS
FOR THE EIGHTH CIRCUIT**

No: 23-2664

Johnny A. Johnson

Appellant

v.

David Vandergriff, Warden

Appellee

Appeal from U.S. District Court for the Eastern District of Missouri - St. Louis
(4:23-cv-00845-MTS)

Before KELLY, GRASZ, and ERICKSON, Circuit Judges

AMENDED ORDER

Appellant's motions for permission to file an overlength Certificate of Appealability and Replies are granted. It is further ordered that appellant's Motion for a Stay of Execution is granted. Appellant's Application for a Certificate of Appealability is granted, limited to the claim that he is incompetent to be executed. Judge Grasz would deny the Application for a Certificate of Appealability and the Motion for Stay of Execution.

The following briefing schedule is established:

Appellant's opening brief is due 9/5/23.

Appellee's brief is due 30 days following service of brief of Appellee.

Appellant's reply brief is due 21 days following service of brief of Appellee.

July 25, 2023

Order Entered at the Direction of the Court:
Clerk, U.S. Court of Appeals, Eighth Circuit.

/s/ Michael E. Gans

**UNITED STATES COURT OF APPEALS
FOR THE EIGHTH CIRCUIT**

No: 23-2664

Johnny A. Johnson

Appellant

v.

David Vandergriff, Warden

Appellee

Appeal from U.S. District Court for the Eastern District of Missouri - St. Louis
(4:23-cv-00845-MTS)

ORDER

A petition for rehearing has been filed by Appellee in the above case. The court requests a response to the petition for rehearing en banc.

The response is limited to 3900 words, and must contain a word count certificate. The response should be filed electronically by 1:00 p.m. CST on July 27, 2023.

July 26, 2023

Order Entered at the Direction of the Court:
Clerk, U.S. Court of Appeals, Eighth Circuit.

/s/ Michael E. Gans

**UNITED STATES COURT OF APPEALS
FOR THE EIGHTH CIRCUIT**

No: 23-2664

Johnny A. Johnson

Appellant

v.

David Vandergriff, Warden

Appellee

Appeal from U.S. District Court for the Eastern District of Missouri - St. Louis
(4:23-cv-00845-MTS)

ORDER

The petition for rehearing en banc is granted. The petition for panel rehearing is denied as moot.

Judge Kelly and Judge Erickson would deny the petition for rehearing en banc.

July 28, 2023

Order Entered at the Direction of the Court:
Clerk, U.S. Court of Appeals, Eighth Circuit.

/s/ Michael E. Gans

**UNITED STATES COURT OF APPEALS
FOR THE EIGHTH CIRCUIT**

No: 23-2664

Johnny A. Johnson

Appellant

v.

David Vandergriff, Warden

Appellee

Appeal from U.S. District Court for the Eastern District of Missouri - St. Louis
(4:23-cv-00845-MTS)

CORRECTED ORDER

The petition for rehearing en banc is granted. The petition for panel rehearing is denied as moot. Judge Kelly and Judge Erickson would deny the petition for rehearing en banc.

The Court's order dated July 25, 2023 is hereby vacated.

July 29, 2023

Order Entered at the Direction of the Court:
Clerk, U.S. Court of Appeals, Eighth Circuit.

/s/ Michael E. Gans

United States Court of Appeals
For the Eighth Circuit

No. 23-2664

Johnny A. Johnson

Petitioner - Appellant

v.

David Vandergriff, Warden

Respondent - Appellee

Appeal from United States District Court
for the Eastern District of Missouri

Submitted: July 28, 2023

Filed: July 29, 2023

REVISED JUDGMENT

Before SMITH, Chief Judge, COLLOTON, GRUENDER, BENTON, SHEPHERD, KELLY, ERICKSON, GRASZ, STRAS, and KOBES, Circuit Judges, En Banc.

This appeal comes before the court on appellant's application for a certificate of appealability and appellant's motion for stay of execution. The en banc court has carefully reviewed the original file of the district court, and the application for a certificate of appealability and the motion for stay are denied. The appeal is dismissed.

Judge Loken did not participate in the consideration or decision of the application for a certificate of appealability and the motion for stay of execution.

GRUENDER, Circuit Judge, with whom COLLOTON, BENTON, SHEPHERD, GRASZ, STRAS, and KOBES, Circuit Judges, join, concurring.

I concur in the *en banc* court’s decision to deny the application for a certificate of appealability and to deny the motion for a stay of execution. *See* 28 U.S.C. § 2253(c). I write separately to address the points raised by the dissenting judges.

After the Supreme Court of Missouri set Johnny Johnson’s execution for August 1, 2023, he filed a petition for a writ of habeas corpus in that court. He claimed that his impending execution would violate the Constitution because he is incompetent to be executed. *See Panetti v. Quarterman*, 551 U.S. 930 (2007); *Ford v. Wainwright*, 477 U.S. 399 (1986). The Supreme Court of Missouri determined that Johnson had failed to make the “substantial threshold showing of insanity required by *Panetti* and *Ford*” and denied his petition. *State ex rel. Johnson v. Vandergriff*, 668 S.W.3d 574, 579 (Mo. 2023). Johnson then sought relief in federal court under 28 U.S.C. § 2254, but the district court denied his petition and refused to issue a certificate of appealability. *See Johnson v. Vandergriff*, No. 4:23-cv-00845, 2023 WL 4560814, at *7 (E.D. Mo. July 17, 2023). Johnson next turned to this court. A panel granted his application for a certificate of appealability on his competency-to-be-executed claim and granted his motion for a stay of execution. The full court then granted the state’s petition for rehearing *en banc*, vacating the panel’s decisions. The court now denies both his application for a certificate of appealability and his motion for a stay of execution.

Three judges believe that Johnson’s application for a certificate of appealability should have been granted because the Supreme Court of Missouri’s decision was contrary to clearly established federal law, was an unreasonable application of federal law, and was based on an unreasonable determination of the facts. *See* § 2254(d). Respectfully, these conclusions rest on a misunderstanding of the United States Supreme Court’s decision in *Panetti*, as well as on a failure to defer to facts determined by the state court. Applying the proper standards, no reasonable jurist could disagree with the district court’s resolution of Johnson’s constitutional claims. *See Buck v. Davis*, 580 U.S. 100, 115 (2017). Nor could they conclude that

the issues presented here are “adequate to deserve encouragement to proceed further.” *See id.*

The Supreme Court of Missouri’s decision was not “contrary to” *Panetti*. *See* § 2254(d)(1); *Dansby v. Payne*, 47 F.4th 647, 655 (8th Cir. 2022) (“A decision is contrary to federal law if it (1) contradicts a rule set forth in the Supreme Court’s cases or (2) confronts a set of materially indistinguishable facts and arrives at a different result.” (internal quotation marks omitted)). “Once a prisoner seeking a stay of execution has made a substantial threshold showing of insanity, the protection afforded by procedural due process includes a fair hearing in accord with fundamental fairness.” *Panetti*, 551 U.S. at 949 (internal quotation marks omitted). This requires an “opportunity to be heard.” *Id.* The Supreme Court of Missouri applied these principles. *Johnson*, 668 S.W.3d at 577; *see Woodford v. Visciotti*, 537 U.S. 19, 22-24 (2002) (applying “the presumption that state courts know and follow the law”).

Judge Kelly emphasizes that the delusions Panetti suffered are similar in kind to Johnson’s and that, in *Panetti*, the Supreme Court concluded that Panetti had made a substantial threshold showing of insanity. Importantly, the parties did not dispute that Panetti made a substantial threshold showing of insanity. *See Panetti*, 551 U.S. at 950 (“[Panetti] made this showing when he filed his [competency motion]—a fact disputed by no party, confirmed by the trial court’s appointment of mental health experts . . . , and verified by our independent review of the record.”). Having made that showing, the Supreme Court held that the “state court failed to provide [Panetti] with a constitutionally adequate opportunity to be heard.” *Id.* at 952. It “refused to transcribe its proceedings,” “on repeated occasions conveyed information to petitioner’s counsel that turned out not to be true,” engaged in *ex parte* communications with the state, failed to allow Panetti to make his case, probably violated state law, and “failed to provide [Panetti] with an adequate opportunity to submit expert evidence in response to the report filed by the court-appointed experts.” *Id.* at 950-51. In light of these due-process violations, the Supreme Court did not defer to the state court’s finding of competency and instead remanded the case for evidentiary development. *Id.* at 954, 962.

But here, the Supreme Court of Missouri determined that “Johnson has not demonstrated the substantial threshold showing of insanity required by *Panetti*.” *Johnson*, 668 S.W.3d at 579. Nonetheless, even at the initial threshold stage, Johnson was still allowed to present the factfinder—here, the Supreme Court of Missouri—with a written record and full briefing. We have approved this cold-record procedure even when the petitioner *has* made a substantial threshold showing of insanity. *See Cole v. Roper*, 783 F.3d 707, 710-11 (8th Cir. 2015); *id.* at 713-14 (Gruender, J., joined by Beam, J., concurring) (“It was not an unreasonable application of *Ford* and *Panetti* for the Supreme Court of Missouri to reach the merits of Cole’s competency claim on the basis of Cole’s submissions, the state’s response, and Cole’s reply.”). In other words, the Supreme Court of Missouri afforded Johnson process over and above that which *Panetti* required. Therefore, reasonable jurists could not debate whether the Supreme Court of Missouri’s decision was contrary to *Panetti*.

Nor has Johnson made a substantial showing that the Supreme Court of Missouri’s decision was “based on an unreasonable determination of the facts in light of the evidence presented in the State court proceeding.” § 2254(d)(2). It is not enough for us to conclude we would have reached a different conclusion in the first instance. *Wood v. Allen*, 558 U.S. 290, 301 (2010). Rather, the state court’s decision must be “so lacking in justification that there was an error well understood and comprehended in existing law beyond any possibility for fairminded disagreement.” *Dunn v. Madison*, 583 U.S. ---, 138 S. Ct. 9, 11 (2017). And “a determination of a factual issue made by a State court shall be presumed to be correct” and can be rebutted only by “clear and convincing evidence.” § 2254(e)(1).

The dissenting judges do not apply these principles, and reasonable jurists could not debate whether the state court’s determination—that Dr. Agharkar’s report lacks credibility when viewed in light of the state’s evidence—was unreasonable. *See Johnson*, 668 S.W.3d at 579. Judge Kelly argues that the state’s evidence does not speak to whether Johnson has a rational understanding of the reasons for his death sentence. According to her, it speaks only to his awareness of his impending execution. Indeed, that is the primary basis for Judge Kelly’s argument that the state court unreasonably applied federal law. But Skaggs stated in her affidavit that

Johnson “appears to understand the nature of his upcoming execution.” The “nature” of something is “the basic or inherent features of something,” *New Oxford American Dictionary* (3d ed. 2010), so to understand the nature of an execution is to have a rational understanding of the reason for it. See *Madison v. Alabama*, 586 U.S. ----, 139 S. Ct. 718, 723 (2019) (“Citing *Ford* and *Panetti*, he argued that ‘he no longer understands’ the ‘status of his case’ or the ‘*nature of his conviction and sentence.*’” (emphasis added)); *Drope v. Missouri*, 420 U.S. 162, 171 (1975) (“It has long been accepted that a person whose mental condition is such that he lacks the capacity to understand *the nature and object of the proceedings against him . . .* may not be subjected to a trial.” (emphasis added)).

Moreover, the mere fact that the medical records and Skaggs’s affidavit fail to explicitly state that Johnson has a rational understanding of the reasons for his death sentence does not mean that they do not undermine Dr. Agharkar’s conclusion. Judge Kelly argues that Johnson’s medical records and Skaggs’s affidavit do not discredit Dr. Agharkar’s statements about Johnson’s delusional beliefs. But Dr. Agharkar’s report was based on a single evaluation performed on February 24, 2023, whereas Skaggs meets with Johnson regularly. The facts in Skaggs’s affidavit and in Johnson’s medical records conflict with Dr. Agharkar’s findings. Dr. Agharkar found on the day of the evaluation that Johnson has delusional beliefs that Satan is using Missouri to execute him to bring about the end of the world; Skaggs stated that Johnson has a history of auditory hallucinations but in recent months has reported that his auditory hallucinations are well managed by medication. Importantly, Johnson’s medical records from *after* February 2023 reflect that at multiple mental-health appointments he has reported no auditory hallucinations and was not observed having hallucinations or delusions during the appointments.

Even though Dr. Agharkar observed delusions in February 2023 and Johnson’s past medical records show that he had expressed delusions like the ones mentioned in the report, that does not mean that he presently lacks a rational understanding of the reason for his punishment. Judge Kelly states that the fact that Johnson did not express such delusional beliefs when meeting briefly with Skaggs does not automatically discredit Dr. Agharkar’s observations. Perhaps, but the question is whether clear and convincing evidence rebuts the state court’s finding

that the state's evidence discredits Dr. Agharkar's observations. No reasonable jurist could find that clear and convincing evidence does. And with the issues properly framed, no reasonable jurist could disagree with the district court's determination that the Supreme Court of Missouri's decision did not involve an unreasonable application of federal law or an unreasonable determination of the facts. Johnson is not entitled to a certificate of appealability on his competency-to-be-executed claim.

For these reasons, I conclude that Johnson has not made a substantial showing of a denial of a constitutional right. I therefore concur in our denial of Johnson's application for a certificate of appealability as well as the denial of the motion for a stay of execution.

KELLY, Circuit Judge, with whom SMITH, Chief Judge, and ERICKSON, Circuit Judge, join, dissenting.

A panel of this court determined that "jurists of reason would find it debatable whether" Johnson's federal habeas petition "states a valid claim of the denial of a constitutional right, and that jurists of reason would find it debatable whether the district court was correct in its procedural ruling," Ward v. Hobbs, 738 F.3d 915, 916 (8th Cir. 2013) (citations omitted), and it accordingly granted a certificate of appealability. See Miller-El v. Cockrell, 537 U.S. 322, 336 (2003) (describing the issuance of a certificate of appealability as a "jurisdictional prerequisite"). The same panel also granted a stay of execution to allow the parties to address the merits of Johnson's claim. Cf. Barefoot v. Estelle, 463 U.S. 880, 889 (1983) ("Approving the execution of a defendant before his appeal is decided on the merits would clearly be improper . . ."). In my view, that stay was properly granted because Johnson has shown "a significant possibility" of succeeding on the merits of his habeas claim. Hill v. McDonough, 547 U.S. 573, 584 (2006). Respectfully, I dissent from the *en banc* court's decision, upon rehearing, to deny Johnson a certificate of appealability and to deny his motion for stay of execution.

Johnson ultimately seeks a determination by a federal court that he is not competent to be executed. See Ford v. Wainwright, 477 U.S. 399, 409–10 (1986) (holding that the Eighth Amendment "prohibits a State from carrying out a sentence

of death upon a prisoner who is insane”); see also Madison v. Alabama, 139 S. Ct. 718, 723 (2019) (“The resulting rule [from Ford], now stated as a matter of constitutional law, held a category of defendants defined by their mental state incompetent to be executed.” (citation omitted)). More specifically, evidence in the record indicates that Johnson, because of a “severe psychotic mental illness and a cognitively impaired brain,” possesses the “delusional belief” that the “true purpose” of his impending execution is “to do Satan’s bidding to bring about the end of the world as part of spiritual warfare between Satan and the forces of good.” And Johnson argues that because he “does not rationally understand the reason for his execution,” executing him would violate the Eighth Amendment. See Panetti v. Quarterman, 551 U.S. 930, 958 (2007). Under the standards set forth in the Antiterrorism and Effective Death Penalty Act of 1996 (AEDPA), Johnson is entitled to relief if he demonstrates that the Supreme Court of Missouri’s adjudication of his federal incompetency-to-be-executed claim “resulted in a decision that was contrary to, or involved an unreasonable application of, clearly established Federal law, as determined by the Supreme Court of the United States,” 28 U.S.C. § 2254(d)(1), or “resulted in a decision that was based on an unreasonable determination of the facts in light of the evidence presented in the State court proceeding,” id. § 2254(d)(2). I believe Johnson has likely met this burden.¹

To start, a state court decision is “contrary to . . . clearly established Federal law,” id. § 2254(d)(1), if the state court “arrives at a conclusion opposite to that reached by the Supreme Court on a question of law, or if the state court confronts facts that are materially indistinguishable from relevant Supreme Court precedent yet reaches the opposite result.” Zornes v. Bolin, 37 F.4th 1411, 1414 (8th Cir. 2022) (citing Williams v. Taylor, 529 U.S. 362, 405–06 (2000)). In Panetti v. Quarterman, the Supreme Court made clear that “[o]nce a prisoner seeking a stay of execution has made a ‘substantial threshold showing of insanity,’ the protection afforded by procedural due process includes a ‘fair hearing’ in accord with fundamental fairness.” 551 U.S. at 949 (quoting Ford, 477 U.S. at 426 (Powell, J., concurring in

¹Whether Johnson is ultimately entitled to federal habeas relief hinges, of course, on whether he can actually clear AEDPA’s hurdles. But that is a merits question that has not yet been presented to this court, and is why the panel entered a stay of execution.

part and concurring in the judgment)). And based on its own “independent review of the record,” the Court concluded that the prisoner in that case had made a “substantial threshold showing” when he filed a “Motion to Determine Competency” in state court that included “extensive evidence of mental dysfunction” as well as “pointed observations” from a psychologist and a law professor “demonstrat[ing]” that the prisoner “did not understand the reasons he was about to be executed.” *Id.* at 938, 950.

Like the prisoner in Panetti, Johnson raised a Ford-based claim in state court that he is not competent to be executed. Like the prisoner’s state-court motion in Panetti, Johnson’s state-court petition for writ of habeas corpus included a thorough report from a medical doctor summarizing Johnson’s “long-documented history of psychotic mental illness,” including schizophrenia, and describing his “profoundly delusional inner world,” which, according to that expert, prevents Johnson from having a “rational understanding of the link between his crime and his punishment.” Indeed, Johnson’s delusional beliefs—he thinks that “Satan is ‘using’ the State of Missouri to execute him in order to bring about the end of the world”—are strikingly similar to the ones described in Panetti. See 551 U.S. at 954 (noting that the prisoner had a “genuine delusion” that his execution was “part of spiritual warfare between the demons and the forces of the darkness and God and the angels and the forces of light” (cleaned up)). Johnson’s evidence of incompetency was materially indistinguishable from the evidence deemed sufficient in Panetti.² Yet the Supreme Court of Missouri here concluded that Johnson failed to “demonstrate[] the substantial threshold showing of insanity required by Panetti and Ford.” State ex rel. Johnson v. Vandergriff, 668 S.W.3d 574, 579 (Mo. banc 2023).

²Indeed, Johnson’s threshold evidence—which consisted of voluminous medical records documenting his decades-long struggle with mental illness and a 55-page report detailing the observations made by a psychiatrist during a two-and-a-half-hour-long “face-to-face clinical interview” with Johnson—is arguably even stronger than the incompetency-related evidence at issue in Panetti. See 551 U.S. at 970 (Thomas, J., dissenting) (noting that the “Renewed Motion to Determine Competency” that Panetti filed in state court included a “one-page letter” from a doctor to Panetti’s counsel “describing” the former’s “85-minute ‘preliminary evaluation’ of Panetti” that “contain[ed] no diagnosis” and “d[id] not discuss whether Panetti understood why he was being executed”).

Because this decision is clearly contrary to Panetti, Johnson is entitled to a review of his “underlying incompetency claim” by a federal court that is “unencumbered by the deference AEDPA normally requires.” Panetti, 551 U.S. at 948; see Brumfield v. Cain, 576 U.S. 306, 312 (2015) (noting that a habeas petitioner need only satisfy one of § 2254(d)’s prongs). But I also believe the Supreme Court of Missouri’s dismissal of Johnson’s incompetency claim “involved an unreasonable application of” federal law as well. 28 U.S.C. § 2254(d)(1); see Munt v. Grandlienard, 829 F.3d 610, 614 (8th Cir. 2016) (“The ‘contrary to’ clause and ‘unreasonable application’ clause of § 2254(d)(1) have ‘independent meaning.’” (citation omitted)).

It was unreasonable for the Supreme Court of Missouri to conclude that Johnson’s evidence, when weighed against the evidence the State offered in response, did not “demonstrate[] the substantial threshold showing of insanity required by Panetti and Ford.” See Munt, 829 F.3d at 614 (“An ‘unreasonable application’ of Supreme Court precedent occurs when a state court correctly identifies the governing legal standard but . . . unreasonably applies it to the facts of the particular case . . .”). As the United States Supreme Court has explained, the “critical question” when addressing a Ford-based incompetency claim is “whether a ‘prisoner’s mental state is so distorted by a mental illness’ that he lacks a ‘rational understanding’ of ‘the State’s rationale for his execution.’” Madison, 139 S. Ct. at 723 (cleaned up) (quoting Panetti, 551 U.S. at 958–59)). And as part of his state-court habeas petition, Johnson proffered a thorough psychiatric report that determined he does, in fact, lack a “rational understanding” of “the reason for his execution” and “the finality of his punishment.”

Missouri countered Johnson’s expert report with a one-and-a-half-page affidavit from Ashley Skaggs, the “Institutional Chief of Mental Health” at the prison where Johnson is incarcerated. But nowhere in that affidavit does Skaggs attest that Johnson is competent to be executed under the applicable federal-law standard.³ See Madison, 139 S. Ct. at 731 (“The sole question on which [a death-

³Judge Gruender’s opinion suggests that Skaggs’s statement saying Johnson “appears to understand the nature of his upcoming execution” meets the Panetti

row inmate’s] competency depends is whether he can reach a ‘rational understanding’ of why the State wants to execute him.” (quoting Panetti, 551 U.S. at 958)). Missouri also does not dispute that Skaggs, who is a licensed professional counselor, is not qualified under state law to even make such a competency determination. Moreover, Skaggs’s statements in her affidavit—she notes that she “regularly . . . assess[es]” Johnson’s “mental health needs”; that Johnson’s “auditory hallucinations are well managed by medication”; and that Johnson “has made statements about his upcoming execution, his communications with his attorneys, and the status of his legal appeals”—do not provide meaningful insight into whether Johnson “grasp[s] the . . . meaning and purpose” of his execution or rationally understands the “link between his crime and its punishment.” Madison, 139 S. Ct. at 723 (cleaned up) (quoting Panetti, 551 U.S. at 958, 960); see Panetti, 551 U.S. at 959 (“A prisoner’s *awareness* of the State’s rationale for an execution is not the same as a *rational understanding* of it.” (emphasis added))).

In short, the Supreme Court of Missouri concluded that Johnson failed to make the requisite “threshold showing” of incompetency based on observations from a prison mental-health counselor that are largely irrelevant under the governing legal standard for competency in this context. Cf. Finch v. Payne, 983 F.3d 973, 981 (8th Cir. 2020) (concluding that the Arkansas Supreme Court unreasonably applied clearly established federal law because it “failed to identify” a valid basis for finding that a defendant did not unequivocally invoke his right to self-representation under the governing legal standard). This conclusion therefore involved an unreasonable application of Ford, Panetti, and Madison—all of which set out the proper standard for determining whether an inmate is competent for execution.

Finally, Missouri claims that the Supreme Court of Missouri’s decision was based on “credibility determinations” that are “entitled to substantial deference from federal court review.” Notably, the Court did not find that Johnson is, in fact, competent to be executed. Cf. Cole v. Roper, 783 F.3d 707, 710 (8th Cir. 2015) (affording deference to the Supreme Court of Missouri’s express “finding” that a

standard. It does not. Putting aside her lack of qualifications, Skaggs not only fails to state her view affirmatively or support it with more than “observations,” her impressions do not meet the exacting requirements of Panetti.

death-row inmate “rationally understood his death sentence and the reasons for it”). Rather, it determined that Johnson’s expert psychiatric report, “when viewed in light of the State’s evidence,” “lack[ed]” sufficient “credibility” to establish “a substantial threshold showing of insanity.” State ex rel. Johnson, 668 S.W.3d at 579. That is, the Supreme Court of Missouri reasoned that because the “allegations of Johnson’s delusions” in the report were not supported by the State’s evidence, the report’s ultimate determination that Johnson lacks a “rational understanding of the link between his crime and his punishment” was likewise not credible. Thus, according to the Court, Johnson had failed to meet his threshold burden of production under Panetti.

But that “credibility” determination was “based on an unreasonable determination of the facts in light of the evidence presented in the State court proceeding.” 28 U.S.C. § 2254(d)(2). In reaching its conclusion that Johnson’s expert psychiatric report “lack[ed] credibility,” the Supreme Court of Missouri first pointed to statements Johnson made in September 2020 to a mental health services provider about his “death row status” and the shame he felt for his crime, as well as to statements he made in May 2023 about the status of “his case.” State ex rel. Johnson, 668 S.W.3d at 578–79. But even if these statements suggest that Johnson is aware of his impending execution, they do not speak to whether he has a “rational understanding of the reasons for his death sentence,” or whether he rationally “grasp[s]” the connection between his “crime and its punishment.” Madison, 139 S. Ct. at 723. Indeed, such statements are entirely consistent with a worldview that is nonetheless clouded by irrational delusions, especially given Johnson’s evidence that he can “voice[]” a “rational answer” on occasion yet “remains floridly psychotic.” Cf. Brumfield, 576 U.S. at 314 (concluding that a state court’s rejection of a prisoner’s Atkins claim based on evidence that was “entirely consistent with intellectual disability” amounted to an “unreasonable determination of the facts” under AEDPA).

Next, the Supreme Court of Missouri noted that Johnson’s “most recent medical records indicate” that he has been “free of auditory hallucinations since taking medication.” State ex rel. Johnson, 668 S.W.3d at 579. And Skaggs similarly attested in her affidavit that Johnson “ha[d] reported that his auditory hallucinations

are well managed by medication.” But treating a symptom of mental illness is not the same as curing someone of mental illness.⁴ See Grass v. Reitz, 749 F.3d 738, 743 (8th Cir. 2014) (“[S]ymptoms and mental illness are not one in the same.”). The Court “therefore could not reasonably infer from” the temporary absence of auditory hallucinations that Johnson no longer suffers from psychotic delusions that render him incompetent to be executed. Brumfield, 576 U.S. at 316.

The Court then determined that “[n]either Skaggs’s affidavit . . . nor Johnson’s medical records” supported the “allegations of . . . delusions” in Johnson’s expert psychiatric report. State ex rel. Johnson, 668 S.W.3d at 579; see id. at 579 n.7 (“[T]he persuasiveness of [Johnson’s expert] report is significantly weakened by Skaggs’s report and Johnson’s medical records, which do not include a single mention of the type of delusions that [Johnson’s expert] alleges.”). But the record clearly indicates that Johnson has on more than one occasion expressed delusions similar to the ones that he expressed to his expert psychiatrist—namely, that “the world will end when he dies.” And the fact that Johnson did not express such “delusional beliefs” when meeting briefly with Skaggs does not automatically discredit Johnson’s expert’s observations, especially in light of Johnson’s “long history of hallucinations, delusions, and disorganized thinking.” In response to Johnson’s expert report, the State offered no evidence to support the conclusion that Johnson was competent to be executed. The conclusion that Johnson failed to make a substantial threshold showing of incompetency was “based on an unreasonable determination of the facts” given the evidence presented.

⁴Judge Gruender’s opinion, like the State, makes much of the fact that Dr. Agharkar’s report is based on “a single evaluation” of Johnson, while Skaggs had “regular” contact with Johnson over a longer period of time. Myopic focus on this distinction ignores that Dr. Agharkar is a medical doctor who conducted an evaluation for the specific purpose of determining Johnson’s competence for execution. Skaggs spoke with Johnson for a few minutes at a time for purposes of ongoing treatment. At no point did Skaggs conduct an evaluation or interview of any kind to determine whether Johnson was competent to be executed. The State’s evidence simply failed to directly address the issue of competency. The state court’s determination that Dr. Agharkar’s report was not credible—at the initial “substantial threshold” stage—was unreasonable. At a minimum, reasonable jurists could, and in fact do, debate the issue.

The Supreme Court of Missouri, in sum, concluded not that Johnson was competent to be executed. Instead, it concluded that Johnson had not even demonstrated a threshold showing of incompetency. That decision is contrary to Panetti, involved an unreasonable application of Ford and Panetti, and was based on an unreasonable determination of the facts. For these reasons, Johnson has shown a sufficient likelihood of success on the merits of his Ford-based incompetency claim and is therefore entitled to a stay of execution.

Finally, in seeking vacatur of the stay, Missouri makes much of its interest in carrying out Johnson’s sentence and Johnson’s purported “delay” in raising his incompetency claim. But it is worth emphasizing that Johnson’s claim became ripe only when Missouri set a date for his execution. By its very nature, therefore, a claim that a condemned prisoner is incompetent will be filed close in time to the recently scheduled date of execution. Whatever interests Missouri and the public have in seeing a lawful sentence carried out, see Hill, 547 U.S. at 584, those interests necessarily take on a different hue at this stage of the proceedings. Here, the issue before us is not whether Johnson’s sentence itself is lawful, but whether it is lawful—indeed, constitutional—to carry out that sentence *at this time*. The United States Supreme Court has been clear: “[t]he Eighth Amendment . . . forbid[s] executing a prisoner whose mental illness makes him unable to ‘reach a rational understanding of the reason for [his] execution.’” Madison, 139 S. Ct. at 726; see also Ford, 477 U.S. at 410 (“The Eighth Amendment prohibits the State from inflicting the penalty of death upon a prisoner who is insane.”). And if Johnson lacks a “rational understanding” of the reason for his execution, he is not competent to be executed. Any proceedings necessary to make this determination do not have to be prolonged, but they will take time to allow the decision maker to gather and assess all the information relevant to that determination. The Constitution requires no less.

ERICKSON, Circuit Judge, with whom KELLY, Circuit Judge, joins, dissenting.

I join fully in Judge Kelly’s dissent and write separately to emphasize my belief that the process afforded Johnson fails to meet the minimum procedural due process requirements under the Constitution. In Cole v. Roper, 783 F.3d 707 (8th Cir. 2015), and in cases after it, this Court has recognized that the process followed

by the Missouri Supreme Court is not a procedurally unreasonable application of Panetti and Ford. But the elasticity of this process must be subject to some limits, and I believe this case crosses the line.

Here, we are confronted with a case in which credible questions of a longstanding nature exist about the extent and nature of Johnson's rational understanding of the reason for his execution. The Missouri Supreme Court concluded that he has such an understanding and bases this conclusion on a determination that Ashley Skagg's affidavit supported by Johnson's quite summary prison medical record has greater credibility than Dr. Agharkar's testing, interviews, and expert report. I believe the Constitution requires more than a fiat declaration that one piece of paper is more credible than another. This is not a case where a hearing was held someplace, by someone, and evidence was presented and developed from which the finder of fact or a reviewing court can make rational determinations. Rather, we are confronted with competing evidence in the form of an expert opinion and its supporting documents and testing, and an affidavit and prison medical records. No one has ever been asked to explain his or her opinions or observations. No trier of fact has ever had the chance to dig into the underlying reasons for the opinions. Instead, this process required the ultimate finder of fact to make credibility determinations by weighing competing pieces of paper. While the Constitution does not require a full trial, it seems to me that it does require something more than what happened here.

Under the circumstances that are so ably laid out in Judge Kelly's dissent, the credibility findings of the Missouri Supreme Court are, under 28 U.S.C. § 2254(d)(2), an "unreasonable determination of the facts in light of the evidence presented in the State court proceeding." For these additional reasons, I respectfully dissent.

Order Entered at the Direction of the Court:
Clerk, U.S. Court of Appeals, Eighth Circuit.

/s/ Michael E. Gans