Re: Epstein

From	Ray Ormond
To	Shirley V. Skipper-Scott
Date	2019/07/24 12:16
Subject:	Re: Epstein
Attachments:	TEXT.htm, Ray Ormond.vcf

Thanks Shirley.

J. Ray Ormond
Regional Director
Northeast Region
215-521

>>> Shirley V. Skipper-Scott 7/24/2019 12:14 PM >>>
Hello,

Epstein is pending a Code 228, Tattooing or Self-Mutilation and I spoke with who indicated that most likely he will be found competent because he is not mentally ill. Therefore, he will be pending a UDC hearing. Should he return to SHU, he will be housed with inmate is a 54-year-old White Male. He is a Pretrial inmate on a Supervised Release Violation for Failure to Register as Sex Offender. He is refusing to go to general population.

The other inmates in SHU were reviewed for a possible cell mate, however, inmate were determined the appropriate candidates as cell mates. However releases on July 26, 2019. He is also the current cell mate of inmate

We are still reviewing cases in the general population for a possible cell mate.

If I haven't addressed your questions, please call me and let me know. Thanks.

Shirley Skipper-Scott
Associate Warden
MCC New York
150 Park Row
New York, New York 10007
Office: 646-836
Black Berry: 646-423
@bop.gov
>>> Ray Ormond 7/24/2019 10:53 AM >>>
Thanks!!

J. Ray Ormond
Regional Director

Northeast Region
215-521 [redacted]

>>> Shirley V. Skipper-Scott 7/24/2019 10:49 AM >>>
Below is the definition of Psychological Observation provided by [redacted] Chief Psychologist. He will remain on Psychological Observation until tomorrow, where he will be reassessed.

DEFINITION: A Psychological Observation occurs when an inmate who suffers from a mental illness, a serious personality disorder, a medical problem (impairing their mental status), or drug intoxication and/or withdrawal symptoms begins to deteriorate. The inmate is no longer mentally stable and therefore, it is inappropriate for s/he to remain in general population or the Special Housing Unit (SHU). Inmates placed on psychological observation differ from inmates placed on suicide watch as they are not imminently suicidal (e.g., have not expressed self-harm or engaged in self-harming behavior), but rather, due to his/her impairment in mental status or functioning (e.g., not eating, not sleeping, disorganized/unusual thinking, poor self-care), his/her behavior can be unpredictable. Psychological Observation status is intended as a temporary designation to be utilized until such time as the inmate becomes sufficiently stable (e.g., able to function independently in general population) to be returned to his/her housing assignment or transferred to an inpatient psychiatric facility such as a Federal Medical Center.

He has a pending incident report for Self-Mutilation and therefore, he will return to the Special Housing Unit (SHU) and will be celled with inmate [redacted] His case has been highly publicized and he is in SHU because he requested Protective Custody.

Shirley Skipper-Scott
Associate Warden
MCC New York
150 Park Row
New York, New York 10007
Office: 646-836 [redacted]
Black Berry: 646-423 [redacted]
[redacted]@bop.gov

>>> Ray Ormond 7/24/2019 9:42 AM >>>
Thanks. Where and with who will he be housed after his Attorney visit? Also, what does "Psychology Observation" status mean?

J. Ray Ormond
Regional Director
Northeast Region
215-521 [redacted]

>>> Shirley V. Skipper-Scott 7/24/2019 9:39 AM >>>

Hello

Hello,

Inmate Epstein #76318-054 was removed from Suicide Watch and stepped down to Psychological Observation. He was just escorted to Health Services for a follow-up assessment/evaluation. Once completed, he will be escorted to Attorney Conference to meet with his Attorney. I will provide you with information concerning the medical assessment, once I receive it. Thanks.

Shirley Skipper-Scott
Associate Warden
MCC New York
150 Park Row
New York, New York 10007
Office: 646-83[redacted]
Black Berry: 646-423-[redacted]
[redacted]@bop.gov

>>> Ray Ormond 7/24/2019 8:45 AM >>>
Shirley - Please provide me with a daily update on this inmate, including his status and any changes/activities I should be aware of. Thanks!

J. Ray Ormond
Regional Director
Northeast Region
215-521-[redacted]

Fwd: Re: Epstein investigation

From [redacted]

To Charisma Edge

Date 2019/08/10 16:20

Subject: Fwd: Re: Epstein investigation

Attachments: TEXT.htm, mltC634.pdf

No problem. Please see attached.

[redacted]

Supervisory Staff Attorney
CLC New York
Metropolitan Correctional Center
150 Park Row
New York, New York 10007
p: (646)836-[redacted]
f: (646)836-7665

>>> Charisma Edge 8/10/2019 3:53 PM >>>
Can you send me a copy of the death notification letter to the judge.

Charisma Edge
Associate Warden
MCC New York
150 Park Row
New York, NY 10007
646-836-6300 ext [redacted]
[redacted]@bop.gov
NYM/AW-Programs~@bop.gov

>> [redacted] 8/10/2019 3:05 PM >>>

[redacted]

New York, New York 10007
Office: 646-836[redacted]
Black Berry: 646-423[redacted]
[redacted]@bop.gov

Shirley Skipper-Scott
Associate Warden
MCC New York
150 Park Row
New York, New York 10007
Office: 646-836[redacted]
Black Berry: 646-423[redacted]
[redacted]@bop.gov
>>> Lamine N'Diaye[redacted]@bop.gov> 7/23/2019 12:30 PM >>>
Can you get this for me.

Sent from my Verizon, Samsung Galaxy smartphone

-------- Original message --------
From: Ray Ormond[redacted]@bop.gov>
Date: 7/23/19 11:46 AM (GMT-05:00)
To: Lamine N'Diaye[redacted]@bop.gov>
Subject: Re: Epstein

>>> "Ray Ormond" 07/23/2019 11:46 >>>
Lamine - The memo is very confusing. Please draft an email of his actions and current status. Also include what plans were in motion to move him to a

<!-- originalMessage --> -------- Original message -------- From: Lamine N'Diaye[redacted]@bop.gov> Date: 7/23/19

>>> "Lamine N'Diaye"[redacted]@bop.gov> 07/23/2019 11:12 >>>
Sent from my Verizon, Samsung Galaxy smartphone

<!-- originalMessage --> -------- Original message -------- From: "Shirley V. Skipper-Scott"[redacted]@bop.gov> <div

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From: Ray Ormond [redacted]@bop.gov>
Date: 7/23/19 11:46 AM (GMT-05:00)
To: Lamine N'Diaye [redacted]@bop.gov>
Subject: Re: Epstein

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Sent from my Verizon, Samsung Galaxy smartphone

<!-- originalMessage --> --------- Original message --------- From: "Shirley V. Skipper-Scott [redacted]p.gov> Date: 7/2

Shirley Skipper-Scott
Associate Warden
MCC New York
150 Park Row
New York, New York 10007
Office: 646-836[redacted]
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Sent from my Verizon, Samsung Galaxy smartphone

<!-- originalMessage --> -------- Original message -------- From: "Shirley V. Skipper-Scott"[redacted]@bop.gov> Date: 7/23

Fwd: Re: Epstein

From [redacted]

To [redacted]Lamine N'DiayeShirley V. Skipper-Scott

Date 2019/07/25 14:14

Subject: Fwd: Re: Epstein

Attachments: TEXT.htm

Fwd: Re: Epstein investigation

From Charisma Edge

To [redacted]

Date 2019/08/10 15:53

Subject: Fwd: Re: Epstein investigation

Attachments: TEXT.htm, Charisma Edge.vcf

Can you send me a copy of the death notification letter to the judge.

Charisma Edge
Associate Warden
MCC New York
150 Park Row
New York, NY 10007
646-836-6300 ext [redacted]
[redacted]@bop.gov
NYM/AW-Programs~@bop.gov

>> [redacted] 8/10/2019 3:05 PM >>>

[redacted]

[redacted]
Supervisory Staff Attorney
CLC New York
Metropolitan Correctional Center
150 Park Row
New York, New York 10007
p: (646)836 [redacted]
f: (646)836-7665

[redacted]

Fwd: Epstein Update

From Shirley V. Skipper-Scott
To Charisma Edge
Date 2019/07/29 10:30
Subject: Fwd: Epstein Update
Attachments: TEXT.htm

Check this out.

Shirley Skipper-Scott
Associate Warden
MCC New York
150 Park Row
New York, New York 10007
Office: 646-836-[redacted]
Black Berry: 646-423-[redacted]
[redacted]@bop.gov

>>[redacted]/29/2019 10:02 AM >>>
Good morning: Same presentation today, but he said he thinks his memory for the incident (injury to his neck) may be impaired because of his sleep apnea. He is supposed to get his CPAP machine today. He is aware he will be returning to SHU, but said he is feeling unwell due to his inability to sleep and numbness in his arm. He requested to have one good night of sleep with his CPAP and will return to SHU with a cellmate tomorrow.[redacted] I told him he can stay down one more night to receive his CPAP and a good night's sleep, but that he would be returned to SHU tomorrow. It was explained that there is no mental health issues precluding him from returning to SHU tomorrow and that we could not house him in the SW/Hospital area because[redacted] or more comfortable for him.[redacted] He will remain on psychological observation today and will transition to the SHU tomorrow. Thank you,[redacted]

[redacted] Psy.D.
Chief Psychologist
U.S. Department of Justice/
Federal Bureau of Prisons
Metropolitan Correctional Center
150 Park Row
New York, New York 10007
Office: (646) 836-[redacted]
Fax: (646) 836-7712
E-mail:[redacted]@bop.gov

>>[redacted]7/28/2019 7:49 AM >>>
AW Skipper-Scott,

Inmate Epstein seems psychologically stable.

He complained that his right arm was numb and hanging earlier. Nurse[redacted] saw him.

He again said his right arm still feels somewhat numb and he said he cannot make a fist with that hand. He also said he has numbness on his neck. I informed Nurse [redacted]

He stated the toilet in his cell was running for 45 minutes last night and he could not take the noise. He is going to try the toilet before going to legal today and if it does not shut off, he will be moved to another cell.

Thanks,

[redacted]

>> [redacted] 7/28/2019 7:36 AM >>>

[redacted]

Suicide Watch
None

Psych Observation
1. Epstein #76318-054

Pending Bedspace for SHU

[redacted]

Thank you,

[redacted]

Epstein Update

From [redacted]

To [redacted] Lamine N'Diaye, Shirley V. Skipper-Scott

Date 2019/07/29 10:02

Subject: Epstein Update

Attachments: TEXT.htm

Good morning: Same presentation today, but he said he thinks his memory for the incident (injury to his neck) may be impaired because of his sleep apnea. He is supposed to get his CPAP machine today. He is aware he will be returning to SHU, but said he is feeling unwell due to his inability to sleep and numbness in his arm. He requested to have one good night of sleep with his CPAP and will return to SHU with a cellmate tomorrow. [redacted] I told him he can stay down one more night to receive his CPAP and a good night's sleep, but that he would be returned to SHU tomorrow. It was explained that there is no mental health issues precluding him from returning to SHU tomorrow and that we could not house him in the SW/Hospital area because [redacted] or more comfortable for him. [redacted] He will remain on psychological observation today and will transition to the SHU tomorrow. Thank you, [redacted]

[redacted] Psy.D.
Chief Psychologist
U.S. Department of Justice/
Federal Bureau of Prisons
Metropolitan Correctional Center
150 Park Row
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Office: (646) 836[redacted]
Fax: (646) 836-7712
E-mail: [redacted]@bop.gov

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Thanks,

[redacted]

>> [redacted] 7/28/2019 7:36 AM >>>

[redacted]

Suicide Watch
None

Psych Observation
1. Epstein #76318-054

Pending Bedspace for SHU

[redacted]

Thank you,

[redacted]

Fwd: Re: Epstein investigation

From [redacted]

To Charisma Edge

Date 2019/08/10 16:20

Subject: Fwd: Re: Epstein investigation

Attachments: TEXT.htm, mltC634.pdf

No problem. Please see attached.

[redacted]
Supervisory Staff Attorney
CLC New York
Metropolitan Correctional Center
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p: (646)836[redacted]
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646-836-6300 ext [redacted]
[redacted]@bop.gov
NYM/AW-Programs~@bop.gov

>>> [redacted] 8/10/2019 3:05 PM >>>

[redacted]

Bureau of Prisons
Psychology Services
Suicide Risk Assessment

Inmate Name: EPSTEIN, JEFFREY EDWARD Reg #: 76318-054
Date of Birth: 01/20/1953 Sex: M Facility: NYM Unit Team: 5
Date: 08/01/2019 13:29 Provider: [redacted] PsyD

Type of Housing: SHU- Administrative Segregation
Cell Accommodation: Double-Cell

FINDINGS

This assessment and the resulting recommendations are based on the following sources of information:
Clinical Interview, Medical Record, Psychology Data System, Sentry

Reason for Referral

R & D staff reported to this writer this morning at about 8:30 AM on 8/01/19 that yesterday when Mr. Epstein was brought back from court the US Marshals asked him to sign a form that noted Mr. Epstein has "suicidal tendencies." Mr. Epstein was seen for a Suicide Risk Assessment at about 1:00 PM on 8/01/19 in Attorney Conference.

This note is being entered at about 4:20 PM on 8/01/19.

Mental Health History

According to a Suicide Risk Assessment dated 7/09/19 by [redacted], "Inmate Epstein denied any history of mental health treatment, either on an inpatient or outpatient basis. Inmate Epstein denied any treatment in the past or present with psychotropic medication. He also denied any acute mental health symptoms at this time."

Self-Harm History

According to a Suicide Risk Assessment dated 7/09/19 by [redacted] "Inmate Epstein denied any past or present suicidal ideation, intention or plan. He denied ever engaging in any suicide attempts or self-injurious behavior in the past."

[redacted]

Current Problem

R & D staff reported to this writer this morning at about 8:30 AM on 8/01/19 that yesterday when Mr. Epstein was brought back from court the US Marshals asked him to sign a form that noted Mr. Epstein has "suicidal tendencies." This is likely due to the incident on 7/23/19, but as a precaution another Suicide Risk Assessment was conducted.

Mr. Epstein seemed surprised that there was a form noting suicidal tendencies. He denied stating he was suicidal.

He said he saw the DHO today and he said his incident report for the marks on his neck was expunged. He stated even though he has his cpap machine now, he said his cellmate talks at night and he stated this keeps him up. This writer offered to talk to the SHU Lt. to have him housed with a different cellmate, but he stated he wants to give it 3 to 4 days to see if he wants a different cellmate. He complained about the noise in SHU.

Current Mental Status

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Cooperative

Mood: Appropriate to Content

Thought Process: Goal Directed

Thought Content: Normal

Current Mental Status: He exhibited a neutral mood with a mildly restricted range of affect. His speech was logical and

coherent, with no loosening of associations or tangential, circumstantial or irrelevant speech. Auditory and visual hallucinations were denied, and delusions were not elicited. He did not engage in any bizarre or inappropriate behavior. He denied current suicidal or self harm ideation and he agreed to immediately tell staff if he starts to have suicidal or self harm thoughts. He was future oriented. He does not appear to be an immediate danger to self. He denied thoughts of hurting others and he agreed to tell staff if he has these thoughts.

RISK AND PROTECTIVE FACTORS ASSESSED:

This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self-harm and suicide.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: High Profile Crime, Lack of family connections, Sex offender status

The following **DYNAMIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: Current physical pain, Sleep problems

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide:Able to identify reasons to live, Denial of suicidal ideation/intention/plans, Future orientation, Religious beliefs against suicide, Supportive family relationships, View of death as negative, Willingness to engage in treatment

Risk Factors: (b)(7)(A)
(b)(7)(A)
(b)(7)(A) He has a high profile sex offense case. He stated his lower back hurts and he stated Medical is aware of this. He stated he has difficulty sleeping even with his cpap machine because he stated his cellmate talks at night.

Protective Factors: He denied current suicidal or self harm thoughts and agreed to tell staff if he starts to have these thoughts. He had denied a history of self harm and suicide attempts. He had denied a family history of suicidal and self harm attempts. He had denied having any chronic medical conditions. He denied feeling hopeless. He had denied a history of childhood abuse. He denied fearing for his safety at this time. He denied feeling like a burden to anyone. He stated he lives for and plans to finish this case and to go back to his normal life. He said his friends and Lawyers are emotionally supportive. He said he is Jewish and he said in his religion suicide is against the religion.

Overall, his current protective factors override his risk factors for suicidality. He is currently psychologically stable. He denied feeling hopeless. He is reporting positive future plans and reasons to live for. He said he has social supports in the community and his Lawyers visit him often. He denied any current suicidal or self harm ideation, intention or plan. Suicide Watch is not indicated at this time.

DIAGNOSIS:

No Diagnosis, No Dx - Current

CONCLUSIONS

The Overall Acute Suicide Risk for this Inmate is: Low
Overall Chronic Suicide Risk for this Inmate is: Absent

RECOMMENDATIONS

1. Suicide Watch is not indicated at this time.
2. Supportive and educative interventions were provided.
3. He was educated about both routine and emergency procedures for contacting Psychology staff.
4. He will be seen in follow up by Psychology next week to monitor his mental status and to provide further intervention if needed.
5. In the meantime, he was encouraged to self-refer to Psychology if needed to which he agreed and seems capable of doing.
6. If he remains in SHU, he will be seen by Psychology in SHU Rounds and in SHU Reviews.

Suicide Watch: A suicide watch is not warranted at this time

Completed by [redacted] PsyD on 08/01/2019 16:21

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name:	EPSTEIN, JEFFREY EDWARD					Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M	Facility:	NYM	Unit Team:	5
Date:	07/27/2019 07:14	Provider:	(b)(6); (b)(7)(C)	PsyD			

Focus of Session

He was seen by writer while he was on Psych Observation.

Subjective/Objective Presentation

The "Eating/Shower Chart" indicated yesterday he ate dinner, drank liquids, and took a shower when offered. The Psych Observation Log noted he brushed his teeth, went to a Legal visit, talked about business and investing to an Inmate Companion, ate, and slept.

(b)(7)(A) He stated that for the 5 days before that he had only slept about 30 minutes each night because of noise in SHU. (b)(7)(A)

(b)(7)(A)

He said he has an appetite and is eating. He said he is waking up every 1 1/2 hours. He stated he feels dehydrated because he is not drinking enough water because he stated he feels he is not given enough bathroom breaks while with his Attorney. Medical was e-mailed with his complaint of feeling dehydrated. He said his Lawyers and friends are all emotionally supportive.

Current Mental Status: He exhibited a neutral mood with a full range of affect. His speech was logical and coherent, with no loosening of associations or tangential, circumstantial or irrelevant speech. Auditory and visual hallucinations were denied, and delusions were not elicited. He did not engage in any bizarre or inappropriate behavior. He denied current suicidal or self harm ideation. He stated "I'm a coward." He added he does not like pain and even does not like when he has to give blood. He agreed to immediately tell staff and Inmate Companions if he starts to have suicidal or self harm thoughts. He was future oriented. He does not appear to be an immediate danger to self. He denied thoughts of hurting others and he agreed to tell staff and Inmate Companions if he has these thoughts.

Intervention(s)

Supportive and educative interventions were provided. Turning Points handouts on stress management, sleep, and building a routine in SHU were placed on his cell door to be given to him when his food slot is opened. He stated he wants it noted in his chart that he is being given a pamphlet on sleep, but that is not going to help because of the noise in SHU that prevents him from sleeping.

Progress/Plan

He will remain on Psych Observation in an abundance of caution and pending housing arrangements to be made on Monday. While on Psych Observation, he will be seen daily by Psychology.

Completed b (b)(6); (b)(7)(C) PsyD on 07/28/2019 09:19

(b)(7)(A)



(b)(7)(A)



(b)(7)(A)



9. Attorney Log Books
Please provide a copy of the log book audit.

Institution Response:

The audit revealed the **Random Visitor Log Book** did not reflect visitor pat searches after May 19, 2019. In addition, the log book does not offer a column to annotate a staff witness. The **Contractor/Volunteer Log Book** was not always filled in properly. The **Law Enforcement Log Book** was up to date; however, the time of departure was not always documented. The **Attorney Log** was missing inmate register numbers and more often than not was legible. There was no **Visitor Denial Log** created. The audit conducted on September 25, 2019, is attached for your review.

Additional corrective measures will now include the Activities Lieutenant checking all Front Lobby log books. The Captain will ensure these checks are included in the Lieutenant's Daily Log for Day Watch and Evening Watch. In addition, the Activities Lieutenant will address any discrepancies immediately through on the spot training and/or performance log entries.

13. Sex Offense Risk Factors

Psychologists are subject matter experts in sex offender risk factors and they play a crucial role in sharing this knowledge through traditional settings such as ICT, AT, and institutional meetings. However, Executive Staff play a pivotal role in establishing and addressing institutional culture and promoting and participating in training. A lack of a broad understanding of sex offender specific risk factors requires an intentional training approach led by Executive Staff. They must be out front talking about inmates with a sex offense, expressing an understanding of sex offender dynamics, modeling agency condoned expectations for the understanding and treatment of inmates with a sex offenses, and assisting with institutional trainings. These practices encourage a broader acceptance by line staff.

Institution Response:

The MCC New York Executive Staff are out front talking about inmates with sex offenses, and expressing an understanding of sex offender dynamics, modeling agency expectations for the understanding and treatment of inmates with sex offenses. This is done through departmental meetings, trainings, staff recalls and walking and talking throughout the institution.













9. Attorney Log Books: Four log books were not secured following Mr. Epstein's death. Specifically, three Attorney Log Books located in the Attorney Visiting and Front Lobby areas and an Inmate Search Log Book located in the Attorney Visiting area were not secured. All four books were still in use at the outset of the reconstruction and after the reconstruction team advised staff to secure them. P5324.08 states, "In the event of a suicide, institution staff, particularly Correctional Services staff, and other law enforcement personnel, will handle the site with the same level of protection as any crime scene in which a death has occurred." This policy further states, "All possible

evidence and documentation will be preserved to provide data and support for subsequent investigators doing a psychological reconstruction."

Further, a review of the attorney log books identified many errors and signify a systemic concern. For example, there were two concurrently open attorney log books in the Attorney Visiting area. Further, the different purposes of the two attorney log books, one in the Attorney Visit area and one in the Front Lobby, could not be explained. BOP staff were unable to articulate a system of control for the log books, and during the reconstruction, some of the log books could not be accounted for. Within the log books, entries were made out of chronological order, attorneys did not consistently sign in and out, significant information was illegible or missing, columns were not consistently labeled, log book opening and closing dates were inconsistent, and the cover had been tom off of several books. At the current time, these log books are not functioning as an adequate system of control and monitoring.

Institution Response: 9. Attorney Log Books:

On August 10, 2019, log books deemed relevant to the investigation were removed from various locations throughout the facility. The Reconstruction Team did identify pertinent logbooks that had not been secured. At this time, all relevant logbooks have been removed and replaced. In addition, a logbook audit was conducted to ensure accuracy of the documentation and compliance with policy. Measures are being taken to ensure in the future that all relevant logbooks are identified, secured immediately and replaced with new ones to ensure the institution can continue to run efficiently.

10. Automatic External Defibrillators: A review of available AEDs in the institution revealed that the list used for accountability and inspection purposes was inaccurate and incomplete.

Institution Response: 10: Automatic External Defibrillators:

A review of the Automatic External Defibrillators (AED) report presented by Great Lakes Biomedical Services dated July 22, 2019, revealed that all AEDS were accounted for and were placed in the correct respective areas. The report was accurate and complete. New AEDs have been purchased and will be inspected Great Lakes Biomedical Services upon their arrival. The list reviewed by the reconstruction team was an old and outdated list from January 8, 2018.

Medical staff provides training and conducts monthly inspections of all AEDs in the institution. Great Lakes Biomedical Services, an outside contractor, conducts a bi-annual inspection and provides a report. Procedures on inspecting all AEDS in the institution have been prepared and are awaiting approval. These procedures are attached hereto.

11. Post Orders & SHU Training: SHU Post Orders Sign-In Sheets were reviewed for the 3rd Quarter, spanning June 9, 2019, to September 7, 2019. Office[redacted] failed to sign post orders for SHU #3 post.

Quarterly SHU Training Sign-In Sheets were reviewed. The 2019 3rd Quarter SHU Training was conducted on June 6, 2019. Three staff assigned to the 3rd Quarter SHU Roster in SHU did not attend or receive the SHU Training: Officer[redacted] Officer[redacted] and Officer[redacted]

Institution Response: 11. Post Orders & SHU Training:

The Suicide Watch Post Orders are located in the Lieutenant's Office and SHU with a quarterly sign-in sheet. A copy of the Suicide Watch Post Orders will also be placed in a secure container outside of the suicide watch cells on Tier H in SHU. This container will also hold signature sheets and additional Staff Suicide Watch Log Books.

All staff members assigned to a suicide watch post are responsible for signing the post orders prior to performing the staff suicide watch. Attached please find a copy of the NERO Waiver permitting staff monitored suicide watches in SHU.

With regard to SHU Suicide Prevention training, this continues to be conducted on a quarterly basis. However, the sign-in sheets for this training are now be examined by the SHU Lieutenant for accuracy. If a staff member who is assigned to SHU misses the training, the sign-in sheet will be routed to the Captain, who will coordinate with the Chief Psychologist and schedule a time to receive a make-up session for the SHU Suicide Prevention Training.

SHU training is conducted quarterly two weeks from the beginning of the new quarter. A representative from Psychology will provide the required suicide prevention training. In addition, the SHU training on BOPLEARN will be completed by all staff assigned to SHU that day of training. SHU staff will be allotted time during that day to complete all prescribed web-based training as identified on the agenda. Staff who are assigned to SHU but have not received the mandatory training before assuming the post will be roster-adjusted to attend another training day as assigned by the Captain.

Staff assigned to suicide watch shall maintain a chronological log of the inmate's behavior. Blank log books will be maintained in the Lieutenants office and on the 2nd Floor. A chronological record of events will commence immediately upon the initiation of watch. It is the responsibility of the staff member initiating the watch to obtain a blank log book prior to initiating the watch. Different log books will be used for each inmate on suicide watch; each log book will contain entries for one suicide watch only. The name and register number of the inmate on watch shall be clearly printed on the front cover of the log book and at the top of each page in the log book in which entries are made.

During some suicide watches, staff observers may cover some shifts and inmate companions may cover others. In this instance, two separate log books must be used: one for the shifts during which staff are maintaining constant visual observation (blue) and another for shifts during which inmate companions are providing constant visual observation (yellow). When separate inmate companion log books are used, staff must sign the inmate companion log book every 60 minutes.

Lights will remain on inside the cell 24 hours day to ensure the inmate on watch can be seen. A Lieutenant will make rounds every shift and remove the inmate from the cell and perform a cursory search. No food items, trays, eating utensils, milk cartons, toilet paper, plastic bags, reading materials, pens, pencils, or anything else not prescribed by Psychology staff should be in the cell.

The inmate will be outfitted in a suicide preventive smock, suicide preventive blanket, suicide preventive mattress and if necessary a suicide preventive helmet. Inmate Companions will be searched prior to assuming duties. Inmate Companions are not allowed to have radios, mp3 players, magazines, books or anything that would distract them from maintaining constant supervision. Inmate Companions will not have direct or physical contact with inmates on suicide watch.

12. Staffing: The Drug Abuse Program Coordinator positon at MCC New York was abolished during Phase I of the staff realignment during fiscal year 2018. Re-establishing
the Drug Abuse Program Coordinator position would provide the institution with an additional supervisory psychologist to provide critical clinical services.

Staffing in the Correctional Services department is relevant to the reconstruction. However, the details about this topic are provided in an After Action Review completed separately from this report.

Institution Response: 12. Staffing:

The Drug Abuse Coordinator position is currently a shared position. The Warden has re-established the Drug Abuse Coordinator position as a full-time position to provide the Psychology Department with an additional supervisory psychologist to perform critical clinical services. At the current time, the position is pending selection.

We are currently in the process of requesting to hire a Staff Psychologist position to provide additional psychological services to inmates in the SHU, including therapy sessions with PSY ALERT, CC2-MH and CC3-MH inmates who are currently housed there. An additional psychologist could also monitor Hot List inmates arriving to the SHU and ensure they are housed with appropriate cellmates. This psychologist could conduct daily rounds to look for signs of psychological distress and address the concerns of our Long Term SHU inmates. Finally, an additional Staff Psychologist could assist with our daily crisis interventions and suicide risk assessments.

13. Sex Offense Risk Factors: A broad understanding of risk factors associated with sex offenders, by staff at MCC New York, did not appear to be present in all staff but was vital to his adjustment and safety in prison. A more

(b)(5)

Institution Response: 13. Sex Offense Risk Factors:

The Chief Psychologist is a member of the Executive Staff. The Chief Psychologist or her designee continues to be present at all Executive Staff meetings, Department Head meetings, and SHU meetings. During these meetings, the Chief Psychologist offers feedback regarding the treatment and management of sex offender inmates. Additionally, the Chief Psychologist continues to educate all staff during Introduction to Correctional Techniques (ICT) and Annual Training (AT) about the sex offender specific risk factors and suicidality.

(b)(7)(A)

Form 583 Report of Incident

Incident #: NYM-19-0076 Submitted By: Skipper-Sott, S. Date/Time Of Incident: 7/23/2019 1:27 AM

Section 1: General Information

Staff Aware Date: 7/23/2019 1:27 AM

FBI Notified: No USMS Notified: No Indicate Where Incident Occurred: Main Facility

Location Level 1: SHU Level 2: Housing Unit, Special (SHU) Level 3: 9 SOUTH SHU

Type Of Incident

- ☐ Assault On Inmate
- ☐ Assault On Staff
- ☐ Assault, Attempted On Inmate
- ☐ Assault, Attempted On Staff
- ☐ Disruptive Behavior
- ☐ Escape From Non-secure Facility
- ☐ Escape From Secure Facility
- ☐ Escape, Attempted From Non-secure Facility
- ☐ Escape, Attempted From Secure Facility
- ☐ Fight
- ☐ Inmate Death
- ☐ Institution Disturbance
- ☐ Introduction Of Contraband
- ☐ Lethal Weapons Discharge
- ☑ Self Mutilation Method: Laceration
- ☐ Setting A Fire
- ☐ Sexual Act, Non-consensual On Inmate
- ☐ Sexual Assault On Staff
- ☐ Sexual Contact, Abusive On Inmate
- ☐ Sexual Harassment, Repetitive
- ☐ Staff Homicide
- ☐ Strike, Food
- ☐ Strike, Work
- ☑ Suicide Attempt Method: Hanging/Asphyxiation
- ☐ Use Of Force
- ☐ Use Of Force/Applications Of Restraints
- ☐ Use of Restraints, Pregnant/Postpartum

Institution Locked Down: No

Modified Operations: No

Cause Of Incident Known? No

Cause Of Incident

- ☐ Alcohol
- ☐ Commissary
- ☐ Debts
- ☐ Disrespect Issue
- ☐ Drugs
- ☐ Ethnic Conflict
- ☐ Food Issue
- ☐ Geographical Conflict
- ☐ Interfering with Staff duties
- ☐ Property Issue
- ☐ Racial Conflict
- ☐ Recreation Equipment
- ☐ Religious Issue
- ☐ Security Threat Group Conflict
- ☐ Sexual Pressure
- ☐ Sporting Events
- ☐ Telephone
- ☐ Theft
- ☐ Visiting
- ☐ Work Issue

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Form 583 Report of Incident

Incident #: NYM-19-0076 Submitted By: Skipper-Sott, S. Date/Time Of Incident: 7/23/2019 1:27 AM

(b)(7)(A)

Section 3: Others Involved

Name: (b)(6); (b)(7)(C)
Medical Attention Required: No
Injury Category: No Injury
Sexual Assault: No
Person Type: Staff
Death: No
Staff Injury by Inmate: No

Name: (b)(6); (b)(7)(C)
Medical Attention Required: No
Injury Category: No Injury
Sexual Assault: No
Person Type: Staff
Death: No
Staff Injury by Inmate: No

Name: (b)(6); (b)(7)(C)
Medical Attention Required: No
Injury Category: No Injury
Sexual Assault: No
Person Type: Staff
Death: No
Staff Injury by Inmate: No

Name: (b)(6); (b)(7)(C)
Medical Attention Required: No
Injury Category: No Injury
Sexual Assault: No
Person Type: Staff
Death: No
Staff Injury by Inmate: No

Name: (b)(6); (b)(7)(C)
Medical Attention Required: No
Injury Category: No Injury
Sexual Assault: No
Person Type: Staff
Death: No
Staff Injury by Inmate: No

Name: (b)(6); (b)(7)(C)
Medical Attention Required: No
Person Type: Staff
Death: No

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Form 583 Report of Incident

Incident #: NYM-19-0076 Submitted By: Skipper-Sott, S. Date/Time Of Incident: 7/23/2019 1:27 AM

Injury Category: No Injury Staff Injury by Inmate: No
Sexual Assault: No

Section 4: Lethal Weapon Discharge

No data found.

Section 5: Use of Force

No data found.

Section 6: Description of Incident

DESCRIPTION OF INCIDENT (If Use Of Force, include details such as name of supervisor applying the chemical agent and/or restraints, reasons for use of hard restraints instead of soft restraints, etc.) Please be clear about cause(s) of the incident in your description.

[redacted]

Section 7: Attachments

File Date	File Name	Original Entered By	Original Loc. Code
7/24/2019	STAFF ROSTER.pdf	[redacted]	NYM
7/24/2019	[redacted]		NYM
7/24/2019			NYM
7/24/2019			NYM
7/24/2019			NYM
7/24/2019			NYM
7/24/2019			NYM
7/24/2019			NYM
7/24/2019	[redacted]		NYM
7/24/2019	INMATE EPSTEIN PHOTOS.pdf		NYM
7/24/2019	INMATE EPSTEIN IR.pdf		NYM
7/24/2019	ADO.pdf		NYM

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Form 583 Report of Incident

Incident #: NYM-19-0076 Submitted By: Skipper-Sott, S. Date/Time Of Incident: 7/23/2019 1:27 AM

Approved By: SUBMITTED
Skipper-Sott, S.

UNCLASSIFIED/LIMITED OFFICIAL USE ONLY/LAW ENFORCEMENT SENSITIVE

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Fwd: Re: Epstein

From [redacted]

To [redacted] Lamine N'DiayeShirley V. Skipper-Scott

Date 2019/07/25 14:14

Subject: Fwd: Re: Epstein

Attachments: TEXT.htm

Fwd: Epstein Update

From Shirley V. Skipper-Scott
To Charisma Edge
Date 2019/07/29 10:30
Subject: Fwd: Epstein Update
Attachments: TEXT.htm

Check this out.

Shirley Skipper-Scott
Associate Warden
MCC New York
150 Park Row
New York, New York 10007
Office: 646-836
Black Berry: 646-423
@bop.gov

>> r 7/29/2019 10:02 AM >>>
Good morning: Same presentation today, but he said he thinks his memory for the incident (injury to his neck) may be impaired because of his sleep apnea. He is supposed to get his CPAP machine today. He is aware he will be returning to SHU, but said he is feeling unwell due to his inability to sleep and numbness in his arm. He requested to have one good night of sleep with his CPAP and will return to SHU with a cellmate tomorrow. I told him he can stay down one more night to receive his CPAP and a good night's sleep, but that he would be returned to SHU tomorrow. It was explained that there is no mental health issues precluding him from returning to SHU tomorrow and that we could not house him in the SW/Hospital area because or more comfortable for him. He will remain on psychological observation today and will transition to the SHU tomorrow. Thank you,

Psy.D.
Chief Psychologist
U.S. Department of Justice/
Federal Bureau of Prisons
Metropolitan Correctional Center
150 Park Row
New York, New York 10007
Office: (646) 836
Fax: (646) 836-7712
E-mail: @bop.gov

>> 7/28/2019 7:49 AM >>>
AW Skipper-Scott,

Inmate Epstein seems psychologically stable.

He complained that his right arm was numb and hanging earlier. Nurse saw him.

He again said his right arm still feels somewhat numb and he said he cannot make a fist with that hand. He also said he has numbness on his neck. I informed Nurse [redacted]

He stated the toilet in his cell was running for 45 minutes last night and he could not take the noise. He is going to try the toilet before going to legal today and if it does not shut off, he will be moved to another cell.

Thanks,

[redacted]

>> [redacted] 7/28/2019 7:36 AM >>>

[redacted]

Suicide Watch
None

Psych Observation
1. Epstein #76318-054

Pending Bedspace for SHU

[redacted]

Thank you,

[redacted]

--------- Original message ---------
From: Ray Ormond [redacted]bop.gov>
Date: 7/23/19 11:46 AM (GMT-05:00)
To: Lamine N'Diaye [redacted]bop.gov>
Subject: Re: Epstein

>>> "Ray Ormond" 07/23/2019 11:46 >>>
Lamine - The memo is very confusing. Please draft an email of his actions and current status. Also include what plans were in motion to move him to a GP unit. It will nee

<!-- originalMessage --> --------- Original message --------- From: Lamine N'Diay[redacted]@bop.gov> Date: 7/23/19 11:12 AM

>>> "Lamine N'Diaye" [redacted]@bop.gov> 07/23/2019 11:12 >>>
Sent from my Verizon, Samsung Galaxy smartphone

<!-- originalMessage --> --------- Original message --------- From: "Shirley V. Skipper-Scott[redacted]@bop.gov> Date: 7/2

Inmate Epstein #76318-054 (Suicide Watch)

From [redacted]

To [redacted]

Date 2019/07/23 13:07

Subject: Inmate Epstein #76318-054 (Suicide Watch)

Attachments: TEXT.htm

[redacted]

Epstein #76318-054
From [redacted]
To [redacted]
Date 2019/07/24 11:41
Subject: Epstein #76318-054
Attachments: TEXT.htm

SIS,

[redacted]

[redacted]

Very respectfully,

[redacted] Ph.D.
Forensic Psychologist
LT, U.S. Public Health Service
U.S. Department of Justice
Federal Bureau of Prisons
Metropolitan Correctional Center
150 Park Row
New York, New York 10007
Office: 646.836[redacted]
Fax: 646.836.7712
E-mail [redacted]@bop.gov

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Shirley Skipper-Scott
Associate Warden
MCC New York
150 Park Row
New York, New York 10007
Office: 646-836
Black Berry: 646-42
@bop.gov

Shirley Skipper-Scott
Associate Warden
MCC New York
150 Park Row
New York, New York 10007
Office: 646-836
Black Berry: 646-42
@bop.gov
>>> Lamine N'Diaye @bop.gov> 7/23/2019 12:30 PM >>>
Can you get this for me.

Sent from my Verizon, Samsung Galaxy smartphone

-------- Original message --------
From: Ray Ormond @bop.gov>
Date: 7/23/19 11:46 AM (GMT-05:00)
To: Lamine N'Diaye @bop.gov>
Subject: Re: Epstein

>>> "Ray Ormond" 07/23/2019 11:46 >>>
Lamine - The memo is very confusing. Please draft an email of his actions and current status. Also include what plans were in motion to move him to a

<!-- originalMessage --> -------- Original message -------- From: Lamine N'Diaye (b)(6); (b)(7)(C) @bop.gov> Date: 7/23/19

>>> "Lamine N'Diaye" (b)(6); (b)(7)(C) @bop.gov> 07/23/2019 11:12 >>>
Sent from my Verizon, Samsung Galaxy smartphone

<!-- originalMessage --> -------- Original message -------- From: "Shirley V. Skipper-Scott" (b)(6); (b)(7)(C) @bop.gov> <div

Media inquiry - Washington Post - re: health status of Jeffrey Epstein

From [redacted]

To [redacted] NYM/Exec Assistant~ NYM/Exec Assistant~

Date 2019/07/23 18:05

Subject: Media inquiry - Washington Post - re: health status of Jeffrey Epstein

Attachments: TEXT.htm

[redacted]

If you happen to get this tonight, maybe you can call me on my cell at 202-32[redacted] My boss may want to answer this reporter tonight, but before we send an answer perhaps like the one below we wanted to see for our own internal awareness what you may know about this if any of it is true in regard to Epstein.

My mobile Samsung is not always receiving emails and leaving work now, so my personal cell by calling the number above is best if you get this.

Thanks so much,

[redacted]

[redacted]

Public Information Office
Federal Bureau of Prisons
(202) 353[redacted]

>>> [redacted] 7/23/2019 5:57 PM >>>

[redacted]

While I will probably reply to this reporter with something like my draft below which doesn't reveal much if anything, nonetheless we want to be sure we understand from you or the institution what if anything may have happened with inmate Epstein. Could you see if the institution can look into this and provide us with what they may know for our internal purposes (not for release to media)? We will reply to media inquiries about Epstein (not the institution) since stories about him are national news (unless we finalize an answer that we could give to the institution to use as well if media ask about this tomorrow).

Thanks,

[redacted]

[redacted]

[redacted]

Public Information Office
Federal Bureau of Prisons
(202) 353[redacted]

[redacted]@usdoj.gov> 7/23/2019 5:43 PM >>>

> > > [redacted] www.washpost.com> 7/23/2019 3:43 PM > >

Hi,

[redacted]

We are seeking any information and comment you can offer on this subject. My number is 202 617 [redacted]

Thanks,

[redacted]

Washington Post

>
> [redacted]
> Supervisory Staff Attorney
> CLC New York
> Metropolitan Correctional Center
> 150 Park Row
> New York, New York 10007
> p: (646)836-[redacted]
> f: (646)836-7665
>
>

Re: Epstein
From [redacted]
To [redacted]
Date 2019/07/25 15:17
Subject: Re: Epstein
Attachments: TEXT.htm, EPphotos.pdf, EP.staffmemos.pdf

Re: Epstein #76318-054

From [redacted]

To [redacted]

Date 2019/07/24 12:00

Subject: Re: Epstein #76318-054

Attachments: TEXT.htm

AW SS just called regarding his competency.... I said yes, do you agree?

[redacted] Psy.D.
Chief Psychologist
U.S. Department of Justice/
Federal Bureau of Prisons
Metropolitan Correctional Center
150 Park Row
New York, New York 10007
Office: (646) 836-[redacted]
Fax: (646) 836-7712
E-mail:[redacted]@bop.gov

>>> [redacted] 7/24/2019 11:41 AM >>>
SIS,

[redacted]

[redacted]

Very respectfully,
[redacted]

[redacted] Ph.D.
Forensic Psychologist
LT, U.S. Public Health Service
U.S. Department of Justice
Federal Bureau of Prisons
Metropolitan Correctional Center
150 Park Row
New York, New York 10007
Office: 646.836.[redacted]
Fax: 646.836.7712
E-mail:[redacted]@bop.gov

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Inmate Epstein #76318-054 (Suicide Watch)

From

To

Date 2019/07/23 13:07

Subject: Inmate Epstein #76318-054 (Suicide Watch)

Attachments: TEXT.htm

BP-A0288
JAN 17

INCIDENT REPORT

U.S. DEPARTMENT OF JUSTICE — **FEDERAL BUREAU OF PRISONS**

Part I – Incident Report

1. Institution: MCC New York		Incident Report Number:	
2. Inmate's Name: Epstein , Jeffery	3. Register Number: 76318-054	4. Date of Incident: 07/23/2019	5. Time: 1:27am
6. Place of Incident: SHU M-Tier Cell 124	7. Assignment: Unassigned		8. Unit: ZA
9. Incident: Self-Mutilation		10. Prohibited Act Code (s): 228	

11. Description of Incident (Date: 07/23/2019 Time: 1:27AM Staff became aware of incident):

[redacted]

[redacted] 07/23/2019 3:30am

14. Incident Report (Type Name/Signature): [redacted] 15. Date Incident Report Delivered: 7-30-19 16. Time Incident Report Delivered: 12:40pm

Part II – Committee Action

17. Comments of Inmate to Committee Regarding Above Incident:

Jm was read his rights and stated [redacted]

[redacted]

18. A. It is the finding of the committee that you:

☐ Committed the Prohibited Act as charged:
☐ Did not Commit a Prohibited Act.
☐ Committed Prohibited Act Code (s). _____

B. ☒ The Committee is referring the Charge(s) to the DHO for further Hearing.
C. ☐ The Committee advised the inmate of its finding and of the right to file an appeal within 20 calendar days.

19. Committee Decision is Based on Specific Evidence as Follows:

UDC refers I/R to the DHO based on the severity of the offense.

20. Committee action and/or recommendation if referred to DHO (Contingent upon DHO finding inmate committed prohibited act):

If found to have committed prohibited act of code 228, UDC recommends D/S time, loss of GCT and privileges.

21. Date and Time of Action: 7/30/18 5:11 (The UDC Chairman=s signature certifies who sat on the UDC and that the completed report accurately reflects the UDC proceedings)

[redacted]

Member (Typed Name): _____ Member (Typed Name): _____

INSTRUCTIONS: All items outside of heavy rule are for staff use only. Begin entries with the number 1 and work up. Entries not completed will be voided by staff.

Distribute: Original-Central File Record; COPY-1-DHO: COPY-2-Inmate after UDC Action; COPY 3-Inmate within 24 hours of Part I Preparation

Part III - Investigation	22. Date And Time Investigation Began 7/30/2019 12:40PM

23. Inmate Advised Of Right To Remain Silent: You Are Advised Of Your Right To Remain Silent At All Stages Of The Disciplinary Process But Are Informed That Your Silence May Be Used To Draw An Adverse Inference Against You At Any Stage Of The Institutional Disciplinary Process. You Are Also Informed That Your Silence Alone May Not Be Used To Support A Finding That You Have Committed A Prohibited Act.

The Inmate Was Advised Of The Above Right By [redacted] enant (Date/time)7/30/2019 12:40PM

24. Inmate Statement And Attitude: Inmate Epstein, Jeffery #76318-054 was advised of his rights and understood his rights as read. Inmate Epstein stated "I no comment at this time". Inmate Epstein had a poor attitude. Inmate Epstein was furnished a copy of this report.

25. Other Facts About The Incident, Statements Of Those Persons Present At Scene, Disposition Of Evidence, Etc. No witnesses requested. Please see attached staff memorandum, photograph and medical assessment. This incident report was served late due to inmate on suicide watch.

26. Investigator's Comments And Conclusions: Based on the writer's description of the incident in block #11, of the incident report, This investigator concludes the report to be accurate as written and the charge warranted.

27. Action Taken: Inmate Epstein is in his special housing unit status, this report referred to UDC for further disposition.

Date and Time Investigation Completed 7/30/2019 12:45PM

Printed Name/signature Of Investigator [redacted]

Signature [redacted] Title Lieutenant

Re: Epstein #76318-054

From [redacted]

To [redacted]

Date 2019/07/24 12:01

Subject: Re: Epstein #76318-054

Attachments: TEXT.htm

yes

>>> [redacted] 7/24/2019 12:00 PM >>>
AW SS just called regarding his competency.... I said yes, do you agree?

[redacted] Psy.D.
Chief Psychologist
U.S. Department of Justice/
Federal Bureau of Prisons
Metropolitan Correctional Center
150 Park Row
New York, New York 10007
Office: (646) 836-[redacted]
Fax: (646) 836-7712
E-mail: [redacted]@bop.gov

>>> [redacted] 7/24/2019 11:41 AM >>>
SIS,

[redacted]

[redacted]

Very respectfully,
[redacted]

[redacted] Ph.D.
Forensic Psychologist
LT, U.S. Public Health Service
U.S. Department of Justice
Federal Bureau of Prisons
Metropolitan Correctional Center
150 Park Row
New York, New York 10007
Office: 646.836.[redacted]
Fax: 646.836.7712
E-mail: [redacted]@bop.gov

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BP-A0563
JUN 10

MULTI-LEVEL MORTALITY REVIEW

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

Date: 09/09/2019

To: Office of Quality Management

From: MCC New York Health Services

Subject: Mortality Review for Inmate Epstein #76318-054

Inst: MCC-NY

Name: Epstein, Jeffrey Reg. #: 76318-054

DOD: 08/10/2019 DOB: 01/20/1953 Age: 66 Sex: Male Race: White

Place of Death: ___ Inst. ✓ Community Hospital ___ OTHER

Name of community hospital: New York Presbyterian Lower Manhattan Hospital

Nature of Death: ___ Natural (chronic) ___ Natural (Acute)

___ Accidental: _____

___ Homicide

✓ Suicide (Method) Hanging

Cause(s) of Death:

Axphyxiation

NARRATIVE SUMMARY: (Should include components below)

Date of admission to the 07/06/2019

✓ New commit ___ Transfer from _____ _____ Holdover

Status: ___ Inpatient at: ___ Inst. ___ Community Hospital ___ Outpatient

Admitting

1. Sleep Apnea
2. Hypertriglyceridemia
3. L4 - L5 Lumbar Stenosis
4. _____

(Pls. continue on supplementary page if necessary)

Past diagnosis:

1. Sleep Apnea
2. Hypertriglyceridemia
3. L4 - L5 Lumbar Stenosis
4. _____

(Pls. continue on supplementary page if necessary)

Significant mental health ___ (Yes) ✓ (No) ___ (NA)

Include specific information as relevant to death:

Name: Epstein, Jeffrey Reg. #: 76318-054 DOB: 01/20/1953

Admitting diagnosis:(continue)

Past diagnosis: (Continue)

Description of course of illness (past and present) and cause of the death in sufficient detail to indicate circumstances of death, including treatment, medications, diagnostic testing, e tc. Give findings of diagnostic exams. Insert pages in this section as required.

Intake Screening History and Physical present?	✓ Yes	___ No	___ NA
Date of most recent History and Physical	07/09/2019		
Timeliness of Diagnostic and Treatment regimes?	✓ Yes	___ No	___ NA
Discharge summary from Attending M.D. on chart			
Institution	___ Yes	✓ No	___ NA
Community Hospital	___ Yes	✓ No	___ NA
Autopsy	___ Yes	✓ No	___ NA
Toxicology	___ Yes	✓ No	___ NA
Death Certificate Available	___ Yes	✓ No	___ NA

INSTITUTION MEDICAL CARE REVIEW:

Severity of illness at time of admission to hospital / Health Services Unit	___ Critical	✓ Stable	___ Unknown
Prognosis on admission to hospital / health Services Unit	___ Poor	✓ Good	___ NA
Were diagnostic procedures appropriate and timely	✓ Yes	___ No	
Was treatment appropriate to diagnosis and instituted timely	✓ Yes	___ No	
Prognosis with treatment	___ Poor	✓ Good	___ Unknown
Any complications adversely affecting outcome:	___ Yes	✓ No	

Describe briefly Asphyxiation Secondary to Hanging.

Was treatment appropriate to complication	✓ Yes	___ No	
Surgical Procedures (list)	___ Yes	___ No	✓ NA
Appropriate pre-operative evaluation completed, including lab, physical exam, updated history	___ Yes	___ No	✓ NA
Complications related to surgical procedures	___ Yes	___ No	✓ NA

(describe)

Prognosis following surgical procedure	___ Poor	___ Good	✓ Unknown
Patient compliant with treatment / medications	___ Yes	___ No	✓ NA

Discussion with patient or patient's family regarding prognosis ___Yes ___No ✓ NA

DNR order ___Yes _____ Date ✓ No

Advance Directive / Living Will ___Yes ___No ✓ NA

LOCAL COMMUNITY HOSPITALIZATIONS ONLY:

Type of admission ___Routine ✓ Emergent ___ Other

Method of transportation appropriate to patient condition ✓ Yes ___No ___ NA

Severity of condition at time of admission to local hospital ✓ Critical ___ Stable ___ Unknown

Prognosis on admission to local hospital ✓ Poor ___ Good ___ Unknown

Were diagnostic procedures appropriate and timely ✓ Yes ___No

Was treatment appropriate to diagnosis and instituted timely ✓ Yes ___No

Prognosis with treatment ✓ Poor ___ Good ___ Unknown

Any complications adversely affecting outcome: ✓ Yes ___No

(describe briefly) Asphyxiation Secondary to Hanging.

Was treatment appropriate to complication ✓ Yes ___No

Surgical Procedures (list) _____ ___Yes ✓ No

Appropriate pre-operative evaluation completed, including lab, physical exam, updated history ___Yes ✓ No

Complications related to surgical procedures ___Yes ✓ No

Describe _____

Prognosis following surgical procedure ___ Poor ___ Good ✓ Unknown

Patient compliant with treatment / medications ___Yes ___No ✓ NA

Discussion with patient or patient's family regarding patient prognosis ___Yes ___No ✓ NA

DNR order ___Yes _____ Date ✓ No

Advance Directive / Living Will ___ Yes _____ Date ✓ No

REVIEW OF EMERGENCY MEDICAL CARE:

Was death related to a medical emergency	✓ Yes	___No	
Response to medical emergency			
notification timely	✓ Yes	___No	___NA
Physician	✓ Yes	___No	___NA
Physician Assistant		___No	✓ NA
Nurse Practitioner		___No	✓ NA
Nurse(s)	✓ Yes	___No	___NA
Emergency Medical Techs	___Yes	___No	✓ NA
Others	___Yes		
	___Yes		
CPR	✓ Yes	___No	___NA
ACLS List protocol (s) used (if appropriate) By EMS.	✓ Yes	___No	___NA
Problems encountered during medical emergency, e.g., equipment, communications, transportation.	___Yes	✓ No	___NA
Describe briefly: _____			
Providers responding maintain current certification / credentials in BCLS, ACLS (if required)	✓ Yes	___No	___NA

SUMMARY REVIEW:

(b)(7)(A)

(b)(7)(A)

Documentation in medical record reviewed by Mortality Review Committee and found to be within acceptable limits. If no, describe _____ ✓ Yes ____No ____NA

Did patient receive appropriate and adequate health care, consistent with community standards, during his incarceration in the Federal Bureau of Prisons? If no, explain ✓ Yes ____No ____NA

State any strengths and weaknesses that existed:

1. The Mortality Review Committee reviewed the Medical Record. The patient received timely and appropriate medical and psychological care.

27. Recommendation(s) if any.

The Mortality Review Committee reviewed the Medical Record. No recommendations at this time.

28. Attachments:

____1. Medical Record
____2. Narrative Summary
____3. Death Certificate
____4. Autopsy Report
____5. Other Documents as appropriate (list) _____

_____

_____

ALL INFORMATION CONTAINED IN THIS REPORT IS EXEMPT AND TO BE CONSIDERED FOR REVIEW/VIEWING ON A NEED TO KNOW BASIS ONLY.

REVIEW COMMITTEE:

(b)(6), (b)(7)(C)

A-W, (M)
, HSA
D of N

(b)(6), (b)(7)(C)

CD)
QAC
PA

OFFICE OF THE REGIONAL DIRECTOR

Comments:

— Agree with Institution MRC

__ Disagree with Inst. MRC

Recommendations or Action taken:

Regional HSA _____ Date _____

Regional Director _____ Date _____

Comments:

Signature of Review Committee Member

Suicide Watch Chronological Log

Inmate Companions Log

Name of inmate on watch:

Epstein

Register #:

76312-054

Institution:

Date Watch Began / Ended

7/23/19

ONLY ITEMS ALLOWED:

- Sack Meal
- Suicide Smock/Slippers
- Suicide Sleeping Bag
- Suicide Mattress
- Paper Cup
- Soap
- Tampons or
- Foam Sanitary Belt/Napkin

To be completed by Chief Psychologist at conclusion of watch:

Booklet ____ of ____

STAPLE LOCAL PROCEDURES HERE

Check one of the following:

☐ **This is the initial log book for this suicide watch.**

Enter date and time watch began:

_____

☐ **This is a continuation log book for this watch.**

Enter date and time this watch book was initiated:

_____

Instructions to Observer:

Document your observations every _____ minutes.

Legibly print *and* sign your name at the beginning of your shift.

Suicide Watch Observation Log

Name of Inmate on watch: Epstein Reg #: 76318-054 Date: 7/23/19

Time	Observations: Briefly note your observations. Initial all entries.	Initials
1:40 AM	I/m Brought Down to Suicide Cell #4	[redacted]
1:45 AM	I/m laying on BED —	
2:00 AM	I/m Sitting on Bed Talking —	
2:15 AM	[redacted]	
2:30 AM	I/m Sitting on bed trying to remember what Happen —	
2:45 AM	I/m Sitting on BED —	
3:00 AM	I/m Sitting on BED —	
3:15 AM	L7 [redacted] takes pictures of I/m	
3:30 AM	I/m Sitting on BED —	
3:45	I/m Sitting on Bed	
4:00 AM	I/m Sitting on BED	
4:15	I/m Sitting on BED	
4:30	I/m Standing at Door talking	
4:45	I/m Standing at Door talking	
5:00 AM	I/m Sitting on Bed —	
5:15 AM	I/m Standing at Door	
5:30 AM	I/m Standing at Door	
5:45 AM	I/m Standing at Door	
6:00 AM	I/m Standing at Door	

Note to all observers: Legibly print *and* sign your name at the beginning of your shift.

Suicide Watch Chronological Log

Staff Suicide Watch Observers Only

Name of inmate on watch:

Epstein, J.

Register #:

76318-054

Institution:

MCC New York

Date Watch Began / Ended

July 23, 2019 - July 24, 2019

To be completed by Chief Psychologist at conclusion of watch:

Booklet ____ of ____

STAPLE LOCAL PROCEDURES HERE

Check one of the following:

☑ **This is the initial log book for this suicide watch.**

Enter date and time watch began:

July 23, 2019 at 1:40AM

☐ **This a continuation log book for this watch.**

Enter date and time this watch book was initiated:

_____

Instructions to Observer:

Document your observations every 15 **minutes.**

Legibly print *and* sign your name at the beginning of your shift.

Epstein

Suicide Watch Observation Log

Name of Inmate on watch:

Reg #: 76318-054 Date: 7/23/19

Time	Observations: Briefly note your observations. Initial all entries.	Initials
1:40AM	Inmate brought down to suicide cell #4	
1:45AM	Inmate lying on bed	
2:00AM	Inmate sitting on bed talking	
2:15AM		
2:30AM	Inmate sitting on bed trying to remember what happened	
2:45AM	Inmate sitting on bed	
3:00AM	Inmate sitting on bed	
3:15AM	Lt. takes pictures of inmate	
3:30AM	Inmate sitting on bed	
3:45AM	Inmate sitting on bed	
4:00AM	Inmate sitting on bed	
4:15AM	Inmate sitting on bed	
4:30AM	Inmate standing at door talking	
4:45AM	Inmate standing at door talking	
5:00AM	Inmate sitting on bed	
5:15AM	Inmate standing at door	
5:30AM	Inmate standing at door	
5:45AM	Inmate standing at door	
6:00AM	Inmate standing at door	
6:15AM	Inmate standing at door	
6:30AM	Inmate standing at door	
6:45AM	Inmate standing at door	
7:00AM	Inmate standing at door	

Note to all observers: Legibly print *and* sign your name at the beginning of your shift.

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/24/2019 13:08
Sex: M Race: WHITE
Provider: [redacted] MLP
Reg #: 76318-054
Facility: NYM
Unit: H01

Mid Level Provider - Follow up Visit encounter performed at Receiving & Discharge.

SUBJECTIVE:

COMPLAINT 1 **Provider:** [redacted] MLP

Chief Complaint: Other Problem

Subjective: [redacted]

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
07/24/2019	13:12 NYM	97.8	36.6	Oral	[redacted] MLP

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/24/2019	13:12	83	Via Machine	Regular	[redacted] MLP

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/24/2019	13:12 NYM	132/89	Right Arm	Sitting	Adult-regula	[redacted] MLP

SaO2:

Date	Time	Value(%)	Air	Provider
07/24/2019	13:12 NYM	96	Room Air	[redacted] MLP

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Appears in Pain

Exam Comments

Follow up evaluation done for inmate Epstein.
He does not look in any pain or distress.

[redacted]

ASSESSMENT:

Injury, unspecified, T1490 - Current

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
07/24/2019	Counseling	Access to Care	(b)(6); (b)(7)(C)	Verbalizes Understanding
07/24/2019	Counseling	Preventive Health		Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by (b)(6); (b)(7)(C) MLP on 07/24/2019 13:24

Requested to be cosigned by (b)(6); (b)(7)(C) MD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M	Race:	WHITE
Encounter Date:	07/24/2019 13:08	Provider:	(b)(6); (b)(7)(C) MLP	Facility:	NYM

Cosigned with New Encounter Note by (b)(6); (b)(7)(C) **MD on 07/24/2019 16:10.**

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/23/2019 06:20
Sex: M Race: WHITE
Provider: [redacted] MLP
Reg #: 76318-054
Facility: NYM
Unit: H01

Injury Assessment - Non-work related encounter performed at Health Services.

SUBJECTIVE:

INJURY 1 **Provider:** [redacted] MLP

Date of Injury: 07/23/2019 01:27 **Date Reported for Treatment:** 07/23/2019 08:25

Work Related: No **Work Assignment:** UNASSG

Pain Location:

Pain Scale: 0

Pain Qualities:

Where Did Injury Happen (Be specific as to location):

Special Housing Unit Z05-Cell 124 L

Cause of Injury (Inmate's Statement of how injury occurred):

[redacted]

Symptoms (as reported by inmate):

None

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
07/23/2019	06:30 NYM	97.5	36.4	Oral	[redacted] MLP

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/23/2019	06:30	92	Via Machine	Regular	[redacted] MLP

Respirations:

Date	Time	Rate Per Minute	Provider
07/23/2019	06:30 NYM	16	[redacted] MLP

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/23/2019	06:30 NYM	140/85	Right Arm	Sitting	Adult-regular	[redacted] MLP

SaO2:

Date	Time	Value(%)	Air	Provider
07/23/2019	06:30 NYM	96	Room Air	[redacted] MLP

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Lethargic, Dyspneic, Appears in Pain, Pallor, Cyanotic, Diaphoretic, Disheveled,

Exam:

Acutely Ill

Pulmonary

Auscultation

Yes: Clear to Auscultation, Vesicular Breath Sounds Bilaterally

No: Crackles, Rhonchi, Wheezing

Exam Comments

[redacted]

ASSESSMENT:

Injury, unspecified, T1490 - Current - *R/O self inflicted injuries.*

PLAN:

Disposition:

Follow-up at Sick Call as Needed
Placed on Suicide Watch
Follow-up in 2-4 Hours

Other:

For follow up with psychology service.

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
07/23/2019	Counseling	Access to Care	[redacted]	Verbalizes Understanding
07/23/2019	Counseling	Plan of Care		Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by [redacted] MLP on 07/23/2019 09:05

Requested to be cosigned by [redacted] MD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M	Race:	WHITE
Encounter Date:	07/23/2019 06:20	Provider:	[redacted] MLP	Facility:	NYM

Cosigned by [redacted] **MD on 07/23/2019 15:44.**

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M Race:WHITE	Facility:	NYM
Note Date:	07/26/2019 08:57	Provider:	[redacted] MD	Unit:	H01

Cosign Note - Clinical Encounter Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** [redacted] MD

[redacted]

New Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
	Docusate Sodium Capsule	07/26/2019 08:57	TAKE ONE 100 MG CAP Orally - Two Times a Day x 180 day(s)

Indication: Constipation, unspecified

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by [redacted] MD on 07/26/2019 08:58

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M Race:WHITE	Facility:	NYM
Note Date:	07/24/2019 16:10	Provider:	[redacted] MD	Unit:	H01

Cosign Note - Clinical Encounter Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** [redacted] MD

[redacted]

Copy Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by [redacted] D on 07/24/2019 16:12

See Amendment

Bureau of Prisons
Health Services
See Amendment

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M	Race:	WHITE
Encounter Date:	07/26/2019 08:57			Facility:	NYM

Amendment made to this note by [redacted] **MD on 07/26/2019 08:58.**

Bureau of Prisons
Psychology Services
Institution Disciplinary Process Report

Inmate Name:	EPSTEIN, JEFFREY EDWARD					Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M	Facility:	NYM	Unit Team:	5
Date:	07/30/2019 12:01	Provider:	(b)(6), (b)(7)(C)	PsyD			

Reason for Referral and Identifying Information

Inmate Epstein was referred by Unit Manage(b)(6), (b)(7)(C) for an evaluation of competency to proceed with the disciplinary process for actions resulting in an incident report. On 7/23/19, inmate Epstein was charged with code 228 (Tattooing or Self-Mutilation). These infractions were assigned incident report number 3282555.

Background Information

According to a Suicide Risk Assessment dated 7/09/19 by (b)(6), (b)(7)(C) "Inmate Epstein denied any history of mental health treatment, either on an inpatient or outpatient basis. Inmate Epstein denied any treatment in the past or present with psychotropic medication. He also denied any acute mental health symptoms at this time."

According to a Suicide Risk Assessment dated 7/09/19 by (b)(6), (b)(7)(C) "Inmate Epstein denied any past or present suicidal ideation, intention or plan. He denied ever engaging in any suicide attempts or self-injurious behavior in the past."

(b)(7)(A)

Clinical Interview and Mental Status Exam

(b)(7)(A)

Current Mental Status: He exhibited a neutral mood with a full range of affect. His speech was logical and coherent, with no loosening of associations or tangential, circumstantial or irrelevant speech. Auditory and visual hallucinations were denied, and delusions were not elicited. He did not engage in any bizarre or inappropriate behavior. There was no indication of disturbed thought process or content. Intellectual ability appeared to be above average. Personal hygiene was adequate. He denied current suicidal or self harm ideation and he agreed to immediately tell staff if he starts to have suicidal or self harm thoughts. He was future oriented. He does not appear to be an immediate danger to self. He denied thoughts of hurting others and he agreed to tell staff if he has these thoughts.

Clinical Impression

According to his last Diagnostic and Care Level Formulation Note dated 7/09/19 by (b)(6), (b)(7)(C) "No Diagnosis, No Dx - Current."

Findings

The determination of whether an inmate is competent to proceed with the disciplinary process is based on a clinical assessment of the inmate's (1) ability to understand the nature of the proceedings, and (2) their ability to assist in their own defense. Depending on the outcome of the assessment, one of three findings can be made: (1) the inmate is COMPETENT to proceed with the disciplinary process; (2) the inmate is NOT PRESENTLY COMPETENT but could be restored to competence with treatment; or (3) the inmate is NOT COMPETENT and is unlikely to become competent.

Recommendations Regarding Sanctions

In the case of inmate Epstein, after a review of available psychological and psychiatric records as well as information pertaining to the offense conduct, it is determined that this inmate is:

(X) COMPETENT to proceed with the disciplinary process.
( ) NOT PRESENTLY COMPETENT, but could become competent with treatment; it is recommended that the inmate for an updated competency assessment in 30 days.
( ) NOT COMPETENT and not likely to become competent.

Inmate Name:	EPSTEIN, JEFFREY EDWARD					Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M	Facility:	NYM	Unit Team:	5
Date:	07/30/2019 12:01	Provider:	[redacted]	PsyD			

Completed by Imeri [redacted] on 07/30/2019 12:33

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M	Facility: NYM	Unit Team: 5
Date:	07/29/2019 10:01	Provider:	(b)(6), (b)(7)(C)	PhD/Chief	

Focus of Session

Inmate Epstein was seen while on psychological observation today in the hospital area.

Subjective/Objective Presentation

Same presentation today, but he said he thinks his memory for the incident (injury to his neck) may be impaired because of his sleep apnea. He is supposed to get his CPAP machine today. He is aware he will be returning to SHU, but said he is feeling unwell due to his inability to sleep and numbness in his arm. He requested to have one good night of sleep with his CPAP and will return to SHU with a cellmate tomorrow. (b)(7)(A) (b)(7)(A) I told him he can stay down one more night to receive his CPAP and a good night's sleep, but that he would be returned to SHU tomorrow. It was explained that there is no mental health issues precluding him from returning to SHU tomorrow and that we could not house him in the SW/Hospital area because (b)(7)((b)(7)(A) or more comfortable for him. (b)(7)(A)

According to his log book and eating/shower chart, he has been eating and drinking when not in his legal visits. He has also been writing and attending his legal visits.

Intervention(s)

Inmate EPSTEIN was provided with brief supportive interventions and psychoeducation regarding additional coping strategies. Inmate EPSTEIN was somewhat receptive to these interventions, but appears more concerned about getting his various needs in the prison (phone calls, recreation, housing placement concerns, etc.)

Progress/Plan

He will remain on psychological observation today and will transition to the SHU tomorrow. He will be seen by psychology daily to assess his mental status and psychological functioning.

Completed by (b)(6), (b)(7)(C) PhD/Chief Psychologist on 07/29/2019 10:26

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name:	EPSTEIN, JEFFREY EDWARD					Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M	Facility:	NYM	Unit Team:	5
Date:	07/27/2019 07:14	Provider:	[redacted]	PsyD			

Focus of Session

He was seen by writer while he was on Psych Observation.

Subjective/Objective Presentation

The "Eating/Shower Chart" indicated yesterday he ate dinner, drank liquids, and took a shower when offered. The Psych Observation Log noted he brushed his teeth, went to a Legal visit, talked about business and investing to an Inmate Companion, ate, and slept.

[redacted] He stated that for the 5 days before that he had only slept about 30 minutes each night because of noise in SHU. [redacted]

He said he has an appetite and is eating. He said he is waking up every 1 1/2 hours. He stated he feels dehydrated because he is not drinking enough water because he stated he feels he is not given enough bathroom breaks while with his Attorney. Medical was e-mailed with his complaint of feeling dehydrated. He said his Lawyers and friends are all emotionally supportive.

Current Mental Status: He exhibited a neutral mood with a mildly full range of affect. His speech was logical and coherent, with no loosening of associations or tangential, circumstantial or irrelevant speech. Auditory and visual hallucinations were denied, and delusions were not elicited. He did not engage in any bizarre or inappropriate behavior. He denied current suicidal or self harm ideation. He stated "I'm a coward." He added he does not like pain and even does not like when he has to give blood. He agreed to immediately tell staff and Inmate Companions if he starts to have suicidal or self harm thoughts. He was future oriented. He does not appear to be an immediate danger to self. He denied thoughts of hurting others and he agreed to tell staff and Inmate Companions if he has these thoughts.

Intervention(s)

Supportive and educative interventions were provided. He was given Turning Points handouts on stress management, sleep, and building a routine in SHU. He stated he wants it noted in his chart that he is being given a pamphlet on sleep, but that is not going to help because of the noise in SHU that prevents him from sleeping.

Progress/Plan

He will remain on Psych Observation in an abundance of caution and pending housing arrangements to be made on Monday. While on Psych Observation, he will be seen daily by Psychology.

Completed by [redacted] PsyD on 07/27/2019 08:16

Post Amendment

Bureau of Prisons
Health Services
See Amendment

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M	Race:	WHITE
Encounter Date:	07/27/2019 07:14			Facility:	NYM

Amendment made to this note by [redacted] **PsyD on 07/28/2019 09:19.**

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M	Facility: NYM	Unit Team: 5
Date:	07/26/2019 09:09	Provider:	[redacted]	PhD/Chief	

Focus of Session

Inmate Epstein was seen while on psychological observation in our hospital area.

Subjective/Objective Presentation

Prior to this writer's contact with him, Inmate Epstein showered and dressed himself for his legal visit today. He was smiling and did crack some jokes during the interview. He did elucidate some complaints and suggested being disappointed with this writer as he wants "to trust me and for me to trust him." He stated he remains unhappy with legal visiting procedures as he cannot go to the bathroom as frequently as he would like to since he has a "weak bladder." Inmate Epstein also reported since coming to the psychological observation area, he has felt constipated and needs his Colace. He had self-carry Colace in SHU, but since coming to the observation area, he has not had his medication. This writer immediately notified medical and his pills were being processed during the interview. Inmate Epstein also continues to complain about the conditions of SHU confinement (i.e., feeling punished, smells, noise, and restrictions).

[redacted] He does not exhibit symptoms of any cognitive disorder, seizure disorder, psychotic disorder, or dissociative disorder at this time or in the past. Inmate Epstein denied any current suicidal ideation, intention, or plan. He reported wanting to be alive to fight his legal case and go back and live life. He referred to himself as "a coward" and "I'm Jewish." He said he is not the type who likes pain or would ever attempt to harm himself.

While on psychological observation, inmate Epstein has been eating his meals, sleeping and interacting with the inmate companions. He is in legal visiting the majority of the day and in the evenings. His log book and eating/shower chart reflect the same. He has been speaking to inmate companions about investment strategies and about prison adjustment. Correctional Staff report during his legal visits, he is interacting with his attorney, animated, laughing, and joking.

Intervention(s)

Inmate Epstein was provided with supportive and coping skills interventions today. He was receptive to them, but mostly wanted to express his complaints about his current prison confinement status and needs. He wanted this writer to address them.

Progress/Plan

Inmate Epstein will remain on psychological observation in an abundance of caution and pending housing arrangements to be made on Monday. [redacted]

Completed by [redacted] PhD/Chief Psychologist on 07/26/2019 10:05

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M	Facility: NYM	Unit Team: 5
Date:	07/25/2019 10:14	Provider:	(b)(6), (b)(7)(C)	PhD/Chief	

Focus of Session

Inmate Epstein was seen by this writer this morning while on psychological observation in the hospital area of the prison.

Subjective/Objective Presentation

Inmate Epstein was in good spirits today and engaged in reciprocal conversation with this writer this morning. He smiled and remarked, "welcome back" when this writer arrived. (b)(7)(A) (b)(7)(A) (b)(7)(A) (b)(7)(A) When this writer attempted to get a more detailed account from him, indicating that it would be rare to have such impairments in memory as he does not suffer from an acute cognitive disorder, he smiled and said he understood my position.

Inmate Epstein did reveal he is unhappy with his current confinement in Special Housing (SHU) as he considers it "a punishment cell." He said he finds the restrictions up there unfair as he has not done anything wrong. Inmate Epstein stated he feels it is dangerous in the SHU, he cannot sleep well up there due to noise from the other inmates, it smells, and it is difficult for him to work on his legal case up there. He stated he has not received the phone calls he was promised nor has he been able to receive recreation. It was explained to him that he spends the entire day in the attorney conference room and it is likely that he has missed the times when staff members have attempted to give him phone calls and recreation. Inmate Epstein also reported complaints about the attorney conference room, stating they do not take him to the bathroom frequently enough.

Inmate Epstein adamantly denied any suicidality at this time, stating "I am too vested in my case to fight it, I have a life and I want to go back to living my life." He denied any acute symptoms at this time.

According to his log book, he has been eating, drinking, sleeping, and interacting with the inmate companions. He has also been attending his daily legal visits.

Intervention(s)

Inmate EPSTEIN was provided with brief supportive interventions and psychoeducation regarding additional coping strategies. Inmate EPSTEIN was mostly receptive to these interventions. He requested to be housed in general population rather than the SHU and stated he wanted to remain on psychological observation due to his concerns with being in the SHU.

Progress/Plan

In an abundance of caution, inmate Epstein will remain on psychological observation. (b)(7)(A) (b)(7)(A) (b)(7)(A) Inmate Epstein will be seen daily by psychology while on psychological observation.

Completed by (b)(6), (b)(7)(C) PhD/Chief Psychologist on 07/25/2019 10:43

Bureau of Prisons
Psychology Services
Post Suicide Watch Report

Inmate Name: EPSTEIN, JEFFREY EDWARD Reg #: 76318-054
Date of Birth: 01/20/1953 Sex: M Facility: NYM Unit Team: 5
Date: 07/24/2019 09:23 Provider: [redacted] Ph.D.

Watch Start Date: 07/23/2019 01:40 **Watch Stop Date:** 07/24/2019 08:45
Total Time on Watch: 31 hrs 5 minutes
Watch Conducted By: Both inmates and staff **Transfered to Medical Center:** No

Current Mental Status

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Cooperative

Mood: Appropriate to Content

Thought Process: Goal Directed

Thought Content: Normal

Current Mental Status: Mr. EPSTEIN was alert and oriented. He was polite, calm, and cooperative in demeanor. He exhibited a neutral affect with appropriate range. Eye contact and hygiene were appropriate. The inmate spoke with normal rate, tone, and volume. His thoughts were organized and coherent, with no loosening of associations or tangential, circumstantial, or irrelevant content. There was no evidence of perceptual disturbance, delusional ideation, or a formal thought disorder. He did not engage in any bizarre or inappropriate behavior. He noted having normal sleeping and eating habits. Mr. EPSTEIN explicitly denied recent and current suicidal ideation, planning, and intent. He was future-oriented and expressed a commitment to life and safety, agreeing to contact staff immediately should he experience suicidal ideation or psychological distress. He also denied thoughts of harming others.

Risk Factors Assessed:
This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self harm.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: High Profile Crime, Lack of family connections, Sex offender status

The following **DYNAMIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: Current physical pain, Fear for own safety

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide:Able to identify reasons to live, Adequate problem solving skills, Denial of suicidal ideation/intention/plans, Future orientation, View of death as negative, Willingness to engage in treatment

Risk Factors: [redacted]

Protective Factors: Mr. EPSTEIN adamantly denied current suicidal ideation or intent or a history of suicide attempts. He stated, "I have no interest in killing myself." He explained, although his situation is "not perfect" due to his being incarcerated, he noted he has "lots to do for [his] legal case." He described having a "wonderful life," to include interactions with "interesting people and projects." He said "it would be crazy" to take his life. He furthered, "I would not do that to myself." He denied feelings of hopelessness, although did report being "depressed" and "unhappy" about his current legal situation. He previously denied a history of childhood abuse. He reported he is sleeping adequately now that he is no longer in the SHU. He appear future-oriented as he endorsed an interest in being housed in general population.

Weighing of Risk and Protective Factors: Mr. EPSTEIN adamantly denied sucidality. However, [redacted]

(b)(7)(A) and the high profile nature of his alleged offense, Mr. EPSTEIN will be stepped down from Suicide Watch to Psychological Observation.

Changes in Risk Factors Assessed

Upon a review of the log book, it was indicated Mr. EPSTEIN has been speaking to the inmate companions about having previously taught mathematics and physics. He has been observed pacing the cell as well as sleeping, eating, and drinking within normal limits.

Upon interview today, Mr. EPSTEIN requested he be provided a toothbrush as well as a shower. His requests were made known to the lieutenants and he was provided a shower prior to attending his legal visit. This writer also provided him a toothbrush, toothpaste, and hygiene products.

(b)(7)(A)

(b)(7)(A)

Reason for Removal from Watch

Mr. EPSTEIN stated, "I have no interest in killing myself." He explained although his situation is "not perfect" due to his being incarcerated, he noted he has "lots to do for [his] legal case." He described having a "wonderful life," to include interactions with "interesting people and projects." He said "it would be crazy" to take his life. He furthered, "I would not do that to myself." Mr. EPSTEIN did express a feeling of safety being housed on Psychological Observation rather than in the SHU. He asked if he could remain on this status for a couple of days, he was advised his housing situation will be re-evaluated on a day-to-day basis. He expressed a desire to be housed in general population rather than in the SHU and asked if there were a "safer" unit for him to be housed in comparison to the one where he was initially placed. Mr. EPSTEIN claimed there were many MS-13 gang members on the initial unit. He was advised he will be maintained on Psychological Observation in the near future, but his long-term housing situation will be revisited, as it is not ideal for one to remain in isolation on Psychological Observation for extended periods of time. Mr. EPSTEIN acknowledged this information and thanked this writer for her explanation and time.

Diagnosis:

No Diagnosis, No Dx - Current

Conclusions

The Overall Acute Suicide Risk for this Inmate is: Low
Overall Chronic Suicide Risk for this Inmate is: Absent

Recommendations

1. Mr. EPSTEIN will be removed from Suicide Watch and stepped down to Psychological Observation.
2. While on Psychological Observation, he will be continuously observed by Inmate Companions.
3. While on Psychological Observation, he will be seen daily by Psychology.
4. Supportive and educative interventions were provided.
5. Mr. EPSTEIN was provided novels and a request was made for his legal paperwork to be provided to him on Psychological

Observation.

6. This writer contacted the Pharmacy to indicate Mr. EPSTEIN has not been receiving his medication used to alleviate his constipation.
7. Mr. EPSTEIN attended a legal visit today, after having been provided a shower.
8. Mr. EPSTEIN was educated about both routine and emergency procedures for contacting psychology.
9. The inmate was encouraged to reach out for PRN services should he experience any psychological distress.

Completed by [redacted] Ph.D. on 07/24/2019 12:09

Bureau of Prisons
Psychology Services
Clinical Intervention - Clinical Contact

Inmate Name:	EPSTEIN, JEFFREY EDWARD			Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M	Facility: NYM	Unit Team: A&O
Date:	07/11/2019 15:21	Provider:	[redacted]	PhD/Chief	

Focus of Session

Inmate Epstein was seen for his psychological observation follow-up in attorney conference this afternoon.

Subjective/Objective Presentation

Inmate Epstein reported he has been consulting with his attorney most of the day. He elucidated concerns about his incarceration including not receiving his property yet in SHU, feeling cold in his cell, not receiving his Colace, not having enough water in attorney conference, and a desire to recreate in SHU." Inmate Epstein was also upset about wearing an orange jumpsuit and being treated like "a bad guy" when he did not do anything wrong in the prison. Custody and security concerns were addressed with inmate Epstein including why he has to wear his orange jumpsuit (due to his being housed in SHU). He requested that he be placed in a brown uniform during his legal visits. He was told his concerns would be addressed in the SHU meeting.

[redacted] He did not sleep well last night. Inmate Epstein continues to deny any suicidal ideation, intention or plan. He did not appear to be in any distress at this time.

Intervention(s)

Inmate EPSTEIN was provided with brief supportive interventions, CBT-based interventions, and psychoeducation regarding additional coping strategies. Inmate EPSTEIN was receptive to these interventions.

Progress/Plan

Inmate EPSTEIN was educated about both routine and emergency procedures for contacting Psychology staff. He was reminded of the self-help books and audiotapes available through the Psychology department. He will be seen next week after his bail hearing to assess his mental status and psychological stability.

Completed by [redacted] PhD/Chief Psychologist on 07/12/2019 07:51

UNITED STATES GOVERNMENT
MEMORANDUM

Metropolitan Correctional Center, New York, New York

DATE: August 10, 2019

TO: Charisma Edge, Associate Warden Programs

FROM: [redacted] Psy.D., Ph.D., Forensic Psychologist [redacted] Psych

SUBJECT: Epstein #76301-054

This memo summarizes the psychology contacts with Mr. Epstein.

Mr. Epstein arrived on July 8, 2019, and was seen by psychology services for an intake screening in SHU. He denied any psychology history or symptoms. The Chief Psychologist spoke with Central Office on July 8, 2019, and it was determined he should be placed on suicide watch and seen for a suicide risk assessment after he returns from court due to his increased suicide risk factors. Mr. Epstein was seen on July 9, 2019, for a suicide risk assessment where he denied any suicide ideation, intention, or plan. Despite his risk factors of his sex offence charge, high profile case with media attention, and pretrial status housed in SHU, his protective factors outweighed his risk factors. He was future oriented, wanted to fight his case, and denied any mental health history or suicidality. He was removed from suicide watch and placed on psychology observation. He was seen the following day at which time he requested to be celled alone if housed in SHU and was told he could not. Mr. Epstein was released from psychology observation and seen on July 11, 2019, in attorney conference. He expressed concerns such as wearing an orange jumpsuit, not receiving medication, and not having enough water during attorney visits. Mr. Epstein was seen one week later, July 16, 2019, for follow up and because he was asking to be seen. He did not express any psychological concerns, rather correctional issues such as not getting a phone call and needing a spoon. An attempt at a SHU review was made on, July 18, 2019; however, Mr. Epstein was with his legal team.

[redacted]

[redacted] Mr. Epstein was seen daily while on psychology observation, each day denying he was suicidal. During one interview, he claimed he could not remember what happened because of his "sleep apnea." On July 30, 2019, Mr. Epstein was removed from psychology observation and returned to SHU. He reported he did not think he could sleep in SHU because of the noise. He denied any psychological concerns. It was noted he would be placed with a cellmate.

- On July 31, 2019, Mr. Epstein was seen for a psychology observation follow up. He stated he was doing as well as can be expected given his circumstances and reported he was going to court for a status hearing. He also reported he slept well. Mr. Epstein was seen for another suicide risk assessment on August 1, 2019, at approximately 1pm, as he returned from court with a note from the court indicating "suicidal tendencies." Mr. Epstein denied he was suicidal. [redacted] He complained about the noise in SHU. Mr. Epstein's protective factors outweighed his risk factors and he was not placed on suicide watch. He denied suicidal ideation, reported fighting his case, stated he has emotional support, and stated suicide is against his religion.

On August 8, 2019, Mr. Epstein was seen for a follow up session. He stated he was feeling ok and his sleep was fair. He again requested to go to general population. He denied any mental health symptoms. He denied any suicide ideation, intention or plan. He had a cellmate. He spends his days with his attorney. It was noted he would continue to be seen for weekly rounds.

15 contacts in 1 month / 7+ days on Constant Watch 7/23-7/30

7.6.19- Epstein Arrives and is placed in GP (on a Saturday)

7.8.19- [redacted] **take Screening – Monday (No endorsements on PSIQ and had just returned from court)** – clear mental status, no hx of mental health treatment or symptoms, no suicide history, nothing significant noted, CC1-MH assignment.

7.8.19- [redacted] **Consults with Central Office regarding Epstein and Risk Factors and R&D was instructed to place him on psychological observation when he returns from court pending a SRA. He is placed on psychological observation at 6:00 p.m.** Log book reflects he was asking I/C about how life is in GP and the crazy things he has seen as an I/C., about prison life, sleeping, pacing

7.9.19- [redacted] **Suicide Risk Assessment** (placement on Psych Obs after court proceeding as a precaution/precautionary SRA) – No mental health history, no substance abuse history, no suicide history, no suicidal thoughts. Clear mental status. Denies suicidality, future oriented, wants to make phone calls and speak with his lawyer, enjoys life, learning and teaching, has a business in the community, spoke about being a mathematician and about his post graduate studies, good sense of humor, no acute sxs, Was eating when I arrived (cereal) and his log book was not significant for any symptoms. Recommended that he remain on psychological observation pending a suitable housing arrangement. (This writer spend 45 minutes interviewing him) – Log Book: he leaves for his legal visit at 8:20 am, returns at 2:00 pm and eats as well as goes to medical... leaves again around 3 pm and returns to cell around 8 pm from attorney visit. Talks to companion about the escort business, how to handle prison, about celebrities he knows, about prison food

7.10.19 - [redacted] **Psychological Observation Contact (remained on psy obs pending suitable housing placement with a cellmate)** – indicated he did not like SHU because he is not comfortable there and said he wanted to be single celled. He expressed numerous needs: Colace instead of Ducolax, being able to walk around, no orange uniform, phone call, shower and towel, placement on the cadre unit, paper, pen, and property. Log book indicated he has been eating, sleeping and interacting with companions, went to his legal visit. Looking forward to bail hearing, realizes he will be here for a couple of weeks even if he gets bail. Inmate Epstein is to return to SHU with a cellmate (this is documented).

7.11.19- [redacted] **Psychological Observation Follow-up – Saw him in Attorney Conference area-** he listed numerous concerns related to his confinement including receiving his property, feeling cold in his cell, not getting Colace, not having enough water in the attorney conference area and desire for more recreation, dislike of orange jumper and wanted brown one. This writer told him she would address in the SHU meeting. (I did not put in clinical note but It is worth noting he was kind of mocking me in the atty conference area about being placed on watch...he was smirking and said, "why would you ever think I would be suicidal, I am not suicidal and I would never be." – he said it in front of his attorney (palm beach one)...)

7.18.19- [redacted] **Attempted SHU Review but he was in legal visit.**

[redacted]

[redacted]

7.24.19 [redacted] **Post Suicide Watch Report** – [redacted] Recently, was denied bail. [redacted]

[redacted]

eating and drinking and that waking up to hear himself snore up on a stretcher.

Epstein adamantly denied suicidality, "lots to do for legal case, wonderful life, interesting people and projects in life, it would be crazy to take my life, I would not do that to myself." He did report feeling depressed and unhappy with his situation. He reported he slept well last night and was future oriented. Talked to companions about having taught math and physics and has been eating, sleeping, drinking. He wanted hygiene products and to shower.

Log book: talking about jail to I/C, sleeping, brushes teeth, drinking. Goes to legal visit all morning. Discussing investment strategies, inmate safety, and prison adjustment with the I/C. He washes his face, rests, and sleeps.

7.25.19 [redacted] **Psychological Observation Contact** – Smiled "welcome back"; good spirits. [redacted]

[redacted] Reported being unhappy with SHU due to the restrictions and noise and he said his requests have not been granted for phone calls and recreation. He is unhappy that he is not taken to the bathroom enough during attorney/conference visits. Denied suicidality, stated he is too vested in case to fight it and I have a life and I want to go back living my life." No acute mental health symptoms were noted.

Log Book: He had been eating, drinking, and sleeping. Also showers, brushes teeth, and goes to legal visit. Talks to I/C about business and investing, life lessons, and tells I/C he does not want to go to SHU in lieu of GP and wants to know about the conditions of various housing units.

7.26.19 [redacted] **Psychological Observation Contact-** Smiling and cracking some jokes. Disappointed in writer that his various requests in the prison have not been adhered to. "I have to trust you if you want to trust me" He elucidated many complaints with legal visiting procedures, his constipation medication, and conditions of SHU confinement and prison restrictions. [redacted]

[redacted] He denied any symptoms of psychosis, depression, or anxiety. Denied suicidality; He stated he would never harm himself as he wants to be alive to fight his legal case and go back to live his life. He remarked he is "a coward... I am Jewish." He said he does not like pain and never attempt to harm himself.

Log Book: sleeping, talks to I/C about BOP policy including phone visits and usage, Talks to I/C about business and investing, life lessons, and tells I/C he does not want to go to SHU in lieu of GP and wants to know about the conditions of various housing units.

7.27.19- [redacted] sychological Observation Contact - [redacted] He ate, drank, went to legal visit, and interacted with the inmate companions talking about business and investing topics. Reported good support from friends and lawyers, denied mental health sxs or suicidality, said he felt dehydrated and medical was notified. Provided with self-help handouts.

Log book: eating, sleeping, sitting on bed, legal visit, asking for toilet tissue, talking about life in GP

7,28.19 [redacted] **Psychological Observation Contact** – noted he is in attorney visits 12 hours a day, logs indicate he speaks about life in general population; reported his right arm felt numb and he had been seen by medical. Flushing of the toilet in his cell was aversive; told writer maybe he has Autism because sounds/noise are aversive to him like "the Rain Man." Mildly anxious mood; provided with Turning point handouts and supportive interventions. Eating when in the cell, but otherwise, eating in Attorney conference.

Log Book: Upset about non-stop flushing of toilet, goes to legal visit most of day, talks to I/C later about who is best cook on 11N, investments, driving a taxi in NY, sleeping.

7.29.19 [redacted] **Psychological Observation Contact** – continues to report no memory of the event which lead up to him being placed on SW/Psych Obs. He requested to stay on psychological observation another day so that he could get a good night's sleep. NO mental health sxs or suicidality was reported or noted, he ate and has been attending legal visits. Wanted to remain on psychological observation because it is more comfortable and not noisy like SHU. It was explained that psychological observation cannot be continued long-term for the purposes of being more comfortable and that the purpose of psych obs is to stabilize mental health problems. His only concerns are getting his various needs met in the prison including more phone calls, recreation, and being placed in a comfortable and safe place. He was informed he would be housed in a safe situation in the SHU.

Log Book: showers, eats, writes in note pad, drinks water, legal visit, talks to I/C about investment options, his jail appeal, sleeps.

7.30.19- [redacted] **Psychological Observation Contact and Discontinuation** – waiting to go to SHU to get CPAP machine as he did not sleep well without it. Said SHU is noisy and he is concerned about sleeping well there and he said he did not get one of his medications yet that day. He ate meals, drank liquids, showered, no mental health sxs, no suicidality. SHU Lt. informed inmate Epstein needs to be housed with an appropriate cellmate while in SHU [redacted] followed up with an e-mail). Inmate remained on observation until brought to his attorney conference visit.

Log book: Sleeping, eats breakfast, talks about jail life, taken off of psych obs status at 8:15 a.m., goes to his legal visit, and later to SHU.

7.31.19- [redacted] **Psychological Observation Follow-up Session** – denied suicidality, no mental health sxs, slelpt well and was getting reading for court hearing. Reported getting along with cellmate in SHU.

8.1.19 [redacted] **SRA was conducted– Court sent a form "suicidal tendencies"** Denied any suicidality; friends and lawyers supportive; Jewish-against his religion [redacted] His cellmate is talkative but he will give it a chance. Noisy in SHU. He lives for fighting this case and going back to his normal life.

8.8.19 [redacted] for a **follow-up session** to assess adjustment in SHU. No acute symptoms, distress or mental health concerns; denied suicidality, some concerns with sleep. Happy he received his PAC # to make phone calls and requested to speak with someone without it being on a speakerphone. Wanting his books he left in the suicide watch area. Interacting and getting along with his cellmate. Getting ready of this attorney visit.

8.10.19 – Found Unresponsive and Hanging in SHU at 6:30 a.m. (10 days after his removal from a constant observation)

AFTER HOURS.



