

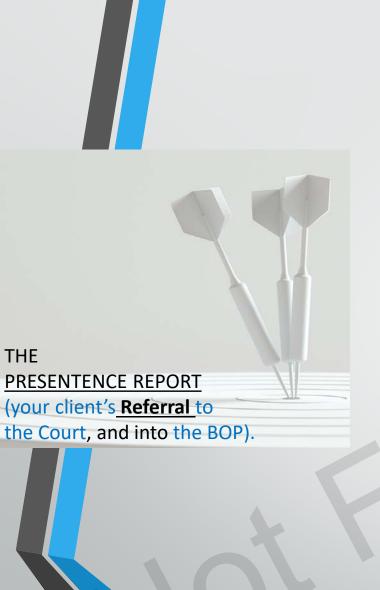
PREPARING YOUR CLIENT FOR THEIR PRESENTENCE INTERVIEW and

1ST DAY IN FEDERAL PRISON

Being Transparent With Your Client Expectations
Will Be Appreciated

- . Medical Visits: May Have Copays?
- II. Self Surrender They don't know you're coming? Solitary!
- III. BOP Satellite Camps vs FPC; They're all the same, right?
- IV. BA.5 Variant (COVID), It's all over no big deal?
- V. Medications: On Formulary, Non-Formulary, Not-Available, then there are the <u>Similar Equivalent Substitutions</u>, What are they?
- VI. Dementia | Veteran | Psychology Program | Occupational Training Programs; Are all easily available?
- /II. <u>Mental vs Medical Healthcare</u> Placement: which CARE LEVEL takes precedence? What is a CARE LEVEL?
- VII. <u>18 U.S. Code § 3553</u> Imposition and mitigation efforts of a sentence, the details





THE PRESENTENCE INTERVIEW ⇒ THE PRESENTENCE REPORT

Like a referral that you would normally get from your doctor to see a specialist, this referral will impact lives, first:

- By The Probation Officer, as he/she drafts The Presentence Report based on what they learn from you, next...
- II) The Judge, as we all know, he/she uses at sentencing,
- III) The BOP <u>uses THE PRESENTENCE REPORT</u> as a Referral for placement, based on your clients:
 - a. Medical Care needs
 - b. Mental Healthcare needs
 - c. Medication Availability
 - d. Psychology and other Programming needs,
 - Some are security level dependent, with limited avail.
 - e. Criminogenic Needs (FSA)
 - f. All With Security Level Requirements





HEALTHCARE - CARE LEVELS

IV) Federal Medical Centers (7 total)

- 24/7/365 Nursing and Medical Care, All Security Levels
- They support both violent and non-violent offenders.

I) CARE LEVEL

Under 70, limited medications and clinic visits, healthy.

III) CARE LEVEL, Does not qualify for 24/7/365 nursing care

Assistance Needed with ADL, PADL, and other outpatient visits.

II) CARE LEVEL,

 Average Pop., quarterly visits control medical issues, when needed, controlled with medication.







ADL vs PADL

Challenges to Managing Our nation has an AGING INMATE POPULATION, 55+ Affecting State and Federal Facilities



"Prison Activities of Daily Living (Williams et al., Page 2, 2006)

Five specific PADL:

- 1. Dropping to the floor for alarms,
- 2. Standing for head counts,
- 3. Ambulating to the dining hall for meals, Up & Down Stairs
- 4. Hearing & Understanding orders from staff, and
- 5. Climbing up to and down from the top bunk.



Credit Photo: Steemit

Responding to questionnaires:

- 1. 69% described at least one PADL as "very difficult to perform" (Williams et al., 2006),
- 2. 28% self-reporting memory loss.
- 3. Resulting in harsh punishment or segregation (Maschi et al., 2012), or result in;
 - a. Fights, assaults, or self-injurious behavior
 - **b.** Leading to disciplinary consequences, restrictive housing units
 - c. Followed by solitary confinement, which exacerbates their mental illness



The BOP 3-Tier 'Formulary' Structure

The same Generic medications can be made by different manufacturers.



- They may vary from yours in,
 - o Size
 - o Shape
 - o Color
- Therefore, a heads-up from your legal team may make this is a less stressful event.

Defined as:

Formulary: Is immediately available.

Non-Formulary: These require a lengthy pre-authorization process.

Not Available: Now it's critical to request the treating physician review the BOP "similar equivalents".

• If none is appropriate – home confinement, or does The BOP make these medications available?



To Help Your Attorney Prepare For Your Presentence Interview The Defendant Needs to Begin, by

Providing your legal team with complete copies of:

- * Complete Medical History with all Office Notes * All Surgery Reports,
- * All Physician Contact Information * All Blood Tests for the past 2 years
- * All: X-Ray, CT, MRI Reports (CD where available)

All Original Prescriptions for:

- * Prosthetics, * Diabetic Shoes, * Wheelchairs, * Cane, Crutches, etc.

Diplomas: Highest Education Level Completed, With copies of all Diplomas and Certifications

Military Service: Branch, Rank, Discharge Type

Recommendations and References: In Written, and in unique circumstances, Video Format





It's Never Too Early To Start Preparing for the Presentence Interview

A well-prepared Presentence Interview with supporting documentation could yield,

- A <u>Presentence Report</u> that is
 - 1. Comprehensive and Accurate
 - 2. Supports Your Defense Teams Sentencing Strategy

97% OF FEDERAL CASES END UP GUILTY

Part of my
Comprehensive
Review... 'Federal Sentencing:
The Basics 2018 (Page 5)'

The BOP - Based on the PSI and PSR | Will Place you

The PSI/PSR provides the 'specific reason' why the request is critical:

- 1. To facilitate regular family visitation, or
- 2. To participate in a Vocational, UNICOR, or Veteran Program
- 3. To facilitate program placement based on a:
 - Medical or Mental Healthcare needs, [e.g., Dementia Care; at FMC Devens],
 - Psychology (4 Programs available at 2 BOP locations)
- 4. After the "Guilty" verdict, there may 'only be' several months to prepare and that may not be enough time.





The Personal Narrative | Humanizes Your Client

- 1. Accepting responsibility for your conduct, are you remorseful?
- 2. **Review** prior criminal history, educational background, work history, family background, health, *and how* it all impacted your decisions.
- 3. **Tell your story** (in their own words) but don't minimize the seriousness of their crime.
- 4. What will you do upon release to keep you from re-offending?

All judges agreed they would rather hear from your client during their sentencing hearing.





THE INTERVIEW (PSI) BECOMES

THE OFFICIAL PRESENTENCE REPORT (PSR)

The defense who is successfully prepared for their PSI,

- Has all the required documents for the Probation Officer,
 - Includes your complete medical biographical history
 - Prescriptions for medications, medical devices, everything
 - All physician and hospital records and contact information
- A prepared personal narrative (written, video, or both), reviewed, edited, and then included,
- BOP Placement request options with attached supported reasons why.
- Then, once the PO has completed the Official PSR, it is reviewed and checked for accuracy.

When asking the court to amend a PSR later, it asks the court to change a position that it has already adopted as accurate, which is a very big (and \$\$) "if" to ask.

The Statement Of Reasons can correct errors in The PSR and is highly respected by The BOP.





Part of my

Comprehensive

Review...

THE OFFICIAL PRESENTENCE REPORT (PSR)

HOW IT IMPACTS YOUR FUTURE

- 1. The Probation Officer uses their Presentence Interview to draft the court's official Presentence Report (PSR).
- 2. Probation then may make their sentence and placement recommendation to the judge, based on that PSR.
- 3. The PSR is then used by:
 - a) Judge, when determining sentencing length,
 - b) The BOP for designation or placement,
 - c) Probation or Supervised Release to learn about you before your release
 - d) Last, it remains on your record for life
 - e) It Truly becomes, The Gift That Keeps On Giving...







The Memorandum TITLE 18, § 3553 | Sentence Mitigation

Filed a Week Before the Sentencing Hearing

<u>Precedent is Persuasive</u>

- Find similar cases to yours.
- Emphasize them including their sentencing district, neighboring jurisdictions, circuit, and then cite (and highlight) legal authority for the sentence you are advocating.
- Document, don't just assert; provide as much supporting evidence as possible.

The PSI

- Obtain in advance the forms; then document case law or other materials supporting your sentencing position.
- Request the "PSI dictation date".
- Verify that policy statements (if applicable for example), Parts 5H and 5K, are implemented.





Part of my Comprehensive

Review...

TITLE 18, CRIMES AND CRIMINAL PROCEDURE § 3553

With respect to the sentencing process itself, the SRA (in 18 U.S.C. § 3553(a)) sets forth seven factors that a sentencing court must consider:

Seven Factors to be Considered at Sentencing

- (1) the nature and circumstances of the offense and the history and characteristics of the defendant;
- (2) the need for the sentence imposed to reflect the four primary purposes of sentencing, i.e., retribution, deterrence, incapacitation, and rehabilitation;
- (3) the kinds of sentences available (e.g., whether probation is prohibited or a mandatory minimum term of imprisonment is required by statute);
- (4) the sentencing range established through application of the sentencing guidelines and the types of sentences available under the guidelines;
- (5) any relevant "policy statements" promulgated by the Commission, ¹²
- (6) the need to avoid unwarranted sentencing disparities among defendants with similar records who have been found guilty of similar conduct; and
- (7) the need to provide restitution to any victims of the offense. 13

*USSC Federal Sentencing—The Basics 2018





Final Thoughts On Preparation



The defense must determine what medical and nonmedical information needs to be included (or not included) in your client's PSR, accuracy and completeness are key.



The goal is to request the client's placement according to his or her security classification while taking into consideration their individual medical, psychological, and educational/programming needs.



Omicron BA.5; We All want this to be over, but like Viruses, these will be around for a long time. In prisons, they could prove deadly to those with medical conditions or spread the virus to those outside of the prison environment to loved ones who are not so lucky. Masks – Washing – Vaccines are all we have for protection.





Medical Devices | Pregnancy | Diabetics - General Information

- Medical Devices: Prosthetics, eyeglasses, etc.
 - Self-Surrender (Prescriptions in PSR and taped to devices).
 - As an Inmate;
 - **AUTHORIZATION 'FORM' TO RECEIVE PACKAGES**
- Programs for Pregnant Females, examples:
 - The Greenbrier Birthing Center MINT Program, WV.
 - Mothers and Infants Nurturing Together Program, Tx.
- III. Diabetics.
 - P6031.01, Patient Care, (Page 58)
 - From NIH:
 - Shear-reducing insoles, to prevent foot ulceration in high-risk diabetic patients.



CPAP Photo Credit: thesleepjudge.com





Part of my
Comprehensive
The
Review...
Sentencing Table
'HOW IT ALL FITS TOGETHER

Vertically - Offense Level

Points (0-43+)

Vs.

Horizontally - Criminal History
Points (0-13+)

2000) <u>§4A1.3</u> - DEPARTURES BASED ON INADEQUACY OF CRIMINAL HISTORY CATEGORY

Determining the Sentence:

The sentencing table is divided into four zones (A, B, C, & D). The zones determine the confinement options for each sentencing range.

Determining months of imprisonment: the intersection of :

Offense Level: Zones (A-D), and Criminal History Category Points: I - VI

			Criminal History Category (Criminal History Points)					
		Offense Level	I (0 or 1)	II (2 or 3)	III (4, 5, 6)	IV (7, 8, 9)	V (10, 11, 12)	VI (13 or more)
confinement with probation, or complete imprisonment.		1 2 3	0-6 0-6 0-6	0-6 0-6 0-6	0-6 0-6 0-6	0-6 0-6 0-6	0-6 0-6 2-8	0-6 1-7 3-9
	Zone A	4 5 6	0-6 0-6 0-6	0-6 0-6 1-7	0-6 1-7 2-8	2-8 4-10 6-12	4-10 6-12 9-15	6-12 9-15 12-18
	ete Zone B	7 8 9 10	0-6 0-6 4-10 6-12	2-8 4-10 6-12 8-14	4-10 6-12 8-14 10-16	8-14 10-16 12-18 15-21	12-18 15-21 18-24 21-27	15-21 18-24 21-27 24-30
Zone B - confinement -which may be served with probation, prison, or	Zone C	11 12	8-14 10-16	10-16 12-18	12-18 15-21	18-24 21-27	24-30 27-33	27-33 30-37
	h -	13 14 15	12-18 15-21 18-24	15-21 18-24 21-27	18-24 21-27 24-30	24-30 27-33 30-37	30-37 33-41 37-46	33-41 37-46 41-51
home confinement.		16 17 18	21-27 24-30 27-33	24-30 27-33 30-37	27-33 30-37 33-41	33-41 37-46 41-51	41-51 46-57 51-63	46-57 51-63 57-71
Zone C - confinement -which requires that half of the sentence be imprisonment, but may allow the remainder of the sentence to be served with supervised release or home confinement.		19 20 21	30-37 33-41 37-46	33-41 37-46 41-51	37-46 41-51 46-57	46-57 51-63 57-71	57-71 63-78 70-87	63-78 70-87 77-96
		22 23 24	41-51 46-57 51-63	46-57 51-63 57-71	51-63 57-71 63-78	63-78 70-87 77-96	77-96 84-105 92-115	84-105 92-115 100-125
		25 26 27	57-71 63-78 70-87	63-78 70-87 78-97	70-87 78-97 87-108	84-105 92-115 100-125	100-125 110-137 120-150	110-137 120-150 130-162
		28 29 30	78-97 87-108 97-121	87-108 97-121 108-135	97-121 108-135 121-151	110-137 121-151 135-168	130-162 140-175 151-188	140-175 151-188 168-210
		31 32 33	108-135 121-151 135-168	121-151 135-168 151-188	135-168 151-188 168-210	151-188 168-210 188-235	168-210 188-235 210-262	188-235 210-262 235-293
• Zone D - requires prison.		34 35 36	151-188 168-210 188-235	168-210 188-235 210-262	188-235 210-262 235-293	210-262 235-293 262-327	235-293 262-327 292-365	262-327 292-365 324-405
		37 38 39	210-262 235-293 262-327	235-293 262-327 292-365	262-327 292-365 324-405	292-365 324-405 360-life	324-405 360-life 360-life	360-life 360-life 360-life
		40 41 42	292-365 324-405 360-life	324-405 360-life 360-life	360-life 360-life 360-life	360-life 360-life 360-life	360-life 360-life 360-life	360-life 360-life 360-life
		43	life	life	life	life	life	life

USSC Sentencing Table

Implemented on a Complicated Point
System





Is your client a Veteran?

FCI Morgantown:
Military Veteran Service Dog
Training Program.

Catholic University Law Review, 2017

Creative Rehabilitation:

- I) Therapy for Inmates while,
- II) They're learning a skill;
- III) Training Service Guide Dogs

FCI Morgantown Begins Service Dog Training Program

Inmate Veterans to be certified as service dog trainers.



Updated 07:45 AM ET, February 12, 2014

(BOP) - In November 2013, FCI Morgantown began a Veterans-to-Veterans Service Dog Training Program. The service dog program will provide training and certification to 21 inmates who will become service dog trainers. The inmates have been carefully screened and selected for this particular training. All of them are military veterans and will be training dogs for veterans in the community who have mobility impairments and/or Post Traumatic Stress Disorder (PTSD). This program is made possible through a partnership with the West Virginia University's Division of Animal and Nutritional Sciences and researchers at the National Institute for Occupational Safety and Health. Currently, the inmates are training eight Golden Retriever puppies, a Labradoodle, Labrador Retriever, and a Poodle. The inmate trainers, and the dogs assigned to them, all reside in a housing unit designated specifically for inmate-veterans at FCI Morgantown.





Part of my
Comprehensive
Review...

BOP SECURITY PLACEMENT HOW IT WORKS

Security Designation Data

Management Variables are

Point Scored

Public Safety Factors

Are Security Level Specific

P5100.08, CN-1; Chapter 5, Pages 12-13

A Public Safety Factor (PSF) or Management Variable; used in 'increasing or lowering' a defendants security level [BOP - P5100.08 Appendix A]

Factors affecting placement: release residence, overcrowding, security requirement

- * Release residence, overcrowding, security requirement
- * The Judges J&C Order recommendation: medical or psychiatric need, voluntary surrender

Female *

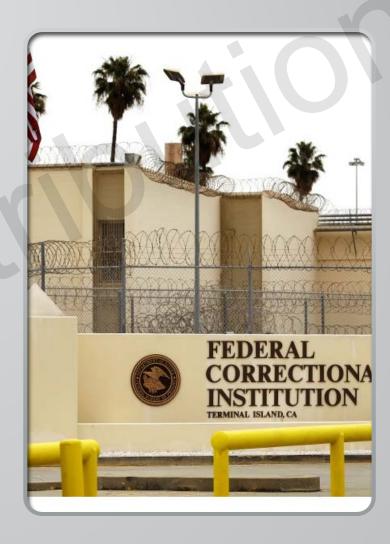
- 1- Violence (2 convictions) within the last five years will be assigned to at least a Low-security unless the PSF is waived.
- 2-Serious Escape within the last ten years, including the current term of confinement, will be assigned to the Carswell Administrative Unit, unless the PSF has been waived.

SECURITY DESIGNATION TABLE (MALES) Table 5-2	Female
	Female
remale I INMATE SECURITY LEVEL ASSIGNMENTS BASED ON	
Security CLASSIFICATION SCORE AND PUBLIC SAFETY FACTORS	Security
Points MALE Security Point Total Public Safety Factors MALE Inmate Security Level	<u>Level</u>
0 - 11 'No' Public Safety Factors Minimum	Minimm
PSE Deportable Alien Low	Low
PSF: Juvenile Violence Low	Low
IPSF: Greatest Severity Offense	Low
PSF: Sex Offender Low	Low
PSF: Serious Telephone Abuse	Low
PSF: Threat to Government Officials Low	Low
Sentence Length:	
Time remaining > 10 Yrs.	Low
Time remaining > 20 Yrs. Medium	High
Time remaining > 30 Yrs. High	High
(Includes non-parolable LIFE and Death	
penalty cases)	
	High High
151. Distaptive droup	High
0-15 PSF: Prison Disturbance High	nigh
12 - 15 No' Public Safety Factors Low	Low
Sentence Length: Time remaining > 20 Yrs Medium	High
Time Temathing 20 113	High
(Includes non-parolable LIFE and	
Death penalty cases)	
PSF: Serious Escape High	High
PSF: Disruptive Group High	High
(P5180.05 , 12/31/2007 , Page 3)	
PSF: Prison Disturbance High	High
16 - 23 'No' Public Safety Factors Medium	High
10 20	High
16-30+	High
Sentence Length:	nign
	High
(Includes non-parolable LIFE and	
Death penalty cases)	
	High
24 + High	gii



BOP: INTAKE PROCESS

- Bed Space Availability
- Program Needs
 - Healthcare Needs
 - Psychology Support, (limited availability)
 - Life Skills
 - Occupation Trades Training
 - Classes may not be available (no staff or Full), or
 - Security Requirements
- Aspirational:
 - Placement within 500 driving miles of their legal residence







BOP | DETERMINES PLACEMENT

- . P5100.08,CN-1;
 - Table: Chapter 5, Pages 12-13
 - PSF
 - Management Variables
 - Scoring Form: <u>BP-A0037</u>
- II. Occupational Trades Training
- . UNICOR
- V. Camps: FPC vs Satellite; there are differences...

Program
Statement

OPI: CPD/CPB
NUMBER: P5100.08
DATE: 9/12/2006

SUBJECT: Inmate Security

Designation and Custody

Classification

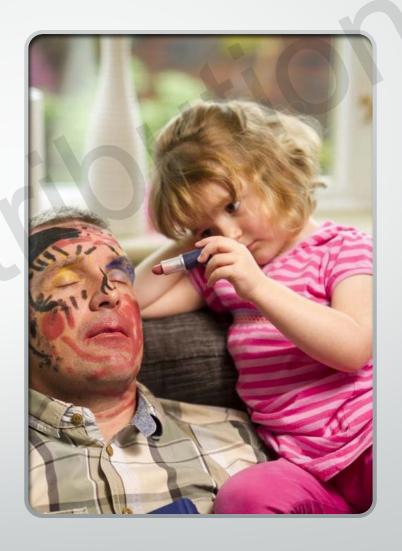
1. **PURPOSE AND SCOPE.** This Program Statement provides policy and procedure regarding the Bureau of Prisons inmate classification system. The classification of inmates is necessary to place each inmate in the most appropriate security level institution that also meets their program needs and is consistent with the Bureau's mission to protect society.



Before we get deep into how medical care is provided...

Things sometimes do happen,

when we least expect it!







HEALTHCARE | CARE LEVEL I-IV

Placing someone according to Medical need (Diabetes), is more straightforward than placing someone with a Mental Healthcare Issue; (Dementia or Psychotic Distress)

Healthcare CARE LEVEL - Classification; 5/2019

- Medical Care I IV (ADL)
- Mental Healthcare I-IV (ADL)
 - Mental Healthcare (MH) overrides
 Medical CARE LEVEL

Co-Payments

P6031.02 [549.70(b), 549.72, 549.74]



Photo Credit: Butner FMC





ADL vs PADL

Challenges to Managing Our nation has an AGING INMATE POPULATION, 55+ Affecting State and Federal Facilities



"Prison Activities of Daily Living (Williams et al., Page 2, 2006)

Five specific PADL:

- 1. Dropping to the floor for alarms,
- 2. Standing for head counts,
- 3. Ambulating to the dining hall for meals, Up & Down Stairs
- 4. Hearing & Understanding orders from staff, and
- 5. Climbing up to and down from the top bunk.



Credit Photo: Steemit

Responding to questionnaires:

- 1. 69% described at least one PADL as "very difficult to perform" (Williams et al., 2006),
- 2. 28% self-reporting memory loss.
- 3. Resulting in harsh punishment or segregation (Maschi et al., 2012), or result in;
 - a. Fights, assaults or self-injurious behavior
 - **b.** Leading to disciplinary consequences, restrictive housing units
 - c. Followed by solitary confinement, which exacerbates their mental illness





ISOLATION EXACERBATES MENTAL ILLNESS

Inmates not properly diagnosed with a mental illness may be involved in:

- Fights, assaults, or self-injurious behavior
- Leading to disciplinary consequences;
 - Restrictive housing units
 - Solitary confinement

Mental Health Disorders evel tal of the many department of the property of the many department of the many depart

Just in the Nick of Time (1st Ed), By David B. Savitz

- A 19-year-old accused of killing his parents is diagnosed with Multiple Personality Disorder (MPD) and spends a torturous six years in the Colorado judicial (mental healthcare) systems, told from the perspective of his criminal defense lawyer, David Savitz.
- It is a book about what happens when a mental disease far outpaces the understanding of the courts, the psychiatric community, and the public." Larry Pozner, NACDL Past President







MENTAL HEALTHCARE

10 National Psychology Program Options

- Limited Availability [For 4 programs, there are only 2 locations Nationwide
- Security Level Specific
- ▶ Defense should ensure that psychiatric and psychological issues are:
 - Identified and included in the PSR
 - 2. Include appropriate treatment plan, documented and recommended by current qualified psychiatric healthcare providers. While it may not be followed, at least now it's documented.
 - 3. Accuracy of PSF or Management Variables may affect eligibility.





HEALTHCARE | DEMENTIA

- I. Alzheimer's Dementia is the most common,
- II. Frontotemporal Dementia (FTD) is responsible for 30%+ of the criminal behavior.
- III. Mental Illness:

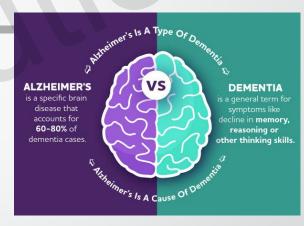
Prosecution or Protection?

Being imprisoned with Dementia won't impact recidivism

(Jessica Shugart | Alz Forum |/13/2015)

Incarceration Doesn't Treat Mental Illness









1st Memory Disorder Unit

FMC Devens Memory Disorder Unit (MDU), 2019

- Common Medications not on 2020 BOP Formulary
 - 1) Donanemab
 - 2) Donepezil (Aricept)
 - 3) Galantamine (Razadyne, Razadyne ER, Reminyl)
 - 4) Memantine (Namenda)
 - 5) Rivastigmine (Exelon)
 - 6) Suvorexant (Belsomra): approved for mild-to-moderate Alzheimer's disease

The National Council of Certified Dementia Practitioners (NCCDP)
provides certification training to staff and inmates.





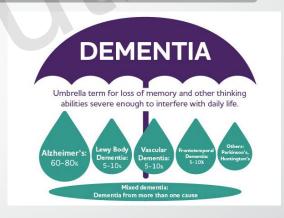
DEMENTIA

Now Included in the Diagnostic Category of

Major Neurocognitive Disorders



C(C.) CARE LEVEL 2 **PROGRESSIVE NEUROLOGICAL CONDITIONS** Based on frequency of clinical interventions needed to maintain (dementia, Huntington's outpatient status or ability to do ADLs independently. chorea, multiple sclerosis, CARE LEVEL 3 myasthenia gravis, For multiple sclerosis: Chronic therapy with interferon beta-1a & -1b or Parkinson's disease, etc.) Requires assistance from an inmate companion to perform ADLs in an outpatient setting and not yet meeting the algorithm criteria for CARE LEVEL 4 (does not yet require 24-hour skilled nursing care or nursing assistance) CARE LEVEL 4 Functional limitations due to cognitive or physical impairment that prevent successful management in general population, despite appropriate assistance from an inmate companion in performing ADLs or the use of durable medical equipment or Requires daily or near daily assistance from health care staff on a health care unit, e.g., memory unit or nursing care unit



Medications On Formulary:

Paroxetine (Paxil)
Sertraline (Zoloft)
Trazodone

CARE LEVEL CLASSIFICATION

MEDICAL AND MENTAL HEALTH CONDITIONS OR OTHER DISABILITIES

(BOP Clinical Practice Guidance, 2019, Page 15)





MEDICATION AVAILABILITY~ 3500+ drugs

Issued to inmates directly,

- Epipen®: issued to inmates with known anaphylaxis, (BOP, Page 6).
- Icatibant acetate Auto-injector (Firazyr®)

Same generic drugs can differ in color, shape, and size, Let your clients know before they enter the BOP.

- On- Formulary
- Non-Formulary
- Not Available What are your options?





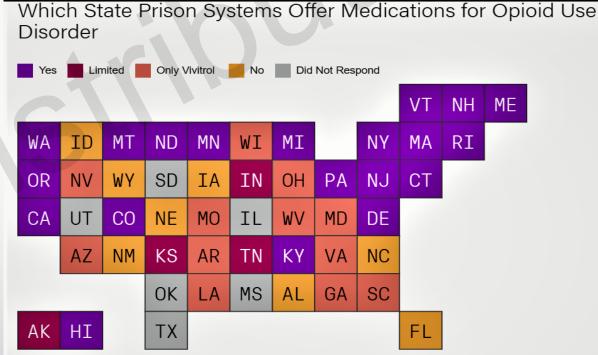


FDA approved MEDICATION treatments for opioid addiction



Photo Credit: Marshall Project

- The Federal BOP approves three, All On BOP Formulary;
 - Buprenorphine
 - Methadone, and
 - Naltrexone
 - The BOP only treats 2% of the more than 15,000, eligible.
- II. The States, to the right, shows the lack of participation in the FDA-approved medication treatments, per the intent of the First Step Act (MAT, Page 2).



Source: The O'Neill Institute for National and Global Health Law and The Marshall Project

States labeled "Yes" offer at least two of the three FDA-approved medications for opioid use disorder at all or most of their facilities. States labeled "Limited" offer medications only as a small-scale or time-limited pilot program, or only make them available to people under narrow circumstances (e.g. to detoxify people from opioids when they enter prison, or only for pregnant women). States labeled "Only Vivitrol" offer a Vivitrol program but do not offer methadone or buprenorphine. "No" means the state prisons do not offer medication-assisted treatment (MAT) of any kind to people inside the prisons. The remaining states did not





2nd Opinion Specialist's | Surgery | Availability | Approval

The BOP | Medical Treatment Is Available in 5 Categories:

- Life-Threatening or Medically Necessary—Acute or Emergent
- II. Medically Necessary: these are not immediately life-threatening, but without treatment now, the inmate could have a significant risk of;
- Medically Necessary but Not Urgent ("Medically Acceptable—Not Always Necessary")
- II. Medically Appropriate but Not Necessary,
- III. Extraordinary

2ND Opinion Medical Consults: even if approved:

The inmate-patient may wait months to years to see a medical specialist...

Then surgery could take additional years of waiting.







2nd OPINIONS

PSR Accuracy is Key

This cannot be overstated, once incarcerated;

While Clinical Directors Can Order Medical Consults

They're under 'No' obligation to follow their Consultants

Treatment Recommendations

(P6031.04 (Pg. 20-21)

The result...







Self-Surrender

Another tricky topic, like 2nd opinions, why?

Ensuring a smooth transition, especially for the 1st timer...

Your clients have been sentenced to a camp,

But find themself facing:

Solitary Confinement?

(Special Housing Units, or the SHU)

How and Why? Does this happen?







Self-Surrendering?

Steps to ensure a smoother process Especially for the 1st timer

- Verify that the prison is in receipt of the judge's orders, before your arrival 18 U.S.C. § 3621(c).
- If your client is to go to a 'satellite' camp, let them they must present themselves to the higher security prison!
- Give them a 'heads-up' that they are likely to see prisoners in handcuffs and shackles, guards with long guns, etc.
- Because each client deals with the emotional aspects of "prison" in their own way, especially if it's their first time.
- Let them know they will be screened and given a change of clothes, which will then be boxed and returned to their 'legal residence'.
- Their birth certificate, passport, driver's license, and social security card all will be kept, to be returned at the end of their incarceration.

But, if their Intake Paperwork is not there, it's likely that they will go into solitary. I am open to questions.



Yes!

But it can be avoided:

Verify with the US Marshal & Pretrial Services that 'Your Client and the BOP', both have been informed of the defendants:

- Arrival Date and Time
- Prison Location and
- **They've received** your client's Intake Paperwork.
- >>>Otherwise, if they didn't get the courts orders, it's off to solitary confinement you go.
- Know what to bring.





What to bring.

Basic wedding band, Bible

Prescriptions for medications (4 weeks recommended if you are able),

- At worst they are thrown out, at best they are available for your use.
- When surrendering on weekends or holidays, the BOP may allow these to be used if unavailable (or non-formulary) from their onsite pharmacy.
- Prescriptions should also be attached to all medical devices, glasses, etc.

ID: birth certificate, passport, driver's license, and social security card. Cash (can be used right away): \$320 (\$370 in November and December).

MoneyGram or Western Union can also be used for monthly deposits.

Legal papers are allowed.

List of personal names (including email, phone numbers, and addresses).

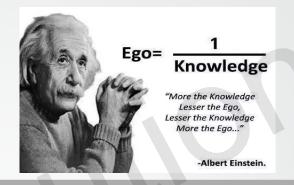






Long-Haulers | Post-COVID

Most symptoms occur in those not, or partially vaccinated.



I) For COVID 'Long Haulers': Long-Term Effects of COVID-19, B.A.5 and Beyond Our Prisons & Jails are not prepared to provide the care needed over the long term.

II) For COVID and now BA.5

- We All want this Gone, but
- Virus will Do What-They-Do and COVID will be with us for a long time.
- Like Influenza, there will be deaths, just many more from COVID's various variants and unfortunately, most of these <u>could have been prevented</u> and some still may be!
- Mask-Up, Get Vaccinated and Boosted, and please let science not politics be your guide.
 There have been Billions of doses worldwide with only a very small % of side effects.
- The Vaccines are not perfect, but they have kept most of us from dying and that was their purpose. But being partially vaccinated does not protect you.
- For those who have refused, and have not gotten ill, be grateful.

Last, as this is not my specialty, and is only my opinion – Please Check with Your Doctor.





Designated | Private BOP Contract Facility

Before placement, the defense team may wish to inquire as to the availability of:

- I. BOP Specific Psychology Programs,
- II. Medical and Mental Healthcare. by CARE LEVEL?
- III. The requirements for Psychology Program eligibility, thereby ensuring your clients well being.
- IV. Other FSA Programming

Try and learn before the PSI.





Additional resources are available on PPRSUS.com, with content for:

- * Attorneys, and
- * Clients and their families

Addressing Recidivism

A Great Example:

The Last Mile at San Quentin

Computer training inmates, plus expanding their programs to prisons around the country.

<u>AUTHORIZATION TO RECEIVE PACKAGE</u> (e.g., Prescription

Eyeglasses)

Catholic University Law Review-2017

Detoxification

FAMM – Alternative to Incarceration

FIRST STEP ACT: eligible prisoners may also be placed in

prerelease custody.

First Time Offenders – Alternatives to Incarceration

<u>Inmates Furlough – Application</u>

Legal Resource Guide to Federal BOP 2019

Over-Incarceration and the Bureau of Prisons

Prerelease custody

Prescription Formulary

<u>Probation and Supervised Release</u>

Religious Diet Form (BP A700.53)

<u>Residential Reentry Center Locations</u>:

Rule 32

<u>Sending money:</u> Money Gram, Western Union

The Mentally III in Prison

More resource links are available for attorneys and clients:

PPRSUS.com



FINAL THOUGHT

- It is our belief that the responsibility for a client's Mental and Physical Health should be safeguarded in order to protect them from themselves and others,
- ...while providing a safe environment for the duration of their incarceration.
- This is the responsibility of the Court, Defense Team, and BOP



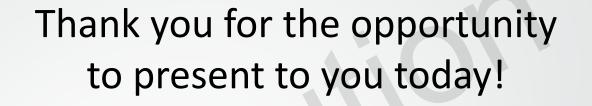


DISCLAIMER

- Starting with the defense teams' insight as to their client's background and defense strategy; and in preparation of the placement request to the court,
- PPRS Prison Match™ is meant to be used solely as a 'mitigation aide' in the sentencing and prison placement decision-making process.
- For up-to-date information: https://www.bop.gov







Questions?

Attorneys: You Know The Law

- Should you have questions later,
- Any Consultations are on me. Thank you!
 Marc
 - 240.888.7778 | info@PPRSUS.com



Dr. Blatstein

