BOP Presentation at United States Sentencing Commission's Annual Federal Sentencing Guidelines Seminar June 12, 2009

Presenters:
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What We are Here to Learn

An Overview

- o BOP Quick Facts
- JudicialRecommendations
- o Bureau Drug Programs (including RDAP)
- Designation Process
- Care Level Initiative
- · Adam Walsh Act

BOP Quick Facts

114 Institutions

DSCC - BOP Office for all inmate transfers and sentence computations

Total BOP Inmate Population: 199,714 Sentenced Inmate Population: 178,866

Judicial Recommendations

BOP PS 5070.10

- o BOP will make every attempt to comply.
- However, a conflict with BOP policy and/or sound correctional management, may prevent compliance.

Judicial Recommendations

Nationwide Stats on Accommodation

21,139 3,669

9,223

- From January 2008 December 2008
- o Total # of Judicial Recommendations: 34,061
- Completely Accommodated:
- Partially Accommodated:
- · rantally Accommodated.
- Unable to Accommodate:
- Overall Accommodation Rate.
- 62% completely accommodated
- 11% partially accommodated

Judicial Recommendations

Common Recommendations

- ProgrammingRecommendations
 - · Vocational Training
 - · Drug Programs RDAP, etc.
 - · UNICOR Work Assignment
- Place of Confinement
 - Designation to a Medical Center
 - Sentence Calculation

Judicial Recommendations

Most Common Reasons For Not Accommodating

- Inmate is not appropriate for the security level of recommended facility
- o Inmate is ineligible for program placement
- Security concerns
- Program not available at recommended facility

Judicial Recommendations

Tips For Accommodation

∘ Do's

- Specify area of country or "near home" rather than particular facility
- Specify type of program (i.e. drug treatment) rather than specific type of program (i.e. RDAP) for which dft may not be eligible
- Specify particular needs you want addressed (i.e. vocational training, literacy needs) rather than particular job assignments, vocational courses, etc.

Judicial Recommendations

Vocational Training Programs

- · Baker/Cook/Culinary Arts
- Carpenter
- Dental Assistant
- Drafting
- Electrician
 - Horticulture Worker
 - · HVAC
 - Office Automation
 - Plumber
 - Welding

Bureau Drug Programs

- · Drug Abuse Education
- Nonresidential Drug Abuse Treatment
- Residential Drug Abuse Treatment (RDAP)
- Community Transition Drug Abuse Treatment

Drug Abuse Education

- Offered upon entry into every BOP facility to offenders who:
 - have a prolonged history of alcohol or drug use;
 - committed their current offense in whole or in part as a result of such use;
- o have a judicial recommendation for treatment; or
- violated community supervision as a result of such use

Drug Abuse Education

Program Content

- · Review their individual drug use histories.
- Discuss nexus between drug use and crime.
- What distinguishes drug use, abuse, and addiction.
 - Appropriate participants are referred for RDAP or nonresidential drug abuse treatment.

Nonresidential Drug Abuse Treatment

- Available at every BOP facility, which is staffed with at least one Drug Abuse Program Psychologist and one Drug Abuse Treatment Specialist.
- Flexible program designed to meet the treatment needs of all inmates.

Nonresidential Drug Abuse Treatment

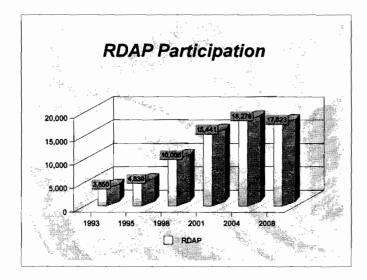
Admission Criteria

- Inmates with
 - a relatively minor or low-level substance abuse impairment;
 - a drug use disorder who do not have sufficient time to complete RDAP;
 - · longer sentences who are in need of treatment and awaiting RDAP placement;
- o a drug use history who did not participate in RDAP but are
 - Preparing for community transition; and
 who completed Part I of RDAP and are required to continue to "aftercare" treatment upon their transfer back to general population.

Nonresidential Drug Abuse Treatment

Minimum Treatment Requirements

- Minimum of 12 weeks
- Minimum of 4 hours per week
- · Treatment staff might increase these requirements depending upon the needs of the inmate and the ability of the institution to provide services.



Admission into RDAP

Documented Substance Abuse Disorder

- In order to be eligible to participate in the Residential Drug Abuse Treatment Program (RDAP), inmates must have a documented substance abuse disorder.
- This documentation can be found in the PSR, medical records that predate the inmate's current time in custody, etc.

Admission into RDAP

Ability to Complete All 3 Program Components

- Unit-based RDAP program in the institution
- If applicable, participation in follow-up treatment while in general population for 12 months or until release, whichever occurs first
- Completion of the community Transition Drug Abuse Treatment while residing in a RRC or on home confinement

RDAP Eligibility for Early Release Were sentenced to a term of imprisonment under either: 18 U.S.C. Chapter 227, Subchapter D for a nonviolent offense; or ∘ D.C. Code §24-403.01 for a nonviolent offense, meaning an offense other than those included within the definition of a "crime of violence" in D.C. Code §23-1331(4) RDAP Eligibility for Early Release Review of Current and Prior Criminal History All inmates who are qualified to participate in the RDAP also receive an early release determination. Inmates who have been found ineligible for the early release benefit may still participate in the program. The early release determination is provisional and is earned only after the inmate successfully completes all components of the RDAP, including community treatment while residing in the RRC. RDAP Eligibility for Early Release Review of Prior Criminal History · Effective March 16, 2009: Inmates who have a prior felony or misdemeanor

conviction for homicide, forcible rape, robbery, aggravated assault, arson, kidnaping, or child sexual offenses are ineligible for the early release benefit. 28

CFR § 550.55(b)(4).

 We only look to the elements of the offense, not offense conduct.

RDAP Eligibility for Early Release

Prior Conviction Review

 Inmates convicted of an attempt, conspiracy, or other offense involving any of the above listed offenses are also ineligible for early release.

RDAP Eligibility for Early Release

Review of Current Offenses

- We use the discretion of the BOP Director to disqualify inmates with current felony offenses as described in 28 CFR §550.55(b)(5)(i)-(iv) (effective March 16, 2009):
- use of physical force against the person or property of another, or
- use of a firearm or other dangerous weapon or explosives; or
 - presents a serious potential risk of physical force against the person or property of another; or
 - involves sexual abuse offenses committed upon children.

RDAP Eligibility for Early Release

Other Changes Effective March 16, 2009

- Sliding Scale of Reduction in Sentence
 - o 30 month or less sentence
 - No more than 6 month reduction
 - o 31-36 month sentence
 - No more than 9 month reduction
- 37 month or longer sentence
 - No more than 12 month reduction

RDAP Eligibility for Early Release

Other Changes Effective March 16, 2009

 Inmates who have previously received an early release based on the RDAP program are not eligible for another early release.

Community Transition Drug Abuse Treatment

Continuum of Treatment

- Transfer of information from BOP institution staff to BOP's regional transition teams to contract drug abuse treatment providers and United States Probation Officers
- Research shows effectiveness of placement at residential reentry centers as inmates transition to release back into the community.

Initial Designation Process

BOP Involvement

- USPO loads J&C, SOR and PSR in e-Designate
- USMS sends request to responsible DSCC Team w/ J&C, SOR, PSR, USM 129 Form
- Responsible DSCC Team determines security level, care level, custody level, etc.
- Responsible DSCC Team then transmits to Hotel Team
 - Hotel Team selects facility for initial designation
- · Hotel Team notifies responsible DSCC Team
- DSCC Team notifies USMS of designated facility via e-Designate

Criminal History Score

PS 5100.08, Chapter 4, Page 8

- The Criminal History Score is derived from the US Sentencing Guidelines Criminal History Points, as reflected in the final judgment and the Statement of Reasons (SOR).
- If not found in either document, Bureau staff use the points assessed by the USPO in the PSR.

Other Information Used to Determine Security Level

Some Additional Criteria...

- Detainers/PendingCharges
- · Precommitment Status
- Violence History
- Escape History
- Months to Release
- Offense Severity

Care Level Initiative

Care Levels I - IV

- Before any initial designation decision is made, DSCC staff assess a provisional care level from I -IV for every inmate.
- BOP institutions also have a care level assignment that reflects the medical resources available at that facility.

V.

Care Level Initiative

Upon Arrival at BOP facility...

- After initial designation and provisional care level assignment by DSCC staff, BOP clinicians determine care level based on:
 - o treatment modalities:
 - o inmate functionality; and
 - diagnostic categories, such as cancer, diabetes, etc.

Care Level Initiative

Care Level I

- Inmates are generally healthy, but may have limited medical needs that can be easily managed by clinician evaluations every 6 mos.
- Inmates are less than 70 years of age.
- Examples: mild asthma, diet-controlled diabetes, stable HIV patients not requiring medications.

Care Level Initiative

Care Level II

- Inmates are stable outpatients who require at least quarterly clinician evaluations.
- Can be managed in chronic care clinics, including for mental health issues
- Examples: medication-controlled diabetes, epilepsy, emphysema.

Care Level Initiative

Care Level III

- Inmates are fragile outpatients who require frequent clinical contacts to prevent hospitalization
- May require some assistance with activities of daily living, but do not need daily nursing care.
- Examples: cancer in remission less than 1 year, advanced HIV disease, severe mental illness in remission on medication, severe congestive heart failure, end-stage liver disease.
- Designation made by Bureau's Office of Medical Designations and Transportation in Washington, D.C.

Care Level Initiative

Care Level IV

- · Functioning is severely impaired
- · Requires 24-hour skilled nursing care or nursing assistance.
- Examples: cancer on active treatment, dialysis, quadriplegia, stroke or head injury patients, major surgical patients, acute psychiatric illness requiring inpatient treatment, high-risk pregnancy
- Designation made by Bureau's Office of Medical Designations and Transportation in Washington, D.C.

Adam Walsh Child Protection and Safety Act of 2006

H.R. 4472

- On July 27, 2006, the President signed into law the Adam Walsh Child Protection and Safety Act of 2006.
- The Act focuses primarily on sex offender registration and child protection, and contains a provision for the civil commitment of "sexually dangerous persons."

Sex Offender Management Program (SOMP)

6 SOMP Programs Nationwide

- Mandatory program assignment
- o Individually tailored
- Inmate participants will normally be admitted to the SOMP upon initial designation and will remain in the SOMP for the duration of their incarceration.
- Includes management of problem behaviors such as collection of stimulus materials and abuse of mail, phone, and visiting privileges.

SOMP

6 Sites

- FCI Petersburg, VA (MXR) medium security
- ∘ FCI Seagoville, TX (SCR) low security
- USP Marion, IL (NCR) medium security
- FCI Marianna (SER) medium security
- USP Tucson (WXR) high security
- FMC Devens (NER) low security

Sex Offender Treatment Program (SOTP)

One Current Site - FMC Devens

- Voluntary residential treatment program
- Provides participants with the tools needed to gain control of their sexual deviancy and develop methods which will prevent relapse
- Interactive self-study program designed to motivate inmates to accept responsibility for their sexual offenses
- All security levels

BOP RESOURCES

Important Contacts

- Website: www.bop.gov
- Numbers & Addresses for BOP offices, etc.
 Designation &Sentence Comp Issues:
 Sonya Cole, Asst General Counsel: (972)352-4425
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