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Mental Health Care in the Bureau of Prisons

By Alan Ellis and Mark Allenbaugh

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U.S. Bureau of Prisons (BOP) policies are complex and difficult to understand—even defense lawyers find them taxing particularly so when it comes to medical and mental health issues. Clients and families are more often than not lost in the bureaucratic maze of terminology and regulations, and they turn to their lawyers for explanations.

In earlier columns, "BOP Designations Based on Medical Need," *Criminal Justice* (Fall 2008) and "BOP Healthcare: What You (and Your Clients) Need to Know," *Criminal Justice* (Winter 2009), I discussed medical care in the Bureau of Prisons. This article is intended for the attorney to understand and be able to provide his clients and their families and friends information regarding mental health treatment in the BOP.

For a number of years, the Bureau of Prisons has classified inmates based on their medical needs. There are four levels of medical care classification. Recently, the BOP has adopted mental health classifications. In addition to receiving a classification for security and healthcare, BOP inmates are now classified based on mental health care need. Similar to the four medical care levels, all inmates are assigned to one of four mental health levels.

1. CARE1-MH: No Significant Mental Health Care: those who show no significant level of functional impairment associated with mental illness and demonstrate no need for regular mental health interventions; and either has no history of serious functional impairment due to mental illness or if a history of mental illness is present, have consistently demonstrated appropriate help-seeking behavior in response to any reemergence of symptoms.
2. CARE2-MH: Routine Outpatient Mental Health Care or Crisis-Oriented Mental Health Care: those requiring routine outpatient mental health care on an ongoing basis; and/or brief, crisis-oriented mental health care of significant intensity; e.g., placement on suicide watch or behavioral observation status.
3. CARE3-MH: Enhanced Outpatient Mental Health Care or Residential Mental Health Care: those requiring enhanced outpatient mental health care (i.e., weekly mental health interventions); or residential mental health care (i.e., placement in a residential Psychology Treatment Program).
4. CARE4-MH: Inpatient Psychiatric Care: those who are gravely disabled and cannot function in general population in a CARE3-MH environment. In determining an appropriate mental health care level, an individual's current, recent, and historical need for services is considered, along with consideration of any type of psychotropic medication required. The BOP offers a number of formal, organized psychology treatment programs with specific target populations, admission criteria, and treatment modalities. Many of these are residential programs offered only at select facilities. General psychological services and mental health crisis intervention are available throughout the BOP. Psychiatric services, including psychotropic medication, are generally coordinated through health services in conjunction with psychology services staff. Psychiatry services may be available either through contracts with a community psychiatrist, or increasingly, through telepsychiatry with a BOP psychiatrist at another location.

Designation and Level of Care Scoring

When initially scoring an inmate, the assigned team utilizes a Medical Calculator to determine the screen level. If the inmate is scored as a SCRN3 or SCRN4, he/she will be referred to the Office of Medical Designations (OMDT) for further review. OMDT then decides whether the SCRN level will require further review of the available information. If the inmate comes back from OMDT as a SCRN1 or SCRN2, the latter will be referred back to Designators who will designate the inmate to an appropriate CARE1 or CARE2 facility. If the inmate is determined to meet the criteria for a CARE3 or CARE4 facility, OMDT will designate them.

A provisional CARE level is assigned by the Designations and Sentence Computation Center (DSCC) based primarily on information contained in the Presentence Investigation Report. After arriving at the designated facility, the provisional CARE level is reviewed by BOP clinicians and a non-provisional CARE level is assigned. These assignments depend on the defendant's physical, medical and mental condition, clinical resources and inmate needs and his or her ability to function daily without assistance.

While it may vary from institution to institution and from mental health professional to mental health professional, generally speaking mental health treatment in the Bureau of Prisons is designed to enable the inmate to function within the prison

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system, for example, not a danger to self, staff or other inmates. Outside of the formal programs mentioned above, rarely will an inmate receive any meaningful treatment for underlying disorders such as PTSD, Major Depressive Disorder, Bi-Polar Disorder, and the like, as all treatment modalities are not offered, for example, EMDR (Eye Movement Desensitization and Reprocessing) for treatment of PTSD.

This is regrettable. Department of Justice estimates are that one in four inmates in this country suffers from a diagnosable mental health disorder. With the Bureau's emphasis on reducing recidivism, more attention given to the mentally ill will go a long way to achieving this result.

About the Authors

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