
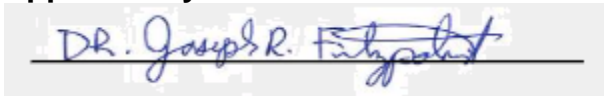


<b>POLICY TITLE: INTENSIVE MENTAL HEALTH UNIT</b>		<b>PAGE 1 OF 10</b>
<b>POLICY NUMBER: 18.6.1</b>		
<b>CHAPTER 18: HEALTH CARE SERVICES</b>		
	<b>STATE of MAINE</b> <b>DEPARTMENT OF CORRECTIONS</b>	<b>PROFESSIONAL STANDARDS:</b>
	<b>Approved by Commissioner:</b> 	<b>See Section VII</b>
<b>EFFECTIVE DATE:</b> <b>December 13, 2011</b>	<b>LATEST REVISION:</b> <b>July 11, 2018</b>	<b>CHECK ONLY IF</b> <b>APA [ ]</b>

**I. AUTHORITY**

The Commissioner of Corrections adopts this policy pursuant to the authority contained in Title 34-A M.R.S.A. Section 1403.

**II. APPLICABILITY**

All Departmental Adult Facilities

**III. POLICY**

The Department of Corrections recognizes the need to provide structured intensive mental health services in a specialized mental health housing unit to accommodate the needs of male prisoners experiencing serious mental health problems.

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**VI. PROCEDURES**

**Procedure A: Intensive Mental Health Unit, General**

1. The Intensive Mental Health Unit (IMHU) at the Maine State Prison is the housing unit of the Department of Corrections for male prisoners with serious mental

illnesses, persistent disabling personality disorders, or severe cognitive impairments who require structured intensive mental health services, to include evaluation and treatment, in a specialized mental health housing unit. The Intensive Mental Health Unit (IMHU) may provide services to any male prisoner in need of help during a psychiatric, psychological or emotional crisis, which may include a prisoner requiring adjustment to psychotropic medication, presenting a danger to himself or others, or unable to care for himself, or a prisoner who has a severe and persistent mental illness or personality disorder or cognitive impairment.

2. The purpose of the IMHU is to help prisoners function at their optimal levels, under the least restrictive conditions necessary, while working towards the reduction of criminogenic risk factors. The goal is to improve quality of life, prepare prisoners for return to general population housing units, if possible, and, when appropriate, prepare prisoners for release back into the community, return to jail, admission to a state mental health institute, or transfer to an out-of-state correctional facility.
3. Serious mental illness means a substantial disorder of thought, mood, perception, orientation, or memory, including disabling conditions such as schizophrenia, schizoaffective disorder, psychotic disorders due to substance abuse or a general medical condition, major depression, bipolar disorder, or post-traumatic stress disorder, resulting in significant impairment of functioning.
4. Persistent disabling personality disorder means a substantial personality disorder, including disabling conditions such as borderline personality disorder, resulting in significant and persistent impairment of judgment, behavior, and the capacity to cope with the ordinary demands of life within a correctional facility environment.
5. Severe cognitive impairment means a substantial disorder affecting cognitive functioning, including disabling conditions such as traumatic brain injury, significantly sub average intellectual functioning or autism spectrum disorders, resulting in a lack of capacity to cope with the ordinary demands of life within the correctional facility environment.
6. The IMHU shall operate under the general direction of the Deputy Commissioner, or designee, and the Regional Behavioral Health Director for the Department's contracted mental health care provider. The IMHU day-to-day operations shall be supervised by the IMHU Unit Manager, who shall report to the Deputy Commissioner, or designee. The IMHU treatment programming shall be overseen by the IMHU Behavioral Health Director, who shall be a licensed psychologist who provides clinical supervision and case consultation.
7. In addition to the IMHU Unit Manager and the IMHU Behavioral Health Director, the IMHU multidisciplinary unit treatment team (IMHU Treatment Team), members may include, but are not limited to, the following:

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- a. Psychiatrist - to provide psychiatric case consultation and medication oversight.
  - b. Behavioral Health Clinician - to help determine a diagnosis and treatment interventions and provide individual and group treatment.
  - c. Registered Nurse – to provide nursing care.
  - d. Correctional Acuity Specialists (who shall be certified as corrections officers) - to provide daily interaction with and observation and monitoring of prisoners; coordinate and assist in implementing individualized treatment plans; assist prisoners individually and in groups in order to identify prisoner issues and assist in their resolution; and provide security.
  - e. Behavioral Health Technician - to develop and implement activities and therapeutic interventions designed to reinforce practice of daily living skills and coping skills.
8. The Intensive Mental Health Unit (IMHU) treatment team shall meet with the prisoner at least monthly, or more frequently as determined necessary by the team based on the prisoner’s acuity level, to review and, if appropriate, recommend changes to the individualized treatment plan and the prisoner’s level, and, if applicable, recommend additional security precautions (outside the presence of the prisoner).
9. Staff working in the IMHU shall be required to attend all mandatory training as set out in Department Policy 4.3, General and Job-Specific Training, any unit-specific training, and, if applicable, any training required to maintain professional licensure.
10. If a seriously mentally ill prisoner in this unit is unable or unwilling to consent to medication for the mental illness that has been determined appropriate by the unit psychiatrist, and the unit psychiatrist determines the person poses a substantial risk of physical harm to himself or others, or there is a reasonable certainty that the person will suffer severe physical or mental harm due to an inability to avoid risk or protect himself adequately from harm, the unit psychiatrist may request the Warden, or designee, to apply to the court for an order for involuntary medication pursuant to Title 34-A, M.R.S.A. [Section 3049](#). The order may be requested on an emergency basis. If the Warden, or designee, agrees to apply for a court order, the unit psychiatrist shall ensure the completion of Attachments A.1 through A.4, as applicable, and provide the completed forms to the Department’s representative in the Attorney General’s Office for presentation to the court. A copy of the forms and of any resulting court order(s) shall be included in the prisoner’s health care record.
11. When the prisoner is in need of a higher level of evaluation or treatment than can be provided in the IMHU, he may be referred by the Department for admission to a state mental health institute as set out in Department Policy (AF) 18.6, Mental Health Services, Procedure H.

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## **Procedure B: Intensive Mental Health Unit Referral and Admission**

1. Any time any staff identifies a male prisoner in the Department as possibly being a danger to self or others, unable to care for self, or as exhibiting judgment or behavior indicative of serious mental impairment, the staff shall immediately notify the Shift Commander.
2. The Shift Commander shall immediately contact the facility mental health clinical staff, if available on-site. If no facility mental health clinical staff is available on-site, the Shift Commander shall contact facility nursing staff.
3. The facility mental health clinical staff or nursing staff, as applicable, shall assess the prisoner as soon as possible and, in any case, no later than within two (2) hours of the contact. The assessment shall be performed in person.
4. If nursing staff performs the assessment, the nursing staff shall contact the on-call facility mental health clinical staff to discuss the results of the assessment and receive instructions on provisions for the appropriate supervision of the prisoner.
5. If nursing staff performs the assessment, the facility Behavioral Health Director, or designee, shall arrange for an in-person assessment by facility mental health clinical staff no later than the next working day.
6. In all cases, staff notifying the Shift Commander shall stay with the prisoner until the Shift Commander is notified. The Shift Commander shall put into place provisions for the appropriate supervision of the prisoner, including, if applicable, continuous and uninterrupted direct observation and supervision by security staff as set out in Department of Corrections Policy (AF) 18.6.2, Suicide and Self-Injury Prevention Plan, until the mental health assessment is completed and facility mental health clinical staff determines that such supervision is no longer necessary.
7. If an assessment indicates the prisoner to be a danger to himself or others or unable to care for himself due to serious mental illness, persistent disabling personality disorder or severe cognitive impairment, the facility mental health clinical staff shall notify the facility Behavioral Health Director, or designee, who shall determine if a referral to the Intensive Mental Health Unit (IMHU) is appropriate, and if determined appropriate, shall contact the Regional Behavioral Health Director, or designee.
8. The facility Behavioral Health Director, or designee, may also contact the Regional Behavioral Health Director, or designee, to discuss a referral of a male prisoner to the IMHU for an adjustment to psychotropic medication or for other services that may require placement in the IMHU.

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9. The Regional Behavioral Health Director, or designee, shall make the determination as to whether or not the prisoner will be admitted to the IMHU in consultation with the Deputy Commissioner, or designee.
10. The decision whether to admit a male individual to the Intensive Mental Health Unit (IMHU) who is incarcerated at a county jail and who has been referred to the IMHU by the Department of Health and Human Services (DHHS) pursuant to Title 34-A, M.R.S.A. [Section 3069-A](#) or who is referred pursuant to Title 34-A, M.R.S.A. [Section 3069-B](#) shall be made by the Deputy Commissioner, or designee, in consultation with the Regional Behavioral Health Director, or designee.
11. If the admission is approved:
  - a. the Regional Behavioral Health Director, or designee, shall notify the facility Behavioral Health Director, or designee, and the IMHU Manager, or designee, who shall notify the IMHU Admissions Coordinator, or designee;
  - b. the facility Behavioral Health Director, or designee, making the referral shall document the referral and the decision to approve the admission in the prisoner's electronic health care record;
  - c. the IMHU Admissions Coordinator, or designee, shall document the admission in the prisoner's electronic health care record and shall notify the Department Director of Classification, or designee, of the admission;
  - d. the IMHU Unit Manager, or designee, shall document the IMHU admission in CORIS; and
  - e. the Department Director of Classification, or designee, shall notify the Chief Administrative Officer, or designee, of the sending facility, if the prisoner is being transferred from another Department facility, the jail administrator, or designee, if the prisoner is being transferred from a jail, or the Superintendent, or designee, if the prisoner is being transferred from a state mental health institute.
12. In the case of an individual who is incarcerated at a county jail and who has been referred to the IMHU by the DHHS pursuant to Title 34-A, M.R.S.A. [Section 3069-A](#) or who is referred pursuant to Title 34-A, M.R.S.A. [Section 3069-B](#), if the individual is admitted to the IMHU, in addition to the above documentation, the paperwork provided by DHHS shall be scanned into the prisoner's electronic health care record.
13. If the admission to the IMHU of a Department prisoner is not approved, the Regional Behavioral Health Director, or designee, shall notify the facility Behavioral Health Director, or designee, who shall document the referral and the decision in the prisoner's electronic health care record.
14. In the case of an individual who is incarcerated at a county jail and who has been referred to the IMHU by the DHHS pursuant to Title 34-A, M.R.S.A. [Section 3069-](#)

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A or who is referred pursuant to Title 34-A, M.R.S.A. [Section 3069-B](#), if the individual is not admitted to the IMHU, the paperwork provided by DHHS and the reason the individual was not admitted shall be maintained by the IMHU Admissions Coordinator, or designee.

**Procedure C: Orientation to and Conditions in the Intensive Mental Health Unit**

1. Upon admission to the unit, the prisoner shall receive a health evaluation by a unit nurse and a mental health evaluation by a behavioral health clinician. If the clinician determines that the prisoner requires a constant watch, the prisoner shall be placed on the watch and on the lowest level in the Intensive Mental Health Unit (IMHU).
2. Within twenty-four (24) hours of admission, the Unit Manager, or designee, shall ensure the prisoner receives an orientation to the IMHU and that the orientation is documented in CORIS. The orientation shall include written information regarding schedules and the privilege level system, as well as verbal explanations of, this and other relevant information.
3. Prisoners in the IMHU shall be provided basic living conditions that approximate those of general population prisoners. These conditions include: cell capacity, lighting, heat and ventilation, water for drinking and washing, and operable toilets.
4. Prisoners in this unit shall receive the same meals as provided to general population prisoners. An exception may be made when a prisoner is throwing food or otherwise using food or a food service implement in a manner that is hazardous to self, staff, or other prisoners. Alternative meal service shall be on a case-by-case basis, based only on safety considerations, shall meet basic nutritional requirements, and shall only occur if an exception is made by the security staff, provided the staff obtains the approval of the Unit Manager or, if the Unit Manager is not on duty, the Shift Commander, and the Health Services Administrator, or designee, prior to or immediately after the exception. The Unit Manager or Shift Commander shall consult with the IMHU Behavioral Health Director, or designee. In such a case, the prisoner may be given the same meal in a different form or a different meal of similar nutritional value. The approvals for a prisoner to receive alternative meal service shall also be recorded in the unit log. In addition to recording the information in the unit log, the staff person making the request shall complete an Incident Report in CORIS that is reviewed by the Unit Manager. The approval for alternative meal service shall be reviewed by the IMHU treatment team within three (3) working days. The restriction shall last only as long as necessary and shall not exceed seven (7) days.
5. Prisoners in this unit may be served meals with trays and utensils consistent with reasonable precautions designed to protect safety, security, and orderly management of the facility.
6. Prisoners in this unit shall be provided access to mail, phone calls, legal, religious and reading materials, basic items needed for personal hygiene, showers, out of

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cell time, clothing, linens and bedding, access to daily laundry services and barber and medical services similar to general population prisoners, except to the extent that they must be limited consistent with reasonable precautions designed to protect safety, security, and orderly management of the facility.

7. Prisoners in this unit shall have similar access to programs and services as general population prisoners including, but not limited to, the following: educational services, work opportunities, commissary, library services, social services, religious services and/or programs and guidance and recreational programs, except to the extent that they must be limited consistent with reasonable precautions designated to protect safety, security and orderly management of the facility.
8. A prisoner in the Intensive Mental Health Unit (IMHU) may be subject to restraints and other security precautions during out of unit movements and transports and at other times in accordance with the prisoner's level and unit post orders.
9. A prisoner in the IMHU unit may be restrained using stationary restraints (restraints attached to the floor, a wall or an immovable object) provided the use of stationary restraints has been approved by the Commissioner for the particular type of activity (e.g., while making a phone call, during group therapy, etc.) and provided the stationary restraints are used only under the conditions approved by the Commissioner, or designee, and only for the duration of the activity.
10. A prisoner in the IMHU unit shall receive privileges, including personal property items, as provided by the IMHU level system.
11. Within one (1) week of admission, the IMHU treatment team shall meet with the prisoner to develop an individualized treatment plan, to include the provision of programs and services, and recommend the appropriate level for the prisoner. If applicable, the team shall also review and recommend additional security precautions for the prisoner (outside the presence of the prisoner).
12. The Unit Manager, or designee, shall make determinations as to the prisoner's level and necessary security precautions, after considering the recommendations of the IMHU treatment team.
13. The prisoner may progress through the levels as determined by the Unit Manager, or designee, after considering the recommendation of the IMHU treatment team.
14. A prisoner may be returned to a lower level as determined by the Unit Manager, or designee, after considering the recommendation of the IMHU treatment team.
15. A prisoner may be placed on emergency observation status while in the IMHU provided that all the requirements of Department Policy (AF) 15.1, Emergency Observation Status and Administrative Segregation Status are followed and that the security supervisor approving the placement consults with the IMHU

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Behavioral Health Director, or designee, prior to or immediately after approving the placement.

16. A prisoner in the Intensive Mental Health Unit (IMHU) shall be checked by security staff at variable intervals not to exceed fifteen (15) minutes, unless placed on a higher level of supervision in accordance with Department Policy (AF) 18.6, Mental Health Services, Procedure D.

**Procedure D: Intensive Mental Health Unit Discharge**

1. A prisoner admitted to the IMHU may be discharged from the IMHU under either of the following circumstances:
  - a. the prisoner no longer needs the structured intensive mental health services of the IMHU; or
  - b. the prisoner's mental health needs exceed the level of treatment that can be provided on the IMHU, in which case the prisoner shall be referred for admission to a state mental health institute or for transfer to an out-of-state correctional facility with a higher level of treatment.
2. When appropriate, the IMHU treatment team shall make a recommendation regarding the discharge of the prisoner from the IMHU.
3. The Regional Behavioral Health Director, or designee, shall make the determination as to whether or not the prisoner will be discharged from the IMHU in consultation with the Deputy Commissioner, or designee.
4. The decision whether to discharge a prisoner who was incarcerated at a county jail and who was referred to the IMHU by the Department of Health and Human Services (DHHS) pursuant to Title 34-A, M.R.S.A. [Section 3069-A](#) or who was referred pursuant to 34-A, M.R.S.A. [Section 3069-B](#), shall be made by the Deputy Commissioner, or designee, in consultation with the Regional Behavioral Health Director.
5. A prisoner admitted to the IMHU shall be discharged from the IMHU when the prisoner has been discharged from his term of imprisonment or otherwise discharged from the criminal justice system (in the case of a pre-trial detainee, the person has been placed on bail, charges have been resolved with no further imprisonment, or the person has been found incompetent to stand trial or not criminally responsible).
6. If the discharge is approved or required:
  - a. the Regional Behavioral Health Director, or designee, shall notify the IMHU Behavioral Health Director, or designee, and the IMHU Unit Manager, or designee, who shall notify the IMHU Admissions Coordinator, or designee;

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- b. the Intensive Mental Health Unit (IMHU) Behavioral Health Director, or designee, shall complete a discharge summary in the prisoner’s electronic health care record;
  - c. the IMHU Admissions Coordinator, or designee, shall document the discharge in the prisoner’s electronic health care record and shall notify the Department Director of Classification, or designee, of the discharge;
  - d. the IMHU Unit Manager, or designee, shall document the IMHU discharge in CORIS; and
  - e. the Department Director of Classification, or designee, shall notify the Chief Administrative Officer, or designee, of the receiving facility, if the prisoner is being transferred to another Department facility, the jail administrator, or designee, if the prisoner is being returned to a jail, or the Superintendent, or designee, if the prisoner is being admitted to a state mental health institute.
7. When it is anticipated that a prisoner in the IMHU will remain in the unit until release to the community, within nine (9) months of projected release to the community, the IMHU Behavioral Health Director, or designee, shall contact an Intensive Case Manager from the Department of Health and Human Services (DHHS) to develop a comprehensive release plan.
  8. Prior to the prisoner’s discharge from the IMHU, the IMHU Behavioral Health Director, or designee, shall contact the Intensive Case Manager from the DHHS to coordinate the prisoner’s release.
  9. The Maine State Prison’s Health Services Administrator, or designee, working with the IMHU Admissions Coordinator, or designee, shall ensure the provision of discharge information, instructions on further treatment needs, and a 14-day supply of essential medication(s) directly to the prisoner upon release to the community, unless the provision of the medications is contraindicated as determined by the prescriber.
  10. When it is anticipated that a prisoner in the IMHU will be returned to a jail, admitted to a state mental health institute or transferred to an out-of-state correctional facility, the Maine State Prison’s Health Services Administrator, or designee, working with the IMHU Admissions Coordinator, or designee, shall ensure the forwarding of the discharge summary, instructions on further treatment needs, and a 14-day supply of essential medication(s) to the receiving facility.

**VII. PROFESSIONAL STANDARDS**

**ACA:**

**ACI**

[4-4374 & 5-ACI-6A-37](#) Offenders with severe mental illness or who are severely developmentally disabled receive a mental health evaluation and, where appropriate, are referred

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for placement in non-correctional facilities or in units specifically designated for handling this type of individual.

4-4401

**(MANDATORY)** The involuntary administration of psychotropic medication(s) to an offender is governed by applicable laws and regulations of the jurisdiction.

When administered, the following conditions must be met:

- authorization is by a physician who specifies the duration of therapy
- less restrictive intervention options have been exercised without success as determined by the physician or psychiatrist
- details are specified about why, when, where, and how the medication is to be administered
- monitoring occurs for adverse reactions and side effects
- treatment plan goals are prepared for less restrictive treatment alternatives as soon as possible.

5-ACI-6C-08

**(MANDATORY)** The involuntary administration of psychotropic medication(s) to an offender is governed by applicable laws and regulations of the jurisdiction.

When administered, the following conditions must be met:

- authorization is by a physician who specifies the duration of therapy
- less restrictive intervention options have been exercised without success as determined by the physician or psychiatrist
- details are specified about why, when, where, and how the medication is to be administered
- monitoring occurs for adverse reactions and side effects
- treatment plan goals are prepared for less restrictive or less invasive treatment alternatives with return to voluntary treatment, as soon as clinically feasible.

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