
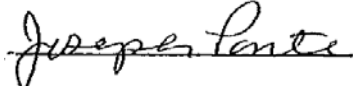


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CHAPTER 22: INTAKE AND ORIENTATION		
	STATE of MAINE DEPARTMENT OF CORRECTIONS Approved by Commissioner: 	PROFESSIONAL STANDARDS: See Section VII
	EFFECTIVE DATE: February 1, 2002	LATEST REVISION: December 12, 2011

I. AUTHORITY

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

II. APPLICABILITY

All Departmental Adult Facilities

III. POLICY

It is the policy of the Department of Corrections to appropriately determine risk factors and provide programs and services that support the care and treatment needs of all prisoners.

The Department has established procedures and agreements with other agencies to provide resources in support of specialized services needs of prisoners. Provisions for such services impact the conditions of confinement at adult facilities by creating greater opportunities for early detection and management of special needs that may affect certain prisoners.

IV. CONTENTS

Procedure A: Reception Processing

V. ATTACHMENTS

None

VI. PROCEDURES

Procedure A: Reception Processing

1. Within the first four (4) weeks of admission to the facility, prisoners newly committed from the courts and prisoners transferred from other jurisdictions (except for safe keepers and federal hold prisoners) shall participate in full reception processing. Federal hold prisoners and safe keepers shall participate in all reception processing except for classification, psychosocial assessment, and substance abuse screening.
2. All prisoners shall receive a brief orientation within the first twenty-four (24) hours and a more comprehensive orientation within the first four (4) weeks.
3. A health assessment, as set out in Policy 18.4, (Health Screening and Assessments) must be completed by health care staff for each prisoner within fourteen (14) days after arrival at the facility. If the prisoner was transferred from another Departmental facility, a health care screening, as set out in Policy 18.4, shall be conducted, unless the results of the screening indicate the need for a more comprehensive health assessment.
4. A mental health assessment, as set out in Policy 18.6, (Mental Health Services) must be completed by mental health staff for each prisoner within fourteen (14) days after arrival at the facility. If the prisoner was transferred from another Departmental facility, a mental health screening, as set out in Policy 18.6, shall be conducted, unless the results of the screening indicate the need for a more comprehensive mental health assessment.
5. Health care staff shall be responsible to inform the education department of any prisoner under twenty-one (21) who is found to have physical, mental, cognitive, visual, hearing or other problems that may impact their ability to take advantage of educational opportunities.
6. The education staff shall verify the educational status of any prisoner under the age of twenty-one (21). If a prisoner under twenty-one (21) does not have a high school diploma, the prisoner shall take the Test of Adult Basic Education (TABE). Any prisoner under twenty-one (21) who does not have a high school diploma and who meets one of the following criteria shall be referred at initial classification to the Unit Team (acting as the Pupil Evaluation Team) to determine whether there is a need for special education:
 - a. Previous record of receiving special education services.
 - b. TABE results of sixth grade or lower.
 - c. Physical or mental conditions, as identified by the medical and/or mental health department, which may require special education (e.g., autism, mental retardation, serious emotional disorder, attention deficit disorder, visual or hearing impairments etc.)

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7. The prisoner's assigned correctional caseworker shall complete a personal interview and psychosocial assessment on each prisoner newly committed from the courts or transferred from another jurisdiction (except for federal hold prisoners and safe keepers) within twenty-one (21) days of arrival. The correctional caseworker shall be responsible to inform the education department of any prisoner under twenty-one (21) who may be in need of special education services.
8. A substance abuse screening shall be completed on each prisoner newly committed from the courts or transferred from another jurisdiction (except for federal hold prisoners and safe keepers) within seven (7) days of arrival by substance abuse treatment staff, or other designated staff.
9. Prisoners identified to be in need of intensive residential treatment, through the substance abuse screening or by a caseworker's review of the prisoner's administrative record, shall be provided substance abuse treatment education and assessment as follows:
 - a. Prisoners identified to be in need of intensive residential treatment shall be provided a program to enhance their motivation and encourage their participation in treatment. This shall be provided by substance treatment staff within fourteen (14) days of arrival.
 - b. Prisoners identified to be in need of intensive residential treatment shall undergo a comprehensive substance abuse treatment assessment. This shall be provided by substance treatment staff within twenty-one (21) days of arrival.

VII. PROFESSIONAL STANDARDS

ACA:

ACI - 4-4287 Written policy, procedure, and practice provide for a reception program for new inmates upon admission to the correctional system. Except in unusual circumstances, initial reception and orientation of inmates is completed within 30 calendar days after admission.

ACI - 4-4365 (MANDATORY) A comprehensive health appraisal for each offender, excluding intra-system transfers, is completed as defined below, after arrival at the facility. If there is documented evidence of a health appraisal within the previous ninety days, a new health appraisal is not required, except as determined by the designated health authority. Health appraisal includes the following:

Within fourteen days after arrival at facility:

- review of the earlier receiving screening
- collection of additional data to complete the medical, dental, mental health, and immunization histories.
- laboratory or diagnostic tests to detect communicable disease, including venereal disease and tuberculosis
- record of height, weight, pulse, blood pressure, and temperature

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- other tests and examinations, as appropriate

Within fourteen days after arrival for inmates with identified significant health care problems:

- medical examination, including review of mental and dental status (for those inmates with significant health problems discovered on earlier screening such as cardiac problems, diabetes, communicable diseases, and so forth)
- review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other qualified health care professional, if such is authorized in the medical practice act
- initiation of therapy, when appropriate
- development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation

Within thirty days after arrival at facility for inmates without significant health care problems:

- medical examination, including review of mental and dental status (for those inmates without significant health concerns identified during earlier screening -- no identified acute or chronic disease, no identified communicable disease, and so forth)
- review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other qualified health care professional, if such is authorized in the medical practice act.
- initiation of therapy, when appropriate
- development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.

**** Note: (Interpretation January 2004). The criterion for testing for venereal diseases is at the discretion of the agency's/facility's health authority.**

4-ACRS-5A-08

Provide for early identification and treatment of inmates with alcohol and drug abuse problems through a standardized battery assessment. This battery shall be documented and include, at a minimum, the following

- screening and sorting
- clinical assessment and reassessment;
- medical assessment for drug and alcohol program assignment appropriate to the needs of the individual offenders
- referrals

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