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POLICY AND ADMINISTRATIVE PROCEDURE Manual of Policies and Procedures				

Title ADDICTION RECOVERY SERVICES

Legal References (includes but is not limited to) IC 11-8-2-5(a)(8) IC 11-10-3-4(a)(1) IC 35-50-6-3.3	Related Policies/Procedures (includes but is not limited to) 01-02-101 01-04-101 01-02-107 01-04-104 01-05-101 01-07-101 00-03-102 02-01-106 02-03-116 03-02-104	Replaces: 01-02-106 (effective date 11-1-2021 / ED # 21-60)
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I. PURPOSE:

The purpose of this policy and administrative procedure is to establish and maintain coordinated treatment of Addiction Recovery Services (ARS) throughout all Indiana Department of Correction (IDOC, “the Department”) facilities, in order to reduce patient substance use and criminal behavior and increase the potential for the patient’s successful Re-Entry into the community.

II. POLICY STATEMENT:

The Department recognizes that a significant number of the individuals committed to the Department have been involved in some form of problematic substance use. In order to address this problem, the Department has established coordinated Addiction Recovery Services that provide education, treatment, and support for incarcerated individuals within the Department's facilities.

III. DEFINITIONS:

For the purpose of this policy and administrative procedure, the following definitions are presented:

- A. **ADDICTION RECOVERY SERVICES (ARS):** The entire continuum of services and programming offered at Department facilities for the treatment of substance use disorders.

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- B. **ADDICTION RECOVERY SERVICES FACILITY DIRECTOR (ARS FD):** The ARS staff at each location responsible for coordinating and providing addiction recovery services at their location. This individual may or may not supervise other ARS staff.
- C. **ADMINISTRATIVE NOTE:** A documentation entry that includes information necessary for the continuity of patient care management throughout the Department which does not include information that is protected by the Health Insurance Portability and Accountability Act (HIPAA) confidentiality guidelines and 42 CFR.
- D. **ARS STAFF:** The employee(s) at each location responsible for direct delivery of addiction recovery services. Staff must have an Addiction Consultant in Training (ACIT) credential at minimum, with eligibility to obtain the CADAC 1 certification or higher within 18 months of the date of hire. Credentials such as Licensed Addiction Counselor (LAC), Licensed Clinical Addiction Counselor (LCAC), and Licensed Clinical Social Worker (LCSW) may also qualify as Addiction Recovery Staff.
- E. **CLINICAL NOTE:** A documentation entry that describes and summarizes a patient’s participation in an ARS treatment activity. Clinical notes contain information protected by HIPAA confidentiality guidelines and 42 CFR.
- F. **DIRECTOR OF ADDICTION RECOVERY SERVICES (D/ARS):** The Central Office employee responsible for the oversight, coordination, and direction of ARS treatment within the Department.
- G. **EARLIEST PROJECTED RELEASE DATE (EPRD):** The date on which a patient would be entitled to discharge or release from a Department facility.
- H. **ELECTRONIC MEDICAL RECORD (EMR):** The secure electronic system used to record all health care information for a patient, including ARS treatment records.
- I. **IDOC RECORDS MANAGEMENT SYSTEM (IRIS):** The Web-based program that facilitates the digital capture and storage of document images along with associated indexing data.
- J. **INDIVIDUALIZED TREATMENT PLAN (ITP):** The document that specifies a patient’s personal addiction recovery needs, goals, and measurable objectives that will be addressed, and interventions that will be implemented, during their participation in ARS.
- K. **LEVEL OF CARE (LOC):** The clinically indicated intensity and frequency of services that the patient needs to meet their individualized treatment goals. There are three

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active levels of care in the RWI treatment to which a patient can be assigned: Residential Level of Care (RES), Intensive Outpatient Level of Care (IOP), and Outpatient Level of Care (OP).

- L. **MEDICATION ASSISTED TREATMENT (MAT):** The use of FDA-approved medications that may be used in combination with counseling and behavioral interventions for the treatment of substance use disorders.
- M. **MONTHLY SERVICE REPORT:** The monthly report sent to the D/ARS providing information on ARS staffing, treatment changes, census, and outcomes data.
- N. **MULTIDISCIPLINARY TEAM (MDT):** A treatment team comprised of individuals from different disciplines that contribute a broad range of prospective and treatment modalities in the management of patient’s needs.
- O. **OFFENDER CASE MANAGEMENT SYSTEM (OCMS):** The electronic database used by the Department to record, store, and review patient data, including Case Plans and Progress Reports.
- P. **PATIENT:** Any incarcerated individual receiving medical services.
- Q. **PROGRAM MANAGEMENT REFERRAL SYSTEM (PMRS):** The electronic referral system housed within OCMS that tracks patient treatment/course participation.
- R. **PROTECTED HEALTH INFORMATION (PHI):** Individually identifiable information including demographic information that relates to past, present, or future physical or mental health conditions of, or provision of health care to, an individual.
- S. **PROGRAM COORDINATOR:** The staff that is responsible for evaluating the vendor’s adherence to the time-cut initiatives, along with monitoring other key initiatives for the Health Services Division.
- T. **PURPOSEFUL INCARCERATION (PI):** An initiative by which a sentencing authority (a judge or the Indiana Parole Board) agrees to consider a modification to the patient’s sentence pending completion of the Department-recognized ARS treatment.
- U. **RECOVERY ORIENTED COMMUNITY (ROC):** A dedicated housing unit set aside for participants in RWI treatment designed to facilitate mutual support for patient’s during their recovery. All patients in the Residential Level of Care (RES) will be required to live in a ROC while those in other levels of care may not.

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V. RECOVERY WHILE INCARCERATED (RWI): The Department’s comprehensive addiction recovery treatment.

IV. ARS PHILOSOPHY, MISSION, AND GOALS:

The Department’s Addiction Recovery Services treatment adheres to the philosophy of providing “the right treatment, to the right person, at the right time” by delivering a continuum of coordinated services to meet the treatment and recovery needs of patients with substance use disorders. The following mission statement has been adopted:

The mission of the Indiana Department of Correction's Addiction Recovery Services is to provide comprehensive treatment for substance use disorders in an efficient and effective manner, to enhance the opportunity for patients to live in recovery both while incarcerated and upon their return to the community.

The goals of the Department’s ARS treatment are:

- A. To provide addiction recovery services that help to reduce substance use, increase potential for successful reintegration into society, reduce recidivism, and protect the public community;
- B. To provide assessment, education, treatment, and referrals appropriate to each patient’s individualized need, using the latest evidence-based and evidence-informed best practice approaches including the use of medication assisted treatment (MAT);
- C. To provide pre-release and transitional service needs including Re-Entry treatment linkages to ensure continuity of care for patients returning to the community; and,
- D. To maintain standards and measures to evaluate treatment performance and effectiveness to ensure delivery of the best possible quality care to patients.

V. NON-DISCRIMINATION:

The Department's ARS treatment shall not discriminate against patients based on gender, sexual orientation, color, national origin, race, religion, ethnicity, age, disability, political views, and/or criminal history. All treatment staff shall be notified of, and adhere to, non-discriminatory procedures. Culturally relevant and sensitive treatment objectives shall be included in each ARS participant’s individualized treatment plan (ITP).

VI. CONFIDENTIALITY AND RELEASE OF INFORMATION:

The Department’s ARS treatment and staff shall ensure compliance with the confidentiality procedures set forth in Policy and Administrative Procedure 01-04-104, “The Establishment,

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Maintenance and Disposition of Offender Records,” and all applicable statutes, promulgated rules, and directives on maintaining ARS treatment records, releasing information, and obtaining informed consent.

VII. STANDARDIZED PATIENT RECORDS:

A. General Guidance for Records Management

1. Addiction treatment records shall be maintained in Department-approved electronic systems whenever possible.
2. All documentation requiring ARS staff signature shall be signed in ink. The ARS staff member’s full signature and initials of degree(s) and credential(s) held is required. Forms **shall not** be pre-signed by staff.
3. Hard copy patient documentation shall be scanned in the EMR as soon as possible after its generation.

B. Disposition of Records upon Discharge from ARS

1. Any hard copy forms not previously scanned into the EMR shall be transferred from the patient’s RWI service record to the section of the patient’s health record dedicated to Addiction Recovery.
2. Patient-generated material (e.g., journals, step work, self-assessments, etc.) shall not be placed in the health record or scanned into the EMR. Patient-generated materials shall be returned to the patient prior to discharge from treatment.

C. Patients may review the information in their ARS records in accordance with the requirements and restriction specified in Policy and Administrative Procedure 01-04-104, “The Establishment, Maintenance, and Disposition of Patient Records.”

VIII. VOLUNTARY PARTICIPATION AND PATIENT REFUSAL:

A. Patients who wish to participate in ARS shall meet the eligibility requirements as determined by ARS staff who completed the Comprehensive Substance Use Assessment (CSUA) and identified clinical need.

ARS is a voluntary treatment within the Department. A patient shall never be forced to participate in any component of ARS unless they are under a court-ordered involuntary civil commitment for addiction treatment.

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- B. A patient shall have the right:
1. To refuse to undergo screening for the presence of a potential substance use disorder;
 2. To refuse a referral for substance abuse assessment;
 3. To refuse to participate in a substance abuse assessment;
 4. To refuse to accept admission into the RWI treatment; and,
 5. To voluntarily withdraw from the RWI treatment at any time.
- C. All patient refusals shall be documented in the Offender Case Management System (OCMS) and the electronic medical record (EMR), with a signed State Form 9262, "Refusal and Release from Responsibility for Medical, Surgical, Psychiatric and Other Treatment," or State Form 56661, "Recovery While Incarcerated Program Consent to Treatment," as applicable.

IX: MULTIDISCIPLINARY TEAM (MDT):

- A. Collaboration and exchange of information across treatment providers and facility operational divisions is essential to providing quality care within a correctional environment. Every facility shall create and maintain a Multidisciplinary Team (MDT) in order to review conduct, safety/security concerns, Case Management needs, physical health needs, and mental health needs of patients participating in ARS. The facility MDT shall include representative(s) from each clinical, operational, and administrative division within the facility.
- B. The facility MDT shall meet at a regular frequency determined appropriate by the facility, but no less than once per month, to discuss and make decisions regarding:
1. Circumstances (other than clinical assessment) that may affect a patient's appropriateness for admission into ARS; and,
 2. Removing a patient from ARS for behavior such as treatment non-engagement, repeated minor conduct violations, or a pattern of violation of ARS treatment rules and expectations.

X: ARS FACILITY DIRECTIVE:

- A. Each facility shall develop a facility directive in accordance with Policy and Administrative Procedure 00-04-101, "The Development of Policy," to address the

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delivery of ARS at that facility. Topics to be addressed by the facility directive include but are not limited to:

1. Physical plant specifications, including location of the Recovery Oriented Community (ROC) and ARS treatment space;
2. Treatment limitations (for example, being unable to provide one or more treatment modalities);
3. Policies and procedures for the MDT as outlined in this policy and administrative procedure;
4. Specialized urine drug screen (UDS) policies and procedures for ARS participants in accordance with the medical vendor policy and procedure;
5. Guidelines for treatment hours, including the influence of facility movement and recreation; and,
6. Facility-specific amendments to eligibility criteria for ARS participation that have received prior approval by the Department’s Director of Addiction Recovery Services (D/ARS).

B. The facility directives shall be reviewed in accordance with Policy and Administrative Procedure 00-04-101 annually, and updated, if necessary, not later than June 30th of each year and submitted to the D/ARS and the assigned Executive Director of Adult Facilities for approval prior to implementing any changes.

XI. EARNED CREDIT TIME (Adult Patients and Youth Incarcerated as Adults [YIA] Only):

- A. Patients may earn credit toward time served (a “time cut”) as a motivation and incentive for continued participation in ARS. Time cuts will be submitted after successful completion of treatment.
- B. A patient participating in the Intensive Outpatient LOC, Outpatient LOC, Foundations Curriculum, After Care, or self-help groups (AA, NA, Celebrate Recovery, etc.) is eligible to simultaneously participate in another time cut program.
- C. Central Office Addiction Recovery and Classification staff shall make the final determination as to whether a patient receives a time credit for completing the RWI treatment.
- D. If the patient opts out of Case Plan Credit Time (CPCT), the time cut requests shall be submitted for review in the Substance Abuse Management System (SAMS) within

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five (5) business days of a patient’s successful completion of their treatment plan and successful completion of the OP LOC. The D/ARS, Program Coordinator, or other assigned staff shall review all electronic time cut submissions within five (5) business days from the date of receipt.

XII: PURPOSEFUL INCARCERATION (PI):

Purposeful Incarceration (PI) is a joint initiative between the Department, the court system, and the Indiana Parole Board (IPB). Patients are recommended for PI when the sentencing judge or the IPB believes the patient’s criminal conduct is directly related to substance use, and that the patient would benefit from addiction recovery treatment while incarcerated.

Patients designated for PI are eligible to be considered for a sentence modification or return to Parole supervision upon successful completion of clinically indicated addiction treatment, to effectively incentivize participation and successful completion of addiction treatment while incarcerated.

- A. The designation of a patient for PI shall be made exclusively by the Department’s Classification Division, based on a review of the patient’s Abstract of Judgment, Sentencing Order, or the IPB Notice of Disposition. Classification staff shall document that the patient is designated for PI in the Commitment screen in the offender information system and note that the patient has been designated for PI in the patient’s Classification and Diagnostic Summary and the Classification Designation Instrument. When possible, PI patients shall be assigned to a facility near the county of sentencing.
- B. PI-designated patients shall be referred for substance abuse assessment during or immediately after completing facility admission and orientation activities and procedures, prior to being referred for other educational, vocational, or restorative programming. PI-designated patients are exempt from minimum literacy requirements and are not required to complete educational programming prior to enrolling in ARS.
- C. The ARS FD shall notify the sentencing judge or the IPB of all significant changes in a PI-designated patient’s ARS enrollment status within five (5) business days.
 - 1. Enrollment status changes include non-enrollment (whether by treatment refusal or clinical ineligibility), termination, transfer, or successful completion.
 - 2. Notification shall be by letter using the applicable Department-approved cover letter template and, where required, a copy of the ARS Treatment Summary.
 - a. Progress Reports are no longer required but may be optionally included at the request of the sentencing judge or the IPB.

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- b. In addition to providing the Notification Letter and ARS Treatment Summary to the sentencing judge or the IPB, a copy of the Notification Letter shall be emailed to the Purposeful Incarceration email inbox at:

purposefulincarceration@idoc.in.gov.

- 3. ARS staff shall respond to requests for updates on a PI-designated patient’s progress in the RWI treatment within two (2) business days.

- D. Unit Team staff shall be responsible for ensuring copies of all PI-related correspondence are filed in the patient’s packet and the IDOC Record Management System (IRIS). **(Note: The Treatment Summary and/or other documentation containing protected health information [PHI] shall not be filed in the patient’s packet or scanned into IRIS.)**

XIII. CENTRAL OFFICE REVIEW:

- A. To ensure overall quality of the Department’s ARS treatment, Central Office staff shall retain authority to periodically review patients’ ARS treatment records:
 - 1. To ensure that documentation supports facility ARS staff’s determination of a successful completion, termination, or other patient status decision; and,
 - 2. To monitor the quality of clinical documentation.
- B. Determinations made by Central Office staff may include but are not limited to:
 - 1. Rejecting facility ARS staff’s determination of a successful completion of a portion of, or the entirety of, the RWI treatment; and/or,
 - 2. Direction of remediation actions for facility staff, including but not limited to entry of additional clinical documentation, reassignment of RWI treatment LOC, termination of a patient’s participation in ARS, and reinstatement of a patient to ARS.
- C. Administrative review determinations regarding time cut requests shall be made by the Program Manager or designee.
- D. Clinical review determinations shall be made by the D/ARS or designee. In all cases where a patient’s status within the RWI treatment will be impacted, the clinical review shall be performed by a clinician licensed or certified in addiction treatment, social work, mental health counseling, or related field.

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XIV. JOB ASSIGNMENT AND PAY RATES:

- A. Patients participating in Residential LOC RWI shall receive “Grade 3” pay at a rate of six and one-half (6.5) hours per day, five (5) days per week (See Policy and Administrative Procedure 02-01-106, “Offender Assignments and Pay Schedules”).
- B. Patients not in Residential LOC shall not receive patient pay for participating in RWI. These patients are eligible for and encouraged to seek and maintain a facility job, and participate in additional programs, as a means of exercising their recovery skills in a community-type environment.

XV. PATIENT MOVEMENT IN SUPPORT OF RWI:

- A. Intra-Facility Patient Movement
 - 1. Patients who present an immediate threat to the safety of other ARS participants or staff, shall be immediately removed from the ROC. A conduct report or termination from ARS is not required for a patient to be removed for safety and security.
 - 2. The ARS FD is responsible for initiating routine patient movement into and out of the ROC and shall coordinate with facility Classification, Custody, Investigations and Intelligence, and other staff as needed.
 - 3. The ARS FD is responsible to ensure that updated count letters, treatment schedules, and other information impacting patient movement within the facility is provided to Custody staff and other facility staff as required.
- B. Inter-Facility Patient Movement
 - 1. Resuming addiction recovery treatment shall take precedence over all other referrals for an incarcerated individual participating in ARS who transfers facilities. The receiving facility shall enter a referral for substance abuse assessment in PMRS as soon as possible upon the patient’s arrival.
 - 2. Patients enrolled in Foundations at the time of transfer shall be immediately re-enrolled at the new facility using the patient’s original Foundations start date. Alternately, these patients may be immediately admitted to the RWI treatment if there is no waitlist at the receiving facility.

XVI. PHYSICAL PLANT REQUIREMENTS:

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- A. Each facility shall maintain a Recovery Oriented Community (ROC). The ROC shall, where possible, have the ability for controlled movement and access that inhibits the opportunity for outside influences from General Population and/or other programs.
- B. Treatment and Counseling Space
 - 1. Facilities shall ensure availability of individual counseling space to accommodate treatment requirements and ensuring confidentiality while maintaining the safety and security of the facility.
 - 2. Facilities shall ensure availability of group meeting rooms to accommodate treatment requirements. Group meeting rooms shall be of adequate size and shall be furnished with seating to accommodate the size of the group being served.

XVII. TRAINING:

- A. Facility Employee Training
 - 1. The ARS FD (in conjunction with the Facility Training Coordinator) shall be responsible for ensuring all employees at a facility are provided with an overview of the addiction recovery services that are available at the facility via in-person presentation, through an electronic learning module, or by distribution of written information. The following information shall be included in the employee training program:
 - a. An overview of the RWI treatment and the Levels of Care that are available at the facility;
 - b. General criteria for admission to ARS;
 - c. Procedures a patient needs to follow to request a referral to ARS;
 - d. Information related to the specialized intensive treatment units such as the ROC or Mental Health Unit;
 - e. Basic information to help employees identify signs and symptoms of patients who may be acutely intoxicated or overdosing on substances; and,
 - f. This policy and administrative procedure and all applicable Executive Directives and Health Care Services Directives.

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2. New employees shall receive information on the facility’s ARS treatment during the New Employee Training Process. All current staff at a facility shall receive refresher training during annual in-service training.

B. ARS staff shall participate in any specialized training determined necessary by the Health Services Vendor’s Regional Director of Addiction Recovery Services, the Division of Staff Development and Training, and the D/ARS.

XVIII. APPLICABILITY:

This policy and administrative procedure is applicable to all Department facilities housing incarcerated adults and providing Addiction Recovery Services.

signature on file
Christina Reagle
Commissioner

Date