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Legal References (includes but is not limited to) IC 11-8-2-5(a)(5) IC 11-8-2-5(a)(8) IC 11-8-2-5(a)(12) IC 11-10-2-1 <i>et seq.</i> IC 11-10-3-2 IC 11-10-4-1 <i>et seq.</i> IC 31-30-4-1 through 7 IC 31-37-19-6	Related Policies/ Procedures (includes but is not limited to) 00-02-301 / 01-02-101 / 01-02-106 / 01-04-102 / 01-04-104 / 02-01-102 / 02-01-103 / 02-01-105 / 02-01-108 / 02-03-105 / 02-04-104 / 03-02-101 through 112 / 03-02-114 / 03-03-101	Other References (includes but is not limited to) ACA: JTS: 3A-17, 3A-22, 3A-23, 3A-24, 3A-25, 3A-27, 3D-05, 3E-01, 4E-02, 4E-05, 4E-06, 5C-02, 5C-05, 5C-06, 5C-07, 5D-10, 5I-01, 5I-02, 5I-03, 5I-04, 5I-05, 6A-09
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I. PURPOSE:

The purpose of this policy and administrative procedure is to establish the development and delivery of case management services for youth committed to the Division of Youth Services in the Indiana Department of Correction.

II. POLICY STATEMENT:

The Department's Division of Youth Services (DYS) is a component of the State's juvenile justice system. The purpose of the Department is to receive youth legally committed by Indiana courts and prepare these youth for Re-Entry into society equipped with the necessary skills to avoid further criminal behavior.

The Constitution of the State of Indiana provides the basis for the treatment of delinquent youth by dictating that the Penal Code be based on reformation rather than vindictive justice. The DHS meets this code as it is based upon a Balanced and Restorative Justice Philosophy. The Vision and Mission of the DHS focuses on restoring justice through

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community protection, responsible citizenship in youth, and successful Re-Entry of youth into society.

The Youth Case Management process is key to meeting the Vision and Mission in that it promotes accountability, beliefs that foster responsible community living, and competency development in youth, using standardized, evidence-based, and effective levels of intervention and a seamless continuum of services. As a result, youth learn how to reduce their risk for future criminal activity and increase their ability to be positive, productive citizens. The Youth Case Management process also provides a system of evaluating youth progress through release to society as well as appropriate levels of supervision following a youth's release that help ensure public safety.

The Youth Case Management process begins with administering assessments, conducting interviews, and gathering collateral evidence during the intake process. The results are evaluated and then summarized in an Intake Assessment Report. Treatment recommendations made in the report indicate a youth's level of risk for recidivism, their prioritized criminogenic needs, and other areas of accountability, beliefs, and competency that require development or change through intervention. The report also identifies responsibility factors that may impact a youth's success in these areas.

From the Intake Assessment Report, a treatment case plan is developed, consisting of an Individual Growth Plan and an Individual Aftercare Plan. These standardized plans are developed in collaboration with multiple stakeholders. However, they are also dynamic in that they are continually updated through the youth's entire term of confinement.

The Individual Growth Plan specifies how the criminogenic needs and treatment recommendations identified in the Intake Assessment Report will be addressed. This plan establishes measurable goals for youth to achieve through the treatment phases and levels of the Youth Case Management process. This plan also matches youth to the appropriate amount and intensity of interventions, programs, and services within the facility to meet these goals and prepare for Re-Entry into the community.

The Individual Aftercare Plan identifies each youth's aftercare needs that require services and other support after release. This plan culminates in a finalized list of appointments for aftercare programs, services, and support that will assist the youth in achieving successful Re-Entry into the community.

Youth progress through the process by completing all interventions successfully, especially assigned treatment programs and services, as determined by the youth's treatment review team. As youth advance, they develop accountability, beliefs that foster responsible community living, and competency. Also, as youth advance, dynamic risk factors decrease

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and pro-social skills and abilities increase, so youth receive increased levels of responsibility and independence. Youth then complete pro-social Re-Entry and relapse prevention plans based upon what they have learned and practiced in the facility.

The level of community supervision and services provided to a youth upon release from confinement is based upon their estimated risk level to re-offend, as determined during the intake process. However, no matter the level, gains made by the youth in the facility must be maintained when the youth returns home. To accomplish this, the Youth Case Management process strengthens Re-Entry efforts between the youth and their stakeholders while the youth is still confined. These efforts include obtaining aftercare services and supports needed by the youth for successful Re-Entry into society.

III. DEFINITIONS:

For the purpose of these administrative procedures, the following definitions are presented:

- A. **ADMINISTRATIVE REVIEW COMMITTEE (ARC):** A group of staff persons designated by the Warden who are the final approving authority and are responsible for youth progression from the Growth Phase to the Re-Entry Phase and then to Release Phase from the facility. This committee is comprised of the Warden or designee, and three (3) administrative designees: One (1) representing educational services, one (1) representing therapeutic services, and one (1) representing custody.
- B. **ALTERNATIVE SENTENCE:** A sentence imposed on a youthful offender that has been waived to the adult justice system that orders the youthful offender be placed in a Division of Youth Services (DYS) facility until the youthful offender reaches the age of 18, when the court will review the sentence and the youthful offender’s progress, per Indiana Code 31-30-4-1 through 31-30-4-7.
- C. **ASSIGNED TREATMENT STAFF (Treatment Counselor/Case Manager):** The staff person responsible for overseeing the youth’s case management process at the receiving Treatment Unit/Facility, which may include state employee and contract staff.
- D. **ASSISTANT DIRECTOR DIVISION OF YOUTH SERVICES:** The staff person overseeing the operation of inter-facility transfers and other classification decisions.
- E. **BALANCED AND RESTORATIVE JUSTICE MODEL:** The model adopted by the Department of Correction, Division of Youth Services, as the foundation of its

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juvenile service program. The three goals of the Balanced and Restorative Justice (BARJ) approach are: Accountability, Competency Development, and Community Safety.

- F. BUSINESS DAY: Monday through Friday, excluding weekends and State holidays.
- G. CLASSIFICATION COMMITTEE: A group of staff persons designated by the Warden who are responsible for assigning youth to a facility/housing unit, program assignment, and security needs.
- H. COMMUNITY SUPERVISION: The conditional release of a youth before the time of a mandatory and unconditional discharge from commitment.
- I. COMPREHENSIVE CASE MANAGEMENT SYSTEM (CCMS): The electronic storage system used by the Department for the storing and maintenance of youth case management.
- J. COMMUNITY TRANSITION PROGRAM (CTP): A form of court supervision in which the county reassumes jurisdiction after a youth is released from DYS.
- K. CRIMINOGENIC NEEDS: Those static and dynamic risk factors closely associated to an individual's criminal behavior.
- L. DETERMINATE SENTENCE: Two sentencing options as prescribed by Indiana Code 31-37-19-9- and 31-37-19-10 which allow the committing judge to sentence a juvenile for a specific amount of time if the juvenile meets the criteria in the above-mentioned codes.
- M. DIRECTOR OF JUVENILE PAROLE AND JDAI LIAISON/REINTEGRATION SERVICES: The staff person responsible for overseeing the Juvenile Detention Alternatives Initiatives (JDAI) Liaison/Reintegration Specialist and the delivery of Juvenile Parole services and working directly with local juvenile justice agencies throughout the State.
- N. DISCHARGE: The unconditional release of the youth from commitment.
- O. DYNAMIC RISK FACTOR: Those risk factors capable of change through intervention (e.g., anti-social cognition, temperament, and associates; substance abuse; etc.).

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- P. EXECUTIVE DIRECTOR, DIVISION OF YOUTH SERVICES (ED/DYS): The Central Office staff member responsible for the oversight, coordination, and direction of the IDOC Division of Youth Services facilities and programs.
- Q. FACILITY PROGRAM DIRECTOR: The staff person assigned to a Division of Youth Services receiving Treatment Unit/Facility responsible for the operation of the Treatment Department and decisions regarding Youth Case Management and Classification.
- R. GROWTH PHASE: The first phase of the Youth Case Management process in which the Individual Growth Plan is developed, implemented, and reviewed. Most youths' programs and services are completed during this phase. This phase contains four (4) levels of growth that the youth must progress through successfully.
- S. IDOC RECORDS IMAGING SYSTEM (IRIS): The Web-based program that facilitates the digital capture and storage of document images along with associated indexing data.
- T. INDIANA YOUTH ASSESSMENT SYSTEM (IYAS): The IYAS is made up of six (6) instruments to be used at specific points in the juvenile justice process to identify a youth's risk to reoffend and the youth's criminogenic needs.
- U. INDIVIDUAL AFTERCARE PLAN (IAP): A written plan that identifies the aftercare needs requiring support and services after a youth's release.
- V. INDIVIDUAL GROWTH PLAN (IGP): A written plan that specifies a youth's criminogenic needs and establishes treatment goals, objectives, and interventions a youth must successfully complete prior to release.
- W. INDIVIDUAL GROWTH SUMMARY (IGS): A written report that is completed at the end of the Growth Phase summarizing a youth's progress throughout the Growth Phase. The IGS shall also be updated during the Re-Entry Phase and is finalized during the Release Phase.
- X. INTAKE ASSESSMENT REPORT (IAR): The summary of the information, findings, results, and recommendations of all casework completed, collateral information gathered, and screenings, assessments, and interviews conducted as part of the intake process in accordance with Policy and Administrative Procedure 03-02-104, "Youth Classification." The IAR assesses a youth's psycho-social history, medical needs, educational needs, psychological/psychiatric needs,

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addiction-recovery needs, exceptional security needs, criminogenic needs, treatment recommendations, and potential intervention strategies.

- Y. JUVENILE DETENTION ALTERNATIVE INITIATIVE (JDAI): A public safety and detention reform strategy for working with youth in the juvenile justice system, which is based upon the belief that it is in the best interest of youth and the community to provide community-based alternative programs that allow youth to remain in the community while ensuring public safety.
- Z. JDAI LIAISON/REINTEGRATION SPECIALIST: Staff that oversee youth released from the Department to community supervision (Parole), conduct placement investigations, coordinate with residential providers, and work directly with counties and JDAI teams throughout the State. These staff assist with the coordination of Re-Entry services aimed at successful transition to the community.
- AA. MAKING A CHANGE (MAC) PROGRAM: The MAC program is a structured and safe therapeutic environment that assists youths in developing appropriate social skills while continuing to participate in education and treatment programming within a controlled setting. In accordance with Policy and Administrative Procedure, 03-02-104, "Youth Classification," youth are placed in the MAC program as a classification decision with the goal of returning them back to the general population housing and programming as quickly as possible for completion of their regular programming.
- BB. MULTIDISCIPLINARY TEAM: A group of staff from different departments that come together for a common purpose.
- CC. PLAN REVIEW (Individual Growth Plan Review or IGPR): A written report completed after each treatment review that documents a youth's progress in completing the goals, objectives, and interventions of their case plan and in meeting required benchmarks of facility programs and services. In addition, the plan review documents the evidence presented and discussion held during the review, as well as the treatment review team's vote and decision regarding youth's progress through the Youth Case Management phase and level system.
- DD. PROGRAM DIRECTOR DYS: The Program Director DYS serves as a resource, advisor, trainer, and auditor for DYS facility Treatment Departments and acts as a liaison with DYS education and contractual staff, regarding the Youth Classification and Youth Case Management policies, other DYS policies, and all youth programs and services.

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- EE. **PROJECTED PROGRAM COMPLETION DATE (PPCD):** Estimated time it should take a youth with an indeterminate sentence to complete the goals of their treatment case plan. The PPCD allows youth to track progress and program completion, as it is a dynamic target date that may change positively or negatively depending upon the youth’s progress.
- FF. **RECIDIVISM:** A return commitment or incarceration within 3 years of the youth’s date of release from a state correctional facility.
- GG. **RE-COMMITMENT:** The commitment to the Department of a youth who was previously committed to the Department.
- HH. **RE-ENTRY PHASE:** The second phase of the Youth Case Management process. Promotion to this phase is approved by the Administrative Review Committee. The youth’s treatment focus is on completing Re-Entry/relapse prevention plans; working on a Release Portfolio; finalizing the Individual Aftercare Plan with appointments for aftercare programs, supports, and services; and reintegrating with family, school/work, and the community.
- II. **RELEASE PHASE:** The third phase of the Youth Case Management process. Promotion to this phase is approved by the Administrative Review Committee. The youth’s treatment focus is on finalizing their Release Portfolio, returning to the community, and implementing their Re-Entry and aftercare plans.
- JJ. **RESPONSIVITY:** Consideration of how well a youth will be able to respond to the programs and services offered based on the youth’s unique characteristics.
- KK. **RISK LEVEL:** The overall risk of recidivism for youth, determined by the Indiana Youth Assessment System as either High, Moderate, or Low.
- LL. **STATIC RISK FACTOR:** Those risk factors that are not capable of change through intervention (e.g., number of prior offenses).
- MM. **TEMPORARY LEAVE:** A period during which a youth is allowed to leave the program or facility and go into the community for various purposes consistent with public interest and individual treatment needs.
- NN. **TRANSITION FROM RESTRICTIVE PLACEMENT (TRP):** A form of court supervision in which the county reassumes jurisdiction after a youth is released from DYS.

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- OO. TREATMENT CASE PLAN: The documents that list the treatment goals and objectives that a youth must meet through completion of interventions in order to be released from confinement, consisting of an Individual Growth Plan (IGP) and an Individual Aftercare Plan (IAP).
- PP. TREATMENT REVIEW TEAM: The group of staff persons assigned to a youth who will assist in the development and review of a youth’s progress through the Youth Case Management phase and level system.
- QQ. YOUTH: A juvenile adjudicated to a department of correction (federal, state, or local) and housed or supervised in a facility either operated by the department of correction or with which the department of correction has a contract, including a juvenile under parole supervision; under probation supervision following a commitment to a department of correction; in a minimum-security assignment, including an assignment to a community transition program.
- RR. YOUTH INCARCERATED AS ADULT (YIA): Those offenders under the age of eighteen (18) years who have been committed as adults to the Department of Correction for the commission of a felony offense and who have been designated as such for the purpose of providing special programming as required by Indiana Code 11-8-2-5(a)(8).

IV. TREATMENT CASE PLANNING PROCESS:

A. Assignment of Treatment Staff

Within 24 hours of arriving at the receiving Treatment Unit/Facility, youth shall be assigned to a Treatment Department staff member. This individual shall be responsible for coordinating treatment case planning and all other treatment and Case Management processes for the assigned youth. This includes but is not limited to acting as the staff contact person for the youth, meeting with him/her, responding to the youth’s concerns and questions, serving as a liaison between the assigned youth and other staff/stakeholders, preparing/updating all necessary paperwork for treatment review team meetings, addressing treatment and case management needs, and assisting with administrative reviews for assigned youth. This assignment shall be created in CCMS or other, approved electronic record.

B. File Review:

The assigned treatment staff shall conduct a thorough file review of the youth’s institutional packet, medical packet, and electronic files created during the intake

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process in accordance with Policy and Administrative Procedure, 03-02-104, “Youth Classification,” concluding with a review of the “Intake Assessment Report” (IAR). The IAR summarizes the information, findings, results, and recommendations of the intake process. The assigned treatment staff shall utilize the information from the IAR to aid in the development of the youth’s treatment case plan.

In addition, designated staff shall maintain the Institutional Packet to ensure it complies with Policy and Administrative Procedure 01-04-104 “The Establishment, Maintenance and Disposition of Offender Records.” The assigned treatment staff shall document monthly compliance reviews of the Institutional Packet on the “Monthly Review Sign-In Sheet” (Attachment 1).

C. Youth Interview:

Each youth shall be interviewed by their assigned treatment staff during the treatment case planning process. This interview shall be conducted in a manner to answer questions and aid in the development of the youth’s treatment case plan.

Also, during this process, the youth shall also prepare responses to the “Guidelines for Initial Treatment Review” (Attachment 2). The assigned treatment staff shall assist youth in completing the form, or it can be part of the youth interview process. Youth shall present their responses to the treatment review team during their initial treatment review meeting.

In addition, the assigned treatment staff may also provide youth with interventions that further assess their criminogenic needs, the driver of those needs, and their motivation to change. Interventions may also address a youth’s strengths, protective factors, and responsivity factors that affect how they may respond to treatment. Assigned treatment staff shall meet with youth to process these interventions in additional sessions prior to the initial treatment review meeting. In this way, each youth can collaborate in the design of their treatment case plan.

A copy of the Intake Youth Questionnaire, Guidelines for Initial Treatment Review, and any other interventions completed by the youth shall be scanned into the IRIS system and filed in Section III of the youth’s institutional packet.

D. Family Interview:

Each youth’s family shall be interviewed by their youth’s assigned treatment staff during the treatment case planning process. The family interview shall be

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conducted in a manner to answer questions and to aid in the development of the youth’s treatment case plan.

Prior to conducting this interview, the assigned treatment staff shall review all contacts made and interviews conducted with the youth’s family during the intake process. This review must also confirm that the Intake Family Questionnaire (IFQ) was completed during the intake process in accordance with Policy and Administrative Procedure, 03-02-104, “Youth Classification.” If the IFQ was not able to be completed, the assigned treatment staff at the receiving Treatment Unit/Facility shall be responsible for its completion.

If completed at the receiving Treatment Unit/Facility, a copy of the IFQ shall be scanned into the IRIS system and filed in Section III of the youth’s institutional packet.

E. Developing a Youth’s Treatment Case Plan:

During the treatment case planning process, the assigned treatment staff shall develop the youth’s treatment case plan, which includes the initial “Individual Growth Plan” (IGP) (Attachment 3) and initial “Individual Aftercare Plan” (IAP) (Attachment 4). The assigned treatment staff shall also establish an initial Projected Program Completion Date (PPCD) indicating when a youth could be expected to complete the goals of their treatment case plan.

1. The initial IGP and IAP are standardized documents completed in CCMS or other, approved electronic record:
 - a. The IGP and IAP are first developed from the assigned treatment staff’s file review, completed interviews, and analysis of the assessment results, other collateral evidence, and treatment recommendations from the IAR.
 - b. However, to develop the IGP and IAP fully, the assigned treatment staff shall also collaborate with and receive input from multiple stakeholders, including but not limited to the youth; parent/guardian; facility Program Directors, Classification Committee, medical, mental health, education, custody, and recreation, and releasing authority staff members; the court; community supervision officers, human services providers (public and/or private), victims (as appropriate), neighborhood and community organizations, and educational resource providers. Participation by external stakeholders may occur via the telephone or

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videoconferencing.

c. Collaboration shall also include multidisciplinary teams meeting regularly to review each newly arrived youth and then plan their initial treatment programs assignments and order of delivery, as well as meeting as needed to revise the initial plans:

- a) Multidisciplinary teams shall be composed of designated Administration, Treatment, Education, and Custody Department staff, mental health professionals, and/or other designated staff as needed.
- b) When meeting about newly arrived youth, multidisciplinary teams shall review and discuss in more detail the IAR and the specific screenings, assessments, and interviews completed during the intake process. The purpose of these meetings shall be to determine if any of a youth’s responsivity factors; e.g., mental health needs, learning styles, cognitive functioning, and any other of the youth’s unique characteristics, etc., impact the development of a youth’s treatment case plan.

Impacts include but are not limited to what goals shall be set for the youth, what interventions shall be initially selected, what timelines for completion are appropriate, what accommodations may be made, which treatment programs will be recommended for the youth, what order those interventions/programs will be delivered to the youth, and the length of stay required to complete this plan.

- c) Members of the multidisciplinary team may request to revisit and revise a youth’s initial plans based upon a youth’s progress and/or emerging needs and behaviors.
- d) Team members shall ensure that the results of these meetings are communicated to the assigned treatment staff and any other designated staff involved in scheduling youth in or providing youth programming.

2. A youth’s initial Projected Program Completion Date (PPCD) is also determined during the treatment case planning process – if the youth is committed under an indeterminate sentence:

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- a. Initial PPCDs selected for these youth shall reflect the results of multidisciplinary team meetings, as well as other established guidelines.
 - b. Initial PPCDs do not apply to youth with other types of sentences, as their PPCD and length of stay is based upon guidelines for those sentences.
3. The completed initial IGP, IAP, and PPCD are formally shared with the youth at the initial treatment review. However, although established during the treatment case planning process, the IGP, IAP, and PPCD do not remain static. They are all continually updated during the youth’s confinement and may continue to be updated after a youth’s release by community supervision providers.

V. INDIVIDUAL GROWTH PLAN (IGP):

The IGP specifies how the criminogenic needs and other treatment recommendations identified in the IAR will be addressed. The IGP establishes treatment goals and objectives that a youth must successfully meet. The IGP also outlines how youth will be matched, throughout their commitment, to the appropriate amount and intensity of interventions, especially assigned treatment programs and services. These interventions are how youth shall meet their goals and objectives and prepare for successful Re-Entry into the community. These interventions may be adjusted in the IGP throughout a youth’s commitment based on a youth’s progress or lack thereof. Finally, the IGP identifies any non-criminogenic needs and/or responsivity factors that should be addressed to remove any potential barriers to a youth’s success in treatment. Supporting collateral evidence to justify each need shall be listed.

A. Establishing Goals in the IGP:

IGP’s establish clear and measurable goals for each criminogenic need that shall be achieved prior to the youth’s release. These goals assist the youth in reducing their risk for re-offending by promoting youth accountability, beliefs that foster responsible community living, and competency development. These goals also ask youth to plan for Re-Entry into society as a positive, productive citizen by having them identify, develop, and support their strengths as well as other positive, pro-social alternatives.

B. Establishing Objectives for Each IGP Goal:

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Objectives shall be established for each IGP goal. Objectives are short-term, specific, reasonable, and measurable steps that assist youth in achieving a goal. Objectives are tied to the Youth Case Management’s phase and level system to assist youth in meeting reasonable expectations and achieving step-by-step benchmarks over shorter periods of time. Objectives also enable youth and staff to closely track progress incrementally through the phase and level system.

C. Establishing Interventions for Each Objective:

As youth progress through the phase and level system, assigned treatment staff shall create and assign interventions for each objective. Interventions are the specific actions that a youth must take to meet an objective. Interventions are dynamic in that they are added, revised, or considered completed based upon a youth’s progress, or lack thereof. Initial interventions are documented as part of the IGP in CCMS or other, approved electronic record. The assigned Treatment staff shall ensure that all initial interventions are given an assigned date in CCMS or other, approved electronic record.

The appropriate amount and intensity of interventions shall be matched to youth, throughout their commitment. Interventions shall include matching youth to treatment programs and services and organizing when and how they will be delivered. Assigned treatment staff, in accordance with Policy and Administrative Procedure, 03-02-104, “Youth Classification,” shall ensure that initial interventions reflect initial classification decisions regarding the delivery of programs and services. Assigned treatment staff shall also ensure that initial interventions reflect the results of multidisciplinary meetings conducted at the receiving Treatment Unit/Facility about newly arrived youth.

Interventions are dynamic in that they may be added, revised, discontinued, or recorded as complete based upon a youth’s progress, or lack thereof, throughout the Youth Case Management phase and level system. Changes in interventions also occur due to changes in the delivery of programs and services, as well as changes in the youth’s status; e.g., being classified to the Making a Change (MAC) Program in accordance with Policy and Administrative Procedure, 03-02-104, “Youth Classification.”

1. There are two categories of interventions:
 - a. Criminogenic Need: These interventions are the central focus of treatment because youth examine the static and dynamic risk factors that have contributed to their criminal behavior. Youth then learn and practice pro-social solutions, strategies, and skills to reduce dynamic risk factors; meet their needs in pro-social ways; maximize strengths; promote positive

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change; and increase their chance for future success after release. Like objectives, criminogenic need interventions are tied to the to the phase and level system of the Youth Case Management process, as they are the main way in which youth meet the objectives and show progress.

- b. Facility Behavior: These interventions tie a youth’s behaviors to their risk factors, criminogenic needs, and levels. They are designed to increase a youth’s use of pro-social skills and alternatives, as well as provide youth with increased levels of responsibility and independence.
2. Both categories of interventions may be assigned utilizing three (3) types of formats: Written, action, and verbal. The type(s) selected shall be matched to each youth’s responsivity needs. Youth are expected to make a good faith effort in working on and completing each type assigned:
- a. Written: Youth are expected to complete written assignments, including but not limited to: Cognitive-behavioral guides, skills practice, and exercises; pro-social skills exercises; journals; essays; reports; summaries of progress in treatment and other programming/services; behavior and skill logs; tracking forms; and Re-Entry, relapse prevention, or behavior plans and contracts; etc.
 - b. Action: Youth are expected to take action(s) within a particular time frame, or maintain consistent action(s) over a required period of time:
 - 1) Action interventions may include but are not limited to:
 - a) Attending, participating, completing all work, and meeting required benchmarks in assigned facility programming and services;
 - b) Engaging in role plays and other skills practice and modeling assigned individually or in group;
 - c) Applying, practicing, and tracking use of cognitive-behavioral and other pro-social skills in the facility;
 - d) Decreasing problematic facility behavior and increasing role model facility behavior; and,

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- e) Sharing and revising Re-Entry, relapse prevention, and/or behavior plans with stakeholders to repair relationships and improve Re-Entry and reintegration success.
- 2) Action interventions are all time-based in order to:
- a) Provide youth and the treatment review team concrete due dates for action(s);
 - b) Allow incremental check-ins on youth progress by the treatment review team;
 - c) Help youth prove that they are able and willing to make and maintain action(s) over longer periods of time, demonstrating an ability and commitment to change and the internalization of pro-social habits;
 - d) Enable the treatment review team to require that higher risk youth show consistency and commitment over longer periods of time than lower risk youth; and,
 - e) Enable treatment review teams to raise expectations and requirements at each level for all youth.
- c. Verbal: Youth are expected to verbally present and process assignments, including but not limited to: Reporting out on progress; summarizing concepts and skills learned in programs and other interventions to demonstrate internalization; processing decisions, choices, facility behaviors, and use of pro-social alternatives, etc. Also, verbal interventions may also substitute for written ones for youth whose responsivity issues justify the substitution.

D. Treatment Modalities:

Treatment services are delivered by designated staff via a menu of eight (8) treatment modalities, or methods/techniques:

1. Face-to-Face Individual Counseling: Used to address those treatment issues requiring more individual attention, including but not limited to addressing a youth's exceptional learning needs; assigning, processing, and evaluating a youth's interventions; assisting youth in applying skills and concepts learned in

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cognitive-behavioral and other treatment programming; teaching and practicing pro-social skills with the youth; developing change and Re-Entry plans; processing youth behavior issues; and developing, discussing, and evaluating youth behavior contracts, etc.

2. Individual Case Management: Includes any contact with the youth or on behalf of the youth to fulfill any other case management needs. This includes, but not limited to completing paperwork on behalf of youth, preparing for treatment team reviews, attaining approved placement, managing youth’s needs in the facility, and answering youth requests for interview, etc.
3. Cognitive Behavioral Education Programs: Focused on educating youth through cognitive-behavioral instruction and skills practice that target specific criminogenic needs (e.g., anti-social thinking, anti-social beliefs/values, anti-social peer association, substance abuse, etc.) and specific skills needed to address criminogenic needs (e.g., decision-making; problem-solving; peer selection and management; pro-social coping techniques; moral reconation; and victim awareness).
4. Group Therapy: Advanced cognitive behavioral programming and skills training facilitated by trained mental health professionals and/or addiction recovery specialists.
5. Individual Therapy with Medication Management: Utilized by assigned mental health professionals to address youth’s identified mental health needs.
6. Behavior Management Program: Each facility shall utilize a behavior management program that specifies how youth can earn daily and weekly points through positive behavior and program participation. Youth are expected to apply skills from programs and services to improve their behavior and earn points as required to progress through the level system.
7. Specialty Units: Help immerse youth in targeted need programs. Some specialty unit programs are designed to help youth focus on more intensive interventions with a treatment community approach.
8. Family Engagement is strongly recommended throughout a youth’s commitment and has four (4) components:

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- a. Family Contact: When the assigned treatment staff works on general case management issues, including but not limited to visitation approval, phone/trust fund issues, processing youth behavior issues, etc.;
- b. Family Participation in Treatment: When the assigned treatment staff involves the family in the planning, implementation, and review of youth’s treatment. Minimally, contact shall be made with the youth’s legal guardian/family prior to the end of each level or following a treatment review team meeting (if legal guardian/family unable to participate) to update them on youth’s progress to date and any aftercare planning needed.
- c. Family Case Management: When the assigned treatment staff is required to assign, process, and evaluate interventions with youth and family over the course of each level to facilitate family reintegration.
- d. Family Therapy: Conducted by a youth’s mental health professional.

VI. INDIVIDUAL AFTERCARE PLAN (IAP):

The IAP identifies a youth’s aftercare needs that will require services and other supports to assist youth in successful Re-Entry and reintegration into society. These aftercare needs include: Placement, Mental Health, Substance Abuse, Medical, Education, Employment/Vocational, Family, and Leisure Time.

IAP’s shall organize and strengthen Re-Entry efforts between the youth and their stakeholders, such as their family, field staff, community service providers, and aftercare supports. Therefore, IAP’s shall be written with clear and measurable instructions, including scheduled aftercare appointments that must be finalized prior to the youth’s release from the facility. The IAP shall also assist a youth in planning for Re-Entry into society as a positive, productive citizen by having him/her identify, develop, and support their strengths and other positive, pro-social alternatives.

IAPs should be altered as new needs, goals, recommendations, and/or stipulations are identified, culminating in a finalized list of appointments for aftercare services and other supports.

VII. INITIAL PROJECTED PROGRAM COMPLETION DATE (PPCD):

A youth’s initial PPCD is determined during the treatment case planning process. The PPCD is the estimated time it should take a youth with an indeterminate sentence to complete the goals of their treatment case plan. This estimated date also encompasses the

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time typically needed for a youth to complete the number, intensity, and delivery order of facility programming and services assigned to him/her in the treatment case plan.

The PPCD provides youth with a target date to keep them focused on their goals and to track their progress in completing their assigned programming and services. However, the PPCD is dynamic as it may change positively or negatively depending upon a youth's progress, or lack thereof.

During the treatment case planning process, the assigned treatment staff shall determine the initial PPCD for each youth. The initial PPCD starts from the day of the youth's arrival at the receiving facility. Time spent at the Intake Unit shall not be counted. The first step in calculating an initial PPCD is to determine the youth's type of sentence:

- A. If the youth is committed under a determinate sentence, an alternative sentence, or as a Youth Incarcerated as an Adult (YIA), then the PPCD is the date of release ordered by the court and/or in accordance with guidelines outlined in AP 01-04-102, "Classification Assignments for Youth Incarcerated as Adults and Alternatively Sentenced Youth."
- B. If the youth has an indeterminate sentence, an initial PPCD must be determined using the following guidelines:
 1. A timeframe range is selected in accordance with the youth's overall risk level, as determined by the IYAS Residential Risk Assessment tool, completed during the intake process in accordance with Policy and Administrative Procedure, 03-02-104, "Youth Classification."
 - a. 6-8 months for Low Risk;
 - b. 9-11 months for Moderate Risk; and,
 - c. 12-14 months for High Risk.
 2. A specific initial PPCD shall be selected from within the range utilizing factors listed in the "PPCD Decision Tree" (Attachment 5), which will include, but not limited to:
 - a. Commitment Status (new commitment, recommitment, parole violator);
 - b. Committing Offense(s);
 - c. Offense History;

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- d. Court recommendations, especially programming and length of stay;
- e. The youth’s current release status back into the community; e.g., parole, probation, Transition from Restrictive Placement (TRP), Community Transition Program (CTP), discharge, etc.;
- f. Intake Assessment Report results and recommendations, especially level of IYAS domains and prioritized criminogenic needs;
- g. Multidisciplinary team meeting results and recommendations, including:
 - 1) Responsivity factors and ways in which they will be accommodated and/or addressed; and/or,
 - 2) Recommended scheduling order and length of time needed to complete assigned programs and services;
- h. Individual Growth Plan goals, objectives, and interventions; and,
- i. Individual Aftercare Plan needs.

VIII. INITIAL TREATMENT REVIEW MEETING:

The treatment case planning process concludes with the initial treatment review meeting and promotion of a youth to the Growth Phase of the Youth Case Management process. Initial treatment review meetings shall be held 15 days after a youth’s arrival at their Treatment Unit/Facility. Designated treatment staff are required to make every effort to contact each youth’s family to invite them to participate in person, by phone, or by other electronic means in the Initial Treatment Team. This meeting may be conducted up to 5 days earlier with approval of the Program Director 1, or designee, to accommodate the needs of the youth, the youth’s family, the assigned treatment staff, the treatment review team members, the facility, and/or other stakeholders.

At the initial treatment review meeting, each youth shall present their responses to the Guidelines for Initial Treatment Review. The assigned treatment staff, and any treatment review team members who are able to attend, shall review the youth’s presentation and ask any follow-up questions. Next, the initial IGP, interventions, IAP, and PPCD are reviewed with the youth. The assigned treatment staff shall also ensure that the youth understands their commitment status, sentence type, release status, and placement concerns that require

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Family Case Management. The assigned treatment staff shall also provide the youth copies of and then review the youth’s initial interventions, including a schedule and descriptions of their assigned treatment programming/services or other treatment modalities, as well as any materials needed to complete the interventions, such as worksheets, logs, etc.

The youth and assigned treatment staff shall begin a Release Portfolio at the conclusion of the initial treatment review. Copies of all initial treatment review meeting documents shall be placed in the portfolio, along with any pertinent documents from the treatment case planning process. Release Portfolios shall maintained on-site until the day of the youth’s release.

At the conclusion of the initial treatment review, youth are promoted to Growth Level 1.

(Note: A youth cannot be continued on or returned to the treatment case planning process.)

All documents utilized in the initial treatment review meeting shall be scanned into the IRIS system and then filed in Section III of the youth’s institutional packet. Finally, the youth’s level and initial PPCD shall be entered by designated staff into a tracking spreadsheet stored on the facility’s shared drive.

IX. PHASE AND LEVEL SYSTEM:

The Youth Case Management process is divided into a system of three phases of treatment: Growth, Re-Entry, and Release. Some phases are further divided into levels, which allows youth and the treatment review team to meet and measure progress in smaller increments. Each phase and its levels have a primary purpose based upon “The Stages of Change,” a psychological model of behavior change that proposes that lasting behavior change generally proceeds through a series of stages. The levels are, therefore, designed to help youth move through each of the stages of change.

The primary purpose of each level also defines a range of expectations and benchmarks needed to be met by youth to move him/her through each stage of change. These expectations and benchmarks are individualized to each youth’s specific risk, need, and responsivity factors through their individualized interventions. In this way, the stages of change are built into the youth’s treatment case plan, and progress through them equals progress through the phase and level system of the Youth Case Management process.

Like the stages of change, each subsequent level builds upon the last. Therefore, it is expected that, as youth advance through each level, they shall make, manage, and maintain lasting change. They are also expected to increase their accountability, gain beliefs that

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foster responsible community living, and achieve competency development, especially in learning and utilizing positive, pro-social skills, abilities, and alternatives. Each subsequent level also provides youth with increased responsibility and independence.

To track their progress through each level, youth are given a “Self-Assessment for Formal Treatment Team” (Attachment 6). Youth work on and receive assistance and feedback for completing the Self-Assessment during the review period. Youth then present it as collateral evidence at formal treatment review for that level. After promotion to each new level, assigned treatment staff shall give youth a new Self-Assessment to complete.

A. Growth Phase:

Growth Phase is the first phase of the Youth Case Management process. This phase focuses on youth working on the goals, objectives, and interventions of their IGP. Most programs and services are also completed during this phase. Growth Phase consists of four (4) levels that the youth must progress through successfully:

1. The primary purpose of Growth Level 1 is for youth to acknowledge and accept responsibility for the challenges, problem areas, needs, behaviors, and other dynamic risk factors that have contributed to their past and future criminal behavior. Interventions during Level 1 shall focus on increasing youth acknowledgement and accountability through education about their criminogenic needs as well as pro-social alternatives. Therefore, Growth Level 1 helps youth move from precontemplation (not thinking about change) to initial contemplation (thinking about change) in the stages of change.
2. The primary purpose of Growth Level 2 is to promote youth understanding of the challenges, problem areas, and needs in their lives. Growth Level 2 helps youth understand the origin and development of their own patterns of anti-social beliefs, thoughts, feelings, and behaviors. Youth also gain an understanding of the effect of their decisions on others, such as their family, school, community, their own future goals, etc. Youth build upon their Level 1 education and acknowledgement by developing an understanding of the reasons for their behavior and the needs they are attempting to meet through negative behavior. Youth will also learn to understand the need for change, how to find pro-social solutions for problems, and how to use alternative, pro-social coping techniques and skills. Youth will engage in activities that encourage them in the development of empathy for those they have harmed (victim or victims) and to consider what amends they can make. Youth will understand strategies for developing internal motivation,

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self-reliance, self-discipline, and resiliency. Therefore, Growth Level 2 helps youth move to further contemplation (deeply thinking about change) to preparation (understanding what needs to change and exploring how to change) in the stages of change.

3. The primary purpose of Growth Level 3 is to provide youth opportunities to apply the knowledge and skills they learned through programming and individual interventions. Growth Level 3 is marked by youth developing and practicing these skills with staff in a structured environment with constructive feedback and instruction. Growth Level 3 builds upon Growth Levels 1 and 2 by having youth try to practice positive change and meet their needs through more pro-social means. Therefore, Growth Level 3 helps youth move to action (changing the behavior) in the stages of change.

4. The primary purpose of Growth Level 4 is to provide youth opportunities to demonstrate their enhanced pro-social skills within the facility. This affords youth opportunities to be able to generalize their treatment gains to different environments (e.g., classroom, living units, and recreation). Additionally, this begins to prepare youth for adapting these skills to “real life” situations. Growth Level 4 shall also be used for youth to begin preparing pro-social Re-Entry and relapse prevention plans. These plans shall help youth reduce their risk of recidivism, meet their needs, and maintain positive change, growth, and success after release. Plans also will identify negative behaviors that youth may revert to in new, stressful, or triggering situations and identify the plans for preventing this from occurring. Therefore, Growth Level 4 helps youth evaluate the action taken to change behavior, make adaptations as needed, and move to supporting the progress they have made in the stages of change.

B. Re-Entry Phase:

Re-Entry Phase is the second phase of the Youth Case Management process, and it consists of one level. The primary purpose of Re-Entry Phase/Level is to provide youth further opportunities to build upon the skills learned and progress made during the Growth Phase and to plan for Re-Entry to the community:

1. Therefore, youth switch their focus from the IGP to completing their IAP, including adding needed appointments with aftercare programs, supports, and services. In addition, youth focus on completing program-based Re-Entry, relapse prevention, and family reintegration plans. Finally, youth focus on completing their Release Portfolio.

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2. Youth must maintain the goals they met in the IGP, as they are expected to maintain the highest level of role model behaviors and utilization of pro-social skills and alternatives.

3. Youth also complete restorative justice projects within the facility through service to the facility, such as mentoring, tutoring, being a teacher or program assistant, volunteering for work details, participating in facility community service projects, etc. These projects provide youth an opportunity to take responsibility for their actions and make restitution.

4. In accordance with Policy and Administrative Procedure 03-02-114, “Youth Temporary Leaves,” youth may be eligible to complete Re-Entry Phase/Level interventions in the community on a temporary leave from the program or facility. Goals and objectives for temporary leaves shall be set by a youth’s assigned treatment staff as part of their Re-Entry Phase/Level interventions. These include but are not limited to:
 - a. Family engagement and reintegration.
 - b. Testing and revising Re-Entry, relapse prevention, and reintegration plans.
 - c. Obtaining applications for employment.
 - d. Completing external restorative justice projects, including victim mediation and restitution (if available).
 - e. Attending or arranging to attend:
 - 1) A public school.
 - 2) Academic or vocational/employment training programs or institutions.
 - 3) An interview for potential employment
 - 4) Medical, psychiatric, or psychological services, including treatment programming and support services for addiction-recovery needs.

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- 5) Restorative justice and other community service projects and events.
 - 6) Religious and volunteer services.
 - 7) Leisure time activities.
 - 8) Other purposes consistent with public interest and individual treatment needs.
- f. Participating in escorted and unescorted day leaves into the community surrounding the Treatment Unit/Facility for completion of restorative justice and other service projects as well as facility-sponsored activities under supervision of facility staff.
5. Therefore, Re-Entry Phase helps youth move to Maintenance (committing to and upholding the behavior change) in the stages of change.

C. Release Phase:

Release Phase is the third phase of the Youth Case Management process, and it consists of one (1) level. The primary purpose of Release Phase/Level is to finalize all paperwork and prepare the youth for the actual day of release, especially finalization of the IAP and the Release Portfolio. Youth’s aftercare plans are shared with and signed off on by the youth’s legal guardian/approved placement person on the day of release. Youth are still expected to maintain the highest level of role model behaviors and utilization of pro-social skills and alternatives up to the day of their release. Therefore, Release Phase helps youth make the claim and support that they have reached Termination (when the behavior change has become habit) in the stages of change. Release Phase helps youth become ready to return to home, school/work, and community as positive, productive, and law-abiding citizens because they have internalized pro-social habits.

X. TREATMENT REVIEW TEAM COMPOSITION:

A youth’s progress through all phases and their levels is regularly evaluated by their assigned treatment review team in both formal and informal treatment review meetings. The treatment review team is typically composed of the youth’s assigned treatment staff who acts as the review chair, an education/program staff, and a custody representative when available. All treatment review team members are required to attend all formal

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treatment reviews, or to send a designee, but informal reviews may be conducted without the whole team present.

Each facility shall also make every effort to involve youth guardian(s)/families in treatment reviews. Additional staff may attend treatment reviews. However, they are not considered voting members. Staff who cannot attend are encouraged to submit progress reports for each youth, with whom they regularly interact, to the youth's team members.

If a youth is re-assigned to another treatment staff member, the new staff member's team is now assigned to that youth. The former assigned treatment staff member is required to provide a brief verbal or written summary about the youth to the new team, as directed by the facility Program Director 1, or designee. Treatment review team membership shall be maintained by the facility Program Director 1 or designee.

XI. CONDUCTING A FORMAL TREATMENT REVIEW:

To review a youth's progress regularly and consistently through the phase and level system of the Youth Case Management process, youth are reviewed at least monthly. This meeting is considered a youth's formal treatment review, so the treatment review team members must be present. Formal treatment reviews will be conducted on the facility's designated treatment review day. A youth who is in separation at the time of their scheduled formal review shall be seen in a secure location within the separation unit.

- A. During a formal treatment review, youth will present their completed Self-Assessment and any other assigned treatment interventions not already marked as completed. Next, youth and team members shall discuss youth's progress and present collateral evidence.
- B. The team evaluates the collateral evidence prior to voting. To be promoted to the next level, the youth should make a good faith effort in meeting level-based expectations, which can include but is not limited to:
 - 1. Ability to describe individual needs and the purpose of the level.
 - 2. Completion of all assigned criminogenic interventions, including making a good faith effort in all:
 - a. Assigned treatment programming;
 - b. Facility services;

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- c. Education goals, such as improved grades, earning credits, and/or earning a TASC; and/or,
 - d. Any other treatment modalities assigned.
 - 3. Completion of all assigned behavior interventions, including:
 - a. Earning the percentage of school and unit points assigned during this review period;
 - b. Taking responsibility for the actions which led to any disciplinary paperwork and completing all disciplinary responses; and,
 - c. Displaying a good faith effort in utilizing pro-social skills/abilities and handling increasing levels of responsibility and independence.
- C. After discussing and evaluating the collateral evidence, the treatment review team members shall vote on the formal treatment review outcome:
 - 1. Votes shall be cast for one of three categories:
 - a. Promotion: Indicates that a youth has met all objectives for the current level of their Individual Growth Plan and is ready to advance to the next Growth Level, or a youth has met all objectives of the Re-Entry or Release Phase.
 - b. Continuation: Indicates that a youth needs to continue their work at the current Growth Level, Re-Entry Phase, or Release Phase. This may indicate that a youth is progressing but simply needs more, consistent work at the current level. However, a continuation vote may also indicate that a youth is not progressing as expected.
 - c. Return: Indicates that a youth is not making progress toward current level treatment objectives. This vote indicates that a youth should return to a lower growth level to review and improve skills. However:
 - 1) A youth may only be returned to one level lower than their current level.
 - 2) A return vote shall not apply during Growth Level 1.

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- 3) A return from Re-Entry Phase/Level is to Growth Level 4.
 - 4) A return from Release Phase/Level is to Re-Entry Phase/Level.
2. Based upon the results of the vote, the treatment review team shall adjust the youth's PPCD as needed:
 - a. If a youth is promoted, then the PPCD shall remain the same, or may be reduced for the youth making exemplary progress in level expectations.
 - b. If a youth is continued, then the PPCD shall be extended, as the youth needs more time to complete the level.
 - c. If a youth is returned, then the PPCD shall be extended further to accommodate the youth needing more time to return to and complete the previous level.
 3. The treatment review team is expected to come to a unanimous vote regarding the results of the formal treatment review and the amount of PPCD adjustment needed. If unable to come to a consensus, the team shall temporarily suspend the review. Within one (1) business day of the review, the team shall schedule a meeting with the Program Director 1, or designee, to discuss the review.
 - a. After the discussion, the Program Director 1, or designee, shall determine the review outcome. The youth's assigned treatment staff shall meet with the youth within one business day of review outcome decision to report the decision and complete the review.
 - b. If needed, the facility Program Director 1, or designee, may consult with the Warden or the Program Director DYS for guidance.
 - D. The last step of the formal treatment review is to establish a plan for the next review, including but not limited to:
 1. Determining if any goals or objectives need to be changed in the IGP;

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2. Adding, continuing, revising, and/or resolving treatment interventions, including programs, services, or other treatment modalities;
3. Adjusting any needs in the IAP; and,
4. Setting up dates for the next formal and informal reviews.

XII. CONDUCTING AN INFORMAL TREATMENT REVIEW:

Informal treatment reviews are those in which a youth is not eligible for a level/phase promotion. Therefore, informal reviews may be conducted without the treatment review team present. Informal reviews may be conducted on a separate day from the facility's designated treatment review day. A youth who is in separation at the time of their scheduled informal review shall be seen in a secure location within the separation unit.

- A. All youth shall have at least one informal treatment review on each level so that assigned treatment staff and/or other members of the treatment review team in attendance may:
 1. Discuss a youth's progress and assist youth with completing interventions, including the review and revision of the youth's Self-Assessment.
 2. Have youth present both criminogenic need and facility behavior interventions for review. Interventions may be returned to the youth for revision, or they may be marked as complete and saved for the formal treatment review. However, time-based action interventions may not be marked as complete until the assigned time frame has elapsed.
 3. Depending upon progress of the youth as well as due to changing or emerging needs, situations, circumstances, and/or behaviors of the youth:
 - a. All current interventions may be revised in purpose, content, or duration of time frames;
 - b. New interventions of both types may be added; and,
 - c. Treatment modalities, such as programs or services, may also be added/assigned, changed, or marked as complete.
- B. The outcome for all informal treatment reviews is "Continuation," as the youth is continuing to work towards their next formal treatment review. However, an

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informal treatment review can be made into a formal treatment review in the following situations:

1. In accordance with Policy and Administrative Procedure 03-02-101, “Code of Conduct for Youths,” if a change in status review is selected as a Class A Major Violation Disciplinary Response, and the status review results in an extension of the youth’s PPCD;
2. In accordance with Policy and Administrative Procedure 03-02-101, “The Use of Separation in the Division of Youth Services Facilities,” when a youth has successfully completed a Making a Change (MAC) Program and has been making exemplary progress since completion;
3. The youth has officially earned a PPCD reduction due to exemplary progress; or,
4. The youth’s lack of progress is so severe that a “Return” in level is justified sooner than the date of the next formal treatment review.

XIII. DOCUMENTING TREATMENT REVIEWS:

For all treatment review teams, a weekly “Treatment Team Agenda” may be generated in CCMS and a copy distributed to designated staff as needed or requested. For all initial, informal, and formal treatment reviews, a “Plan Review” (Attachment 7) shall be generated in CCMS, or other, approved electronic record.

A. The “Plan Review” serves as a summary of the treatment review:

1. For initial treatment reviews, the assigned treatment staff shall summarize the youth’s legal history; relevant personal history; and the youth’s initial needs, goals, interventions, and PPCD. The assigned treatment staff shall also record a “Promotion” to Growth Level 1, as a youth cannot be continued on or returned to the treatment case planning process. The assigned treatment staff shall also record the initial PPCD and the date of the next review.
2. For informal treatment reviews, the assigned treatment staff shall summarize the youth’s progress and the assistance provided to youth for completion, revision, and/or addition of interventions. The assigned treatment staff shall also record the “Continuation” outcome, the PPCD, and the date of the next review. If an informal review is changed into a formal

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treatment review, then the assigned treatment staff shall first document the justification for the change in the summary of the review, and then continue using the format for the formal treatment review summary, as described next.

3. For formal treatment reviews, the assigned treatment shall provide a detailed record of the youth's Self-Assessment; collateral evidence presented by the youth and team members; evaluation and discussion of all evidence; vote outcome; the decision made; the impact on the youth's PPCD; and the date of the next review. The Plan Review must also provide a justification summary for the treatment review team's decision.
- B. When interventions are reviewed and deemed completed, new interventions shall be assigned. When needed, interventions shall be revised. Then, the assigned treatment staff shall update interventions in CCMS or other, approved electronic record:
1. The assigned treatment staff shall enter an end date to indicate an intervention has been completed successfully, and/or enter a start date for all new/revised interventions. In this way, the Plan Review will reflect all intervention updates when printed out, scanned, and filed.
 2. Youth shall receive a hard copy of all new and revised interventions, along with any materials needed to complete them, such as worksheets, logs, etc.
 3. Completed interventions shall be stored in the youth's Release Portfolio.
- C. Upon completion of each treatment review, the assigned treatment staff shall finalize the Plan Review. Finalizing shall include documenting the current or adjusted PPCD immediately following the justification for the treatment review decision. Once completed, the Plan Review is printed to obtain needed signatures.
- D. All Plan Reviews shall be signed by the youth and all treatment review team members present. Then they are copied and scanned into the IRIS system. The signed, original copy shall be filed in Section III of the youth's institutional packet. The assigned treatment staff shall provide a copy to the youth. Copies may also be placed in the youth's Release Portfolio if requested by the youth or deemed necessary by the team.

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- E. Next, the assigned treatment staff shall ensure that the youth’s adjusted PPCD is entered by designated staff into a tracking spreadsheet stored on the facility shared drive.

- F. Finally, the assigned treatment staff shall document contact hours involving an initial, formal, or informal treatment team review. The assigned treatment staff shall write an “Individual Counseling” progress note in CCMS or other, approved electronic record. This note shall record the date of the review and time spent on the review. The body of the note shall simply state that a formal or informal treatment team review was conducted and documented fully in the Plan Review of that same date.

- G. Upon completion of all treatment reviews for the week, “Treatment Team Minutes” may be generated in CCMS for each team as needed or upon request. Treatment Team Minutes summarize team members, all youth reviewed for that week by a specific team, progress of all youth, and the “Conclusion,” or results, of each review. Copies may be distributed to designated staff as needed or upon request.

XIV. ADMINISTRATIVE REVIEW COMMITTEE:

Each Treatment Unit/Facility shall maintain an Administrative Review Committee (ARC) comprised of the Warden or designee, and 3 administrative designees: One representing educational services, one representing therapeutic/treatment services, and one representing custody. Other members may be designated by the Warden.

At a minimum, ARC shall meet weekly with all youth eligible for Re-Entry and Release ARC, as well as any youth who require an Annual Review. The youth’s family shall be invited to attend and participate. Additional staff may attend at the discretion of the Warden, or designee.

Prior to each week’s ARC, designated staff shall schedule the date and time of ARC and create an agenda in CCMS. The agenda shall include all youth recommended for ARC for Re-Entry or ARC for Release, as well as any youth who require an Annual Review. Agendas shall be distributed to designated staff prior to each week’s meetings.

- A. Recommendation for Promotion to Re-Entry ARC:
 - 1. Youth are eligible for recommendation for promotion to Re-Entry ARC at the end of Growth Level 4 after receiving unanimous promotion votes from the treatment team.

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2. Once recommended, a youth prepares for meeting with Re-Entry ARC. The assigned treatment staff shall give the youth the “Guidelines for Youth’s Presentation to Re-Entry ARC” (Attachment 8). The youth or youth’s assigned treatment staff shall also bring the youth’s Release Portfolio in case it is needed.

3. The assigned treatment staff shall have one (1) week to compile and forward the appropriate paperwork to ARC, which shall include but is not limited to:
 - a. “Re-Entry Approval Checklist” (Attachment 9);
 - b. “Individual Growth Summary” (IGS) (Attachment 10), completed in and printed out from CCMS or other, approved electronic record;
 - c. Updated IAP;
 - d. IYAS Re-Entry Risk Assessment tool; and,
 - e. Any other collateral evidence that the assigned treatment staff determines is relevant.

B. RECOMMENDATION FOR PROMOTION TO RELEASE ARC:

1. Youth are eligible for recommendation for promotion to Release ARC at the end of Re-Entry Phase after receiving unanimous promotion votes from the treatment team.

2. Once recommended, the youth prepares for Release ARC meeting. The assigned treatment staff shall assist the youth in completing their Release Portfolio, which the youth shall present at the Release ARC meeting.

3. The assigned treatment staff shall have one week to compile and forward the appropriate paperwork to ARC, which shall include but is not limited to:
 - a. “Release Approval Checklist” (Attachment 11);
 - b. Updated IGS and IAP;

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- c. Copy of the completed IYAS Re-Entry Risk Assessment tool that was completed when youth went to Re-Entry ARC;
- d. Approved placement confirmation, if applicable; and,
- e. Any other collateral evidence that the assigned treatment staff determines is relevant.

B. ARC MEETINGS:

- 1. ARC meetings consist of a youth’s presentation, followed by ARC representatives conducting a file review of: The youth’s packet, all submitted ARC paperwork, and any other collateral evidence gathered by the assigned treatment staff and/or the ARC representatives themselves. ARC representatives may then discuss any follow-up questions, concerns, or comments they have prior to casting a vote.
- 2. ARC shall then unanimously cast one of 3 votes:
 - a. Approved: Indicates that the youth has met all the requirements to enter either Re-Entry or Release Phase/Level.
 - b. Denied: Indicates that ARC does not approve of the student progressing to Re-Entry or Release Phase/Level. ARC shall document specific reasons for the denial.
 - c. Defer/No Action: Indicates that ARC wishes to defer their decision or take no action this time, as additional time for information gathering is needed before an approved or denied decision can be rendered. ARC shall document the decision with a list of what information is needed.

D. ARC DOCUMENTATION:

ARC documentation is completed during and then summarized electronically following all ARC meetings.

- 1. During ARC meetings for youth recommended to Re-Entry or Release ARC, the Warden/designee shall document the decision, utilizing the “ARC Re-Entry Decision” (Attachment 12) or “ARC Release Decision” form (Attachment 13):

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- a. If ARC votes to approve, then the approval section is checked on the form.
 - b. If ARC votes to deny, then the appropriate section is checked, and the following information shall be documented on the form: Reasons for the decision, along with directions for the youth to follow or goals/interventions for the youth to complete.
 - c. If ARC votes to deny or defer/no action, then the appropriate section is checked, and the following information shall be documented on the form: Information that needs to be gathered by the youth and/or the assigned treatment staff. A date is then set for the youth to return to ARC.
2. ARC members shall then sign the applicable ARC Decision form.
 3. ARC meeting results shall also be documented in CCMS by assigned treatment staff, or designee. Copies may be distributed to designated staff as needed or by request.
 4. A copy of completed ARC paperwork and all documents utilized during the ARC meeting shall be scanned into the IRIS system. After scanning:
 - a. ARC for Re-Entry paperwork is then filed in Section III of the youth's institutional packet.
 - b. ARC for Release paperwork is then filed in Section V of the youth's institutional packet.
- E. ARC FOLLOW-UP:
- The assigned treatment staff shall follow up on the ARC results with youth.
1. Upon receiving an approval vote from ARC, the youth shall be promoted to Re-Entry or Release Phase. The youth's PPCD remains the same, as the youth remains on target. The assigned treatment staff shall then schedule regular formal and informal treatment review meetings for the youth on Re-Entry or Release Phase.

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2. Upon receiving a denial vote from ARC, the youth is considered still on Growth Level 4 if denied at ARC for Re-Entry, or still on Re-Entry Phase/Level if denied at ARC for Release. The youth’s treatment team shall schedule a formal treatment review the following week.
 - a. At that formal treatment review, the team shall:
 - 1) Examine the directions, goals, and/or interventions set by ARC and project how long it should take youth to complete the work;
 - 2) Vote to continue youth on Growth Level 4 or Re-Entry Phase;
 - 3) Set dates for the next informal and formal treatment reviews; and,
 - 4) Extend the youth’s PPCD to accommodate the extra time on the level, as well as the time the youth will need to go through the recommendation to ARC for Re-Entry or Release process again.
 - b. The youth and treatment review team then conduct the informal and formal reviews as scheduled. If youth succeeds in completing ARC’s directions, goals, and/or interventions, then the youth may be promoted to recommendation to ARC for Re-Entry or Release again. If not, youth may be continued or even returned following the guidelines for conducting informal and formal reviews. Documentation follows the guidelines for conducting informal reviews, formal reviews, and making recommendations to ARC.
3. Upon receiving a defer/no action vote from ARC, the youth shall remain in ARC eligibility status, but their PPCD shall be extended to accommodate the new ARC date. The assigned treatment staff shall work with youth to gather any information requested by ARC. All information gathered with or on behalf of the youth shall be documented in CCMS, or other approved electronic record and then submitted to ARC.

XV. ANNUAL REVIEWS:

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One year from the day of the youth’s arrival at the receiving Treatment Unit/Facility, they are required to have an Annual Review conducted by the Release ARC members that is independent of a youth’s treatment review:

- A. The youth’s assigned treatment staff is responsible for ensuring the youth’s Annual Review is scheduled and placed on the ARC Agenda as close to the one year date as possible.
- B. One week prior to the date of the scheduled Annual Review, the assigned treatment staff shall prepare and forward the appropriate paperwork to the Release ARC members, including:
 - 1. An “Individual Growth Summary” (IGS) (Attachment 10), completed in and printed out from CCMS or other, approved electronic record; and,
 - 2. Any other collateral evidence that the assigned Treatment staff determines is relevant.
- C. At the Annual Review, ARC representatives shall conduct a file review of the youth’s packet, submitted paperwork, and any other collateral evidence gathered by the assigned treatment staff and/or the ARC representatives themselves. ARC representatives may then discuss any follow-up questions, concerns, or comments they have.
- D. As a result of the Annual Review:
 - 1. A plan shall be developed to address any concerns, identify goals and timelines, and assign additional interventions, including programming.
 - 2. The plan shall be implemented by the youth and their assigned treatment staff as part of ongoing scheduled formal and informal treatment review meetings. However, ARC representatives may also monitor and evaluate the youth’s plan and progress as needed.
- E. Annual Reviews and their results shall be documented in CCMS by the assigned treatment staff, or designee. Copies may be distributed to designated staff as needed or by request.
- F. A copy of the completed Annual Review paperwork and all documents utilized during the Annual Review meeting shall be scanned into the IRIS system and filed in Section III of the youth’s institutional packet.

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XVI. DETERMINING AND OBTAINING PLACEMENT APPROVAL:

To obtain placement approval, it is critical that the assigned treatment staff determines and then confirms a youth's release and placement status as soon as possible after the youth's arrival at the receiving Treatment Unit/Facility.

- A. First, a youth's release status determines if the youth needs placement confirmation; for example:
 - 1. Placement confirmation does not need to be obtained for youth whose release status is one of the following:
 - a. Youth is committed under a determinate sentence, an alternative sentence, or as a Youth Incarcerated as an Adult.
 - b. Youth has pending charges, a warrant, or a detainer.
 - c. The Department of Child Services (DCS) is the youth's legal guardian, or acting guardian, and will be obtaining placement for the youth.
 - d. Youth's county is reassuming jurisdiction and ordering:
 - 1) Probation only;
 - 2) Probation with some Re-Entry or post-release program requirements; or,
 - 3) Probation plus formal Transition from Restrictive Placement (TRP) or a Community Transition Program (CTP).
 - 2. In these cases, the county oversees placement, and the assigned treatment staff just needs to:
 - a. Confirm the address of the legal guardian, and review their identification on the day of youth's release; or,
 - b. Arrange with designated county or DCS personnel to pick up the youth on the day of their release to ensure youth's appearance in

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court, and/or to facilitate the youth’s release to arranged placement at a residential provider.

3. If a youth’s committing court resolves a youth’s pending charges, warrants, or detainers, or if a youth’s committing court rescinds their order to reassume jurisdiction, then the youth needs a placement confirmation.

B. Next, if the youth’s release status does indicate that placement confirmation is needed, then the assigned treatment staff shall use the procedure that matches the youth’s placement status:

1. Placement with Youth’s Legal Guardian:

If the youth’s placement will be with the youth’s legal guardian in the state of Indiana, then the assigned treatment staff is required to submit a “Placement Confirmation” (Attachment 14) to the Program Director 1, or designee, by completing it in and printed it out from CCMS or other, approved electronic record. Prior to submitting a placement confirmation, the assigned treatment staff must conduct any assigned Family Case Management interventions. The Program Director 1, or designee, shall forward the request to the Director of JDAI Liaison/Reintegration.

2. Placement of a Youth Sex Offender:

Placement for youth who are adjudicated of a Sex Offense may be approved with a legal guardian, unless:

- a. Youth’s victim(s) reside or spend a significant amount time in the legal guardian’s home. Then, alternative placement must be obtained.
- b. Other non-victim youth live or spend a significant amount of time in the legal guardian’s home, then placement confirmation is based upon a youth’s sex offender risk level as assessed on the validated juvenile sex offender recidivism risk assessment:
 - 1) If the youth is assessed as Medium Risk or higher, then alternative placement must be obtained.

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2) If the youth is assessed as Low Risk, then parole staff shall evaluate placement on a case-by-case basis and may allow placement in a home where other youth are residing.

3. Alternative Placement with Another Individual:

If alternative placement is needed for the youth, the assigned treatment staff shall identify potential placement options, including another family member, family friend, or other adult over the age of 18, etc. When directed by the Director of JDAI Liaison/Reintegration, the assigned treatment staff shall obtain documented approval from the legal guardian for alternative placement. The Director may also request that Family Case Management interventions be completed with the identified alternative placement individual to set family rules and expectations.

4. Placement with a Residential Provider:

The assigned treatment staff shall ensure that all efforts have been exhausted with family members, family friends, or other appropriate adults. Once exhausted, placement may be attempted with an approved residential provider. However, if alternative placement will be at a facility of an approved residential provider, the following process must be completed:

- a. The assigned treatment staff shall complete the “Request for Residential Provider Placement” (Attachment 15) and obtain the facility Program Director 1 signature. This signature reflects that this is the last option for the youth, as all other placement options have been exhausted.
- b. This signed document shall be forwarded to the Director of Juvenile Parole & JDAI Liaison/Reintegration Specialists.
- c. Consultation with the Director to identify an appropriate residential provider.
- d. Once a provider is identified, the Director shall send a referral and set up an interview with the residential provider.
- e. The Director shall advise the facility if the referral has been approved or if another placement option needs to be pursued.

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f. Once approved, the assigned treatment staff shall obtain the residential provider's Placement Agreement and/or Admissions Packet, complete it, and forward it to the Director for signatures.

g. The Director shall advise the facility when to coordinate a transfer date with the residential provider.

5. Out-of-State Placement:

a. Youth who desire placement out-of-state shall be required to have a request for supervision submitted through an Interstate Compact when:

1) In accordance with Policy and Administrative Procedure, 03-02-104, "Youth Classification," the youth is scored as High Risk on the IYAS Residential Risk Assessment tool, completed during the intake process; or,

2) If the youth was referred to and completed Sex Offender Treatment (SOT) through Indiana Sex Offender Management and Monitoring (INSOMM).

b. In cases where a youth requires transfer to another state under an Interstate Compact, the following procedure must be followed:

1) Materials are to be sent via e-mail to the Director of Juvenile Parole & JDAI Liaison/Reintegration Specialists. The placement request should be sent within 90 days of the youth's projected release.

2) Once investigated by the receiving state, the placement is only good for 120 days. If the youth's release date must be extended past the 120 days, then designated staff shall contact the Director in writing to explain the reason for the release date extension and request to keep the placement in good standing.

3) The Director shall then communicate with the receiving state to extend the release date and keep the placement in good standing.

c. When sending an Interstate Compact, the following information should be included with the e-mail:

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1) Completed “Interstate Compact on Juveniles (ICJ) Form IV – Parole or Probation Investigation Request” (Attachment 16).

2) Completed “ICJ Form 1A/VI – Application for Compact Services and Waiver” (Attachment 17), which must be signed by the youth and witnessed. If possible, have parent sign and witness.

If unable to have parent sign, designated staff can request the Director of Juvenile Parole & JDAI Liaison/Reintegration Specialists to contact and arrange for the receiving state to obtain the parent signature

3) Supporting documents must include :

- a) Petitions;
- b) Order of Adjudication and Dispositional Order;
- c) Legal History including police reports;
- d) Social History;
- e) Intake Assessment Report (IAR);
- f) Individual Growth Summary (IGS);

In the case of sex offenders, the details of the offense and designated sex offender risk assessment must be included;

- g) Updated Individual Aftercare Plan (IAP);
- h) The most recent Mental Health Evaluation (provided in accordance with all applicable Health Care Service Directives);
- i) School transcript/records;
- j) Immunization records;

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- k) A completed “Community Supervision Release Agreement” (Attachment 18), including Conditions of Community Supervision and, if applicable, Juvenile Sex Offender Stipulations;
 - l) Youth photograph; and,
 - m) Any other pertinent information.
 - d. Upon receipt of the placement request, the Director of Juvenile Parole & JDAI Liaison/Reintegration Specialists shall review the materials to ensure that all required materials and signatures are included. If so, the Director shall enter all information into the Interstate Compact system. If not, materials shall be returned for revision and resubmission.
 - e. Progress notes shall be made into CCMS, or other approved electronic record that the placement has been sent and when it is to be returned.
 - f. Receiving States have 45 days to complete the placement once it is assigned to the investigating Agent.
 - g. Upon receipt of the approved placement from the receiving state, the Director of Juvenile Parole & JDAI Liaison/Reintegration Specialists shall forward it to the approved treatment staff at the receiving Treatment Unit/Facility.
- 6. Out-of-State Discharge:

Youth who desire placement out-of-state who are Low or Moderate Risk, or High Risk and 17.5 or older, and who did not get referred to and complete Sex Offender Treatment (SOT) through Indiana Sex Offender Management and Monitoring (INSOMM), shall be required to be approved for this type of release by the Warden. The assigned treatment staff shall verify the address to which the youth will be released, and then the youth may be approved for out-of-state placement and discharge without going through the Interstate Compact process.

XVII. DETERMINING YOUTH RELEASE STATUS:

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In the absence of any special case circumstances, the Department will recommend that each court re-assume jurisdiction of the youth, placing them under probation status in order to coordinate and foster Re-Entry and aftercare services in a manner which best meets the needs of the youth. However, the court may still decide not to reassume jurisdiction, which shall give the youth a different release status.

Therefore, it is critical that the assigned treatment staff investigates, monitors, and then confirms a youth’s release status as soon as possible since it determines: Whether or not placement confirmation is needed; the correct placement confirmation process when needed; the procedure for releasing the youth from the facility; the level of community supervision assigned to the youth after release; and the amount and intensity of aftercare services and supports needed for successful Re-Entry.

A. Court Reassumes Jurisdiction:

A youth’s release status may already be determined by their commitment status, sentence type, and/or by court orders/recommendations made in the dispositional order prior to the youth’s commitment.

However, a court may defer the decision until closer to the youth’s PPCD, until the court can review youth’s progress via ordered/requested reports, or until the assigned treatment staff sends a progress report with release notifications. A court may also set court dates to review a youth’s progress and determine the youth’s release status, with or without the youth being present.

Assigned treatment staff shall maintain ongoing contact with committing courts who defer their decision and monitor if and how they will reassume jurisdiction.

Once a court advises the receiving Treatment Unit/Facility that it will re-assume jurisdiction in accordance with IC-31-30-2-3, the receiving Treatment Unit/Facility shall release the youth to the court’s supervision at an agreed upon date:

1. Release to Court Supervision:

The assigned treatment staff shall follow any guidance from the court and assist youth in understanding requirements for being ordered to probation, probation with TRP or CTP, and/or probation with court-ordered Re-Entry programs and services. This may include but is not limited to assisting probation, TRP or CTP, or Re-Entry providers to contact and/or meet with youth prior to release.

2. Release for Youth with Pending Charges, Warrants, or Detainers:

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For youth who are being released to court supervision to follow up on pending charges, warrants, or detainers, the receiving Treatment Unit/Facility shall release the youth to the court’s supervision at an agreed upon date in accordance with the order from the court. The assigned treatment staff shall also follow any guidance from the court regarding transportation of the youth back to the court/county.

3. Court Ordered Release:

If the court orders a youth’s release, the receiving Treatment Unit/Facility shall record the date of release as reflected on the court order in all electronic records.

B. Court Does Not Reassume Jurisdiction:

If the court is not reassuming jurisdiction, DYS shall then determine a youth’s release status:

1. FACTORS IN DETERMINING RELEASE STATUS:

The receiving Treatment Unit/Facility shall base the youth’s release status upon the following factors:

- a. Their risk level as scored on the IYAS Residential Risk Assessment tool completed during the intake process in accordance with Policy and Administrative Procedure, 03-02-104, “Youth Classification;”
- b. Their age at time of release;
- c. Their exceptional need status;
- d. Their placement status; and,
- e. Any other individualized needs or circumstances.

2. RELEASE TO COMMUNITY SUPERVISION:

When a youth’s release status is determined to be a release to Community Supervision (Parole), the youth’s assigned treatment staff shall collaborate with the youth’s assigned JDAI Liaison/Reintegration Specialist.

- a. Collaboration shall include:

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- 1) Assisting the youth’s assigned JDAI Liaison/Reintegration Specialist in meeting monthly with youth to review youth’s progress;
 - 2) Assisting the youth in completing any Family Case Management, interventions; and,
 - 3) Preparing the youth for the general terms and/or special conditions/stipulations of being released on parole status to Community Supervision, including, if applicable, Juvenile Sex Offender Stipulations.
- b. The assigned treatment staff, or designee, shall then complete the “Community Supervision Release Agreement” (Attachment 18), based upon the recommendations made by the youth’s assigned JDAI Liaison/Reintegration Specialist. The Community Supervision Release Agreement is a legal document that lists the general terms and/or special conditions/stipulations of being released to Community Supervision/Parole, including, if applicable, Juvenile Sex Offender Stipulations:
- 1) The entire Community Supervision Release Agreement along with the Conditions of Community Supervision and, if applicable, Juvenile Sex Offender Stipulations must then be reviewed with the youth at least 40 days prior to the youth’s PPCD. After the review, it shall be signed and dated by the youth and the assigned treatment staff.
 - 2) The original shall be kept in the youth’s Release Portfolio until needed at release.
 - 3) If the agreement is to be utilized at ARC, then a copy shall be made, and it shall be scanned and filed with the other ARC paperwork.
- c. The following youth will be released on parole status to Community Supervision:
- 1) Youth whose age is under 17.5, whose placement is confirmed, and who scored as High Risk on the IYAS Residential Risk Assessment tool completed during the intake process in

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accordance with Policy and Administrative Procedure, 03-02-104, “Youth Classification.”

- 2) Youth who require placement with a residential provider or other similar placement;
 - a) For youth adjudicated of a sex offense, the level of Community Supervision shall be determined by using the results from the validated juvenile sex offender recidivism risk assessment completed by trained staff and approved by designated supervisory staff.
 - b) Youth assessed as Low Risk will be released on Community Supervision. However, they will not be required to participate in aftercare with a treatment provider nor have Juvenile Sex Offender Stipulations imposed.
 - c) Youth assessed as Medium or High Risk will be released to Community Supervision. They will be required to participate in aftercare with a specific treatment provider that is close to the location of the approved placement and as soon as possible after the release date. These youth will also have Juvenile Sex Offender Stipulations imposed.

- 3) Youth not adjudicated of a sex offense but who still have sexual exceptional need or sexual acting out concerns shall be evaluated initially to determine if appropriate for Sex Offender Treatment (SOT) through Indiana Sex Offender Management and Monitoring (INSOMM):
 - a) If the youth is required to complete SOT, then he/she shall be released on parole status to Community Supervision and have sex offender stipulations imposed.
 - b) If the youth is not required to complete SOT, then he/she may be released according to procedures for non-sex offender indeterminate sentence youth.

- 4) DYS may designate youth to be released on community supervision that do not qualify based on the above outlined criteria.

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3. RELEASE TO OUT-OF-STATE PLACEMENT:

Upon receipt of the approved placement from the receiving state, the Director of Juvenile Parole & JDAI Liaison/Reintegration Specialists shall forward it to the Treatment Unit/Facility. The youth shall be released within 120 days of the approved placement, or the placement is invalid.

If the youth will not be released within the 120 days, then the assigned treatment staff shall notify the Director of Juvenile Parole & JDAI Liaison/Reintegration Specialists. The Director shall request that a follow-up placement investigation be done by the receiving state to ensure that the placement is still valid. If no changes since the first investigation, then this follow-up will only require confirmation that the placement is still valid. Then, the youth may be released. If changes occurred since the first investigation, then the facility will submit updated information to begin a new investigation.

4. Release to DCS:

When a youth is being released to DCS as the legal guardian, the youth's assigned treatment staff shall:

- a. Collaborate with the youth's assigned DCS caseworker in meeting as needed with youth to review youth's progress and to prepare the youth for the conditions and other expectations of a DCS release;
- b. Arrange with the youth's assigned DCS caseworker to pick up the youth on the day of youth's release; and,
- c. Release the youth from the Department as a discharge since the DCS caseworker is functioning as a legal guardian and not functioning as community supervision staff.

5. Discharge without Supervision:

The following youth shall be discharged without supervision from Department of Correction custody to the approved placement:

- a. Youth of any age who scored as Low or Moderate Risk on the IYAS Residential Risk Assessment tool completed during the intake process

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in accordance with Policy and Administrative Procedure, 03-02-104, “Youth Classification.”

- b. Youth who scored High Risk on the IYAS Residential Risk Assessment tool but whose age is 17.5 or above;
- c. Youth who were approved for out-of-state discharge; or,
- d. Youth being released to DCS as a guardian, as noted above.

XVIII. RELEASE NOTIFICATIONS:

Prior to releasing a youth, the Department provides designated stakeholders a Release Notification. Per Indiana Code 31-30-2-2, the committing court shall be notified 10 days prior to a youth’s release. This 10-day notification may also be sent to other designated stakeholders as required, needed, or agreed upon with the Department. In addition, a 60-day and/or a 40-day notification may be provided to meet the additional requirements or needs of the youth’s committing court, designated probation/community supervision staff, other county/court staff, and/or other stakeholders.

Release Notifications allow time for stakeholders to review youth’s progress and provide input into youth’s treatment, to determine if they will reassume jurisdiction if not done previously, and/or to arrange and implement probation supervision with or without case planning, and/or TRP, CTP, Re-Entry, or other aftercare programs, services, and supports. Stakeholders include but are not limited to the judge of the committing court, designated probation and other county/court staff as directed by the county, and designated DYS staff.

- A. The content of all Release Notifications focuses on youth with indeterminate sentences and PPCDs:
 - 1. If a youth is adjudicated under a determinate sentence, then designated staff shall alter the content so that it indicates the court’s determined release date.
 - 2. If a youth is a Youth Incarcerated as Adults (YIA) or Alternatively Sentenced Youth, then the facility shall not send any release notification letters. Instead, the facility shall follow the release notification procedures outlined in AP 01-04-102, “Classification Assignments for Youth Incarcerated as Adults and Alternatively Sentenced Youth.”

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B. Except in the case of 10-Day Release Notifications for youth being discharged without any supervision, all other Release Notifications require the facility to attach and send the following documents:

1. An updated IGS and IAP;
2. The IYAS Re-Entry Risk Assessment tool; and,
3. A signed copy of the Community Supervision Release Agreement, including Conditions of Community Supervision and, if applicable, Juvenile Sex Offender Stipulations.

C. Once a release notification has been sent with a stated release date:

1. The facility may not release the youth sooner than that date without obtaining permission from the Program Director DYS to ask the court to grant a waiver.
2. The facility may release a youth after the date indicated on the letter due to the youth not earning release successfully on that date, or due to transportation issues that prevent a release on the stated date. However, if a youth remains in the facility thirty (30) days past the release date stated on the letter, then a new release notification must be sent. The letter shall provide the new release date as well as any other information that has changed since the last notification was sent. In addition, required documents shall be updated, attached, and sent with the new letter.

D. Facilities shall be responsible for tracking when release notifications are due and sent. The Program Director DYS shall maintain an electronic file of specific directions and a contact list for Release Notifications, which shall be distributed to staff as needed. Copies of all Release Notifications and their applicable documents shall be distributed to designated staff, and copies shall be scanned into the IRIS system and then filed in Section V of the youth's institutional packet.

XIX. RELEASING A YOUTH FROM A DYS FACILITY:

Youth committed with indeterminate sentences shall only be released on Mondays (or on Tuesday if the Monday is a holiday). The youth will be released during normal business hours. Any exceptions to this will need to be approved through the Warden or designee. Youth committed with determinate sentences or released through a court order shall be released in compliance with ordered timelines.

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A. Prior to the day of the youth’s release, the assigned treatment staff, or designee, shall finalize the youth’s Release Portfolio and complete a “Release Checklist” (Attachment 19), along with any needed attachments indicated on the checklist.

B. On the Day of the Youth’s Release:

1. Designated staff shall review the Release Checklist, its attachments, and the Release Portfolio with the youth and approved person or personnel picking up the youth and also obtain their signatures where indicated. Then, copies of the Release Checklist and any included attachments are provided to the youth. All original, signed copies shall be distributed to designated staff, using the guidelines at the bottom of the Release Checklist.
2. Designated staff shall also complete, obtain signatures, and send a “Certificate of Release” (Attachment 20) to designated stakeholders, including but not limited to the judge of the committing court, probation and other county/court staff as directed by the county, and designated DYS staff. The Program Director DYS shall maintain an electronic file of Certificates of Release stakeholders, which shall be distributed to designated staff as needed.
3. The assigned treatment staff, or designee, shall enter a progress note in CCMS or other, approved electronic record, that documents the release of the youth, the release date, and the completion and issuing of the Release Portfolio, the Release Checklist with its attachments, and the Certificate of Release.
4. The completed Release Checklist and Certificate of Release shall be scanned into the IRIS system and then filed in Section V of the youth’s institutional packet.

XX. PROGRESS NOTES:

Throughout the Youth Case Management process, Treatment Unit/Facility staff are required to complete progress notes in CCMS or other, approved electronic record. The content of all progress notes must be written with enough detail for other stakeholders to understand what occurred. These notes are made after each contact with a youth (individually or in a group/programming setting), after each contact with the youth’s family member(s), or after any work completed on behalf of a youth, etc. Types of progress notes are as follows:

- A. Individual Counseling progress notes document face-to-face individual counseling of a youth.

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- B. Group Counseling progress notes document when an assigned treatment staff, or other designated staff, is a facilitator of a program. These notes are used to maintain each group and its group members and to document attendance, topics or materials covered, tasks completed, discussions held, and progress made by each youth for each session.

- C. Family Counseling progress notes document Family Engagement completed by an assigned treatment staff – including Family Contact, Family Participation in Treatment, Family Therapy, and Family Case Management modalities. However, for Family Case Management conducted by an assigned treatment staff, the Family Counseling progress note shall begin with the label “Family Case Management” to distinguish it from other progress notes, as these notes are regularly analyzed, evaluated, and tracked by various DYS staff.

- D. Case Management progress notes document all other work completed with or on behalf of a youth.

XXI. MONITORING AND AUDITING PROCESS:

- A. The monitoring and auditing process of Youth Case Management provides for the collection of adequate and accurate information to review management of the Youth Case Management process. The process provides guidelines for conducting the review, as well as mechanisms:
 - 1. To determine the effectiveness of Youth Case Management in terms of:
 - a. Consistency and continuous quality improvement;
 - b. Department of Correction/DYS policy and procedure;
 - c. Discretionary abuses;
 - e. Overrides;
 - f. Legal requirements;
 - g. Objectivity; and,
 - h. Staff accountability.

 - 2. To identify Youth Case Management issues within the facility and develop an action plan to address and correct identified issue(s); and,

 - 3. To advise facilities and DYS of issues within the Youth Case Management policy and administrative procedure that may result in revision to policy/procedure.

B. Facility Monitoring:

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The purpose of facility monitoring is to provide a process for regular and consistent review of a facility’s adherence to policy and administrative procedures. The Program Director 1 at each facility shall monitor their facility’s procedures and daily operations to ensure compliance with Policy and Administrative Procedure 03-02-113, “Youth Case Management,” as well as any other Department administrative policies and procedures linked to Youth Case Management.

C. DYS Audit of the Youth Case Management Process:

Auditing is the Department’s annual evaluation of the procedures and daily operations of each facility to ensure compliance with Policy and Administrative Procedure 03-02-113, “Youth Case Management,” as well as any other Department administrative policies and procedures linked to Youth Case Management.

1. The Department shall review the Youth Case Management process at each juvenile facility at least annually. The Program Director DYS shall provide the Warden at least thirty (30) days advance notice indicating the schedule of the pending audit.
2. The audit team shall be composed of staff trained in the Youth Case Management process. The Program Director DYS will be the chairperson and shall select each audit team.
3. Prior to conducting the audit, the audit team shall meet to discuss:
 - a. Devising an action plan for how the audit shall be conducted;
 - b. Assigning each audit team member’s duties and areas of responsibility; and,
 - c. Establishing schedules and timetables for completing each phase of the auditing process.
4. The Warden shall arrange to have the audit team accompanied by a staff person who is familiar with the Youth Case Management process within the facility. This staff person shall:
 - a. Act as a resource coordinator for the audit team, including answering questions and providing information or assistance to the team; and,
 - b. Escorting the audit team during their audit of the facility.
5. The audit team shall conduct the audit utilizing the “Youth Case Management Audit Tool” (Attachment 21), which shall include reviewing institutional packets and CCMS electronic records; conducting interviews with staff and youth; and

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observation of treatment team reviews, facilitation of groups, and other Youth Case Management processes.

6. The audit team shall also utilize the audit tool to take notes and summarize their findings. Upon completion of the audit, the audit team shall conduct a debriefing with the Warden to provide an overview of the results of the audit.
7. Within 30 days of the conclusion of the on-site audit, the Program Director DYS shall prepare a typewritten summary of the facility Youth Case Management audit and the facility’s compliance with the audit. Copies shall be submitted to:
 - a. Executive Director, Division of Youth Services; and,
 - b. The Warden.
8. The Program Director DYS shall work with the facility to develop and complete an action plan to address and correct any identified issue(s) in the audit within 30 days of the submission of the typewritten audit summary.

XXII. TRAINING:

Training of this policy and administrative procedure shall be provided to new treatment staff in accordance with Administrative Policy and Procedure 01-05-101, “Staff Development and Training.” Related training shall be provided, as necessary.

XXIII. APPLICABILITY:

This policy and administrative procedure is applicable to all juvenile facilities operated by the Department.

signature on file
Robert E. Carter, Jr.
Commissioner

Date