

	State of Indiana Indiana Department of Correction	Effective Date	Page 1 of	Number
		4/1/2023	11	03-02-113
<p>POLICY AND ADMINISTRATIVE PROCEDURE Manual of Policies and Procedures</p>				

<p>Title</p> <p>DIVISION OF YOUTH SERVICES - ADDICTION RECOVERY SERVICES</p>

<p>Legal References (includes but is not limited to)</p> <p>IC 11-8-5-2</p>	<p>Related Policies/Procedures (includes but is not limited to)</p> <p>01-02-106 03-02-104 03-02-101 03-02-107 03-02-115</p>	<p>Replaces:</p> <p>03-02-113 (Eff. Date 11-1-2020 / ED # 20-52)</p>
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I. PURPOSE:

The purpose of this policy and administrative procedure is to establish and maintain coordinated treatment of Addiction Recovery Services (ARS) throughout all Indiana Department of Correction (IDOC or “the Department”) Division of Youth Services (DYS) facilities, in order to reduce youth substance use and delinquent behavior and increase the potential for the youth’s successful re-entry into the community.

II. POLICY STATEMENT:

The Department recognizes that a significant portion of the youth committed to the Department have been involved in some form of problematic substance use. In order to address this problem, the Department has established coordinated ARS that provide education, treatment, and support programming for youth within the Department's facilities.

III. DEFINITIONS:

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

- A. **ADDICTION RECOVERY SERVICES (ARS):** The entire continuum of services and treatment offered at Department facilities for the treatment of substance use disorders.
- B. **ADMINISTRATIVE REVIEW COMMITTEE (ARC):** A group of employees designated by the Warden who are the final approving authority for youth releases. They are responsible for approving a youth’s completion of Growth Phase and promotion to Re-entry Phase, and then completion of Re-Entry Phase and approval to be released from the

POLICY AND ADMINISTRATIVE PROCEDURE			
Indiana Department of Correction			
Manual of Policies and Procedure			
Number	Effective Date	Page	Total Pages
03-02-113	4/1/2023	2	11
Title			
DIVISION OF YOUTH SERVICES ADDICTION RECOVERY SERVICES			

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].

- C. **ARS FACILITY DIRECTOR/LEAD:** The employee responsible for determining the level of Addiction Recovery Services for each youth during the Intake Phase, who provides direct delivery of ARS to youth, and who may supervise ARS staff at the receiving DYS facilities.
- D. **ARS STAFF:** The employee(s) responsible for direct delivery of Addiction Recovery Services.
- E. **ASSIGNED CASE MANAGER:** The employee assigned to a youth responsible for managing a youth's case management needs through the growth, re-entry, and release phases.
- F. **CASE MANAGEMENT REVIEW TEAM:** The group of employees assigned to a youth who assist in the development and review of the Individual Growth Plan for the youth.
- G. **CRIMINOGENIC NEEDS:** Those static and dynamic risk factors closely associated to an individual's criminal behavior.
- H. **DIRECTOR OF ADDICTION RECOVERY SERVICES (D/ARS):** The Central Office employee responsible for the oversight, coordination, and direction of ARS treatment within the Department.
- I. **DRUG USE SCREENING INVENTORY-REVISED (DUSI-R):** The Department-approved assessment tool used for determining severity of problematic substance use and appropriate level of treatment, and to monitor treatment progress and outcomes.
- J. **DYS PROGRAM DIRECTOR 1:** The Central Office employee, as well as the employee(s) at each facility, responsible for the oversight, coordination, and management of the case management process, programming, and services.
- K. **EARLIEST POSSIBLE RELEASE DATE (EPRD):** The earliest date by which a youth may earn release, based upon the minimum amount of dosage required for the youth's treatment, which provides youth and staff with a dynamic target for measuring progress.
- L. **ELECTRONIC HEALTH RECORD (EHR):** The record keeping system where all clinical documentation including weekly progress notes, ARS treatment plans, and ARS treatment summaries are kept.

POLICY AND ADMINISTRATIVE PROCEDURE			
Indiana Department of Correction			
Manual of Policies and Procedure			
Number	Effective Date	Page	Total Pages
03-02-113	4/1/2023	3	11
Title			
DIVISION OF YOUTH SERVICES ADDICTION RECOVERY SERVICES			

- M. EXECUTIVE DIRECTOR, DIVISION OF YOUTH SERVICES (ED/DYS): The Central Office staff member responsible for the oversight, coordination, and direction of the Department’s Division of Youth Services facilities and programs.
- N. GROWTH PHASE: The first phase of the Youth Case Management process in which the Individual Growth Plan is developed, implemented, and reviewed. This phase contains four (4) levels of growth that the youth must progress through successfully before completing the case management process.
- O. INDIVIDUAL AFTERCARE PLAN (IAP): This written plan identifies Re-Entry/aftercare services to be provided to the youth during the Re-Entry and Release Phases. This plan is developed at the initial treatment team meeting and then is reviewed and updated throughout the youth’s progress through their commitment to the Department.
- P. INDIVIDUAL GROWTH PLAN (IGP): The individual plan developed for each youth that specifies how the needs, goals, and strategies identified in the Intake Assessment Report will be addressed during the Growth Phase.
- Q. INDIVIDUAL GROWTH PLAN REVIEW (IGP-R): A written report completed after each Growth Phase treatment team review of youth’s progress in completing the goals, strategies, and interventions outlined in the IGP.
- R. 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.
- S. INTAKE ASSESSMENT REPORT (IAR): The report developed for the youth at the Intake Facility/Unit assessing psychosocial history, medical needs, educational needs, psychological/psychiatric needs, substance use/addiction recovery needs, security needs, criminogenic needs, and case management recommendations.
- T. INTAKE PROCESS: The process completed as part of Youth Classification during which the Initial Risk Assessment Instrument and the Intake Assessment Reports are completed. Initial recommendations for case management programming and services are also made as part of the process.
- U. INTEGRATING DIALECTICAL BEHAVIOR THERAPY WITH THE TWELVE STEPS (DBT-TSF): Program incorporating Dialectical Behavior Therapy (DBT) and Twelve Step Facilitation (TSF). Combined, these widely used, evidence-based therapies provide a dynamic treatment modality to help strengthen a client's recovery from substance abuse.
- V. MEDICATION ASSISTED TREATMENT (MAT): The use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders.

POLICY AND ADMINISTRATIVE PROCEDURE			
Indiana Department of Correction			
Manual of Policies and Procedure			
Number	Effective Date	Page	Total Pages
03-02-113	4/1/2023	4	11
Title			
DIVISION OF YOUTH SERVICES ADDICTION RECOVERY SERVICES			

- W. MINDFULNESS-BASED SUBSTANCE ABUSE TREATMENT (MBSAT): A 12-session evidence-based curriculum geared toward adolescents involved in the juvenile justice system that promotes self-regulation, decision-making, emotional awareness, drug use, and self-esteem, all in an innovative language relatable by justice-involved youth.
 - X. MONTHLY SERVICE REPORT: The monthly report sent to the D/ARS and ED/DYS providing information regarding ARS staffing, program changes, and census and outcomes data.
 - Y. RECOVERY ORIENTED COMMUNITY (ROC): Unit located at Logansport Juvenile Correctional Facility for youth with the highest addiction recovery needs.
 - Z. REGIONAL DIRECTOR OF ADDICTION RECOVERY SERVICES: The contracted employee responsible for collaborating with the Director of Addiction Recovery Services for the purpose of providing oversight, coordination, and direction of all Addiction Recovery Services within the Department.
 - AA. RE-ENTRY PHASE: The second phase of the Youth Case Management System, with the phase promotion approved by the ARC. The youth's focus is on relapse prevention, aftercare planning, and reconnecting with the community.
 - BB. RELAPSE PREVENTION: Program focused on long-term addiction recovery planning, culminating in youth developing an individualized relapse prevention and re-entry plan.
 - CC. RELEASE PHASE: The third phase of the Youth Case Management System, with the phase promotion approved by the ARC. The youth's focus is on finalizing aftercare support/services and returning to the community.
 - DD. ROC TRANSITION UNIT (RTU): A transition unit at Logansport Juvenile Correctional Facility for youth who have completed ROC programming.
 - EE. TRANSITIONAL HEALTHCARE FACILITATOR: A member of the Health Services vendor that collaborates with Health Services, Addiction Recovery Services, Behavioral Health, family members, supervising agencies, and various community resources in order to address healthcare needs of releasing individuals.
 - EE. YOUTH ELECTRONIC DATABASE: The electronic database used by Division of Youth facilities to record, store, and review youth data.
- IV. ARS MISSION AND GOALS:

POLICY AND ADMINISTRATIVE PROCEDURE			
Indiana Department of Correction			
Manual of Policies and Procedure			
Number	Effective Date	Page	Total Pages
03-02-113	4/1/2023	5	11
Title			
DIVISION OF YOUTH SERVICES ADDICTION RECOVERY SERVICES			

The Department’s Addiction Recovery Services (ARS) provides a continuum of coordinated services to meet the treatment and recovery needs of youth with substance use disorders. The following mission statement has been adopted:

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

The goals of the Department’s Addiction Recovery Services treatment are:

- A. To provide Addiction Recovery services that help to reduce youth substance use, increase their potential for successful reintegration into society, reduce recidivism, and protect the public community at large;
- B. To identify and apply resources effectively to make appropriate Addiction Recovery Services available to those youth demonstrating a need for such services, thereby providing “the right treatment, to the right person, at the right time”;
- C. To provide Addiction Recovery assessment, education, treatment, and referrals appropriate to each youth's individualized need, using evidence-based and evidence-informed best practice approaches, including the use of medication assisted treatment (MAT) when appropriate;
- D. To use an approved set of standardized curricula to provide a menu of programs to match youth’s level of addiction recovery needs, as well as to maintain treatment fidelity and consistency across all DYS facilities;
- E. To maintain standards and measures to evaluate program performance and effectiveness, using validated testing procedures, to ensure delivery of the best possible quality care to youth;
- F. To develop and maintain a continuum of care with appropriate treatment opportunity for all youth which includes Re-Entry linkages to the community; and,
- G. To use available technology in order to maximize the delivery of Addiction Recovery services to the greatest number of youth demonstrating a need for such services.

The above goals shall be reviewed annually by Addiction Recovery staff, and updated as needed.

V. NON-DISCRIMINATION:

The Department's ARS treatment shall not discriminate against youth based on gender, sexual orientation, color, national origin, race, religion, ethnicity, age, disability, political views, and/or

POLICY AND ADMINISTRATIVE PROCEDURE			
Indiana Department of Correction			
Manual of Policies and Procedure			
Number	Effective Date	Page	Total Pages
03-02-113	4/1/2023	6	11
Title			
DIVISION OF YOUTH SERVICES ADDICTION RECOVERY SERVICES			

criminal history. All treatment and program staff shall be notified of, and adhere to, non-discriminatory procedures.

VI. CONFIDENTIALITY AND RELEASE OF INFORMATION:

Addiction Recovery Services shall operate in accordance with all applicable statutes, Department policies, and Executive Directives that govern confidentiality in releasing information to youth and other interested parties. All ARS staff shall ensure compliance with Policy and Administrative Procedure 01-04-104, "The Establishment, Maintenance and Disposition of Offender Records," and all applicable statutes, promulgated rules and directives on maintaining ARS treatment records, releasing information, and obtaining informed consent.

VII. DELIVERY OF ARS:

ARS and DYS staff shall work to maintain a cross-disciplinary, collaborative approach to both clinical and administrative operational functions of delivering ARS through the Intake process of Youth Classification and all three phases of the DYS Youth Case Management process, including Growth, Re-Entry, and Release.

VIII. INTAKE PROCESS:

- A. Every youth committed to DYS shall be administered the Department's behavioral health assessment instrument, the *Drug Use Screening Inventory-Revised* (DUSI-R; Ralph Tarter, 1991), at their Intake facility, in order to establish a clinical need for addiction recovery services.
- B. The ARS Director assigned to each Intake facility shall review the DUSI-R results, the Intake Assessment Report (IAR) completed during the Intake process in accordance with Policy and Administrative Procedure 03-02-104, "Youth Classification," and any other collateral information, including interviewing the youth, to determine the severity of clinical need for ARS.
- C. The ARS Director initially uses the menu of ARS treatment options to match the youth's level of addiction recovery needs to the appropriate level of ARS. The continuum of ARS treatment from lowest to highest need includes:
 - 1. OUTPATIENT SERVICES (OP): ARS for youth with Low to Moderate addiction recovery needs. OP is available at all DYS facilities. OP treatment consists of youth completing MBSAT, facilitated by assigned treatment staff.
 - 2. INTENSIVE OUTPATIENT SERVICES (IOP): ARS for youth with Moderate to High addiction recovery needs. IOP is available at all DYS facilities. IOP consists of youth completing DBT-TSF, facilitated by ARS staff.

POLICY AND ADMINISTRATIVE PROCEDURE			
Indiana Department of Correction			
Manual of Policies and Procedure			
Number	Effective Date	Page	Total Pages
03-02-113	4/1/2023	7	11
Title			
DIVISION OF YOUTH SERVICES ADDICTION RECOVERY SERVICES			

3. INTENSIVE OUTPATIENT SERVICES (IOP) with RELAPSE PREVENTION: ARS for youth with Moderate to High addiction recovery needs who also have a strong history of family use; were using multiple forms of substances; struggled significantly with peers; relapsed after receiving addiction recovery services in the community; and/or demonstrate he or she needs relapse prevention as a way to enhance skills for recovery maintenance. IOP with RELAPSE PREVENTION is available at all DYS facilities. Youth first complete DBT-TSF, and then complete RELAPSE PREVENTION, both programs facilitated by ARS staff.
4. RECOVERY ORIENTED COMMUNITY (ROC): A recovery-oriented community unit that provides the most intensive ARS for youth with the highest addiction recovery needs.
 - a. ROC is only available at Logansport Juvenile Correctional Facility.
 - b. ROC is designed to provide intensive addiction recovery services to youth who have experienced significant negative life experiences as a result of substance abuse or residing with family members who have problematic substance use.
 - c. Youth receive individual counseling, group counseling in the form of DBT-TSF and the Relapse Prevention program, pro-social skills training, and family counseling provided by ARS staff.
 - d. Youth live together in a separate unit to work together to change their thinking and behavior, which results in opportunities to develop and maintain a sober lifestyle without substance use.
 - e. After completion of ROC, youth may be transferred to the ROC Transition Unit (RTU) to receive ongoing individual and family services and/or booster programming from ROC staff, and/or to complete other assigned individual and group interventions for youth's other criminogenic needs identified in the IGP.
- D. If the results of the DUSI-R are inaccurate or indicate a high lie score, then the ARS Director may recommend re-evaluation in thirty (30) days. After re-evaluation, the ARS Director or designee shall determine the level of ARS needed.
- E. The ARS Director or designee shall attend Intake's weekly classification committee meeting to discuss and review if the initial ARS placement for that week's youth can be finalized or if other exceptional needs necessitate override.

POLICY AND ADMINISTRATIVE PROCEDURE			
Indiana Department of Correction			
Manual of Policies and Procedure			
Number	Effective Date	Page	Total Pages
03-02-113	4/1/2023	8	11
Title			
DIVISION OF YOUTH SERVICES ADDICTION RECOVERY SERVICES			

1. Overrides can occur due to a youth’s learning styles, cognitive ability, and, especially in the case of ROC, certain exceptional needs will require a male youth to be classified to Pendleton Juvenile Correctional Facility only.
2. The identified level of ARS for each youth – including youth who could not be matched due to needing a reevaluation – shall be communicated to receiving facility staff.
 - a. This way, the severity of clinical need for ARS can be considered during the youth’s initial treatment planning sessions and subsequent treatment team reviews; or,
 - b. A DUSI-R reevaluation can be scheduled to be completed at the receiving facility.

IX. GROWTH PHASE:

- A. The receiving facility ARS staff shall review the ARS information and recommendations completed at Intake for each new youth and document this review in the Electronic Health Record (EHR).
- B. Within fourteen (14) days of a youth’s arrival to the receiving DYS facility, ARS staff shall coordinate with the facility DYS Program Director 1 and the assigned case manager to ensure that:
 1. Each youth’s level of addiction recovery need is described in the criminogenic needs section, and the level of matched ARS is listed as an ongoing intervention, in the youth’s Individual Growth Plan (IGP). The IGP is reviewed with the youth at their initial case management review team meeting by the Case Management Review Team.
 2. Open-ended programming or cohort programming shall be provided at each receiving facility to allow each youth to be placed in the appropriate ARS treatment in a timely fashion to allow all youth to complete their assigned ARS treatment by their Earliest Possible Release Date (EPRD).
- C. ARS staff shall document all ongoing ARS participation and progress, including completion of ARS requirements and programming, via EHR notes.
- D. In compliance with the procedures set forth in Policy and Administrative Procedure 03-02-115, “Youth Case Management,” a youth’s progress in ARS shall be considered in case management review outcomes and shall be documented by the assigned case manager in the Individual Growth Plan Review (IGP-R) via the Youth Electronic Database.

POLICY AND ADMINISTRATIVE PROCEDURE			
Indiana Department of Correction			
Manual of Policies and Procedure			
Number	Effective Date	Page	Total Pages
03-02-113	4/1/2023	9	11
Title			
DIVISION OF YOUTH SERVICES ADDICTION RECOVERY SERVICES			

X. RE-ENTRY PHASE:

- A. In compliance with the procedures set forth in Policy and Administrative Procedure 03-02-104, “Youth Classification,” the assigned case manager shall recommend qualified youth to the Administrative Review Committee (ARC) for approval to Re-Entry Phase. The primary assigned case manager shall also provide needed documentation, including progress in ARS, to the facility DYS Program Director 1 for the ARC to review as part of their decision.
- B. ARS staff shall continue to document in the Youth Electronic Database all ongoing participation and/or completion of ARS requirements and programming.
- C. In compliance with Policy and Administrative Procedure 03-02-115, “Youth Case Management,” youth’s progress in ARS treatment shall be summarized as needed by the assigned case manager for ARC review, court reports, release notification letters, and other field staff reports via the Youth Electronic Database.
- D. Based upon each youth’s level of addiction recovery needs and progress in ARS, the ARS staff shall also begin coordinating with the assigned case manager and transitional health facilitator to determine the Re-Entry/Aftercare services and support needed for each youth upon release to the community.
 - 1. This coordination must include the transitional health facilitator researching community-based ARS services and/or NA/AA support groups in the youth’s community that would best serve their ARS needs and progress.
 - 2. Contact information and appointments made for these Re-Entry/Aftercare services and supports must be documented on the youth’s Individual Aftercare Plan (IAP).

XI. RELEASE PHASE:

- A. Once a youth has been approved for release in compliance with Policy and Administrative Procedure 03-02-115, the primary assigned case manager shall recommend qualified youth to the ARC for approval to Release Phase and provide needed documentation of completion of treatment programming to the facility’s DYS Program Director 1 for the ARC to review as part of their decision.
- B. If not already completed, ARS staff shall document youth’s completion of ARS requirements and programming via the EHR and shall coordinate with the primary assigned case management staff to finalize all Re-Entry/Aftercare services and supports on the IAP.

XII. TEMPORARY REMOVAL FROM AND RETURN TO ARS:

POLICY AND ADMINISTRATIVE PROCEDURE			
Indiana Department of Correction			
Manual of Policies and Procedure			
Number	Effective Date	Page	Total Pages
03-02-113	4/1/2023	10	11
Title			
DIVISION OF YOUTH SERVICES ADDICTION RECOVERY SERVICES			

- A. Although youth are required to complete all ARS requirements and programming as part of their IGP goals in order to be released, some youth may be so non-compliant and disruptive in services that they need to be temporarily removed from ARS.
 - 1. ARS staff shall ensure EHR notes document a youth’s lack of progress, non-compliance, and disruptive behaviors.
 - 2. ARS staff shall meet with a youth’s primary assigned case manager and/or facility DYS Program Director 1 to discuss and approve temporary removal from ARS. If approval is not given, they shall plan what steps will be taken to help the youth remain in ARS.
 - 3. If a youth is removed, then ARS staff, the primary assigned case manager, and/or the facility DYS Program Director 1 shall design behavior expectations and a timeline for the youth to return to ARS.
 - 4. Removal from and return to ARS shall be documented in EHR notes.
- B. In compliance with Policy and Administrative Procedure 03-02-115 the Case Management Review Team shall ensure that removal from and return to ARS is an outcome considered in determining a youth’s overall progress through the Youth Case Management phases and is documented in their Individual Growth Plan Review (IGP-R) via the Youth Electronic Database.

XIII. CENTRAL OFFICE REVIEW:

To ensure overall quality of the DYS ARS treatment, Central Office staff shall retain authority to periodically review youth ARS treatment records, outcome measures, and other aspects of program management.

XIV. DRUG AND ALCOHOL TESTING / ILLICIT SUBSTANCE POSSESSION:

- A. Drug and alcohol testing shall be conducted in accordance with Policy and Administrative Procedure 03-02-107, “Youth Urinalysis Program.”
- B. Any youth who tests positive for drugs or alcohol or is found to be in possession of an illicit substance, shall have their IGP thoroughly reviewed and, if necessary, revised by the assigned case manager, ARS staff, and facility DYS Program Director 1.

XV. ADMINISTRATIVE REPORTING:

- A. A quantitative Monthly Service Report shall be submitted via email no later than the tenth (10th) of each month to the contracted Regional Director of Addiction Recovery Services, the D/ARS, the ED/DYS, and the Department’s Quality Assurance Manager. All EHR

POLICY AND ADMINISTRATIVE PROCEDURE			
Indiana Department of Correction			
Manual of Policies and Procedure			
Number	Effective Date	Page	Total Pages
03-02-113	4/1/2023	11	11
Title			
DIVISION OF YOUTH SERVICES ADDICTION RECOVERY SERVICES			

documentation must be completed by the 5th of the month for the previous month, in order to ensure the accuracy of the Monthly Service Report.

- B. The Monthly Service Report shall be completed by the ARS FD/L, using the ARS contractor developed/provided template approved by the D/ARS.
- C. Quantitative service information for the preceding calendar month to be reported shall include:
 - 1. Total treatment census as of the last day of the calendar month;
 - 2. Total number of unique youths served during the calendar month;
 - 3. Number of youths on waitlist as of the last day of the calendar month;
 - 4. Number of youths newly admitted to ARS during the calendar month;
 - 5. Number of youth who successfully completed substance use-related goals from their IGP; and.
 - 6. Number of urine drug screens (UDS) performed on treatment participants and the number of positive UDS among treatment participants. These numbers shall be confirmed with the facility's UDS Coordinator prior to submission.
- D. The Warden and/or the facility DYS Program Director 1, as well as the Central Office DYS Program Director 1, shall be provided with a copy of the Monthly Service Report for review.

XVI. APPLICABILITY:

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

 signature on file
 Christina Reagle
 Commissioner

 Date