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HEALTH CARE SERVICES DIRECTIVE- YOUTH SERVICES Manual of Policies and Procedures		4/1/2022	6	4.01Y

Title
ADDICTION RECOVERY SERVICES

Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
IC 11-8-2-5	01-02-101 03-02-104 01-04-104 01-02-106 01-05-101 00-03-102 03-02-107	National Correctional Healthcare Standards

I. PURPOSE:

Youth with substance use treatment needs who are committed to the Indiana Department of Correction (IDOC or “the Department”) Division of Youth Services (DYS) shall have access to comprehensive addiction recovery treatment services. This Health Care Services Directive (HCSD) provides an overview of the manner in which addiction recovery services shall be provided in DYS facilities.

II. POLICY STATEMENT:

The Department recognizes that a significant portion of the youths committed to the Department have been involved in some form of problematic substance use. In order to address this problem, the Department has established coordinated addiction recovery services (ARS) that provide education, treatment, and support programming for youths committed to DYS facilities, with the goal of reducing youth substance use and delinquent behavior and increase the potential for the youth’s successful Re-Entry into the community.

III. DEFINITIONS:

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

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

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use disorders. Recovery While Incarcerated (RWI) is the Department's comprehensive addiction recovery treatment program.

- B. **ARS FACILITY DIRECTOR:** The staff person who is responsible for determining the level of Addiction Recovery Services for each youth during Intake Phase, who provides direct delivery of ARS, and who may supervise other ARS staff.
- C. **ARS STAFF:** The staff person(s) responsible for direct delivery of Addiction Recovery Services.
- D. **DIRECTOR OF ADDICTION RECOVERY SERVICES (D/ARS):** The Central Office staff person responsible for the oversight, coordination, and direction of the ARS program within the Department.
- E. **DYS PROGRAM DIRECTOR:** The Central Office staff person, as well as the staff person(s) responsible at each facility, responsible for the oversight, coordination, and management of all treatment programming/services and the case management system.
- F. **ELECTRONIC MEDICAL RECORD (EMR):** The secure electronic system used to record all health care information for a patient, including ARS treatment records.
- G. **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.
- H. **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.
- I. **INDIVIDUALIZED TREATMENT PLAN (ITP):** The document that specifies a patient's personal Addiction Recovery needs, goals, and measurable objectives that will be addressed, and interventions that will be implemented, during their participation in ARS.
- J. **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 abuse/addiction recovery needs, security needs, criminogenic needs, and treatment recommendations.

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- K. INTAKE PHASE: The initial phase of the Comprehensive Case Management system during which the Initial Risk Assessment Instrument and the Intake Assessment Reports are completed. Initial treatment programming recommendations are also made as part of the process.
- L. MONTHLY SERVICE REPORT: The monthly report sent to the ED/ARS and ED/DYS providing information regarding ARS staffing, program changes, and census and outcomes data.
- M. PATIENT: Any incarcerated youth receiving Health Services
- N. REGIONAL DIRECTOR OF ADDICTION RECOVERY SERVICES: The contracted staff person responsible for collaborating with the Director of Addiction Recovery Services and Quality Assurance Manager for the purpose of providing oversight, coordination, and direction of all Addiction Recovery Services within the Department.
- O. 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.

IV. PROGRAM STANDARDS:

- A. The overall operation of the Department's addiction recovery services (ARS) treatment, known as Recovery While Incarcerated (RWI), shall include assessment, treatment, and referral for post-release recovery support for youths with substance use disorder(s) or a pattern of problematic substance use. Continuity of care must be provided from admission to discharge from the Department, including referrals to appropriate community-based providers in collaboration with Transitional Health Care staff.
- B. All ARS services shall be conducted by ARS staff within the scope of their professional credential(s), competency, and training.
- C. All treatment interventions provided by ARS staff shall conform to accepted national professional standards, utilize standardized curricula approved by the Department, and be delivered in accordance with an Individual Growth Plan (IGP).

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D. Regardless of housing assignment, patients must have access to ARS assessment and treatment. ARS must be provided in a manner which affords the patient confidentiality and provides physical protection for the staff.

E. Description

1. Foundations

- a. The Foundations Curriculum is an independent study of the Department-approved substance use education, resources, and information manual. The foundations Curriculum is multifunctional in that it may be used for those who refuse to complete the recommended Level of Care, those who do not wish to participate in any organized ARS treatment programming, those seeking educational resources without the need for addiction treatment, or those who are restricted from participating in a group setting at that time due to administrative housing restrictions.
- b. Facilities shall keep a sufficient stock of Foundations Curriculum at the facility to provide to youth and are responsible for re-ordering the material when inventory runs low.

2. Active Treatment / Level of Care (LOC)

There are three LOCs in RWI in which the treatment modality consists of primarily group treatment led by ARS staff or peers. Individual session should be conducted for ITP review and as clinically indicated.

- a. Residential Level of Care (RES): the most intense LOC reserved for youth who need stabilized. Youth in RES will receive four plus (4+) hours of treatment each week consisting of group and individual sessions and recovery oriented activities. This LOC recommends a youth to live among their peers in a Recovery Oriented Community (ROC) when able. Youth in RES LOC may participate in other programs or be employed if it does not interfere with their treatment and the facility housing location allows for such accommodations.
- b. Intensive Outpatient (IOP): The successive level of services offered in the continuum for youth who are stable or have successfully completed the RES LOC. Youth in IOP will receive a minimum of two hours of treatment each week consisting of group and individual

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session and recovery oriented activities. This LOC is not required to live in the ROC but may if it is available and appropriate. IOP LOC is encouraged to participate in other programs concurrently and/or maintain employment.

- c. Outpatient Level Of Care (OP): Youth in OP shall receive a minimum of one hour of group treatment bi-weekly. This LOC is not required to live in the ROC but may if available and appropriate. OP LOC is encouraged to participate in other programs concurrently and/or maintain employment.

3. Aftercare (AC)

Enrollment in AC is reserved for youth needing or desiring ongoing recovery resources and/or support without the structured services provided in RWI. Youth may enroll in AC after successfully completing OP or may directly enroll in AC with approval of the ARS FD.

V. COLLABORATION WITH OTHER FACILITY DIVISIONS:

Collaboration and exchange of information across treatment and facility operational division is essential to providing quality care within a correctional environment. Each facility shall create and maintain a Multidisciplinary Team (MDT) in order to review conduct, safety/security concerns, Case Management needs, physical health needs, and behavioral health needs of patients participating in ARS. The MDT shall include representatives from each clinical, operational, and administrative divisions within the facility.

- A. The ARS Director shall collaborate with the facility's DYS Program Director ensure communication about management of a youth's participation in ARS as well as other assigned DYS programs and services. The ARS Director and the facility DYS Program Director shall ensure that youth who have been identified for ARS have this need identified on the youth's Individual Growth Plan (IGP) and are given priority for scheduling the specific LOC assigned to them. The ARS Director shall also review recommendations made by the site psychologist.
- B. The management and treatment of mental health and psychiatric disorders is the responsibility of the Health Services vendor's Behavioral Health Services Division and is supervised by the Regional Director of Mental Health Services. When mental illness symptoms are recognized or suspected, ARS staff must ensure the youth is

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referred for mental health services in accordance with current DYS mental health procedures and referral guidelines.

- C. The management of acute intoxication and withdrawal is primarily the responsibility of Health Services personnel. However, consultation with ARS staff may be needed to manage acute intoxication and withdrawal, and ARS staff shall collaborate as needed with facility Health Services personnel.

VI. DETERMINING NEED FOR ADDICTION RECOVERY SERVICES:

- A. Every youth committed to DYS shall be administered the Department's approved assessment instrument 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 assessment results, the completed Intake Assessment Report (IAR), and any other collateral information, including interviewing the youth, to determine the severity of clinical need for ARS.
- C. Any youth in DYS may request an assessment for ARS programming through their assigned treatment staff, Mental Health, Medical, or ARS at any point during their time in DYS. If an assessment is requested, ARS services will conduct the assessment within twenty (20) business days of the request.
- D. The ARS Director matches the youth's level of addiction recovery needs to the appropriate Level of Care. This recommendation shall be recorded on the youth's IGP by designated correctional treatment staff in order to track the youth's progress in accordance with Policy and Administrative Procedure 03-02-115, "Youth Case Management."

VII. ADMISSION PRIORITY:

- A. Admission priority is, by necessity, a fluid situation that requires constant monitoring due to the various criteria that must be considered when determining who will next be admitted.
- B. The highest priority regarding access to treatment will always consider clinical need above all other policies/guidelines. If the clinical presentation is severe and urgent enough (e.g., recent overdose) that immediate access is warranted, the decision to bypass the waiting list and admit a patient at the next opening, must be determined by a facility MDT meeting or by the ARS FD.

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VIII. CASELOAD ASSIGNMENT AND MANAGEMENT:

- A. The ARS Facility Director (ARS FD) is responsible for assigning newly admitted youth to a primary ARS staff member.
- B. The ARS FD is responsible for evaluating and approving any reassignment of a youth to another ARS staff's caseload. This should only be done in rare circumstances, such as when issues of countertransference arise, or when the safety of a staff member becomes jeopardized.

IX. ADMINISTRATIVE REPORTING:

- A. A quantitative Monthly Service Report shall be submitted via email no later than the 10th each month to the contracted Regional Director of Addiction Recovery Services, the Department's Director of Addiction Recovery Services (D/ARS), and the Quality Assurance Manager (QAM). All EMR 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, using the ARS contractor developed/provided template approved by the Department's D/ARS.
- C. Quantitative service information for the preceding calendar month to be reported shall include:
 - 1. Total program 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 youths who successfully completed substance use-related goals from their IGP; and,
 - 6. Number of urine drug screens (UDS) performed on program participants and the number of positive UDS among program participants.

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- D. The Warden and/or the facility Program Director 1, as well as the DYS Program Director 1, Central Office, shall be provided with a copy of the program's Monthly Service Report for review.

X. **SAFETY CONSIDERATION AND REMOVAL FROM TREATMENT:**

- A. Terminating a patient from treatment is almost always a last resort, especially when there is no serious conduct violation or other obvious justification for dropping the patient. There are significant clinical and administrative ramifications to consider before deciding to terminate a patient from addiction treatment. For this reason, it is strongly recommended that all applicable clinical interventions be attempted first, including, but not limited to extra assignments, treatment plan revision, referral to additional services such as Mental Health, and regression in treatment level. Clinical interventions to address problematic behavior must be documented thoroughly, as well as the patient's response to those interventions. This provides valuable information for the MDT to consider when deciding whether to terminate a patient from treatment.
- B. In many cases, a conduct report is not generated as a result of a patient's actions. Other times, the conduct report is rescinded, dismissed, or overturned at appeal. Therefore, a patient may be removed and terminated from treatment after a facility MDT consensus decision or after consultation with the D/ARS or higher-ranked employee.
- C. Patients who do not represent an immediate health or safety risk but may be engaged in other dangerous or prohibited behavior should be staffed by the MDT at the earliest opportunity, and the MDT shall determine future participation. These behaviors include active substance use, possession of illegal substances, STG activity, inappropriate sexual contact, and other behaviors that are significantly disruptive to potentially interfere with other patients' treatment.
- D. The facility's DYS Program Director shall alert the patient's assigned correctional treatment staff of the patient's lack of progress or resistance to participation in ARS. This information shall be used as part of the Treatment Plan Review and may result in the patient's release date being extended in accordance with Policy and Administrative Procedure 03-02-115, "Youth Case Management."
- E. The facility's DYS Program Director shall also communicate to ARS staff regarding any significant changes to a youth's release date, placement, and/or release date/plan that may impact their length of stay so the ARS treatment is not negatively impacted.

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XI. MEDICATION ASSISTED TREATMENT:

- A. Medication Assisted Treatment (MAT) shall be made available to individuals age 18 and over who are in DYS custody.
- B. MAT shall be provided to individuals age 18 and over in accordance with Health Care Services Directive (HCSD) 2.16A, "Medication Assisted Treatment."

XII. DRUG AND ALCOHOL TESTING/ILLCIT 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 the outcome of the review documented.

XIII. YOUTH INCARCERATED AS ADULT (YIA):

A youth incarcerated as an adult will be provided be provided addiction recovery services in accordance with HCSD 4.01A, "Addiction Recovery Services."

XIV. APPLICABILITY:

This HCSD is applicable to all Department facilities housing youth and providing Addiction Recovery Services.

Kristen Dauss, MD
Chief Medical Officer

Date