



State of Indiana
Indiana Department of Correction

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**HEALTH CARE SERVICES
DIRECTIVE - YOUTH
Manual of Policies and Procedures**

Title INDIANA SEX OFFENDER MANAGEMENT AND MONITORING SERVICES FOR YOUTH

Legal References (Includes but is not limited to)	Related Policies/Procedures (Includes but is not limited to)	Replaces:
IC 11-8-8-4.5 IC 35-42-4	03-02-104 03-02-114 03-02-115	NEW

I. PURPOSE:

Youth committed for an offense(s) listed in IC 11-8-8-4.5 shall have access to Indiana Sex Offender Management and Monitoring (INSOMM) Treatment for the purpose of reducing the risk of sexual re-offending thereby enhancing public safety and future risk to victims. This Health Care Services Directive (HCSD) establishes standards, guidelines, and procedures for the implementation of INSOMM services that shall be provided in youth facilities.

II. DEFINITIONS:

For the purposes of HCSD, the following definitions are presented:

- A. CONSENT: A process of communication between INSOMM providers and the youth to explain the benefit and risk of treatment, leading to the youth's informed agreement for care, treatment, or services.
- B. ELECTRONIC MEDICAL RECORD (EMR): Electronic medical record that is created for all youth.
- C. INDIVIDUAL TREATMENT PLAN (ITP): A series of written statements specifying a course of INSOMM services for a patient/youth and the roles and responsibilities of staff in carrying out the course of sex offender specific services.

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- D. JSORRAT: An actuarial risk prediction instrument designed to estimate the risk among juvenile males who have already been committed for at least one offense listed in IC 11-8-8-4.5.
- E. PSYCHOSEXUAL NEEDS ASSESSMENT (PNA): Assessment used for the youth's sexual interests, attitudes, and behaviors to see if there are deviancy issues. It also evaluates other factors that may impact the youth's risk for re-offending or acting out sexually in the future.
- F. TREATMENT: A group-based model that addresses the issues of sexual victimization and sexual compulsivity, behavior accountability, understanding of the offense and offense cycle, victim empathy, and relapse prevention techniques.
- G. YOUTH: A juvenile person committed to the Department of Correction and housed or supervised in a facility either operated by the Department of Correction or with which the Department of Correction has a contract.

III. GUIDELINES:

This HCSD ensures that all youth committed for an offense(s) listed in IC 11-8-8-4.5 shall undergo evidence-based sex offender specific risk assessments and corresponding programming. The programs shall be conducted in accordance with the contracted Indiana Sex Offender Management and Monitoring (INSOMM) vendor policy and procedures.

- A. INSOMM vendor shall identify a Clinical Director who oversees the INSOMM program in Division of Youth Services facilities.
- B. INSOMM vendor staff shall enter into the Electronic Medical Record, (EMR), the assessments, treatment plan, treatment/class participation notes, and summary reports of each youth's overall INSOMM progress.
- C. INSOMM intake and diagnostic review shall be completed by INSOMM vendor staff as appropriate to their professional scope, competency, and training. Such functions may include interviews, scoring, and interpreting Department approved instruments for assessment, diagnosis, and treatment planning.
- D. All sessions conducted by INSOMM vendor staff shall conform to accepted professional standards for youth committed for an offense(s) listed in IC 11-8-8-4.5.

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- E. Identified youth at Pendleton Juvenile Correctional Facility and LaPorte Juvenile Correctional Facility shall have access to INSOMM services. INSOMM services must be provided in a manner which affords the youth confidentiality and provides physical protection for the staff.
- F. INSOMM vendor staff must inform youth, in writing, of the limits of confidentiality at the consent of treatment.

IV. PHASE I:

- A. In accordance with Policy and Administrative Procedure, 03-02-104, "Youth Classification," all youth received by the Division of Youth Services shall undergo an Intake process of two (2) weeks at:
 - 1. LaPorte Juvenile Correctional Facility for female youth; or,
 - 2. Logansport or Pendleton Juvenile Correctional Facility for male youth.
- B. As part of the Intake process, assigned intake staff shall verify and record the youth's committing offense(s). Assigned intake staff shall notify INSOMM staff of any youth committed for an offense(s) listed in IC 11-8-8-4.5 following their classification to a Receiving Unit/Facility at Pendleton Juvenile Correctional Facility for male youth and LaPorte Juvenile Correctional Facility for female youth. If a youth is a recommit or sustained parole violator, assigned Intake staff shall only notify INSOMM staff if the youth has been adjudicated of a new offense or offenses listed in IC 11-8-8-4.5.
- C. All youth classified as a youth committed for an offense(s) listed in IC 11-8-8-4.5 shall have a completed JSORRAT and a Psychosexual Needs Assessment, (PNA), within three (3) weeks of arriving at a Receiving Unit at LaPorte or Pendleton Juvenile Correctional Facility.
- D. INSOMM vendor staff shall assess these youth and communicate the result to the youth in the Individual Treatment Plan (ITP).
- E. INSOMM vendor's Clinical Director shall collaborate with INSOMM staff to ensure treatment services are properly managed and appropriate for identified youths. INSOMM Clinical Director may override the assessment findings if it is determined there are factors present that warrant a change.

V. PHASE II:

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A. Consent

All youth identified above shall be provided treatment outline, expectations, and offered time to ask questions. During this meeting the limits of confidentiality and consent for treatment shall be explained to them. This consent shall be documented in the EMR, and the hard copy signed by the youth and the Warden will be placed in the youth's facility packet. This consent must be signed at least 1 day prior to the start of the program.

B. Length of Program

Once a youth has started treatment, they will be required to complete four (4) treatment modules.

A youth will only be considered complete of Phase II if the youth has completed all modules per their ITP and/or determined to have reached maximum benefit.

C. Documentation

INSOMM vendor staff will enter all documentation in the EMR noting participation, attendance, module in progress, treatment plan, and assessments.

D. Disciplinary

In accordance with Policy and Administrative Procedure, 03-02-104, "Youth Case Management," INSOMM staff shall communicate and coordinate with each youth's assigned Case Manager and/or designated Correctional Team Manager 2 regarding:

1. Youth's progress in INSOMM to ensure that it is considered a part of the collateral evidence for youth's promotion through the case management growth levels; and,
2. Youth's lack of progress or failure to participate in INSOMM is considered grounds not only for denying promotion through the case management growth levels but also for being part of collateral evidence for youth's possible continuation or return in level of the youth.
3. Any youth not progressing in the program shall have their progress reviewed by the Multidisciplinary Team to include SOMM, Behavioral Health, and Facility Administrative staff. This review shall ensure various modalities shall be implemented to meet the individual needs of the youth to ensure maximum

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treatment benefit. A final request to remove the youth from programming due to maximum gain shall require approval from the SOMM Clinical Director and the Warden/designee.

VII. INSOMM Quality Assurance and Improvement (QAI):

A. The purpose of QAI is to continuously move INSOMM programs toward improved service delivery and more effective outcomes. Toward this end, QAI is designed to generate feedback to ensure that services are delivered, as set forth, and that program fidelity is continuously monitored. INSOMM Services shall provide a comprehensive system of internal review that:

1. Is implemented by the Department's INSOMM Program Director or designee and the INSOMM vendor administrators to collect, analyze, and trend defined data.
2. Results in the effective implementation of evidence-based sex offender programs by maintaining fidelity to the program model, as defined in the INSOMM Program Curriculum.
3. Uses QAI tools and techniques to identify, examine, and correct problems and improve processes in the INSOMM services.
4. Provides regular reviews of youth informal complaints submitted to the INSOMM Program to identify, examine, and correct problems and improve processes in the INSOMM program.

B. There shall be a quarterly INSOMM QAI meeting.

C. INSOMM QAI activities shall include:

1. INSOMM vendor staff administrators are to conduct systematic reviews of the utilization of resources, focusing on the allocation of resources in the most cost-efficient manner, while maintaining the quality of care. Areas that shall be reviewed regularly include, but are not limited to:
 - a. Number of youth in the program
 - b. Number/percentage assessed
 - c. Number of youth completing the program
 - d. Number of youth refusing the program
 - e. Number of youth terminated from the program

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f. Number of conduct reports issued in the program

2. All utilization resource review information shall be entered in the INSOMM Monthly Report. The monthly reports shall be submitted to the Department's INSOMM Program Director by the 15th of each month.

D. Confidentiality

1. QAI records are confidential and privileged and shall not be disclosed to any person or entity except as provided by the specific exceptions, per the Department's INSOMM Program Director and/or Executive Director of Behavioral Health.
2. All QAI records shall be marked as "Confidential."

VIII. APPLICABILITY:

This INSOMM Services Directive is applicable to all Department facilities housing youths.

signature on file
Adrienne Bedford, MD
Chief Medical Officer

Date