

	State of Indiana Indiana Department of Correction Division of Youth Services	Effective Date  4/1/2022	Page 1 of  3	Number  5.04Y
<b>HEALTH CARE SERVICES          DIRECTIVE-YOUTH SERVICES          Manual of Policies and Procedures</b>				

Title <b>PAROLE MEDICAL RETURNS</b>
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Legal References (includes but is not limited to)  IC 11-8-2-5	Related Policies/Procedures (includes but is not limited to)  01-02-101 03-03-101	Other References (includes but is not limited to)  National Correctional Healthcare Standards
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I. **PURPOSE:**

This Health Care Services Directive (HCSD) outlines the process that shall occur when a youth on Parole is violated due to community safety concerns and must return to a Department facility while experiencing a severe behavior health or a life threatening physical health condition including but not limited to acute substance withdrawal. This type of event shall be considered a medical return regardless of the type of violation or new charge that has occurred.

II. **DEFINITIONS:**

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

- A. EMR: Electronic Medical Record
- B. MEDICAL RETURN: A patient on parole returning to the Department that has severe behavior health or life threatening physical health concerns that affects community safety.
- C. OBGYN: A physician who both delivers babies and treats diseases of the female reproductive organs.

III. **PROCEDURE:**

- A. In the event a Parole Agent has deemed that a youth patient on Parole shall be returned to a Department facility as a medical return, the Parole Agent shall contact the Director of Juvenile Parole & JDAI Liaison/Reintegration within 1 (one) hour via telephone to provide a description of the incident. The Director of Juvenile Parole & JDAI Liaison/Reintegration shall contact the Director of Parole Services for instructions for the return. The Director of Parole Services shall collaborate with the Executive Director of Transitional Healthcare to determine if medical clearance is necessary from a community medical facility prior to the return to a Department facility.

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- B. Once it has been determined that a medical return is occurring, the Parole Agent shall compose an email including the patient's name, DOC number, information pertaining to the youth patient's physical and behavior health history, if known, and a detailed description of the incident that caused the medical return or any information that is available at time of incident. This email shall be delivered to the designed email group within 1 (one) hour of incident or as soon as agent has access to provide information.
- C. The Executive Director of Transitional Healthcare shall communicate with the Executive Director of Behavioral Health and/or the Executive Director of Physical Health to determine if medical clearance is necessary prior to returning to a Department facility.
  1. If medical clearance is not deemed to be clinically indicated the Executive Director of Transitional Health Care shall work with Executive Director of Youth Services to determine the appropriate Department facility and make any other appropriate notifications via designated email group, including but not limited to Chief Medical Officer (CMO), the Health Services vendor's statewide Medical Director, facility Health Services vendor, appropriate physical health or behavioral health, health service vendor staff, and health service vendor's Transitional Healthcare staff.
  2. If medical clearance is deemed to be clinically indicated, the Executive Director of Behavioral Health and/or the Executive Director of Physical Health shall identify which community medical facility is most appropriate to care for youth patient on Parole's need.
  3. The Executive Director of Transitional Healthcare shall communicate with Parole staff regarding the identified community medical facility.
  4. The Executive Director of Transitional Healthcare shall communicate with the Executive Director of Youth Services to ensure the youth patient on Parole is transported to the appropriate Department facility once medically cleared by the community medical facility.
  5. The Executive Director of Transitional Healthcare shall advise the Chief Medical Officer, the appropriate Executive Director, Health Service vendor's Regional Director of Transitional Healthcare and appropriate Health Service vendor staff of the youth patient on parole's plan for medical clearance and return to a Department facility as soon as it is established.
  6. Prior to the youth patient on parole leaving the community medical facility the Health Services vendor's staff at receiving Department facility shall conduct a clinician-to-clinician call to obtain ensure all necessary health information has been communicated prior to discharge.

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If a clinician is not available at time of discharge, the Health Services vendor's staff shall notify the on-call provider of the discharge to ensure discharge information is communicated. If the clinician-to-clinician call does not occur prior to patient discharge, Health Services vendor's staff shall notify the on-call provider within 1 (one) hour of patient arriving at designated facility.

- F. Health Services vendor's staff (or designee) shall make every effort to request and obtain a Release of Information, State Form 46729, for the youth patient on parole for all involved community provider's medical records. If youth patient on parole refuses to sign a State Form 46729, the Health Services vendor shall request records in the interest of continuity of care.
- G. The HSA or designee shall ensure all health records are available in the EMR within one business day of receipt once patient on parole has arrived at the designated facility.
- H. The HSA shall contact the Transitional Healthcare Facilitator within one business day of arrival to review the patient's release date, integrated care needs, and ensure all health records were received by any community providers.
- I. The HSA shall ensure all Intake services are coordinated according to HCSD 2.02Y, "Reception Screening." The HSA and the Transitional Healthcare Facilitator shall meet to review the Individualized Treatment Plan within 24 hours of the patient on parole arriving at the designated facility.

Any deviation from the above process shall be approved by the CMO or designee.

#### IV. APPLICABILITY:

This HCSD is applicable to Parole Services and Parole Staff, Health Services staff, and facilities receiving Parole Medical Returns.

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Kristen Dauss, MD  
Chief Medical Officer

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Date