



State of Indiana  
Indiana Department of Correction

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Number  
  
01-02-106

**POLICY AND ADMINISTRATIVE  
PROCEDURE**  
**Manual of Policies and Procedures**

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(a)(8) IC 11-10-3-4(a)(1) IC 35-50-6-3.3	01-02-101    01-04-101 01-02-107    01-07-101 01-03-103    03-02-104	ACA: ACI: 4-4377, 4-4437, 4-4438, 4-4439, 4-4440, 4-4441 JTS: 5C-01, 5C-09, 5C-10, 5C-11, 5C-12 HCSD 2.35A, 2.36A, 4.01A, 4.03A

I. PURPOSE:

The purpose of this policy and administrative procedure is to establish and maintain a coordinated program of Addiction Recovery services (ARS) throughout all Indiana Department of Correction (“the Department”) facilities, in order to reduce offender substance use and criminal behavior and increase the potential for the offender’s successful Re-Entry into the community.

II. POLICY STATEMENT:

The Department recognizes that a significant portion of the offenders 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 offenders 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 programming offered at Department facilities for the treatment of substance use disorders.
- B. **ADDICTION RECOVERY SERVICES FACILITY DIRECTOR/LEAD (ARS FD/L):** The ARS staff at each location responsible for coordinating and providing Addiction Recovery services at their location. This individual may or may not supervise other ARS staff.

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- C. **ADMINISTRATIVE NOTE:** A documentation entry that includes information necessary for the continuity of offender holistic case management and required to effectively communicate with the assigned facility's staff. Documentation does not include information that is protected by the Health Insurance Portability and Accountability Act (HIPAA) confidentiality guidelines and 42 CFR.
- D. **ADMINISTRATIVE TREATMENT NOTE:** A clinical documentation entry that describes an activity pertaining to an offender's participation in ARS other than regular/standard therapeutic interventions. Documentation includes information that is protected by HIPAA confidentiality guidelines and 42 CFR.
- E. **ARS STAFF:** The staff person(s) at each location responsible for direct delivery of Addiction Recovery services.
- F. **ASSISTANT DIRECTOR OF ADDICTION RECOVERY SERVICES (AD/ARS):** The Central Office staff person responsible for assisting the Executive Director of Addiction Recovery Services in the oversight, coordination, and direction of the ARS program within the Department.
- G. **CLINICAL TREATMENT NOTE:** A clinical documentation entry that describes and summarizes an offender's participation in an RWI treatment activity, including all direct care and treatment provided to a client and their response to such care. Treatment notes contain information protected by HIPAA confidentiality guidelines and 42 CFR.
- H. **COMPREHENSIVE SUBSTANCE USE ASSESSMENT (CSUA):** The formal intake assessment process used with newly referred offenders to establish eligibility for participation in Recovery While Incarcerated (RWI), accurately assess the severity of the offender's problematic substance use, identify the offender's individualized recovery needs, and determine the appropriate RWI treatment modality for offender assignment.
- I. **DAP (Data, Assessment, Plan):** The format required for clinical progress note entries which consists of:
  - 1. *DATA:* Objective and subjective data about the offender, as well as provider's observations about the offender's behavior during the session, including extent and content of participation and statements made by the offender;

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2. *ASSESSMENT*: Service provider’s clinical assessment of the impact of observed behaviors and contributions during the session, including progress or regress within the program component;
  3. *PLAN*: Plan for future interventions/sessions or revisions to offender’s treatment plan, based on assessment.
- J. **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.
- K. **EARLIEST PROJECTED RELEASE DATE (EPRD)**: The date on which an offender would be entitled to discharge or release, taking into consideration: (1) the term of the sentence; (2) the term of any concurrent or consecutive sentence which the offender must serve; (3) credit time which the offender has earned prior to sentencing; and, (4) the maximum amount of credit time which the offender would earn if the offender remained in the current credit class during the period of confinement.
- L. **EXECUTIVE DIRECTOR OF ADDICTION RECOVERY SERVICES (ED/ARS)**: The Central Office staff person responsible for the oversight, coordination, and direction of the ARS program within the Department.
- M. **GLOBAL APPRAISAL OF INDIVIDUAL NEEDS – SHORT SCREENER (GAIN-SS)**: The Department-approved brief screening instrument used to identify offenders potentially having mental health and/or substance use disorders, indicating a need for further assessment and/or referral for behavioral health treatment.
- N. **IDOC RECORDS MANAGEMENT SYSTEM (IRIS)**: The Web-based program that facilitates the digital capture and storage of document images along with associated indexing data.
- O. **INDIVIDUALIZED TREATMENT PLAN (ITP)**: The document that specifies an offender’s personal Addiction Recovery needs, goals, and measurable objectives that will be addressed, and interventions that will be implemented, during their participation in ARS.
- P. **MEDICATION ASSISTED TREATMENT (MAT)**: The use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders.

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- Q. MODALITY: The indicated addiction treatment level of care for an offender, which reflects the intensity and frequency of services that the offender needs to meet their individualized treatment goals. The four modalities in RWI, in decreasing order of intensity, are:
1. *Recovery Oriented Community (ROC)*
  2. *Intensive Outpatient Program (IOP)*
  3. *Outpatient Services (OP)*
  4. *Relapse Prevention Services (RP)*
- R. MONTHLY SERVICE REPORT: The monthly report sent to the ED/ARS providing information regarding ARS staffing, program changes, and census and outcomes data.
- S. MULTIDISCIPLINARY TEAM MEETING (MDTM): A meeting of facility staff from multiple clinical, administrative, and operational divisions, along with other professionals as appropriate, who together make decisions regarding recommended treatment and disposition of offenders participating in Addiction Recovery services.
- T. OFFENDER CASE MANAGEMENT SYSTEM (OCMS): The electronic database used by Unit Team staff to record, store, and review offender data, including Case Plan and Progress Reports.
- U. PROGRAM MANAGEMENT REFERRAL SYSTEM (PMRS): The electronic referral system housed within OCMS that tracks offender Program/Course participation.
- V. PROGRESSION: The stage of treatment to which an offender is assigned, comprised of a specific set of knowledge and skills (recovery competency) to be acquired and demonstrated by the offender.
- W. PROTECTED HEALTH INFORMATION (PHI): Individually identifiable information including demographic information that relates to past, present, or future physical or mental health conditions of, or provision of health care to, an individual.
- X. PURPOSEFUL INCARCERATION (PI): An initiative by which a sentencing authority (a judge or the Indiana Parole Board) agrees to consider a modification to the offender's sentence, pending completion of a Department-recognized ARS program.

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- Y. QUALITY ASSURANCE MANAGER (QAM): The Central Office staff person responsible for overall quality assurance for ARS and treatment completion reviews.
  - Z. RECOVERY WHILE INCARCERATED (RWI): the Department's comprehensive Addiction Recovery treatment program.
  - AA. REGIONAL DIRECTOR OF ADDICTION RECOVERY SERVICES: The contracted staff person responsible for collaborating with the Executive 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.
  - BB. REGRESSION: A clinical treatment decision to require an offender to repeat one or more previously completed progressions, in order to reinforce knowledge, skills, and competencies previously demonstrated by the offender.
  - CC. SOBER LIVING ENVIRONMENT (SLE): A dedicated housing unit set aside for participants in the RWI program, especially those in early stages of participation, designed to facilitate mutual support for offenders during their recovery.
  - DD. STANDARDIZED APPROVED CURRICULUM: The treatment curriculum that has been adopted for use in all of the Department's adult facilities for delivery of ARS.
  - EE. SUBSTANCE ABUSE MANAGEMENT SYSTEM (SAMS): The computerized system that provides for management of caseloads, treatment planning, treatment documentation, statistical reports, and system administration for offenders participating in ARS.
- IV. ARS MISSION AND GOALS:

The Department's Addiction Recovery Services program, *Recovery While Incarcerated* (RWI), provides a continuum of coordinated services to meet the treatment and recovery needs of incarcerated offenders with substance use disorders. A description of the RWI program is in Appendix A of this policy. 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**

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**opportunity for offenders to live in recovery both while incarcerated and upon their return to the community.**

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

- A. To provide Addiction Recovery services that help to reduce offender 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 offenders 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 offender's individualized need, using evidence-based and evidence-informed best practice approaches, including the use of medication assisted treatment (MAT);
- D. To use a standardized curriculum to maintain treatment consistency across all facilities and to ensure a smooth transition for those offenders moving from one facility to another;
- 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 offenders;
- F. To continue to develop and maintain a continuum of care with appropriate treatment opportunity for all offenders 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 offenders 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 program shall not discriminate against offenders based on gender, sexual orientation, color, national origin, race, religion, ethnicity, age, disability, political views, and/or criminal history. All program staff shall be notified of, and adhere to, non-discriminatory procedures.

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VI. CONFIDENTIALITY AND RELEASE OF INFORMATION:

The RWI program shall operate in accordance with all applicable statutes, Department policies, and Executive Directives that govern confidentiality in releasing information to offenders and other interested parties. All ARS staff shall ensure compliance with the procedures set forth in 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 RWI treatment records, releasing information, and obtaining informed consent.

- A. Each offender admitted to the RWI program shall be properly informed of federal confidentiality guidelines and their limitations. Each offender shall be required to read and sign State Form 46490, “Notice of Confidentiality Guidelines,” prior to being admitted to RWI. A copy of the signed State Form 46490 shall be retained in the offender’s medical packet.
- B. An offender’s RWI treatment record is available to all Department staff without the offender’s consent and without a signed Release of Information (ROI). This includes but is not limited to:
  1. ARS staff at other facilities;
  2. Department staff other than ARS staff with a compelling professional need to have access to the information in connection with their duties related to the diagnosis, treatment, or referral for treatment of alcohol or drug use (this may include physicians, psychologists, social workers, Unit Team staff, and behavioral clinicians), when the information is necessary to perform job requirements, and/or to provide appropriate treatment services;
  3. Department staff that have direct administrative control over a program. This may include senior facility personnel (Warden, Deputy Wardens, and Classification staff); Department Central Office staff (including the Executive Director of Addiction Recovery Services, Quality Assurance Manager, Classification staff, Records staff and supervisors, and others), and contractor staff with direct administrative control over RWI programming; and,
  4. Parole Services.
- C. Records Available to Agencies outside the Department without Offender Consent

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1. Other criminal justice agencies may be provided treatment information without the consent of the offender, and without obtaining a signed ROI.
  2. In accordance with Department Policy and Administrative Procedures, courts and personnel authorized by a court may have access to the Department's offender RWI treatment records.
    - a. All specific court orders pertaining to individual documents or the entire offender record shall cause the record, in whole or part, to be copied or released by the Records Supervisor pursuant to those orders.
    - b. If access to an offender's record was granted under compulsory legal process other than that initiated by the offender, reasonable effort shall be made to notify the offender prior to release of the information.
- D. In all other cases, offender consent and a signed copy of State Form 46729, "Authorization to Release/Request Information," must be obtained before treatment information may be released to any agency or organization outside the Department.
- E. Offender Review of RWI Treatment Records
1. Offenders are allowed to review the information in their file by initiating a request to the ARS staff. An appointment shall be set and the offender permitted to review his/her file in the presence of Unit Team staff and/or ARS staff, only after his/her treatment is complete. At no time shall offenders be left alone with the packet.
  2. If a copy of the treatment record is desired, the offender must pay the per page charge for the copies, in accordance with Department procedures.
- F. An offender, upon his/her request, shall be provided with a copy of his/her current Individualized Treatment Plan (ITP) in order to work on treatment and recovery issues. Offenders shall not be required to pay for a copy of this document.
- G. Upon successful completion of Progressions 2, 4, and 5, offenders may request a copy of the completed State Form 46032, "Verification of Completion of Education/Vocation/Substance Abuse Program," after it has



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been reviewed and signed by Classification. Offenders shall not be required to pay for a copy of this document.

- H. Access by an attorney or other representative to the offender’s records shall be permitted in accordance with the administrative procedures specified in Policy and Administrative Procedure 01-04-104, “The Establishment, Maintenance and Disposition of Offender Records.”

**VII. VOLUNTARY PARTICIPATION AND OFFENDER REFUSAL:**

- A. Addiction Recovery services is a voluntary program within the Department. An offender may never be forced to participate in any component of the Department’s Addiction Recovery services program, unless he/she are under a court-ordered involuntary civil commitment for addiction treatment.

- B. An offender shall have the right:

1. To refuse to undergo screening for the presence of a potential substance use disorder;
2. To refuse a referral for substance abuse assessment;
3. To refuse to participate in a substance abuse assessment;
4. To refuse to accept admission into the RWI program; and,
5. To voluntarily withdraw from the RWI program at any time.

- C. Regardless of the voluntary nature of the program, offenders who refuse to participate in any recommended component of the Department’s Addiction Recovery services program shall be subject to disciplinary action. Offenders shall be issued a conduct report for Code C-357, “Refusing an Assignment,” and may be placed on a maximum of a one hundred eighty (180)-day time credit/program restriction. Refusal circumstances include, but are not limited to, the following:

1. Refusal to participate in screening for a potential substance use disorder;
2. Refusal a referral for substance abuse assessment;
3. Refusal to participate in a substance abuse assessment;
4. Refusal admission to the RWI program; and/or,
5. Voluntary withdrawal from the RWI program following their admission.

- D. Offenders who refuse to participate in RWI in violation of a court order for involuntary civil commitment for addiction treatment shall have that refusal communicated to the court issuing the order.

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- E. All offender refusals shall be documented in OCMS in a Refusal Note, to include the date of refusal, offender’s reason for refusal, and imposed disciplinary sanctions. The party who directly received the offender’s refusal is responsible for completing this action.
- F. All disciplinary actions resulting from refusal to participate in the Department’s ARS program may be waived, suspended, or otherwise modified at the discretion of the facility and/or Central Office Administration.
- g. Should an offender agree to participate in the recommended ARS while serving imposed disciplinary sanction(s) resulting from a previous refusal, that offender shall be permitted to participate **only** in Addiction Recovery Services prior to completing the sanction(s).

VIII. SCREENING FOR POTENTIAL SUBSTANCE USE DISORDER(S):

- A. In order to identify offenders who may be in need of ARS, every offender newly committed to the Department, or returned to the Department after a period of being in the community, shall be screened for a potential substance use disorder, using the Department-approved behavioral health screening instrument.
  - 1. The *Global Appraisal of Individual Needs – Short Screener* (GAIN-SS; Chestnut Health Systems, 2007) is the Department-approved screening instrument to be administered to all offenders committed to the Department. The GAIN-SS is embedded within the eCenter electronic platform.
  - 2. Every offender arriving at a Department Intake facility (Reception-Diagnostic Center [RDC] for adult males, Rockville Correctional Facility [for adult females) shall be administered the GAIN-SS while at the Intake facility.
  - 3. Every offender committed directly to a facility by the Indiana Parole Board (IPB) shall be administered the GAIN-SS by ARS staff during the Admission and Orientation (A&O) period.
  - 4. The results of the GAIN-SS shall be entered into OCMS via a note entitled “ARS Screening”. The “ARS Screening” note shall include direction for facility Unit Team staff to make a program referral for ARS, if indicated.
- B. Every offender currently housed at a facility (other than an intake facility) referred for substance abuse assessment shall be administered the GAIN-SS upon the first

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meeting with ARS staff, if the offender has not already been administered the GAIN-SS.

IX: MULTIDISCIPLINARY TEAM MEETING (MDTM) (See Facility Directive):

- A. The MDTM is a critical component of RWI, requiring a cross-disciplinary, collaborative approach to non-clinical operational functions of the treatment program.
- B. Every facility operating Addiction Recovery services shall create and maintain an MDTM. Specifics of the facility's MDTM processes shall be outlined in the facility-specific ARS directive, and must meet the following minimum requirements:
  - 1. Meet at a regular frequency determined appropriate by the facility, but no less than once per month.
  - 2. Include staff persons representative of multiple clinical, administrative, and operational divisions. This includes, but is not limited to:
    - a. ARD FD/L, or designee;
    - b. Facility Health Services Administrator or designee;
    - c. Facility Mental Health Services, as applicable;
    - d. Deputy Warden of Operations or designee;
    - e. Deputy Warden of Re-Entry or designee; and,
    - f. Office of Investigations and Intelligence.
  - 3. Review conduct, safety/security concerns, Case Management needs, physical health concerns, and Mental Health needs of referrals pending admission to RWI and/or on an SLE, and unusual / difficult cases, to determine:
    - a. Barriers that warrant non-admission into, or removal from, treatment outside of ineligibility based on ARS clinical assessments; and/or,
    - b. To waive admission criteria for those who demonstrate a strong clinical need but violate eligibility criteria as outlined in Section X of this policy and administrative procedure.
  - 4. Facilitated by the ARS FD/L or designee.

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5. Include a process in which consensus decision-making is employed about RWI operations, admissions, and removals. In cases where a consensus decision cannot be made, the MDTM shall consult with the facility's Warden **and** the ED/ARS or their designee for a determination of disposition.
6. Decisions made by the MDTM shall be communicated to the offender as a consensus decision made by the team, and not by an individual member of team.

X. ELIGIBILITY CRITERIA FOR RWI PARTICIPATION:

- A. Offenders who wish to participate in the RWI program shall meet the following eligibility requirements:
  1. Clinical eligibility: The offender shall have completed a Comprehensive Substance Use Assessment with ARS staff, to establish clinical need for Addiction Recovery treatment.
  2. Conduct history: The offender shall be clear of the following conduct violations in the time frame indicated:
    - a. Any Class "A" violation in the previous twelve (12) months;
    - b. Any incident involving the use of weapons, or which caused injury to another person, in the previous twelve (12) months;
    - c. Two (2) or more Class "B" violations in the previous six (6) months, not including Class "B" violations for a substance use-related offense (e.g., a positive urine drug screen [UDS], possession of controlled substance, etc.); or,
    - d. Any Security Threat Group (STG) offense in the previous six (6) months.
- B. The following criteria or circumstances shall not be considered when determining an offender's eligibility for a substance abuse assessment referral, or for admission to RWI:
  1. Offender's EPRD;
  2. Offender's current credit class; or,
  3. Offenders who receive a conduct report for a positive urine drug screen or other violation of a substance use-related disorder.

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XI. REFERRALS FOR SUBSTANCE ABUSE ASSESSMENT:

- A. All referrals for substance abuse assessment must be made by Unit Team staff via the Program Management Referral System (PMRS).
- B. Unit Team staff are responsible to review the offender’s eligibility, as outlined in Section X of this policy and administrative procedure, prior to submitting the referral in PMRS. In cases where an offender does not meet eligibility criteria, but otherwise warrants a referral based on the circumstances listed below, Unit Team staff shall notify the ARS FD/L to schedule an MDTM staffing of the referral for waiver of policy.
- C. Unit Team staff shall refer an offender for substance abuse assessment, or ensure that the offender has an active referral for substance abuse assessment in PMRS, when any one (1) of the following circumstances or indicators are present or arise:
  - 1. Administrative Indicators
    - a. The “ARS Screening” note in OCMS indicates a need for substance abuse assessment referral;
    - b. Results of the IRAS-PIT indicate a need for substance abuse assessment referral;
    - c. Direct notification from facility medical providers, mental health staff, or ARS FD/L; or,
    - d. Direct notification from Central Office staff.
  - 2. Behavioral Indicators
    - a. A positive urine drug screen (UDS). An offender who tests positive for illegal and/or unauthorized substances on any UDS (Random, Saturation, Follow Up, or For Cause) shall be referred for a substance abuse assessment via PMRS in all cases.
    - b. A conduct charge related to drugs/alcohol. An offender who receives a conduct charge for behavior related to drugs or alcohol (for example, possession, trafficking, etc.) shall be referred for a substance abuse assessment via PMRS in all cases.
    - c. An acute intoxication episode. An offender who is seen by Health Services for treatment for confirmed or suspected

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acute intoxication shall be referred for a substance abuse assessment via PMRS in all cases.

- d. An offender who is seen by Health Services for the evaluation and/or treatment of Hepatitis C shall be referred for a substance abuse assessment via PMRS in all cases.

**XII. COMPREHENSIVE SUBSTANCE USE ASSESSMENT (CSUA):**

- A. Upon receipt of a referral from the offender’s Unit Team, facility ARS staff shall complete a preliminary eligibility review.
  - 1. The preliminary eligibility review shall occur within five (5) business days of the receipt of the referral, and shall consist of:
    - a. Evaluation of whether an initial substance abuse screening was completed at the offender’s Intake facility. If none was completed, a substance abuse screening shall be scheduled within five (5) business days of the receipt of the referral; and,
    - b. Review of additional circumstances that led to the referral being initiated.
  - 2. The results of the preliminary eligibility review shall be documented in OCMS utilizing the Referral Review Note.
  - 3. If the result of the preliminary eligibility review indicates a need for further assessment, facility ARS staff shall schedule a CSUA with the offender.
- B. The CSUA shall occur not later than ten (10) business days from the date of the preliminary eligibility review, if conducted.
- C. The CSUA consists of five (5) mandatory components:
  - 1. Offender Packet Review;
  - 2. Clinical Interview;
  - 3. Administration of the Department-approved behavioral health assessment tool;
  - 4. Safety and Security Review; and,
  - 5. Treatment Level of Care Recommendation.

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- D. An Initial Assessment Simple Note shall be entered into OCMS providing Case Management information about the disposition/recommendation of RWI admission. An Initial Assessment Clinical Note shall be entered in SAMS, detailing the results of the CSUA.
  
- E. Admission Denial/Ineligibility
  - 1. If the CSUA determines that the offender is ineligible for treatment for any reason, the ARS FD/L or designee shall close the referral in OCMS using the most appropriate closure reason code. Notation of the closure shall be included in the CSUA Simple Note entered into OCMS.
  
  - 2. If the offender refuses the recommended service program, he/she shall not be offered RWI at a different level of care and may be subject to disciplinary action as outlined in Section VII.C of this policy.
  
  - 3. Offenders who refuse recommended services may attend support groups (AA, NA, Celebrate Recovery, etc.).

**XIII. WAITLIST MANAGEMENT AND ADMISSION REQUIREMENTS:**

- A. Waitlist Procedures and Management
  - 1. The ARS FD/L at each facility shall be responsible for maintaining the waiting list for RWI services.
  
  - 2. Once an offender is determined to be eligible, but must be placed on the waitlist for services, the ARS staff shall place a Waitlist Simple Note in OCMS noting this disposition. The offender shall be electronically placed on the waitlist using the PMRS function in OCMS.
  
  - 3. Admission priority from the facility waitlist shall be established as follows:
    - a. By EPRD for any offender within twelve (12) months of EPRD, regardless of Purposeful Incarceration (PI) status or date referred for services.
  
    - b. After those offenders within one year of EPRD, the wait list shall be prioritized by **date referred** and **not** by EPRD. PI-designated offenders will fall in line with those non-PI

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offenders based on the date of their referral to services by Case Management.

- c. Access to treatment shall always take into account clinical need above all other policies. Severe and urgent clinical need shall be determined by a facility MDTM.

B. Enrollment Procedures and Management

1. Offenders who have been waitlisted prior to enrollment in treatment shall have another safety and security review prior to enrollment in RWI.
2. ARS staff shall be responsible for closing all waitlist and/or referral logs in PMRS.
3. After closing the referral/waitlist, ARS staff shall enroll the offender in the appropriate modality and progression via SAMS.
4. A Simple Enrollment note shall be entered into OCMS to provide confirmation communication to facility staff.
5. An individualized orientation session shall be held with the enrolled offender, and an Orientation Note shall be entered in SAMS.

XIV. CLINICAL DOCUMENTATION REQUIREMENTS:

A. Types of Clinical Treatment Notes and Documentation

1. Initial Assessment Note

An Initial Assessment Note shall be completed when a CSUA is completed with an offender.

2. Orientation Note

An orientation note is required at RWI enrollment after the completion of a CSUA and/or a period of time on a facility waitlist, summarizing the initial orientation activities.

3. Individualized Treatment Plan (ITP)

- a. ARS staff, in collaboration with the offender, shall develop and maintain an Individualized Treatment Plan (ITP) that



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identifies problem areas with each offender participating in RWI.

- b. Initial ITP Development and Review/Update Timeframes
    - 1) An offender’s initial ITP shall be completed at the individual orientation session and entered into SAMS within five (5) business days of the date the offender is admitted to the RWI program.
    - 2) The ITP shall be reviewed and updated at least every ninety (90) calendar days at a minimum, and when the following events occur:
      - a) Within five (5) business days of an offender’s successful completion of Progression 1 through 4;
      - b) When an offender is “rolled back” in treatment to an earlier progression;
      - c) When new treatment needs, goals, and/or measurable objectives are identified.
  - c. All ITPs (initial and review, whether updated or not) shall be signed and dated by both the offender and the ARS staff developing, reviewing, or updating the ITP with the offender. If the offender refuses to sign the ITP, a notation indicating this refusal shall be made on the ITP, which still requires ARS staff signature.
  - d. An offender shall be provided a copy of his/her ITP upon request at any time.
  - e. An ITP review/update shall be documented in the Weekly Progress Note.
4. Weekly Progress Note
    - a. A Weekly Progress Note shall be entered for every offender enrolled in RWI, summarizing their participation in all treatment interventions during a seven (7)-day calendar period.

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- b. Weekly Progress Notes shall be written using the ARS contractor provided and approved template.
  - c. The specific clinical involvement of the individual offender shall be documented using the DAP format – **Data, Assessment, Plan.**
  
- 5. Re-assessment Note
  - a. A Re-assessment Note shall be entered every time an updated DUSI-R is completed, and at minimum every ninety (90) calendar days.
  - b. The Re-assessment Note shall include the summary of findings of the updated DUSI-R assessment.
  
- 6. Discharge Note
  - a. A Discharge Note shall be entered into SAMS whenever an offender’s participation in RWI ends, whether through successful completion, voluntary or involuntary termination, release from Department custody, or transfer to another facility.
  - b. A Simple Discharge Note shall be entered into OCMS. The Simple Discharge Note shall contain the following information:
    - 1) Date of the discharge;
    - 2) Reason for discharge (i.e., successful, unsuccessful, transfer, released);
    - 3) For unsuccessful completions, the date and/or circumstances by which Unit Team staff may re-refer for ARS; or,
    - 4) For transfers, the intentions for continued care upon arrival at the newly assigned facility.
  - c. In the case of an offender’s transfer to another Department facility with the intent to continue in treatment, the Discharge Note shall be entered into SAMS. A Simple Discharge Transfer Note shall also be entered into OCMS to

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advise Unit Team staff of the intent for future referral and enrollment in continued Addiction Recovery Services.

7. Treatment Summary

- a. A Treatment Summary shall be completed in SAMS in the following circumstances:
  1. An offender completes Progression 2, Progression 4, and Progression 5; or,
  2. An offender is discharged from RWI, whether through successful completion, voluntary or involuntary termination, release from Department custody, or transfer to another facility (see “Discharge Note” above).
- b. The primary ARS staff who provided treatment to the offender shall complete the Treatment Summary. If the primary ARS staff is unable to complete the Treatment Summary, it shall be completed by the ARS FD/L.
- c. The Treatment Summary shall be developed using the ARS contractor provided and approved template.
- d. In the case of a Treatment Summary entered when an offender completes Progression 2 or Progression 4, the Treatment Summary shall include information pertaining to the offender’s involvement in Progressions 1 and 3, as applicable.
- e. The Treatment Summary shall be signed and dated by the ARS staff completing the summary, and a copy provided to the offender upon request.

B. Administrative Treatment Notes

1. Administrative Treatment Notes document activities other than treatment sessions or interventions that are relevant to the offender’s participation in RWI.
2. Administrative Treatment Notes are not required to be in DAP format, but must include the following information:

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- a. The date the note is entered;
- b. The date the activity occurred;
- c. A description of the activity; and,
- d. The provider's name, credentials, job title, and facility.

C. Submission of Clinical and Administrative Treatment Notes / Documentation

1. Weekly Progress Notes shall be entered into SAMS within five (5) business days of the end of the seven (7)-day calendar period.
2. The Treatment Summary shall be entered into SAMS within five (5) business days of the event necessitating the Treatment Summary.
3. All other clinical treatment notes/documentation shall be entered into SAMS within five (5) business days of the date the activity occurred.
4. Administrative Treatment Notes shall be entered in SAMS within five (5) business days of the date the activity occurred.

XV. ADMINISTRATIVE DOCUMENTATION REQUIREMENTS:

- A. ARS staff are responsible for documenting information in the Department's Offender Case Management System (OCMS).
- B. Administrative Documentation is for the purposes of communicating information necessary for the continuity of offender holistic case management and required to effectively communicate with the assigned facility's staff. Documentation does not include information that is protected by the Health Insurance Portability and Accountability Act (HIPAA) confidentiality guidelines and 42 CFR.
- C. Types of Administrative Documentation
  1. ARS Screening Note – the results of the GAIN-SS that includes direction for facility Unit Team staff to make a program referral for ARS, if indicated.
  2. Referral Review Note – the results of the preliminary eligibility review after receiving a referral from the offender's Unit Team.

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3. Initial Assessment Simple Note – provides information about the disposition and/or recommendations for RWI admission after the completion of a CSUA.
4. Waitlist Simple Note – provides information as to the date an offender was placed on a facility waitlist for RWI services after the completion of a CSUA.
5. Enrollment Simple Note – provides information as to the date an offender was admitted, whether directly, or from a waitlist, into RWI services and the recommended level of care.
6. Refusal Note – this note is written by ARS staff when they directly receive the refusal to participate in screening, assessment, or recommended Addiction Recovery services. This note is written by Unit Team staff in the event that they directly receive the refusal.
7. Discharge Simple Note – provides information as to the date, reason, and any follow-up recommendations upon discharge from RWI. This includes all types of discharge, including successful and unsuccessful.

**XVI. PROGRESSION EPISODE COMPLETIONS:**

- A. ARS staff are responsible for administratively completing progressions for offenders based on clinical progression/regression.
- B. In order to maintain clinical continuity, and to ensure proper data collection and reporting, it is essential that the completion of an offender’s participation in an RWI progression is properly coded in SAMS. The appropriate completion status for a progression must be chosen whenever an offender:
  1. Successfully completes the progression;
  2. Leaves the facility while participating in an RWI progression;
  3. Is removed from the RWI program (voluntarily or involuntarily); or,
  4. Is regressed to repeat earlier progression(s), based on the determination of the clinical treatment team.
- C. Progression episode completions shall be entered into SAMS using the guidelines located in Appendix B of this policy and administrative procedure.

**XVII. FACILITY-SPECIFIC ARS DIRECTIVE (See Facility Directive):**

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- A. Each facility shall develop a facility-specific ARS directive to address the delivery of Addiction Recovery services at that facility.
- B. Topics to be addressed by the facility-specific ARS directive include but are not limited to:
  - 1. Physical plant specifications, including location of the SLE and RWI programming space;
  - 2. Program limitations (for example, being unable to provide one or more treatment modalities);
  - 3. Policies and procedures for the MDTM as outlined in Section IX.B of this policy;
  - 4. Specialized UDS policies and procedures for RWI participants;
  - 5. Guidelines for programming hours, including the influence of facility movement and recreation; and,
  - 6. Facility-specific amendments to eligibility criteria for RWI participation that have received prior approval by the ED/ARS.
- C. Facility-specific directives shall be updated annually not later than June 30<sup>th</sup> of each year, and submitted to the ED/ARS for approval prior to implementing any changes.

**XVIII. EARNED CREDIT TIME (TIME CUT) SUBMISSION:**

- A. Offenders incarcerated in the Department may earn credit toward time served (a “time cut”) for completing the RWI program, according to the following schedule:
  - 1. Completion of Progression 2 → Thirty (30) day time credit
  - 2. Completion of Progression 4 → Sixty (60) day time credit
  - 3. Completion of Progression 5 → Ninety (90) day time credit
  - 4. There are no time credits available for completing Progressions 1, 3, or 6
  - 5. Self-help support groups (AA, NA, Celebrate Recovery, etc.) are not time cut eligible programs.
- B. Central Office Addiction Recovery and Classification staff shall make the final determination as to whether the offender receives a time credit for completing qualifying portions of the RWI program.
- C. Time Cut Submission Requirements

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1. All time cut requests shall be processed using the SAMS electronic time cut submission process.
2. All time cut requests shall be submitted within five (5) business days of an offender's successful completion of a qualifying RWI progression.
3. All clinical documentation must be completed prior to ARS staff submitting a time cut request.
4. The ED/ARS, Quality Assurance Manager, or other assigned staff shall review all electronic time cut submissions within five (5) business days from the date of receipt of the time cut request, to determine whether the offender successfully completed the required RWI progressions.

**XIX. CENTRAL OFFICE REVIEW:**

- A. To ensure overall quality of the Department's ARS program, Central Office staff shall retain authority to periodically review offenders' ARS treatment records. The purposes of the Central Office review include but are not limited to:
  1. To determine whether an offender successfully completed a portion or the entirety of the RWI program;
  2. To ensure that documentation supports facility ARS staff's determination of a successful completion, termination, or other offender status decision; and,
  3. To monitor the quality of clinical documentation.
- B. Determinations that may be made by Central Office staff include, but are not limited to:
  1. Rejecting facility ARS staff's determination of a successful completion of a portion of, or the entirety of, the RWI program; and/or,
  2. Direction of remediation actions for facility staff, including but not limited to:
    - a. Entry of additional clinical documentation;
    - b. Reassignment of RWI treatment modality;
    - c. Reassignment of RWI treatment progression;
    - d. Termination of an offender's participation in RWI; and,
    - e. Reinstatement of an offender to RWI.

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- C. Administrative review determinations regarding time cut requests shall be made by the Quality Assurance Manager or designee.
- D. Clinical review determinations, including quality of, or need for, additional documentation, shall be made by the ED/ARS or the designee. In all cases where an offender's status within the RWI program will be impacted, the clinical review shall be performed by a clinician licensed in Addiction Recovery, social work, mental health counseling, or other related field.
- E. Should an offender receive a time credit and later violate facility conduct policies, Disciplinary Hearing Boards are authorized to remove credit time earned via ARS program completion.

XX. JOB ASSIGNMENT AND PAY RATES:

- A. Offenders shall be entitled to receive offender pay for their participation in RWI. Offenders shall be paid according to the following schedule:
  - 1. Offenders assigned to the ROC or IOP modalities
    - a. Offenders in the ROC and IOP modalities are unlikely to have an "outside job" (a paid work position, either within or external to the facility), due to their RWI programming requirements.
    - b. Offenders in the ROC and IOP modalities shall be paid "Grade 3" pay at a rate of six and one-half (6.5) hours per day, five (5) days per week.
  - 2. Offenders assigned to the OP and RP modalities
    - a. Offenders in the OP and RP modalities are encouraged to seek and maintain an outside job, as a means of exercising their recovery skills in a community-type environment.
    - b. Offenders in the OP and RP modalities shall be paid according to whether they hold an outside job as follows:
      - 1) OP offenders with an outside job shall be paid for an additional five (5) hours per week at the pay rate of their outside job.



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- 2) RP offenders with an outside job shall be paid for an additional one (1) hour per week at the pay rate of their outside job.
- 3) OP and RP offenders who do not have an outside job shall be paid “Grade 4” pay at a rate of thirty (30) hours per week.
- 4) OP and RP offenders who have a disability or other condition that prevents them from working, as documented by the facility’s Health Services, shall continue to receive “Grade 3” pay at a rate of thirty (30) hours per week.

B. ARS staff and Unit Team staff responsibilities

1. ARS staff shall provide a roster to Unit Team staff of all offenders enrolled in RWI, detailing the offender’s current modality assignment and what pay code that offender is entitled to receive.
2. Unit Team staff shall enter the appropriate number of hours for which an offender should be paid in the offender information system.

**XXI. PURPOSEFUL INCARCERATION (PI):**

Purposeful Incarceration (PI) is a joint initiative between the Department, the court system, and the Indiana Parole Board (IPB). The goal of this partnership is to ensure that offenders who are in need of and are expected to benefit from ARS have access to and participate in the RWI program. Offenders are recommended for PI when the sentencing judge or the IPB believes the offender’s criminal conduct is directly related to substance use, and that the offender would benefit from Addiction Recovery treatment while incarcerated. Offenders designated for PI are eligible to be considered for a sentence modification or Parole modification upon successful completion of the clinically indicated addiction treatment program.

A. Recommendation and Designation for Purposeful Incarceration

1. Recommendation for PI shall be made only by a judge or the IPB.
2. Notification of a PI recommendation shall only occur by the following methods:
  - a. Through an Abstract of Judgment and/or Sentencing Order that includes language indicating that an offender is recommended for PI and considered for a sentence modification; or,

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- b. By direct notification to the Department by the IPB (via US mail or email).
    3. The final designation of an offender for PI shall be made exclusively by the Department's Classification Division, based on a review of the offender's Abstract of Judgment and/or Sentencing Order (and, if necessary, court minutes from the INcite record), or the IPB Notice of Disposition.
      - a. In cases where it is unclear whether the sentencing judge or the IPB intended to recommend the offender for PI, Classification staff shall contact the sentencing court/IPB for clarification and, if necessary, request and obtain an updated AOJ, Sentencing Order, or Notice of Disposition.
      - b. Classification staff shall document that the offender is designated for PI in the commitment screen in the offender information system, and note that the offender has been designated for PI in the offender's Classification and Diagnostic Summary and the Classification Designation Instrument.
- B. Placement for PI-Designated Offenders
1. Classification staff at intake facilities shall adhere to Policy and Administrative Procedure 01-04-101, "Adult Offender Classification," when considering placement for PI-designated offenders.
  2. When possible, PI offenders shall be assigned to a facility near the county of sentencing.
- C. Admission Guidelines for PI-designated Offenders
1. Admission and waitlist guidelines for PI-designated offenders is specified in Section XIII of this policy and administrative procedure.
  2. PI-designated offenders that meet eligibility criteria shall be referred for substance abuse assessment during or immediately after completing facility admission and orientation activities and procedures, prior to being referred for other educational, vocational, or restorative programming.
- D. Communication with Courts or the IPB Regarding PI Offenders
1. The ED/ARS shall notify the sentencing judge or the IPB when an offender designated for PI does not meet statutory eligibility requirements for

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participating in the initiative, when that outcome is determined based on a review of the offender's packet.

2. ARS Facility Staff Communication Responsibilities

a. ARS staff are responsible for initiating notification to a sentencing judge or the IPB of all significant changes in a PI-designated offender's RWI program enrollment status, including:

- 1) Non-enrollment (whether by program refusal or clinical ineligibility);
- 2) Termination;
- 3) Transfer; or,
- 4) Successful completion.

b. The ARS FD/L shall ensure that notification of all significant changes is provided to the sentencing judge or the IPB within five (5) business days of the status change.

c. The ARS FD/L shall include the following in the communications with sentencing judge or the IPB:

- 1) Notification Letter, using the applicable Department-approved cover letter template; and,
- 2) Treatment Summary.
- 3) Progress Reports are no longer required but may be optionally included at the request of the sentencing judge or the IPB.

d. In addition to providing the Notification Letter and ARS Treatment Summary to the sentencing judge or the IPB, a copy of the Notification Letter shall be emailed to the Purposeful Incarceration email inbox at:

[purposefulincarceration@idoc.in.gov](mailto:purposefulincarceration@idoc.in.gov).

e. ARS staff shall respond to requests for updates on a PI-designated offender's progress in the RWI program within two (2) business days.

3. Unit Team Staff Responsibilities

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- a. Unit Team staff shall be responsible for ensuring copies of all PI-related correspondence are filed in the offender's packet and the IDOC Record Management System (IRIS). **(Note: the Treatment Summary and/or other documentation containing protected health information [PHI] shall not be filed in the offender's packet or scanned into IRIS.)**
- b. In cases where the IPB or sentencing judge requests a progress report, Unit Team staff shall provide an updated Offender Progress Report to accompany ARS-related communications with the courts or the IPB. The Offender Progress Report shall be developed, reviewed, and provided to ARS staff within five (5) business days of the date of request.

**XXII. OFFENDER MOVEMENT IN SUPPORT OF RWI:**

**A. Intra-facility Offender Movement**

1. The ARS FD/L is responsible for initiating offender movement into and out of the SLE by coordinating with facility Classification, Custody, Investigations and Intelligence (I&I), and other staff as needed.
2. The ARS FD/L shall be responsible for ensuring that updated count letters, program schedule, and other information impacting offender movement within the facility is provided to facility Custody staff and other facility staff as required.

**B. Inter-facility Offender Movement**

1. Offenders with an active referral for substance abuse assessment, on a facility's RWI waitlist, or currently participating in RWI who transfer facilities must request a new referral for substance abuse programming from the assigned Unit Team staff as soon as possible upon arriving at the new facility.
  - a. Offenders who were actively participating in RWI at the time of facility transfer shall be admitted into the same progression at their new facility at the earliest available opening, provided they have been properly referred for RWI. Resuming Addiction Recovery treatment shall take precedence over all other program referrals. If the clinically indicated and/or prior modality of treatment is not available at the assigned facility, the ARS FD/L shall place the offender in the level of treatment that most closely matches the clinical need.

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- b. In the event that there is strong clinical evidence that the offender needs a more intensive modality of treatment not offered at the facility, the ARS FD/L shall coordinate with Classification staff and Unit Team at the facility to recommend and determine if a transfer is warranted and feasible.
  - c. Offenders who were on an RWI waitlist at the time of transfer shall be placed on the waitlist at their new facility using the original date of referral from the prior facility, provided they have been properly referred for RWI. Alternately, these offenders may be immediately admitted to the RWI program if there is no waitlist at the receiving facility.
2. The sending facility ARS FD/L shall be responsible for the following:
- a. Ensuring the Discharge Simple Note in OCMS articulates the intentions for continued treatment upon transfer;
  - b. Ensuring the offender's RWI treatment records are complete and up-to-date in SAMS; and,
  - c. Communicating any specific treatment needs or concerns of the offender to the receiving ARS FD/L.

**XXIII. PHYSICAL PLANT REQUIREMENTS:**

**A. Sober Living Environment (SLE)**

The SLE is a dedicated housing space set aside for offenders participating in the RWI program. It shall have the ability for controlled movement and access that inhibits the opportunity for outside influences from General Population and/or other programs.

**B. Programming space**

- 1. Facilities shall ensure the sufficient availability of individual counseling space to accommodate program requirements, ensuring confidentiality while maintaining the safety and security of the facility. Each individual office and/or counseling space shall be provided with adequate seating for the counselor and offender.
- 2. Facilities shall ensure the sufficient availability of group meeting rooms to accommodate program requirements. Group meeting rooms shall be of

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adequate size and shall be furnished with enough seating to accommodate the size of the group being served.

3. Programming space shall include locations both on the SLE (where one exists) and off designated SLE's.

**XXIV. DRUG AND ALCOHOL TESTING/ILLCIT SUBSTANCE POSSESSION:**

- A. The RWI program shall include drug and alcohol testing as an integral part of offender accountability.
  1. Drug and alcohol testing shall be conducted in accordance with the administrative procedures specified in Policy and Administrative Procedure 02-03-116, "Offender Urinalysis Program."
  2. Guidelines and expectations regarding drug and alcohol testing shall be provided to each offender during orientation to RWI, including but not limited to notification that the refusal of a drug or alcohol test may be grounds for denying admission to or immediate termination from the RWI program, and may incur a six (6)-month time credit program restriction.
- B. ARS staff shall regularly check drug testing results in SAMS for offenders on their case load. In addition, ARS staff shall check for an offender's test results prior to submitting a time cut request following successful completion of a qualifying treatment progression.
- C. Treatment Guidelines for Positive Drug and Alcohol Screens
  1. Any offender who tests positive for drugs or alcohol shall have his/her ITP thoroughly reviewed.
  2. An appropriate action shall be taken, including treatment regression or possible termination from the program if it is believed the offender is committed to continuing use.
  3. The outcome of the action shall be included in an Administrative Treatment Note in SAMS.
- D. Treatment Guidelines for Possession of an Illicit Substance
  1. Any offender who is found guilty of being in possession of an illicit substance shall have his/her ITP thoroughly reviewed.

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2. An appropriate action shall be taken, including treatment regression or possible termination from the program if it is believed the offender is committed to continuing use.
3. The outcome of the action shall be included in an Administrative Treatment Note in SAMS.
4. A safety and security review of the circumstances shall be done in collaboration with the facility's Office of Investigations and Intelligence (I&I) to discuss relevant concerns regarding continued participation in treatment.

**XXV. SECURITY THREAT GROUP (STG) AFFILIATION AND ACTIVITY IN RWI:**

- A. STG-related activity is strictly prohibited within the RWI program. Immediate termination from RWI programming and removal from the SLE shall occur for any of the following:
  1. Recruiting activities (soliciting new members);
  2. Probating activities (indoctrination of new members);
  3. Display of gang colors;
  4. Flashing gang signs;
  5. Possession of gang symbols in any form, including graffiti and new tattoos; and,
  6. Altercations.
- B. Offenders terminated from RWI and/or removed from the SLE for STG-related activity must wait a minimum of six (6) months before being referred again for RWI.
- C. All STG-related activities shall be reported to facility Custody and I&I staff for follow up, and may incur additional conduct sanctions.

**XXVI. STANDARDIZED OFFENDER RECORDS:**

- A. ARS staff shall maintain standardized offender records.
  1. ARS staff shall be responsible for completing, gathering, and maintaining all information relevant to the services provided in the program.
  2. All documentation shall be completed and maintained in Department-approved electronic systems and/or maintained:
    - a. On hard copy in the offender's RWI service record;

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- b. On hard copy in the offender's medical packet; or,
- c. On hard copy in the offender's Packet, as applicable.

B. General guidance for record management

1. Addiction treatment records shall be maintained in Department-approved electronic systems whenever possible.
2. All documentation requiring ARS staff signature shall be signed in ink.
  - a. The ARS staff member's full signature and initials of degree(s) and credential(s)/certifications(s) held is required.
  - b. Forms **shall not** be pre-signed by staff.
3. Prior substance abuse treatment information from treatment providers outside the Department and other collateral information may be kept in the offender's RWI service record, where relevant.

C. The following information shall be maintained in the SAMS electronic system:

1. Offender screening and assessment scores (GAIN-SS and DUSI-R scores) and other assessment results as applicable;
2. Offender's Individualized Treatment Plan, including initial ITP and all updates/reviews;
3. All clinical treatment and administrative treatment documentation;
4. Treatment Summary; and,
5. State Form 46032, "Verification of Completion of Education / Vocation / Substance Abuse Program," SAMS Electronic Verification of Completion.

D. The following forms shall be maintained on hard copy in the offender's RWI service record:

1. State Form 46490, "Notice of Confidentiality Guidelines;"
2. State Form 46494, "Informed Consent;"
3. State Form 46729, "Authorization to Release/Request Information;" and,
4. State Form 46032, "Verification of Completion of Education / Vocation / Substance Abuse Program."

E. Disposition of records upon offender discharge from RWI



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1. The forms listed in Section D above shall be transferred from the offender's RWI service record to the section of the offender's medical packet dedicated to Addiction Recovery when an offender is discharged from the RWI program.
2. The offender's final Treatment Summary and last reviewed ITP shall be printed from SAMS, signed by ARS staff, and placed in the section of the medical packet dedicated to Addiction Recovery.
3. Offender-generated material (for example, journals, step work, self-assessments, etc.) shall not be placed in the medical packet at the time of discharge from the program. Offender-generated materials shall be returned to the offender prior to discharge from the program.
4. If an offender leaves the facility prior to the Addiction Recovery material being placed in the medical packet, the material shall be mailed directly to the Addiction Recovery coordinator at the receiving Department facility. If the offender did not go to another Department facility, the records shall be processed in accordance with the handling practices specified in IDOC Policy and Administrative Procedure 01-04-104, "The Establishment, Maintenance and Disposition of Offender Records."
5. The disposition of all non-electronic offender records shall be documented via Administrative Treatment Note in SAMS.

**XXVII. ADMINISTRATIVE REPORTING:**

- A. A quantitative Monthly Service Report shall be submitted via email no later than the tenth (10<sup>th</sup>) of each month to the contracted Regional Director of Addiction Recovery Services and the IDOC ED/ARS. All SAMS documentation must be completed by the tenth (10<sup>th</sup>) 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 using the ARS contractor developed/provided template approved by the ED/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 offenders served during the calendar month;
  3. Number of offenders on waitlist as of the last day of the calendar month;
  4. Number of newly admitted offenders;

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5. Number of offenders who successfully completed Progression 5;
6. Number of offenders who voluntarily disenrolled (completion code “QUIT”);
7. Number of regressions (completion code “REGRESS”);
8. Number of transfers to another facility (completion code “TRANS”);
9. Number of involuntary terminations (completion code “DROP”), including reason for termination;
10. Number of urine drug screens (UDS) performed on program participants and the number of positive UDS among program participants. These numbers shall be confirmed with the facility’s UDS Coordinator prior to submission.

D. The Warden and/or Deputy Warden for Re-Entry shall be provided with a copy of the program’s Monthly Service Report for review.

**XXVIII. TRAINING:**

**A. Facility employee training**

1. The ARS FD/L (in conjunction with the facility Training Coordinator) shall be responsible for ensuring all employees at a facility are provided with an overview of the Addiction Recovery services that are available at the facility.
  - a. New employees shall receive information on the facility’s ARS program during the New Employee Training period.
  - b. All current staff at a facility shall receive refresher training during annual in-service training.
  - c. Employee training may occur via in-person presentation, through an electronic learning module, or by distribution of written information.
2. The following information shall be included in the employee training program:
  - a. An overview of the RWI program and the modalities that are available at the facility;
  - b. General criteria for admission to RWI;
  - c. Procedures an offender needs to follow to request a referral to RWI;

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- d. Information related to the specialized intensive treatment units;
  - e. Basic information to help employees identify signs and symptoms of offenders who may be acutely intoxicated or overdosing on substances; and,
  - f. This policy and administrative procedure and all applicable Executive Directives and Health Care Services Directive.
- B. ARS staff shall participate in any specialized training determined necessary by the contractor Regional Director of Addiction Recovery Services, the Division of Staff Development and Training, and the ED/ARS.

XIX. APPLICABILITY:

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

\_\_\_\_\_  
signature on file  
Robert E. Carter, Jr.  
Commissioner

\_\_\_\_\_  
Date