



State of Indiana
Indiana Department of
Correction

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03-02-104

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

Title

**JUVENILE CLASSIFICATION AND COMPREHENSIVE CASE
MANAGEMENT**

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)(5)		ACA:
IC 11-8-2-5(a)(8)	01-04-104	JTS: 1A-06, 1A-21, 2C-02-1, 3A-13, 3A-14,
IC 11-8-2-5(a)(12)	03-02-101	3E-01, 3E-02, 3E-03, 5A-01, 5A-02, 5A-03,
IC 11-10-2-1 <i>et seq.</i>	03-02-102	5A-04, 5B-01, 5B-02-1, 5B-03, 5B-04, 5B-07,
IC 11-10-3-2	03-03-102	5B-08, 5B-09, 5C-01, 5C-12, 5D-05, 5I-01, 5I-
IC 11-10-4-1 <i>et seq.</i>		02, 5I-03, 5I-04, 5I-08, 5I-10
IC 31-37-19-6		CO: 4A-01, 4B-01, 4B-02, 4B-03, 4B-04, 4B-
		05, 4B-06

I. PURPOSE:

The purpose of this policy and its administrative procedures is to establish the development and delivery of comprehensive case management services for students committed to Division of Youth Services in the Department of Correction.

II. POLICY:

The Indiana Department of Correction Division of Youth Services is a component of the state's juvenile justice system. The purpose of the Department is to receive juveniles legally committed by Indiana courts and prepare these juveniles for re-entry into society equipped with the necessary skills to avoid further criminal behavior. Utilizing a Balanced and Restorative Justice philosophy, the Mission of the Indiana Department of Correction's Division of Youth Services is to promote community protection, youth accountability, and competency building to foster responsible, successful, and productive community living.

The Constitution of the State of Indiana provides the basis for the treatment of delinquent juveniles by dictating that the Penal Code be based on reformation rather than vindictive justice.

The Juvenile classification process divides student into subgroups based upon the student's level of risk to reoffend within the community, with the goal of placing each student in the least restrictive environment consistent with the needs of society and the student. The Comprehensive Case Management System is then used to provide standardized and effective levels of intervention and a seamless continuum of services and

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programs that promote the development of healthy students through accountability and competency development, while providing appropriate levels of supervision that ensure public safety.

The Comprehensive Case Management System begins with the process of estimating students' likelihood to continue criminal behavior by identifying their level of risk to re-offend within the community. Classification decisions are then made based upon risk assessment and security levels necessary to ensure public safety. In addition, a needs assessment, along with a variety of additional individualized assessments, is used to identify criminogenic needs, level of responsivity, and individual problem areas which require intervention.

Individual Growth Plans with Projected Program Completion Dates are developed matching the student's criminogenic needs to programs and services reinforcing student accountability, and addressing specific competency development. Student's progress through their treatment programs by increasing their pro-social skills and abilities. As dynamic risk factors decrease and pro-social skills and abilities increase, students receive increased levels of responsibility and independence.

While the majority of programming occurs during the student's time at a facility, treatment gains must be maintained when the student returns home. The Comprehensive Case Management System strengthens re-entry efforts between institutional staff, field staff, community service providers, the student and his/her family.

The level of community services provided to a student upon release from placement is based upon their estimated risk level to re-offend. Successful re-entry into society through the development of healthy, pro-social skills is combined with support services to reduce the potential for continued criminal activity.

Throughout the Juvenile Classification and Comprehensive Case Management process, data is gathered which is used to assist the Department in analyzing and evaluating its Division of Youth Service Program.

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COMPREHENSIVE CASE MANAGEMENT SYSTEM FLOW CHART

COMMITMENT TO DEPARTMENT

INTAKE PHASE

(First two weeks of commitment)



GROWTH PHASE

(Indeterminate or determinate)

Levels 1 - 4



RE-ENTRY PHASE



RELEASE PHASE



AFTERCARE PHASE

(Community Supervision, TRP, Probation)

III. DEFINITIONS:

For the purpose of these administrative procedures, the following definitions are presented:

- A. **ADMINISTRATIVE REVIEW COMMITTEE (ARC):** A group of staff persons designated by the Facility Head who are the final approving authority and are responsible for student progression from the Growth Phase to the Re-entry Phase and then to Release Phase from the facility. This committee is comprised of the Facility Head or designee, and three (3) administrative designees [one (1) representing educational services, one (1) representing therapeutic services, and one (1) representing custody].
- B. **BALANCED AND RESTORATIVE JUSTICE MODEL:** The model adopted by the Department of Correction, Division of Youth Services, as the foundation of its juvenile service program. The three goals of the Balanced and Restorative Justice (BARJ) approach are: Accountability, Competency Development, and Community Safety.
- C. **CLASSIFICATION:** The process used by the Department to successfully place a student and which assists in the decision-making process regarding the facility planning, program development, and facility management.

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- D. **CLASSIFICATION COMMITTEE:** A group of staff persons designated by the Facility Head who are responsible for assigning student facility/housing unit, program assignment, and security needs.
- E. **COMMUNITY SUPERVISION:** The conditional release of a juvenile before the time of a mandatory and unconditional discharge from commitment.
- F. **CRIMINOGENIC NEEDS:** Those static and dynamic risk factors closely associated to an individual's criminal behavior.
- G. **DETERMINATE SENTENCE:** Two sentencing options as prescribed by Indiana Code 31-37-19-9- and 31-37-19-10 which allow the committing judge to sentence a juvenile for a specific amount of time if the juvenile meets the criteria in the above mentioned codes.
- H. **DISCHARGE:** The unconditional release of the juvenile from commitment.
- I. **DYNAMIC RISK FACTOR:** Those risk factors capable of change through intervention (e.g., substance abuse).
- J. **FOREIGN NATIONAL:** Any student committed to the Department who is not a citizen of the United States of America or is not legally a permanent or temporary resident alien of the United States.
- K. **GROWTH PHASE:** The second phase of the Comprehensive Case Management System in which the Individual Growth Plan is developed; this phase contains four (4) levels of growth that the student must progress through successfully before completing his/her treatment program.
- L. **INDIVIDUAL AFTERCARE PLAN (IAP) :** This written plan identifies both the Projected Program Completion Date (PPCD) along with identifying services to be provided to the student during the Aftercare Phase; this plan is developed at the initial treatment team meeting and then is reviewed and updated throughout the student's progress through his/her commitment to the Department.
- M. **INDIVIDUAL GROWTH PLAN (IGP):** The individual plan developed for each student that specifies how the needs, goals, and strategies identified in the Intake Assessment Report will be addressed during the Growth Phase.
- N. **INDIVIDUAL GROWTH PLAN SUMMARY (IGS):** A written report that is completed at the end of the Growth Phase summarizing a student's progress throughout the Growth Phase.

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- O. **INTAKE ASSESSMENT REPORT (IAR):** The report developed for the student at the Intake Facility/Unit assessing psycho-social history, medical needs, educational needs, psychological/psychiatric needs, security needs, criminogenic needs, and potential intervention strategies.
- P. **INTAKE PHASE:** The initial phase of the Comprehensive Case Management system during which the Initial Risk and Needs Assessment Instruments and the Intake Assessment Reports are completed.
- Q. **OVERRIDE:** The administrative decision to place a student outside the area indicated on the Institutional Placement Decision Tree based upon the safety and security of the Department, the community, and the needs of the student.
- R. **PAROLE PHASE:** The final phase of the Comprehensive Case Management System; this phase begins upon the student's release from the facility.
- S. **PERFORMANCE BASED STANDARDS (Pbs):** Standards developed to improve conditions of confinement for youth in facilities around the country. Pbs asks the facilities to report data twice a year and report back on 105 outcome measures for correctional facilities that indicate performance toward meeting standards derived from seven (7) goals, one goal for each of the following components of facility operations: safety, security, order, programming (including education), health/mental health, justice and reintegration.
- T. **PREA PREDATOR LIKELY:** A student identified by staff as having a history of sexually assaultive behavior or is determined to present a risk to vulnerable offenders.
- U. **PREA VICTIM LIKELY:** A student identified by staff who may need special services due to being a victim of sexual assault or misconduct or who is potentially susceptible of becoming a victim of sexual assault or misconduct while in a correctional setting.
- V. **PRISON RAPE ELIMINATION ACT (PREA):** In order to provide a safe environment for all youth, the Department has established policy and procedures regarding the prevention of sexual conduct by offenders (Policy 02-01-115) which includes orientation and education of staff and students and also the identification of PREA Predator Likely and PREA Victim Likely students.
- W. **PROJECTED PROGRAM COMPLETION DATE (PPCD):** This date is established as a target goal and may be positively or negatively effected by the student's behavior and program progress.

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- X. **RECIDIVISM:** A return commitment or incarceration within 3 years of the student's date of release from a state correctional facility.
- Y. **RE-COMMITMENT:** The commitment to the Department of a student who was previously committed to the Department.
- Z. **RE-ENTRY PHASE:** The third phase of the Comprehensive Case Management System, with the phase promotion approved by the Administrative Review Committee, the student's treatment focus is on relapsed prevention and reconnecting with the community.
- AA. **RELEASE PHASE:** The fourth phase of the Comprehensive Case Management System, with the phase promotion approved by the Administrative Review Committee, the student's treatment focus is on the aftercare and returning to the community.
- BB. **RESPONSIVITY:** Consideration of how well students will be able to respond to the programs and services offered based on the student's learning style and the therapist's treatment style.
- CC. **RISK and NEEDS ASSESSMENT INSTRUMENT:** The objective and validated instrument used to determine a student's potential for recidivism based upon both static and dynamic factors.
- DD. **RISK LEVEL:** The three (3) degrees of risk (high, medium, low) determined by the Risk Assessment Instrument which indicate the Propensity for the student to recidivate.
- EE. **RISK ASSESSMENT FOR PAROLE SUPERVISION:** The instrument utilized during the Parole Phase, which directs the level of supervision.
- FF. **STATIC RISK FACTOR:** Those risk factors that are not capable of change through intervention (e.g., number of prior offenses).
- GG. **TEMPORARY LEAVE:** A period of time during which a student is allowed to leave the program or facility and go into the community for various purposes consistent with public interest and individual treatment needs.
- HH. **TREATMENT TEAM:** The group of staff persons assigned to a student who will assist in the development and review of the Individual Growth Plan for the student.

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IV. INTAKE PHASE: INTAKE UNIT- ADMISSION PROCEDURES:

A. DESIGNATION OF INTAKE UNITS/FACILITIES:

1. The Commissioner shall designate facilities, to operate as Intake Units for students committed to the Department. At this time, these facilities are located at:
 - a. The Logansport Juvenile Correctional Facility - Intake/Diagnostic Unit, which receives male delinquent students; and,
 - b. The Madison Juvenile Correctional Facility – Intake/Diagnostic Unit, which receives female delinquent students.
2. The Commissioner, or designee, shall notify all counties and committing courts of those facilities so designated.

B. ADMISSION:

1. The Intake Unit shall ensure that the commitment of any student is within statutory limitations.
 - a. The Intake Unit/Facility shall receive a completed, signed, and certified **DISPOSITIONAL ORDER**. By completing the dispositional order the court awards wardship to the Indiana Department of Correction.
 - b. The Intake Unit shall ascertain that the student on the date of the **DISPOSITIONAL ORDER** is at least twelve (12) years of age and less than eighteen (18) years of age. The Intake Unit shall ascertain that the female student is not known to be pregnant at the time of commitment.
 - c. The Intake Unit shall determine that the student is subject to commitment to the Department of Correction.
2. Upon admission of a student, the delivering governmental agency shall be provided with State Form 23605, **OFFENDER TRANSPORT ORDER**. (ATTACHMENT 1.)
3. The facility shall process the student's personal property in accordance with its operational procedures for Policy 02-01-101, "Offender Personal Property."
4. Upon admission to the Intake Unit, each student shall be strip-searched, ectoparasite control procedure will be utilized, and the student will be showered. Facility clothing and personal hygiene items shall be provided

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as necessary. A bed assignment will be created in the Juvenile Data System (JDS).

5. Each student shall be assigned a departmental identification number. Students previously committed to the Department shall retain their original identification number.
6. The JUVENILE OFFENDER ARRIVAL AND IDENTIFICATION REPORT shall be generated through the Juvenile Data System (JDS). This report provides a summary of important data entered at various stages of the intake process.
7. Students are assigned to both a housing unit and a specific bed.
8. Students complete medical, dental, and mental health screenings.
9. Students who can not read or understand English will have translator services made available.
10. The Intake Unit shall provide the student with an Admission and Orientation Program, within 24 hours of arrival, to introduce the students to the Department, the Division of Youth Services and specifically the Intake Unit. Following is a list of the Admission and Orientation Program and is outlined in the Student Orientation Checklist (ATTACHMENT 2):
 - a. Introduction to the Department of Correction, Division of Youth Services (DYS) and specially this Intake Unit
 - b. Student Rights and Expectations
 - c. Family Notification and Involvement
 - d. Facility Emergency Evacuation Plan
 - e. Juvenile Classification
 - f. Classification Hearing Notice
 - g. Public Defender or Indiana Notification
 - h. Comprehensive Case Management Policy
 - i. Access to Medical, Dental and Optical Services
 - j. Access to Mental Health Services
 - k. Notice of Confidentiality Guidelines
 - l. Indiana Escape Law
 - m. Indiana Battery Law
 - n. Indiana Trafficking Law
 - o. Access to State Ombudsman's office
 - p. Zero Tolerance Notification for Security Threat Group Activity

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- q. Zero Tolerance for Sexual Assault and Sexual Assault Prevention Reporting Orientation and brochure
 - r. Department of Correction, Division of Youth Services policies:
 - Code of Conduct
 - Student Secure Housing Units
 - Reporting of Child Abuse and Neglect
 - Use of Physical Force
 - Tort Claims for property loss
 - Academic and Technical Programs
 - Delivery of Religious Services
 - Delivery of Recreation Services
 - Offender Personal Property
 - Offender Correspondence
 - Offender Telephone
 - Searches and Shakedown
 - Inmate Trust Fund
 - s. Student Access to Department policy and procedure
 - t. Student Handbook
 - u. Orientation Confirmation
11. During the intake process, designated staff shall review the documentation accompanying the student to determine whether there has been a request for notification by a victim/witness. If a request for notification is found, the staff person shall contact the facility Victim/Witness Coordinator and the student's packet will be marked in accordance with the administrative procedures for Policy 00-03-201, "Victim/Witness Resource Services."
 12. During the intake process, the designated staff shall review the documentation accompanying the student to determine whether the student has been identified as a Foreign National. All foreign nationals are to be identified and ensure that information is gathered and disseminated in accordance with the Administrative Procedures Policy 00-01-103, "The Operation of the Office of Internal Affairs."
 13. During the intake process, the designated staff shall review the documentation accompanying the student to determine if child support payments have been ordered to be paid to the Department of Correction. These orders shall be forwarded to the Executive Director of Division of Youth Services or designee.

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14. During the intake process, the designated staff shall review the documentation accompanying the student. The purpose of this review is to determine whether there is a need for notification of the State of Indiana Sex Offender Registry. This need shall be based upon:
 - a. The Court's identification of the student as a sex offender under IC 5-2-12-4(1); and,
 - b. The "Court has found by clear and convincing evidence that the child is likely to repeat an act that would be an offense under IC 5-2-12-4(1)."

If the need for such notification is found, the staff person shall contact the facility Sex Offender Registry Coordinator (should be the same staff person as the Victim/Witness Coordinator) and the student's packet will be marked as necessary.

15. During the intake process, the designated staff shall review the documentation accompanying the student to determine if Medicaid benefits shall be suspended from the Medicaid program. Additionally, Medicaid benefits shall be reinstated by receiving facility at least 40 days before the juvenile is released from the Department facility.

C. INSTITUTIONAL PACKET:

The institutional packet shall be created and assembled within 48 hours of a student's arrival at the intake facility. The order of the institutional packet shall be in compliance with the administrative procedures for Policy 01-04-104, "The Establishment, Maintenance and Disposition of Offender Records." Each packet will contain at a minimum:

- Student's name, age, sex, place of birth and race or nationality
- Initial Intake information
- Authority to accept the student/dispositional order
- Criminal and social history
- Medical consent forms
- Name, relationship, address and phone number of guardian
- Drivers License number, if available
- Social Security number
- Medicaid number, if applicable
- Individual intake report
- Individual Growth Plan
- Signed release of information forms

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- Progress reports
- Grievance and discipline records
- Program rules and disciplinary policy signed by student

Students that are newly committed to the Department shall have a new institutional packet created upon their admission.

Students that have previously been committed to the Department shall retain their original facility packet. The original facility packet shall be requested from the releasing facility or the Department's Records Warehouse upon the student's admission to the intake unit.

D. MEDICAL PACKET:

The medical packet shall be created and assembled within 24 hours of a student's arrival at the intake unit. The order of the medical packet shall be in compliance with the Department of Correction Health Records Manual.

Students that are newly committed to the Department shall have a new medical packet created upon their admission.

Students that have previously been committed to the Department will retain their original medical packet. The original medical packet shall be requested from the releasing facility or the Department's Records Warehouse upon the student's admission to the intake unit.

E. INITIAL PLACEMENT LETTER TO FAMILY:

The INITIAL PLACEMENT LETTER TO FAMILY (ATTACHMENT 3) shall be mailed to each student's legal guardian within twenty-four (24) hours of the student's admission to the Intake Unit. This letter provides basic information about the student's commitment to the Department and his/her stay at the Intake facility. The student's parent/guardian is also provided the name of the student's counselor. A copy of this letter shall also be sent to the judge of the student's committing county and filed in the student's institutional packet, Section IV.

V. INTAKE ASSESSMENTS:

A. MENTAL HEALTH ASSESSMENT:

Each student committed to the Department's Division of Youth Services shall receive a series of standardized juvenile mental health screening assessments.

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Within the first hour of admission to the Intake Unit/Facility, students will be screened by any DYS staff member, utilizing the Juvenile Performance Based Standards (PbS) MENTAL HEALTH/SUICIDE SCREENING (ATTACHMENT 4). Also within the first hour of arrival, students will receive a Mental Health screening by a clinician or designated qualified Mental Health professional, utilizing the Massachusetts Youth Screening Instrument, Second Version (MAYSI-2). In the event that either the Mental Health screening instrument indicates a need for further assessment, those students will be referred to a qualified Mental Health professional.

Within the first twenty-four (24) hours of admission to the Intake Unit/Facility, the student's mental health will also be assessed by the clinician, utilizing the Juvenile Mental Health Screening Form (ATTACHMENT5). Students whose mental health screening indicates a need for further assessment shall be referred to a qualified Mental Health professional.

B. HEALTH ASSESSMENT

A thorough Health Assessment shall be completed on each student by a qualified health professional within seven (7) days of a student's admission to the Intake Unit. This Health Assessment shall be filed in Section I of the medical packet and shall be in compliance with the administrative procedures for Policy 01-02-101, "The Development and Delivery of Health Care Services," and applicable Health Care Services Directives.

C. DENTAL ASSESSMENT:

A dentist or qualified health professional approved by a dentist shall complete a thorough dental screening on each student within seven (7) days of a student's admission to the intake unit. This dental screening shall be filed in Section III of the medical packet and shall be in compliance with applicable Health Care Services Directives,

D. AUDITORY ASSESSMENT:

Qualified Speech and Hearing staff shall conduct an auditory assessment within ten (10) days of admission. This assessment shall be filed in Section III of the medical packet and shall be in compliance with applicable Health Care Services Directives and the Indiana Department of Education's "Audiometric Screening-Guidelines and Laws."

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E. VISUAL ASSESSMENT:

Qualified medical staff shall conduct a visual assessment within ten (10) days of admission to the intake unit. This assessment shall be filed in Section III of the medical packet and shall be in compliance with applicable Health Care Services Directives.

F. PSYCHOLOGICAL ASSESSMENT:

Qualified Mental Health staff shall conduct comprehensive psychological assessments on those students referred within seven (7) days of referral. Psychological assessments shall be filed in Section IV of the medical packet and shall be in compliance with applicable Health Care Services Directives

G. PSYCHIATRIC ASSESSMENT

Qualified medical staff shall conduct psychiatric assessments on those students referred within seven (7) days of referral. All students arriving at an Intake Unit with psychotropic medication(s) or who have been prescribed psychotropic medication in the past sixty (60) days shall be seen by the psychiatrist within seven (7) days of arrival. Psychiatric assessments shall be filed in Section IV of the medical packet and shall be in compliance with applicable Health Care Services Directives.

Intake Units shall develop operational procedures that ensure the above mentioned assessments are conducted in accordance with these administrative procedures and all applicable Health Care Services Directives.

H. ACADEMIC ACHIEVEMENT ASSESSMENT:

1. All students committed to the Department shall be administered an academic achievement assessment within fourteen (14) days of admission. Results of this assessment shall be included in the Intake Assessment Report and be reflected in both the Risk Assessment Instrument and Needs Assessment Instrument. Results shall be filed in the "Confidential Folder," located within each student's institutional packet, prior to the student's departure from the Intake Unit.
2. Students who return to the Intake Unit/Facility within one (1) year on a re-commitment or returning to the Intake unit/Facility for purposes of re-classification shall not automatically be re-tested. Re-testing can be completed if deemed necessary.

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I. SUBSTANCE ABUSE ASSESSMENT:

1. All students committed to the Department shall complete a substance abuse assessment within fourteen (14) days of admission. Results of this assessment shall be included in the Intake Assessment Report and information used in the Indiana Youth Assessment System (IYAS). Results shall be filed in the "Confidential Folder," located within each student's institutional packet, prior to the student's departure from the Intake Unit.
2. Students returning to the Intake Unit for purposes of re-classification shall not automatically be re-tested. Re-testing can be completed if deemed necessary.

J. INDIVIDUAL ASSESSMENT:

Additional individual assessments may be administered to aid in the assessment of student risk, student needs and classification. Assessments shall be conducted by trained staff and under the supervision and guidance of a qualified Mental Health professional. Results of individual assessments shall be filed in the "Confidential Folder," located within each student's institutional packet, prior to the student's departure.

VI. CASEWORK PROCEDURE:

A. HISTORICAL REVIEW:

A vital component in providing a thorough assessment for students is conducting a historical review of each student. This review shall include collecting collateral information from sources outside of the student.

1. All written information received from the committing county shall be reviewed during the intake process and reflected in the INTAKE ASSESSMENT REPORT and used in the INDIANA YOUTH ASSESSMENT SYSTEM (IYAS). This information may include, but not be limited to: pre-dispositional reports, detention reports, treatment records, family mental health questionnaire, police reports, and victim statements.
2. Collateral information shall additionally be sought from parents/guardians, or other agencies when available. Information gleaned from this review shall be reflected in the INTAKE ASSESSMENT REPORT and IYAS.

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3. All attempts to contact the student's family and the resulting information shall be documented in the student's packet and Intake Assessment Report.

B. STUDENT INTERVIEW:

Each student shall be assigned to a designated intake staff person upon admission who shall be responsible for conducting interviews with the student. A minimum of two (2) interviews shall occur during the Intake Phase. The first interview shall be conducted upon the day of admission and assess any immediate needs of the student. The second interview shall be completed within fourteen (14) days of admission and provide the clinician with information necessary to complete the INTAKE ASSESSMENT REPORT and the IYAS. Each student contact shall be reflected in the progress notes in CCMS and reflected by Mental Health Screening Form and MediTape which are then filed in the Juvenile Medical Facility Packet.

C. INDIANA YOUTH ASSESSMENT SYSTEM (IYAS):

Trained intake staff shall complete the IYAS on each committed student (both new commitments, Parole Violators and re-commitments) prior to the Classification Team Meeting. The IYAS Residential Tool will be completed on each student prior to the Classification team meeting at the Intake facility. A copy of the score shall be filed in the institutional packet, Section III, prior to the student departing the Intake Unit.

The IYAS is made up of six (6) instruments to be used at specific points in the juvenile justice process to identify a youths risk to reoffend and the youths criminogenic needs. These instruments are used at distinct points in the juvenile justice system to promote and assist with the development of a Case Management Plan.

The IYAS is completed, the score is one (1) of the three (3) categories of risk level: Low, Moderate, and High. The committing offenses are divided into four (4) classes of offenses, with Class I being the most serious and Class IV the least serious. (See offense codes, ATTACHMENT 6)

The level of risk, level of offense, determinate sentences, and meeting the criteria of any exceptional programming needs are all evaluated to determine the student's classification.

D. INTAKE ASSESSMENT REPORT (IAR):

The INTAKE ASSESSMENT REPORT (IAR) (ATTACHMENT 7) provides a

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bio-psychosocial overview of each student committed to the Department. The IAR at minimum, will include the following information: legal status of student, criminal history, social history, medical, dental and mental health history, vocational interests and experiences, educational status, religious background and interests, psychological evaluation, report by Intake Unit staff, recreational preferences, needs assessment information and recommendations by staff. Various staff persons in different capacities throughout a student's commitment utilize the INTAKE ASSESSMENT REPORT. As a foundational document this report serves as a guide in the classification process, the establishment of Individual Growth Plans, educational placement, and program placement. The INTAKE ASSESSMENT REPORT shall be completed, reviewed, approved, and filed in each student's institutional packet by the time the student completes the Intake Phase. This report shall be entered into the case management charting system.

1. All information contained within the INTAKE ASSESSMENT REPORT shall be gathered from the following sources of information (when applicable):
 - a. County pre-dispositional report
 - b. County Dispositional Order
 - c. Probation Officer Interview
 - d. Treatment records
 - e. Parent/Guardian interview
 - f. Juvenile Data System
 - g. Student interview
2. A designated staff member shall:
 - a. Meet individually with each assigned student.
 - b. Respond to the student's concerns and questions.
 - c. Act as the staff contact person for the student.
 - d. Refer the student to other staff for services as necessary.
3. All students determined to be new commitments to the Department shall have an INTAKE ASSESSMENT REPORT completed during the intake process. The content of the INTAKE ASSESSMENT REPORT shall address issues from the student's community prior to his/her incarceration and the student's behavior during the intake process.
4. All students determined to be re-commitments to the Department should have an INTAKE ASSESSMENT REPORT completed during the intake process. The INTAKE ASSESSMENT REPORT shall address issues

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arising since the student was paroled/released from his/her last Department commitment.

5. An addendum to the INTAKE ASSESSMENT REPORT, acknowledging awareness of the content of the report, shall be completed on every student processed through the Intake Unit, including both new commitment student and re-commitment student. The addendum is located at the end of the INTAKE ASSESSMENT REPORT. The addendum should be signed by both the student and the designated staff person completing the report. The report review shall be conducted in a language the student understands.
6. Trained intake staff shall complete a Court Contact Summary generated through the Juvenile Data System (JDS) on each committed student. The Summary will be included in the INTAKE ASSESSMENT REPORT.
7. Upon completion of the INTAKE ASSESSMENT REPORT by the designated staff person, the following steps shall be taken to ensure accuracy of information and appropriate dissemination of information:
 - a. Each INTAKE ASSESSMENT REPORT shall be read, reviewed, and approved by designated staff. Approval shall be noted by designated staff's signature beneath the signature of staff completing the INTAKE ASSESSMENT REPORT.
 - b. Approval shall be based upon completeness and clarity of information located within the INTAKE ASSESSMENT REPORT.
8. An audit process shall also be established in which a designated percentage of INTAKE ASSESSMENT REPORTS are reviewed monthly to ensure consistency between student needs as identified by the Needs Assessment and treatment recommendations as indicated within the INTAKE ASSESSMENT REPORT.
9. A copy of the completed INTAKE ASSESSMENT REPORT shall be filed in the Central Office Packet.
10. The original completed INTAKE ASSESSMENT REPORT shall be filed in the institutional packet, Section III.

VII. CLASSIFICATION:

The Classification process controls the movement and assignment of students between

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facilities and within a facility. Classification decisions are made based upon a number of factors, including: Level of Risk to Reoffend, Level of Committing Offense, the INTAKE ASSESSMENT REPORT, Determinate Sentence status, and Exceptional Programming Needs.

A. INITIAL CLASSIFICATION HEARING (Intake Units):

The initial classification of a student committed to the Department is determined by utilizing the information obtained through the designated Initial Risk and Needs Assessment and the INTAKE ASSESSMENT REPORT, and then matching the student to the most appropriate and least restrictive facility/unit to address his/her needs and for protection from harm.

1. The Intake Unit/Facility shall have three (3) staff members assigned by the Facility Head as voting members of the Classification Committee. The three (3) voting Classification Committee members are staff representing Classification, Treatment, and Custody areas. Additional staff may meet with and advise the committee, but shall not be voting members. The additional staff may be comprised of Counseling, Education, Health Care, Recreation or Custody. The Classification Committee shall review all available data on each student and classify each student to the most appropriate and least restrictive treatment facility, utilizing the following decision-making factors:

- a. Age
- b. Committing Offense
- c. Previous Department commitment and behavior history
- d. Committing County
- e. Criminal History
- f. Risk Level to Reoffend
- g. Previous non-Department placement history
- h. Exceptional Programming Needs

- Severe Medical Issues
- Sex offense history
- Chronic Assaultive Behavior
- Severe Mental Health issues
- Escape/Runaway history

- i. Treatment Needs:

- Serious drug abuse history

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- Educational Needs
 - Developmental Issues requiring special attention
- j. Other Factors:
- Student or family's requested placement
 - Courts recommendation
 - Location of family/reentry placement
 - Behavior during intake phase
 - Teen Parent
 - Placement issue
- k. Program Consideration: Matching students with specific programs, like Camp Summit, Clean Living Is Freedom Forever (CLIFF), or Gang Realities In Our World (GROW), Future Soldier Program, etc.
2. The Classification Committee shall function in accordance with the following rules:
- a. The committee shall meet in accordance with a schedule approved by the Facility Head/Designee.
 - b. The committee decisions/recommendations shall be determined by majority vote.
3. Classification Committee shall meet with each student individually to inform each student of his/her classification assignment. During this meeting, each student shall receive and sign State Form 20838, CLASSIFICATION HEARING RESULT, (ATTACHMENT 8) and this form shall be filed in Section III of the institutional packet. Student shall also be informed of the Classification appeal process at that time.
4. The student committed with an indeterminate sentence is required to remain with the Department until successfully completing their assigned Treatment Program as established by the Projected Program Completion Date (PPCD) or until the student turns twenty-one (21) years of age, whichever comes first. Successful completion of a treatment program is determined by the Treatment Team and approved by the Administrative Review Committee.

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5. The student committed with a Determinate Sentence is required by Indiana statute to remain with the Department until the completion of the student's time, which is determined by the committing county judge.

B. OVERRIDES:

An override can be initiated when aggravating or mitigating factors indicate that the security level assignment is not appropriate based on the risk assessment. Overrides may be either to a more restrictive or less restrictive assignment.

Any information, which supports the need for an override, is to be reflected on the IYAS as well as discussed in the INTAKE ASSESSMENT REPORT.

Any override that may become necessary shall be recommended and submitted to the Program Director of Classification. All overrides must be finalized by the Program Director Division of Youth Services.

C. RECOMMITMENTS WHILE COMMITTED:

Any student recommitted on new charges (previously pending or committed in a Department facility) will undergo an abbreviated intake process. This shall include an addendum to the original INTAKE ASSESSMENT REPORT, IYAS will be completed, and an update of all applicable CCMS and Juvenile Data System (JDS) information. The student will undergo the full intake process if his/her original date of testing exceeds one (1) year.

D. COMMUNITY SUPERVISION VIOLATORS:

Upon a student being sustained by the Juvenile Community Supervision Committee at a Revocation Hearing, the student will undergo an abbreviated intake process. This will include updating within forty-eight (48) hours all applicable Juvenile Data System information, and IYAS. The student will be classified to a facility/housing unit by the Intake Unit's Program Director of Classification, or designee, within seventy-two (72) hours, excluding weekends and holidays. The student may appeal this classification within fifteen (15) working days of the receipt of the Classification Hearing Results.

E. CLASSIFICATION APPEAL:

A student who wishes to appeal his/her initial classification assignment shall complete State Form 9260, CLASSIFICATION APPEAL (ATTACHMENT 9).

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1. A student wishing to file an appeal of his/her initial classification may do so following the student's transfer to his/her assigned Treatment Facility, during the student's initial Treatment Team meeting. The student has no right to appeal prior to their initial classification and transfer to an assigned Treatment Facility.
2. The appeal is then sent to the Program Director of Classification of the Intake Unit who shall communicate with the facility in which the appeal has originated and approve or deny the appeal. The student will be notified in writing of the decision. If the appeal is denied, the student may appeal the denial within ten (10) days to the Executive Director, Division of Youth Services. The student may again appeal to the Executive Director, Division of Youth Services, every sixty (60) days following the denial of the appeal. The decision of the Executive Director, Division of Youth Services, as the Commissioner's designee, is final and is not subject to administrative review. If the appeal is approved, arrangements will be made for the student's reclassification and transfer to a different facility.

F. ESCAPES:

Students who escape during their commitment to the Department will undergo a re-assessment to determine the student's appropriate classification. This re-assessment may be conducted either at the student's assigned Treatment Facility or at the Intake Unit. The Program Director of Classification shall coordinate with a staff member of the student's currently assigned Treatment Facility to determine which facility will conduct the re-assessment. This re-assessment will include any new information regarding offenses which may have occurred during the escape, and review of an updated Individual Growth Plan completed by the assigned Treatment Facility describing the student's progress in treatment. An addendum will be prepared for the original INTAKE ASSESSMENT REPORT and a new IYAS if needed will be prepared with all applicable information. Following a review of the amended INTAKE ASSESSMENT REPORT and IYAS the Program Director of Classification shall classify the student to the most appropriate facility.

G. DEPARTURES:

1. After students have been classified to their Treatment Facility and notified of said classification, the CLASSIFICATION LETTER TO THE FAMILY (Attachment10) shall be completed and mailed to the student's legal guardian. This letter informs the student's legal guardian of the facility to which the student was classified. A copy of this letter shall also be sent to the judge of the student's committing county, and a copy shall be filed in

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the student's institutional packet, Section IV, prior to the student's departure.

2. Student's institutional packets, medical packets, and escape packets shall accompany the student to his/her treatment facility.
3. A State Form 23605, OFFENDER TRANSPORT ORDER (ATTACHMENT 10) and a State Form 1736, TRANSFER AUTHORITY (ATTACHMENT 11) shall also accompany the student to the treatment facility.

VIII. ADMINISTRATIVE SEGREGATION :

A. Introduction and Purpose:

Administrative Segregation is a process used to separate a student from the general population, not for disciplinary reasons, but for the student's safety, the safety of others, and/or for the safety and security of the facility. Administrative Segregation guidelines are consistent with the administrative procedures for Policy # 03-02-102 "The Use and Operation of Student Secure Housing Units."

B. Guidelines for Administrative Segregation:

1. Students may be placed in administrative segregation by the Facility Head/designee for the student's safety, the safety of others, and/or the safety and security of the facility.
2. The placement of a student on Administrative Segregation shall be reviewed by the Facility Head/designee every twenty-four (24) hours to determine the need for continued placement.
3. Student's who remain on administrative segregation shall be seen by a Mental Health Professional within 72 hours of confinement.
4. Upon placement of a student in administrative segregation, the following forms will be completed: ADMINISTRATIVE SEGREGATION/PRE-HEARING CONFINEMENT REVIEW form (ATTACHMENT 12) and SEGREGATION /CONFINEMENT REPORT (ATTACHMENT 13). A copy of each report will be provided to the student and another copy shall be filled in the student's facility packet, classification section. The reason for placement of the student will also be discussed with the student by a designated staff member.

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5. Students assigned to Administrative Segregation for the safety of themselves or others shall be released from segregation as soon as they no longer pose a threat to themselves or others.
6. Students on Administrative Segregation shall be reviewed at a minimum of seven (7) calendar days by the facility Classification Committee to determine if the reason for administrative segregation still exists. The results of the Classification Committee shall be documented on the CLASSIFICATION HEARING RESULTS form, (ATTACHMENT 8) and forwarded to the Facility Head/designee for review and approval.
7. If a student's need for an assignment to Administrative Segregation exceeds thirty (30) days, the Facility Head will notify the Division of Youth Services (DYS), Program Director and will forward a copy of the CLASSIFICATION HEARING RESULTS form.
8. All students assigned to Administrative Segregation shall be visually checked by staff at least every fifteen (15) minutes and visited, either in the room or some other area, at least once each day by staff from administration, clinical/counseling, religious or medical services.
9. A log of the student's placement in Administrative Segregation shall be kept, documenting:
 - a. Who authorized administrative segregation;
 - b. The reason for administrative segregation;
 - c. Persons visiting the student;
 - d. The staff authorizing the release from administrative segregation;
 - e. The time the student was release from administrative segregation;
 - f. Any unusual behavior or special medical/psychological needs;
10. Treatment Team meetings shall continue to be conducted for students while they are in administrative segregation. Individual Growth Plans (ATTACHMENT 14) will be updated as necessary to ensure that a comprehensive plan is in place to meet the needs of the student.
11. Students assigned to Administrative Segregation shall receive progressive opportunities for treatment groups, educational classes, and group recreation, based upon the student's level achievement and behavior.
12. Students assigned to administrative segregation shall be permitted, at a minimum, two (2) hours of program activity and one (1) hour of large

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muscle activity outside of their immediate living area (room) daily. The one (1) hour of large muscle activity shall include outdoor recreation when the weather permits. This privilege may be denied if abused by the student while in administrative segregation; such abuse and the reason for the denial shall be documented in detail and forwarded to Facility Head/designee for review and approval. This privilege may also be withdrawn if a Mental Health staff determines that providing the privilege could potentially be injurious to the student's safety, to the safety of other students or to the safety of staff. This determination may, in an emergency, be made by the staff on duty, who shall then consult with and obtain approval from the Mental Health staff, either on duty or on call. This consultation shall occur as quickly as possible, under the existing circumstances and shall be documented in detail and forwarded to the Facility Head/designee for review and approval.

13. All rights and/or procedures enumerated in these procedures may be temporarily suspended upon declaration by the Facility Head/designee that an emergency situation exists as outlined in the administrative procedures for Policy 02-03-102, "Emergency Response Operations". The Facility Head/designee shall review, at a minimum, every twenty-four (24) hours the continued need for suspension of any rights/procedures. Upon resolution of the emergency situation, all suspended rights/procedures shall be reinstated.
14. Operational Procedures and Post Orders shall be developed for the implementation and monitoring of Administrative Segregation, including: the admission process; student adjustment; service delivery, and location of documenting log entries made by staff having contact with students.

IX. REGULAR (NON-EMERGENCY) TRANSFERS/RECLASSIFICATION:

A. INTRODUCTION:

A regular (non-emergency) transfer and reclassification involves an administrative classification process to review, decide, and implement actions concerning requests to change a student's assignment to a different housing unit/facility.

Staff or student may initiate a request for transfer and reclassification. When staff initiates a request for transfer and reclassification, it may be either voluntary or involuntary on the part of the student. All requests for transfer and reclassification must go through the Treatment Team, Classification Committee and then to the Facility Head/designee.

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B. PURPOSE:

The purpose of a regular (non-emergency) transfer and reclassification is to modify a student's assignment based on a change in the student's treatment, supervision, security needs, or location.

C. REASONS AND LIMITATIONS FOR TRANSFER AND RECLASSIFICATION:

Transfer and Reclassification shall be controlled by the following guidelines:

1. Staff-initiated requests for transfer and reclassification shall be considered only after an interval of thirty (30) days subsequent to the student's most recent classification, unless the request is based upon security or health reasons.
2. A request for transfer and reclassification by a staff person shall not be utilized for disciplinary action.
3. Requests for transfer and reclassification may be withdrawn by the requesting staff person at any time prior to a decision by the Treatment Team by submitting a written request.
4. A student in a higher security housing unit/facility who has demonstrated the ability for appropriate behavior may be reclassified to a less secure housing unit/facility to enable his/her re-entry into the community. The intent of this action is to create a vehicle for students to transfer to the region of their commitment, promote family interaction, enhance program opportunities, and allow for the gradual re-entry back to the home community. Eligibility is not automatic but is determined, at minimum, on the student's progress in his/her treatment program. For the purpose of this procedure, all students are eligible for reclassification to lower security with the exception of those students who are charged with offenses that result in death, or threat of death. Some examples of these offenses are: murder, or attempted murder. The Executive Director DYS/designee must approve the student if they request special consideration for reclassification.
5. Transfer and reclassification to a more secure housing unit/facility can occur if the student has consistently demonstrated inappropriate behavior and exhausted all resources of a less secure housing unit/facility.

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6. Transfer and reclassification to a more secure housing unit/facility can occur if a student has escaped from a unit/facility.
7. Student requires a transfer to a same security level facility for treatment reasons (e.g., school program, family needs, etc).
8. A student initiated request for transfer and reclassification shall be considered at any time following a student's arrival to their assigned treatment facility.

D. STAFF RESPONSIBILITIES IN TRANSFER AND RECLASSIFICATION PROCESS:

1. Any staff person who believes a student should be transferred and reclassified shall complete State Form 7268, RECLASSIFICATION REQUEST. (ATTACHMENT 15)
 2. The completed RECLASSIFICATION REQUEST shall be forwarded to the student's assigned counselor.
 3. The student's counselor shall be responsible to:
 - a. Review the staff prepared RECLASSIFICATION REQUEST, if completed by another staff person;
 - b. Review the IYAS ;
 - c. Request a psychological/psychiatric report, if necessary;
 - d. Obtain a copy of the student's most recent Individual Growth Plan, and prepare an Individual Growth summary for review by the Treatment Team; and,
 - e. Submit all documents to the Treatment Team.
 4. The student's Treatment Team shall meet with the student to review the Reclassification Request, Individual Growth Plan, and any pertinent documents, and the Counselor shall record a recommendation for approval or denial of the request for transfer.
1. The Counselor shall forward the RECLASSIFICATION REQUEST, Individual Growth Plan and Individual Growth summary to the Classification Committee for approval.

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E. CLASSIFICATION COMMITTEE/ RESPONSIBILITIES IN TRANSFER PROCESS:

The Classification Committee shall:

1. Review the Reclassification Request, Individual Growth Plan, and any included documents;
2. Contact the student's counselor if any additional information is needed and arrange for the information to be provided;
3. Notify the student at least forty-eight (48) hours prior to the hearing, unless precluded for security or other substantiated reasons documented in the student's facility packet. Notification may be accomplished by completing and distributing CLASSIFICATION HEARING NOTIFICATION. (ATTACHMENT 16) The student may waive the forty-eight (48) hour notification;
4. Conduct a Classification Hearing in accordance with all applicable due process rules and rights;
5. Allow the student an opportunity to present his/her concerns to the Classification Committee before a recommendation is made;
6. Subsequent to the decision(s)/recommendation(s), complete RECLASSIFICATION REQUEST;
7. Inform and explain the decision(s)/recommendation(s) to the student, obtain the student's signature, and provide the student with the appropriate copy of RECLASSIFICATION REQUEST;
8. Inform the student of the appeal process as indicated in VIII G.; and,
9. Forward a copy of RECLASSIFICATION REQUEST, to the Facility Head/designee who will review and approve, if deemed appropriate, send a copy to the Program Director of Classification if the recommendation is for inter-facility transfer.

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F. PROGRAM DIRECTOR OF CLASSIFICATION'S RESPONSIBILITIES:

The Program Director of Classification shall:

1. Review RECLASSIFICATION REQUEST, and other pertinent documents, as submitted by the Facility Head/Designee, for all inter-facility transfers and render a decision based upon:
 - a. The security level necessary for the student;
 - b. The student's INTAKE ASSESSMENT REPORT and/individual Growth Plan;
 - c. The location of the student's family/guardian; and,
 - d. The availability of space in the Department's juvenile facilities/programs;
2. If the Reclassification request is approved, complete TRANSFER AUTHORITY.
3. Notify the sending and receiving facilities of the decision and all pertinent information shall be forwarded to the receiving facility. The student's facility packet, medical and escape packet, psychological/psychiatric records, and other relevant materials (e.g., Victim/Witness Notification and medication) should accompany the student;
4. If student is moved to the Intake Unit pending re-classification, notify the student's parent or legal caretaker of the transfer while the reclassification request is being reviewed.
5. If the Reclassification request is denied, the Facility Head/Designee can appeal to the Executive Director DYS/designee who has the final authority over all inter-facility movement. Intra-facility movement does not require the approval of the Program Director of Classification.

G. RECLASSIFICATION AND TRANSFER APPEAL PROCESS:

A student shall be advised that an inter-facility transfer and reclassification may be appealed by use of the Appeal Process.

A student who wishes to appeal the transfer and reclassification decision shall complete RECLASSIFICATION REQUEST (ATTACHMENT 15), and supporting documents, and submit to the Treatment Team at his/her current treatment facility.

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The student has no right to an appeal prior to transfer and reclassification to a treatment facility. A student may appeal a transfer and reclassification at anytime following their transfer and reclassification to a new treatment facility.

The appeal is sent to the Facility Head of the Intake Unit who shall communicate with the facility in which the appeal has originated and approve or deny the appeal. The student will be notified in writing of the decision. If the appeal is denied by the Facility Head of the Intake Unit, the student may appeal the denial within ten (10) working days to the Executive Director Division of Youth Services. The student may again appeal to the Executive Director Division of Youth Services every sixty (60) days following the denial of the appeal. The decision of the Executive Director Division of Youth Services, as the Commissioner's designee, is final and is not subject to administrative review.

X. EMERGENCY TRANSFERS/RECLASSIFICATION:

A. INTRODUCTION:

An emergency transfer involves an administrative classification process to review, decide, and implement an immediate transfer and reclassification of a student.

B. PURPOSE:

The purpose of an emergency transfer and reclassification is to immediately modify a student's assignment based on a change in the student's treatment or security needs.

C. REASONS AND LIMITATIONS FOR TRANSFER:

The Facility Head/designee under any of the following circumstances may initiate inter-facility transfers as long as Executive Director of DYS has been notified:

1. Student needs emergency medical treatment and routine procedures would delay the delivery of appropriate medical services;
2. Student needs emergency psychiatric/psychological care and the student's behavior has deteriorated to such a level that appropriate security and treatment cannot be provided in the current housing unit/facility; or,
3. Student needs special custody to adequately safeguard personal safety or safety of others.

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D. REQUEST FOR TRANSFER AND RECLASSIFICATION PROCESS:

1. In those situations where the Facility Head/designee determines that an immediate transfer is required, the Facility Head/designee shall contact the Executive Director, Division of Youth Services, or designee. The Facility Head/designee shall explain the situation and outline the reason(s) indicating the need for an immediate emergency transfer and reclassification.
2. The Executive Director, Division of Youth Services, or designee, based on the information from the Facility Head/Designee, shall either approve or deny the transfer request and reclassification. If the transfer is approved, the Program Director of Classification shall be notified by the sending facility's Facility Head/designee by the next business day. The Executive Director, Division of Youth Services, or designee shall notify the Intake Unit Facility Head. The Intake Unit designee shall forward a TRANSFER AUTHORITY to the sending and receiving facilities by the most expedient means available or arrange for verbal approval for the transfer to all concerned.
3. The Executive Director, Division of Youth Services, or designee shall contact the receiving Facility Head/designee by telephone or other expeditious means and report prior to the movement of the student the following:
 - a. Notification of authorized emergency transfer;
 - b. Purpose/circumstances involved in the transfer and reclassification;
 - c. Date and time that the student will be transported and estimated time of arrival;
 - d. Need for any specialized treatment or custody precautions that may be indicated; and,
 - e. Name and DOC number(s) of the student(s) to be transported and any additional information.
4. The sending Facility Head/designee shall be responsible for the following:
 - a. Notifying the student(s) prior to the transfer of the need for emergency transfer and reclassification;
 - b. Ensuring a classification hearing is conducted prior to the transfer. The student shall be given the opportunity to waive a transfer hearing and the document is to be filed in the student's facility packet. In the event a classification hearing cannot be held prior to

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- transfer, (e.g., extreme threat to the facility/self) the sending Facility Head/designee will need to document the reasons/basis for transfer. This documentation is to accompany the student at the time of transfer and a classification hearing will be conducted at the receiving facility;
- c. Ensuring the student's facility packet, medical and escape packet, psychological/psychiatric records and other relevant materials (e.g., Victim/Witness Notification and medication) accompany the student;
 - d. Advising the receiving facility of the date and time that the student will be transported and estimated time of arrival;
 - e. Advising of any need for specialized treatment or custody precautions that may be indicated;
 - f. Ensuring the administrative procedures for Policy 02-01-101, "Offender Personal Property," are applied;
 - g. Ensuring that Inmate Trust Fund monies are sent with or expeditiously follow the student to the receiving facility, in accordance with the administrative procedures for Policy 04-01-104, "Inmate Trust Fund";
 - h. Ensuring a completed OFFENDER TRANSPORT ORDER accompanies the student to the receiving facility;
 - i. Ensuring that the student's parent, guardian, custodian, or nearest relative is contacted by phone and advised of the transfer and then following-up via US mail, of the name, address, location and telephone number of receiving facility; every effort should be made to contact the family via telephone as soon as possible following the student's reclassification and transfer to another facility.
 - j. Ensuring that the student's assigned Parole Officer is notified of the change in treatment facility if request for placement has already been initiated; and,
 - k. Ensuring a summary explaining the reason for the Emergency Transfer is completed as soon as possible and sent to the Program Director of Classification and the receiving facility.
5. In the event that the Facility Head/designee exhausts all rapid means of communication without contacting the Executive Director of the Division of Youth Services or designee:
- a. The Facility Head/designee is authorized to transport the student(s) to an appropriate facility without TRANSFER AUTHORITY.

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8. A student shall be advised that an inter-facility transfer may be appealed by use of Reclassification and Transfer Appeal Process.

XI. TRANSFERS TO THE DIVISION OF MENTAL HEALTH AND ADDICTIONS:

A. PURPOSE:

1. The Department shall provide for the care and treatment of every committed student who is determined to be mentally ill by a psychiatrist employed or retained by the Department.
4. The facility requesting transfer/commitment of a student to the Division of Mental Health and Addiction shall consider what is in the best interests of each student, the community and the Department. The major principle underlying such transfer/commitment request is that the student needs psychiatric care and the student's behavior has deteriorated to such a level that appropriate security and treatment cannot be provided in the Department or in the community.

B. VOLUNTARY TEMPORARY TRANSFER REQUEST:

1. A student who believes him/herself to be mentally ill and in need of care and treatment in the Division of Mental Health and Addiction shall, upon request for transfer, be examined by a psychiatrist employed or retained by the Department. The psychiatrist shall report the findings in writing to the Facility Head/designee.
2. If the psychiatric evaluation determines that the student is mentally ill and in need of care and treatment in the Division of Mental Health and Addiction, the Facility Head/designee shall process a request for the student's transfer to the Division of Mental Health and Addiction.
3. The Facility Head/designee is responsible to notify the student who has requested a voluntary transfer to the Division of Mental Health and Addiction of the conclusion of the psychiatric evaluation and the request for transfer to the Division of Mental Health and Addiction.
4. Temporary transfer to the Division of Mental Health and Addiction does not extend a student's term of commitment to the Department.

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C. ROUTINE AND EMERGENCY INVOLUNTARY TEMPORARY TRANSFER REQUEST:

1. A committed student may be involuntarily transferred to the Division of Mental Health and Addiction either on a routine or on an emergency basis.
2. The student must be examined by a psychiatrist employed or retained by the Department, and if the psychiatrist reports to the Facility Head/designee in writing that, in his/her opinion, the student is mentally ill and in need of care and treatment by the Division of Mental Health and Addiction, the Facility Head/designee shall process a request for the student's transfer to the Division of Mental Health and Addiction.
3. Temporary transfer to the Division of Mental Health and Addictions does not extend a student's term of commitment to the Department.

D. ADMINSTRATIVE RESPONSIBILITIES AND ACTIONS:

1. Student initiated (voluntary) transfer to mental health facility:
 - a. A committed student who believes him/herself to be mentally ill or in need of care and treatment in a mental health facility shall submit a written request for such transfer to the Facility Head/designee.
 - b. The student shall be referred to a psychiatrist for examination.
 - c. The psychiatrist after examining the student shall submit a report of his/her examination to the Facility Head/designee.

The report shall include:

 - (1) Name of facility to which student is assigned;
 - (2) Date of report;
 - (3) Student name and identification number;
 - (4) History of student;
 - (5) Conditions, impressions, and symptoms;
 - (6) Diagnosis;
 - (7) Recommendation(s); and
 - (8) Signature
 - d. All documents relating to the student's request shall be forwarded to the Facility Head/designee.

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2. Routine involuntary transfer:
 - a. A student who is believed to be in need of care and treatment in a mental health facility shall be referred to a psychiatrist for examination.
 - b. The psychiatrist, after examining the student, shall submit a report of his/her examination to the Facility Head/designee. The report shall include:
 - (1) Name of facility which student is assigned;
 - (2) Date of report;
 - (3) Student's name and identification number;
 - (4) History of student;
 - (5) Conditions, impressions, and symptoms;
 - (6) Diagnosis;
 - (7) Recommendation(s); and
 - (8) Signature
 - c. If the transfer to a mental health facility is recommended, the Facility Head/designee is responsible for the following:
 - (1) Student shall be served with completed NOTICE OF TRANSFER TO DIVISION OF MENTAL HEALTH AND ADDICTION AND RIGHT TO A HEARING. (ATTACHMENT 17)
 - (2) Afford the student the opportunity to demand a hearing or waive the right to a hearing by completion of DEMAND FOR HEARING/WAIVER OF HEARING. (ATTACHMENT 18)
 - (3) If the student signs the waiver of hearing, process the request to transfer as hereinafter specified.
 - (4) If the student demands a hearing, the Executive Director, Division of Youth Services, shall appoint an impartial hearing officer.
 - (5) Notify the Unit/Facility Program Director of Classification a transfer to the Division of Mental Health and Addictions is recommended.
 - d. The hearing officer shall:
 - (1) Establish the day, time, and location of the hearing.

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- (2) Afford the student the following:
 - (a) At least ten (10) days advance written and verbal notice of the hearing along with a copy of psychiatric report.
 - (b) Date of hearing;
 - (c) Time of hearing;
 - (d) Place of hearing
 - (e) Reason for contemplated transfer;
 - (f) Student is entitled to:
 - ((1)) Appear in person;
 - ((2)) Speak in his/her behalf;
 - ((3)) Call witnesses;
 - ((4)) Present documentary evidence;
 - ((5)) Confront and cross-examine witnesses; and
 - ((6)) Be represented by counsel or other representation.
- (3) Notify the student's spouse, parent, attorney, guardian, custodian, or relative of the pending transfer to the Division of Mental Health and Addiction and the day, date, time and location of the hearing. Secure signature, if possible, on PARENTS' WAIVER TO DIVISION OF MENTAL HEALTH AND ADDICTIONS. (ATTACHMENT 19)
- (4) Conduct the hearing and accord due process.
- (5) Consider all applicable evidence.
- (6) Render a decision as to the student's need for mental health care and treatment in a mental health facility. A finding that the student is in need of mental health care and treatment in a mental health facility must be based upon clear and convincing evidence.
- (7) Complete TRANSFER HEARING REPORT. (ATTACHMENT 20)
- (8) Inform the student of the decision and give the student a completed copy of TRANSFER HEARING REPORT. The student shall be informed of the following:
 - (a) The hearing officer's decision;
 - (b) Findings of fact;
 - (c) Evidence relied upon; and,
 - (d) Reasons for action recommendation.

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- (9) Submit all relevant documents to Facility Head/Designee.
 3. In case of emergency transfers to a mental health facility, a committed student may be involuntarily transferred to a mental health facility on an emergency basis before holding a hearing.
 - a. A student who is believed to be in need of treatment in a mental facility shall be referred to a psychiatrist for examination.
 - b. The psychiatrist, after examining the student, shall submit a report of his/her examination to the Facility Head/designee. The report shall include:
 - (1) Name of the facility to which the student is assigned;
 - (2) Date of report;
 - (3) Student's name and identification number;
 - (4) History of student;
 - (5) Conditions, impressions, and symptoms;
 - (6) Diagnosis;
 - (7) Recommendation(s); and
 - (8) Signature.
 - c. If an emergency transfer to a mental health facility is recommended:
 - (1) Serve the student with a complete NOTICE OF TRANSFER TO DIVISION OF MENTAL HEALTH AND ADDICTIONS AND RIGHT TO A HEARING.
 - (2) Submit documents to the Facility Head/designee.
- E. ACTION OF THE FACILITY HEAD/DESIGNEE:
1. Receive all documents concerning a student's transfer to a mental health facility.
 2. Notify the Intake Unit Program Director of Classification regarding the Emergency Transfer to Mental Health. The Intake Unit Program Director of Classification shall review the emergency transfer no later than the next business day to ensure appropriate procedures were followed.
 3. If the recommendations do not include transfer to a mental health facility:
 - a. Cause the student to be notified in writing, if not already notified.

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4. If the request is approved, submit three (3) sets of documents together with a completed TRANSFER REQUEST TO THE DIVISION OF MENTAL HEALTH AND ADDICTION (ATTACHMENT 21), to the Commissioner for review and signature and submission of two (2) of the signed sets to the Commissioner of Mental Health for consideration of transfer to the Division of Mental Health and Addiction. File the third set in the Central Office Packet.

G. COMMITMENT TO THE DIVISION OF MENTAL HEALTH AND ADDICTION:

1. A student 17 years of age or older, who is believed to be in need of commitment to the Division of Mental Health and Addiction upon his/her release from a Department facility shall be referred to a psychiatrist for examination.
2. The psychiatrist, after examining the student, shall submit a report of the exam findings to the Facility Head/designee.
3. If the recommendation is for civil commitment, the Facility Head/designee shall notify the Executive Director of Youth Services, Department Division of Legal Services, and the designated Healthcare Administrator.
4. The Facility Head shall follow instructions as given by the Division of Legal Services in order to prepare the student and staff for the commitment hearing. The facility is responsible for transferring the student.
5. The Facility Head/designee, Staff Legal Counsel, and the Healthcare Administrator shall work cooperatively to accomplish the commitment recommendations.
6. The Facility Head/designee shall provide the student with all appropriate hearing notices/rights as determined by the Division of Legal Services.
7. The facility housing the student shall be responsible for transporting the student to the assigned mental health facility upon approval from the court and at a time approved by the Division of Mental Health and Addiction.
8. Once the student is committed to the Division of Mental Health and Addiction, the facility ARC shall discharge the student from his/her Department obligation.

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XII. PRE-DISPOSITIONAL DIAGNOSTIC SERVICE:

A. DESIGNATION OF PRE-DISPOSITIONAL DIAGNOSTIC UNITS:

1. In accordance with Indiana Code 11-10-2-6, a juvenile court may order a juvenile who is before the court for disposition and is subject to commitment to the Department to be temporarily committed to the Department for evaluation and determination of proposed assignment. The Pre-Dispositional Diagnostic Unit shall forward its written findings and recommendations to the sending court.
2. The Department has determined specific Pre-Dispositional Diagnostic Units to which a legally constituted juvenile court may order a juvenile who is before the court for disposition and is subject to commitment to the Department to be temporarily committed for evaluation services. Such Pre-Dispositional Diagnostic Units may not retain any juvenile in excess of fourteen (14) days (excluding Saturdays, Sundays, and legal holidays) for the purpose of evaluation and determination of proposed assignment.

The following facilities have been designated by the Department to operate Pre-Dispositional Diagnostic Units:

- a. The Logansport Juvenile Correctional Facility (intake unit) may receive any male juvenile being deemed in need of a Pre-Dispositional Diagnostic Evaluation by a legally constituted juvenile court and which is so ordered by that court.
- b. The Madison Juvenile Correctional Facility may receive any female juvenile being deemed in need of a Pre-Dispositional Diagnostic Evaluation by a legally constituted juvenile court and which is so ordered by that court.

B. ADMISSION

1. The Pre-Dispositional Diagnostic Unit shall ensure that the temporary commitment of any juvenile is within statutory limitations by ensuring that:
 - a. The court order is received at a Pre-Dispositional Diagnostic Unit.
 - b. The student is subject to commitment to the Department.
2. Upon receipt of a student, the delivering governmental agency shall be provided with OFFENDER TRANSPORT ORDER. (ATTACHMENT 1)

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3. Procedures for mental health screening and assessment, healthcare and dental needs shall be completed according to applicable Health Care Services Directives.
4. The facility shall comply with its Operational Procedures for Policy 02-01-101, "Offender Personal Property," for the receipt, care, and inventory of individual items and disposition of a student's personal property, including monies upon admission to the Diagnostic Unit.
5. In order to maintain proper levels of custody and hygiene, it is necessary that, upon admission, each student is provided:
 - a. Search of personal property;
 - b. Strip search;
 - c. Ectoparasite control procedure implemented;
 - d. Showering;
 - e. Medical, dental, and mental health screening;
 - f. Facility clothing, as applicable;
 - g. Personal hygiene items, as necessary;
 - h. Hair grooming, as necessary; and,
 - i. Housing assignment.
6. As a basis for the facility packet, the acquisition of certain basic information about a newly committed student is necessary. This information is entered into the Juvenile Data System (JDS) at various stages of the admission process and is summarized in the Arrival and Identification Report generated through the JDS.

Additionally, each student shall receive a Department identification (DOC) number.
7. The Diagnostic Unit shall provide an orientation program to assist each student to understand the Pre-Dispositional Diagnostic Services process. The orientation program shall be provided in a language of which the student understands and, at a minimum, include the following:
 - a. An explanation of the diagnostic process and an understanding of what is expected and what the offender may expect during the diagnostic process;
 - b. An overview of Department policies and procedures pertinent and relevant to the student's confinement;
 - c. Advisement of student rights relative to the diagnostic process;

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- d. Grievance process;
- e. Orientation to sexual assault prevention and reporting;
- f. Information on how to access the Offender Telephone Hotline
- g. Assist each student to notify his/her family of the student's admission and procedures for mail;
- h. Emergency procedures;
- i. Escape law; and,
- k. Completion of the Orientation Confirmation

C. EVALUATION PROCESS:

1. The Diagnostic Unit shall prepare a PRE-DISPOSITIONAL DIAGNOSTIC EVALUATION (ATTACHMENT 22 for sample format) to recommend an individualized rehabilitative treatment plan for each student to assist in the determination of suitable treatment and/or placement alternatives. The evaluation shall include, at a minimum, the following:
 - a. A social history to include the student's background data supplied by the court, community contact, and social agencies, together with information provided by the student during a Diagnostic Unit interview.
 - b. Interpretation of the results of individual and/or group psychological tests and/or assessment to evaluate the following areas:
 - (1) Academic achievement;
 - (2) Intelligence level;
 - (3) Personality assessment; and,
 - (4) Vocational interests.
 - c. Behavioral observations by health care services and diagnostic unit staff.
 - d. Summary of data presented.
 - e. Recommendations for disposition to include treatment strategies and placement considerations.
2. The Facility Head shall ensure that the Pre-Dispositional Diagnostic Services are completed within fourteen (14) working days subsequent to the student's admission to the Diagnostic Unit. The Facility Head shall ensure that the committing court will be notified and arrangements for return of the student to that court have been made prior to the expiration of the legal maximum limit of confinement in the Department.

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3. The Facility Head shall ensure that the Pre-Dispositional Diagnostic Evaluation is submitted to the court within seven (7) working days of the student's return to the court's jurisdiction. Operational procedures shall be developed to ensure proper availability, completion, and distribution of forms, and local procedures to implement this section.

XIII. GROWTH PHASE: ORIENTATION LEVEL:

A. INTAKE/ADMISSION TO RECEIVING FACILITY:

1. The intake facility shall:
 - a. Initiate OFFENDER TRANSPORT ORDER (ATTACHMENT 1)
 - b. Prepare the student's packets for transportation; e.g. facility packet, medical packet, escape packet, and Victim/Witness file, if necessary.
2. The receiving facility is responsible for transporting student from the Intake Unit to the facility.
3. Upon receipt of a student from the Intake Facility, designated staff shall:
 - a. Review the accompanying documents; e.g. TRANSFER AUTHORITY. (ATTACHMENT 11)
 - b. Inventory the student's personal property, student packets, medications, and monies by completing and distributing OFFENDER TRANSPORT ORDER (ATTACHMENT 1).
 - c. Apply the facility Operational Procedures for Policy 02-01-101, "Offender Personal Property" for the receipt, care, handling, and storage of individual items and disposition of student's personal property and monies.
 - d. Upon admission to the facility, each student shall be strip-searched, ectoparasite control procedure will be utilized as required, and the student will be showered. Facility clothing and personal hygiene items shall be provided as necessary.
 - e. A bed assignment will be created in the Juvenile Data System (JDS).
 - f. If necessary, student will be provided with lunch after admission to the receiving facility.
 - g. An orientation to medical services will be given, including:
 - (1) The names and schedules of on-site medical, dental,

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- and mental health staff;
 - (2) How to submit a health care request;
 - (3) How to obtain services in case of an emergency;
 - (4) Medication procedures;
 - (5) Special diets;
 - (6) Handicap accessibility;
 - (7) Care and disposal of bodily fluids;
 - (8) Hygiene procedures;
 - (9) Notice of confidentiality.
- h. An individual session with each student will be conducted to review medical, dental, vision, and other test results and/or chronic care needs. A Transfer Health Screen will also be conducted during this session.
- i. An orientation to mental health services will be given, including:
- (1) General information, such as the right to treatment, how to request treatment, the limits of confidentiality, and typical reasons for requesting psychological services;
 - (2) Procedures if the student is physically or sexually assaulted while at the facility;
 - (3) Scheduling student on psychotropic medications to meet with the staff psychiatrist.
- j. Appropriate mental health screenings will be conducted with the student, including the MAYSI-2 assessment.
- k. Within 24 hours, designated mental health staff will meet individually with each student to discuss the student's well being and adjustment. Prior to the individual meeting, the MAYSI-2 will be reviewed and the medical packet will be reviewed. The interview progresses from the student's description of any problems to documenting symptoms and noting mental status data. The MAYSI-2 results are discussed to specifically target and rule out symptoms that the student may not recognize or mention in the interview but that are indicated as needing assessment on the MAYSI-2. For a student on psychotropic medications, the designated mental health staff will review the student's symptoms and treatment in order to create a treatment plan.

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Based upon the assessments and the interview, the designated mental health staff and student begin treatment planning, which may include psychiatric consultation and psychopharmacology, individual counseling, and/or relaxation training. Substance Abuse/Dependence disorders and Anger Management issues will be evaluated and assessed and will be addressed by each student's assigned counselor.

B. FACILITY ORIENTATION:

1. A facility specific standardized orientation shall be initiated within twenty-four (24) hours of students arriving at their treatment facilities.
2. Facility staff shall ensure that students who can not read or understand English will have all applicable documents written in the appropriate native language or translator services will be made available.
3. Each facility shall develop a facility directive defining their behavior management system. The facility behavior management system will rely on rewards and incentives that students can achieve through positive behavior and program participation. An overview of this behavior management system/Token Economy program will be provided during Facility Orientation.
4. At a minimum, the following items shall be covered during the facility specific orientation:
 - a. Handbook and any additional/supplemental/facility-specific rules and guidelines are issued to student;
 - b. Explanation of Classification, reclassification and appeals process;
 - c. Overview of Risk Assessment, Initial Treatment Review Teams (TRTs) and meetings/schedules, Individual Growth Plans (IGPs), Individual Aftercare Plans (IAPs), IGP reviews (IGP-Rs); and Administrative Review Committee (ARC) meetings/reviews;
 - d. Overview of Growth, Re-entry and Aftercare phases;
 - e. Daily schedules issued and explained;
 - f. Overview of facility program, including therapeutic services offered, recreation programs offered, educational opportunities and religious programs offered;
 - g. Overview of expectations and privileges;
 - h. Visitation policies explained;
 - i. Personal property policies explained;
 - j. Telephone procedures explained;

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- k. Mail procedures explained;
 - l. Statement of student rights and responsibilities issued to student;
 - m. Student grievance procedures and appeal process explained;
 - n. Evacuation plans explained;
 - o. Procedure for requesting medical, mental health, dental and optical services explained. (sick call);
 - p. Notification of student's right to personal and physical safety;
 - q. Facility policy on use of profane language explained
 - r. Temporary Leave policies explained;
 - s. Parole and Discharge process explained;
 - t. Information on how to access and use the Student Telephone Hotline;
 - u. Overview of information related to sexual assault prevention and reporting;
 - v. Procedures to follow to contact the State Ombudsman office;
 - w. Overview of offender code of conduct procedures;
 - x. Student dress code and I.D. management;
 - y. Limits of Confidentiality procedures;
 - z. Explanation of and scheduling in core treatment programs/individual treatment services and preparing student for the Initial Treatment Team meeting.
 - aa. PREA Information
5. Documentation shall be filed in the student's facility packet, Section 6.
6. Each facility shall utilize a STUDENT ORIENTATION CHECKLIST (ATTACHMENT 2) that shall be signed by both the student and staff to signify that orientation in all areas has been completed. The checklist is to be filed in the student's packet.
7. The Facility Head/designee shall review the Orientation Program to ensure that all elements are being met.

C. ASSIGNMENT OF COUNSELOR:

Within twenty-four (24) hours of arriving at treatment facilities, student shall be assigned to an individual counselor. The individual counselor shall also be responsible for coordinating treatment efforts for the assigned student, meeting with the assigned student, responding to the student's concerns and questions, serving as a liaison between the assigned student and other staff, and preparing/updating all necessary paperwork for Treatment Team meetings and administrative reviews for assigned students. This assignment shall be noted in

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CCMS and in the facility record.

D. CLASSIFICATION TREATMENT FACILITY:

The classification process controls the movement and assignment of students between facilities and within a facility. Classification decisions are made based upon a number of factors related to the student, including the student's: level of risk to reoffend; level of committing offense; Needs Assessment; Determinate Sentence status; age; exceptional programming needs and current behavior; and, any behavior that would be considered either predatory or make the student easily victimized.

1. Initial Classification Hearing (Treatment Units):

The initial classification or unit and bed assignment of a student transferred to a Treatment Facility is determined by utilizing the information obtained during the intake phase, located in the student's facility packet, educational packet, medical packet and electronically in the Juvenile Data System (JDS) and the Comprehensive Case Management System (CCMS).

Three (3) staff members assigned by the Facility Head shall be designated as voting members of the Classification Committee. The three (3) voting members shall be staff representing classification, treatment and custody areas. Additional staff may meet with and advise the committee.

The Classification Committee shall meet individually with each student to inform the student of his/her classification assignment. Each student shall then receive and sign the CLASSIFICATION HEARING RESULTS (ATTACHMENT 8) and this form shall be filed in Section III of the facility packet. Students shall also be informed of the Classification appeal process (See Section VII.E., "Classification Appeal.").

The Classification Committee shall review all proposed unit and bed assignment changes, reclassification requests and provide a recommendation to the Facility Head/designee. Additionally, the Classification Committee shall the review students placed in Administrative Segregation, within 7 days of the student's placement.

E. ISSUANCE OF LETTERS AND PARENT/GUARDIAN PACKET:

Family involvement is essential for successful programming and effective reentry of students upon the completion of their commitment to the Department of

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Correction. Within twenty four hours of a student arriving at the receiving facility, the assigned staff member shall mail a Parent/Legal Guardian Packet to the student's legal guardian. This packet serves as an orientation to families regarding the services available to the student, what the student and his family may expect during the commitment period and shall include contact information for the family to express any concerns or seek the answer to further questions. The facility staff shall ensure that families that cannot understand English will attempt to provide applicable documents written in the appropriate language. The Parent/Guardian Packet includes:

1. STAFFING INVITATION TO FAMILY (ATTACHMENT 23);
2. Parent orientation letter explaining the materials enclosed, the treatment department expectations, contact information, and Initial Treatment Team date and time.
3. State Form 41465, STATEMENT OF TRAFFICKING LAWS AND AUTHORIZATION FOR SEARCH (ATTACHMENT 24) – to be reviewed, signed by parent/guardian and returned to student's counselor;
4. State Form 14387, APPLICATION FOR VISITATION PRIVILEGES (ATTACHMENT 25) – to be completed for each visitor, signed by parent/guardian and returned to student's counselor. If more than one visitor, parent/guardian is required to make additional copies;
5. State Form 48965 AUTHORIZATION FOR MINOR CHILD TO VISIT (ATTACHMENT 27) -- to be completed, signed, and returned by parent/guardian to student's counselor. If a minor will be brought to the facility for a visit by someone other than the parent or legal guardian. Note: Parent/Guardian must have this form notarized by a Public Notary;
6. Visitation Policy information, including: Types of Visits, General Rules, Visitor Dress Code, Home Visits/Temporary Leave, General Mail Guidelines, Telephone Guidelines, Commissary Guidelines, JPAY, and a list of observed State Holidays; and,
7. Student may request the distribution of additional Parent/Legal Guardian packets.

F. ASSESSMENTS:

Additional assessments shall be conducted during the Orientation Level of the

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Growth Phase to aid staff in the development of each student's initial Individual Growth Plan and to provide staff with a baseline measure of student's attitudes, values, and beliefs. The assessment instruments to be utilized by all facilities shall be determined by a committee appointed by the Executive Director Division of Youth Services. All assessments shall be administered, scored, and interpreted under the supervision of a licensed psychologist and/or psychiatrist.

1. Standardized pre-test educational assessments for each subject in which student are enrolled shall be administered during the Orientation Level prior to student beginning educational programming.
2. Additional individual assessments shall be completed when deemed necessary.

G. PACKET REVIEW:

The individual counselor assigned to each student shall conduct a thorough review of both the student's institutional packet and medical packet. This review shall be conducted during the timeframe of the student completing additional assessments. The packet review shall be conducted prior to the student's interview and initial Treatment Team meeting. The packet review shall be documented in the student's facility packet and in the charting software. The assigned counselor shall determine whether the student needs a social security card and/or birth certificate based upon information provided by the intake facility. The assigned counselor shall initiate procedures for obtaining a duplicate social security card and birth certificate for student needing these and document in CCMS.

The presence of a warrant or detainer does not constitute an automatic barrier to release. The facility shall pursue the basis of the detainer and release the student to the detainer as appropriate. All noted warrants and detainers shall be noted in the Juvenile Data System (JDS).

H. STUDENT PREPARATION FOR INITIAL TREATMENT TEAM MEETING:

Each student shall prepare responses to the GUIDELINES FOR STUDENT'S INITIAL PRESENTATION TO TREATMENT TEAM (ATTACHMENT 28). The assigned counselor, assigned mentor or other staff member, will assist the student in this process. Students shall present their responses to the Treatment Team during their initial Treatment Team meeting.

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I. STUDENT INTERVIEW:

Each student shall be interviewed by his/her assigned counselor during the Orientation Level. This interview shall be conducted in a manner to answer relevant questions regarding treatment planning and to aid in the development of the student's initial Individual Growth Plan at the initial treatment team meeting.

J. PARENT ORIENTATION:

Parent participation in a student's treatment program is strongly encouraged. Therefore, participation by a parent or caretaker in a Parent Orientation program is required. The Facility Head may make an exception to the required attendance to parent orientation. All attempts to contact the family shall be documented in CCMS and in the packet.

K. INDIVIDUAL GROWTH PLAN (IGP) AND INDIVIDUAL AFTERCARE PLAN (IAP):

The case management process begins immediately upon intake to the Department. The Individual Growth Plan (IGP) (ATTACHMENT 14) and Individual Aftercare Plan (IAP) (ATTACHMENT 29) are developed at the receiving facility after the student has been processed through the appropriate intake facility in accordance with the receiving facility's operational procedures. IGP and IAP are dynamic documents that continue during the student's term of confinement, through release from incarceration, and continue to discharge from supervision.

The IGP describes actions that must occur to prepare the individual student for release from correctional facilities. The IAP defines terms and conditions of a student's release to the community and specifies the supervision and services he/she will experience in the community. The IAP also describes the student's tentative aftercare needs and services upon successful completion of facility programming and the student's eventual discharge from aftercare upon successful completion of the period of supervision.

The INDIVIDUAL GROWTH PLAN (IGP) (ATTACHMENT 14) is a standardized document that identifies student needs, long term goals and short term/level goals to be achieved in treatment and interventions to be utilized to achieve those goals. IGP's shall be written with clear and measurable goals for each Growth Level. These goals will address student and caregiver needs to reduce student's risk for re-offending. The treatment review team will also ensure that the IGP's goals assist the student and caregiver in identifying, developing, and supporting strengths to encourage the student to choose positive alternatives for

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successful re-entry. The IGP for each student will include input from all team members and shall be documented appropriately in the CCMS charting software.

The INDIVIDUAL AFTERCARE PLAN (ATTACHMENT 29) is a standardized document that identifies a student's needs, services recommended, and stipulations required once a student is released to aftercare supervision. The IAP is written at the same time as the IGP, detailing all of these areas needed at the time of the document being written. Over time, these needs, recommendations, and stipulations can change, be reduced, be modified, and/or be considered complete, as students complete their measurable in-facility goals for each level, or as new needs, recommendations, and stipulations are identified. IAP's shall be written with clear and measurable instructions to aftercare providers, detailing how they can continue the interventions from the facility to address student and caregiver needs to reduce the student's risk for re-offending. The treatment review team will also ensure that the IAP assists the student, caregiver, and aftercare staff in identifying, developing, and supporting strengths to encourage student to choose positive alternatives for successful re-entry. The IAP will include input from all team members and shall be documented appropriately in the CCMS charting software.

A student's IGP and IAP will be based on cumulative information gathered from multiple sources including the Intake Assessment Report, student interview, historical case records review, parent input, assessment results (Risk Assessment, SASSI, and educational placement tests) and other sources.

The IGP and IAP are collaborative products involving facility staff, the student, the releasing authority, community supervision officers, human services providers (public and/or private), victims (as appropriate), and neighborhood and community organizations and educational resource providers.

In the facility, the IGP and IAP are administered by a Treatment Review Team (TRT), whose members includes the student, the student's assigned counselor, the student's family, facility staff, community supervision staff, and may include community agencies and service providers. Participation by external entities may occur via the telephone or videoconferencing. The composition of the TRT and their respective roles and responsibilities may change over time. The Treatment Team shall utilize information obtained through assessments, packet reviews, family interviews, and clinical interviews to draft an initial IGP and IAP for the student's current growth level at the initial Treatment Team meeting.

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L. TREATMENT REVIEW TEAM COMPOSITION:

1. Treatment review team meetings are a multi-disciplinary approach to identifying problem areas for students and formalizing plans of action to address these needs. Initial Treatment Team meetings shall be held within twenty-one (21) days of a student arriving at his/her treatment facility. Thereafter, the frequency of treatment team meetings will be held every two (2) weeks to provide the opportunity to review PPCD dates and progress more frequently.
2. The Treatment review team members shall be assigned by the Facility Head/designee. Additional personnel may meet with and advise the team but shall not be members of the team. The team shall consist of the student's assigned counselor and other staff involved in various program areas that may impact the student's program. The team may be composed of counseling, education, health care, recreation, food services, and/or custody staff, and other volunteer group facilitators, and mentors, as needed. Each facility should make every effort to involve the families in treatment team meetings. Those team members who cannot attend team on a regular basis are expected to submit written progress reports on all students to whom they provide services or with whom they have relevant contact. Written progress reports may be sent via e-mail, incident report, group facilitator note, CCMS electronic individual or group note, etc.

M. PROJECTED PROGRAM COMPLETION DATES:

Each facility will set out guidelines to establish a Projected Program Completion Date (PPCD) for each youth assigned to each facility in order to provide clear program and target goals ultimately focused on the final re-entry of the youth back to the community at the earliest opportunity and to provide service and placement in the least restrictive setting based on the needs of the youth. The PPCD is established as a "target" goal and may be positively or negatively effected by the youth's behavior and program progress as outlined in the below procedure. The PPCD is directly affected by a youth's daily point accumulation, program compliance and advancement, behavior, and demonstrating a good faith effort to participate in all required educational and treatment programs as well as any other assigned programs and/or activities and behavior expectations. When establishing PPCD dates the least restrictive setting should be considered for those students who are Low and Medium Risk Levels. Those students who are Low Risk could have a minimum PPCD target date of three (3) months.

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“Demonstrating a good faith effort to participate in all required educational and treatment programs as well as any other assigned programs and/or activities and behavior expectations” means that the youth has made a genuine attempt to participate in and/or complete assigned programs/work/education/vocational training in a suitable manner, has accepted responsibility and is remorseful concerning the current offense or previous criminal behavior, acknowledges the need for treatment, shows empathy for the victim (as applicable), participates in re-entry, release and aftercare planning (as applicable), and completes assigned work/tasks in a timely manner.

1. All youth upon intake to the receiving facility will have a Projected Program Completion Date (PPCD) based on the following:
 - a. Risk level
 - b. Committing Offense
 - c. Offense History
2. Identified needs.
3. Growth plan goals and objectives:
 - a. Treatment
 - b. Education
 - c. Behavior
4. PPCD will be finalized at the initial classification hearing.
5. The PPCD can be modified based on the following:
 - a. Early completion of Growth Plan goals and objectives.
 - b. Earning/Completion of a GED, earning more than 5 credits, passing ISTEP, completing Serve Safe, completing vocational class, or Inmate to Workmate.
 - c. Clear or very good conduct, putting forth “good faith effort” in all aspects of facility life (behavior, work, programs, education, recreation, etc.).
 - d. Maintaining respect towards yourself, staff and other youth.
 - e. Consistently earning a high percentage of points (% noted by facility directive) at all levels.

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- f. Outstanding achievement in recognized area (i.e. mentoring others, assisting in resolving conflicts, education, behavior, positive role model, member of Boy Scouts, Student Council, etc)
- g. Poor effort, days spent out of class or work assignment, and/or segregation for negative behavior may result in the PPCD being extended as recommended by the Treatment Team and approved by the Designated Staff member at the facility.
- h. Students can request during treatment team a change in their PPCD date for progress. (Must be approved by treatment team.)
- i. Failure to meet program goals and level advancements may also extend and modify the PPCD.
- j. PPCD review/revision form (ATTACHMENT 30)
 - This form used by Treatment Team to recommend a change in PPCD (up or down)
 - Appropriate designated staff at each facility should review and sign the form for approval.
 - Upon approval, information will be entered into a PPCD tracking sheet

In all cases, the focus should be on placing students in the least restrictive setting at the earliest opportunity based on current progress and needs of the student. The below timeframes are provided as a “basic” guide and are not meant to be all inclusive. PPCDs should be established and adjusted according to individual progress, and offense level with the goal of placement in the least restrictive setting at the earliest opportunity.

- 3-6 months (Low Risk) – PPCD dates established by the student’s individual needs and offense level.
- 3-9 months (Moderate Risk) - PPCD dates established by the student’s individual needs and offense level.
- 6-12 months (High Risk) - PPCD dates established by student’s individual needs and offense level.

Students at Camp Summit will complete the program as designed by Treatment Team.

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N. STUDENTS WHO TURN 18 YEARS OF AGE DURING COMMITMENT:

Special consideration for programming youth who turn 18 years of age while assigned to a Juvenile Correctional Facility is to be condensed as appropriate to keep them moving through the Juvenile Case Management Process based on individual needs, risk and developmental progress. The student's PPCD should be reviewed at each treatment team and if positive progress is being made and goals are being met, then the student's PPCD should be modified to encourage the student's return to the community in a timely manner. Exceptions to this would be students in the Sex Offender Treatment and Education Program (STEP) and students in the Clean Lifestyles Is Freedom Forever (CLIFF) program.

Again, consideration needs to be given to the student's overall development and needs, as well as, how best to provide further services for students of this age. Focus should be placed on providing services in the least restrictive setting while considering the most appropriate setting that can provide identified service needs to older students.

XIV. GROWTH PHASE: GROWTH LEVELS 1 – 4:

A. PURPOSE:

The primary purpose of Growth Level I is to facilitate the student acknowledging the problems (criminogenic needs) that brought them to the Department of Correction, to educate them on why they are problems, and to educate them on what skills will be needed to solve the problems. Programming during Level I shall focus on increasing student accountability through acknowledging their problem areas and related negative behaviors and focus on educating the student on alternative, pro-social behaviors. Interventions should include a motivational interviewing style of communication and staff modeling of pro-social behaviors and skills.

The primary purpose of Growth Level II is to promote student understanding of the problem areas in their lives and the effect of their decisions on others, their community, school, future goals, etc. In Growth Level II, students are educated regarding the problem areas in their life and provided an opportunity to acknowledge those problem areas and the consequences of their behaviors. Growth Level II builds upon this education and acknowledgement through students developing an understanding of the reasons for their behavior and the needs they are attempting to meet through negative behavior. Student will also

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learn to understand the need for change, how to find pro-social solutions for problems, and how to use alternative, pro-social coping techniques and skills. Students will begin to develop empathy for those they have harmed (victim or victims) and to consider what amends they can make.

The primary purpose of Growth Level III is to provide students opportunities to apply the knowledge and skills they have developed in Growth Level I and Growth Level II. Growth Level III is marked by students developing and practicing these skills with staff in a structured environment with constructive feedback and instruction, beginning to meet their needs through more pro-social means.

The primary purpose of Growth Level IV is to provide students opportunities to apply and demonstrate their enhanced pro-social skills within the facility. This affords students opportunities to be able to generalize their treatment gains to different environments (e.g., classroom, living units, and recreation). Additionally, this begins to prepare students for adapting these skills to “real life” situations. Growth Level IV shall also be used to begin preparing relapse prevention plans for students. Relapse prevention plans shall identify those negative behaviors that students may revert to in new or stressful situations and identify the plans for preventing this from occurring.

B. PROGRAMS:

Programming during all Growth Levels shall be offered through four (4) treatment modalities.

1. Educational Groups

Educational Groups are groups that focus on educating students through instruction. These groups focus on a specific subject matter (e.g., decision making, problem-solving, peer selection, substance abuse, thinking errors, risky feelings and behaviors, and attitudes/values) moral recognition, and victim awareness. Instruction may be offered through a variety of sources, such as videotapes, lecture, worksheets, and journaling. Educational groups shall be cognitive-behavioral in nature. Role play and team building exercises will be utilized to give students opportunities to practice skills.

2. Behavior Management Program/Token Economy:

Each facility will utilize a behavior management program or token economy that relies on rewards and incentives to encourage positive

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behavior. Facility Directives for each facility will specify how students can earn daily and weekly rewards/points and the rewards students can achieve through positive behavior and program participation. Staff will engage students during regular meetings to discuss the incentives and rewards program to determine the program's effectiveness and to make any necessary adjustments and changes.

3. Family Involvement

Family involvement is strongly encouraged and shall focus on educating families to the problem areas of the student interventions that will be used to facilitate changing behaviors, attitudes, values, etc. Therefore, family counseling shall include both instructional components and process components. While it is anticipated that not all families will participate in family counseling, assigned counselors shall strongly encourage family involvement. Family sessions are to be available for each student during all program levels.

4. Individual Treatment

Individual treatment shall be utilized to address those issues requiring more individual attention. Issues that may require individual attention include, but are not limited to, casework issues such as responsivity issues (exceptional learning needs), and treatment needs (psychiatric and medication evaluation).

C. PROGRESS NOTES/ CASE MANAGEMENT NOTES:

Case Management notes are defined as any notes made after each contact with a student, family member of a student, etc.

Progress notes are defined as notes made during contact with a student relating to treatment issues.

1. Case management notes shall be written after each contact with student using the CCMS software.
2. Documentation in CCMS will be tracked and completed on Phone Contacts, Individual Contacts, Family Contacts, and Group Contacts.

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D. STAFF TREATMENT TEAM PREPARATION:

Treatment team preparation for each team meeting is as follows:

During the Treatment team meeting the treatment team shall review and update the student's INDIVIDUAL GROWTH PLAN and INDIVIDUAL AFTERCARE PLAN. The information utilized to complete this draft should include progress notes from services received by the student, the STUDENT SELF-ASSESSMENT form completed by the student, and Treatment Team interview with the student. This form serves as a summary of the student's progress since the last Treatment Team review. Upon completion of each Treatment Team meeting, the INDIVIDUAL GROWTH PLAN and INDIVIDUAL AFTERCARE PLAN shall be finalized and signed by all Treatment Team members present and the student. Upon completion, the student shall receive a copy of the updated INDIVIDUAL GROWTH PLAN and INDIVIDUAL AFTERCARE PLAN and a copy shall be filed in the student's facility packet, Section III.

Any modifications shall be formalized by signature of Treatment Tteam members and the student on the Individual Growth Plan.

E. STUDENT TREATMENT TEAM PREPARATION AND PRESENTATION:

Student Treatment Team preparation for each team meeting is as follows:

Prior to the student meeting the Treatment Team, the student shall prepare responses to the STUDENT SELF-ASSESSMENT FOR TREATMENT TEAM PRESENTATION (ATTACHMENT 31). Students shall present their responses to the Student Self-Assessment at the Treatment Team meeting. Student's responses to the Student Self-Assessment shall be consistent with the overall goal of the current Growth Level. For example, during Growth Level I, students' responses and presentation shall focus on education regarding criminogenic needs and acknowledgement of their criminogenic needs. Student shall continue to present their progress, in relation to criminogenic needs

F. TREATMENT TEAM MEETING:

Each Treatment Team meeting is to be conducted as follows:

1. Student shall be responsible to present their progress and issues to the Treatment Team at each Treatment Team meeting. Additionally, the Treatment Team shall have an opportunity to discuss progress with each student and allow time for each student to present questions to the

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Treatment Team. A Student who is in segregation at the time of his/her scheduled review shall be seen by the Team in a secure location.

2. The Treatment Team members shall present the student's progress since the last review period through a formal staffing process. This presentation shall include any proposed INDIVIDUAL AFTERCARE PLAN modifications.
3. Treatment Team members shall discuss each student's progress since the last Treatment Team review with the student and vote on the review outcome. Votes shall be cast for one of three categories.

a. Promotion:

A promotion vote indicates that a student has met all goals of his/her INDIVIDUAL GROWTH PLAN and is ready to advance to the next Growth Level.

When promoted, the counselor shall ensure that the student continues and completes current program assignments and coordinate efforts to enroll students into the appropriate programs for the next level in accordance with the INDIVIDUAL GROWTH PLAN.

b. Continuation:

A continuation vote indicates that a student needs to continue his/her work at the current Growth Level. This may indicate that a student is progressing but simply needs more work at the current level. However, a continuation vote may also indicate that a student is not progressing as expected. In the latter case, specific action plans and goals shall be discussed with the student to be accomplished by the next Treatment Team review.

c. Return:

A return vote indicates that a student is not making progress toward treatment goals. This vote indicates that a student should return to a lower growth level in order to review and improve skills. A student may only be returned to one level lower than their current level. A return vote shall not apply during Growth Level I.

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4. Upon completion of voting, Treatment Team members shall make recommendations regarding modifications to the INDIVIDUAL GROWTH PLAN.
5. The revised INDIVIDUAL GROWTH PLAN Review (ATTACHMENT 39) shall be filed in the facility packet, Section III.
6. Treatment Team reviews shall continue in this manner throughout each Growth Level until the student receives a unanimous vote for promotion to the next growth level.
7. If Treatment Teams are unable to cast a unanimous vote, specific goals and interventions shall be developed by the dissenting voter with the student to be accomplished by the next Treatment Team review.
8. In the event that the Treatment Team is unable to come to a consensus or Treatment Team decision comes into question, the Administrative Review Committee (ARC) may elect to review the decision.
 - a. Any Treatment Team member may request an administrative review of a Treatment Team decision, in writing, within 24 hours of the Team decision.
 - b. When a unanimous decision cannot be reached by the Treatment Team, an administrative review may be requested.
 - c. Any time an administrative review is requested, same will be reflected in the Treatment Team minutes.

G. TREATMENT TEAM MINUTES:

At the conclusion of each Treatment Team meeting, TREATMENT TEAM MINUTES (ATTACHMENT 32) shall be documented in the CCMS software and reviewed and signed off by the Treatment Supervisor.

H. FAMILY CONFERENCE:

Prior to the end of each Growth Level, contact shall be made with the student's parent/legal guardian. This contact is for the purpose of reviewing the student's progress to date and to review/update aftercare planning. Results of the family contact shall be documented in the charting software, and discussed at the student's next scheduled Treatment Team meeting, and shall be reflected in the student's INDIVIDUAL GROWTH PLAN, as applicable.

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I. PROMOTION TO RE-ENTRY PHASE:

1. Students are eligible for recommendation for promotion from Growth Level IV to the Re-entry Phase after receiving unanimous promotion votes from the Treatment Team.
3. Upon receiving a promotion vote, the individual counselor for the student shall have one (1) week to compile the appropriate paperwork to forward to the Administrative Review Committee. This paperwork shall include the **INDIVIDUAL GROWTH PLAN SUMMARY (ATTACHMENT 33)**, **RE-ENTRY PHASE APPROVAL CHECKLIST (ATTACHMENT 34)**, and additional paperwork as determined necessary at each facility.

J. REINSTATEMENT OF MEDICAID BENEFITS:

Those student's whose Medicaid benefits were suspended upon their commitment to Department of Correction will have notices sent to the appropriate Medicaid office, at least 40 days prior to release, requesting that benefits be re-instated, as indicated in the procedures provided to the facilities.

K. ADMINISTRATIVE REVIEW COMMITTEE:

1. Each treatment facility shall develop an Administrative Review Committee comprised of the Facility Head or designee, and three (3) administrative designees (one [1] representing educational services, one [1] representing therapeutic services, and one [1] representing custody) and other members as designated by the Facility Head and specified in facility operational procedures.
2. The Administrative Review Committee shall meet, at a minimum, weekly to review materials and vote.

The Administrative Review Committee shall unanimously cast one (1) of three (3) votes:

a. Approved:

An approval vote indicates that the Administrative Review Committee agrees that the student has met all of his/her goals in the **INDIVIDUAL GROWTH PLAN** and is prepared to enter the Re-entry Phase.

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b. Denied:

A denial vote indicates that the Administrative Review Committee does not approve of the student progressing to the Re-entry Phase. When a denial vote is cast, the Administrative Review Committee shall document reasons for the denial and list specific goals to be accomplished by the student in order to progress to the Re-entry Phase. This information shall be communicated through the RE-ENTRY APPROVAL CHECKLIST and returned to the student's individual counselor upon completion. The Administrative Review Committee may set another date for the student to be seen or simply require that the student be seen at the next available Treatment Team meeting.

c. No Action:

The Administrative Review Committee may declare no action on the referral to allow time for additional information gathering prior to rendering a decision.

3. If the Administrative Review Committee approves a student for Re-entry Phase, a recommendation that the student be placed at another treatment facility in order to complete Re-entry Phase may be made at that time. The ARC chairperson would then contact the Program Director of Classification to begin the proper procedure for transferring the student to another facility (see Section VIII, Regular (Non-Emergency) Transfer).
4. Upon receiving approval from the Administrative Review Committee, the student shall be promoted to the Re-entry Phase.
5. The Administrative Review Committee will complete page 2 of the RE-ENTRY PHASE APPROVAL CHECKLIST, titled "Administrative Review Committee Decision" (ATTACHMENT 34).

XV. RE-ENTRY PHASE:

A. ASSESSMENTS:

1. Students shall complete post-test assessments for each educational subject area (e.g., reading, math, science, and social studies) in which they received instruction.

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B. TEMPORARY LEAVES:

Students are encouraged to participate in temporary leaves. They allow the student to begin transitioning back into the community, re-establish relationships with family members, and finalize his/her INDIVIDUAL GROWTH PLAN.

1. A student may be granted a temporary leave for any of the following reasons:

- a. To visit immediate family (i.e., parent/guardian, sibling, grandparent or child);
- b. To attend or make arrangements for attending an academic or vocational training institution or program, including attendance in a public school;
- c. To make arrangements for obtaining medical, psychiatric or psychological services including treatment for drug addiction or alcoholism.
- d. To make arrangements for employment upon release or to attend a job interview;
- e. To visit a close relative who is seriously ill or to attend the funeral of a close relative, which is limited to:

- (1) Parent - natural, adoptive, foster or step;
- (2) Sibling - natural, half, foster, or step;
- (3) Guardian - current or former;
- (4) Grandparent - natural, adoptive, foster or step;
- (5) Spouse - current or former; or,
- (6) Child - natural, adopted, foster, or step;

Note: All funeral/bedside visitation trips for non-Re-Entry level students will be conducted with the student in full transportation trip gear. The family shall be made aware of this requirement when the reason for the trip is being verified by facility staff.

f. For any other purpose the Department determines to be in the best interest of the student and the public that has been approved by the Executive Director of the Division of Youth Services.

2. The granting of temporary leave shall be for a specified time period and shall be limited to the confines of the State of Indiana. All temporary leaves, unless otherwise noted, shall be limited to eight (8) hours or less and can be done any day of the week. Any exceptions are to be approved

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by the Executive Director, Division of Youth Services. Facility staff must conduct an in-person family meeting/session with the sponsors of the temporary leave to ensure all rules, guidelines and goals are clearly communicated and that the reason for the temporary leave is reviewed with staff and temporary leave sponsors. This family session must be documented in CCMS. Students on temporary leave are to remain under constant family supervision for the duration of the leave.

3. In order to integrate the temporary leave program into the total treatment effort of each facility, minimum criteria for consideration of a temporary leave are necessary. These minimum criteria include:
 - a. The student must be in Re-entry Phase, unless the Temporary Leave is for a bedside or funeral visit.
 - b. The treatment staff has deemed he/she is ready for a temporary leave and the Placement Confirmation has been approved; and
 - c. All students are eligible for temporary leave with the exception of those students who are charged with offenses that resulted in death, the threat of death, serious bodily injury, determinate sentences, and students committed to the Department on Escape Charges. Examples of offenses that would disqualify a student from a temporary leave are: murder, arson, sex offenses, escape charges and battery with serious bodily injury. If a student is committed on runaway charges or has a history of runaway, the student's history is to be reviewed on a case-by-case basis and could exclude a student from the temporary leave program. The Facility Head may disapprove any student from participating in a temporary leave based upon charges or history.

The students who are ineligible for temporary leave but request special consideration for a temporary leave require approval from the Executive Director.

4. Requests for temporary leave shall adhere to the following application requirements:
 - a. Each student who seeks a temporary leave for any purpose shall:
 - (1) Secure and complete student portion of State Form 7797, APPLICATION FOR TEMPORARY LEAVE FOR A COMMITTED OFFENDER (ATTACHMENT 35); and,

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- (2) Submit APPLICATION FOR TEMPORARY LEAVE FOR A COMMITTED OFFENDER to the appropriate staff member.
- b. The staff person that receives the request from a student shall:
- (1) Review the completed request for completeness of the form and compliance with applicable criteria requirements.
 - (2) Verify the reason for the request; and
 - (3) Submit the request to the Treatment Team for a recommendation.
- c. After reviewing the request, the Treatment Team shall make a recommendation to approve or deny the request.
- (1) If approved, the student is then to complete State Form 8522, TEMPORARY LEAVE AGREEMENT FOR A COMMITTED OFFENDER (ATTACHMENT 36). The student's individual counselor shall advise the student of the conditions of the temporary leave. The conditions shall, at a minimum, include:
 - (a) Those conditions itemized on the TEMPORARY LEAVE AGREEMENT FOR A COMMITTED OFFENDER.
 - (b) The potential sanctions available if the conditions of the temporary leave are violated; and,
 - (c) Any special conditions or stipulations.

The student shall then sign TEMPORARY LEAVE AGREEMENT FOR A COMMITTED OFFENDER, if the student consents to abide by the agreement. The staff person shall sign and date the form as witness to the signature of the student.

Both temporary leave forms shall then be forwarded to the Facility Head/designee to sign, indicating final approval of the temporary leave.

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- ((1)) If approved, TEMPORARY LEAVE AGREEMENT FOR A COMMITTED OFFENDER and APPLICATION FOR TEMPORARY LEAVE shall be at the actual release point to allow the student to receive a copy of the agreement prior to departure.
- ((2)) If denied, both forms will be returned to the Treatment Team Chairperson.

The decision of the Facility Head/designee, to either approve or deny a request for temporary leave is final and shall not be subject to administrative appeal by the student.

- 5. After approval of the temporary leave, notification shall be provided to the student's Parole Agent, the Parole District Supervisor, and local law enforcement (city police, county sheriff, etc.) Such notification shall be provided no less than 48 hours prior to the scheduled start of the temporary leave. The local law enforcement (County Sheriff and local police department) shall be provided a profile sheet that includes the student's name, identifying information, photo, destination and duration of temporary leave.
- 6. The Facility does not need to make contact with the student during the Temporary Leave if it is 8 hours or less. However, if facility staff determines that making contact with the student during the Temporary Leave is necessary then contacts can be made. If Executive Director of Division of Youth Services approves the Temporary Leave to extend 8 hours then facility staff shall make contact with the student at various times throughout the duration of the leave.
- 7. When applicable, notification of the Victim/Witness shall occur in accordance with the administrative procedure for Policy 00-03-201, "Victim/Witness Resource Services."
- 8. In case of the need for an emergency temporary leave, the student shall initiate the application process in a manner to ensure expeditious review.
- 9. Each facility shall develop operational procedures that address a mechanism to process the student's re-admission to the facility following a return from a temporary leave and when a student fails to return to the facility by the designated time and date.

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10. Students participating in TRP in designated counties may not participate in the temporary leave program for family re-unification purposes unless approved by the county and Executive Director Division of Youth Services.

C. FACE-TO-FACE CONFERENCE:

Prior to the end of the Re-entry Phase, a face-to-face conference shall be held with facility staff, the student, and the student's family. The face-to-face conference is designed to review the student's progress to date and to formalize aftercare planning. Results of the face-to-face conference shall be documented in the progress notes in the student's facility packet, discussed at the student's next scheduled Treatment Team meeting, and shall be reflected in the student's INDIVIDUAL GROWTH PLAN as applicable. If the family is unable to attend, facility staff shall attempt to include the family in the conference via a telephone conference call from the facility.

D. COMMUNITY SERVICE OR RESTORATIVE JUSTICE PROJECTS:

All students shall be required to complete community service or restorative justice project prior to the end of the Re-entry Level. This project shall reflect the goals of each student's INDIVIDUAL GROWTH PLAN and provide an opportunity for each student to practice and demonstrate his/her enhanced pro-social skills in a community or community-like setting. Students that can participate in Community Service or Restorative Justice Project off grounds can not have charges of Escape, Arson, Serious Bodily Injury Charges, Serious Bodily Injury Resulting in Death, or a Determinate Sentence. Sex Offenders with Low and Medium Risk charges may be considered for these projects on a case-by-case basis. Students who have a history or charges of runaway will be reviewed on a case-by-case basis. The Facility Head may disqualify any student from participating in off-grounds Community Service or Restorative Justice Projects based upon charges and history. An operational procedure shall be developed at each facility defining how this requirement shall be met. Students who participate in Community Service and Restorative Justice Projects off-grounds must be on Re-entry Level or Release Level and must have an approved Placement Confirmation to participate. Students on Level 4 can also participate in Community Service/Restorative Justice Projects if Placement Confirmations are approved and there must be a staff to student ratio of one (1) staff person to supervise two (2) students. (Same paperwork for Temporary Leave will be submitted for Community Service/Restorative Justice Projects)

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E. EDUCATIONAL PORTFOLIO/SCHOOL RE-ENTRY:

The facility education department shall prepare an educational portfolio for all students leaving a Department facility who will be enrolling in a community school. Education staff shall actively assist the student with the process of school enrollment. This may include assisting parents with enrollment information, providing school districts with documents, and contacting the school on behalf of the student to facilitate the re-enrollment process.

One of the most significant re-entry issues for juveniles planning on returning to school is making the right connections with school officials at the right time.

To facilitate re-entry to the public school at the start of a school semester, a student may be considered for release under the following conditions:

1. Student must be on re-entry level or expected to be on re-entry level within 30 days.
2. Student must be planning to attend an education program upon release.
3. Facility staff must assist in coordinating enrollment with the family and the receiving school.
4. All appropriate educational records and other pertinent information must be transmitted to the receiving school.

XVI. RELEASE PHASE:

Students who are approved by the Administrative Review Committee for the Re-entry phase will begin final preparations for their release. When the Treatment Team feels that the student is ready for release the Counselor will have one (1) week to compile and forward the appropriate paperwork including the RELEASE APPROVAL CHECKLIST (ATTACHMENT 37), the INDIVIDUAL GROWTH SUMMARY (IGS) and any other paperwork required by facility to the Administrative Review Committee. (See Administrative Review Committee procedure above in Re-entry Phase.) After student is approved by the committee, the student will be promoted to the Release Phase.

XVII. AFTERCARE PHASE: RELEASE FROM FACILITY:

A. COMMUNITY SUPERVISION:

The Facility Head shall prepare a letter to be sent to the Judge of the adjudicating court (ATTACHMENT 38) for juveniles in all risk categories advising the court of the Department's intention to discharge those juveniles in the Low and Medium category and those juveniles that are 17.5 years of age and older. This letter and a

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copy of the INDIVIDUAL GROWTH SUMMARY (IGS) shall be sent to the court at least 40 days prior to the established release date. If the court advises the facility that it will re-assume jurisdiction in accordance with IC-31-30-2-3, the facility shall release the juvenile to the court's supervision at an agreed upon date. If the court declines to re-assume jurisdiction or the facility does not receive a response from the court by the established release date, those juveniles in the Low and Medium category shall be discharged to the approved placement. In the absence of any special case circumstances, the Department will recommend that each court re-assume jurisdiction of the juvenile, placing them under probation status in order to coordinate and foster re-entry and aftercare services in a manner which best meets the needs of the juvenile. In those cases where the court does not re-assume jurisdiction, juveniles meeting this criteria shall be discharged from Department of Correction custody.

Those juveniles whose initial Risk Assessment is in the High category, will be released on parole status to Community Supervision. On the day of release the COMMUNITY SUPERVISION RELEASE AGREEMENT (ATTACHMENT 40) with any applicable Stipulations shall be signed by the juvenile and the guardian/placement provider. This document will be forwarded (scanned and emailed) to the assigned Parole Agent. Within five (5) working days of release, face to face contact with the Parole Agent shall occur to complete the Initial Interview. These juveniles will remain on Community Supervision for a period of six (6) months or until the supervising Parole Agent indicates that the juvenile's adjustment to supervision has been progressing satisfactorily. If the juvenile appears to be progressing satisfactorily, the Parole Agent shall submit a recommendation in accordance with existing procedures to the Director of Parole/designee and shall request that the juvenile be discharged. The Director of Parole Services or designee shall advise the supervising Parole Agent of the decision.

An exception to the above procedures shall be for those juveniles who do not have a suitable placement. If the juvenile does not have a suitable placement and a group home or other similar placement is needed, the juvenile will remain on parole status under Community Supervision until it is determined whether a suitable placement with family or friends can be arranged or whether community resources can be used to provide an appropriate placement. Juveniles accepted into the Job Corp program will be on Community Supervision for 60 days and then will be discharged. Those juveniles who are coming into the State of Indiana through Inter-State Compact will be supervised by the requirements of the Inter-State Compact. Those juveniles who desire placement out-of-state will be required to have a request for supervision submitted through the Inter-State Compact, if the risk assessment determines that the juvenile is High Risk.

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B. RELEASE OF JUVENILE SEX OFFENDERS:

Prior to appearance before the Administrative Review Committee (ARC), juveniles adjudicated of a Sex Offense who are being considered for release will be required to have an assessment using the validated juvenile sex offender recidivism risk assessment completed by facility STEP personnel and reviewed by Mental Health Staff. Those students who have not been adjudicated of a sex offense will be evaluated on a case by case basis with a recommendation of the Contract Treatment Provider to the Release ARC committee to determine level of Community Supervision. Those juveniles who are deemed to be Low risk as determined by the validated juvenile sex offender recidivism risk assessment will be released to parole supervision for a presumptive period of 40 days. Juveniles assessed at the Low risk level will not be required to participate in aftercare with a treatment provider nor have Juvenile Sex Offender Stipulations imposed. Parole staff shall evaluate each placement for Low risk sex offenders on a case-by-case basis and may allow placement in a home where other juveniles are residing. The use of the Family/Guardian Supervision Agreement is hereby discontinued for purposes of determining placement viability. Paroled offenders are required to sign the Community Supervision Release Agreement for general conditions of parole.

Juvenile Sex Offenders being released who score Medium or High Risk on the validated juvenile sex offender recidivism risk assessment that is conducted prior to Release ARC will be released to parole supervision. The facility will notify the Contract Treatment Provider when the juvenile reaches Re-entry Level to schedule an appointment with a specific treatment provider that is close to the location of the approved placement and as soon as possible after the release date. Facility staff should continue to base the release of these juveniles on the successful completion of a treatment program as determined by the Treatment Team and approved by the Administrative Review Committee. It is the obligation of the facility staff to coordinate with Contract Treatment Provider to make recommendations for conditions of parole for Community Supervision based on each individual juvenile. These recommendations will be reviewed and imposed by the Administrative Review Committee. Once the juvenile is approved by the Administrative Review Committee for Release, the facility staff shall complete and mail the Release Notification Letter within twenty-four (24) hours of the juvenile being approved for release. The Release Notification Letter shall be mailed at least fourteen (14) calendar days prior to the release of the juvenile with a copy to the juvenile's Parole Agent and a Copy to Contract Treatment Provider.

On the day of release the Community Supervision Release Agreement with Sex Offender Stipulations shall be signed by the juvenile and the guardian/placement

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provider along with a copy of the score of the validated juvenile sex offender recidivism risk assessment. This document will be forwarded (scanned and emailed) to the assigned Parole Agent. Within five (5) working days of release, face to face contact with the Parole Agent shall occur to complete the Initial Interview. Within the first thirty (30) days the Containment Team will meet and establish a preliminary Program Projected Release Date for discharge of the juvenile based upon the juvenile's history, treatment completion or progress and initial meetings with Parole Agent and Provider. Juveniles who score a Medium Risk on the validated juvenile sex offender recidivism risk assessment will remain on parole supervision for a minimum of 3 months. Juveniles who score a High Risk on the validated juvenile sex offender recidivism risk assessment will remain on parole supervision for a minimum of 6 months.

C. VIOLATION OF COMMUNITY SUPERVISION:

Should any juvenile violate the terms of the COMMUNITY SUPERVISION RELEASE AGREEMENT, (ATTACHMENT 40) the supervising field staff shall submit a Parole Violation Report for District Supervisor review to determine the best course of action in accordance with Policy 03-02-104 "Juvenile Classification and Comprehensive Case Management" and Parole Procedure Bulletin #10- Parole Violation Reports (Juveniles). The juveniles will not be in violation of the terms of COMMUNITY SUPERVISION RELEASE AGREEMENT for the sole purpose of "Placement Failure", unless all other placement options have been pursued, including DCS resources, and it must be approved by the Director of Parole Services/designee after collaboration with Executive Director of the Division of Youth Services/designee.

Juvenile parolees taken into custody and/or arrested on "new" charges may be discharged to the arresting authorities pending disposition of the charges. The final decision to discharge the juvenile shall be made by the Director of Parole Services/designee in collaboration with the Executive Director of the Division of Youth Service/designee after full consideration of the totality of the circumstances (age, offense type, prior history, etc.) involved in the case.

D. FOSTER CARE/GROUP HOME PLACEMENT:

Staff shall ensure that all efforts have been exhausted with family members or friends of families. When selecting a Group Home, staff is to review what is best for the student based upon age, location, cost, etc. The following is the process to apply for placement in a group home:

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1. Complete the REQUEST FOR GROUP HOME PLACEMENT (ATTACHMENT 41) with facility Head signature. This signature reflects that this is the last option for the youth and all other placements have been reviewed.
2. Forward this signed document to the Program Director, Division of Youth Services.
3. Work with Program Director, Division of Youth Services to identify an appropriate placement.
4. Set up an interview with the Group Home, (when doing this, ensure that the group home is aware that this is just an interview to determine if the student is appropriate for the placement and does not commit the Department to the placement)
5. Program Director, Division of Youth Services, shall advise the facility if the request has been approved for the identified placement or if another placement should be pursued based upon needs of the student.
6. Obtain the INDIVIDUAL PLACEMENT AGREEMENT from the Identified Group Home.
7. Complete the INDIVIDUAL PLACEMENT AGREEMENT from the identified Group Home and forward to Program Director, Division of Youth Services, for signatures.
8. Program Director, Division of Youth Services, shall advise the facility when to coordinate a date with the group home.
9. Facility treatment staff shall initiate the process for Medicaid eligibility and reinstatement of Social Security benefits (if applicable). It is the responsibility of the facility to obtain the Birth Certificate and/or Social Security Card from the student's parent/guardian. This information will be needed in order to process any Medicaid applications for students going to a group home or foster care placement. For those students whose Medicaid benefits were suspended upon intake it is the responsibility of the facility staff to reinstate Medicaid benefits according to the Facility Directive.

E. OUT-OF-STATE PAROLE/INTERSTATE COMPACT:

In cases where a juvenile requires transfer to another state under the Interstate Compact on Juveniles (ATTACHMENT 42) the following process must be followed. Materials are to be sent via e-mail or mail to the Deputy Compact Administrator. The placement request should be sent within ninety (90) days of the youth being projected for release. Once investigated by the receiving state, the placement is only good for ninety (90) days.

When sending referral of placement to another state the following information should be included:

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1. Completed ICJ Form IV – PAROLE OR PROBATION INVESTIGATION REQUEST (Directions are on the back of the form. Send the original.)
2. Completed ICJ Form 1A/VI - APPLICATION FOR COMPACT SERVICES AND WAIVER (Directions are on the back of the form. Must be signed by the juvenile and witnessed. If possible have parent sign and witness. If unable to have parent sign, we can request receiving state to obtain the parent signature. Send the original.)
3. Supporting documents must include the Dispositional Order, Pre-Dispositional Report, Face Sheet, Intake Assessment Report, and Individual Growth Summary. In the case of sex offenders, the details of the offense and designated sex offender Risk Assessment must be included.

Upon receipt of the placement request the Deputy Compact Administrator will review the materials to ensure that all required materials and signatures are included. The Deputy Compact Administrator will sign the Forms IV and 1A/VI and forward them to the Compact Office in the receiving state via e-mail. The Deputy Compact Administrator will send to the holding facility the Assignment Memo that is sent to the receiving state. Entry will be made into CCMS Progress Notes that the placement has been sent and when it is to be returned.

Receiving States have forty-five (45) days to complete the placement once it is assigned to the investigating Agent.

Upon receipt of the approved placement from the receiving state, the Deputy Compact Administrator will forward it to the Counselor at the holding facility. The juvenile needs to be released within ninety (90) days of the approved placement or the placement is invalid. If the juvenile will not be released in that period of time, the facility Counselor shall notify the Deputy Compact Administrator and advise that the juvenile will not be released. If not released, the Deputy Compact Administrator will request that a follow-up Placement Investigation be done by the receiving state to ensure that the placement is still valid. This follow-up will only require confirmation that the placement is still good, not a complete new investigation unless something has changed.

Prior to the juvenile's release the facility will forward a copy of the Judge's Letter to the Deputy Compact Administrator. The Deputy Compact Administrator will forward this letter to the receiving state for notification of the juvenile's upcoming release.

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Upon the release of the juvenile, the facility will forward to the Deputy Compact Administrator, the following documents. COMMUNITY SUPERVISION RELEASE AGREEMENT, INDIVIDUAL AFTERCARE PLAN, INDIVIDUAL GROWTH SUMMARY, and any other documents pertaining to release. Included in that information should be the mode of transportation to the receiving state. In case of sex offenders, a current validated Juvenile Sex Offender Recidivism Risk Assessment should be sent along with a current sex offender Treatment Plan. This information will be forwarded to the receiving state for the supervision of the juvenile.

Upon release, the facility will release the juvenile in the Juvenile Data System (JDS) and place them in transit to PD0. The Deputy Compact Administrator will then pick up the case in the Juvenile Data System (JDS) and monitor the case through discharge.

In the case of a juvenile being discharged out-of-state, the facility should forward a copy of the Discharge Certificate to the Deputy Compact Administrator so that the receiving state can be notified that supervision will not be required and so the case can be closed.

During the term of supervision, the Deputy Compact Administrator will receive Progress Reports from the receiving state. At the completion of the period of supervision, the Deputy Compact Administrator will request a recommendation for discharge from the receiving state. Upon receipt of that recommendation, the Deputy Compact Administrator will forward the recommendation for discharge to the Director of Parole and Release Services. Upon receipt of the DISCHARGE CERTIFICATE, the Deputy Compact Administrator will forward it to the receiving state for delivery to the juvenile. The receiving state will be advised to close their Compact case effective the date of discharge. The Deputy Compact Administrator will release the juvenile to discharge in the Juvenile Data System (JDS) and update the Comprehensive Case Management System (CCMS) with information regarding the discharge of the juvenile. The closed packet will be sent to Records in Central Office for scanning into the Records System.

D. STUDENT RELEASED TO PROBATION/COURT SUPERVISION:

A student released to county probation/juvenile court supervision by court order shall be released in accordance with the order from the court. No approved placement is needed unless such is specifically ordered by the court.

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XVII. RELEASE FROM THE FACILITY:

A. RELEASE NOTIFICATION TO THE COURT:

The Release Notification Letter to the court shall be mailed forty (40) days prior to the established release date (as outlined in above section AFTERCARE PHASE: RELEASE FROM FACILITY) or a minimum of at least ten (10) calendar days in approved cases, prior to the release of the student with a copy to the student's Parole Agent as applicable.

Release notification for students participating in a Transition from Restricted Placement Program (TRP) or a Community Transition Program shall be sent to the court in accordance with the guidelines established for each county program.

B. RELEASE NOTIFICATION TO LAW ENFORCEMENT:

Facility staff shall send notification to the sheriff of the county where the student will reside upon release. Such notification shall include student contact information, address, phone number, name of the placement provider, and type of on-going community supervision.

C. STUDENT EXIT INTERVIEW :

Prior to the student's release from the facility, he/she shall complete the STUDENT EXIT INTERVIEW (ATTACHMENT 43). This Exit interview is used to obtain the student's opinions about his/her readiness to leave the facility and move on to the next placement whether it is in a community-based program or his/her own home. This form should be completed within 72 hours of the student's release from the facility. This Exit Interview should be administered to the student individually. Staff is to follow the Performance Based Standard script.

D. COMMUNITY SUPERVISION RELEASE AGREEMENT:

The COMMUNITY SUPERVISION RELEASE AGREEMENT and CONDITIONS OF PAROLE (ATTACHMENT 40) is a legal document that identifies the student and lists the terms and special conditions of community supervision. Both staff and student shall sign each of the four copies of the COMMUNITY SUPERVISION RELEASE AGREEMENT . The four copies shall be disseminated to: the student, Central Office, field staff, facility packet (Section 5).

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E. RELEASE NOTIFICATION TO FIELD STAFF:

On the date of the student's release from the facility, the following paperwork is to be sent (scanned and emailed if possible or via fax) to the designated Field Staff by the Treatment facility:

1. STUDENT RELEASE NOTIFICATION
2. COMMUNITY SUPERVISION RELEASE AGREEMENT (ATTACHMENT 40)
3. INDIVIDUAL GROWTH PLAN SUMMARY
4. School Transcripts

F. STUDENT RELEASE FROM FACILITY:

Students committed on indeterminate sentences shall only be released on Mondays (or Tuesday if Monday is a Holiday) The students will be released during normal business hours. Any exceptions to this will need to be approved through the Executive Director, Division of Youth Services. Students committed with determinate sentences or released through a court order shall be released in compliance with ordered timelines.

XVIII. COMMUNITY SUPERVISION PHASE:

A. VIOLATION OF COMMUNITY SUPERVISION :

Should the student violate the terms of the COMMUNITY SUPERVISION RELEASE AGREEMENT, the supervising field staff shall submit COMMUNITY SUPERVISION VIOLATION REPORT (ATTACHMENT 44) to the District Supervisor who shall review the COMMUNITY SUPERVISION VIOLATION REPORT and determine what action shall be taken. The action taken may be to await court disposition, when cases are pending in court; issue a warrant for the student's arrest and detention; issue a Letter of Reprimand; or continue the student under community supervision. The District Supervisor shall notify the supervising Parole Agent regarding what decision has been made. If a warrant is issued, the warrant along with a PRELIMINARY HEARING SCHEDULE (ATTACHMENT 45) shall be forwarded to the field staff. If the violation has resulted in a pending case in court, the field staff will be advised to follow the case through court. If a Letter of Reprimand, or continue under regular community supervision is the decision, the Parole Agent shall be issued a memorandum regarding the decision and a Letter of Reprimand issued to the student.

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When a warrant is issued, Parole Agent shall make every effort to serve the warrant to the student. If the student is in custody and a warrant is filed against him/her, a preliminary hearing must be held within seventy-two (72) hours, excluding weekends and holidays, of the student being placed in detention. The student and the student's parents shall be given twenty-four (24) hours advance notice of the preliminary hearing. This notice applies whether the student is in detention or not. Upon completion of the preliminary hearing, the Hearing Officer shall advise the student and student's parents of the decision regarding the finding of probable cause, or not, on each allegation. The Hearing Officer shall advise the student and student's parents of the decision to return the student to a facility or to continue on community supervision. If the student is in detention, the Hearing Officer shall contact the District Supervisor if the student is to be continued under regular community supervision and released from custody. The District Supervisor shall approve the release of the student and continue him/her under community supervision. If the Hearing Officer's decision is to return the student to a facility, the Hearing Officer must contact the District Supervisor for authorization to return the student. The District Supervisor shall approve the return and issue a TRANSFER AUTHORITY authorizing that movement. The Hearing Officer, field staff or District Supervisor/designee shall be required to update the Juvenile Data System (JDS) regarding the return of the student to a facility.

Upon completion of the preliminary hearing, the PRELIMINARY HEARING MINUTES (ATTACHMENT 46) shall be dictated and typed. The form should then be forwarded to the receiving facility and a copy retained by the Parole Agent. The student shall be provided a copy of the preliminary hearing results.

The Parole Violation Committee shall meet at prescribed times at the Logansport Juvenile Correctional Facility for males and the Madison Juvenile Correctional Facility for females. All Parole Violators will return to Logansport Intake facility for males, and Madison Juvenile Correctional Facility for females unless special circumstances are required and discussed in collaboration with the Executive Director, Division of Youth Services, and the Director of Parole Services. At Parole Revocation Hearings, the student shall be provided with a State Public Defender if requested. The student shall have the Revocation Hearing within sixty (60) days of his/her return. The Parole Violation Committee shall be comprised of a designated Parole staff person, as Chairman, and two (2) individuals designated by the Facility Head.

At the Parole Revocation Hearing the student shall be advised of his/her rights. All parties present shall be identified and the allegations presented. The student and attorney shall present their arguments to the Committee. Upon the hearing of

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all testimony, the Committee shall make a decision as to what action will be taken. The Committee may decide to: 1) Sustain the student in a facility; 2) Continue on community supervision; 3) Discharge the student; 4) Transfer the student out-of-state under the Interstate Compact on Juveniles; or 5) Place the student in foster or group home care. The hearing shall be recorded and the minutes transcribed. Minutes are to be sent to the State Public Defender, District Supervisor, Parole Services/Central Office and the student's packet.

1. In cases where the violation is sustained:
 - a. If the Parole Violation Committee sustains the violation during the Parole Revocation Hearing, facility staff at the facility holding the Parole Revocation Hearing shall complete IYAS for the student based upon information provided at the Revocation Hearing.
 - b. Based upon the results of the IYAS, the student shall be re-classified to an appropriate treatment facility.
 - c. Upon the student returning to a treatment facility, the student shall begin the Orientation Level of the Growth Phase. All requirements of the Case Management System shall remain in effect for the student, and he/she shall successfully complete the Growth Phase and Re-entry Phase before being considered for the Aftercare Phase again.
2. In cases where the student's Community Supervision violation is not sustained:
 - a. If the Community Supervision Violation Committee does not sustain the student during the Community Supervision Revocation Hearing, the student shall be returned to his/her community living arrangement.
 - b. Upon completion of the "not sustained" finding, the field staff shall complete the IYAS , and the INDIVIDUAL AFTERCARE PLAN. Based upon the results of these assessments and other relative information, a community supervision level shall be re-established.
 - c. The Community supervision level shall be re-evaluated within thirty (30) days and every ninety (90) days thereafter.

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B. DISCHARGE:

When requesting a CERTIFICATE OF DISCHARGE (ATTACHMENT 47), field staff shall attach an INDIVIDUAL AFTERCARE PLAN REVIEW (ATTACHMENT 48)

Upon review by the designated Parole Services staff, a CERTIFICATE OF DISCHARGE may be issued. A copy of the Discharge will be forwarded to the field staff for delivery to the student, a copy to the facility, a copy to the committing court, and a copy for the Central Office file.

XIX. AUDITING PROCESS:

A. REVIEW PROCEDURES:

1. The Department shall review the classification and comprehensive case management system at each juvenile facility, at least annually. The Program Director for the Division of Youth Services shall provide the Facility Head at least thirty (30) days advance notice indicating the schedule of the pending audit.
2. The audit team shall be composed of staff trained in the juvenile classification process. The Program Director for the Division of Youth Services will be the chairperson and shall select each audit team.
3. Prior to conducting the audit, the audit team shall meet/discuss the purpose of planning and discussing the following points:
 - a. Devise an action plan indicating the manner in which the audit shall be conducted;
 - b. The assignment of each audit team member's duties and areas of responsibility; and,
 - c. The establishment of schedules and timetables for completing each phase of the auditing process.
4. The Facility Head shall make arrangements to have the audit team accompanied by a staff person who is familiar with the classification and comprehensive case management system within the facility. This staff person shall:

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- a. Act as a resource coordinator for the audit team which shall include answering questions and providing additional information or assistance to the team; and,
 - b. Escort the audit team during their audit of the facility.
 5. The audit team shall audit the operational classification program and Comprehensive Case Management System at the facility and summarize their findings on JUVENILE CLASSIFICATION AND COMPREHENSIVE CASE MANAGEMENT SYSTEM AUDIT TOOL (ATTACHMENT 49)
 6. The audit team shall audit the operational classification program and Comprehensive Case Management System at each facility by reviewing records, reviewing Comprehensive Case Management electronic system, interviewing staff, and interviewing students.
 7. Upon completion of the audit, the audit team shall conduct a debriefing with the Facility Head to provide an overview of the results of the audit.
 8. As soon as possible following the completion of the audit, the audit team shall prepare a typewritten summary of the facility classification audit, the facility's compliance with the audit, and submit copies to the following:
 1. Executive Director, Division of Youth Services
 2. Facility Head.
- B. DISTRIBUTION AND ACCOUNTING OF THE JUVENILE CLASSIFICATION AND COMPREHENSIVE CASE MANAGEMENT SYSTEM MANUAL:**
1. Each staff person involved in the classification process and comprehensive case management system shall have a copy or ready access to the complete manual. At minimum, the following staff shall be provided a copy of the Juvenile Classification and Comprehensive Case Management System Manual:
 - a. Administrative Staff:
 - (1) Facility Head;
 - (2) Assistant Facility Head;
 - b. Program Directors
 - c. Others as deemed necessary by the Facility Head.

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2. The Classification and Comprehensive Case Management System manual distribution system shall include a staff person responsible for the system and an accounting process. This procedure shall include a method for distribution of the classification and comprehensive case management system manual revisions to the appropriate staff persons and the return of the manual when the job responsibilities no longer entitle the staff person to a copy of the manual. Staff persons assigned to classification and comprehensive case management system manuals shall sign their names on a receipt indicating that they have received the document and supplements.
3. The classification and comprehensive case management system manual shall be readily available to the student population, upon their request.
4. Each Facility Head/designee is responsible for an in-house staff training program to ensure continuing understanding and compliance with the local operational procedures for juvenile classification and comprehensive case management system. Operational Procedures are not necessary to develop for this policy.

XX. TRAINING:

Principles of effective intervention include quality program implementation and delivery. Successful program implementation and delivery is only achieved through effective staff training.

Comprehensive Case Management System Training will be provided to every new employee of a juvenile facility during the New Employee Administrative Orientation or Correctional Training Academy.

Annual Facility In-Service Training will reiterate the Principles of Effective Intervention/De-escalation: Motivational Interviewing, Working with Special Needs students, Effective Treatment Programs, Aftercare, and Program Evaluation. Additional related training shall be provided as determined necessary.

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**JUVENILE CLASSIFICATION AND COMPREHENSIVE CASE
MANAGEMENT****XXI. APPLICABILITY:**

These administrative procedures are applicable to all juvenile facilities operated by the Department.

Signature on FileBruce Lemmon
Commissioner6/13/11

Date