



State of Indiana  
Indiana Department of Correction

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02-04-105

**POLICY AND ADMINISTRATIVE  
PROCEDURE**

**Manual of Policies and Procedures**

Title

**SPECIAL NEEDS ACCLIMATION PROGRAM (SNAP)**

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)
11-8-5-2	HCSD 4.03 01-04-101 01-02-101 01-02-106 02-04-102	ACA Standards

**I. PURPOSE:**

The purpose of this policy and administrative procedure is to establish Special Needs Acclimation Program (SNAP) Units throughout the Department of Correction. The purpose of SNAP Units is to manage offenders with special needs that do not rise to the level of inpatient care and to manage offenders with special needs in a supportive environment in order for them to remain in general population and participate in treatment programming.

**II. POLICY STATEMENT:**

The Department shall establish units designed to provide a supportive and structured environment where offenders with special needs related to physical health, mental health, or behavioral issues are more closely monitored by Custody, Unit Team, and Clinical staff. These units, designated as SNAP Units, shall be less restrictive than inpatient treatment units. SNAP Unit goals are to:

- Provide a step-down unit for offenders leaving treatment units and who will require further supportive services in a structured environment.
- Provide the least restrictive environment for offender to receive needed services and care.
- Increase the offender’s potential for successful reintegration into general population.
- Ensure specialized Case Management and Re-Entry planning occurs with special needs populations.

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- Prevent offenders with special needs from being placed in restrictive status housing unnecessarily for management.
- Provide for the safety and security of the community through effective, efficient treatment using clinical best practices and evidence-based programming while providing SNAP Unit offenders the opportunity to practice skills needed for Re-Entry in a more sheltered and supportive environment until placement in general population is appropriate.
- Provide a continuum of care for those offenders identified as being potentially vulnerable or who cannot function in general population.

III. DEFINITIONS:

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

- A. **CASE MANAGEMENT:** The process of identifying and assessing the offender’s risks and needs, developing a Case Plan, linking the offender to appropriate services, monitoring progress, advocating for, and holding the offender accountable as needed. Case Management occurs from Intake through release and ensures placement is secured, medical and mental health needs are met, links to appropriate services upon release are provided, and this information is provided to the post-release supervising agency.
- B. **CLASSIFICATION:** The process used by the Department to divide offenders into subgroups with the goal of placing each offender in an environment that meets his/her appropriate security level and is consistent with the risk and needs of the offender.
- C. **INDIVIDUAL TREATMENT PLAN (ITP):** A series of written statements specifying a course of mental health services for an offender and the roles and responsibilities of staff in carrying out the course of mental health services.
- D. **INDIANA PROTECTION AND ADVOCACY SERVICES (IPAS) SETTLEMENT:** An agreement between the Department and the American Civil Liberties Union that created guidelines for how offenders are classified as Seriously Mentally Ill and defines situations in which those offenders may or may not be housed in restrictive status housing (formerly, “segregation-like” housing).

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- E. **MENTAL HEALTH PROFESSIONAL (MHP):** Qualified health care professionals who have received instruction and supervision in identifying and interacting with offenders in need of mental health services. MHPs include psychiatrists, psychologists, clinical social workers, mental health counselors, and advanced practice nurses (APNs) with psychiatric specialization.
- F. **MENTAL HEALTH SERVICES:** The use of a variety of psychosocial and pharmacological therapies, provided individually or in groups, including biological, psychological, and social interventions to alleviate symptoms, eliminate maladaptive behavior, attain appropriate functioning, and prevent relapse.
- G. **MENTAL ILLNESS:** A psychiatric disorder that substantially disturbs an individual's thinking, feeling, or behavior; and impairs the individual's ability to function.
- H. **MULTIDISCIPLINARY TREATMENT TEAM:** A group of staff comprised of Administrative, Custody, Unit Team, Addictions Recovery, Mental Health, and Medical personnel working collaboratively to make decisions and address concerns regarding offenders housed in specialized units, such as a SNAP Unit.
- I. **PEER MENTOR:** A specially-trained offender who assists SNAP Unit offenders in maintaining daily routines, provides social feedback, and offers support and encouragement.
- J. **PROTECTIVE CUSTODY:** A form of physical separation from the general offender population for offenders requesting or requiring protection from other offenders.
- K. **RECENT SIGNIFICANT HISTORY:** A diagnosis made at any time in the previous twelve (12) months.
- L. **RESTRICTIVE STATUS HOUSING:** The physical separation of an offender from the general offender population, generally in a unit designed to provide activities and functions in a controlled fashion.
- M. **SERIOUSLY MENTALLY ILL:** Having a current diagnosis or recent significant history of schizophrenia, delusional disorder, schizophreniform disorder, schizoaffective disorder, brief psychotic disorder, substance-induced psychotic disorder (excluding intoxication and withdrawal), undifferentiated psychotic disorder, bipolar I or II disorders; having a diagnosis of any other validated mental

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illness that is clinically severe, based on evidence-based standards, and that results in significant functional impairment; having a diagnosis of an intellectual or developmental disability or other cognitive disorder that results in significant functional impairment.

- N. **SPECIAL NEEDS OFFENDER:** An offender who has been diagnosed with mental health or physical issues that significantly impact the offender’s ability to perform normal activities of daily living.
- O. **SUPERVISOR OF CLASSIFICATION:** The facility staff person working with the Unit Team to render the final decision on all offender Classification activities at the facility.
- P. **UNIT TEAM:** A group of Re-Entry staff persons, designated by the Warden, responsible for overseeing an offender’s Re-Entry process.

IV. **SNAP UNIT CONDITIONS:**

For a facility to establish a SNAP Unit, the following conditions shall be met:

- A. A specific area and number of beds that may be allocated for offenders approved for SNAP Unit placement;
- B. Staff who have received training and certification to work in a SNAP Unit;
- C. The ability to house and provide a limited amount of programs or activities for offenders with identified special needs, preparation for placement in general population, or who need a more sensitive or supportive environment; and,
- D. A designated Multidisciplinary Treatment Team that meets monthly to discuss offenders housed in the SNAP Unit.

V. **ESTABLISHMENT OF A SNAP UNIT:**

Each Warden shall determine if the need exists for a SNAP Unit at the facility. If the Warden determines that a SNAP Unit is appropriate for the operation of the facility, the Warden shall contact the appropriate Regional Director for approval. The Warden or designee shall submit to the appropriate Regional Director the following information:

- A. Location within the facility;
- B. The number of beds, if fixed, to be allocated to the SNAP Unit;

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- C. Staffing of the SNAP Unit;
- D. Recreation schedule and facilities;
- E. The manner in which Food Services and Health Services will be provided in the SNAP Unit;
- F. Programs and the manner in which programs will be offered and provided; and,
- G. Any proposed exceptions to this policy and administrative procedure.

Upon receipt of the request and required information, the appropriate Regional Director shall review the request and make a recommendation to the Deputy Commissioner of Operations. The Deputy Commissioner shall review the request and information. The Deputy Commissioner shall consult with the Executive Director of Mental Health and Special Populations, and shall submit his/her recommendation to the Commissioner for final approval or denial. Any SNAP Unit approved by the Commissioner shall operate in accordance with this policy and administrative procedure unless a State Form 48584, "Request for Exemption from Policy," has been properly approved as outlined in Policy and Administrative Procedure 00-04-101, "The Development, Approval, and Implementation of Policy."

VI. CRITERIA FOR SNAP UNIT PLACEMENT (See Facility Directive):

Offenders meeting any of the following criteria may be considered for placement in a SNAP Unit:

- A. Diagnosis of any mental illness as verified by Mental Health staff;
- B. Determined to be significantly impaired by Mental Health staff;
- C. Offenders who were previously housed in, but have been approved for transfer from, restrictive status housing or protective custody that may benefit from SNAP Unit placement in order to successfully reintegrate into general population housing and have been approved for placement by the Multidisciplinary Treatment Team; and/or,
- D. Offenders who demonstrate vulnerability or impairment due to their status as elderly, infirm, physically ill, or who have not been able to adequately adjust to general population housing and have been approved for placement by the Multidisciplinary Treatment Team.

Each facility with a SNAP Unit shall develop a facility directive that elaborates on each criterion as it relates to the operation of the facility's SNAP Unit.

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VII. ADMISSION TO THE SNAP UNIT:

Offenders may be admitted to the SNAP Unit in one (1) of the following ways:

A. From General Population to SNAP

Any staff member may refer an offender that he/she feels would benefit from placement in a SNAP Unit.

1. Referrals shall be made by staff to the Multidisciplinary Treatment Team;
2. The Multidisciplinary Treatment Team shall discuss the referral and determine if the offender is eligible for placement in the SNAP Unit or if placement of the offender in the SNAP Unit is conducive to addressing the special needs;
3. The Multidisciplinary Treatment Team shall decide whether the offender will be admitted and document the reason for acceptance or denial;
4. If the Multidisciplinary Treatment Team determines placement in a SNAP Unit is appropriate, the appropriate staff shall ensure the acceptance is documented in the Electronic Medical Record (EMR) and the Offender Case Management System (OCMS).
5. Transfer from general population to the SNAP Unit shall be in accordance with Section VIII, "Offender Reclassification and Intra-Facility Movement," of Policy and Administrative Procedure 01-04-101, "Adult Offender Classification."
6. If the transfer from general population to a SNAP Unit is an inter-facility transfer, steps 1 through 3 shall be followed by adherence to Section X, "Inter-Facility Transfers," of Policy and Administrative Procedure 01-04-101, "Adult Offender Classification." Actual admission dates to a SNAP Unit upon arrival at the receiving facility shall be determined by facility staff.

B. Discharge from a Mental Health Unit

The Multidisciplinary Treatment Team at the mental health unit may determine, in consultation with Unit Team and Classification staff, that an offender being

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discharged from the mental health unit should be considered for SNAP Unit placement to further address the offender’s special needs.

1. The offender shall be staffed on the Mental Health Staffing Movement Call, approved for discharge and referred for a SNAP Unit;
2. If the Multidisciplinary Treatment Team at the specialized mental health unit determines the offender has a clinical need for a special environment (e.g., single-celled, double-celled, dormitory, or a specific facility), the Multidisciplinary Treatment Team shall provide information justifying the need. The Multidisciplinary Treatment Team shall cause the determination to be documented in the EMR and OCMS.
3. If there is no determined need for a special environment, the Multidisciplinary Treatment Team shall forego a recommendation and placement shall be determined by the Classification Analyst in the central office; and,
4. The information distributed by the contracted Regional Mental Health Director for mental health unit discharges shall include information regarding the offender’s need for a SNAP Unit.

C. Admission to the SNAP Unit from an Intake Unit or Parole Violation

1. Offenders returning to incarceration through an Intake Unit that have been identified as having a previous discharge from a Department or community mental health treatment unit, or as a previous SNAP offender, may be referred to a SNAP Unit for further monitoring prior to being placed in general population.
2. If referring an offender to a SNAP Unit due to a mental health diagnosis, the mental health professional shall document the referral on State Form 56060, “Report of Mental Health Status Classification of Offender,” for inclusion to the Diagnostic and Classification Summary.
3. If the offender is referred to a SNAP Unit for non-medical, or non-mental health needs, the recommendation for SNAP shall be documented in the Diagnostic and Classification Summary

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4. The documentation shall be processed in accordance with Section V, “Intake Units,” of Policy and Administrative Procedure 01-04-101, “Adult Offender Classification.”

VIII: SNAP ACTIVITIES AND PROGRAMS (See Facility Directive):

Each facility operating a SNAP Unit shall develop a facility directive outlining the programs and activities offered in the unit and whether SNAP offenders may participate in programs and/or activities offered outside the SNAP Unit to general population offenders. The facility directive shall specify who may participate, where activities and programs will be conducted, and the staff person(s) supervising activities and facilitating programs.

Visitation, telephone use, Commissary, correspondence, and similar services and privileges shall be offered in accordance with current Department policies and procedures.

IX: REVIEW OF OFFENDERS IN THE SNAP UNIT:

The Multidisciplinary Treatment Team shall review each SNAP offender’s need for continued placement in the SNAP Unit every ninety (90) days, in accordance with Policy and Administrative Procedure 01-07-101, “The Development and Delivery of Re-Entry and Adult Case Management Services.” The Multidisciplinary Treatment Team may review an offender more frequently if circumstances indicate. Reviews shall occur during Multidisciplinary Treatment Team meetings to ensure the participation of all staff regarding the offender’s progress toward Case Plan goals.

X: RELEASE FROM SNAP UNIT:

A. Release to General Population

When the Multidisciplinary Treatment Team determines that an offender is no longer eligible for SNAP Unit placement or the offender has received the maximum benefit from placement in the SNAP Unit, he/she shall be discharged in accordance with the Multidisciplinary Treatment Team’s recommendation and the appropriate Section (VIII or X) of Policy and Administrative Procedure 01-04-101, “Adult Offender Classification.”



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B. Release from Confinement

An offender who will be released from confinement from the SNAP Unit shall be released in accordance with Policy and Administrative Procedure 01-07-101, “The Development and Delivery of Programs, Pre-Release, and Case Management,” and Policy and Administrative Procedure 01-04-105, “Adult Offender Releases.”

XI. STAFF TRAINING:

The Executive Director of Staff Development and Training, in coordination with the Executive Director of Mental Health and Special Populations, shall establish training requirements for all staff working in a Department SNAP Unit. The training curriculum may include traditional classroom and eLearning training regarding topics determined to be appropriate by the Executive Director of Staff Development and Training.

In addition to the above-mentioned training requirements, each facility operating a SNAP Unit shall be required to establish an On-the-Job training (OJT) for each classification routinely working in the SNAP Unit. All newly assigned staff or staff who have not worked in the SNAP Unit for longer than one (1) year shall be required to complete OJT with a qualified Field Training Officer.

XII. OFFENDER TRAINING:

Any facility using offenders as Peer Mentors shall ensure the offenders have completed an approved training program as established by the Executive Director of Staff Development and Training and the Executive Director of Mental Health and Special Populations.

XIII. DOCUMENTATION STANDARDS AND SNAP UNIT REVIEW:

The Multidisciplinary Treatment Team shall convene one (1) meeting, minimally, each month. Minutes of each meeting shall be documented including information about offenders or events of concern discussed during the meeting. These minutes shall be distributed to key staff of the facility, the Executive Director of Mental Health and Special Populations, the Program Director for Special Needs Populations, the Health Services Quality Assurance Manager for Behavioral Health, and the Executive Director of Addictions Recovery Services.

Each SNAP Unit shall routinely review the programs, activities, classes, and operations to ensure the program is providing measurable, successful outcomes.

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XIV. APPLICABILITY:

This policy and administrative procedure is applicable to all adult offenders and the facilities that operate authorized SNAP Units.

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signature on file  
Robert E. Carter, Jr.  
Commissioner

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Date