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<p>POLICY AND ADMINISTRATIVE PROCEDURE Manual of Policies and Procedures</p>				

Title SPECIAL NEEDS ACCLIMATION PROGRAM (SNAP)
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Legal References (includes but is not limited to) 11-8-5-2	Related Policies/Procedures (includes but is not limited to) HCSD 4.03 01-04-101 01-02-101 01-02-106 02-04-102	Replaces: 02-04-105 (Eff. Date 11-1-2017 / ED # 17-58)
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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 incarcerated individuals with special needs that do not rise to the level of inpatient care and to manage incarcerated individuals 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 incarcerated individuals 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 incarcerated individuals leaving treatment units and restrictive status housing unit and who will require further supportive services in a structured environment.
- Provide the least restrictive environment for incarcerated individuals to receive needed services and care.
- Increase the incarcerated individual’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 incarcerated individuals 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 participants 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 incarcerated individuals 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 incarcerated individual’s risks and needs, developing a Case Plan, linking the incarcerated individual to appropriate services, monitoring progress, advocating for, and holding the individual 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 incarcerated individuals into subgroups with the goal of placing each individual in an environment that meets their appropriate security level and is consistent with the risk and needs of the incarcerated individual.
- C. **INDIVIDUAL TREATMENT PLAN (ITP):** A series of written statements specifying a course of mental health services for an incarcerated individuals 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 incarcerated individuals are classified as Seriously Mentally Ill and defines situations in which those individuals may or may not be housed in restrictive status housing (formerly, “segregation-like” housing).
- E. **MENTAL HEALTH PROFESSIONAL (MHP):** Qualified health care professionals who have received instruction and supervision in identifying and interacting with incarcerated individuals in need of mental health services. MHPs include psychiatrists, psychologists, clinical social workers, mental health counselors, and advanced practice nurses (APNs) with psychiatric specialization.

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- 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 led by the lead Mental Health Professional (MHP) comprised of Administrative, Custody, Unit Team, Addictions Recovery, Mental Health, and Medical personnel working collaboratively to make decisions and address concerns regarding incarcerated individuals housed in specialized units, such as a SNAP Unit.
- I. **PEER MENTOR:** A specially-trained incarcerated individual who assists SNAP Unit participants in maintaining daily routines, provides social feedback, and offers support and encouragement.
- J. **PROTECTIVE CUSTODY:** A form of physical separation from the general population for incarcerated individuals requesting or requiring protection from other incarcerated individuals.
- K. **RECENT SIGNIFICANT HISTORY:** An active diagnosis within the previous twelve (12) months.
- L. **RESTRICTIVE STATUS HOUSING:** The physical separation of an individual from the general 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 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 INDIVIDUAL:** An incarcerated individual who has been diagnosed with mental health or physical issues that significantly impact the individual's ability to perform normal activities of daily living.
- O. **SUPERVISOR OF CLASSIFICATION:** The facility staff member working with the Unit Team to render the final decision on all Classification activities at the facility.

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- P. UNIT TEAM: A group of Re-Entry staff members, designated by the Warden, responsible for overseeing the 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 incarcerated individuals 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 individuals 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 incarcerated individuals 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 assigned Executive Director of Adult Facilities for approval. The Warden or designee shall submit to the assigned Executive Director of Adult Facilities the following information:

- A. Location within the facility;
- B. The number of beds, if fixed, to be allocated to the SNAP Unit;
- 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 assigned Executive Director of Adult Facilities 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 Behavioral Health and shall submit their 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."

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

Incarcerated individuals 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. Incarcerated individuals who were previously housed in, but have been approved for transfer from, restrictive status housing, protective custody, or mental health unit 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. Incarcerated individuals 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.

VII. ADMISSION TO THE SNAP UNIT:

Incarcerated individuals may be admitted to the SNAP Unit in one of the following ways:

- A. From General Population to SNAP

Any staff member may refer an individual that they feel 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 individual is eligible for placement in the SNAP Unit or if placement of the individual in the SNAP Unit is conducive to addressing the special needs;
- 3. The Multidisciplinary Treatment Team shall decide whether the incarcerated individual 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 electronic information system.

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

1. If the Multidisciplinary Treatment Team at the specialized mental health unit determines the individual 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 electronic information system.
2. The incarcerated individual shall be staffed on the Mental Health Staffing Movement Call, approved for discharge and referred for a SNAP Unit.
3. The information distributed by the contracted Regional Mental Health Director for mental health unit discharges shall include information regarding the individual's need for a SNAP Unit and any special environmental need.
4. If the Multidisciplinary Team from the sending mental health unit recommends the incarcerated individual for placement in a SNAP Unit, the Health Services Administrator of the receiving facility shall notify the mental health staff upon receipt of the Transfer Authority. The receiving facility's mental health staff shall contact the sending facility's psychologist in order to maintain continuity of the incarcerated individual's mental health care.

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

1. Individuals 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 participant, may be referred to a SNAP Unit for further monitoring prior to being placed in general population.

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2. If referring an incarcerated individual 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 individual 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
4. The documentation shall be processed in accordance with Section V, "Intake Units," of Policy and Administrative Procedure 01-04-101, "Adult Classification."

D. Admission to the SNAP Unit from Restrictive Status Housing or Protective Custody

1. Referrals shall be made by the Multidisciplinary Treatment Team;
2. The Multidisciplinary Treatment Team shall discuss the referral and determine if the individual is eligible for placement in the SNAP Unit or if placement of the individual in the SNAP Unit is conducive to addressing the special needs;
3. The Multidisciplinary Treatment Team shall decide whether the incarcerated individual 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 electronic information system.
5. Transfer from restrictive status housing or protective custody to the SNAP Unit shall be in accordance with Section VIII, "Reclassification and Intra-Facility Movement," of Policy and Administrative Procedure 01-04-101, "Adult Classification."
6. If the transfer from restrictive housing 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 Classification." Actual admission dates to a SNAP Unit upon arrival at the receiving facility shall be determined by facility staff.

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 participants may participate in programs and/or activities offered outside the SNAP Unit to the general population. The facility directive shall specify who may participate, where activities and programs will be conducted, and the staff member(s) supervising activities and facilitating programs.

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

IX. REVIEW OF INDIVIDUALS IN THE SNAP UNIT:

The Multidisciplinary Treatment Team shall review each SNAP participant’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 incarcerated individual more frequently if circumstances indicate. Reviews shall occur during Multidisciplinary Treatment Team meetings to ensure the participation of all staff regarding the individual’s progress toward Case Plan goals.

X. RELEASE FROM SNAP UNIT:

A. Release to General Population

When the Multidisciplinary Treatment Team determines that an incarcerated individual is no longer eligible for SNAP Unit placement or the individual has received the maximum benefit from placement in the SNAP Unit, they 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 Classification.”

B. Release from Incarceration

An incarcerated individual who will be released from incarceration 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 Releases.”

XI. STAFF TRAINING:

The Executive Director of Workforce Engagement, in coordination with the Executive Director of Behavioral Health, 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 Workforce Engagement.

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. PARTICIPANT TRAINING:

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Any facility using incarcerated individuals as Peer Mentors shall ensure they have completed an approved training program as established by the Executive Director of Workforce Engagement and the Executive Director of Behavioral Health.

XIII. DOCUMENTATION STANDARDS AND SNAP UNIT REVIEW:

The Multidisciplinary Treatment Team shall convene one meeting, minimally, each month. Minutes of each meeting shall be documented including information about participants or events of concern discussed during the meeting. These minutes shall be distributed to key staff of the facility, the Executive Director of Behavioral Health, the Director of Mental Health, the Health Services Quality Assurance Manager, and the 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.

XIV. APPLICABILITY:

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

signature on file
Christina Reagle
Commissioner

Date