

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
PAROLE DIVISION**



**POLICY AND OPERATING
PROCEDURE**

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SUBJECT: SPECIAL NEEDS OFFENDER PROGRAM (SNOP)

AUTHORITY: TEX. GOV'T CODE ANN. §§ 508.146, 508.316; TEX. CODE OF CRIMINAL PROCEDURE, art. 42.12, Sec. 3g.

PURPOSE: To establish Texas Department of Criminal Justice–Parole Division (TDCJ-PD) administrative guidelines for continuity of care for offenders with special needs as identified by the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) prior to release from the TDCJ - Correctional Institutions Division (CID) and for referrals to the Special Needs Offender Program (SNOP) of offenders not previously identified.

To establish eligibility criteria, caseload ratios, contact standards, caseload referral, follow-up of active cases, transfers, violations, pre-revocation, monthly statistics, and specialized officer qualifications.

PROCEDURE:

I. OVERSIGHT RESPONSIBILITY

The SNOP program specialist III (PS III), Central, has oversight responsibility for the Special Needs Offender Program. The PS III is the liaison between TCOOMMI and the Parole Division and monitors compliance with policy and procedure. The PS III disseminates the TCOOMMI Continuity of Care Referral Report, collects and reports statistical data, provides training to SNOP supervisors and officers and develops internal controls.

II. CONTINUITY OF CARE

The SNOP caseload shall provide a continuity of care and aid in the provision of uninterrupted essential services to offenders placed on the SNOP caseload. These offenders have been assessed and identified by TCOOMMI while incarcerated and provided referrals to appropriate community resources prior to release.

A. Continuity of Care Referral Report

TCOOMMI shall send the Continuity of Care (COC) Referral Report to the SNOP PS III each week. The COC Referral Report shall be forwarded to region directors and SNOP unit supervisors, who shall complete the following procedures:

1. Suspend the tentative release date of the offender.
2. Upon release, contact the assigned officer and provide the officer with the referral information and determine the offender's engagement with aftercare services and determine eligibility for SNOP caseload placement.

B. Weekly Mentally Impaired Offender Report (PDSURP02)

The parole supervisor (PS) for each office shall monitor the Weekly Mentally Impaired Offender Report (PDSUR02) generated by the Information Technology (IT) Division every Monday that identifies offenders released to the community the previous week. The PS shall ensure that a copy of the PDSUR02 is distributed to the designated unit supervisor in every District Parole Office (DPO). The designated unit supervisor shall:

1. Review the report and determine the release date and location of each offender on the report.
2. Contact the supervising officer, if not a SNOP officer, to determine the offender's engagement with aftercare services and determine eligibility for SNOP caseload placement through a field referral.

C. Offender Information Management System (OIMS) report, PSUP_M001

The OIMS report PSUP_M001 is generated on the 15th day of each month. This report includes the name of offenders released to the DPO during the month with Special Condition "P". The PS shall ensure that a copy of this report is distributed to the designated unit supervisor in each DPO on the 1st business day after the report is run. The designated unit supervisor shall:

1. Review the report and determine that the offender is assigned to the correct caseload type.
2. If the offender does not have a documented diagnosis, then the offender shall be referred, within five (5) business days, to the Local Mental Health Authority (LMHA) for a mental health evaluation to be completed. The designated unit supervisor shall suspend the evaluation completion in order to review assessment results.
3. The designated unit supervisor shall ensure that the offender is placed on the correct caseload, based on the evaluation results.

D. Continuity of Care (COC) Worker

1. TCOOMMI has COC workers at offices across the state who work with offenders with mental impairments (MI), Intellectual Development Disorder (IDD), and those who are Terminally Ill/Physically Handicapped (TI/PH). Within one (1) business day of release from CID, the COC worker will contact the DPO that supervises the offender.

The assigned officer shall provide the following information to the COC worker:

- a. Verification the offender reported as required.
 - b. Name of the officer.
 - c. Verification of the offender's contact information.
2. The COC worker will provide the officer with appointment information for the offender and contact the offender to remind them of their intake and psychiatric appointments. The officer shall remain in communication with the COC worker, who shall notify the officer of the appointment status on the day of the intake appointment and within 48 hours of a missed appointment, advising the officer of the new appointment time. The officer shall use the appropriate interventions to address any missed appointments.
 3. The officer shall contact the COC worker on a monthly basis unless an LMHA case manager has been assigned, in which case the officer shall have monthly contact with the case manager. These contacts shall be documented in OIMS, in accordance with agency policy.

III. MEDICALLY RECOMMENDED INTENSIVE SUPERVISION (MRIS) OFFENDERS

- A. Medically Recommended Intensive Supervision (MRIS) is a program established by the 72nd Legislature and amended by the 80th Legislature that allows for early parole review of certain categories of offenders, with mental impairments and IDD, the elderly, terminally ill, or physically handicapped. The purpose of MRIS is to identify eligible Special Needs offenders in CID and state or county jails that could be diverted from incarceration to more cost-effective and appropriate treatment alternatives.
- B. Offenders with a present conviction for a 3g offense (Article 42.12, CODE OF CRIMINAL PROCEDURE) who are classified as sex offenders are only eligible for consideration for MRIS if in persistent vegetative state or being a person with an organic brain syndrome with significant to total mobility impairment. TCOOMMI administers the MRIS Program and TDCJ-PD and TCOOMMI contract with the Health and Human Services Commission (HHSC) branches, Department of Aging and Disability Services (DADS), and Department of State Health Services (DSHS) to provide pre-release treatment planning and intensive case management follow-up for offenders approved by the Board of Pardons and Paroles (Board) for release due to MRIS. TCOOMMI Human Service specialists (HSS) provide pre- and post- release follow up to offenders who have a medical or mental impairment.

- C. Offenders released on MRIS shall be released with Special Condition “O – Medically Recommended Intensive Supervision” and shall be on a SNOP caseload unless the offender is on the Sex Offender (SO) or Super Intensive Supervision Program (SISP) caseload. The SNOP offender shall be supervised on one (1) of the three (3) categories of the SNOP caseload. Refer to PD/POP-2.2.5 *Medically Recommended Intensive Supervision*, for additional information.
- D. Offenders that are released from custody due to MRIS are released to a TCOOMMI approved location. If the offender needs or requests to transfer after release, the TCOOMMI MRIS program specialist shall be notified of the request to transfer. The officer shall staff the case with the HSS worker. The officer shall notify the SNOP PS III with the offender's name, TDCJ#, proposed residential information and reason for transfer, along with the result of the staffing with HSS worker.
 - 1. The SNOP program specialist shall notify the TCOOMMI MRIS program specialist of the transfer request. If the transfer is approved by the TCOOMMI MRIS Specialist, the SNOP PS III will notify the officer and the officer shall complete the procedure outlined in PD/POP-3.2.17 *Transfer Investigations*.
 - 2. If the plan is denied by the TCOOMMI MRIS program specialist, the justification for the plan failure shall be forwarded to the SNOP PS III. The officer shall contact the HSS worker again and discuss an alternate residence plan. The officer shall document in the OIMS all steps that were completed in this process.
- E. If the offender’s medical status improves and the offender no longer needs the Special Condition "O" MRIS, the SNOP officer shall complete the following:
 - 1. Staff the case with the HSS worker.
 - 2. Notify the SNOP PS III identifying the name of the offender and TDCJ#, documentation of current prognosis from the offender's physician, results of case staffing with HSS worker, and complete a transmittal.
 - 3. The SNOP PS III shall forward this information to the TCOOMMI MRIS program specialist. Upon concurrence, the officer shall submit the transmittal. The transmittal shall be presented to the Board panel that initially imposed the condition. If the MRIS special condition is withdrawn, the officer shall notify the SNOP PS III who notifies the TCOOMMI MRIS program specialist. The officer shall document in the OIMS all steps in this process.

IV. SPECIAL NEEDS OFFENDER PROGRAM CATEGORIES AND ELIGIBILITY CRITERIA

To be eligible for the SNOP caseload, an offender shall meet the placement criteria in at least one (1) of the specified categories. Offenders with special needs identified by TCOOMMI prior to release and provided pre-release care plans have already met the criteria listed and shall be placed on the SNOP caseload. These include offenders released due to MRIS.

The SNOP unit supervisor is responsible for screening all field referrals and placing those offenders who meet caseload placement eligibility criteria.

A. Mentally Impaired (MI)

1. The MI category of the SNOP caseload is designed to provide community-based treatment alternatives for offenders with mental illness upon release to parole or mandatory supervision. The SNOP caseload provides appropriate supervision of offenders with documented mental health disorders in order to enhance their ability to successfully complete their term of parole or mandatory supervision. The SNOP officer shall identify, coordinate and develop support systems in the community to provide treatment and support services to the offender.
2. To be placed on the SNOP caseload under the MI category, offenders shall have a current diagnosis and/or history of hospitalizations involving one or more of the following diagnoses in the *Diagnostic and Statistical Manual of Mental Health Disorders*, Fifth Edition (DSM-V). These diagnoses include:
 - a. Schizophrenia and Other Psychotic Disorders
 - Schizophrenia
 - Schizophreniform Disorder
 - Delusional Disorder
 - Brief Psychotic Disorder
 - Shared Psychotic Disorder
 - Psychotic Disorder Due to a General Medical Condition
 - Substance Induced Psychotic Disorder
 - Psychotic Disorder Not Otherwise Specified
 - b. Mood Disorders
 - Major Depressive Disorder
 - Dysthymic Disorder
 - Depressive Disorder Not Otherwise Specified
 - Bipolar I Disorder
 - Bipolar II Disorder
 - Cyclothymic Disorder
 - Bipolar Disorder Not Otherwise Specified
 - Mood Disorder Due to a General Medical Condition
 - Substance Induced Mood Disorder
 - Mood Disorder or Otherwise Specified
 - c. Delirium, Dementia, Amnesic, and Other Cognitive Disorders
 - Delirium (all types)
 - Dementia (all types)
 - Amnesic Disorder
 - Cognitive Disorder Not Otherwise Specified

- d. Post-Traumatic Stress Disorder
- e. Anxiety Disorders

Note: These conditions must cause significant functional impairment with daily activities.

- 3. Offenders with mental disorders not listed but are severe and persistent or in remission shall be considered for the MI category, on the SNOP caseload on a case by case basis. The SNOP unit supervisor shall obtain the agreement of the SNOP PS III prior to granting exceptions to the SNOP Caseload MI placement criteria. This shall be documented in OIMS.

B. Intellectual Developmental Disorder (IDD)

- 1. The IDD category of the SNOP caseload seeks to maximize the potential of offenders with a diagnosis of Intellectual Developmental Disorder that are released from CID to parole or mandatory supervision. The SNOP specialized officer shall identify, coordinate, and develop support systems that provide the offender with educational, vocational, financial, residential and counseling support.
- 2. To be placed on the SNOP caseload as being IDD offenders shall meet one or more of the criteria listed below:
 - a. Have an IQ of 70 or below based on valid psychological testing and must have demonstrated “Adaptive Behavior Deficits” before the age of 18.
 - b. Have participated in the TDCJ-CID Developmental Disabilities Program (DDP) while incarcerated.

C. Terminally Ill/Physically Handicapped (TI/PH)

- 1. The TI/PH category of the SNOP caseload is designed to provide appropriate supervision to offenders with a documented terminal illness or a severely disabling physical handicap. The SNOP officer utilizes a network of community providers and support systems including, but not limited to, nursing homes, hospitals, intermediate care facilities, hospice agencies, advocacy groups and HSS workers.
- 2. To be placed on the SNOP caseload as being TI/PH, offenders shall meet one or more of the criteria listed below:
 - a. Have documentation of a terminal illness that is incurable and will inevitably result in death within one year or less, regardless of the use of life-sustaining treatment.
 - b. Have a medical condition requiring 24-hour nursing care or specialized medical support services. Medical conditions must have progressed and resulted in substantial functional limitations in major life activities.

- c. Have a severe and chronic disabling physical handicap defined as any medical condition that results in significant limitations in functional abilities such as serious heart, lung, liver, and kidney conditions; amputations with or without prosthesis; spinal cord injury; neuromuscular or musculoskeletal conditions; significant visual or hearing impairments; closed or open head injury brain damage; or any condition such that a wheelchair, crutches, cane, or orthotic device is required for ambulation. The physically handicapping condition must result in substantial functional limitations in major life activities.
- d. Offenders who are deaf or hard of hearing and received service for their impairment while in CID shall be placed on the SNOP caseload for a minimum of six (6) months. During the initial six (6) months, the offender shall be observed to determine their ability to function in the community. The offender shall be referred for suitable community assistance and classes necessary to assist his functioning in the community. The SNOP officer shall contact the appropriate branch of the Health and Human Services Commission (HHSC) for assistance. HHSC includes the Department of Assistive and Rehabilitative Services (DARS), the Commission for the Blind, and the Commission for the Deaf and Hard of Hearing. The appropriate branch of HHSC will assign a specialist to assist the offender and act as a resource for further aid.
 - i. The initial interview with the offender must be completed with the help of an interpreter. (See PD/POP-3.2.16 *Accommodations for Offenders with Disabilities.*)
 - ii. After the offender has been on the SNOP caseload for six (6) months, the SNOP officer and the SNOP unit supervisor shall assess the offender's ability to communicate and function. Prior to moving the offender to a regular caseload, the SNOP unit supervisor shall staff the offender with the parole supervisor and DARS representative to determine if the offender shall be placed on a regular caseload. The SNOP program specialist shall be notified upon the offender's removal from the SNOP caseload.

V. OFFENDERS WITH MULTIPLE NEEDS

- A. Special Needs offenders who are identified as Sex offenders shall be supervised on a sex offender caseload.
 - 1. Sex Offender (SO) officers shall staff the case at least once a quarter with the designated SNOP officer to ensure that the offender is receiving all appropriate services.
 - 2. The SO officer shall document the results of the meeting in OIMS.
- B. Special Needs offenders who have been placed on the SISP caseload shall be supervised on the SISP caseload as long as SISP special conditions are in effect.

1. The SISP officer shall staff the case at least once a quarter with the designated SNOP officer to ensure the offender is receiving all appropriate services.
 2. The SISP officer shall document the result of the meeting in OIMS.
 3. If the SISP special condition is withdrawn, the case shall be transferred to the SNOP caseload.
- C. Offenders who are MI, IDD, or TI/PH with a Special Condition “T” (Electronic Monitoring) shall be supervised on the SNOP caseload and courtesy supervision will be provided by the Electronic Monitoring officer. Refer to PD/POP-3.5.1 *Electronic Monitoring Program*, for additional information.
- D. Offenders who qualify for the SNOP caseload and have a Special Condition “O—Serious and Violent Offender Reentry Initiative Aftercare Program” shall be supervised on the SNOP caseload. Refer to PD/POP-3.13.1, *District Reentry Center*, for additional guidelines on the supervision of offenders with this special condition.
- E. Offenders who meet the criteria for the SNOP caseload due to MI, IDD, or TI/PH who have been through the In-Prison Therapeutic Community (IPTC) or Substance Abuse Felony Treatment Program Facility (SAFPF) Therapeutic Community (TC) Programs shall be supervised on the SNOP caseload.
1. The offender shall be expected to participate in the TC program, in addition to the requirement of the SNOP. The SNOP officer shall participate in the Treatment Team Meetings (TTM) while the offender is in Phase 1, Phase 2, and Phase 3 of the TC program.
 2. It is suggested that the LMHA case manager be part of the TTM. The SNOP officer shall staff the SNOP/TC cases with a TC officer in order to coordinate all treatment issues at least once a month. The SNOP officer shall document the staffing in OIMS.

VI. SPECIAL CONDITIONS FOR THE SNOP CASELOAD

- A. Special Condition “O - Medically Recommended Intensive Supervision.”
- B. Board-imposed Special Condition “P”- (LMHA Services-MI/IDD Caseload) Offender shall participate in a mental health/IDD treatment or counseling program as directed by the supervising parole officer. The Board-imposed Special Condition “P” alone does not qualify for placement on the SNOP caseload.

VII. POST-RELEASE SPECIAL CONDITION “P” REQUEST

- A. In the event that Special Condition “P” needs to be requested for an offender after release from CID, the supervising officer shall submit all of the available information that supports the request for Special Condition “P” by sending the information to the SNOP PS III or designee at Central by Lotus Notes or mainframe.

Upon approval, the officer shall submit a request to the Board and reference all relevant information that provides justification for the request.

1. Criteria for requesting Special Condition “P”:
 - a. The offender’s parole summary indicates that the offender currently has a priority diagnosis for Bipolar Disorder, Major Depression, or Schizophrenia; was on a psychological caseload while in CID; or was previously on psychotropic medication while in the past.
 - b. The officer observes that the offender’s behavior is erratic or there are sudden changes in appearance or behavior from one contact to another.
 - c. The offender reports that they suffer from Post-Traumatic Stress Disorder (PTSD).
 - d. The offender reports thoughts of suicide or hearing voices, make an immediate referral for services with the LMHA and follow-up for a special condition.
 - e. The offender reports that they receive counseling/medication from any doctor or counseling center for any mental condition.
 2. When a review has been completed and the finding is to submit a request to the Board, the comments section shall state that the information was reviewed by the SNOP PS III or designee and include the reason(s) for request.
- B. Upon imposition of Special Condition “P”, the officer shall select the appropriate components of Special Condition “P”, print the Notice of Special Condition form, and obtain the offender’s signature acknowledging imposition of the special condition. The officer shall update with the date the offender was notified.
- C. Special Condition “P” shall not be withdrawn even if a therapist, counselor, or doctor determines that treatment is not necessary at the time their services were terminated.

VIII. FIELD REFERRALS

- A. Offenders with mental impairments shall be referred to the SNOP caseload by the following process:
 1. Offenders with Special Condition “P” who do not have the necessary documentation shall have an assessment completed by an LMHA or a mental health counselor.
 2. If the results of the assessment support placement on the SNOP caseload, the officer shall update OIMS with the assessment information. In OIMS, the officer shall enter the caseload under the Logistics section. The unit supervisor for the officer who entered the caseload information shall transfer the request to the SNOP unit supervisor for review. If the SNOP unit supervisor approves the request, the officer shall transfer the case to the SNOP caseload.

3. The SNOP officer shall complete the "P" Components screen (under the Special Conditions section) in OIMS if the offender is placed on the SNOP caseload and complete the steps noted above in Section VII. B.
- B. Offenders who exhibit signs of possible IDD shall be referred to the SNOP caseload by the following process:
1. Prior to referral, the officer shall request records from CID Medical Archives, TDCJ-CID Health Services, 1260 Highway 75 North, Huntsville, Texas 77320, or if no records exist, refer offenders to the LMHA for evaluation of suspected IDD prior to referral.
 2. The officer shall request Special Condition "P" (see Section VII. A for Post-Release request for Special Condition "P").
 3. The officer shall update OIMS with the information from the assessment. If results of the assessment support placement on the SNOP caseload, the officer shall enter the caseload under the Logistics section. The unit supervisor for the officer who entered the caseload shall transfer the request to the SNOP unit supervisor for review. If the request is approved, the officer shall transfer the case to the SNOP caseload.
 4. The SNOP officer shall complete the Components screen (under the Special Conditions section) in OIMS if the offender is placed on the SNOP caseload and complete the steps noted above in Section VII. B.
- C. If an offender becomes Physically Impaired or Terminally Ill after release from CID, the officer shall document the information in OIMS and enter the caseload. The unit supervisor for the officer who entered the caseload shall transfer the Caseload referral request to the SNOP unit supervisor for review. If the request is approved, the officer shall transfer the case to the SNOP caseload.

IX. REFERRALS AND FOLLOW-UP SERVICES FOR NEW ARRIVALS AND ACTIVE CASES

A. Referrals and Special Conditions

1. New arrivals and transferred cases shall be referred to the appropriate treatment provider at the initial visit with the offender. The SNOP officer shall refer to the recent COC Report to follow up on the referral that was made for the offender prior to release from CID.

If the offender is not on TCOOMMI's COC Report, the officer shall refer the offender to the resources in the community. If service is not available within ten (10) days, the officer shall contact the SNOP PS III, for guidance.

2. For each offender on the SNOP caseload, the following must be completed:
 - a. Disclosure of Information Form and Waiver of Confidentiality (PMS-33) for the agency or doctor that is the service provider.
 - b. Special Needs Offender Program Caseload Participant Referral Information (SP-0501), if they are referred to any agency for treatment.
 - c. Special Condition "P" Mental Health/IDD Components in the OIMS, if they have a Special Condition "P".

B. Care Plans

Special Needs offenders are released with Care Plans, which contain information regarding an offender's current diagnosis, prescribed medications, and consent for release of CID medical records. Offenders who are receiving prescription medication are given a 10-day supply of medication by CID when released to parole or mandatory supervision. Officers shall maintain an awareness of Parole and community resources in order to refer offenders to appropriate service providers. Under no circumstances, shall any officer request additional prescribed medication from CID. The officer shall give priority to ensuring that the offender obtains necessary services to receive prescribed medications prior to the medication being exhausted.

C. Guidelines

The following guidelines shall be followed to promote seamless continuity of care services for Special Needs offenders. The SNOP officer shall:

1. Develop supervision and treatment strategies with the offenders' assigned LMHA case manager or HSS worker utilizing interdisciplinary teams in areas where contract services are available.
2. Collaborate with community providers who provide ongoing services to effectively monitor offenders' responses to referrals and treatment and to document such activities in OIMS.
3. Review case summaries and Care Plans and refer the offender to appropriate parole and community programs.
4. Complete a PMS-33 and obtain all relevant medical and psychiatric support documentation from TDCJ-CID, Health Services Archives, 262 FM 3478 Suite B, Huntsville, Texas, 77320, fax number (936) 439-1350. The officer may request the information in writing or fax.

D. Closures

Once an offender's status is no longer active (e.g. death, discharge, pre-revocation in (or not) custody, or revocation), the officer shall notify the treatment provider.

X. SNOP OFFICER QUALIFICATIONS

- A. The Region Director shall select the most qualified parole officer to supervise a specialized caseload. Qualifications shall include current parole officer experience, Specialized Officer Supervision School, performance evaluations and may include specific degrees, certifications, licenses, training, and prior experience that would benefit the SNOP caseload.

Justification shall be maintained by the region director for any parole officers that may meet the qualifications to supervise the SNOP caseload and were not selected.

- B. The Region Director shall ensure an adequate number of parole officers are pre-trained so that the offenders assigned to the specialized caseload are supervised according to the guidelines and all duties and responsibilities are completed in the absence of the primary parole officer.
- C. SNOP Officer Training Requirements

The selected parole officer, if not already trained, shall complete the next available SNOP Specialized Officer Supervision School (SNOP SOSS). In the event a parole officer is supervising a caseload and has not attended the required training, the region director shall document justification and identify the next training date the officer will attend.

XI. CASELOAD RATIO

- A. Full SNOP Caseload

To ensure effective specialized intensive supervision, a full caseload is limited to a 45:1 offender to officer ratio.

- B. Partial SNOP Caseload

1. In smaller geographic areas where the ratio of 45:1 cannot be reached or in offices where full caseloads reach capacity, a partial caseload may be established. With this type of caseload, an officer shall also supervise regular cases and/or other specialized cases.
2. The SNOP unit supervisor shall adjust officers' partial SNOP caseloads appropriately. This entails gradually assigning Special Needs cases while simultaneously reducing the SNOP officer's regular cases. The region director or designee is responsible for determining when to designate an officer as a full SNOP officer and when to assign another partial SNOP caseload officer.
3. A partial SNOP caseload is not considered a waiting list, i.e., offenders shall not be moved from a partial caseload to a full caseload if the full caseload decreases in size. The full SNOP caseload officer shall be assigned new arrivals and transfers until numbers grow to the 45:1 ratio. It is important for Special Needs offenders to remain with the initial officer assigned in order to ensure continuity of supervision and treatment.

XII. CONTACT STANDARDS AND GUIDELINES

A. Offender Face-To-Face Contacts

1. For contact purposes, an offender's supervision level is identified as SI-1. SI-1 is assigned to all offenders when initially placed on the SNOP caseload unless circumstances dictate a need for a higher level of supervision. SI-1 requires three (3) face-to-face contacts monthly.
2. One (1) contact must be a home visit and one (1) must be an office visit. The third contact may be conducted in the office, home, or field and may be an official agency contact (e.g. case staffing with local community provider and the offender). Spreading the contacts over the month as opposed to having them close together is optimal.
3. All contacts must be documented in the OIMS. Contacts must be updated in OIMS within three (3) business days after contact or within three (3) business days after return to designated headquarters.
4. SNOP officers may use discretion as to the monthly schedule of their contacts with the approval of the SNOP unit supervisor.

B. Non-Offender Contacts

1. The offender's "significant other(s)," who consist of the offender's family, friend(s), and/or employer shall be contacted one (1) time a month. This may be accomplished by telephone.
2. An interdisciplinary approach to treatment shall be used. The SNOP officer shall work together with the HSS worker/LMHA case manager at least once every month.
 - a. The officer shall attend regularly scheduled treatment team meetings, in areas where contract services and case management services are available within the continuity of care program, of the officer, HSS worker/LMHA case manager, and offender.
 - b. The officer shall communicate regularly with treatment providers regarding the offender's supervision status, progress, problem areas, and needs.
 - c. If an offender is discharged or goes into Pre-Revocation status, the HSS worker/LMHA case manager must be advised.
 - d. If the offender is returned to supervision, then the Treatment Team Meeting shall resume.
 - e. If the offender's supervision is revoked, the HSS worker/LMHA case manager must be informed.

C. Guidelines

1. Telephone calls may not be substituted for a required visit with the offender.
2. No offender assigned to a specialized caseload is granted a supervision status lower than SI-1.
3. SNOP officers responsible for the supervision of offenders who are TI/PH may, with supervisory approval, perform home visits in lieu of office visits for offenders who are non-ambulatory as a result of terminal illness or severely handicapping physical condition. With supervisory approval, the number of required face-to-face contacts for the SNOP TI/PH offender may be reduced to two (2) per month, if the offender meets one of the following criteria:
 - a. The offender is non-ambulatory and is residing in a private residence.
 - b. The offender is hospitalized or residing in an intermediate care or skilled care nursing facility.

The supervisor who approves this exception shall document approval in OIMS.

4. Collateral contacts shall be conducted, at least two (2) per month, on cases with modified contacts. The collateral contacts shall be made to the actual health care provider and sponsor where the offender is residing. This may be accomplished by telephone.
5. Contacts in OIMS must be updated within three (3) business days after contact or within three (3) business days after return to designated headquarters.

XIII. TRANSFERS

- A. The SNOP officer shall follow TDCJ-PD procedures regarding the county of residence and transfer processes.
 1. Offenders released under MRIS may not transfer to another region or district without approval of the TCOOMMI program director or program specialist. The need to transfer shall be staffed with the HSS worker working with the offender. The SNOP officer shall document in OIMS the details about the need to transfer and the results of the staffing with the HSS worker.
 2. Documentation must include the name and phone numbers of contact person(s) and the offender's ongoing treatment plan shall be included in the file.
 - a. The offender shall not be allowed to travel until the entire transfer process has been completed.

- b. SNOP officers are responsible for documenting transfer approvals as well as documenting the circumstances of the transfer. Pertinent information regarding the transfer of case management, names, and phone numbers of contact persons, and the offender's treatment plan shall be included in this documentation.
- c. The SNOP officer shall inform the Treatment Team of the need to transfer and advise when the transfer is approved in order to provide offender information to the offender's new counselor/HSS worker.

B. Transfer to a Regular Caseload

- 1. Offenders on the SNOP caseload who have demonstrated independent functioning with no need for specialized intensive supervision may be appropriate for transfer to a regular caseload. The SNOP officer shall staff the offender with the SNOP unit supervisor and the SNOP unit supervisor shall document in OIMS the results of the staffing. Under these circumstances, offenders can be considered for removal from the caseload who meet the following requirements:
 - a. Consistently maintained an SI-1 level of supervision.
 - b. Complied with all special conditions.
 - c. Maintained a stable residence and adequate income.
 - d. Currently engaged with the HSS or LMHA service system and in compliance with prescribed medication and rehabilitation therapies.
 - e. Accessed all available community resources.
- 2. Offenders released on MRIS shall not be transferred from a specialized caseload to a regular caseload. These individuals shall remain on a specialized caseload until one of the following occurs:
 - a. Discharge of supervision.
 - b. Revocation of supervision.
 - c. Death.
 - d. Board-approved withdrawal of the MRIS special condition.

C. Aftercare Plans

- 1. Many special needs offenders will require continued maintenance treatment in some form. The SNOP officer shall ensure that all appropriate special conditions (e.g., treatment, medication, alcohol abstinence) remain in effect before transferring the case to a regular caseload. The regular officer shall not request removal of these special conditions.

2. The SNOP officer shall develop the aftercare plan after consultation with the offender, the HSS worker/LMHA case manager if applicable and the receiving officer.
 - a. The aftercare plan shall identify treatment services the offender may require in the future and the offender's ongoing needs. The aftercare plan also alerts the receiving officer to special conditions still in effect and highlights the behavioral characteristics that may indicate exacerbation of the offender's mental health disorder and/or the possibility of the offender re-offending.
 - b. The SNOP officer shall review the aftercare plan with the current HSS worker or LMHA case manager if applicable and the receiving officer.
 - c. The SNOP officer shall document the aftercare plan before transferring the file.
- D. Special Condition "P" shall not be withdrawn in order for the offender to be re-referred in the event that further treatment becomes necessary.

XIV. VIOLATION INTERVENTIONS

- A. Prior to requesting a warrant for technical or misdemeanor violations for all Special Needs offenders, which include offenders who have mental impairments, severe medical or physical impairments, the offender's violations shall be staffed with the unit supervisor.
 1. Prior to requesting a warrant the officer shall complete the Review of Special Needs Offender form (SP-0520). This form shall be forwarded to the unit supervisor.
 2. The unit supervisor shall review the interventions that have been utilized on the SNOP offender and determine appropriate action.
 - a. If the decision is to request a warrant, the SP-0520 shall be maintained at the DPO until the officer is ready to schedule a hearing. At that time, the original SP-0520 shall be forwarded to the SNOP PS III or designee at Central.
 - b. If the decision is to proceed to a summons, then the SP-0520 shall be forwarded to the SNOP PS III or designee at Central.
 3. The officer shall document this process in OIMS.
- B. When offenders on the SNOP caseload violate conditions of release, the SNOP officer shall investigate and take action on the violation(s) in accordance with established procedures. SNOP officers shall address treatment noncompliance, resistance, or refusal in a timely manner in accordance with PD/POP-4.1.1 *Processing Violations of the Rules and Conditions of Release*. The SNOP officer shall indicate on the Violation Report that the offender is on the SNOP caseload.
- C. Interventions shall be commensurate with the severity of the violation, behavior, or attitude of the offender and shall be processed in accordance with PD/POP-4.1.1.

XV. PRE-REVOCAION STATUS

- A. Offenders on the SNOP caseload in pre-revocation status are NOT to be transferred to a Pre-Revocation Unit or pre-revocation caseload upon arrest. SNOP officers are responsible for following Special Needs offenders with special needs throughout the pre-revocation process.
- B. In order to maintain consistent supervision of Special Needs offenders, the following guidelines are applicable:
 - 1. Offenders with mental impairments, who are diagnosed with IDD, or mentally unstable are entitled to attorney representation at the hearing(s).
 - 2. Officers supervising offenders scheduled for preliminary or pre-revocation hearings are to testify at each hearing to substantiate the recommendation and to ensure that the record reflects the offender's compliance or noncompliance with recommended mental and/or physical health treatment.
 - 3. In instances where an offender has participated in a TDCJ-TCOOMMI contract treatment program, a staff member from the contract program who is familiar with the offender's program adjustment and course of stay shall also testify. This is mandatory for HSS worker or LMHA case managers providing services for offenders released on MRIS.
- C. The Memorandum of Understanding that exists between TDCJ, the Texas Health & Human Services Commission (HHSC), and the Community Supervision & Corrections Departments requires Parole to review cases that are Special Needs prior to revocation. Special needs includes offenders who have mental impairments, severe medical or physical impairments. An SP-0520 shall be completed and sent by Lotus Notes or fax to the SNOP PS III or designee at Central immediately prior to the scheduling of any hearing.
 - 1. The officer shall complete the staffing prior to scheduling the hearing.
 - 2. The officer, who submits the SP-0520, shall enter in OIMS that the SP-0520 was submitted and the response from the PS III or designee in Central.
- D. Waiver of Hearings
 - 1. The officer shall follow procedures established in PD/POP-4.2.1-*Pre-Hearing and Hearing Process*.
 - 2. Any offender with a history of mental impairment shall not have an opportunity to waive one or both hearings unless they have an attorney present.
 - a. The attorney shall sign as an additional witness on the Rights of Offender in the Revocation Process form (PSV-48).

- b. On the Waiver Processing Sheet (PSV-67) the Comment section must state that the offender waived the hearing(s) in the presence of an attorney. The name of the attorney shall be noted on the PSV-67.

XVI. MONTHLY STATISTICAL REPORT (PMS-4)

- A. Statistical data allow the Parole Division to track the number of offenders referred to, placed on, or terminated from lists for the SNOP specialized caseload with the category of MI, IDD, or TI/PH.
- B. The actual count of all cases is totaled in the three (3) categories: MI, IDD, and TI/PH. MRIS is a subcategory and reports the number of MI, IDD, or TI/PH offenders who were released early from custody due to MRIS.
- C. The SNOP officer shall submit a PMS-4 to the SNOP unit supervisor. The SNOP unit supervisor shall compile the monthly statistical report for the District Parole Office and submit the PMS-4 to the SNOP PS III by the 5th business day of each month.

D. TYPES OF CASELOAD TERMINATIONS

- 1. Offender Successful Termination.
 - a. Transferred to a specialized caseload at another District Parole Office.
 - b. Transferred from the SNOP specialized caseload to another type of caseload.
 - c. Transferred out-of-state.
 - d. Discharged parole while in compliance with all conditions of release including active participation in treatment.
 - e. Died while in compliance with all conditions of release including active participation in treatment.
- 2. Offender Unsuccessful Termination.
 - a. Revoked.
 - b. Absconded.
 - c. Discharged parole while NOT in compliance with all conditions of release including active participation in treatment.
 - d. Died while NOT in compliance with all conditions of release including active participation in treatment.

- E. The statistics shall reflect the total number of cases in nursing homes at the beginning and end of each month.

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