



Corrections and Community Supervision

Residential Rehabilitation Unit Program Manual

Directive 4933D, Residential Rehabilitation Units, Form RRUPM

REVISED September 2022

**Residential Rehabilitation Unit
Program Manual**

New York State
Department of Corrections and Community Supervision
1220 Washington Avenue
State Office Building Campus
Albany, New York 12226-2050

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Introduction

Residential Rehabilitation Unit programming has been developed by the New York State Department of Corrections and Community Supervision (DOCCS) in response to the Humane Alternatives to Long Term Solitary Confinement (HALT) legislation signed into law March 31, 2021, with an effective date of March 31, 2022.

Definitions

Throughout this document, the following abbreviations are used and defined as follows:

RRU:	Residential Rehabilitation Unit
PMT:	Program Management Team
ORC:	Offender Rehabilitation Coordinator
LMSW:	Licensed Master Social Worker

Description

The RRU is a separate housing unit used for therapy, treatment, and rehabilitative programming of incarcerated individuals who have been determined to require more than 15 days of disciplinary confinement pursuant to Department proceedings. Such units shall be therapeutic, trauma-informed, and aim to address individual treatment and rehabilitation needs and underlying causes of problematic behaviors.

Structure

Persons admitted to RRUs shall be offered at least six hours of daily out-of-cell congregate programming, services, treatment, and/or meals, with an additional minimum of one hour for recreation. Out-of-cell programming shall be trauma-informed and aimed at promoting personal development, addressing underlying causes of problematic behavior resulting in placement in an RRU, and helping prepare for discharge from the unit and to the community.

All participants will be provided three hours of out-of-cell time five days per week (excluding holidays) for didactic classroom programming, and four hours of congregate activities inclusive of work assignments and minimally one-hour of recreation. Seven hours of out-of-cell programming on weekends and holidays will have an emphasis on recreation. An established curriculum has been developed for staff facilitation.

Program Components

The curriculum includes cognitive behavioral treatment (CBT), emotional regulation techniques, wellness, recreation, communication, and a variety of topics which emphasize personal growth. Participants will be offered CBT lessons for approximately 1/2 of each program module. The remaining time will be dedicated to activities developed to assist the group members in achieving the goals and tasks of their [Individual Rehabilitation Plan \(IRP\)](#) (**Attachment C; Form RRUPMC**) and promote successful reintegration into, and participation in, general population

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programming. Approved resources are available on the DOCCS training icon under Program Services - Residential Rehabilitation Unit.

NYS OMH staff may provide programming that further addresses the IRP for all participants and must do so for those on the active mental health caseload.

Academic

Participants 21 years of age and under with an unmet academic need will be provided academic programming in addition to their RRU holistic programming, for a combined total not less than 5.5 hours daily. In order to be in compliance with ESEA and IDEA, three (3) of those hours must be academic programming combined with a minimum of 2.5 hours related programming. The 21 and under unmet academic need instruction will be multi-level (ESL, ABE, Pre- HSE, HSE and Special Education). Refer to *Admission Process* for KIPY recording direction.

It is the expectation that every individual 21 and under with an unmet ACAD need will accept an academic program assignment. If an individual refuses an assignment to Special Education or multi-level, every effort must be made to counsel that individual to accept the program. If they continue to refuse, Form 3716, *Program Refusal Form*, must be signed and a KGNC UIR completed by the ORC to update their academic program status to REF.

An individual with an unmet academic need who has turned 21 during the previous academic year is to receive academic cell study effective September 1st of the following academic year.

Admission Process

Each individual will meet with staff (ORC/Social Worker) within five business days of admission for an initial interview. The [Initial Interview Confinement \(IIC\)](#) (**Attachment A; Form RRUPMA**) shall be completed and placed in the individual's guidance folder.

During the initial interview, staff shall review the [Standards Form](#) (**Attachment B; Form RRUPMB**) with the participant and obtain the participant's signature. The signed form shall be placed in the individual's guidance folder and a copy shall be provided to the participant.

DOCCS and OMH staff shall administer assessments and develop an [Individual Rehabilitation Plan \(IRP\)](#) (**Attachment C; Form RRUPMC**) in consultation with the participant, based upon their medical, mental health, and programming needs. The IRP shall identify specific goals and programs, treatment, and services to be offered, with projected time frames for completion and discharge from the RRU. The completed document will be placed in the individual's guidance folder.

RRU participants shall be assigned in [KIPY](#) by the Program Committee Chairperson or designee as follows, unless otherwise determined in collaboration with Central Office (**Attachment H; Form RRUPMH**):

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Shop Code 096 – RRU, Title – RRU Participant, no pay

All RRU participants who are age 21 and under with an unmet academic need are to be programmed in KIPY to a multi-level academic module (AM, PM, or EVE), no pay, as follows:

- Age 21 and under, not Special Education

Shop Code 586 – Non Shock Multilevel; Title Code 11520 – RRU Participant

- Age 21 and under/Special Education

Shop Code 582 – RRU Special Education; Title Code 11210 – Student Code 42

- Over age 21, cell study for requesting individuals

Shop Code 598 – Cell Study; Title Code 11520 – RRU Participant

RRU participants may additionally be assigned to locally - defined work assignments, unpaid and not assigned in KIPY. Work assignments are to be comparable to those offered in general population with consideration for the safety and security of staff, participants, and the facility.

Program Management Team (PMT)

Each RRU will have dedicated staff assigned with responsibilities to a multi-disciplinary PMT comprised of DOCCS' Program Services and Security staff, and OMH. The PMT is to be co-chaired by DOCCS' supervisory Security and Program Services staff.

The [Program Management Team Meeting Minutes Form \(Attachment E; Form RRUPME\)](#) is to be completed by the PMT and is to include information discussed regarding each participant. Minutes shall be retained on file for three years for future reference and subsequently destroyed.

Seven (7) and 30-Day Status Reviews

The PMT shall conduct a status review of an RRU participant every seven days for the first two months, and at least every 30 days thereafter. Such status reviews are to be documented on the [Program Management Team Meeting Minutes Form \(Attachment E; Form RRUPME\)](#), section "Individual Cases." A chrono entry identifying the date, nature of the status review, and statement noting existing placement is acceptable or referral made, is to be entered in the individual's Guidance Record.

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Sixty (60) Day Status Reviews

The PMT shall conduct a meaningful review of an RRU participant minimally every 60-days to assess the person's progress and determine if the participant should be discharged from the unit for substantially completing their IRP goals, referred to another level of care, or shall continue their RRU participation. If the person is not discharged from the unit following a 60-day review, program and mental health staff shall specify in writing the reasons for the determination and the program, treatment, service, and/or corrective action required before discharge. The [Program Management Team Meeting Minutes Form](#) (Attachment E; Form RRUPME), [Program Management Team Case Conference Form](#) (Attachment D; Form RRUPMD), [Participant Feedback Form](#) (Attachment F; Form RRUPMF), and the Interview and Assessment System (IAS), upon development, is required documentation for all 60-day status reviews.

The [Program Management Team Case Conference Form](#) (Attachment D; Form RRUPMD) and [Participant Feedback Form](#) (Attachment F; Form RRUPMF) may also be used following any status review (7-day, 30-day, 60-day, etc.) of which there is a substantial change to the IRP or a discharge/referral recommendation has been determined.

Participants are not required to be present at the PMT, however in-person interventions and/or acknowledgement of progress are encouraged.

Program Referrals

Intensive Alcohol and Substance Abuse Treatment (I-ASAT)

The PMT is responsible for reviewing and referring eligible participants to Intensive Alcohol and Substance Abuse Treatment (I-ASAT) at Lakeview CF. Male-designated RRU facility participants

- with an unmet substance abuse (SA) treatment need identified on their Earned Eligibility Program Plan, and
- with at least 4 months remaining sanctioned time, and
- who meet Lakeview I-ASAT security, medical and OMH classification, and
- who are not eligible for Presumptive Work Release, and
- who are not court-ordered for participation in Comprehensive Alcohol and Substance Abuse Treatment (CASAT),

should be referred to I-ASAT in order that they may address their SA need. I-ASAT provides 7-hours out-of-cell programming. It is expected that I-ASAT participants *will* attend ASAT staff facilitated classroom activities for a 3-hour module, Monday – Friday, excluding holidays.

The Unscheduled Transfer Review explanation for transfer shall read, "Screened and Approved for Lakeview I-ASAT." Staff are to additionally send an email to the Director for Special Housing advising of the UTR submission.

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Step Down to General Population (SDP)

To best address the individual needs of the population, referrals to the Step Down to General Population (SDP) program may be initiated by the Program Management Team (PMT).

Male RRU participants may be referred to the **SDP** if they meet the following criteria:

- continue to receive guilty k(ii) dispositions as outlined in Correction Law, Section 2, and
- are refusing to participate in RRU programming, and
- have a minimum of six months until disciplinary sanctions expire.

The Unscheduled Transfer Review (UTR) explanation shall read “*screened and approved for SDP*”. Staff are to additionally send an email to the Director for Special Housing advising of the UTR submission.

* Individuals 21 and under with an unmet academic need will be required to participate in out of cell academic programming while in the SDP.

Step Down to Community (SDC)

To best address community reentry needs of RRU participants nearing release from their term of incarceration, referrals to the Step Down to Community (SDC) program may be initiated by the Program Management Team (PMT).

Male RRU participants may be referred to **SDC** if they

- are approaching 60 days to their release date from the Department.

Staff shall submit a UTR two weeks in advance with the following explanation for transfer; “*screened and approved for SDC*”. Staff are to additionally send an email to the Director for Special Housing advising of the UTR submission.

* Individuals 21 and under with an unmet academic need will be required to participate in cell study academic programming while in the SDC.

Incentives

Incentives will be provided when earned through positive progress and participation. [Incentive Options \(Attachment I; Form RRUPMI\)](#) are to be specified by the PMT and awarded to RRU participants exhibiting positive behavior and/or progress toward achieving their IRP goals. Time cuts are not identified on the [Incentive Options \(Attachment I; Form RRUPMI\)](#) form; time cut recommendations may be made at the discretion of the PMT and the approval of the Superintendent

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(refer to *Disciplinary Time Cut Recommendations* and *Discretionary Review* below). Conversely, negative behavior may result in loss of one or more incentives.

Upon referral discharge to I-ASAT, Step Down Program, or Step Down to Community, earned incentives are to be identified on the [Individual Rehabilitation Plan \(IRP\) \(Attachment C; FORM RRUPMC\)](#) as a notation in the PMT Discharge recommendations (IRP, page 2). Incarcerated individuals shall retain earned incentives upon transfer from RRU to I-ASAT or SDC; incentives may be rescinded for negative behavior and attitude displayed once at the receiving facility.

Disciplinary Time Cut Recommendations

The PMT may provide disciplinary time cut recommendations, inclusive of those persons who substantially complete their [Individual Rehabilitation Plan \(IRP\) \(Attachment C; FORM RRUPMC\)](#) before the sanction expires, to the Superintendent, who is the final authority (Refer to *Discretionary Review* below).

Program Restriction

All efforts to obtain compliance shall be fully documented by the PMT. Absent compliance, a recommendation may be made for alternate placement or discharge to a special housing unit. If an incarcerated individual commits a specific act while in RRU *and* poses a significant risk, program participation may be restricted, and yet at least 4 hours out-of-cell time daily must be offered, of which 2 hours are therapeutic programming and 2 hours of recreation, and for no longer than 15 days. [Form 4933A](#), "Report of Exceptional Circumstances," must be completed by the DSS, OMH Unit Chief (if participant is seriously mentally ill) and the Superintendent. The completed form is to be forwarded to the Assistant Commissioner of Special Housing/Incarcerated Individual Disciplinary Programs for final approval or denial. De-escalation, intervention, informational reports, and the withholding of incentives shall be the preferred methods of responding to participant's misbehavior.

Reports & Management Tools

The [Incarcerated Individual Informational Report](#) (Directive 4006, Form 3153, Reporting Incarcerated Individual Attitude and Behavior) is used to convey any information positive, negative, and/or other to the PMT. The [Incarcerated Individual Informational Report](#) is used to address programmatic and security concerns as well as to determine an increase or decrease in incentives. Any staff member may complete this form as needed.

The [Incarcerated Individual Informational Report](#) is a tool that allows staff to document less serious participant conduct which needs to be brought to the attention of the PMT without utilizing the formal disciplinary process. The PMT and Facility Administration will collaborate to determine which approach or action should be employed on a case-by-case basis. DOCCS' supervisory Security and Program Services chairpersons, and other PMT members are to sign the Incarcerated Individual Informational Report.

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Assignments given as a result of the [Incarcerated Individual Informational Report](#) shall be recorded on the [Behavioral Contract \(Attachment G; Form RRUPMG\)](#) and shared with the participant.

When it is determined by the PMT that an incarcerated individual has been chronically failing to comply with RRU objectives, the PMT will first attempt to obtain program compliance. De-escalation, Incarcerated Individual Informational Reports and the withdrawal of incentives shall be the preferred methods of responding to less serious negative behavior.

Misbehavior reports shall only be issued in circumstances where the incarcerated individual is accused of serious offenses, the alleged behavior demonstrates a threat to safety and/or the incarcerated individual has engaged in repeated acts of disruptive misbehavior despite prior alternative interventions.

Discharge

RRU participants are to be discharged from the unit before or at the time the admitting or subsequent sanction(s) expires. If a person has not been discharged from the RRU within one year of initial admission or is within sixty days of a fixed or tentatively approved date for release to the community, they shall have the right to be discharged from the unit unless they have committed a disqualifying act or in the event of an extraordinary circumstance.

Facility staff shall prepare an Unscheduled Transfer Review (UTR), using standardized language in the transfer considerations and explanation for transfer areas, and submit to Classification and Movement (C&M). Classification and Movement will identify a suitable facility and priority transfer the incarcerated individual. Example,

Transfer Considerations: Identify program needs - ACAD, VOC, SA, TSV 2 & 3

Explanation for Transfer: RRU Time Expires on 1/1/21. Transfer to any suitable facility.

Classification and Movement and RRU facility Superintendents will receive a printed weekly report of RRU occupants to ensure those needing to transfer out of the RRU at 1 year, sanction expiration, and/ or 60 days to ERD are handled properly. The report will include the RRU arrival date, the number of continuous RRU days, the SHU sanction end date, and the transfer status (referral, TO, etc.) Facilities are encouraged to use the report to calculate and schedule PMT status reviews (refer to *Program Management Team (PMT)* section).

When the participant is discharged from an RRU, the receiving facility is to be advised by the sending facility of the progress/regress demonstrated by the participant, incentives earned/rescinded, time cuts recommended, etc., and whether or not the participant substantially completed the IRP goals. Such documentation is to be included on the [Individual Rehabilitation Plan \(IRP\) \(Attachment C; Form RRUPMC, page 2\)](#) as part of the discharge

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summary IRP, and a chrono entry documented. Additionally, the discharge status is to be recorded in KIPY (**Attachment H; Form RRUPMH**).

Discretionary Review

Upon discharge from an RRU, disciplinary sanctions *associated with the misbehavior that resulted in placement in an RRU* shall be dismissed. Any loss of privileges received from a previous misbehavior report, or a misbehavior report received while in RRU *will remain in effect*.

If an individual has substantially completed their IRP, they shall have any Loss of Good Time *associated with the misbehavior that resulted in an RRU* placement restored upon RRU discharge.

Prior to an individual being discharged from an RRU, the following must be completed:

- A discretionary review [RRU Discretionary Review](#) (**Attachment J; Form RRUPMJ**) will be submitted by the PMT to the facility Superintendent for final approval.
- The [RRU Discretionary Review](#) (**Attachment J; Form RRUPMJ**) will indicate any sanctions and SHU time that are to be cut/restored.
- If the IRP goals were substantially completed, the [RRU Discretionary Review](#) (**Attachment J; Form RRRUPMJ**) should also indicate what if any, recommended Loss of Good Time should be restored.
- Once approved by the Superintendent, a copy of the [RRU Discretionary Review](#) (**Attachment J; Form RRUPMJ**) will go to the facility Disciplinary Office for the appropriate modification of sanctions.
- The facility Disciplinary Office will note PMT in the discretionary review section of FIDS.
- All completed [RRU Discretionary Review](#) (**Attachment J; Form RRUPMJ**) forms are to be scanned to the Office of Special Housing and Incarcerated Individual Discipline at SpecialHousing@doccs.ny.gov.
- Upon completion of above, priority UTR to be submitted by facility staff. Standardized language shall read, *Subject has satisfied IRP goals and has successfully completed RRU. Sanctions cut (state specifics, i.e., SHU # of days, rec # of days, commissary # of days.)*

Transfer can occur same day (to GP of the currently assigned facility) or up to 3 days to another location.

Staff Training

It is essential that all staff assigned to the RRU are adequately trained. All staff shall undergo specialized training to promote adherence to HALT legislation and successful RRU programming. In addition, training will be provided on an as-needed basis as updates emerge.

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ATTACHMENT A INITIAL INTERVIEW CONFINEMENT (IIC) FORM

INITIAL INTERVIEW CONFINEMENT (IIC) FORM

FACILITY: [REDACTED] CORRECTIONAL FACILITY

NAME: [REDACTED] DIN: [REDACTED] DATE REC'D: [REDACTED]

IOs: [REDACTED]
PE: [REDACTED] CR: [REDACTED] ME: [REDACTED] P.B. DATE/TYPE: [REDACTED]
DOB: [REDACTED] RELIGION: [REDACTED]

CURRENT MISBEHAVIOR DISPOSITION(S)

For additional rows, hover over bottom row and click plus sign (+)

Table with 3 columns: Date, Tier, Charge. Contains 4 empty rows for data entry.

Total Confinement: [REDACTED] Sanction Expiration Date(s): [REDACTED]

Number/Nature of Unusual Incidents (UIs): [REDACTED]

The individual was permitted at least one personal phone call in accordance with Directive 4933, Special Housing Units, or Directive 4933D, Residential Rehabilitation Units [] YES [] NO, explain: [REDACTED]

Emergency Contact: [REDACTED] Relationship: [REDACTED]
Address: [REDACTED] Phone: ([REDACTED]) [REDACTED]
Next of Kin: [REDACTED] Relationship: [REDACTED]
Address: [REDACTED] Phone: ([REDACTED]) [REDACTED]

Limited English Proficiency: [] YES [] NO Primary/Dominant Language: [REDACTED]

OMH Level: [REDACTED] Medical Level: [REDACTED]

Is OMH referral indicated at this time: [] YES [] NO If yes, date referral submitted: [REDACTED]

Reviewed ORC availability: [] Case Plan Reviewed: [] Developed/Reviewed IRP, if applicable (RRU only): []

Risk Score: [REDACTED] [] Confirm Risk Score Reviewed

Review collaborative efforts between ORC and individual to establishing Case Plan and IRP (RRU only) goals/tasks in relation to risks and needs, as well as quarterly review and update process.

Is a change in the EEP/Program Plan or a status code (regression) needed as a result of MBR? [] YES [] NO

EEP/Program Plan needs impacted: [REDACTED]

EEP/Program Plan unsatisfied needs: [REDACTED]

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ORC to provide orientation materials relevant to identified program overview, an explanation of progressive steps and offered program components below:

- Cognitive Behavioral Intervention
- Cell Study/Academic (as applicable)
- Personal Development and Wellness
- Correspondence College (as applicable)

Notified individual of procedures for transfer and reduced security review system:

Reviewed RRU Program Management Team (PMT) procedures: Not applicable (SHU):

The PMT is a multi-disciplinary team comprised of Security, Program, and OMH staff, when applicable. The PMT reviews record of behavior and program participation, identifies incentives including recommended time cuts, conducts individual rehabilitation planning, facilitates referrals, and makes discharge recommendations. The PMT may also develop interventions designed to promote satisfactory discharge, to include addressing negative behavior through loss of incentives, development of behavioral contracts, and/or creation of tasks and activities on the Individual Rehabilitation Plan.

Offender Rehabilitation Coordinator's Signature

Date

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ATTACHMENT B STANDARDS FOR THE RESIDENTIAL REHABILITATION UNIT

STANDARDS FOR THE RESIDENTIAL REHABILITATION UNIT NORMAS PARA LA UNIDAD DE REHABILITACION RESIDENCIAL

1. Upon admission, you will meet with staff to complete an Individual Rehabilitation Plan.
Al ser admitido, usted se reunirá con el personal para completar un Plan Individualizado de Rehabilitación.
2. You are encouraged to attend group and be present for the full session.
A usted se le estimula a asistir al grupo y estar presente para la sesión completa.
3. Active participation in group discussion and completion of written assignments is encouraged.
Se estimula la participación en la discusión de grupo y completar las tareas escritas.
4. Participation will be documented in your Guidance record.
La participación se documentará en su expediente de Consejería.
5. Earned incentives shall be provided as a result of positive program participation determined by the Program Management Team.
Los incentivos ganados se proveerán como un resultado de participación positiva en el programa determinado por el Equipo de Administración del Programa.
6. Negative behavior may result in loss of incentives, informational report, behavior contract, or misbehavior report as determined by the Program Management Team.
El comportamiento negativo puede resultar en la pérdida de incentivos, reporte de información, contrato del comportamiento o informe de mal comportamiento según se determine por el Equipo de Administración del Programa.
7. Sleeping or the appearance of being asleep during class is strictly prohibited.
Está terminantemente prohibido el dormir o la apariencia de estar dormido durante la clase.
8. Defacing, damaging or misusing any program materials and/or property is strictly prohibited.
Está terminantemente prohibido mutilar, dañar o mal usar cualquiera de los materiales y/o propiedad del programa.
9. Per facility guidelines dress code and appropriate hygiene for program participation will be adhered to.
Según las pautas institucionales, se sujetará al código de vestimenta e higiene apropiada para la participación en el programa.

Participant Signature – Firma del Participante

Date – Fecha

Staff Signature – Firma del Empleado

Date – Fecha

cc: Guidance File – Expediente de Consejería
Participant – Participante

FORM RRUPMB REV 09 07 2022

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ATTACHMENT C INDIVIDUAL REHABILITATION PLAN

Last Name: _____ First Name: _____ DIN: _____

Sanction Expiration Date: _____

FORM RRUPMC

REV. 09 07 2022

Individual Rehabilitation Plan (IRP)	
What got you here? Describe the events that led up to your arrival.	
_____ _____ _____	
What topics would be beneficial for you to work on while you are here, i.e., dealing with authority, following standards of behavior, anger management, stress management, interpersonal skills, etc.?	
_____ _____ _____	
What do you think you need to improve/change, i.e., behavior, attitude, outlook, etc.?	
_____ _____ _____	
* What can you do now to help make these improvements/changes?	
1. _____	Target Date: _____ Completion date: _____
2. _____	Target Date: _____ Completion date: _____
3. _____	Target Date: _____ Completion date: _____
* DOCCS and OMH Staff in collaboration with the participant will list a minimum of three goals to be addressed and met through their participation in RRU programming. Additional goals may be added dependent on their progress toward the defined goal and/ or Program Management Team recommendations.	
Who can you ask for help in making these improvements/changes?	
_____ _____ _____	
Participant Signature: _____	Date: _____
DOCCS Staff Signature: _____	Date: _____
OMH Staff Signature: _____	Date: _____

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The following section is for Staff only.

Staff impression:

Is the individual contemplating change, determined to change, or unwilling to change?

Discharge Summary

EEP program needs: _____

Discharge/Referral Status (check all that apply):

____ Return to GP – ____ Sanctions expired and/ or ____ Substantially satisfied IRP goals

____ Referred to - ____ Step Down to GP ____ Step Down to Community ____ I-ASAT

____ Other (define): _____ (RMHTU, Release, Hospital, Court, ICE)

Incentives applied at time of referral: _____

Comments: Topics addressed while in RRU, areas of concern, improvements

Program Management Team Discharge Recommendations

DOCCS Staff Signature: _____ Date: _____

Office of Mental Health Discharge Recommendations:

OMH Staff Signature: _____ Date: _____

cc: Guidance Folder

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ATTACHMENT D PROGRAM MANAGEMENT TEAM CASE CONFERENCE (RRU)

Name: _____ DIN: _____ Date: _____ Location: _____

Progress Review: (summary of progress to include informational reports, behavioral contracts, misbehavior dispositions, and incentives earned).

Comments/Concerns:

Recommendations: (New tasks and projected completion dates to be provided via Participant Feedback Form).

1. _____ Projected Completion Date: _____

2. _____ Projected Completion Date: _____

3. _____ Projected Completion Date: _____

Co - Chairperson Signature

Co - Chairperson Signature

cc: Guidance Folder

FORM RRUPMD Rev. 08 05 2022

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ATTACHMENT E PROGRAM MANAGEMENT TEAM MEETING MINUTES

FORM RRUPME REV 06 30 2022

Attendance: _____

Date: _____ Time: _____ Location: _____

INFORMATIONAL REPORTS

DIN/NAME	Pos / Neg	Reason	Outcome

INCENTIVES

DIN/NAME	Reason	Incentive Earned

PROGRAM REFERRALS

DIN/Name	Date(s)	Referral Type

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PROGRAM REFUSALS

DIN/Name	Date(s)	Interventions

PROGRAM RESTRICTION

DIN/Name	Reason	Date

INDIVIDUAL CASES

DIN/Name	Reason	Date

DISCHARGES

DIN/Name	Reason	Date

GENERAL BUSINESS

RESIDENTIAL REHABILITATION UNIT

ATTACHMENT F PARTICIPANT FEEDBACK FORM

RRU Participant Feedback Form

Formulario de Realimentación del Participante en el RRU

Name: _____ **DIN:** _____ **Location:** _____
Nombre: _____ **Lugar:** _____

Your participation was reviewed by the Program Management Team on _____ and found to be:
Su participación fue revisada por el Equipo de Administración del Programa el _____ y se encontró ser:

___ **Satisfactory, due to:** _____
Satisfactoria, debido a: _____

___ **Unsatisfactory, due to:** _____
Insatisfactoria, debido a: _____

Your Individual Rehabilitation Plan has been updated to reflect the following recommendations:
Su Plan Individualizado de Rehabilitación ha sido actualizado para reflejar las siguientes recomendaciones:

1. _____ **Projected Completion Date:** _____
Fecha de Completación Proyectada:
2. _____ **Projected Completion Date:** _____
Fecha de Completación Proyectada:
3. _____ **Projected Completion Date:** _____
Fecha de Completación Proyectada:

Comments: _____

Participant Signature: _____ **Date:** _____
Firma del Participante Fecha

Staff Signature: _____ **Date:** _____
Firma del Personal Fecha

cc: Participant – Participante
Guidance Folder – Expediente de Consejería

FORM RRUPMF Rev. 08 05 2022

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ATTACHMENT G BEHAVIORAL CONTRACT

Behavioral Contract /Contrato Sobre Comportamiento

Name/Nombre: _____ DIN: _____ Cell Location/Celda: _____

Behavior(s) Identified: Participant has not addressed treatment plan goals as evidenced by:
Comportamiento(s) identificado(s): El cliente no ha abordado las metas del plan de tratamiento según lo demuestra:

Desired Behavior(s)/ Comportamiento(s) deseado:

Objectives for reaching desired behavior/ Objetivos para alcanzar tal comportamiento:

Follow-up required/ Seguimiento exigido:

Participant Signature /Firma del individuo encarcelado

Staff Signature/ Firma del personal

DSP or Designee Approval/ Aprobación del Personal Supervisor

Date /Fecha

cc: Guidance Folder

FORM RRUPMG Rev. 06 30 2022

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ATTACHMENT H KIPY CODES

FORM RRUPMH 06 30 2022

ADMISSION

RRU participants shall be assigned in KIPY by the Program Committee Chairperson or designee as follows, unless otherwise determined in collaboration with Central Office:

Shop Code 096 – RRU, Title – RRU Participant, no pay

All RRU participants who are age 21 and under with an unmet academic need are to be programmed in KIPY to a multi-level academic module (AM, PM, or EVE), no pay, as follows:

- Age 21 and under, not Special Education

Shop Code 586 – Non Shock Multilevel; Title Code 11520 – RRU Participant

- Age 21 and under/Special Education

Shop Code 582 – RRU Special Education; Title Code 11210 – Student Code 42

- Over age 21, cell study for requesting individuals

Shop Code 598 – Cell Study; Title Code 11520 – RRU Participant

RRU participants may additionally be assigned to locally - defined work assignments, unpaid and not assigned in KIPY. Work assignments are to be comparable to those offered in general population with consideration for the safety and security of staff, participants, and the facility.

DISCHARGE/REFERRAL

Upon discharge/referral to a different level of care, RRU discharge shall be coded:

- **Sanctions expire** *End code 19: Discipline completed
- **Substantially completed IRP** * End code 23: Completed program
- **One (1) year stay from admission date** End code 20: Transferred
- **Within 60 days to release to the community (refer to SDC)** End code 20: Transferred
- **Specialized Program (RRU, SHU, SDP, I-ASAT)** End code 20: Transferred.
- **Medical or mental health referral** End code 17: Medical/Psych

* Note: If the sanctions expire *and* there is substantial completion of the IRP, record as End code 23: Completed program.

RESIDENTIAL REHABILITATION UNIT

ATTACHMENT I INCENTIVE OPTIONS

Form RRUPMI

Photocopy locally as needed

New York State Department of Corrections and Community Supervision
Residential Rehabilitation Units-Incentive Options

Name: _____ DIN#: _____ Housing Location: _____

Choose (1,2, or 3) ___ incentive(s) as determined by the Program Management Team (PMT).

- Increase commissary buy _____ (\$10.00, \$15.00, or \$20.00, not to exceed buy limit for general population) **only applicable for individuals serving LOC sanction.
- Add ___ (1,2, or 3) extra book(s) or magazine(s) to weekly library request (circle book or magazine)
- Word puzzles/brain teasers packet ___ (5 or 10 packet)
- Journal
- Additional DOCCS issued hygiene products
- Extra haircut
- Extra cell-cleanup
- Extra shower
- Feature film
- Package (if serving LOP sanction) containing sneakers, shorts, and/or sweatpants. (one-time only)

Recommendations for time cuts will be made at the discretion of the PMT with the Superintendent as the final approving authority. An incarcerated individual may request a time cut at any time through the established discretionary review process, from the Superintendent.

RESIDENTIAL REHABILITATION UNIT

ATTACHMENT J RRU DISCRETIONARY REVIEW

RRU DISCRETIONARY REVIEW

FORM RRUPMJ

TO: Superintendent
FROM: Program Management Team
DATE:

The following RRU Incarcerated Individual is scheduled for release:

Name: _____ DIN: _____ Cell: _____
Program admission date _____ Program projected completion date _____
Current Period of Review: _____ to _____
Date of Last Time Cut Review: _____ Previous Time Cut Received: _____
Number of Information Reports this period:
Negative - dates: _____
Positive - dates: _____
Other - dates: _____
Number (and dates) of Misbehavior Reports this period: _____
Number of Program Refusals this period: _____

Recommend time cut of: _____ days SHU [] Time cut not recommended.
Recommend restoration of _____ days of commissary, packages, recreation and/or telephone calls.
Restore _____ days of recommended good time.

Comments: _____

DSP or Designee: _____ Date: _____

DSS or Designee: _____ Date: _____

Superintendent's Decision: [] Concur [] Reject [] Modify

Comments: _____

Superintendent/Designee: _____ Date: _____

File: Guidance Folder
Cc: Disciplinary Office. Send to specialhousing@doccs.ny.gov for Good Time