

 <p><b>Department of Corrections and Community Supervision</b></p> <p><b>DIRECTIVE</b></p>	TITLE		NO. 4302
	<b>Transfers to Health/Mental Health Care Units</b>		DATE 10/27/2025
SUPERSEDES DIR #4302 Dtd. 12/18/23	DISTRIBUTION A	PAGES PAGE 1 OF 8	DATE LAST REVISED
REFERENCES (Include but are not limited to) Humane Alternative to Solitary Confinement Act (HALT); ACA Expected Practices 5-ACI-5B-11, 5-ACI-6A-05, 5-ACI-6A-37, 5-ACI-6A-38, 5-ACI-6C-06, 5-ACI-6C-12, 2-CO-4B-01, 2-CO-4B-04, 2-CO-4F-01; Directives #2612, #4301, #4922	APPROVING AUTHORITY <i>Carol A. Moore, MD</i> <i>JFDL</i>		

- I. **PURPOSE:** To set forth the procedure for processing transfer requests for admission or discharge from Health/Mental Health Care Units.
- II. **DEFINITION:** Health/Mental Health Care Units are designated units which provide services to those incarcerated individuals with a mental or physical condition that requires different accommodations than a general population incarcerated individual. These units provide services to incarcerated individuals who have been assessed as being developmentally disabled, mentally ill, physically handicapped, sensorially disabled, or chronically ill. Refer to the Department of Corrections and Community Supervision (DOCCS) Bureau of Mental Health Services Program Descriptions for the unit/program descriptions (see Attachment A).
- III. **APPLICABILITY:** The transfer procedures set forth herein (Section IV) shall apply to all incarcerated individuals who meet the following criteria:
  - A. Incarcerated individuals who have gone through the extended classification procedure and have been recommended for one of the special needs programs.
  - B. Incarcerated individuals transferring to Regional Medical Units (RMU) (located at Fishkill, Coxsackie, Walsh/Mohawk, Wende, and Bedford Hills) or for other medical reasons.
  - C. Incarcerated individuals that are routinely placed in facilities which have 24-hour nursing care (excluding trips to outside hospitals or medical care providers).
  - D. Incarcerated individuals transferring for on-site dialysis services at Fishkill, Elmira, Wende, and Walsh RMU.
  - E. Incarcerated individuals being transferred to or from the Unit for the Cognitively Impaired (UCI) at Fishkill.
  - F. Incarcerated individuals transferring for medical/mental health reasons for service level change. This excludes admissions to Central New York Psychiatric Center (CNYPC) or emergency in-transit transfers to Residential Crisis Treatment Programs (RCTP) outlined in Directive #4301, "Mental Health Satellite Services and Commitments to CNYPC" (i.e., service level change).
  - G. Incarcerated individuals transferring to or from the Assessment and Program Preparation Unit (APPU) at Clinton if on the Office of Mental Health (OMH) caseload. If not on the caseload, the Office of Classification and Movement will sign off on placement recommendation.

- H. Incarcerated individuals transferring to or from all Residential Mental Health Units (RMHU), Therapeutic Behavioral Units (TBU), Intermediate Care Programs (ICP), Transitional Intermediate Care Programs (TriCP), and Special Housing Units (SHU).
- I. Incarcerated individuals transferring to or from the Eastern New York Correctional Facility Sensorially Disabled Unit (SDU), as well as incarcerated individuals transferring to Albion, Bedford Hills, Eastern, Five Points, Lakeview, Taconic, Wende, Woodbourne, Wyoming, and work release facilities for access to services pursuant to Directive #2612, "Incarcerated Individuals with Sensorial Disabilities."
- J. Incarcerated individuals transferring to or from the Special Needs Units (SNU) at Wende, Bedford Hills, Clinton, and Woodbourne and the Transitional SNUs at Clinton, Wende, and Woodbourne.
- K. Incarcerated individuals transferring to or from the Community Orientation and Re-Entry Program (CORP) at Sing Sing and the Safe Transition & Empowerment Program (STEP) at Bedford Hills.

#### **IV. TRANSFER TO OR FROM HEALTH/MENTAL HEALTH CARE UNIT**

- A. Facilities or Reception and Classification
  - 1. Submits a priority Unscheduled Transfer Review (UTR) to the Office of Classification and Movement.
  - 2. Faxes, or scans and emails, all required supportive documentation directly to the DOCCS Bureau of Mental Health Services and/or the Division of Health Services.
  - 3. Updates the incarcerated individual's Medical Service Level Code in FHS1 prior to transfer.
- B. Office of Classification and Movement: Forwards the UTR to the DOCCS Bureau of Mental Health Services and/or the Division of Health Services.
- C. DOCCS Bureau of Mental Health Services: Reviews the UTR, makes a recommendation relative to program or facility placement, enters recommendation via automated transfer review system, and forwards it to the Assistant Director of DOCCS Bureau of Mental Health Services.
- D. Health Services Classification Analyst/Designee
  - 1. Reviews the recommendation and makes a decision to approve, deny, or modify based on the recommendation and medical needs/continuity of care.
  - 2. Forwards the UTR with the recommended action to the Bureau of Mental Health Services for action.
- E. Assistant Director of DOCCS Bureau of Mental Health Services
  - 1. Reviews the recommendation and makes a decision to approve, deny, or modify based on the recommendation.
  - 2. Forwards the UTR with the recommended action to the Office of Classification and Movement for action.

---

F. Office of Classification and Movement

1. In accordance with established population and security parameters, and also having reviewed all transfer recommendations, the Office of Classification and Movement issues an appropriate Transfer Order (If required, the Office of Classification and Movement will contact appropriate offices for further input as necessary).
2. Transfers of incarcerated individuals designated as Central Monitoring Cases (CMC) A or CMC B will be managed as per Directive #4922, "Central Monitoring Cases."

G. Seriously Mentally Ill (SMI) Cases

1. Any incarcerated individual that is designated SMI shall not be placed in segregated confinement. For those requiring a transfer to a Residential Mental Health Unit (RMHU) or Therapeutic Behavioral Unit (TBU), arrangements can be made to transfer the incarcerated individual as in-transit status. Arrangements for such in-transit transfers can be made in consultation with DOCCS' Bureau of Mental Health Services and Office of Classification and Movement.
2. For incarcerated individuals who receive a confinement sanction of more than 30 days from the date the disciplinary hearing was completed, an automatic referral will be generated. A UTR is not necessary.
3. An automatic referral will not be generated for incarcerated individuals assigned by the RMU, SNU, or the UCI. If an incarcerated individual requires transfer from any of the above units for alternate special program consideration, facility guidance staff must submit a priority UTR, using referral reason code 63 – Residential Mental Health Programs.

**New York State Department of Corrections and Community Supervision  
Bureau of Mental Health Services**

**Program Descriptions**

NYS Department of Corrections and Community Supervision (DOCCS) partners with NYS Office of Mental Health (OMH) in providing special programs along a continuum of care for incarcerated individuals with mental illness. Special programs and services are also available to incarcerated individuals with sensorial disabilities and intellectual or developmental disabilities. This brochure provides a brief description of these program options. If you have questions or require more information, please call the NYS DOCCS Bureau of Mental Health Services.

**NYS DOCCS Mission & Vision Statements**

To improve public safety by providing a continuity of appropriate treatment services in safe and secure facilities where the needs of the incarcerated population are addressed and where individuals under its custody are successfully prepared for release and parolees under community supervision receive supportive services that facilitate the successful completion of their sentence.

To enhance public safety by having incarcerated persons return home under supportive supervision less likely to revert to criminal behavior.

**Legislation and Program Terms**

**Humane Alternatives to Long-Term Solitary Confinement ACT (HALT)**

Effective date – April 1, 2022. The HALT legislation amended the definition of segregated confinement to include any form of cell confinement over 17 hours per day. It further limited the length of stay in segregated confinement (SHU) to 15 days. Any sanctions in excess of 15 days results in placement in alternative rehabilitative units, including Residential Rehabilitation Units (RRU). Under this law, disciplinary infractions are defined and reduced in number and eligibility for segregated confinement (SHU) by exempting certain vulnerable populations, including incarcerated individuals designated as SMI. Additional vulnerable population are further defined in the legislation. HALT also established guidelines for conditions in segregated confinement, outlined reporting requirements, and added due process protections.

**SHU Exclusion Law**

Effective date – July 1, 2011. Outlined the responsibility for DOCCS and OMH to continue to provide enhanced access to mental health treatment. Under this law, incarcerated individuals designated Seriously Mentally Ill (SMI) are offered a heightened level of care in Residential Mental Health Treatment Unit (RMHTU) settings when doing so will not compromise the safety of staff, incarcerated individuals, or the security of the facility.

**RMHTU – Residential Mental Health Treatment Unit**

Residential Mental Health Treatment Units include the Residential Mental Health Unit (RMHU), Therapeutic Behavioral Unit (TBU), and Intermediate Care Program (ICP). These programs serve incarcerated individuals designated SMI and/or are OMH Level 1 (on a case-by-case basis). Incarcerated individuals placed in RMHTUs are offered at least four hours of structured, out-of-cell therapeutic programming.

**NYCLU Agreement – New York Civil Liberties Union**

A stipulation agreement was made with the NYCLU to remove certain vulnerable populations from SHU confinement by placing them in alternative programs.

The NYCLU Agreement also improved SHU conditions by increasing system-wide oversight to promote consistent disciplinary practices and ensures that confinement sanctions are both appropriate and necessary to protect the safety of both staff and incarcerated individuals.

**CNYPC – Central New York Psychiatric Center**

CNYPC provides inpatient psychiatric care and treatment for incarcerated individuals who are mentally ill and a danger to themselves or others. CNYPC is a 169-bed hospital operated by NYS OMH and is located in Marcy, New York.

**NYS Justice Center for the Protection of People with Special Needs**

The NYS Justice Center is responsible for monitoring the quality of mental health care provided to incarcerated individuals under the SHU Exclusion Law and HALT.

**Special Programs Descriptions****RMHU – Residential Mental Health Unit; TBU – Therapeutic Behavioral Unit**

The RMHU and TBU all provide services to incarcerated individuals who are designated SMI and are serving confinement sanctions or, in some instances, awaiting the outcome of a disciplinary proceeding(s). The incarcerated individuals are offered four hours of structured, out-of-cell therapeutic programming seven days per week in addition to three hours of other out-of-cell activities that are offered daily. RMHU programming is located at Marcy, Five Points, and Coxsackie Correctional Facilities. The TBU is designed for the female population and is located at Bedford Hills Correctional Facility.

**ICP – Intermediate Care Program**

The ICP is an RMHTU for incarcerated individuals designated as SMI and/or OMH Level 1 (on a case-by-case basis). The ICP is a therapeutic community which provides rehabilitative services to incarcerated individuals who need additional supportive services due to their mental illness. The incarcerated individuals are offered structured, out-of-cell therapeutic programming as well as participation in general population programming and activities. The following facilities are OMH Level 1 with an ICP: Albion, Attica, Auburn, Bedford Hills, Clinton, Elmira, Fishkill, Five Points, Green Haven, Mid-State, Sing Sing, Washington, and Wende.

**Discharge ICP – Discharge Intermediate Care Program**

Discharge ICP is a track within the larger ICP program designed for incarcerated individuals designated as SMI who have histories of violence and are within 9-12 months of their approved release dates. The incarcerated individuals are offered structured, out-of-cell therapeutic programming as well as participation in general population programming and activities. Discharge ICPs are located at Auburn and Sing Sing Correctional Facilities.

**Enhanced ICP – Enhanced Intermediate Care Program**

Enhanced ICP is a track within the larger ICP program designed for incarcerated individuals who are designated as SMI and have histories of violence and who are within 18-48 months of their approved release dates. The incarcerated individuals are offered structured, out-of-cell therapeutic programming as well as participation in general population programming and activities. Enhanced ICPs are located at Elmira, Green Haven, and Fishkill Correctional Facilities.

**TrICP – Transitional Intermediate Care Program**

The TrICP provides OMH case management services to incarcerated individuals designated as SMI and/or OMH Level 1 in a general population location. In addition to receiving mental health outpatient services, these incarcerated individuals participate in two groups each week aimed at assisting their adjustment to general population. TrICPs are located at: Albion, Attica, Auburn, Bedford Hills, Clinton, Elmira, Fishkill, Green Haven, Mid-State, Sing Sing, and Wende Correctional Facilities.

**CORP – Community Orientation and Re-Entry Program**

CORP provides incarcerated individuals who are designated SMI and will be released to the New York City area with intensive mental health discharge planning services. CORP is a 31-bed unit located at Sing Sing Correctional Facility.

**STEP - Safe Transition and Empowerment Program**

STEP is a re-entry program for female incarcerated individuals who are designated as SMI and are within 120 days of their release. This program is located at Bedford Hills Correctional Facility.

**RCTP – Residential Crisis and Treatment Program**

The goal of the RCTP is to evaluate and provide acute treatment to incarcerated individuals who are in need of short-term crisis intervention. RCTPs are located in ten OMH Level 1 maximum security facilities and three OMH Level 1 medium security facilities. Maximum: Attica, Auburn, Bedford Hills, Clinton, Elmira, Five Points, Green Haven, Marcy RMHU, Sing Sing, and Wende Correctional Facilities. Medium: Albion, Fishkill, and Mid-State Correctional Facilities.

**TTSU – Therapeutic Transitional Supervision Unit**

The TTSU provides brief, focused treatment and support for incarcerated individuals who have been discharged from RCTP but require continued support while transitioning back to their housing unit/program.

## **DOCCS Programs**

### **SNU – Special Needs Unit**

An SNU is a therapeutic community that provides long-term habilitative services to incarcerated individuals that have been identified as developmentally disabled or who have significant intellectual and adaptive behavior deficits. These units are located at Wende, Clinton, Woodbourne, and Bedford Hills Correctional Facilities.

### **TrSNU - Transitional Special Needs Unit**

TrSNU provides transitional services to incarcerated individuals with intellectual disabilities who require supportive services in a general population environment. TrSNUs are located at Clinton, Wende, and Woodbourne Correctional Facilities.

### **CAR – Correctional Alternative Rehabilitation Program**

CAR stemmed from the NYCLU Agreement and is designed to address the special needs of incarcerated individuals with intellectual and adaptive deficits who are serving confinement sanctions or, in some cases, are awaiting the outcome of a disciplinary proceeding(s). The incarcerated individuals are offered four hours of structured, out-of-cell therapeutic programming seven days per week in addition to three hours of other out-of-cell activity.

### **SDU – Sensorially Disabled Unit**

DOCCS allows reasonable accommodations to existing policies and procedures in order to afford incarcerated individuals who qualify for such modification based on their disabilities the same opportunities as non-disabled incarcerated individuals. Definitions of reasonable accommodations and sensorial disabilities are provided in DOCCS Directive #2612, "Incarcerated Individuals with Sensorial Disabilities." This directive also outlines the level of service available at each facility.

## **Understanding Mental Health Service Levels**

Correctional facilities are classified as Mental Health Service Levels 1, 2, 3, 4, or 6 depending on the amount of mental health services and resources available at the facility.

**Level 1:** OMH staff are assigned on a full-time (8 a.m. – 10 p.m.) basis and are able to provide treatment to incarcerated individuals with a major mental illness or in an acute crisis. The array of available specialized services may include: RCTP, residential/day treatment, and medication monitoring by psychiatric nursing staff.

**Level 2:** OMH staff are assigned on a full-time (8 a.m. – 4 p.m.) basis and are able to provide treatment to incarcerated individuals with a major mental illness, but such disorder is not as acute as that of incarcerated individuals who require placement at a Level 1 facility.

**Level 3:** OMH staff are assigned on a part-time basis and are able to provide treatment and medication to incarcerated individuals who have moderate mental health concerns.

**Level 4:** OMH staff are assigned on a part-time basis and are able to provide treatment to incarcerated individuals who may require limited intervention, excluding psychiatric medication.

**Level 6:** No assigned OMH staff.

Upon reception into DOCCS and throughout incarceration, incarcerated individuals can be referred and assessed by OMH staff to determine the amount of mental health services required and are then assigned to facilities where that level of service is available.

**Diagnostic Criteria for Seriously Mentally Ill (SMI), per the SHU Exclusion Law**

- The incarcerated individual is determined by OMH to have specified mental health diagnoses.
- The incarcerated individual is actively suicidal or had a recent, serious suicide attempt.
- The incarcerated individual has been diagnosed with serious mental illness, organic brain syndrome, or a severe personality disorder which is manifested in significant functional impairment such as acts of self-harm or other behaviors that have a serious adverse effect on life or on mental or physical health.