

**U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons**



**PROGRAM STATEMENT
Reintegration Units**

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1. PURPOSE AND SCOPE

This program statement provides operational procedures, standards, and guidelines for the management of Reintegration Units (RUs). RUs, formerly referred to as Reintegration Housing Units, support the mission of the Bureau of Prisons (Bureau) by reducing restrictive housing unit placements for inmates who are in long-term Protective Custody (PC) status. RUs facilitate favorable institutional adjustment, and prepare inmates to reintegrate into a general population setting and/or a community placement. Inmates residing on a RU will have access to treatment groups, reentry programs, and other services typically unavailable in restrictive housing units.

a. Program Objectives.

- Provide safe, less restrictive housing environments for inmates with PC concerns.
- Assist inmates who have safety concerns with reintegration from restrictive housing into a general population or a community setting through gradual adjustment to an open housing unit.
- Increase access to positive interactions with staff, programming, and peer support opportunities for inmates with PC concerns.
- Reduce Special Housing Unit (SHU) placement for inmates with PC concerns.
- Decrease inmate suicide risk related to PC concerns and SHU placement.

b. Institution Supplement. None.

2. STAFFING

The RU is supported by a multidisciplinary team consisting of staff from Unit Management, Psychology Services, and Correctional Services. Psychology Services staffing ordinarily

includes one Reintegration Psychologist (i.e., RU Psychologist) and two Specialty Treatment Program Specialists (i.e., Treatment Specialists) for every two housing unit sides. Correctional Services staffing is consistent with general population staffing requirements. Staff from all disciplines provide support to RU inmates through increased interaction, services, and programs.

3. DESIGNATION CRITERIA

Inmates are designated to these units based on their need for a safe, structured environment less restrictive than a Special Housing Unit (SHU) that is not integrated with the general population. RUs are not Psychology Treatment Programs and therefore do not require inmates to sign the BP-A0940, Agreement to Participate in Psychology Treatment Programs form or to volunteer for programming or unit placement. Rather, they function as housing units where treatment is available and encouraged but not required.

a. **Target Population.** RUs target medium and high security inmates identified as verified or unverified PCs. The target inmate has consistently failed in attempting to integrate into a general population setting, ordinarily at multiple institutions. Information from Correctional Services documenting the inmate's classification as a PC case and detailing the inmate's placement in SHU at previous institutions will be considered when determining appropriateness for placement in a RU.

b. **Rationale for Placement.** The inmate must meet one of the following criteria to be considered for the RU:

- The inmate refuses to enter general population at multiple institutions and their PC status cannot be verified by staff.
- The inmate is considered a verified PC case, ordinarily at multiple institutions.

c. **Security Level.** Ordinarily, only inmates classified as medium or high security are appropriate.

d. **Disciplinary Segregation (DS).** Ordinarily, inmates will only be designated to a RU if they are in DS status for refusing to return to general population. In accordance with the Program Statement **Special Housing Units**, inmates can be released from SHU early if it is determined they no longer require DS status. This provision may be useful for inmates in DS status for refusing to return to general population and are otherwise appropriate for a RU. See section 6 of this program statement for information regarding inmates already at a RU who are placed in SHU for DS.

e. **Mental Health Care Level.** Inmates are typically designated to a RU at an institution commensurate with their mental health care level.

4. REFERRAL PROCEDURE

To make a referral to a RU, the following information will be forwarded to the Designation and Sentence Computation Center (DSCC) via email:

- EMS-A409, Request for Transfer/Application of Management Variable form, signed by the Warden.
- Supporting documentation, including the threat assessment investigative report and rationale for recommended RU placement.

Ordinarily, inmates with a Security Threat Group (STG) gang status will not be designated to a RU.

Notification of Referral. An inmate who is referred to a RU will be notified of the pending referral. The inmate will be given the opportunity to be escorted from their SHU cell to ask questions and be provided with information about the RU. A Psychology Services staff member will be present when the referral notification occurs.

5. CONDITIONS OF CONFINEMENT

RU inmates will be provided regular direct access to Food Service, Trust Fund, Health Services, Education, and Recreation staff.

Unit. The RU is to be separated from general population and solely house RU inmates. The appearance of the unit is notably different from general population, with art displays/murals on the walls, encouraging slogans, and posters. Considering safety and security limitations, the unit must have areas for groups, meditation, and exercise equipment (e.g., treadmill, elliptical). Ordinarily, inmates must also be given regular access to these areas.

Movement. When it becomes necessary for inmates housed in the RU to leave the unit, whether for programming or otherwise, it is imperative they be kept separate from all general population inmates. Safety and security considerations are paramount any time RU inmates leave the confines of the unit.

Visiting. RU inmates are offered in-person visitation in accordance with the Program Statement **Visiting Regulations** and applicable Institution Supplements.

Outside Recreation. Except in emergency situations, RU inmates are offered one hour of outside recreation separate from all general population inmates at least five times per week.

Meals. RU inmates must be given the opportunity to eat at least two meals per weekday and one meal per weekend day in the institution cafeteria, except in extenuating circumstances.

Programming. Education, Recreation, Chaplaincy Services, and Psychology Services will offer programming throughout the week in the RU or ensure RU inmates have access to services in their respective departments.

Programming will address First Step Act (FSA), reentry, and mental health needs. RU Psychologists and Treatment Specialists will ordinarily have offices in the unit affording inmates increased access to mental health providers. The RU Psychologist will work with other departments to develop a daily, weekly, and monthly schedule with various programs and activities that provide structure for the unit. To encourage engagement in programming, the RU Psychologist will develop, implement, and oversee a structured behaviorally oriented incentive program.

6. PSYCHOLOGY SERVICES

Duties of RU Psychologists. The RU Psychologist works under the direct supervision of the Chief Psychologist. The RU Psychologist oversees a variety of treatment opportunities and interventions for inmates in the RU. The RU Psychologist works with Unit Management staff to review and consider the need for an inmate to remain in a RU or recommend alternate placement.

The RU Psychologist is the primary provider of diagnostic and mental health assessments within the unit. The RU Psychologist will assess each inmate's individual mental health needs, goals, and interests.

The RU Psychologist or designee facilitates annual training for all institution staff. This training will focus on practical RU information and relevant evidence-based interventions (e.g., trauma informed care, the risk-need-responsivity model, readiness for change).

The RU Psychologist will chair a monthly RU meeting subsequent to the weekly SHU multidisciplinary meeting with the Associate Warden of Psychology Services' oversight. The meeting will include the Captain, representatives from SIS, and RU Unit Management, as well as any other relevant staff. The goal of the meeting is to assess RU inmates without validated security concerns programming progress, safety needs, and willingness to return to general population. The multidisciplinary team must review redesignation options for these RU inmates every 12 months. For inmates on the unit for 18 months or more, treatment and safety needs must also be reevaluated. A detailed plan addressing relevant treatment (e.g., coping skill deficits or medication management issues) and/or security concerns (e.g., related to Central Inmate Monitoring or STG status) must also be developed with the goal of the inmate reentering general population within six months. This plan must also be reviewed monthly and updated as needed to ensure progress occurs. Initial and updated plans must be submitted to the Psychology Services Branch (PSB) Mental Health Treatment Coordinator overseeing RUs unless directed otherwise. Any RU inmates currently in SHU for disciplinary reasons will also be reviewed to determine if RU placement continues to be warranted or if a transfer is needed.

The RU Psychologist is responsible for the clinical and administrative supervision of Treatment Specialists assigned to the unit. Clinical supervision is conducted no less than one time per month and must be documented. Clinical supervision focuses on the development of the Treatment Specialist as an interpersonally effective clinician who utilizes evidence-based interventions. Supervision includes instruction, supervisor modeling, direct observation, intervention by the supervisor in the actual clinical process, and feedback. Clinical supervision is typically provided one-on-one but may be offered in a group setting occasionally.

Duties of Treatment Specialists. Treatment Specialists conduct Evidence Based Recidivism Reduction (EBRR) and Productive Activity (PA) groups, or other treatment protocols identified by the RU Psychologist with oversight from the Chief Psychologist and approval from the Central Office PSB. Each Treatment Specialist provides a minimum of 15 clinical contact hours per week. Groups may vary in frequency, from once or twice a week to daily. Treatment Specialists may facilitate groups in areas other than the RU.

When necessary, Treatment Specialists conduct individual clinical contacts focusing on increasing treatment motivation and teaching cognitive behavioral skills to reintegrate from a restrictive housing setting into a general population unit. Treatment Specialists also routinely meet with inmates individually to discuss treatment progress and develop or update treatment plans and goals. All clinical contacts will be documented in the Electronic Health Record (EHR).

Treatment Specialists routinely conduct non-clinical contacts to promote problem solving and facilitate positive interaction with staff. Non-clinical contacts also include discussion of setting and achieving life goals, and resolution of minor interpersonal problems. Non-clinical contacts do not always require documentation in the EHR. The RU Psychologist will advise Treatment Specialists of documentation expectations.

Treatment Specialists organize RU community events, implement the unit schedule, and assist with the implementation of the incentive opportunities. RU community committees (e.g., Holiday, Birthday, Wellness, Unit Beautification) are ordinarily overseen by Treatment Specialists. Treatment Specialists will work closely with Reentry Affairs and Recreation staff to support RU inmate access to volunteer opportunities and recreation events.

Treatment Specialists maintain an active presence in the RU by conducting rounds throughout the unit once per duty shift. Treatment Specialists attend inmate program review meetings which are conducted by Unit Management and held in accordance with Program Statement **Unit Management and Inmate Program Review**. Under the direction of the RU Psychologist, Treatment Specialists may provide Unit Management with recommendations related to inmate work assignments.

Protocols. All services offered by Psychology Services in the RU will be consistent with national programming approved through PSB (e.g., EBRR and PA groups, cognitive behavioral

interventions designed to address skill deficits). Approval for supplemental materials must be granted by PSB prior to use. Motivational strategies are used to engage inmates in treatment services (e.g., motivational interviewing, incentives). The RU Psychologist will develop a unit structure to include group activities and other programming opportunities.

Purpose of Programming. RU Psychologists and Treatment Specialists facilitate programming opportunities and clinical interventions to assist inmates in learning the skills necessary to effectively reintegrate to a general population unit, manage mental health symptoms, manage substance use disorders, and reduce the risk of recidivism. Target areas of clinical intervention are prosocial thinking and skill building, to include communication, social, behavioral regulation, and emotional self-regulation skills.

Treatment Planning. Recommendations for participation in psychology programming are determined by the RU Psychologist with input from the Treatment Specialists. Specific recommendations for mental health treatment and/or programs will be conveyed to the inmate and documented in the EHR. The RU Psychologist will consider recommendations provided by Unit Management that are intended to facilitate positive adjustment to the general population and/or community. These recommendations are typically communicated during intake screening, inmate program review meetings, and SHU meetings.

Inmates in RUs vary widely in their need for specific mental health treatment or programming. The following recommendations may be in addition to identified FSA needs:

- **Inmates with no recommended psychology programs.** Often, inmates with validated security concerns will not have psychology program recommendations, and the focus will be other programming, work activities, and other goals developed with Unit Management in accordance with Program Statement **Unit Management and Inmate Program Review**.
- **Inmates with recommended psychology programs but not requiring an individualized treatment plan.** In some cases, inmates may be recommended for general mental health groups, EBRR and/or PAs facilitated by Psychology Services. Not all psychology programs require a treatment plan, therefore, there may be times when an inmate does not have a treatment plan on record.
- **Inmates with recommended psychology programs and requiring an individualized treatment plan.** The requirement for an individualized treatment plan is determined on a case-by-case basis by the RU Psychologist. In contrast to Psychology Treatment Programs, the majority of inmates in RUs do not require individualized treatment plans. Individualized treatment plans are only required in cases where the inmate demonstrates mental health issue(s) requiring on-going psychological intervention or demonstrates the need for skill acquisition across multiple behavioral domains

Inmates declining to volunteer for recommended services will be encouraged to participate by the Treatment Specialists and Unit Management. Motivational strategies will be used by

Treatment Specialists to promote participation among these inmates. Treatment Specialists will document these efforts in the EHR, which will occur at least once per month.

Inmates who are not recommended for treatment services by the RU Psychologist may volunteer for psychology programming on the unit, typically PAs, and other activities provided by the RU Psychologist or Treatment Specialists. These inmates will be given an opportunity to participate in therapeutic groups when space is available. In some cases, inmates in the RU will decline to participate in Psychology Services treatment necessary to ensure adequate adjustment in the unit. In these cases, the RU Psychologist will consult with PSB to discuss management strategies and/or referral options.

7. UNIT TRANSFER

Unit Management will discuss goals and placement options with the inmate during inmate program review meetings. The RU Psychologist and Treatment Specialists will provide relevant information regarding applicable treatment goals, progress, and/or participation in voluntary Psychology Services programming for the inmate program review meetings in the Insight Application Suite. When appropriate, RU inmates will be recommended for transfer to lesser security level institutions or institutions likely to support their success in a general population setting. Any of the following indicators may suggest an inmate's need for transfer from the RU:

- The inmate's security, mental health, or medical care level increases or decreases.
- The inmate displays confidence to navigate a general population setting.
- The inmate requests to return to an institution's general population.
- The inmate presents a safety concern and/or is disruptive to the unit, as determined by Special Investigative Services (SIS) or the Captain.
- The inmate successfully participates in and completes programming and/or treatment goals set by Unit Management and/or Psychology Services.

The DSCC may consider Public Safety Factor Waivers, Lesser Security transfers, and/or nearer release transfers when supported by Unit Management and/or the RU Psychologist. Transfers may occur at any time during the inmate's placement in RU.

Occasionally RU inmates will require extended placement in the unit if their presence is not detrimental to the placement of other inmates and is supported by the RU Psychologist. If an inmate is designated to a RU for 24 months or more, and does not have verified security concerns, the RU Psychologist must consult with PSB, Central Office. For inmates with verified security concerns and designated to a RU for 24 months or more, SIS must consult with the Correctional Services Branch. These consultations must be documented. An inmate may be removed at any time from the unit if their behavior creates an immediate and/or ongoing problem for staff and/or other inmates as determined by the shift Lieutenant, SIS Lieutenant, or the Captain.

REFERENCES

Program Statements

Visiting Regulations

Special Housing Units

Psychology Treatment Programs

Unit Management and Inmate Program Review

Bureau Forms

BP-A0940 Agreement to Participate in Psychology Treatment Programs

EMS-A409 Request for Transfer/Application of Management Variable

ACA Standards

Performance-Based Standards and Expected Practices for Adult Correctional Institutions (5th Edition): 5-ACI-2C-02, 5-ACI-2E-02, 5-ACI-3D-03,5-ACI-3D-04, 5-ACI-3D-08,5-ACI-3D-18, 5-ACI-4A-01, 5-ACI-4A-04,5-ACI-4A-05, 5-ACI-4A-07, 5-ACI-4A-08, 5-ACI-4A-09, 5-ACI-4A-25, 5-ACI-4A-27, 5-ACI-4B-31, 5-ACI-5A-04, 5-ACI-5A-05, 5-ACI-5A-06, 5-ACI-5B-01, 5-ACI-5B-11, 5-ACI-6A-22(M),5-ACI-6A-28(M), 5-ACI-7D-11, 5-ACI-7D-14, 5-ACI-7E-06, 5-ACI-7F-05.

Performance-Based Standards and Expected Practices for Adult Local Detention Facilities (5th Edition): 5-ALDF-2E-02M, 5-ALDF-2E-03, 5-ALDF-2E-04, 5-ALDF-2E-05, 5-ALDF-2E-06, 5-ALDF-2E-09, 5-ALDF-2E-12, 5-ALDF-2E-13, 5-ALDF-2E-15, 5-ALDF-2E-19, 5-ALDF-2E-21, 5-ALDF-2E-22, 5-ALDF-2E-24, 5-ALDF-4C-23M, 5-ALDF-4C-28M

Records Retention Requirements

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on the Bureau's intranet site.