

STATE OF VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF CORRECTIONS

Directive: 371.21

Subject: Out Of State Transfer Interstate Compact/Federal Bureau Of Prisons
Effective Date: December 30, 2002 Review and Re-Issue Date:
Supersedes: 314.01 APA Rule Number:
dated
4/10/92

Recommended for approval by: Richard Turner, Director/Correctional Services		Authorized By: Steven M. Gold, Commissioner	
_____ Signature	_____ Date	_____ Signature	_____ Date

1. Authority:

1.1. This directive is authorized by V.S.A. Title 28 and Policy 371.

2. Purpose:

2.1. The purpose of this directive is to establish the process Correctional Facility Superintendents will follow to affect the transfer of offenders to out of state placement by way of the Interstate Compact or the Federal Bureau of Prisons Contract.

3. Applicability/Accessibility

3.1. This directive pertains to all staff and offenders of the Vermont Department of Corrections. Anyone may access this directive.

4. Directive

4.1. Determination to Transfer

A. An Offender may be transferred to another state via the New England Interstate Corrections Compact, the Interstate Corrections Compact, and the Federal Bureau of Prisons contract at the discretion of the Commissioner/Designee, when the classification process has determined out of state placement is appropriate.

B. The following criteria will be used in the classification process:

Criteria (a.): All in-state treatment and rehabilitative programs available for that individual have been considered and determined unsuitable.

Directive 371.21 Out Of State Transfer Interstate Compact/Federal Bureau Of Prisons

Criteria (b.): All in-state alternatives in the area of security have been considered and found unsuitable for providing the required degree of security or protective custody for a particular offender.

Criteria (c.): An offender voluntarily requests a transfer in writing and acknowledges that return will be based on case plan.

Criteria (d.): The offender needs particular treatment or special facilities available at an out of state facility.

- C. An offender may be transferred to an out of state facility in an emergency situation at the sole discretion of the Commissioner of Corrections.

4.2. Classification Process

1. Out of state placement must be recommended by the Correctional Service Specialist assigned to that offender, with approval of the Superintendent.
2. A Placement Package will be prepared by the facility. **(See Form 371.21-B)**
The package will contain at a minimum the following:
 1. A Mittimus & Affidavit
 2. I.D. Face Sheet
 3. Scar and Tattoo sheet
 4. Classification and Designation document (Form 55)
 5. CVS
 6. Sentence Computation
 7. Completed Medical Transfer form
 8. Disciplinary History
 9. Pertinent case notes for the last year
 10. Summary Letter -- An overview of the case from the crime to current status including why this determination was made. There should also be a notation about when the next parole review is scheduled.
3. A Hearing Officer or Casework Supervisor / Living Unit Supervisor will meet with an offender classified to be transferred out of state. The purpose of this meeting is to assist the Commissioner/Designee in the determining if the offender meets one or more of the criteria for transfer. Consequently, there is no right to confrontation in this meeting. The offender may present reasons why the transfer should not occur.
4. The offender Meeting Report will be used to document the meeting, the offender's reasons for or against the transfer and the responses to the offender's reasons. **(see form #371.21-A)**

Directive 371.21 Out Of State Transfer Interstate Compact/Federal Bureau Of Prisons

5. The case plan recommending out of state placement, the placement package, and the Offender Meeting Report will be forwarded to the Director of Classification for approval and placement.

4.3. Transfer Approval Process

- A. The decision of the Commissioner/Designee shall be sent to the Superintendent with a copy to the offender.

1. The offender will be sent only a copy of the decision of the Commissioner/Designee and will not receive a copy of the Offender Meeting Report.
2. Offenders should not be transferred out of state until four months has lapsed from time of sentencing. This allows the offender time to file sentence reconsideration petitions (90 days to file) as well as to prepare for appeal. This is a reasonable compromise between the needs of the Department and the needs of the newly sentenced offender. This will also serve to lessen the probability of returning the offender from the out of state placement.
3. Once the transfer has been approved, A “Placement Package” will be sent to the Federal Designations Administrator or the Compact Administrator in the Receiving State.
4. Upon receipt of verification of placement the Superintendent will be notified of when the transfer will occur.

- a. The Superintendent shall notify anyone deemed necessary of the out of state transfer of an offender. Notification shall be by letter.

5. The transportation will be coordinated by Central Office.
(See Form 371.21—D)

5. Training Method

- 5.1. Each site manager will ensure all staff have read and understand this directive.

6. Quality Assurance Processes

- 6.1. Each site manager will develop a local procedure.

7. Financial Impact:

- 7.1. Typically Interstate Compact Transfers are done as part of a “trade”, the cost is evened out in this manner. Use of a Bureau of Prisons bed does have an associated cost but it cannot be anticipated as the fee is based on where the placement is made.

8. References

- 8.1 Title 28 V.S.A., Policy 371

9. Responsible Director and Draft Participants

Ray Flum, Director of Classification
751-0255

**INTERSTATE COMPACT / FEDERAL BUREAU OF PRISONS
OUT OF STATE TRANSFER
OFFENDER MEETING REPORT**

Correctional Facility _____

Offender Name _____ D.O.B. _____

1. Hearing Officers /or Casework Supervisors / Living Unit Supervisors Actions:

On _____, I met with the offender and informed him/her that he/she was being considered for OOS transfer.

I have determined that the following criteria have been met for consideration of transfer: (circle the criteria)

Criteria (a.): All in-state treatment and rehabilitative programs available for that individual have been considered and determined unsuitable.

Criteria (b.): All in-state alternatives in the area of security have been considered and found unsuitable for providing the required degree of security or protective custody for a particular offender.

Criteria (c.): An offender voluntarily requests a transfer in writing and acknowledges that return will be based on case plan.

Criteria (d.): The offender needs particular treatment or special facilities available at an out of state facility.

2. The offender presented the following for reasons why they should or should not be considered for transfer:

Directive 371.21 Out Of State Transfer Interstate Compact/Federal Bureau Of Prisons

3. Hearing Officer or Casework Supervisor / Living Unit Supervisor's Investigation / Assessment of Offender's reasons:

4. Recommendation

H.O./CWS/LUS Signature

Date

Reviewed by Superintendent:

Superintendent Signature

Date

DIR/CO/DIR/371.21—A
10/2002

INTERSTATE COMPACT/FEDERAL BUREAU OF PRISONS
FACE SHEET

FACILITY _____

_____ Transfer Criteria Used

Offender Name

Date of Birth

Offense: _____

Sentence _____

Return Date _____

MIN RELEASE DATE _____

MAX RELEASE DATE _____

The items listed below are required elements of the transfer package for review of potential candidates for out of state transfer.

____ Offender Meeting Report

____ Summary Letter

____ Classification and Designation (Form 55)

____ CVS _____ MPL _____ LSI _____ Static _____ RRASOR _____ VASSOR _____

____ Pertinent Case Notes - Next Parole Board Hearing / Review _____

____ Sentence Computation

____ Medical Transfer Form (Completed)

____ Disciplinary History

____ I. D. Face Sheet

____ Scar and Tattoo Sheet

____ Mitimus & Affidavit

____ Recommended _____ Rejected

Out of State Unit

INTERSTATE TRANSFER HEALTH RECORDS

SUBJECT: File preparation for transfers out-of-state

The following protocol for preparation of clinical information to accompany offenders that will be sent out of state.

The following health record documents will be included when preparing a case for out-of-state transfer:

- Problem list.
- Current history and physical.
- All information related to conditions currently under treatment.
- Relevant labs and data.
- Chronic care clinic notes and notes relating to specific conditions.
- Copy of the medication administration record.
- Copy of immunization record.
- TB test results written in millimeter.
- Mental health information including mental health evaluation, treatment plan, and notes related to any ongoing clinical care.

Please ensure that this information is placed into a plain brown folder and sealed in an envelope. On the outside of the envelope clearly mark the offender's name and the words "CONFIDENTIAL - MEDICAL/MENTAL HEALTH INFORMATION".

**OUT OF STATE TRANSFER
ORDER**

Name of Offender

DOB

Based on pre-established criteria, the results of a meeting with you and consideration of your testimony, you have been selected for transfer to an out of state placement under the Corrections Interstate Compact or to the Federal Bureau of Prisons.

Commissioner of Corrections/Designee

Date

I acknowledge receipt of the Commissioner's decision regarding Out of State Transfer.

Signature of Offender: _____

Signature of Officer

Date

Time