STATE OF VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF CORRECTIONS

Directive: 371.22

Subject: **Out Of State Transfer**
Supplemental Facility Placement

Effective Date: **Review and Re-Issue Date:**

Supersedes: **314.02** **APA Rule Number:**

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

1. **Authority:**

   1.1. Title 28 V.S.A.

2. **Purpose:**

   2.1. All final decisions regarding the classification and placement of offenders to supplemental facilities in out of state correctional facilities is solely within the discretion of the Commissioner / designee. The process outlined in this directive is intended to provide guidance and / or an efficient administrative process to Department of Corrections Officials, and is not intended to create any substantive or procedural rights on behalf of offenders.

3. **Applicability/Accessibility**

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

4. **Directive**

PLACEMENT SELECTION AND TRANSFER PROCESS

4.1. Each Superintendent will designate someone to be responsible for out of state transfers to Supplemental Facility Placements. The Superintendent will also designate a person as a back up in the event the first designee is not available.

1. Designees will be kept fully apprised of the most recent developments to insure problems are held to a minimum.

2. The forms attached to this directive will be used.

4.2. Selection

1. Offenders will be selected as potential candidates for transfer if they are serving more than 30 days and are not involved in serious ongoing medical treatment.

2. Offender's that are under the age of 22, and are actively engaged in mandated educational programming are ineligible for transfer, unless they are not meeting the established standards as set by the education department.

   a. If they are not meeting the standards then they may be considered for OOS placement. Prior to consideration the offender will have gone through a "Truancy Disposition Meeting" in compliance with directive 389.01.
   b. Offender's that are under 22 and are not involved in their major criminogenic need area, ie: sexual offender programming or violent offender programming will be eligible for transfer.

4.3. Transfer Approval Process

1. Hearing Officers and / or Casework Supervisors / Living Unit Supervisors will meet with offenders that have been classified for OOS placement. They will discuss the transfer with the offender to see if there are any relevant reasons why they should not be transferred.

2. The person meeting with the offender will write a report of the meeting to the Commissioner / Designee with a recommendation. **See Appendix 1, Form 371.22—A.**

   a. Reasons that are presented by the offender against transfer will be investigated to the extent practicable and accessed in this report.
   b. Issues that are not presented by the inmate at this meeting may not be brought up later and may be deemed waived.

3. The Offender Meeting report will be forwarded to the OOS Unit and attached to the transfer package. The OOS Unit will review and make a recommendation to the Commissioner/Designee who will review and approve or disapprove. **See Appendix 2, Form 371.22—B.**

4. Correctional Services Specialists prepares a transfer package on each offender recommended for OOS placement.

5. The transfer package will include:

   a. The offender meeting report
   b. 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.
      Attached should also be a Program Termination/Readmission Criteria letter.
   c. Classification and Designation document (Form 55)
      (With a return date indicated on the form)
   d. CVS
   e. Pertinent case notes for the last year
   f. Sentence Computation
   g. Completed Medical Transfer form
   h. Disciplinary History
   i. I.D. Face Sheet
   j. Scar and Tattoo sheet
   k. A Mittimus & Affidavit

6. Two copies of this package will be made. One copy will be forwarded to the OOS Unit. The second copy will be provided to the transport team for delivery to the receiving facility. The offender does not get a copy of this package or the offender meeting report.

7. The Commissioner's/Designee's decision is forwarded to the facility. One copy is given to the offender and a second copy, containing the date, time and signature of the serving officer will be placed in the offender's file. **See Appendix 3, Form 371.22—C.**

8. The facility is notified of which offenders will be transferred and when the transfer will occur.

9. The facility retrieves the second copy of the package from (#5) above, attach an original finger print card that is completely filled out and a frontal photo along with the Medical Interstate Transfer Health Record and a week to ten day supply of medication. This package will be provided to the transport officers.
   See Appendix 4, Form 371.22—D.

10. When the offender leaves the sending facility a PAS slip will be completed. The slip will indicate the specific facility that the offender is being transferred to. If the actual OOS transport is being done from a staging area, the sending facilities will still PAS the offender to the specific out of state facility, they will not PAS them to the staging area.

11. The main core case file is sent to the OOS Unit. The transport team will pick up the file when they pick up the offenders. The transport team will deliver the file to the OOS Unit.

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 establish a local procedure.

7. Financial Impact

7.1. The current number of offenders requiring incarceration greatly exceeds the number of beds in this state. In order to accommodate this demand we have two options:

1. Release offenders into the community.
2. Find more bed space through;
   a. Capital construction
   b. Out of state sources.

In some cases option 1 presents a dilemma in regards to public safety, additionally statute does not allow release prior to the minimum release date.

The cost associated with either a or b under option 2 is substantial.

8. References

8.1. Title 28 V.S.A.

9. Responsible Director and Draft Participants

Ray Flum, Director of Classification
751-0255

Appendix A

SUPPLEMENTAL FACILITY PLACEMENT
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 placement in a supplemental facility.

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

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

4. Recommendation

HO / CWS / LUS Signature: _____ Date: _____

Reviewed by Superintendent

_____ _____
Superintendent Signature Date

DIR/CO/DIR/371.22—A
10/2002

Appendix B

SUPPLEMENTAL FACILITY PLACEMENT FACE SHEET

FACILITY _____

_____ Offender Name

_____ Date of Birth

Offense: _____

Sentence : _____ Return Date: _____

LSI-R _____RRASOR _____ VASSOR_____ STATIC 99 _____MPL _____

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 _____ Program Termination/Readmission Criteria

____ Classification and Designation (Form 55)

____ CVS _____

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

____ Sentence Computation

____ Medical Transfer Form (Completed)

____ Disciplinary History DNA Required Y / N

____ I. D. Face Sheet DNA Completed Y/N

____ Scar and Tattoo Sheet

____ Mittimus & Affidavit

_____Recommended_____ Rejected

_____
Out of State Unit

Appendix C

OUT OF STATE TRANSFER ORDER
SUPPLEMENTAL FACILITY PLACEMENT

Name of Offender _____ DOB _____

The necessity has arisen to utilize supplemental secure housing outside the State of Vermont.

Based on pre-established criteria, the results of a classification process and consideration of your testimony, you have been selected for transfer to the supplemental housing facility.

_____ _____
Commissioner of Corrections/Designee Date

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

Signature of Inmate _____

_____ _____ _____
Signature of Officer Date Time

Appendix D

INTERSTATE TRANSFER HEALTH RECORDS

SUBJECT: File preparation for transfers out-of-state

The following protocol for preparation of clinical information to accompany inmates 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".