State of Vermont Agency of Human Services Department of Corrections	Title: Medical, Treatment and Short Term Inpatient Furloughs		Page 1 of 4
Chapter: Classification & Planning	Directive # 373. 02	Supersedes #371.23, Furloughs other than Conditional Reentry, date 9/22/04, & #351.08, Medical Furloughs, date 5/1/01	
Attachments, Forms & Companion Documents: N/A			
Local Procedure(s) Required: No Applicability: All facility and field staff, volunteers and contractors Security Level: B"- Anyone may have a copy of this document.			
Robert D. Hofmann, Commissioner	March 10, 2006 Date Signed	March 27, 2006 Date Effective	

PURPOSE

The purpose of this administrative directive is to create a process whereby an inmate may be placed on long term medical, treatment or short term inpatient furlough.

POLICY

The Department of Corrections provides a continuum of treatment and medical services for inmates. In most cases staff escorts an inmate under supervision for these services. However, there are cases when an inmate is placed on furlough to obtain these services. It is the policy of the Department to ensure that those inmates who are eligible and who need medical or treatment services not available in a correctional facility be considered for medical or treatment furlough. The Department recognizes that the continuity of treatment services offered by treatment furlough options is important for successful reintegration.

AUTHORITY & REFERENCE

28 V.S.A., Chapter 11, § 808. American Correctional Association Standards for Adult Correctional Institutions, 4th Edition, January, 2003, Standards 4-4348, 4-4347, 4-4447.

DEFINITIONS

Long Term Medical Furlough: The transfer of an inmate who is diagnosed as suffering from a terminal or debilitating condition to a hospital, hospice, other licensed inpatient facility or other housing accommodation deemed suitable by the Commissioner or designee. Long term medical furlough includes transfer from facility headcount to field.

Treatment Furlough: The transfer of an inmate, with the approval of the sentencing judge, to a residential treatment program providing services to the general population not otherwise available in a correctional facility. The services may include treatment for substance abuse, personal violence or any other condition that the Department has determined should be addressed in order to reduce the inmate's risk to re-offend or cause harm to themselves or to others in the facility. Treatment furlough includes transfer from facility headcount to a field headcount.

Short Term Inpatient Furlough: The transfer of an inmate for inpatient medical or emergency services that are short term in nature and that cannot be performed in the facility. Short term

medical furlough does not include transfer from facility headcount to field, but may include pre-arranged visits by Probation and Parole officers to assist in supervision.

PROCEDURAL GUIDELINES

The Department of Corrections provides a continuum of treatment and medical services for inmates. In most cases staff escorts an inmate under supervision to these services. However, there are cases when the Department places an inmate on furlough in order for these services to be provided. Procedures for these types of furlough follow.

LONG TERM MEDICAL FURLOUGH

1. A qualified health care professional may determine that an inmate's medical condition is either terminal or debilitated to the point of needing a higher level of care than can be realistically provided within the confines of the correctional facility.
    - A request for health care assessments may come from varied sources (caseworker, family member, inmate, etc.)

2. A qualified health care professional will recommend to the Facility Superintendent that the inmate be considered for a medical furlough. Included in this recommendation will be an assessment of the level of care needed by the inmate and a health care plan.

3. The health care plan will include, but not be limited to, diagnosis, care needs, the inmate's capabilities and recommended treatment and housing.

4. The Superintendent will review the health care plan with the receiving District Manager and any District Manager in whose district the inmate was previously supervised. They will instruct the Facility and Field Caseworkers to conduct a case assessment, to include a review of the medical release housing plan, an analysis of criminal risk factors and an integration of medical and correctional issues. As a result of the assessment, the Caseworkers will make a recommendation for or against the long term medical furlough.

5. This review may also include input from identifiable victim(s) and local law enforcement as appropriate.

6. The Facility Superintendent and the District Manager will gather the medical and caseworker materials and submit them with a cover letter concerning the proposed medical furlough to the Director of Health Services.

7. The Director of Health Services will make a final recommendation to the Director of Classification. The Director of Classification will review the plan and either approve or disapprove it.

8. If a furlough is approved, the Field Caseworker will coordinate continued assessment and routinely monitor the need for a continued medical furlough.
    - The Field Caseworker will send recommendations to alter the medical furlough plan to the Director of Health Services and Director of Classification for review as needed.

- The Director of Health Services and Director of Classification will make final decisions regarding changes in medical furlough status.

TREATMENT FURLOUGH

1. The Facility Caseworker and the Field Caseworker will conduct a case assessment to include an analysis of criminal risk factors and an integration of treatment and correctional issues, resulting in a recommendation for or against the treatment furlough.
    - A request for treatment assessments may come from varied sources (caseworker, family member, inmate, etc.)

2. The Facility Superintendent will assess the inmate's risk factors related to placement in a community setting. They will communicate with any District Manager in whose district the inmate was previously supervised, as well as the District Manager in whose district is the site of the proposed treatment program where the inmate would reside.

3. The Facility Superintendent will contact the Program Services Executive to determine if the recommended placement is a pre-approved facility.

    - If the placement is a pre-approved facility, the proposed plan will proceed.

    - If the recommended facility is not on the pre-approved placement list, the Program Services Executive and the Director of Classification will review the proposed plan for approval, including the appropriateness of the proposed treatment program(s).

4. If the plan is approved, the Facility Caseworker or Casework Supervisor will write to the sentencing judge seeking the judge's approval. If the judge is in favor of the plan, staff then incorporates it into the inmate's case plan.

5. Since the treatment furlough is a pre-minimum release, the participation in the program needs to be scheduled so that upon completion of the program the inmate is at their minimum release date and can be transitioned to Conditional Re-entry.

6. If a furlough is approved, the Field Caseworker will coordinate continued assessment and routinely monitor the need for continued treatment furlough.
    a. The Field Caseworker will send any recommendations to alter the treatment furlough plan to the Program Services Executive and Director of Classification.
    b. The Program Services Executive and Director of Classification will make final decisions regarding changes in treatment furlough status.

SHORT TERM INPATIENT OR EMERGENCY SERVICES FURLOUGH

1. Qualified health care professionals will notify the Shift Supervisor of the need for short term inpatient medical or emergency care.
    - Planned medical services will be coordinated through the inmate's Caseworker.

2. The Shift Supervisor will notify the Superintendent who will review the security/custody level, risk factors and past history under supervision to determine the appropriate level of supervision level during the admission.

a. If it is determined that the inmate does not require 24-hour supervision, the Superintendent will initiate a call to the District Manager responsible for the district where the inmate is hospitalized to request planned supervision of the inmate by field correctional officers.
b. The Superintendent will notify the Facility Executive of such placements.

c. The Superintendent or their designee will ensure that hospital security is notified of the pending visit.

3. No inmate will be left unattended until the Superintendent has made a supervision level determination.

In all cases of medical, treatment and short term inpatient furlough, staff will also address the following:

Victim Notification: Facility staff will follow victim notification procedures for inmates who are granted medical, treatment and/or short term inpatient furloughs.

Family Notification: Family notification will be made by the Superintendent or their designee as appropriate to security needs and inmate wishes.

Records and Transport

1. Staff will maintain the confidentiality of health records used during transport. Summaries of pertinent health information will accompany the offender, including, but not limited to, health status, treatment history and known allergies.

2. If DOC staff provides transportation, qualified health care personnel will provide any applicable instructions regarding medication or health interventions required en route or any specific precautions staff should take in transporting the inmate.

USE OF OUT-OF-STATE MEDICAL OR TREATMENT FACILITIES

Use of out-of-state facilities must be approved and coordinated with the Directors of Health Services and Classification.