


NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Enforcement Operations</u> STATEMENT NUMBER <u>5.69</u>
SUBJECT: <b>TRANSFER REQUESTS FROM OTHER JURISDICTIONS</b>	EFFECTIVE DATE <u>09/1/17</u>
PROPONENT: <u>Christopher Kench, Director</u> <i>Name/Title</i> <u>Commissioner's Office 271-8016</u> <i>Office Phone #</i>	REVIEW DATE <u>09/1/19</u>
	SUPERSEDES PPD# <u>5.69</u>
	DATED <u>10/15/13</u>
ISSUING OFFICER:  <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS: _____ DATE: _____
	APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

- I. **PURPOSE:**  
To provide direction and criteria for the acceptance/rejection of inmate transfers to the NH Department of Corrections.
- II. **APPLICABILITY:**  
To all staff.
- III. **POLICY:**  
It is the policy of the NH Department of Corrections to review, investigate and determine whether transfer requests from other jurisdictions are appropriate for acceptance. Criteria for accepting transfer cases are consistent with the safe and orderly operation of the institution(s) and serve a useful purpose toward promoting inmate rehabilitation or other justifiable reasons.
- IV. **PROCEDURE:**
- A. **Interstate Compact Transfer Requests**
1. All interstate compact requests are forwarded to the Department of Corrections' Compact Administrator for initial processing and review.
  2. After initial review by the Compact Administrator, a recommendation for acceptance or rejection is made.
  3. A tracking sheet is then attached to the packet and forwarded to Medical, the Classification Administrator, Chief of Security, Warden/designee and Commissioner/designee. Each individual will make a recommendation to accept or reject. The packet will include information from the sending jurisdiction about the inmate. If the Commissioner's Office overrides the recommendations of staff, the decision will be specified in writing and be made part of the transfer package.
  4. Recommendations for acceptance or rejection will be made based on determining the suitability and acceptability of the inmate in terms of both public and institutional risk factors, as defined in the Classification Manual. Examples of unacceptable risk factors may include, but are not limited to extensive disciplinary record, assaultive behavior,

gang-related activities/affiliations, high maintenance medical issues, mental health issues and suicidal ideation.

5. If the transfer is going to impose undue risks, the request should be denied. The requesting state will be advised in writing by the Compact Administrator.
  6. If the transfer request is accepted, the Compact Administrator shall notify the Classification Administrator.
  7. The Compact Administrator will notify the requesting state of the transfer approval and establish a date the inmate will be arriving. Once known, the Compact Administrator notifies the Reception & Diagnostic Unit (R & D), Classification and Medical or NHSP/W in writing of the arrival date.
  8. The Classification Administrator/designee will determine the initial housing assignment. Once determined, the Unit Captain/Lieutenant of that housing unit will be briefed on the transfer and the contents of the interstate packet.
  9. Every effort will be made to avoid placing any transferred male inmate in the Special Housing Unit (SHU). R&D should be considered for the initial housing assignment. If the decision is made to place the inmate in SHU, it must be clearly articulated that the inmate's public and institutional risk factors amount to a clear and present danger.
  10. When the inmate arrives at the facility, the complete reception and diagnostic intake process will be conducted. It will be the responsibility of the assigned housing Unit Captain/Lieutenant and staff to meet with the inmate. Discussions include, but are not limited to, rules and regulations, the classification process and behavioral expectations.
- B. County, United States Marshal, INS and other jurisdiction requests for transfers.
1. Periodically, these facilities and agencies request the transfer of inmates to a NHDCC facility. In most instances these requests are made over the phone or facsimile to the Bureau of Classification and Offender Records. Approvals for transfers over the phone or fax will not be made without first completing the transfer process.
  2. The Inter-Jurisdictional Transfer Report (Attachment 1) must be completed by the requesting agency. This report may be mailed or faxed to the Classification Office.
  3. Once received, the Classification Administrator/designee will have the report reviewed by the Director of Nursing/designee to determine if the transfer request is medically suitable and appropriate. If not, the request should be denied.
  4. If found to be medically suitable, the Classification Administrator/designee will brief the Warden on the contents of the report, the reason(s) for the transfer request and a recommendation for acceptance or rejection.
  5. Determination for acceptance/rejection are based on the same criteria as described in part IV, A, 4 and 5.
  6. If the transfer request is rejected, the Classification Office shall advise the requesting facility/agency the reason(s) for the determination.
  7. If the transfer request is approved, the Classification Office will advise the requesting facility/agency and Offender Records, establish a date and time for transfer and determine an initial housing assignment.
  8. Every effort will be made to avoid placing any transferred male inmate in SHU. R&D should be considered for the initial housing assignment. If the decision is made to place the inmate in SHU, it must be clearly articulated that the inmate's public and institutional risk factors amount to a clear and present danger.
  9. Prior to the inmate's arrival, the Unit Captain/Lieutenant/designee of the recommended housing unit will be briefed on the transfer and the contents of the Inter-Jurisdictional Report. A copy of the report will be provided to the Unit Captain/Lieutenant and the original forwarded to Offender Records.
  10. When the inmate arrives at the facility, a complete reception and diagnostic intake process will be done. It is the responsibility of the assigned housing Unit Captain/Lieutenant and staff to meet with the inmate. Discussions may include, but are not limited to, rules and regulations, the classification process and behavioral

expectations.

11. It may be determined at the time of booking in R&D that the inmate is in need of immediate medical or mental health intervention. In that regard, the reception officer(s) will notify the appropriate department and request action/services.
12. At NHSP/W, the Warden/designee will determine acceptance or rejection of the inmate based on the medical and mental health status and the inmate's ability to speak and understand English.

C. Transitional Housing Units' Requests for Transfers

1. All referrals for placement of inmates at a work release program (transitional housing unit) will be processed through the Director of Community Corrections.
2. The requesting institution must submit a written request for placement along with a packet (case record) regarding the inmate.
3. Within ten working days of receipt of the referral packet, the Director of Community Corrections will either approve or deny the request.
4. If an inmate is not accepted into the program, written notification will be forwarded to the requesting institution stating specific reasons for the denial, and the complete referral packet will be returned to the referring institution.
5. If the inmate is accepted into the program, written notification will be forwarded to the requesting institution and a copy of all admission policies, rule and regulations will be forwarded for their files.
6. Notification of the date and location of the transfer will occur through the Classification Office to all affected units/offices, including Offender Records. The complete referral packet will be scanned into Filehold® prior to the inmate's transfer..
7. Upon arrival at the Transitional Housing Unit, the inmate will be escorted to R&D for the intake process and work release photos.

D. Emergency requests after normal operating hours; to include evenings, weekends and holidays.

1. Occasionally, other facilities or agencies request emergency transfers after normal business hours (Monday - Friday, 8 a.m. - 4 p.m.).
2. The requesting facility or agency must complete, in detail, an Inter-Jurisdictional Transfer Report (attachment 1).
3. The completed report may then be faxed to the R&D unit or NHSP/W. The officers will then forward the report to the Shift Commander for review.
4. The Shift Commander will then hand-carry the report to the on-duty medical supervisor to determine if the transfer request is medically suitable.
5. If determined to be medically suitable, the Shift Commander will then contact the Classification Administrator, if unavailable, the Chief of Security or the Warden at NHSP/M. At NHSP/W, the Warden/designee will be contacted.
6. If it is determined that the transfer request is denied, the Shift Commander shall advise the requesting facility/agency of the reason(s) for the determination.
7. If it is determined that the transfer request is approved, a housing determination will be made based on the criteria set forth in part IV, section B 10.
8. The Inter-Jurisdictional Report will then be forwarded to the Classification Office for review on the next business day.

REFERENCES:

Standards for the Administration of Correctional Agencies  
Second Edition Standards

Standards for Adult Correctional Institutions  
Fourth Edition Standards

Standards for Adult Community Residential Services  
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services  
Third Edition Standards

Other

KENCH/lb

Attachment

**NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS  
INTER-JURISDICTION TRANSFER REPORT**

When implementing emergency or special management transfers please provide the following critical information. This information will assist staff at receiving NHDOC facilities to manage such transfers safely and securely. More detailed records may follow through administrative channels. Emergency and non-routine medical procedures will be billed to the sending agency.

TRANSFERS DURING NORMAL BUSINESS HOURS: (Mon - Fri, 8:00 AM to 4:00 PM)

This report should be transmitted via FAX to the NHDOC Classification Office at 271-8136 prior to transfer.

EVENING AND WEEKEND EMERGENCY TRANSFERS:

This report should be either hand carried by the transportation team or transmitted via FAX to the Reception and Diagnostic Unit at 271-6207 or 666-7109 for NHSP/W requests.

**SENDING JURISDICTION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INMATE NAME:** \_\_\_\_\_

**REASON FOR TRANSFER:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLASSIFICATION INFORMATION:

**STATUS:**       **PRE-TRIAL**                       **PRE-SENTENCE**  
                     **COUNTY INMATE**               **OTHER** \_\_\_\_\_

**CRIME / ALLEGED CRIME:** \_\_\_\_\_

SECURITY INFORMATION:

**ASSAULT / VIOLENCE HISTORY: (against staff and/or inmates)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**KNOWN ENEMY & PROTECTIVE CUSTODY ISSUES: (Please provide relevant names)**

\_\_\_\_\_

\_\_\_\_\_

HEALTH INFORMATION:

**ANY KNOWN HISTORY OF SUICIDE ATTEMPTS?**    YES     NO     UNKNOWN

**DOES THE INMATE RECEIVE ANY MEDICATION**    YES     NO     UNKNOWN

ANY OTHER RELEVANT INFORMATION OR OBSERVATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SENDING OFFICIAL NAME & TITLE: (Please print)** \_\_\_\_\_

**SENDING OFFICIAL SIGNATURE:** \_\_\_\_\_

\*\*\*\*\*  
**OFFICIAL NH DEPARTMENT OF CORRECTIONS USE ONLY**  
\*\*\*\*\*

**NHDOC OFFICIAL APPROVING TRANSFER:**

**CLASSIFICATION OFFICER:** \_\_\_\_\_

**COMMISSIONER:** \_\_\_\_\_

**WARDEN/DIVISION DIRECTOR:** \_\_\_\_\_

**SHIFT COMMANDER:** \_\_\_\_\_

- RECOMMENDED HOUSING UNIT:**
- Reception & Diagnostic
  - Special Housing Unit
  - Health Services
  - Secure Psychiatric Unit

**KNOWN PRECAUTIONS: (Medical / Mental Health / Safety)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



DEPARTMENT OF CORRECTIONS  
STATE OF NEW HAMPSHIRE  
P. O. BOX 1806  
CONCORD, NH 03302-1806

**INTRA-DEPARTMENT MEMORANDUM**  
*Office of the Commissioner*

**FROM:** Helen E. Hanks  
Commissioner

**DATE:** December 5, 2017

**SUBJECT:** Policy Amendment

**OFFICE:** Commissioner's Office  
Phone: 271-5603

**TO:** All Staff

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PPD 5.69 *Transfer Requests from Other Jurisdictions* has been amended as indicated below.

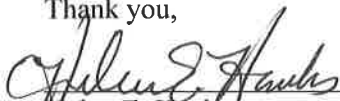
I. PURPOSE:

To provide direction and criteria for the acceptance/rejection of inmate transfers to the NH Department of Corrections, and subsequent return to the sending state, when applicable.

E. Return to the Sending State

1. Out of state inmates will be returned to the sending state for re-entry services or release unless they have a valid plan of supervision, and/or family support, and have had their supervision accepted by New Hampshire through the Interstate Commission for Adult Offender Supervision (PPD 5.73 Interstate Transfer of Supervision Cases from Other States)
2. The Deputy compact administrator (or designee) will contact the sending no later than 12 months prior to the release date to arrange return to the sending state. The Counselor Case Manager will notify the Deputy Compact Administrator or designee that they have an out of state inmate to be returned to the sending state for re-entry or release no later than 12 months prior to the anticipated release date.

Thank you,

  
\_\_\_\_\_  
Helen E. Hanks  
Commissioner