



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-141900 Interstate Compact Inmates	Issued: 01/26/17 Effective: 01/26/17	Reviewed: 04/26/24 Revised: 01/26/17
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

- A. NMSA 1978 Sec 31-5-17 to 31-5-19
- B. Policy *CD-010100*

REFERENCE:

- A. National Center for Interstate Compacts, Interstate Corrections Compact.
- B. Western States Corrections Compact
- C. National Institute of Corrections, Interstate Transfer of Prison Inmates in the United States, February 2006
- D. ACA Standard 5-ACI-4A-08, *Standards for Adult Correctional Institutions*, 5th Edition.
- E. Policy *CD-080100*

PURPOSE:

To establish guidelines for assigning inmates to out of state facilities.

APPLICABILITY:

New Mexico Corrections Department (NMCD) employees and inmates.

FORMS:

- A. **Interstate Compact Referral Checklist** form (*CD-141901.1*)
- B. **Interstate Compact Packet Tracking Log** form (*CD-141901.2*)

ATTACHMENTS:

None

DEFINITIONS:

- A. *Deputy Director of Adult Prisons*: Responsible for making decisions regarding all inmates who are referred for transfer on an Interstate Compact.
- B. *Interstate Compact*: An agreement between the NMCD and compact member states for the cooperative care, treatment, and rehabilitation of inmates confined to correctional institutions.

- C. Unit Management Team (UMT): The staff and employees assigned responsibilities within the unit, including treatment, security, programs and support staff that work together to perform the essential functions of the unit, fostering communications, team work and cooperation within the prison.

POLICY:

- A. Inmates who meet established criteria may be considered for transfer under Interstate Compact to a facility in a reciprocating state.
- B. The review process used to release an inmate from Special Management shall be specified. [5-ACI-4A-08]



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PROCEDURE [5-ACI-4A-08]:

A. Criteria:

Inmates who have more than three (3) years until projected release and who meet the following criteria and have consequently been removed from general population will be referred to a Deputy Director of Adult Prisons for Interstate Corrections Compact Transfer. Inmates who are approved by a Deputy Director of Adult Prisons will be prioritized as follows:

1. Inmates who require protection because they are unable to function in any general population in New Mexico including the LCCF or NENMDF Tier 2 Unit.
2. Inmates who have involvement in or have directed others to engage in organized unauthorized activity, either inside or outside of the institution.
3. Inmates in Special Management Population who NMCD cannot find alternative general population housing.

B. Initial Interstate Compact Transfer Review:

1. Inmates who meet the eligibility criteria for interstate transfer shall be referred by the Unit Management Team to the facility Health Services Administrator for medical review in order to determine whether the inmate can be medically cleared for interstate transfer. Final determination will be made by the NMCD Health Services Administrator or designee.
2. Following review of the inmate's medical status by medical staff, the facility Health Services Administrator shall provide the Unit Management Team with an **Interstate Compact Transfer Review Memorandum** that documents the following information:
 - a. Whether the inmate has been medically cleared for interstate compact transfer by facility Health Service Administrator and the NMCD Health Services Administrator.
 - b. For any inmate who is not medically cleared, the Memorandum must state that the inmate has been informed by medical staff of the specific medical reasons that he or she is not medically cleared for interstate compact transfer and has been given the opportunity to discuss his medical condition with medical staff.

- c. For any inmate who is not medically cleared, the Memorandum must also state whether the inmate still requests interstate compact transfer even though he or she is not medically cleared.
3. The facility Health Services Administrator will forward the completed **Interstate Compact Transfer Review Memorandum** to the respective Unit Manager who shall ensure that the inmate is scheduled for a **Final Interstate Compact Transfer Review** in accordance with paragraph C, below.

C. Final Interstate Compact Transfer Review:

1. Once the **Interstate Compact Transfer Review Memorandum** has been obtained from the facility Health Services Administrator, the Unit Management Team shall conduct a Final Interstate Compact Transfer Review hearing with the inmate.
2. The Unit Management Team shall document whether the inmate is recommended to the Deputy Director of Adult Prisons for interstate compact transfer. For any inmate who is recommended, a packet of information as described below will be completed and forwarded to the Warden for review.
3. If the Warden approves the recommendation, the packet will be forwarded to Central Office Classification Bureau for review, in accordance with policy *CD-080102 and CD-080104*.
4. The Central Office Classification Bureau as well as the Central Office Security Threat Intelligence Unit will review the packet and make a recommendation to the Deputy Director of Adult Prisons regarding the inmate's need for interstate transfer.
5. Interstate Corrections Compact Referral Packets shall consist of the following information:

Interstate Compact Referral Checklist form (CD-141900.1)

- Institutional Interstate Compact Referral Summary: A narrative summary signed by the Warden, of an inmate's criminal and institutional background, including specific reasons that the inmate is unable to function in general population as well as the specific reasons for an Out-of-State transfer request.
- Good Time Figuring Sheet.
- Copy of the Classification Committee's recommendation indicating the reasons for recommending interstate transfer.
- Judgment and Sentence(s).
- Pre-Sentence Report(s) or police report if PSR is not available;
- Admission Summary.
- Disciplinary Report Log indicating all misconduct during current incarceration and copies of major disciplinary reports during the past five (5) years (reporting employee's statements and sanctions).
- Current FBI Rap Sheet.
- Updated Enemy Alert form.

- Escape Flyer (current photo).
 - Predatory Behavior Management Referral Form
 - Medical/Behavioral Health clearances for interstate transfer.
6. Unit Management Team reviews for interstate transfer shall be entered into the CMIS as Level VI Review; OOS Transfer; OOS Referral.
 7. The Interstate Corrections Compact Referral Packet must be completed by the Classification staff at the facility where the Interstate Transfer referral was made.
 8. The Unit Manager will ensure that a tracking system is maintained that indicates the dates that the packet has been forwarded to the Warden's Office and to Central Office and the dates that the decisions on the referrals for interstate transfer are received using the **Interstate Compact Packet Tracking Log** form (*CD-141901.2*).
 9. The Central Office Interstate Compact Administrator shall forward a copy of the decision by a Deputy Director of Adult Prisons to the Unit Manager.
 10. Decisions by a Deputy Director of Adult Prisons regarding interstate transfer referrals shall be entered into the CMIS.
 11. The Central Office Interstate Compact Administrator will ensure that a report is submitted to the Classification Bureau Chief on a monthly basis indicating the status of inmates who have been referred for interstate transfer.

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Interstate Compact Transfer Review

The facility HSA has reviewed the inmate's medical status and has determined:

- Inmate is medically cleared for interstate compact transfer.
- Inmate is NOT medically cleared for interstate compact transfer, and has been informed by medical staff of the specific reasons that he/she is not medically cleared for interstate compact transfer and has been given the opportunity to discuss his/her medical issues with medical staff.

This Section to be Completed by the Inmate, if determined NOT medically cleared:

I, _____ NMCD# _____ have been informed by the facility medical staff
(Inmate Name)
that I am not medically cleared for interstate compact transfer. I do however request to be considered for Interstate Compact transfer.

Inmate Signature

Date

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INTERSTATE COMPACT REFERRAL CHECK LIST

Must have the following documents

Inmate Name: _____ **NMCD #** _____

- _____ Institutional Interstate Compact Referral Summary
- _____ Predatory Behavior Management Referral Form
- _____ Copy of Classification Committee's recommendation (Committee Chrono)
- _____ Updated Good Time Figuring Sheet
- _____ Admission Summary (Current Crime only)
- _____ Judgment and Sentence(s) Current Crime; Pre-Sentence Report (s) or police report
- _____ Disciplinary Report Log (Indicating all misconduct during current incarceration and copies of major disciplinary reports during the last five years (reporting employee's statements and sanctions only).
- _____ STIU Memorandum (Interstate Compact Security Threat Group Questionnaire)
- _____ Updated Medical/Behavioral Health clearances for interstate transfer (**No Chrono's**)
- _____ Current FBI Rap Sheet/NCIC
- _____ Updated Enemy Alert form (Form from CMIS)
- _____ Escape Flyer

Classification Officer Signature

Date

Unit Manager Signature

Date
