



**ADULT COMMUNITY CORRECTIONS DIVISION  
STANDARD OPERATING PROCEDURES**

Procedure No.: ACCD 4.6.201	Subject: <b>OFFENDER TRANSFER TO MONTANA STATE HOSPITAL</b>	
Reference: 53-1-203, MCA; 53-21-130, MCA	Page 1 of 3	
Effective Date: 06/06/11	Revision Dates: 02/15/13; 01/17/14	
Signature / Title: /s/ Pam Bunke, ACCD Administrator		

**I. DIVISION DIRECTIVE:**

The Adult Community Corrections Division programs/facilities will follow established procedures when transferring an offender from a program/facility to the Montana State Hospital for a mental health evaluation.

**II. DEFINITIONS:**

Administrative Transfer – A management decision to move an offender from one correctional facility to another of equal or greater level of custody for non-disciplinary or behavioral reasons.

ACCD Administrator – Responsible for the overall administrative functions of the ACCD programs/facilities. The Administrator reports directly to the Department Director.

ACCD-Adult Community Corrections Division Program/Facility – The Division includes the Adult Interstate Bureau; the Probation and Parole Bureau which provides the Day Reporting Programs (DRP), Intensive Supervision Programs (ISP), and Enhanced Supervision Program (ESP); the Missoula Assessment and Sanction Center (MASC); and the Facilities Program Bureau which includes Treasure State Correctional Training Center (TSCTC), and the contracted facilities of Prerelease Centers (PRC), Sanction Treatment Assessment Revocation & Transition (START), Warm Springs Addiction Treatment and Change Program (WATCH), Connections Corrections Program (CCP), Passages Alcohol and Drug Treatment (Passages ADT), Passages Assessment Sanction & Revocation Center (Passages ASRC), NEXUS Correctional Treatment Center (NEXUS), and Elkhorn Treatment Center (Elkhorn).

Department – The Montana Department of Corrections.

**III. PROCEDURES:**

Pursuant to §53-21-130(2), MCA, a person in the custody of the Department may be transferred to the Montana State Hospital (MSH), upon its approval, for a period of up to ten (10) days for mental health evaluation/stabilization.

**PROCEDURE:**

**RESPONSIBILITY:**

A. Transfer from ACCD Facility:

- |   |                |
|---|----------------|
| 1. If transfer to MSH is deemed necessary, contact Facility Administrator, ACCD Administrator and MSH for verbal approvals of transfer. | Facility Staff |
| 2. Once approvals are received, arrange transportation of offender.   | Facility Staff |

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- |  |   |
|--|---|
| <p>3. The following forms will be completed and forwarded to Facility Administrator pursuant to this procedure and <i>ACCD 4.6.200 Administrative Transfers/Overrides</i>:</p> <p>a. <i>ACCD 4.6.200(A) Request for Administrative Transfer</i> - requires signature of Facility Administrator; and</p> <p>b. <i>ACCD 4.6.201(A) Transfer Request to Montana State Hospital</i>.</p> | <p>IPPO/PRC Liaison</p>                       |
| <p>4. Both forms are submitted electronically for review and signature to the ACCD Administrative Officer, <a href="mailto:CRamsey@mt.gov">CRamsey@mt.gov</a>, and ACCD Administrator, <a href="mailto:pbunke@mt.gov">pbunke@mt.gov</a>.</p>   | <p>Facility Administrator</p>                 |
| <p>5. Both forms are returned to sending IPPO/PRC Liaison and John Glueckert, MSH Administrator, <a href="mailto:jglueckert@mt.gov">jglueckert@mt.gov</a>, or fax 406-693-7069.</p>  | <p>ACCD Administrative Officer</p>            |
| <p>6. Once <i>Transfer Request</i> is submitted, follow up with phone call to hospital administrator or designee.</p>  | <p>IPPO/PRC Liaison</p>                       |
| <p>7. After ten (10) days at MSH, offender may:</p> <p>a. be discharged back into custody using <i>ACCD 4.6.200(B) Authorization to Return Offender</i>;</p> <p>b. voluntarily agree to continue treatment at MSH; or</p> <p>c. be involuntarily committed to MSH for continued treatment.</p>   | <p>IPPO/PRC Liaison</p> <p>MSH</p> <p>MSH</p> |
| <p><b>B. <u>Transfer from Probation &amp; Parole</u></b></p>   |   |
| <p>1. Discuss transfer of offender to MSH with supervisor.</p>   | <p>P&amp;P Officer</p>                        |
| <p>2. If approved, contact ACCD Administrator and MSH for verbal approvals.</p>  | <p>RA/POII</p>                                |
| <p>3. Upon approval, arrange transportation of offender.</p>   | <p>P&amp;P Officer</p>                        |
| <p>4. The following forms will completed and forwarded to supervisor pursuant to this procedure and <i>ACCD 4.6.200 Administrative Transfers/Overrides</i>:</p> <p>a. <i>ACCD 4.6.200(A) Request for Administrative Transfer</i> - requires signature of supervisor; and</p> <p>b. <i>ACCD 4.6.201(A) Transfer Request to Montana State Hospital</i>.</p>                            | <p>P&amp;P Officer</p>                        |
| <p>5. Both forms are submitted electronically for review and signature to the ACCD Administrative Officer, <a href="mailto:CRamsey@mt.gov">CRamsey@mt.gov</a>, and ACCD Administrator, <a href="mailto:pbunke@mt.gov">pbunke@mt.gov</a>.</p>   | <p>RA/POII</p>                                |
| <p>6. Both forms are returned to RA/POII and John Glueckert, MSH Administrator, <a href="mailto:jglueckert@mt.gov">jglueckert@mt.gov</a>, or fax 406-693-7069.</p>   | <p>ACCD Administrative Officer</p>            |
| <p>7. Once <i>Transfer Request</i> is submitted, follow up with phone call to hospital administrator or designee.</p>  | <p>P&amp;P Officer</p>                        |

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8. After ten (10) days at MSH, offender may:
  - a. be discharged back to P&P supervision using *ACCD 4.6.200(B) Authorization to Return Offender*; P&P Officer
  - b. voluntarily agree to continue treatment at MSH; or MSH
  - c. be involuntarily committed to MSH for continued treatment. MSH

**IV. CLOSING:**

Questions regarding this procedure should be directed to Facility Administrator, RA, or ACCD Administrator.

**V. FORMS:**

- ACCD 4.6.201 (A) Transfer Request to Montana State Hospital
- ACCD 4.6.200 (A) Request for Administrative Transfer
- ACCD 4.6.200 (B) Authorization to Return Offender