



**DEPARTMENT OF CORRECTIONS
PROBATION AND PAROLE DIVISION
OPERATIONAL PROCEDURE**

Procedure No.: PPD 5.1.202	Subject: FINANCIAL RESOURCES FOR OFFENDERS
Reference: DOC 1.2.12; DOC 4.5.29; DOC 4.6.2; 53-1-203, MCA	Page 1 of 4
Effective Date: 09/15/15	Revised: 07/18/16
Signature / Title: /s/ Kevin Olson, Probation and Parole Division Administrator	

This procedure is referenced as *ACCD 5.1.202 Prerelease Stipend and Special Needs Funding in Section 1.G.1.c. Standard Contract Terms; Compensation/Billing; Compensation; Special funds, in the following contracts: Alternatives, Inc., Butte Prerelease, Gallatin County Reentry Program, Helena Prerelease, and Passages.*

I. PURPOSE:

The Probation and Parole Division's employees and facilities will follow established procedures when requesting funds that are available to assist offenders with financial needs.

II. DEFINITIONS:

CSD-Clinical Services Division – The division that oversees all medical, mental health, dental and vision for all offenders in the custody of the Department in secure and contracted facilities.

Inmate Welfare Account-Global Fund – Pooled annual contributions of inmate welfare accounts from each secure facility based on inmate population and funds available; funds will be used to provide release assistance to eligible inmates upon discharge, parole, or furlough and may be used as financial assistance to facilities for implementation of projects that benefit inmates directly and are reviewed by inmate representatives.

Mental Disorder – As defined by §53-21-102, MCA, any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions. As defined by *DSM-V*, a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.

Offenders with Mental Health Needs – Offenders who currently, or at any time have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM) that has resulted in functional impairment which substantially interferes with or limits one or more major life activities.

PPD-Probation and Parole Division – The Division oversees the Probation & Parole regional offices, interstate transfers, and the facilities that provide assessments and sanctions, training, prerelease, and treatment services.

III. PROCEDURES:

A. FINANCIAL RESOURCES FOR OFFENDERS

1. The Department has established and maintains accounts and funds to provide assistance to appropriate offenders who are:

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- a. discharging their sentence from prison,
 - b. being paroled or furloughed,
 - c. being released from a PPD facility, or
 - d. under the direct supervision of Probation & Parole (P&P).
2. The offender must meet the specific eligibility criteria of the available resource. These resources include the following:
 - a. Inmate Welfare Account - Global Fund
 - b. Transitional Assistance Funds
 - c. Prescription Medication for Offenders with Mental Illness
 - d. Regional Resources - P&P Supervision

B. INMATE WELFARE ACCOUNT - GLOBAL FUND

1. A prison inmate who meets the criteria and follows the procedures outlined in *DOC 1.2.12(A) Global Fund Release Assistance Operations Procedure Guide* may receive up to \$500 to assist with rent or housing costs, continuation of medication and/or medical supplies, and treatment and/or programming.
2. Inmate requests may also be submitted to an IPPO for assistance with transportation costs upon discharge and release.

C. TRANSITIONAL ASSISTANCE FUNDS

1. General Guidelines:

- a. Funds for transitional assistance are available to offenders in a prerelease center, treatment facility, or under the supervision of Probation & Parole (P&P). The requested funding must be reasonable and justifiable and specifically allocated for a service, equipment, or other need to expedite an offender's discharge from a prerelease center, to help in an offender's completion of a program, or for an offender's ongoing need in the community. The estimated timeframe that the offender will use the funds must be specified.
- b. The offender must be in compliance with his/her supervision.
- c. The offender must have no means to pay for the needed service.
- d. For offenders who are flat discharging upon release from a facility, a maximum of \$300 is available.
- e. Requests for transitional assistance funds will be reviewed and considered on a case-by-case basis by the Programs and Facilities Bureau Chief (Bureau Chief) or designee.
- f. A request may be pre-approved when the offender's needs have been identified, even if prior to placement, or can be requested during offender's placement.
- g. Once approved, an invoice or Pro-card receipt must be submitted within the time specified, but no later than 120 days. If more time is needed, offender must contact his/her case manager or supervising P&P Officer who will contact the Bureau Chief or designee.
- h. Funds will be disbursed only to a vendor; however, funding will not be used for payment of offender's overdue expenses (rent, utilities, etc.). Funds will not be disbursed to family members or friends or used for their expenses.
- i. Funds not used within 120 days of approval will automatically be reallocated unless notification has been made to, and approved by, the Bureau Chief or designee.
- j. If an offender approved for funds has his/her community supervision revoked before the funds are used, the funds will be reallocated by the Department.

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2. Requests for Transitional Assistance:

- a. *PPD 5.1.202(A) Transitional Assistance Request* must be completed and include:
 - i. information regarding the offender's progress, conduct and general attitude;
 - ii. treatment completed (if applicable);
 - iii. the amount of money the offender has in his/her resident account and any outstanding debts;
 - iv. the length of time the offender would have to remain in the program, should funding not be approved;
 - v. the monetary savings to the Department for an early release;
 - vi. identification of needed assistance, such as room and board, weekly draws, medication, treatment costs, etc.;
 - vii. an estimated monthly cost;
 - viii. dates assistance will be needed;
 - ix. background information and justification for needed assistance identified, contingency plans, etc.; and
 - x. vendor information.
- b. *Request* is submitted as follows:
 - i. Facility staff submits *Request* to Facility Administrator or designee for signature; OR
 - ii. IPPO/P&P Officer submits *Request* to Deputy Chief (DC) or designee for signature.
 - iii. Facility Administrator or DC submits *Request* to correquests@mt.gov. Email subject line must read as follows: "Facility name/P&P: Transitional Assistance: offender last name, first name: DOC #."
- c. If approved by Bureau Chief or designee, *Request* is forwarded to the contract beds accountant, PPD budget analyst and requesting staff. Approved vendor(s) will be instructed to submit their invoice to the Department for processing/payment; however, payment may be made to the facility, which then makes payment to the appropriate vendor for expenses or needs.

D. FUNDS FOR PRESCRIPTION MEDICATION FOR OFFENDERS WITH MENTAL ILLNESS

1. *DOC Policy 4.5.29, Prescription Medication for Offenders with Mental Illness* must be reviewed for all procedures required for the program:
 - a. general requirements;
 - b. offender eligibility and removal from program;
 - c. staff requests for medication, progress reports, and monitoring; and
 - d. distribution of funds.
2. Once the staff member supervising the eligible offender has obtained the required information, *DOC 4.5.29 (Attachment) Mental Illness Medication Request* form must be completed and signed by the staff member. The request is submitted electronically to cormentalhealth@mt.gov for approval:
 - a. A copy of the prescription must be attached to the request form.
 - b. Email subject line must read as follows: Facility/P&P: MH Meds: offender last name, first name: DOC#.
 - c. CSD will review and approve or deny request. Approvals will be electronically signed and returned to the requestor.

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E. REGIONAL RESOURCES FOR PROBATION & PAROLE OFFENDERS

1. When an offender under direct P&P supervision is unable to participate in needed treatment due to a lack of finances, funds may be available through Department general fund monies to assist the offender. The Deputy Chief (DC) will review the circumstances on a case-by-case basis, considering the availability of contracted vendors and other avenues of funding, including private insurance, Medicaid, etc.
2. Use of these funds include:
 - a. Anger Management
 - b. Gambling Addiction Assessments
 - c. Batterer’s Intervention
 - d. Cognitive-based Programming
 - e. CD Evaluations/Counseling
 - f. Psychological Evaluations
 - g. Sexual Offender Polygraph Examinations
 - h. Psycho-Sexual Evaluations or Sexual Offender Treatment
 - i. Mental Health Evaluations/Counseling
 - j. Other treatment determined appropriate by P&P Officer and DC.
3. The DC may use *PPD 5.1.202(B) Request for P&P Resources* to track expenditures for the offenders approved for the assistance. The *Request* is completed by the supervising P&P Officer and should include the following:
 - a. name of offender;
 - b. type of service requested;
 - c. duration of treatment and cost of service;
 - d. name of vendor; and
 - e. the reason for financial request.
4. Approved vendor(s) will be instructed to submit their invoice to the DC or designee for processing/payment. Once the invoice is received, a contact name and the ORG # must be written on the invoice, which is then submitted to the Central Office Accounting Unit for payment.
5. The DC should evaluate the regularity of need for service from uncontracted vendor to determine if a contract is appropriate (see *DOC Policies 1.2.8, Procurement and 1.2.9, Contracts*).

IV. CLOSING:

Questions regarding this procedure should be directed to the Contract Manager or DC.

V. FORMS:

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|-------------------------|-----------------------------------|
| PPD 5.1.202 (A) | Transitional Assistance Request |
| PPD 5.1.202 (B) | Request for P&P Resources |
| DOC 4.5.29 (Attachment) | Mental Illness Medication Request |