



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

Procedure No.: PPD 5.1.101	Subject: INMATE WORKERS
Reference: 53-1-203, MCA	Page 1 of 5, plus attachment
Effective Date: 12/26/17	Revision Dates:
Signature / Title: /s/ Kevin Olson, Probation and Parole Division Administrator	

This procedure is referenced as ACCD 4.5.202 Inmate Worker Healthcare in Section 3.J. Offender Management; Healthcare, in the following contracts: Alternatives, Inc., Butte Prerelease, Gallatin County Reentry Program, Helena Prerelease, Passages, Connections Corrections Program (CCP), Elkhorn, Nexus, START, and WATCH Contract.

I. PURPOSE:

The Probation and Parole Division programs and facilities will use consistent procedures in the placement and supervision of inmate workers.

II. DEFINITIONS:

CSD-Clinical Services Division – The division within the Department responsible for the overall health care functions of medical, mental health, dental and vision for all programs and facilities.

Chaperone – Person authorized by the facility’s approval process to accompany an offender when traveling; has shown himself/herself to be a responsible party and not under any correctional supervision. Chaperone will be the same sex as the offender, unless he/she is a spouse, parent, adult child, grandparent or sibling of offender, or has been approved by the Facility Administrator.

Inmate Worker – An offender who upon approval of the PPD, a screening committee, and/or the Board of Pardons and Parole, has received a work assignment at a PPD facility, resides at the facility and is compensated for the work. Generally, inmate workers are from secure facilities, but exceptions may occur and would require PPD approval.

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

Prerelease and Treatment Facilities Contract Manager – The Department’s employee who acts as the liaison for services and monitors the contractual agreements between the Department and PPD contract prerelease centers and treatment facilities.

Urgent and Emergent – Medical, mental health, and dental care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic.

VINE-Victim Information and Notification Everyday – An automated telephone, email, and text notification system that the Department purchases on contract from Appriss, Inc., which provides location and custody status updates about adult offenders under Department supervision.

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III. PROCEDURES:

A. GENERAL REQUIREMENTS

1. Facility provides room and board exempt from the service charges applicable to traditional program participants. Facility may charge Department the daily per diem rates as outlined in the facility's contract and will pay the inmate worker for his/her work from this per diem ranging from \$6 to \$12.
2. A facility will require an inmate worker to complete the program prior to being placed as a resident at the facility or being moved to the next location.
3. The inmate worker's length of stay at a facility is 180 days.
 - a. If it is known prior to placement that the inmate's stay will be longer than the 180 days, *PPD 5.1.102(D) Pre-Authorization Request for PRC LOS Extension Form* is completed. Request is submitted to corlos@mt.gov. Email subject line must read as follows: "Facility: Offender last name, first name, DOC #, LOS."
 - b. If during the inmate's stay it is determined a longer stay is necessary, justification will be provided on *PPD 4.1.100(F) Progress/Summary Report* following the guidelines of *PPD 1.6.300(A) Email Subject Lines-Contractor Reports*.
4. Inmate worker will be subject to all rules and regulations of placement facility and work position agreement. Inmate is subject to the same disciplinary procedures as traditional facility participants.
5. An inmate who fails to report to the facility will be charged with escape pursuant to §45-7-306, MCA.
6. Inmate worker refusal to submit to a drug test will result in the inmate worker's removal from the program and disciplinary action.
7. Inmate workers may not operate motor vehicles for any reason.
8. Inmates interested in the Culinary Arts Program will meet eligibility requirements and submit an *PPD 4.1.100(A) Application for PPD Facility*.

B. INMATE ELIGIBILITY REQUIREMENTS

1. To be eligible to participate in an inmate worker program, an inmate must:
 - a. be within 18 months of release, either by parole eligibility or discharge;
 - b. have an endorsement from the Board of Pardons and Parole (BOPP);
 - c. have clear conduct as determined by BOPP;
 - d. have no outstanding detainers, warrants, notifications, or pending sentence review;
 - e. have demonstrated a commitment to change through completion of, or enrollment in, recommended or court-ordered treatment, work, or skill programs;
 - f. have positive work reports and a proven ability to work independently;
 - g. have incurred no felony convictions while incarcerated;
 - h. have no prison escape conviction history within the past 10 years, and have no escape conviction from prerelease, work release, or any monitoring programs within the last three (3) years;

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- i. have no medical restrictions that may conflict with work requirements; all medical needs must be managed/stable, or an accommodation can be made, prior to community placement;
 - j. have no history of trafficking in dangerous contraband while incarcerated;
 - k. acknowledge and accept responsibility for his or her crime(s).
2. A sexual offender must have completed, or be actively participating and progressing in, sexual offender treatment as determined by the treatment provider.
 3. Offenders who have transferred from another state must have the controlling state’s approval prior to participating in an inmate worker program.

C. APPLICATION PROCEDURES AND RESPONSIBILITY

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| 1. Inmate is referred to inmate worker program by his/her case manager or IPPO. If inmate has escape conviction history, <i>PPD 4.1.100(E) Approval of Offender Placement with Prior Escapes</i> must be submitted to the PPD Administrator for approval before screening. | Case Manager/IPPO |
| 2. Referral is forwarded to the local screening committee for review and approval or denial. | Sending Facility |
| 3. IPPO completes NAME, DOC #, DOB, DATE, and PRESENT FACILITY sections of <i>PPD 5.1.101(B) Inmate Worker Medical Information</i> , prints form and gives it to inmate to self-report and sign. <ol style="list-style-type: none"> a. Inmate returns <i>Medical Information</i> to IPPO when completed. b. <i>Medical Information</i> form provided to facility’s nurse who completes the nurse’s section on back of form, signs and returns form to IPPO. Additional health status criteria may be imposed if deemed necessary c. IPPO adds any additional comments and signs <i>Medical Information</i> form. | IPPO or designee

Inmate
IPPO or designee
Nurse (sending facility) |
| 4. Completes <i>PPD 5.1.101(A) Inmate Worker Request Form</i> , except for the “Inmate Worker Replacing” section. Forwards <i>Request Form</i> and <i>Medical Information</i> electronically to receiving facility. | IPPO or designee |
| 5. Receiving facility: <ol style="list-style-type: none"> a. Reviews <i>Request Form</i> and offender’s <i>Medical Information</i> form and notes review completed on <i>Request Form</i>. Receiving facility’s medical staff, upon review of the <i>Medical Information</i>, may also impose additional health status criteria as deemed necessary to ensure all job assignments are in the best interest of both inmate and facility. b. Makes determination. If approved: <ol style="list-style-type: none"> i. Completes the “Inmate Worker Replacing” section of <i>Request Form</i>, signs, and dates. ii. Completes <i>PPD 5.1.101(C) Work Position Agreement</i>. The <i>Agreement</i> describes the work assignment, compensation, length of assignment, and counseling, treatment, and/or recreational services to be provided. | Facility Medical Staff

Receiving Facility |

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iii. Returns completed *Request Form* and *Work Position Agreement* electronically to IPPO

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| <p>6. IPPO:</p> <p>a. Prints <i>Work Position Agreement</i>, reviews with inmate and has offender sign.</p> <p>b. Submits <i>Request Form, Medical Information and Work Position Agreement</i> to the Prerelease and Treatment Facilities Contract Manager (Contract Manager) at correquests@mt.gov for approval at least two (2) weeks prior to work assignment. Email subject line must read as follows: Facility: Offender last name, first name, DOC#: Inmate Worker.</p> | <p>IPPO or designee</p> |
| <p>7. Contract Manager submits <i>Medical Information</i> to the CSD for review for clearance and informs IPPO once clearance is received.</p> | <p>Contract Manager</p> |
| <p>8. Upon approval and prior to transfer, IPPO or designee will:</p> <p>a. Determine date inmate will depart to receiving facility taking into account the 10-day notification requirement for sexual/violent offender registration, if applicable.</p> <p>b. Complete victim notifications to registered persons in VINE and document notification. The following information is provided:</p> <p>i. dates of work assignment; and</p> <p>ii. facility and community in which the offender will reside.</p> <p>c. Complete appropriate paperwork for <i>DOC 1.5.13 DNA Testing/Collection of Biological Sample</i> and/or <i>PPD 1.5.1000 Sexual and Violent Offender Registration and Level Designation</i>, when applicable.</p> <p>d. Notify MSP/MWP Records Department and Accounting Office of the approval and scheduled date of departure.</p> <p>e. IPPO or designee will arrange transportation through PPD's contracted transportation service.</p> <p>f. Complete OMIS entries to coincide with transportation.</p> | <p>Sending IPPO or designee</p> |
| <p>9. IPPO or designee will make appropriate OMIS entries on date of release.</p> | <p>Sending IPPO or designee</p> |

D. HEALTH CARE NEEDS

1. If possible, inmate workers will arrive at the facility with a 30-day supply and a six (6)-month refill order for current medications.
2. The facility/contractor is responsible for daily routine medical supplies (to include, but not limited to, Snellen chart, glucometer, thermometer, blood pressure cuff, and stethoscope), over-the-counter medications and day-to-day healthcare needs. The Department is responsible for the necessary medical, dental, vision, and mental health expenses if approved through CSD's preauthorization process.
3. For urgent and emergent healthcare needs, the facility must contact the CSD and provide information regarding the inmate's urgent/emergent needs. Emergency treatment may be

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provided without prior authorization; however, the CSD and Contract Manager will be contacted as soon as possible and provided information on the nature of the illness, the type of treatment to be provided, and the estimated length of treatment. CSD will review each case individually and inmate may be subject to return to MSP or MWP if needs indicate transfer is warranted.

E. TRAVEL

1. Inmate workers will not be allowed any pass time.
2. When leaving the facility, offender must be supervised or escorted by facility staff or approved chaperone. Acceptable reasons for leaving the facility must be limited to approved medical or dental appointments, funerals, shopping for personal items, church services, self-help meetings, a library, and staff-approved recreational activities; however, other reasons may be considered on a case-by-case basis.
3. All travel outside of the local community must be escorted by facility staff and requires travel requests be submitted to, and approved by, the Contract Manager at correquests@mt.gov pursuant to *PPD 5.1.103 Facility Offender Travel*.

F. REPORTS

1. Inmate Worker Report: Each facility will submit a monthly inmate worker report to coraccdreports@mt.gov and Contract Beds Accountant by the 10th of each month. The report will contain offender name, DOC ID#, worker position, date of entry, projected date of completion, and actual date of transfer to resident status or removal as an inmate worker in the program, if applicable. When submitting the report, the Email subject line must read as follows: Facility: Offender last name, first name, DOC#: Inmate Worker Report
2. *PPD 4.1.100 (F) Progress/Summary Report* should be completed and submitted to coraccdreports@mt.gov at offender's 180-day completion or upon other transition.

IV. CLOSING:

Questions concerning this procedure should be directed to the Facility Administrator, Prerelease and Treatment Facilities Contract Manager or designees.

V. FORMS:

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| PPD 5.1.101(A) | Inmate Worker Request Form |
| PPD 5.1.101(B) | Inmate Worker Medical Information |
| PPD 5.1.101(C) | Work Position Agreement |
| PPD 4.1.100(D) | Approval of Offender Placement with Prior Escape(s) |
| PPD 5.1.102(D) | Pre-Authorization Request for PRC LOS Extension Form |
| PPD 5.1.103(A) | Offender Travel Request Form |

INMATE WORKERS FLOWCHART

