



**DEPARTMENT OF CORRECTIONS
COMMUNITY CORRECTIONS FACILITIES AND PROGRAMS BUREAU
FACILITY OPERATIONAL REQUIREMENT**

Requirement:	PFB 6.2.466	INMATE WORKERS
Effective Date:	10/03/2022	Page 1 of 6
Revision Date(s):		
Reference(s):	45-7-306, MCA, 53-1-203, MCA	
Signature / Title:	/s/ Megan Coy, Community Corrections Facilities and Programs Bureau Chief	

This requirement 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, Elkhorn, Nexus, and START.

This requirement is referenced as *PPD 5.1.101 Inmate Workers* in the following contracts: Connections Corrections Program (CCP) East and West and WATCH West.

I. PURPOSE:

The Community Corrections Facilities and Programs Bureau contract facilities will use consistent procedures in the placement and supervision of inmate workers.

II. DEFINITIONS:

Community Corrections Facilities and Programs Bureau – The Bureau oversees the facilities providing assessments and sanctions, prerelease, and treatment services. This Bureau is referenced interchangeably as Programs and Facilities Bureau (PFB) or Facilities and Programs Bureau (FPB) in procedures and forms.

Facilities and Programs Contract Manager – The Department’s employee(s) who acts as the liaison between the Department and FPB contract facilities regarding services and offender management. This employee also monitors compliance with the terms of contractual agreements between the Department and FPB contract facilities.

Inmate Worker – An offender who is placed in a Community Corrections Facilities and Programs Bureau program for a work assignment in a manner consistent with Bureau procedures.

Probation and Parole – Oversees the Probation and Parole regional offices and interstate transfers.

Registered Victim – A person registered with an automated notification system (for example, VINE) used by the Department and/or who is identified in OMIS as registered with the Department to receive location and custody status updates about adult offenders under Department supervision.

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 which provides location and custody status updates about adult offenders under Department supervision.

III. REQUIREMENTS:**A. GENERAL REQUIREMENTS FOR PROGRAM:**

1. Facility provides room and board exempt from the service charges applicable to traditional program participants. Facility may charge the Department the daily per diem rates for inmate workers as outlined in the facility's contract and will pay the inmate worker an amount ranging from \$6 to \$12 per day for their work.
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 worker's stay will be longer than 180 days, *PFB 6.2.437 (D) Preauthorized Extended Stay Request Form* is completed and 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 worker's stay it is determined a longer stay is necessary, justification will be provided on the applicable *Progress/Summary Report* following the guidelines of *PFB 6.2.409 (A) Email Subject Lines for Contractor Report Submissions*.
4. Inmate worker will be subject to all rules and regulations of placement facility and work position agreement. Inmate worker is subject to the same disciplinary procedures as traditional program participants.
5. An inmate worker 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. Inmate workers may be assigned to perform duties including but not limited to food preparation, maintenance, and housekeeping as specified in the *PFB 6.2.466 (C) Work Position Agreement*.
9. Inmate workers referred to the Culinary Arts Program will meet eligibility and screening requirements.

B. INMATE WORKER ELIGIBILITY REQUIREMENTS:

1. If a prospective inmate worker is under the jurisdiction of the Board of Pardons and Parole (BOPP), the offender must have a parole hearing disposition that authorizes placement of the offender in a program as an inmate worker or program placement.
2. If the offender is under the jurisdiction of the DOC, the offender must be identified as an appropriate candidate by referral sources and/or facility screening committees.
3. Additional eligibility requirements for inmate workers include:

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- a. having clear conduct as determined by BOPP, assessment centers, and/or facility screening committees;
 - b. having demonstrated a commitment to change through completion of, or enrollment in, recommended or court-ordered treatment, work, or skill programs;
 - c. having positive work reports and a proven ability to work independently;
 - d. within the last three (3) years, having incurred no felony convictions while incarcerated;
 - e. having no prison escape conviction history within the past 10 years, and no escape conviction from prerelease, work release, or any monitoring programs within the last three (3) years;
 - f. being able to perform the essential job functions of the inmate worker position with or without an accommodation;
 - g. having no history of trafficking in dangerous contraband while incarcerated; and
 - h. acknowledging and accepting responsibility for their crime(s).
4. A sexual offender must have completed, or be actively participating and progressing in, sexual offender treatment as determined by the treatment provider.
 5. Staff making the referral must verify that any known felony warrants, detainers, or pending felony matters are communicated clearly to the facility in the application. Referring staff and screening facility must confirm that the severity and timeframe of the warrant, detainer, or pending felony matters do not preclude placement.

C. APPLICATION PROCEDURES AND RESPONSIBILITY:

1. A prospective inmate worker is referred to the inmate worker program by the offender's case manager or IPPO. If offender has escape conviction history, *PFB 6.1.201 (D) Approval of Offender Placement with Escape Conviction(s)* must be submitted to the FPB Chief for approval before screening.
2. When applicable, the referring IPPO will make notification to registered victims providing the following information and document that notification was made:
 - a. approximate dates of offender's work assignment;
 - b. facility and community in which the offender will reside; and
 - c. the name of the IPPO to whom the victim should respond, including IPPO's address and phone number.
 - 1) Note: Victim should be given at least 10 calendar days to respond with written or oral input.
3. Referral is forwarded to the local screening committee for review and approval or denial in accordance with *PFB 6.1.201 Placement Determination, Referral, and Screening*.
4. Upon approval, IPPO or designee completes NAME, DOC #, DOB, DATE, and PRESENT FACILITY sections of *PFB 6.2.466 (B) Inmate Worker Medical Information ("Medical Information")* form, prints form, and gives it to offender to self-report and sign.
 - a. Offender returns *Medical Information* form to the IPPO when completed.
 - b. *Medical Information* form is provided by the IPPO or designee to the sending facility's nurse who completes the nurse's section on back of form and signs and returns form to IPPO or designee.
 - c. IPPO or designee adds any additional comments and signs *Medical Information* form.

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5. IPPO or designee completes *PFB 6.2.466 (A) Inmate Worker Request Form ("Request Form")*, except for the "Inmate Worker Replacing" section. Using an electronic file transfer system to maintain confidentiality, IPPO forwards *Request Form* and *Medical Information* form to receiving facility.
6. The receiving facility's medical staff reviews the *Request Form* and offender's *Medical Information* form and marks the "Yes" box on the *Request Form* indicating the form was reviewed.
7. Receiving facility makes a determination about placement eligibility, and if approved:
 - a. Completes the "Inmate Worker Replacing" section of *Request Form*, signs, and dates;
 - b. Completes *PFB 6.2.466 (C) Work Position Agreement*. The *Work Position Agreement* describes the work assignment, compensation, length of assignment, and counseling, treatment, and/or recreational services to be provided; and
 - c. Returns completed *Request Form*, offender's *Medical Information* form, and *Work Position Agreement* to IPPO using an electronic file transfer system for confidentiality.
8. The IPPO or designee prints *Work Position Agreement*, reviews with offender, has offender sign, then sends it to receiving facility.
9. Receiving facility submits *Request Form*, *Medical Information* form, and *Work Position Agreement* by file transfer to the Facilities and Programs 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.
 - a. An IPPO who sends the above information can encrypt it by sending an email with the word "Encrypt!" in the subject line.
10. Contract Manager:
 - a. submits *Medical Information* form to cormedical@mt.gov for review for clearance;
 - b. informs IPPO or designee once clearance is received;
 - c. signs the *Request Form* and emails it to the sending IPPO or designee and to the receiving facility; and
 - d. documents the approval in OMIS.
11. Upon approval and prior to transfer, the sending IPPO or designee will:
 - a. Determine date offender will depart to receiving facility, taking into account the 10-day notification requirement for sexual/violent offender registration, if applicable;
 - b. Complete appropriate paperwork for *DOC 1.5.13 DNA Testing/Collection of Biological Samples* and/or *PPD 1.5.1000 Sexual and Violent Offender Registration and Level Designation*, when applicable;
 - c. Notify MSP/MWP Records Department and Accounting Office of the approval and scheduled date of departure;
 - d. Arrange transportation through FPB's contracted transportation service; and
 - e. Update the offender's location in OMIS to reflect the actual dates of transportation.
12. IPPO or designee will make appropriate OMIS entries on date of release.

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 the Department's medical preauthorization process.
3. For urgent and emergent healthcare needs, the facility must contact cormedical@mt.gov and provide information regarding the inmate worker's urgent/emergent needs. Emergency treatment may be provided without prior authorization; however, the Department's medical staff 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. The Department's medical staff will review each case individually and inmate worker 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 except as provided below.
2. When leaving the facility, offender must be supervised or escorted by facility staff or a person authorized and approved by the Facility Administrator or designee. 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 *PFB 6.2.433 Facility Offender Travel*.

F. REPORTS:

1. Inmate Worker Report: Each facility will submit:
 - a. A monthly inmate worker report to coraccdreports@mt.gov by the 10th of each month covering all information about inmate workers for the previous 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.
 - b. An annual report submitted by January 15 describing the inmate worker program and providing work descriptions for inmate worker duties, offender wage information, and all non-DOC forms inmate workers are required to review and/or sign as part of the program. If the information submitted in the most recent annual report has not changed, a new annual report is not required; however, the facility must provide notice to the contract manager that the information has not changed.

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2. The applicable *Progress/Summary Report* should be completed at offender's 180-day completion or upon other transition and submitted to coraccdreports@mt.gov within 5 business days of the 180th day or other transition.

IV. CLOSING:

Questions regarding this requirement should be directed to the Community Corrections Facilities and Programs Bureau.

V. FORMS:

- PFB 6.1.201 (D) Approval of Offender Placement with Escape Conviction(s)*
- PFB 6.2.433 (A) Facility Offender Travel Request*
- PFB 6.2.437 (D) Preauthorized Extended Stay Request Form*
- PFB 6.2.466 (A) Inmate Worker Request Form*
- PFB 6.2.466 (B) Inmate Worker Medical Information*
- PFB 6.2.466 (C) Work Position Agreement*