



**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
POLICY DIRECTIVE**

Policy No. DOC 4.5.29	Subject: <b>PRESCRIPTION MEDICATION FOR OFFENDERS WITH MENTAL ILLNESS</b>
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 3 and Attachment
Section 5: Health Care	Effective Date: 11/20/07
Signature: /s/ Mike Batista, Director	Revised: 11/27/2013

## **I. POLICY**

The Department of Corrections (Department) and the Department of Public Health and Human Services (DPHHS) have established the Prescription Medication for Offenders with Mental Illness Project to provide a limited pharmacy benefit program to eligible offenders.

## **II. APPLICABILITY**

Eligible offenders with mental illness who are being released from correctional institutions, the state hospital, or other secure custody placements.

## **III. DEFINITIONS**

Children with a Serious Emotional Disturbance – Persons from birth up to age 18, who currently or at any time during the past year, 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), currently in the 5th Edition, that has resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Public Benefit Program Enrollees – Offenders who apply and are approved to receive benefits from the Social Security Administration, Medicaid, Medicare, or other pharmacy or health care benefit programs funded by the State of Montana or the federal government.

Adults with a Serious Mental Illness – Persons age 18 years or over, who currently or at any time during the past year, 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), currently in the 5th Edition, that has resulted in functional impairment which substantially interferes with or limits one or more major life activities.

## **IV. DEPARTMENT DIRECTIVES**

### **A. Project Guidelines**

1. The distribution of psychotropic medications for the mental health needs of youth and adults will comply with the following guidelines:
  - a. extend the time period for issuing psychotropic medications at release from secure custody to a minimum of 60 days to offenders who meet the eligibility requirements;
  - b. provide ongoing financial support of psychotropic medication costs on a fixed benefit/per diem basis to offenders under Department supervision who meet the eligibility requirements;
  - c. provide short-term support of psychotropic medication costs for offenders in mental health crisis; and
  - d. provide support of psychotropic medication costs for eligible offenders who have

applied for publicly funded programs, but have not yet been enrolled.

#### **B. Offender Eligibility Requirements**

1. In order to be eligible for Prescription Medication for Offenders with Mental Illness Project funds, an offender must be:
  - a. an adult diagnosed with a serious mental illness or a youth diagnosed with a serious emotional disturbance;
  - b. within three months of release from secure custody, either by parole eligibility, conditional release or discharge, or currently in a community corrections program and have no pending legal proceedings; and
  - c. ineligible for public benefit programs but still require medication support, and/or have submitted an application for benefits, but not yet be enrolled.

#### **C. Requests for Medication**

1. Staff requesting medication for eligible offenders must submit a [Mental Illness Medication Request](#) form, which includes the appropriate internal approvals, to the Adult Community Corrections Division (ACCD) prerelease or treatment contract manager(s).
2. Medication requests for eligible youth offenders will initially be submitted to the Youth Services Community Corrections bureau chief. The Youth Services Community Corrections bureau chief will process the request and forward it to the ACCD prerelease or treatment contract manager(s).
3. Regional or private prison staff requesting medications for eligible offenders must submit a [Mental Illness Medication Request](#) form to the ACCD prerelease or treatment contract manager(s) through the facility institutional probation and parole officer (IPPO).
4. Staff will submit request forms electronically using a dedicated e-mail address: [corned@mt.gov](mailto:corned@mt.gov). Approvals will be electronically signed and returned to the requesting facility or staff member.

#### **D. Data Collection**

1. Staff must address the following details prior to approving an offender for medication benefits:
  - a. name, dosage, duration, and estimated cost of medication requested;
  - b. name of prescribing medical professional;
  - c. name, address, and phone number of the preferred pharmacy;
  - e. transition and/or treatment plan; and
  - f. short-term and long-term goals with services and/or medication.

#### **E. Distribution of Funds**

1. Upon receipt and approval of the request form, the Department will distribute funds to the appropriate staff member designated to directly supervise the offender. Funds will be made payable to the named pharmacy.

#### **F. Progress Reports and Monitoring**

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1. The behavioral health program facilitator, or designated staff, will develop a monthly status report that includes the name, offender number, birth date, and current program/placement of the offender receiving medication, prescribed medications, dosages, actual cost and benefit paid by the Department, and the reason for release from the project.
2. Offenders participating in the Prescription Medication for Offenders with Mental Illness Project will report to regional case management providers and/or the supervising community corrections staff (e.g., institutional probation and parole officer, community probation and parole officer, juvenile parole officer) for monitoring medications. This reporting must occur a minimum of once per month or more frequently if needed.
3. Staff will work with all offender service providers, e.g., mental health practitioners, treatment courts, etc., to monitor progress, assess compliance with supervision, and ensure that needs are being met.

**G. Removal from Services**

1. An offender is no longer eligible for this program when he/she discharges his/her complete sentence and is no longer under the supervision of the Department.
2. An offender is no longer eligible for this program when he/she is enrolled in a public benefit program that provides payment for services funded under this program.
3. The staff member directly supervising the offender will review approved applications every six months for continuation of services. If the offender is no longer in need of services, the supervising staff member will submit a request to remove the offender from the program.

**V. CLOSING**

Questions concerning this policy should be directed to the ACCD division administrator, or applicable ACCD manager.

**VI. REFERENCES**

- A. *53-1-201, MCA (2009) Purpose of Department of Corrections; 53-1-202, MCA (2009) Department of Corrections; 53-1-203, MCA (2009) Powers and Duties of Department of Corrections*
- B. *Section 1912(c) of the Public Health Service Act, as amended by Public Law 102-321*

**VII. ATTACHMENT**

[Mental Illness Medication Request form](#)