



## POLICY DIRECTIVE

Policy:	<b>DOC 4.5.29 PRESCRIPTION MEDICATION FOR OFFENDERS WITH MENTAL ILLNESS</b>
Effective Date:	11/20/2007 <span style="float: right;">Page 1 of 3</span>
Revision Date(s):	04/19/20214; 04/24/2026
Department Director Signature:	/s/ Eric Strauss, Director
Medical Director Signature:	/s/ Dr. Paul Rees, MD
Health Services Bureau Chief Signature:	/s/ Cynthia McGillis-Hiner, RN, MSN

### 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 (see Glossary)

### IV. REQUIREMENTS

#### 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 3 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 enrolled.

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

1. Staff requesting medication for eligible offenders must submit a *Mental Illness Medication Request*, which includes the appropriate internal approvals, to the Contract Manager(s). Medication requests for eligible youth offenders will initially be submitted to the applicable administrator, who will process the request and forward it to the Contract Manager(s).
2. Regional or private prison staff requesting medications for eligible offenders must submit a *Mental Illness Medication Request* form to the Contract Manager(s) through the facility Case Specialist.
3. Staff will submit request forms electronically using a dedicated e-mail address, [cormed\(at\)mt.gov](mailto:cormed(at)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;
  - d. transition and/or treatment plan; and
  - e. short-term and long-term goals with services and/or medication.

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

1. Upon receipt and approval of the *Request*, 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**

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 or 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 (for example, facility Case Specialist, 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 (for example, 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 the offender:
  - a. discharges their complete sentence and is no longer under the supervision of the Department;
  - b. is enrolled in a public benefit program that provides payment for services funded under this program.

2. The staff member directly supervising the offender will review approved applications every 6 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 about this policy should be directed to the Health Services Bureau Chief.

## **VI. REFERENCES**

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