



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

Requirement:	PFB 6.2.409	STATISTICAL AND CONTRACTOR REPORTS
Effective Date:	02/27/2019	Page 1 of 6, plus attachments
Revision Date(s):		
Reference(s):	53-1-203, MCA	
Signature / Title:	/s/ Megan Coy, Programs and Facilities Bureau Chief	

This requirement is referenced as ACCD 1.6.200 Statistical Reports in Section 2.A.1. Program Requirements and Design; Performance Measures; Statistical reports, and ACCD 1.6.200 Statistical Reports, ACCD 1.6.201 Outcome Measures, and ACCD 1.6.300 Contractor Reports in Section 2.A.2. Program Requirements and Design; Performance Measures; Outcome Measures, 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.

This requirement is referenced as PPD 1.6.300 Statistical and Contractor Reports in Section 2.D.16. Duties and Responsibilities of the Parties; Programming & Counseling; Program Progress Monitoring in the Great Falls Prerelease Services, Inc. Contract #06-050-ACCD, Amendment #8.

I. PURPOSE:

The Programs and Facilities Bureau will collect data regarding its programs and facilities to ensure offenders are receiving services that enable a successful return to the community and that placement of offenders in facilities is documented and consistent.

II. DEFINITIONS:

PFB-Programs and Facilities Bureau – The Bureau oversees the facilities providing assessments and sanctions, training, prerelease, and treatment services.

Programs and Facilities Contract Manager – The Department’s employee(s) who acts as the liaison for services and monitors the contractual agreements between the Department and PFB contract facilities.

Recidivism Rate – The rate at which adult offenders return to prison in Montana for any reason within three years of release from prison. Each release can have only one corresponding return.

Return Rate – The rate at which adult offenders enter or return to an adult community correctional facility or prison in Montana for any reason within three years of release from any correctional facility.

III. REQUIREMENTS:

A. STATISTICAL AND CONTRACTOR REPORTS:

1. In order to assist the Department in collecting useable and measurable data on offenders participating in PFB programs, facilities will provide necessary, consistent statistical information by submitting the correct forms and other written reports as required by the Department.
2. Required forms and written reports will be submitted in a timely manner. Whenever possible, reports shall be submitted electronically to the Contract Manager at the appropriate mailbox and using the appropriate subject line format (see Part B).

Subject: STATISTICAL AND CONTRACTOR REPORTS

3. Reports will not be offender-specific, but will include information related to program effectiveness and quality assurance and will be coordinated with the Contract Manager as requested.
4. Specific statistical information may be used to determine return rates or recidivism rates, or to respond to special requests from the Department or other government agencies.
5. Measures to be tracked by each facility during the fiscal year include but are not be limited to, the following information. This information will be provided to the PFB upon request:
 - a. Screening information, including acceptance and denial rates;
 - b. Number of offenders who entered the program;
 - c. Number of offenders who completed the program;
 - d. Age of offenders;
 - e. Ethnicity of offenders;
 - f. Sources of offender referrals; and
 - g. Number of treatment hours completed.

B. SUBMISSION OF REPORTS:

1. To better review, process, and retain submitted forms and reports, email addresses will be used to submit request forms and written reports. Subject lines for each email address will contain specific information based on the address being used. See *PFB 6.2.409(A) Email Subject Lines-Contractor Reports* (attached).
2. *PFB 6.2.409(B) Submission Schedule for Contractor Reports* (attached) must be used as a summary of reports, invoices, and other submissions each contractor is required to submit. All submissions will be completed within 10 working days of the due date unless specific timeframes are given, using the appropriate email address and the appropriate email subject line pursuant to *PFB 6.2.409(A) Email Subject Lines-Contractor Reports* (attached).

IV. CLOSING:

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

V. FORMS:

PFB 6.2.409 (A)	Email Subject Lines-Contractor Reports
PFB 6.2.409 (B)	Submission Schedule for Contractor Reports



**MONTANA DEPARTMENT OF CORRECTIONS
PROGRAMS AND FACILITIES BUREAU**

EMAIL SUBJECT LINES FOR CONTRACTOR REPORT SUBMISSIONS

1. corlos@mt.gov Length of Stay (LOS); Pre-authorized Extended Stay Requests
Subject Line: "Facility: offender last name, first name, DOC #: LOS or Pre-authorized Stay"
(ex. Helena PRC: Doe, John, #1234567: Preauthorized Stay)
2. correquests@mt.gov Travel Permits; Transitional Assistance Requests; Inmate Worker Requests; Transitional Living Program Waivers; Driving Requests; Any other request necessary pursuant to a requirement.
Subject Line: "Facility: offender last name, first name, DOC #: type of request"
(ex. GFPRC: Doe, John, DOC# 1234567: Transitional Assistance Request)
3. coraccdreports@mt.gov Screening Reports; Disciplinary Reports; Grievance Reports; UA Screening Reports; All Priority I Incident Reports; Daily Reports; Annual/Quarterly Reports
Subject Line: "Facility: Report name and date"
(ex. MPRC: October Grievance Report)
(ex. ETC: Daily Report 1/1/11)
4. coraccdreports@mt.gov Progress/Summary Reports (as progress report or discharge summary)
Subject Line for Prerelease Center progress report:
"Facility: offender last name, first name: PSR; LOS; programming day"
(ex. Alpha House: Doe, John; PSR; LOS; 120 day)"
Subject Line for Treatment/Assessment and Sanction Center progress report:
"Facility: offender last name, first name: PSR; LOS"
(ex. ASRC; Doe, Jane, PSR; LOS)
Subject Line for Culinary Arts Program (CAP):
"CAP: offender last name, first name: PSR; LOS"
Subject Line for facility discharge summary:
"Facility: offender last name, first name; Discharge Summary"
(CCP E: Doe, John: Discharge Summary)
5. corao@mt.gov Administrative Transfers; Secure Placements
Subject Line: "Offender last name, first name, DOC #, facility, request"
(ex. Doe, John, #1234567, START, Admin Transfer)
6. corescapes@mt.gov Escape Notification
Subject Line: "Offender last name, first name, DOC #, facility"
7. CORETSS@mt.gov Enhanced/Transitional Supervision Services
Subject Line: "Location; Offender last name, first name, DOC #; ETSS 'Referral' / 'Change' / 'Completion'"

Page Left Blank



**MONTANA DEPARTMENT OF CORRECTIONS
PROGRAMS AND FACILITIES BUREAU
SUBMISSION SCHEDULE FOR CONTRACTOR REPORTS**

FACILITY:	REPORT TYPE (Alphabetically):	TIMING:	SUBMIT TO:
All	Billing Invoice	10 th of month	CORContractBeds@mt.gov
GF PRC	Case Plans Veteran's Reentry Program	upon request or as otherwise designated Phase One + 5 business days	coraccdreports@mt.gov
All	Continuous Quality Improvement	upon request	Contract Manager/CSD
All	Cost Containment	upon request	Contract Manager/CSD
All	Discharge/Termination Summary <i>PFB 6.2.437 (E) Progress/Summary Report</i>	10 working days after departure	coraccdreports@mt.gov / Field File
All	Disciplinary Report	monthly	coraccdreports@mt.gov
All	Emergency Operations Plan	July 31	coraccdreports@mt.gov Emergency Preparedness Planning Manager
All	Escapes <i>PFB 6.2.422 (B) RD Escape Record and Checklist</i>	within 1 hour of initial notifications	MSP Command Post/ corescapes@mt.gov
All	Facility Condition Inventory	annually	coraccdreports@mt.gov
All	Fees Charged to Offenders	July 31	coraccdreports@mt.gov
All	Fines/Fee/Restitution Paid	July 31	coraccdreports@mt.gov
All	Financial Audit	December 1	DOC Budget Analyst
All	Fiscal Year-End Reports	July 31	mailed to PFB
All	Grievance Report <i>PPD 3.3.300 (I) Monthly Grievance Report</i>	monthly	coraccdreports@mt.gov
All	Inmate Worker Request <i>PPD 5.1.101 (A) Inmate Worker Request Form</i>	as needed	correquests@mt.gov
All	Inmate Worker Report	10 th of month for prior month	coraccdreports@mt.gov
All	Inspection Results Report	within 5 working days	coraccdreports@mt.gov
All	Insurance	upon renewal	DOC Contract Management
	Length of Stay (LOS)		
CAP	(LOS) Preauthorized Extended Stay <i>PFB 6.2.437 (D) Preauthorized Extended Stay Request Form</i>	submitted with Inmate Worker request	correquests@mt.gov
All Other	(LOS) Preauthorized Extended Stay <i>PFB 6.2.437 (D) Preauthorized Extended Stay Request Form</i>	immediately following screening acceptance	corlos@mt.gov

FACILITY:	REPORT TYPE (Alphabetically):	TIMING:	SUBMIT TO:
	(Length of Stay (LOS)-continued)		
GF PRC Missoula PRC	LOS Extension Request <i>PFB 6.2.437 (B) Prerelease Length of Stay Extension Form</i>	as needed	corlos@mt.gov
All	LOS Justification <i>PFB 6.2.437 (E) Progress/Summary Report</i>	at or before program's specified length of stay/every 30 days following	coraccdreports@mt.gov
All	Offender Expenses	upon request	coraccdreports@mt.gov
All	Offender Property <i>Personal Identifying Documents Left Behind</i> <i>Facility Inventory of Offender Property</i> <i>Disposition of Offender Property</i>	within 5 days of offender leaving facility within 5 days of offender escape within 10 days of disposition of property	Contract Manager at Helena Central Office coraccdreports@mt.gov coraccdreports@mt.gov
All	Personnel Policy/Procedures	July 31	coraccdreports@mt.gov
All	PREA <i>DOC 1.1.6 Attachment Incident Report Form</i>	within 1 hour of initial notifications	CORPrea@mt.gov
All	Priority I Incident Reports <i>DOC 1.1.6 Attachment Incident Report Form</i>	within 1 hour of initial notifications	coraccdreports@mt.gov
All	Programming Report	Jan 21; Jul 21	coraccdreports@mt.gov
	Progress Reports <i>PFB 6.2.437 (E) Progress/Summary Report</i>		coraccdreports@mt.gov
	Prerelease Centers	initial at 120 days of residency/180 days/every 30 days thereafter	
	Treatment/Assessment and Sanction Centers	initial at 120 days of residency/every 30 days thereafter	
	Culinary Arts Program	at 6, 12, and 18 months	
	Veteran's Reentry Program	at 90, 180, and 240 days of residency/every 30 days thereafter	
All	Screening Report	3 business days	coraccdreports@mt.gov
All	Staffing Plan/Pattern	July 31	coraccdreports@mt.gov
All	Sub-Contracts	5 working days	coraccdreports@mt.gov
All	Training Plan	July 31	coraccdreports@mt.gov
All	UA Screening Policy	July 31	coraccdreports@mt.gov
All	UA Testing Report	July 31	coraccdreports@mt.gov
WATCH	WATCH Utility Invoice	monthly/quarterly	Contract Manager/DOC Fiscal