

Memorandum of Understanding

Alternatives, Inc.'s mission is to promote public safety and challenge offenders to become responsible, productive citizens through firm, fair, consistent supervision, treatment and education.

As part of this mission, Alternatives, Inc. provides housing, food service, treatment, and security for approximately 185 female clients (Passages, 1001 South 27th St.) and 210 male clients (Alpha House 3109 1st Ave. North).

The Prison Rape Elimination Act of 2003 requires Alternatives, Inc. to be in compliance with Federal standards. Standard 115.251 (resident reporting) requires Alternatives, Inc. to provide residents with at least one way to report sexual abuse or harassment to a public or private entity that is not part of Alternatives, Inc.

In the event a resident(s) is sexually abused, Alternatives, Inc. seeks to make available a way for residents to report to an outside agency.

1. Scope of Assistance:

- a. Great Falls Prerelease Services Inc.:
 - i. Designate a staff person or category of staff (Compliance Officer – Shift Leader) to take PREA reports from Alternatives, Inc. residents by telephone or by mail.
 - ii. Provide a telephone number (406-727-0944) and mailing address (1019 15th St. North, Great Falls, MT 59401) that residents can submit reports to. This telephone number and mailing address will be posted throughout Alternatives, Inc. facilities.
 - iii. Immediately upon receiving a report contact Rick Alan Dedy, PREA Coordinator at 406-294-9609 ext. 300 (if after normal work hours, please leave a detailed message).
 - iv. If a verbal report is made by a resident, the staff person receiving the report will make a written report. Written report(s) will be e-mailed to Rick Alan Dedy at rdeady@altinc.net.
 - v. Keep all reports confidential.
- b. Alternatives, Inc.:
 - i. Designate a staff person or category of staff (Client Advisor (CA) In charge) to take PREA reports from Great Falls Prerelease Services, Inc. residents by telephone or by mail.
 - ii. Provide a telephone number (406-294-9608) and mailing address (Passages, 1001 South 27th St. Billings, MT 59101) that residents can submit reports to. This telephone number and mailing address will be posted throughout Great Falls Prerelease Services, Inc. facilities.
 - iii. Immediately upon receiving a report contact Mike Scott, Program Manager at 406-455-9350 (if after normal work hours, please leave a detailed message).
 - iv. If a verbal report is made by a resident, the staff person receiving the report will make a written report. Written report(s) will be e-mailed to Mike Scott at miscott@gfprc.org.
 - v. Keep all reports confidential.

2. Time Frame

- a. Great Falls Prerelease Services, Inc. and Alternatives, Inc. are available to mutually assist each other's agency/residents on a twenty-four (24) hours a day, seven (7) days a week.
- b. This Memorandum of Understanding is effective on the date the last party signing the agreements and is in effect for one (1) year from that date, unless:
 - i. Should either party wish to terminate this Memorandum of Understanding, the party wishing to terminate their services shall provide a thirty (30) day written notification.

3. Financial

- a. Great Falls Prerelease Services, Inc. and Alternatives, Inc agree to the following:
 - i. No parties to this agreement shall be under any obligation to reimburse the other parties for any costs;
Or
 - ii. Financial agreements are as follows:

Contact Information: Any changes to this agreement are to be made by contacting:

Rick Alan Deady, PREA Coordinator
 1001 South 27th Street
 Billings, MT 59101
 406-294-9609 ext 300

David O. Armstrong, CEO
 1001 South 27th Street
 Billings, MT 59101
 406-294-9609 ext 207

Great Falls Prerelease Services, Inc.

Alternatives, Inc.

Paul R. Cory 5/2/16
 Name Date

David O. Armstrong 4/26/2011
 Name Date

Paul R. Cory
 Print Name

DAVID O. ARMSTRONG
 Print Name

Executive Director
 Title

CEO
 Title

406-455-9320
 Phone Number

406-697-5316
 Phone Number