EXHIBIT 1
DATE 1-10-07
SB

Department of Corrections
Proposal for secure bed locations based on 6/30/06 population projection data

1/10/2007

Biennial request for 448 Adult Male Secure Beds	7/1/2007	1/1/2008	6/1/2008	FY 08 Total	7/1/2008	1/1/2009	6/1/2009	FY 09 Total	Bien. Total	7/1/2009 FY 2010	FY 10 Total Growth	FY 11 Total Growth	Projected Expense
Total projected growth secure				-285				-163	-448		-179	-184	
Dr. X - Mental Health (DPHHS budget)				0	0	50							0
Convert Missoula Regional Prison to Secure (note 1)		144		144				0	144				5,449,896
Work dorm expansion (operations and staffing note 3)					150	0		150	150				3,115,068
Regional Prison Expansion (Glendive)					50								1,058,500
Contract beds (Sex offender treatment)				0	200			200	200				9,125,000
Total	0		0	144	400		0	350	494	0	-179	-184	18,748,464
Differences				-141				187	46	46	-133	-317	

Biennial request for 181 Adult Female Secure Beds	7/1/2007	1/1/2008	6/1/2008	FY 08 Total	7/1/2008	1/1/2009	6/1/2009	FY 09 Total	Bien. Total	7/1/2009 FY 2010	FY 2010 Growth	FY 2011 Growth	Projected Expense
Total projected growth secure				-119				-62	-181		-72	-84	
Dr. X - Mental Health (funding DPHHS)				0	0		10	10	10				0
Contract - workdorm type facility (note 2)		50		50			0	0	50				2,056,875
Total	0		0	50	0		10	10	60	0	-72	-84	2,056,875
Differences				-69				-52	-121	-121	-193	-277	

Executive Budget Biennial	21,541,023
Male proj. expense	18,748,464
Female proj. expense	2,056,875
SB477 projection(2% vs SB477)	$ 1,467,769
CCA Rate Adjustment	1,498,107
Leap year omitted	$ 175,392
Total difference	(2,405,584)

Notes:
Current population management plan does not consider waiting lists
or programs requiring additional community placements.
1) Requires and RFP for the MASC services to be provided in the community by a not for profit company.
2) Assumes new BASC, Sanction, Connection Correction (chemical treatment) and the implementation of a theraputic community model at MWP.
3) Assumes funding will be allocated for additional FTE and operating needs

Additional considerations:
* Projections (bed requirements vs. budget needs - current method)
* Meth programs requiring 120 prerelease beds
* Waiting lists
* If STEP program is not approved - DOC will be need to find an alternative placement for 60 secure beds