ALPRP PILOT 100

Five-Year Correctional Rehabilitation Demonstration Master Plan

100 Residents. One Correctional Ecosystem. Measurable Results.

Pilot 100 tests whether Alabama can reorganize correctional resources around safety, stabilization, treatment, education, accountability, meaningful paid work, family stability, victim support, officer development, technology-assisted case management, and structured reentry—while ADOC retains custody and consequential decisions remain human.

Implementation Design Draft | September 2026

Version 5.2 | Synchronized to Comprehensive Reform Framework v3.3

Prepared for ADOC, ACCS/Ingram, legislative, evaluator, employer, and procurement review

Executive Summary

ALPRP Pilot 100 is a five-year demonstration of the Alabama Prison Reform Proposal operating model using 100 voluntarily enrolled, eligible new entrants to the Alabama Department of Corrections (ADOC). It is not a private prison and does not transfer sovereign correctional authority to ALPRP. ADOC retains custody, security, discipline, classification, healthcare, sentence administration, records authority, and all legally reserved decisions. ALPRP supplies the integrated operating design, stage model, technology ecosystem, workforce and enterprise framework, family/victim/staff supports, reentry coordination, performance dashboard, and implementation governance.

The pilot is deliberately small enough to operate as a controlled demonstration and large enough to test the interaction among residents, officers, educators, counselors, employers, victims, families, and reentry partners. It is primarily a feasibility, safety, implementation, cost, and outcome pilot. A cohort of 100 is not large enough to prove modest statewide recidivism effects by itself; therefore post-release recidivism findings will be reported with statistical limitations and paired with a comparison cohort and longer follow-up.

Core fiscal principle: the FY2024 ADOC-reported inmate maintenance cost of $87.23 per day is the historical comparison floor—not a promise that a 2026–2031 demonstration can be delivered for exactly that amount. The benchmark will be updated to the most current ADOC figure before appropriation or launch.

VERSION 5.2 Change Note

September 12, 2026 synchronized release

This version preserves the prior document except where the following synchronized policy updates modify or control the earlier text.

- Makes universal psychotherapy in Revive a testable Pilot requirement and defines tiered continuing intensity.
- Treats four resident-serving counselors as starting capacity rather than a fixed cap and requires preregistered access/backlog standards with scalable qualified capacity.
- Integrates existing ADOC programs first, adds vendor-independent continuity, role-based clinical privacy, and the institutional non-delivery safeguard.
- Adds behavioral-health access, delivery, workload, privacy, continuity, and cost metrics plus an end-of-Year-2 continuation decision.

Document-control rule

Where this change note or the inserted replacement section conflicts with the earlier body text, the newer synchronized language controls. All other prior provisions remain in effect unless separately revised.

Locked Design Decisions

- Population: 100 eligible new ADOC entrants; participation is voluntary; random selection is used among eligible volunteers if oversubscribed.
- Duration: five operating years, with individual post-release follow-up at 12, 24, and 36 months when feasible.
- Stages: Revive, Rehabilitate, Rebuild, Restore, Release. Progression is evidence-based and individualized, not automatic by time.
- Compensation: no wages in Stages 1–2. Paid productive work begins in Stage 3 at no less than the applicable minimum-wage benchmark.
- Resident pay increases with verified competency, experience, productivity, credentials, and responsibility—not merely with stage advancement.
- Officer model: dedicated Pilot Officer Corps using Shield & Standards, additional training, wellness support, and enhanced accountability.
- Victim model: voluntary Haven Alabama participation; no requirement to forgive, reconcile, communicate, or participate in restorative processes.
- Technology doctrine: technology informs; humans decide. AI may assist, but never independently determines punishment, guilt, classification, treatment, stage progression, parole, or release.
- Education: ACCS/J.F. Ingram State Technical College is the anchor education partner; online learning is combined with hands-on technical training.
- Healthcare: ADOC remains responsible for resident medical insurance/health services and acute psychiatric/crisis care.
- Employment: real, supervised inside-the-fence enterprise work begins in Rebuild. Commercial pricing may be discounted when novice productivity and prison access justify it.
- Enterprise accounting: revenues and costs are transparent. Unrestricted correctional profit from Pilot 100 resident labor is prohibited by pilot policy.

Primary Test Question

Can Alabama produce safer institutional operations and better post-release readiness by using approximately the same correctional resource base—but reorganizing those resources around structured progression, officer support, treatment, education, meaningful work, family stability, victim-centered services, transparent incentives, and planned reentry?

Implementation Discipline

Pilot 100 will distinguish the correctional ecosystem it is testing from the individual components embedded within it. The core intervention is the five-stage progression model integrated with case management, officer practice, education, treatment, work, and reentry. Technology, food, communications, victim services, family services, and individual enterprise models are embedded components that must also be evaluated separately. This prevents a successful or unsuccessful whole-system result from obscuring which components actually worked.

> **Existing resources first: keep what works, integrate what is fragmented, modify what is inadequate, and build or procure only what is missing.**

1. Baseline, Need, and Fiscal Frame

Pilot 100 is built against Alabama's current correctional reality, not against an idealized baseline. ADOC's June 2026 statistical report listed 21,125 people in-house against designed capacity of 12,115. The same report listed 29,071 people under ADOC jurisdiction. The pilot therefore should not depend on the assumption that Alabama will have abundant unused correctional capacity.

Source note: ADOC June 2026 Monthly Statistical Report, population trend summary.

ADOC's 2024 budget presentation reported projected FY2024 inmate maintenance costs of $670.3 million for an average 20,995 inmates, producing a reported daily cost of $87.23. That calculation included security salary and benefits, medical, legal services, food, clothing, linens, and other inmate-maintenance costs. It is the best documented per-diem benchmark currently in the Pilot 100 file set, but it is a 2024 figure and should be treated as a historical floor until ADOC publishes a newer directly comparable maintenance-cost calculation.

Source note: ADOC Summer Budget Hearing presentation, Aug. 13, 2024; FY2024 projected inmate daily cost $87.23.

Historical benchmark	Per resident	100 residents
FY2024 reported daily maintenance cost	$87.23/day	$8,723/day
Annualized FY2024 benchmark	$31,839/yr	$3,183,895/yr
Five years, flat FY2024 dollars	—	$15,919,475
Five years, 3% planning escalation	—	$16,903,731

FY2026 budget materials show ADOC appropriations substantially above the FY2024 inmate-maintenance total, including increased medical, food-service, staffing, and Ivey Complex operating costs. Those appropriations demonstrate upward cost pressure but are not an apples-to-apples replacement for the $87.23 maintenance calculation. The master plan therefore uses $87.23 only as the historical benchmark and includes a mandatory budget refresh before launch. Any conflicting FY2026 appropriation figures used elsewhere in ALPRP materials must be reconciled to a single Legislative Services Agency source before external publication. Total appropriation and comparable resident-maintenance cost will be reported as separate accounting measures rather than treated as interchangeable.

Source note: FY2026/FY2027 Alabama budget materials. PUBLICATION HOLD: statewide ADOC appropriation figures will not be stated as one definitive FY2026 total until the underlying Legislative Services Agency appropriation measure, fund categories, supplements, and earmarked amounts are reconciled. Pilot cost analysis will continue to distinguish total agency appropriation from comparable resident-maintenance cost.

Facility Strategy

Pilot 100 requires dedicated physical space. The preferred approach is a dedicated 100-resident building or unit within ADOC-controlled infrastructure. The first choice is space made available when the Governor Kay Ivey Correctional Complex opens and legacy populations are moved. A second option is a dedicated, operationally separate unit within the Ivey Complex itself if the campus design permits the pilot to maintain distinct staffing, programming, enterprise, evaluation, and data protocols.

ADOC has publicly described the Ivey Complex modernization plan as bed replacement rather than a net addition of beds. That distinction is central: replacement may improve conditions and programming capacity, but replacement-only construction does not itself solve systemwide overcrowding. Pilot 100 therefore should use the transition to create dedicated demonstration space rather than present the new prison as an overcrowding solution.

2. Governance and Legal Authority

Pilot 100 is governed as a public correctional demonstration under ADOC custody. The operating model uses a compact interdisciplinary team rather than a new bureaucracy. No stakeholder receives more than one dedicated full-time lead unless later justified by workload and appropriation.

Conflict resolution. ADOC retains final authority over custody, discipline, classification, security, healthcare, emergency operations, sentence administration, and legally reserved decisions. Disputes concerning implementation fidelity, partner obligations, or whether the Pilot is operating according to the approved protocol are referred to the Joint Pilot Oversight Committee established by the operating agreement. ALPRP may record an unresolved fidelity objection for the independent evaluator. Staff-misconduct allegations remain

within ADOC and other legally authorized investigative channels; ALPRP does not become a parallel disciplinary authority.

Role	Primary responsibility	Staffing approach
ADOC Pilot Administrator / Security Commander	Custody, chain of command, security, incident response, discipline, legal authority	ADOC assignment
ALPRP Pilot Director	Integration, implementation fidelity, partner coordination, performance management	1 FTE
Ingram Academic Lead	Curriculum, faculty, credentials, LMS, labs, education quality	Partner-assigned; ≤1 FTE
Clinical Lead	Licensed counseling governance, teletherapy quality, escalation to ADOC healthcare	Within counseling contract
Enterprise & Workforce Lead	Employer network, enterprise pricing, apprenticeships, wage progression, safety	1 FTE
Haven / Victim Services Lead	Victim information, support, safety, voluntary restorative pathways	≤1 FTE
Family & Reentry Lead	Family Connect, ID/documents, housing, employment, release continuity	≤1 FTE
Data / Privacy Lead	Permissions, dashboards, cybersecurity governance, data-quality controls	≤1 FTE or shared
Independent Evaluation Lead	Research design, comparison cohort, analysis, publication	External institution

Authority rule: ALPRP designs and coordinates the operating model; ADOC retains sovereign correctional authority.

Required Agreements

- ADOC–ALPRP pilot agreement defining scope, authority, data, procurement, staffing, finance, audit, termination, and liability.
- ADOC–ACCS/Ingram MOU for education, credentialing, faculty access, LMS, labs, equipment, and records.
- Behavioral-health services contract specifying Alabama licensure, privacy, documentation, crisis escalation, and continuity of care.
- Technology/telecommunications contract specifying secure tablets, mobile-device management, content filtering, VoIP, support, replacement, and audit logging.
- Enterprise/customer agreements covering pricing, Pilot wage-floor enforceability, worker classification, safety, insurance, access, warranties, non-displacement, fair-competition review, and conflicts of interest.
- Research/evaluation agreement preserving evaluator independence and the right to publish unfavorable findings.

3. Resident Eligibility, Enrollment, and Study Design

The phrase '100 random residents' should be implemented as random selection among eligible volunteers—not unrestricted random assignment from every new admission. Security, medical, disability, separation, legal-status, and projected-release factors must be considered without turning eligibility into cherry-picking.

Step	Pilot rule
1. Intake screen	Identify new entrants within predefined custody, legal, medical, language, disability, and sentence parameters.
2. Eligibility determination	Use published criteria; record every exclusion and reason.
3. Voluntary invitation	Explain expectations, data use, benefits, risks, withdrawal, and that refusal will not affect parole or ordinary privileges.
4. Oversubscription	Use lottery/random selection among eligible volunteers; retain a waitlist.
5. Comparison cohort	Create a matched or randomized-oversubscription comparison group receiving standard ADOC services.

The preferred cohort should include residents with enough projected incarceration time to experience multiple ALPRP stages while allowing a meaningful number to release during the five-year operating period. A planning range of roughly 18–60 months to projected release can be evaluated, but final inclusion criteria must be set with ADOC and the independent evaluator.

Closed Research Cohort and Continuation Capacity

Pilot 100 will use a closed research cohort of the original 100 enrolled residents. Residents who release, withdraw, transfer, die, or are removed are not replaced in the original outcome cohort. To prevent an otherwise successful facility from sitting partly empty in later years, ADOC may authorize a separately identified continuation cohort to occupy unused Pilot capacity. Continuation participants may receive the operating model but must be tracked separately and must never be blended into the original Pilot 100 outcome analysis.

Comparison-Group Protocol

The independent evaluator—not ALPRP—will select and preregister the strongest ethically and operationally feasible comparison design before enrollment. Options include randomized oversubscription among eligible volunteers or a rigorously matched quasi-experimental cohort receiving standard ADOC services. Baseline adjustment should address age, offense type, sentence characteristics, custody level, prior incarceration, education, treatment needs, validated risk/needs measures, disability, and projected release horizon.

4. Five-Stage Operating Model

Stage	Purpose	Core emphasis	Paid employment
1 — Revive	Stabilize	Assessment, safety, health stabilization, counseling, routine, exercise, sleep, case planning	No
2 — Rehabilitate	Treat. Learn. Develop.	Education, credentials, treatment, simulations, lab practice, career preparation	No

3 — Rebuild	Practice. Work. Take responsibility.	Hands-on apprenticeship, productive work, accountability, workplace behavior	Yes—when productive work begins
4 — Restore	Repair. Reconnect. Demonstrate readiness.	Advanced work, mentoring, family/victim accountability, greater autonomy, off-site work where permitted	Yes
5 — Release	Return prepared. Remain accountable.	Market transition, reentry savings, community employment, supervision continuity	Yes

Progression is fluid. Time in stage is a planning assumption, not an entitlement or automatic schedule. A resident may progress faster or slower, pause for treatment, or return temporarily to a more structured level. Long-sentence residents who demonstrate exceptional stability may serve as mentors in Rebuild or Restore for extended periods.

Stage Progression Decision Standard

- Institutional behavior and seriousness/pattern of disciplinaries.
- Treatment participation and clinically relevant progress where applicable.
- Education and credential progress.
- Demonstrated emotional regulation, accountability, and problem solving.
- Work readiness or work performance once in Stage 3.
- Case-plan completion and reentry readiness.
- Security and victim-safety considerations.
- Resident self-assessment and documented goals.
- Human multidisciplinary panel review with written reasons and reconsideration pathway.

No algorithm or AI score may independently advance, regress, discipline, classify, or release a resident.

5. Pilot Officer Corps and Shield & Standards

Officers are not ancillary to Pilot 100; they are a core pilot cohort. Officers volunteer or apply for Pilot assignment, remain ADOC employees, and receive enhanced Shield & Standards preparation. The objective is to test whether a disciplined, supported, professionally accountable officer workplace improves safety for both staff and residents.

Planning post	FTE	Notes
Correctional officers / security guards	22	Dedicated Pilot posts and relief pool
Supervisors	2	Sergeant/Lieutenant-level coverage; host facility command remains available
Total dedicated Pilot security	24	Approximately 1 security FTE per 4.2 residents by headcount

This 24-FTE assumption is a planning estimate, not a substitute for an ADOC post study. It is intentionally more intensive than the current systemwide headcount ratio because Pilot 100 requires predictable programming movement, enterprise work, education, counseling, and dedicated evaluation. Perimeter security, central control, transportation, emergency response, records, and other functions may be shared with the host institution.

For budgeting, the plan uses the current ADOC medium-security Correctional Officer Trainee starting salary of approximately $55,375, with a loaded personnel factor for benefits, relief, and overtime. ADOC currently advertises higher starting pay at maximum-security facilities and lower starting pay at work-release/community work centers.

Security Staffing Sensitivity

Because security is the largest recurring cost and actual post requirements cannot be known without the host facility, the budget will carry three staffing scenarios until ADOC completes a formal post study. The 24-FTE case remains the planning case, not a predetermined staffing entitlement.

Scenario	Dedicated security FTE	Planning interpretation
Lean/shared	18	Greater reliance on host-facility perimeter, central control, relief, and movement support.
Planning case	24	Current working assumption for dedicated programming, movement, enterprise, and relief.
High-security	30	Used if custody level, physical plant, relief factor, or post orders require more fixed coverage.

Evaluation control for officer selection bias. Because Pilot officers volunteer or apply, the evaluator will compare Pilot and non-Pilot officers on tenure, prior assignments, use-of-force history, discipline, sick leave, training, and other available baseline characteristics. Improved Pilot outcomes will not automatically be attributed to the operating model if staffing selection explains part of the difference.

Shield & Standards Curriculum

- Pilot five-stage philosophy and progression boundaries.
- De-escalation, procedural justice, communication, and conflict management.
- Trauma awareness and recognition of behavioral/mental-health deterioration.
- PREA, professional boundaries, reporting, and anti-retaliation.
- Use-of-force decision quality and documentation.
- Technology-assisted supervision and privacy limits.
- Restorative-practice boundaries and victim-contact restrictions.
- Officer wellness, fatigue, peer support, and access to the dedicated officer counselor.
- Leadership accountability, coaching, recognition, and corrective action.

6. Education and J.F. Ingram Partnership

The education model borrows from Alabama's existing therapeutic-education structure: ACCS/Ingram should carry the educational mission rather than forcing instructional dollars to compete directly with custody spending. Ingram already operates adult education and career/technical programs across ADOC facilities. Pilot 100 uses that existing institutional competence and adds more deliberate career clustering, technology, VR simulation, employer input, and verified skills records.

Initial Career Academies

Academy	Initial target	Pilot rationale
Building & Industrial Systems	25 residents	Electrical, HVAC, plumbing, and industrial-maintenance common foundation followed by specialization.
Transportation & Diesel	25 residents	Automotive/diesel diagnostics, fleet maintenance, and related enterprise pathways.
Culinary, Hospitality & Operations	Up to 25; provisional	Candidate pathway only until ADOC/Aramark/IN2WORK overlap is resolved. Final design may be joint Ingram/Aramark, contractually carved out, modified, or replaced based on nonduplication and labor-market review.
Digital, Business & Logistics	25 residents	IT support, office systems, logistics technology, cybersecurity fundamentals, data/digital literacy.

The initial cohort is intentionally concentrated into four 25-seat academies to avoid fragmenting a 100-resident pilot. Barbering, cabinetry, welding, and other credentials may be offered as electives, secondary credentials, or enterprise labs only when labor-market demand, licensing, equipment, and staffing justify them. The pilot should not create a separate academy simply because a program already exists elsewhere in ADOC.

Education Technology

- Two secure computer labs sized for approximately 20 learners each.
- 20 VR headsets for simulation and scenario-based technical practice.
- Ingram LMS integrated into resident tablets and lab desktops.
- Secure proctoring, accessible content, disability accommodation, and credential records.
- Hands-on labs remain mandatory for trades that cannot be credibly taught online only.

Productive Responsibility and Disability Accommodation

Pilot 100 will not equate economic productivity with rehabilitation or moral worth. Every resident is expected to assume productive responsibility consistent with demonstrated capacity. Employment is one form of productive responsibility, not the sole measure of progress. Residents with physical, cognitive, psychiatric, sensory, or other disabilities receive reasonable accommodations and meaningful alternatives such as adapted education, peer support, structured service, therapeutic activity, or modified work assignments. Disability may never be treated as failure to progress.

Updated section follows.

7. Counseling, Behavioral Health, and Resident Support

Pilot 100 uses a five-counselor service model as its initial planning case: four counselors primarily serving residents and one counselor dedicated primarily to officers. Services are competitively procured from correctional-capable providers rather than specified by consumer brand. The provider or provider network must demonstrate Alabama-licensed clinicians, correctional privacy and documentation workflows, secure ADOC-approved access, clinical supervision, crisis and suicide/self-harm escalation integrated with ADOC, continuity with ADOC mental-health services, quality assurance, and protected officer confidentiality consistent with safety and law.

The five-counselor planning model is **starting capacity, not a fixed staffing cap**. The contract must permit scalable telebehavioral or other qualified backup capacity when demand exceeds the planning case.

Behavioral Health & Life Recovery Continuum

Pilot 100 tests five coordinated layers:

1. **Clinical Behavioral Health** - psychotherapy, psychiatry, medication management, crisis response, substance-use treatment, and specialized clinical care.
2. **Targeted Rehabilitation Programs** - existing ADOC treatment and rehabilitation programs are used first when they meet assessed need; evidence-informed alternatives fill verified gaps.
3. **Saharah Digital Behavioral Support** - counseling requests, scheduling, secure telebehavioral-health access, clinician-assigned exercises, journaling, coping practice, reminders, recovery planning, and follow-through.
4. **Peer, Family & Community Support** - trained peers, mentors, Family Connect, recovery groups, community partners, and voluntary faith-based services reinforce but do not replace professional treatment.
5. **Continuity of Care** - the active treatment and rehabilitation plan follows the resident through transfers, stages, and lawful release into community care.

Technology expands capacity; it does not replace licensed clinicians or ADOC's healthcare responsibilities.

Universal psychotherapy in Revive

Every Pilot 100 resident begins psychotherapy during Stage 1 - Revive. The first routine psychotherapy session should occur within seven calendar days of Pilot entry unless an urgent clinical condition requires immediate intervention or a qualified clinician documents a different clinically appropriate sequence. Acute suicide, psychosis, severe withdrawal, or another emergency bypasses the routine schedule and receives immediate crisis response through ADOC healthcare.

Universal access at entry does not mean identical treatment indefinitely. After initial assessment, intensity is assigned and reviewed according to clinical need.

Initial tier	Typical need	Pilot response
Wellness / lower need	Stable adjustment; no major acute disorder	Regular individual psychotherapy, core groups, and Saharah-supported exercises
Support	Grief, adjustment, anger, family disruption, moderate stress	More frequent counseling plus targeted programs
Clinical	Depression, anxiety, PTSD, substance-use disorder, or other diagnosed condition	Structured licensed therapy and appropriate clinical treatment
Intensive	Serious mental illness or high clinical need	Frequent clinical contact, psychiatry, and specialized treatment
Crisis	Suicidality, psychosis, acute withdrawal, or another emergency	Immediate stabilization and higher-level care as indicated

Before enrollment, ADOC, the Clinical Lead, and the independent evaluator will preregister service-level thresholds for routine wait time, urgent response, appointment completion, missed sessions attributable to the institution, clinician caseload, and backlog. If Pilot 100 cannot meet those thresholds, it must increase qualified capacity, change scheduling, pace admissions, or otherwise correct delivery rather than allowing a wait list to become the operating norm.

One integrated resident pathway

Pilot 100 implements:

one assessment -> one Individual Rehabilitation Plan -> one governed resident record -> coordinated programs -> measurable competencies -> human-reviewed stage progression -> community handoff

The Individual Rehabilitation Plan coordinates clinical needs, substance-use treatment, rehabilitation programming, education, work readiness, family priorities, reentry needs, and measurable competencies. Clinical details remain protected and are disclosed only according to role, law, and professional ethics.

Program completion is evidence of participation, not automatic proof of rehabilitation. The multidisciplinary stage panel evaluates actual behavioral application, clinical progress, institutional conduct, responsibility, education/work performance, safety, and the resident's documented goals. No algorithm determines progression.

Existing resources first

The Clinical Lead maps every proposed behavioral-health or life-recovery intervention against existing ADOC and contracted capacity before procurement. If ADOC, its healthcare contractor, an existing rehabilitation program, ACCS/Ingram, a qualified state/community provider, or an existing correctional vendor can meet the required standard, Pilot 100 integrates that capability. New procurement is justified only when existing capacity is unavailable, insufficient, inaccessible to the cohort, or unable to satisfy Pilot quality, continuity, privacy, or evaluation requirements.

Named commercial or nonprofit programs are implementation options, not required architecture. Pilot 100 is vendor-independent. A change in healthcare, telebehavioral-health, recovery, or program contractor must not erase treatment history, the Individual Rehabilitation Plan, scheduled services, outcome data, or continuity obligations.

Technology and privacy boundary

Saharah may expand access to human care, but it is not a therapist. It may facilitate scheduling, secure telebehavioral sessions, exercises, journaling, self-management, reminders, and continuity. It may not independently diagnose, prescribe, determine medication, interpret psychotherapy content as a disciplinary signal, disclose protected psychotherapy content to unauthorized staff, or make custody, stage, parole, or release decisions.

The governed resident record uses role-based access. Clinicians receive clinical information; program staff receive program progress; custody staff receive only information legitimately required for safety and operations; stage-review panels receive authorized progress indicators and professional recommendations rather than raw psychotherapy conversations; public reporting is aggregated and de-identified.

Service-delivery safeguard

A Pilot resident may not be penalized because the institution failed to provide an assigned service. Missed psychotherapy, assessment, medication follow-up, education, or required programming caused by staffing, lockdown, transfer, scheduling, vendor failure, technology outage, or another institutional condition is coded as **institutional non-delivery**, not resident noncompliance.

The stage panel may evaluate resident engagement with services actually offered and available. It may not delay advancement solely because an assigned service was unavailable through no fault of the resident. Institutional non-delivery is reported as an implementation-fidelity measure.

Cross-stage continuity

- **Revive:** universal psychotherapy begins; crisis stabilization, medication continuity, substance-use needs, trauma/loss, cognitive/behavioral needs, family needs, and the Individual Rehabilitation Plan are established.
- **Rehabilitate:** the resident receives primary treatment and structured interventions identified in the plan.
- **Rebuild:** skills are tested under real responsibility while therapy and recovery support continue according to need.
- **Restore:** the Pilot begins the warm handoff to community clinicians, medication providers, recovery supports, and family services before release.
- **Release:** treatment, recovery, medication continuity, employment, housing, supervision, accountability, and support continue in the community.

Behavioral-health evaluation measures

Section 13's independent evaluation must include, at minimum:

- days from Pilot entry to first routine psychotherapy session;
- urgent and crisis response time;

- sessions scheduled, completed, cancelled by resident, cancelled by institution/provider, and missed for other reasons;
- percentage of residents receiving the frequency assigned in the Individual Rehabilitation Plan;
- clinician caseload, direct-service hours, wait-list size, and wait duration;
- group-program assignment, availability, attendance, completion, and institutional non-delivery;
- telebehavioral-health utilization and failed sessions attributable to technology or facility operations;
- medication and psychiatric follow-up continuity where applicable;
- crisis events, self-harm events, emergency transfers, and higher-acuity referrals;
- resident-reported ability to request and obtain care;
- behavioral-health access/confidentiality grievances;
- transfer continuity and community-care connections at release and 30/90/180 days;
- behavioral-health cost per resident and incremental cost above standard services;
- officer and clinical-staff workload effects; and
- privacy, access-control, or unauthorized-disclosure incidents.

Evaluation must distinguish access, treatment exposure, clinical need, and outcomes. Simple session counts do not prove effectiveness.

Adaptive continuation rule

The independent evaluator will analyze universal psychotherapy and tiered intensity annually and provide a formal continuation analysis no later than the end of Pilot Year 2. If broader continuing psychotherapy is associated with meaningful gains in safety, treatment engagement, behavioral stability, functioning, continuity, or release readiness and the staffing/cost model is sustainable, Pilot 100 may maintain or expand access. If broader continuing psychotherapy produces little incremental benefit or creates unsustainable capacity pressure, the Pilot may retain universal Revive initiation while stepping ongoing frequency down according to clinical need.

A modification must be prospective, documented, approved through Pilot governance, and preserved in the evaluation record. It may not be made after outcomes are known merely to improve reported performance.

8. Teaching Kitchen and Food System

Pilot 100 budgets $500 per day for bulk food procurement for 100 residents—$5.00 per resident per day for three meals. This is a raw-food planning allowance, not the total kitchen operating cost. The teaching kitchen must meet nutrition, religious-diet, medical-diet, sanitation, procurement, and food-safety requirements and must remain operational even when resident culinary trainees are unavailable.

Food planning metric	Amount
Daily food procurement	$500
Per resident/day	$5.00
Annual bulk food budget	$182,500
Five-year flat food budget	$912,500

The civilian culinary team consists of three positions: a chef/program director, a food operations/safety manager, and a culinary instructor/production supervisor. Stage 2 culinary activity is education and supervised practice without wages. Stage 3 residents begin paid work only when performing productive operational or commercial work.

ADOC transitioned food services to Aramark Correctional Services in December 2025. Because the existing arrangement also includes incarcerated-person training and development, including IN2WORK-type culinary, retail, and supply-chain programming, Pilot 100 must first determine whether those capabilities can be integrated rather than duplicated. The teaching-kitchen model therefore requires an ADOC-approved integration plan, carve-out, subcontract, amendment, or successor arrangement addressing both food operations and training rights.

CULINARY PATHWAY GATE: The current Culinary, Hospitality & Operations academy allocation is provisional. Before final seat assignments, ADOC, ACCS/Ingram, and the applicable food-service contractor must determine whether the pathway will operate as a joint Ingram/Aramark track, a contractually authorized carve-out, a modified pathway, or a replacement trade. Pilot 100 will not launch a duplicative 25-seat culinary program while materially overlapping IN2WORK or other contracted training remains unresolved.

Food Operations vs. Culinary Education Cost

The budget will report two distinct cost centers. Food Operations includes ingredients, required kitchen production staffing attributable to feeding residents, sanitation, and ordinary meal-service costs. Culinary Education includes instructor time, curriculum, credentials, training equipment, and instructional overhead. This prevents education costs from being misrepresented as the price of food and permits an apples-to-apples comparison with ADOC food-service costs.

9. Technology, Communication, Continuity, and Mini Store

Secure Tablet Contract

A contracted provider supplies correctional-grade tablets, device management, secure networking, content filtering, support, and replacement. Each tablet integrates Saharah Compass, Family Connect, approved Haven/Covenant functions where applicable, the Ingram LMS, secure messaging, and VoIP/video communication. Required education and rehabilitation functions are not metered. Residents may pay a predictable flat service rate for personal communication features, subject to affordability protections and ADOC security protocols.

Required rehabilitation, education, legal/government access, and a reasonable baseline of family communication will be included and will not depend on a resident's ability to pay. A resident may purchase an optional enhanced personal-communication package at a transparent flat rate. For modeling only, $30 per resident per month is retained as the ceiling placeholder for enhanced features, not as a mandatory charge and not as the price of access to Saharah, Ingram coursework, telehealth, or baseline family contact.

Baseline communication access. Every Pilot resident receives a defined baseline of secure telephone/video contact and messaging sufficient for reasonable family connection, required legal/government contacts, education, Saharah, and clinical access regardless of ability to pay. Any resident-paid flat package applies only to enhanced personal communication above that baseline. Stage 1–2 residents will not be forced to rely on family money to obtain basic rehabilitative communication.

Technology continuity and cybersecurity. The same technology architecture must remain safe and operational when devices, networks, or vendors fail. Contracts and ADOC operating procedures therefore require offline schedules and case procedures, backup records, role-based access, rapid access revocation, breach notification, incident-response playbooks, vendor service-level agreements, penetration testing, annual security audits, disaster recovery, and defined recovery-time/recovery-point objectives. A tablet, network, or Saharah outage may disrupt convenience; it may not disable custody, medication, meals, emergency response, discipline, or legally required communication.

Fixed-Price Micro-Commissary

Pilot 100 proposes a secure fixed-price micro-commissary procured under ADOC authority. The pricing concept is inspired by fixed-price retail: approved necessities and limited convenience items should carry transparent, restrained markups, with a policy target that ordinary items remain under $5 where practicable. A correctional-capable retail operator would provide one civilian position and may employ up to two Stage 3+ residents. Dollar Tree may be referenced only as a pricing-model example, not as a committed or presumed partner.

The micro-commissary is subject to existing commissary contracts, public procurement rules, security standards, and audit requirements. Vendor selection must occur through a legally authorized competitive or negotiated process; the Master Plan does not presume any named retailer will participate.

10. Rebuild Enterprise System and Resident Compensation

Pilot 100 does not pay residents for being incarcerated, attending counseling, receiving education, complying with ordinary rules, or moving through Stages 1–2. Compensation begins only when a resident performs productive work in Stage 3.

Fair Competition Standard

Work is treated as an earned opportunity to practice responsibility. A resident who completes classroom instruction is still a novice until real workplace competence is demonstrated. Customer rates may therefore be discounted for novice work because customers accept additional supervision, prison-access restrictions, scheduling constraints, and lower early productivity. The discount narrows as competence increases.

Enterprise pricing must not undercut Alabama workers or businesses merely because labor occurs in prison. Customer prices will be documented against local commercial rates and adjusted only for legitimate factors such as resident skill level, training status, expected productivity, qualified supervision, correctional access delays, warranty limitations, and security burden. Discounts must narrow as resident productivity approaches ordinary entry-level market productivity. Every enterprise must undergo a non-displacement review before launch and periodically thereafter.

Existing Resources Before New Spending

Before Pilot 100 creates or purchases a new service, the governance team must determine whether ADOC, ACCS/Ingram, an existing food-service contractor, ABPP, another Alabama agency, or an existing correctional vendor already provides the capability. If an existing program meets Pilot standards, integrate it. If it is inadequate, modify or supplement it. Build or procure a new component only when the capability is unavailable or cannot meet Pilot requirements. Pilot 100 will not duplicate an existing program merely to place an ALPRP name on it.

Inside-the-Fence Enterprise Examples

- Diesel/fleet service: approved businesses bring vehicles to a secure receiving/service area for supervised repair by credentialed residents.
- Cabinetmaking: institutional, public, nonprofit, and approved commercial production where demand exists.
- Culinary production: institutional food operations and approved catering/production opportunities where lawful.
- Technology/business services: selected low-risk digital, administrative, inventory, or logistics work under secure controls.
- Retail: Dollar Tree/comparable mini-store operations.

Example: a local roadside/fleet business could bring a diesel truck to the secure facility. A resident who completed Ingram diesel training and met Stage 3 work-readiness thresholds performs supervised work. The customer receives a lower labor rate than an outside journeyman shop because the worker is still developing experience and the transaction carries correctional access constraints. The resident nevertheless earns at least the Pilot entry wage for productive labor.

Wage Rule

Pilot 100 establishes a policy compensation floor for qualifying productive Stage 3 employment equal to no less than the generally applicable federal minimum-wage benchmark in effect at the time of work. This is a Pilot commitment even where prison-labor law might not independently require ordinary FLSA employee status or minimum-wage coverage. The obligation must be made enforceable through authorizing legislation, appropriation conditions, ADOC-ALPRP operating agreements, enterprise contracts, or another legally sufficient

mechanism identified by counsel. As of September 2026, the federal benchmark is $7.25 per hour; the Pilot automatically updates the floor if governing wage law changes.

Compensation level	Trigger	Pay concept
Entry worker	First qualifying productive Stage 3 assignment	Applicable minimum wage
Developing skilled worker	Verified hours + competencies + reliability	Increase above minimum
Credentialed technician	Credential + quality + productivity threshold	Higher institutional wage
Advanced/mentor worker	Advanced competency + mentoring/supervision responsibility	Higher institutional wage
Off-site / work-release transition	Security and legal eligibility; outside employer	Applicable market/prevailing rules

Room, Board, Restitution, and Savings

Residents must develop financial responsibility as income and autonomy increase. ADOC receives a transparent room-and-board contribution from wages, beginning at 10% in Stage 3 and increasing in later stages. The graduated contribution is a financial-responsibility curriculum designed to prepare residents for rent, utilities, transportation, food, insurance, deposits, family obligations, and other ordinary expenses after release. It is not a charge for purchasing better prison housing and must not become an institutional profit incentive.

Stage	Room & board	Restitution reserve*	Resident-owned protected savings*	Rationale
3 — Rebuild	10% of gross	10% of gross	20% of gross	First paid work; build budgeting habits while preserving meaningful take-home pay.
4 — Restore	15% of gross	10% of gross	25% of gross	Greater income/autonomy; progressively assume ordinary financial obligations before release.
5 — Release	20% of gross	10% of gross	30% of gross	Largest transition contribution; prepare for rent, utilities, transportation, deposits, tools, insurance, and community self-support.

*Planning percentages subject to legal review. Taxes and court-ordered child/family obligations are handled according to law. If no restitution is legally owed, the proposed restitution reserve should move to protected reentry savings rather than to ADOC. The pilot should not recreate nominal wages through excessive deductions.

Mandatory Obligations vs. Resident-Owned Assets

The financial design will distinguish mandatory deductions from resident-owned asset building. Taxes, legally ordered obligations, room-and-board contributions, and restitution are mandatory only to the extent authorized by law or Pilot agreement. Protected reentry savings remain the resident's property. The Pilot will set a meaningful-access rule so mandatory deductions do not consume so much of a paycheck that productive work loses its immediate practical value.

Illustrative Paycheck Scenarios

Example	Gross weekly pay	Room/board	Restitution	Protected savings	Before-tax accessible amount
Stage 3 entry: 30 hrs × $7.25	$217.50	$21.75 (10%)	$21.75 (10%)*	$43.50 (20%)	$130.50 before taxes/other court orders
Stage 4 skilled: 32 hrs × $9.50	$304.00	$45.60 (15%)	$30.40 (10%)*	$76.00 (25%)	$152.00 before taxes/other court orders
Stage 5 advanced: 35 hrs × $12.00	$420.00	$84.00 (20%)	$42.00 (10%)*	$126.00 (30%)	$168.00 before taxes/other court orders

STAGE 5 PAYROLL BOUNDARY: The Stage 5 row is an illustrative institutional/transition scenario, not a universal deduction rule. Once a resident is employed by an outside employer under ordinary labor law, payroll, withholding, work-release or supervision rules, and any authorized room/board, restitution, or savings mechanisms may operate through a different legal and accounting structure. The Pilot deduction schedule may not simply be layered onto outside-employer wages without specific legal authority and payroll design.

* If no restitution is legally owed, the proposed restitution amount moves to protected reentry savings. Taxes, child support, court orders, and final legal requirements are not estimated here. These examples test whether the allocation design remains meaningful; percentages remain subject to legal and fiscal review.

Enterprise Fund

All enterprise revenue flows through a ring-fenced Pilot 100 Enterprise & Responsibility Fund. Profitable activities may cross-subsidize wages in less profitable but necessary operations. A profitable cabinet shop, for example, may help support paid Stage 3 kitchen work. ADOC's compensation is the disclosed room-and-board contribution, not an unrestricted claim on enterprise surplus.

- Publish customer revenue, payroll, materials, supervision, insurance, equipment, overhead, and surplus/deficit by enterprise.
- Prohibit hidden commissions, political favoritism, kickbacks, and related-party contracts.
- Prohibit displacement of ordinary workers solely to obtain lower-cost incarcerated labor.
- Use quality-control, warranty, safety, and insurance standards comparable to ordinary commercial work.
- Require voluntary resident work participation and documented workplace expectations.
- Keep remaining surplus dedicated to wages, employment expansion, equipment, certifications, reentry, and approved victim/restitution functions.

Enterprise Break-Even and Revenue Test

Enterprise selection will be based on unit economics, not attractiveness alone. Before launch, each proposed enterprise must model capacity × billable hours × utilization × customer price, then deduct resident payroll, civilian supervision, materials, utilities, equipment/depreciation, insurance, warranty/rework, security

transaction cost, and administration. The portfolio may cross-subsidize necessary lower-margin work, but the Master Plan will publish the degree of wage self-sufficiency rather than assume enterprise profit.

Metric	Year 3 planning test	Year 5 mature test
Resident gross payroll	$748,800	$1,601,600
Illustrative payroll coverage target from enterprise revenue	≥50%	≥75%
Required enterprise gross margin	To be calculated by enterprise	To be calculated by enterprise
Decision rule	Do not expand work volume if revenue cannot support fair wages and required supervision	Scale only enterprises demonstrating sustainable economics and non-displacement

11. Victims, Families, and Restorative Accountability

Haven Alabama

Victim participation is entirely voluntary and independent of resident progression. Haven Alabama is a victim-support and healing interface, not a mechanism for pressuring victims to forgive. Victims may choose information only, support/referral services, restitution tracking, impact participation, or—only when affirmatively requested and professionally appropriate—a facilitated restorative process.

> **Healing does not require forgiveness, reconciliation, communication, or contact with the person who caused the harm.**

Victim-Centered Outcome Standard

Haven is evaluated on victim outcomes, not on whether victim participation improves the resident. Measures include whether the victim felt informed and respected, retained control over contact, received requested resources, had safety concerns addressed, and experienced increased or decreased distress. Haven can be successful even when it produces no measurable change in resident behavior or release outcomes.

Family Connect

Families voluntarily use Family Connect for structured communication, education, reentry planning, counseling/resource referrals, and authorized documentation. Family contact is treated as a rehabilitation support and safety factor, not primarily as a revenue stream.

Resident Advisory Council

Pilot 100 will maintain a 5–7 member rotating Resident Advisory Council to identify implementation failures that administrators may not see. The council may report concerns regarding food, schedules, technology, program access, communications, commissary, workplace conditions, and unintended incentives. It has no authority over custody, discipline, classification, security, or another resident's progression. Written themes and management responses become part of the transparency record.

12. Reentry and Government Partnership Desk

Release Continuity: Two Clocks, One Warm Handoff Standard

Pilot 100 tracks every resident on two related but independent timelines. The rehabilitation clock tracks ALPRP stage, treatment, education, behavior, productive responsibility, work competency, and demonstrated progress. The release clock tracks every legally plausible pathway out of custody, including sentence expiration, parole eligibility and hearings, split-sentence release, court-ordered release, medical or other authorized release mechanisms. The release clock never waits for Stage 4 or Stage 5.

LEGAL RELEASE CONTROLS: ALPRP stage status never creates authority to delay or extend incarceration. When a release becomes legally effective, the resident leaves custody. The Pilot records the stage actually reached and transfers unfinished goals into the community continuity plan rather than assigning a false later-stage designation.

PREPARE EARLY FOR WHAT WE KNOW: For fixed or reasonably foreseeable release events, Pilot staff work backward from the anticipated date. For conditional events such as parole, the Pilot maintains release readiness without assuming a favorable decision. When release occurs with little notice, the Emergency Warm Handoff Protocol compresses the process rather than abandoning it.

Release pathway	Planning posture	Typical trigger	Pilot response
Known / fixed	Work backward from date	Sentence expiration; known split-sentence date; other fixed lawful date	Keep documents, treatment, education, housing, employment, transportation, family/support and supervision plans current; verify receiving connections before release.
Probable / conditional	Maintain portable readiness without assuming release	Parole eligibility/hearing; pending court decision; other conditional mechanism	Prepare IDs, education transfer, credentials, resume, job leads, housing alternatives, healthcare/medication continuity, transportation, supervision information and support contacts before the decision.
Rapid / unexpected	Emergency compression	Release becomes effective with hours or days of notice	Prioritize destination/safe housing, medication and healthcare continuity, identification, transportation, supervision contact and live receiving contacts; complete secondary connections immediately after release.

Universal Warm Handoff Standard

Every Pilot 100 resident leaving incarceration receives an individualized warm handoff regardless of stage, sentence type, release mechanism, length of notice, or degree of program completion. Whenever practicable, the receiving person or organization is identified and contacted before release; appointments, enrollment steps, intakes, or supervision contacts are scheduled; necessary records are transferred with appropriate consent or legal authorization; transportation and immediate needs are addressed; and the continuity plan follows the resident into the community.

NO COLD REFERRALS: A telephone number, website, brochure, resource list, or instruction to contact an agency does not by itself satisfy Pilot 100's warm-handoff requirement.

Example - release during Stage 2 (Rehabilitate): The resident leaves when the lawful release pathway becomes effective and is recorded as released from Stage 2 with institutional progression incomplete. If the resident is enrolled through J.F. Ingram/ACCS, the Pilot seeks transfer or continuation through an appropriate

local ACCS community college or training program. Saharah Compass shifts to an approved community-continuity mode where available. Job-placement or Alabama Career Center appointments and ALPRP industry-partner contacts are scheduled rather than merely suggested. Family Connect shifts from incarceration support toward reunification and stability. Covenant Connect or a designated reentry coordinator carries the active plan for housing, transportation, treatment, supervision, mentoring, education and employment.

Status	Minimum evidence	Dashboard treatment
Referred	Resource identified and referral transmitted.	Not counted as completed warm handoff.
Scheduled / accepted	Appointment, enrollment, intake, employer interview, supervision contact, or receiving contact confirmed.	Pre-release connection milestone.
Connected	Resident actually reaches the receiving person/service.	Initial handoff completion.
Service initiated	Education, treatment, employment, supervision, mentoring, or other support begins.	Service-start outcome.
Continuity maintained	Connection remains active at defined follow-up points, including 30/90/180 days where applicable.	Longitudinal outcome; report attrition and reasons.

Standing Release Readiness File

Each Pilot resident has a standing Release Readiness File beginning at intake. It is maintained even when release is distant or uncertain so that a favorable parole decision, split-sentence date, sentence expiration, court action, or other lawful release does not force staff to build a plan from zero. The file should include identification status, education/credential records, active treatment and medication continuity needs, employment materials and verified skills, housing alternatives, transportation, supervision information, family/community contacts, benefits eligibility, and receiving-provider status. It is a continuity tool, not a parole recommendation.

Emergency Warm Handoff Protocol

When notice is too short to complete the ordinary sequence, the Pilot uses a compressed triage protocol. Immediate safety, lawful destination, medication/healthcare continuity, identification, transportation, supervision obligations, and at least one live receiving contact take priority. Education, employment, benefits, family, mentoring, and other secondary connections are completed as rapidly as possible after release. Short notice changes the sequence; it does not lower the principle that every release receives an active handoff.

RESIDENT CHOICE AND CONSENT: A resident may decline optional community services, family involvement, technology continuation, or particular providers. The Pilot documents the offer, the resident's decision, and any mandatory legal/supervision requirements separately. A declined optional service is not recorded as program failure or punished through stage status.

Reentry begins at intake, not in the final weeks of incarceration. The Family & Reentry Lead coordinates a standing government and community desk to resolve identification, education continuity, employment, benefits, supervision, transportation, housing, and family obligations before release.

Partner	Pilot function
ALEA	State identification, driver-license eligibility, driving-record issues.
ADPH / Vital Records	Birth-certificate coordination where applicable.
Social Security Administration	Social Security card and identity-document coordination.
Alabama Department of Labor / Career Centers	Workforce registration, job matching, employment services.

ABPP	Parole/supervision continuity; Pilot 100 cannot promise parole or release.
ACCS/Ingram	Continuing education, transcripts, credentials, post-release training.
Employers	Curriculum input, mock interviews, apprenticeships, conditional interviews, post-release hiring.
Community partners	Housing, transportation, mentoring, faith/community support, legal/resource navigation.

13. Independent Evaluation and Data Architecture

A university or independent research institution should design the evaluation before resident #1 enters. The evaluator must receive predefined de-identified data, maintain methodological independence, and retain the right to publish unfavorable findings. If the evaluation qualifies as human-subjects research, IRB and consent requirements must be addressed before launch.

PAROLE-POLICY EVIDENCE LINK: Pilot 100 will generate longitudinal, independently evaluated evidence on institutional behavior, treatment and education engagement, work readiness, release preparation, and post-release stability. These data may inform broader evaluation of correctional and parole policy, but Pilot stage progression, the Readiness Index, and evaluator findings do not bind ABPP or substitute for a validated parole-risk instrument.

Outcome Domains

Domain	Core measures
Safety	Resident assaults, staff assaults, use of force, weapons, drugs/contraband, victimization, lockdown hours.
Behavior	Major/minor disciplinaries, grievances, stage progression, program removals/reentries.
Education	GED/HSE, credits, credentials, course completion, literacy/numeracy growth.
Wellbeing	Treatment engagement, validated measures, crisis events, continuity of care.
Officer outcomes	Turnover, absenteeism, overtime, injuries, use of force, wellness participation, job-satisfaction/safety surveys.
Workforce	Verified hours, competencies, credentials, work quality, wage progression, mentor hours.
Financial responsibility	Taxes, restitution, family obligations, room/board contributions, protected savings.
Family/victim	Voluntary utilization, satisfaction, communication, safety concerns, service completion.
Reentry	ID, housing, benefits, employment, wages, supervision compliance, 30/90/180/365-day stability.

Recidivism	Rearrest, reconviction, reincarceration at 12/24/36 months; interpreted cautiously due to sample size.
Cost	Cost/resident-day, cost/credential, cost/employed release, enterprise economics, avoided-cost exposure.

Research Readiness Index

The evaluator will construct a transparent research-only Readiness Index spanning behavior, education, treatment engagement, work competency, financial preparedness, documents, housing, family/community stability, and employment readiness. The index does not determine stage progression, custody, parole, or release. Its purpose is to test whether the factors ALPRP believes indicate readiness actually predict post-release stability. If they do not, the progression model must be revised.

Preregistered Success Thresholds

Before enrollment, the evaluator, ADOC, and fiscal partners will preregister numerical thresholds for safety, education, employment, identification documents, housing, staff outcomes, implementation fidelity, and cost. The Master Plan does not invent those thresholds in advance of baseline analysis. Once registered, they cannot be changed after outcomes are known merely to make the Pilot appear successful.

14. Five-Year Financial Plan

The budget is deliberately presented in layers. The historical ADOC benchmark is not treated as a hard cap because it dates to FY2024 and because Pilot 100 intentionally adds measurable education, counseling, officer-development, evaluation, and enterprise infrastructure. Before appropriation, every line must be refreshed with 2026/2027 quotes and the newest ADOC maintenance-cost calculation.

Two-Ledger Cost Accounting

Pilot 100 will maintain two financial ledgers. The State Cash Requirement ledger shows new cash appropriations and payments specifically required to operate the Pilot. The Full Economic Cost ledger assigns fair value to shared ADOC healthcare, utilities, maintenance, perimeter/security support, transportation, records, central administration, Ingram education, donated equipment, grant-funded services, and other resources consumed by the Pilot. Public comparisons with ADOC will use like-for-like economic cost wherever possible, not a partially loaded Pilot cost against a more fully loaded ADOC cost.

Ledger	What it answers	Examples
State Cash Requirement	How much new money must Alabama or partners actually pay?	Dedicated Pilot staff, incremental food, contracts, retrofit, new technology, evaluation.
Full Economic Cost	What resources does Pilot 100 actually consume regardless of who pays?	Shared ADOC healthcare/overhead, Ingram services, grants, donated equipment, host-facility support.

Recurring component	Year-1 planning allowance	Funding treatment
Dedicated Pilot security (24 FTE)	$1,895,962	ADOC/Pilot operating
Bulk food procurement	$182,500	Pilot operating
3 civilian culinary staff	$240,000	Pilot operating
5-counselor service capacity	$425,000	Pilot operating/contract

Compact governance/program team	$450,000	Pilot operating/partner mix
Independent evaluation	$150,000	Research appropriation/grant
Technology support / secure infrastructure	$80,000	Pilot/vendor; personal comms partly resident-paid
Program/safety/enterprise supplies reserve	$150,000	Pilot operating
Preliminary Year-1 direct recurring cost	$3,573,462	Before partner-funded education and shared ADOC services

This preliminary direct recurring figure is approximately $98 per resident-day. It is intentionally not represented as final because shared ADOC healthcare, utilities, facility overhead, transportation, and central services may already be carried elsewhere in the ADOC budget, while some listed Pilot costs may be partner-funded rather than additive state expense.

Pilot year	Direct recurring planning cost	FY2024 ADOC benchmark escalated 3%	Variance
Year 1	$3,573,462	$3,183,895	$389,567
Year 2	$3,680,666	$3,279,412	$401,254
Year 3	$3,791,086	$3,377,794	$413,292
Year 4	$3,904,819	$3,479,128	$425,691
Year 5	$4,021,963	$3,583,502	$438,461
Five-year total	$18,971,997	$16,903,731	$2,068,266

Security case	FTE	Approx. loaded annual security cost*	Effect on recurring budget
Lean/shared	18	$1.45M	Lower case; depends on substantial host-facility shared services.
Planning	24	$1.90M	Current financial model.
High-security	30	$2.35M	Upper planning case pending ADOC post study.

*Rounded sensitivity estimates using the current loaded personnel methodology. Final figures require classification-specific salary, benefits, overtime, relief-factor, and host-site post analysis.

One-Time / Partner-Funded Startup

Startup item	Planning range
Facility/security retrofit and dedicated movement controls	$400,000–$800,000
Teaching kitchen equipment and code/safety work	$350,000–$650,000
Diesel/automotive shop startup	$350,000–$650,000

Cabinet/other enterprise equipment	$200,000–$400,000
Two computer labs + 20 VR sets	$250,000–$350,000
Secure network/tablet deployment/startup	$150,000–$300,000
Furniture, counseling/telehealth, storage, signage	$150,000–$250,000
Evaluation/data-system setup	$100,000–$200,000

Indicative startup range: approximately $1.95M–$3.60M, depending heavily on the condition of the selected facility and the extent to which ACCS/Ingram, vendors, grants, or existing ADOC assets supply equipment. Startup costs must remain separate from recurring per-resident operating comparisons.

Education Economic Cost

Ingram education is treated as a partner-funded line modeled on Alabama's existing correctional education structure. The final master budget should show the full economic value of Ingram faculty, LMS, labs, equipment, credentials, and instructional support even if those dollars are appropriated to ACCS rather than ADOC. A provisional planning value of $400,000–$650,000 per year may be used until Ingram provides a program-specific budget.

Enterprise Revenue Is an Offset, Not a Promise

The five-year appropriations plan should not assume enterprise profit to make the Pilot appear affordable. Enterprise revenue should be reported separately and used to fund resident wages, equipment, certifications, and approved cross-subsidies. A performance target may be set for the percentage of resident payroll covered by enterprise revenue, but the budget remains viable if early enterprise performance is lower than projected.

Illustrative Resident Payroll Ramp

Year	Avg. paid workers	Illustrative blended work/wage level	Gross payroll	Purpose
Year 1	0	—	$0	Stages 1–2 dominant
Year 2	30 avg.	25 hrs/week @ $7.25	$282,750	Early Stage 3 work
Year 3	60 avg.	30 hrs/week @ $8.00	$748,800	Expanded enterprise participation
Year 4	75 avg.	32 hrs/week @ $9.50	$1,185,600	More credentialed/advanced workers
Year 5	80 avg.	35 hrs/week @ $11.00	$1,601,600	Mature enterprise + transition work

These figures are scenario values, not promises. The $8.00, $9.50, and $11.00 figures are illustrative blended average hourly earnings produced by competency-based progression above the entry floor; they are not forecasts that the federal minimum wage will rise to those amounts. Actual payroll is funded through enterprise revenue, approved state subsidy, employer arrangements, and other lawful workforce sources; it should not be quietly financed by underpaying residents.

Technology continuity requirements are consolidated in Section 9.

See Section 9 for the consolidated secure-technology, baseline-communication, cybersecurity, offline-continuity, and vendor-failure requirements.

15. Implementation Timeline

Phase	Timing	Key work
0 — Authorization	6–12 months pre-launch	Legal authority, ADOC agreement, site selection, evaluator, procurement path, labor/contract review.
1 — Build & Train	4–8 months pre-launch	Retrofit, technology, kitchen/labs, hire staff, Shield & Standards, Ingram curriculum, partner MOUs.
2 — Cohort Intake	Months 0–6	Eligibility, consent, baseline evaluation, Revive operations.
3 — Education Core	Months 6–18	Rehabilitate education/treatment, credential coursework, simulations, labs.
4 — Rebuild Enterprise	Approx. months 18–36+	Stage 3 productive work, minimum-wage entry, enterprise launch, Skills Passport.
5 — Restore / Transition	Approx. months 30–54+	Advanced work, mentoring, off-site eligibility where permitted, reentry intensification.
6 — Release / Follow-up	Throughout years 3–5 and beyond	Release plans, employment, housing, supervision, 12/24/36-month follow-up.
7 — Scale/Stop Decision	End of Year 5	Independent findings, fiscal review, safety review, partner review, legislative decision.

Resident Misconduct and Work Response Matrix

Event	Primary response	Progression/work consequence
Minor workplace misconduct	Coaching, documented correction, retraining	Usually no stage regression; work continues or brief corrective pause.
Repeated workplace misconduct	Formal corrective plan; counseling/case review as indicated	Temporary work suspension; reassess work readiness.
Serious workplace safety violation	Immediate removal from task; ADOC safety/disciplinary review	Work suspension; retraining and multidisciplinary review before return.
Serious violence / major security event	Normal ADOC disciplinary, security, and clinical processes	Immediate Pilot safety review; possible stage regression, suspension, transfer, or removal based on individualized findings.
Clinical deterioration/disability-related event	Clinical assessment and accommodation review	Treatment pause or modified responsibility; not treated as moral or motivational failure.

Earned wages are never retroactively confiscated as punishment. Removal or regression decisions require written reasons and ordinary ADOC due-process protections where applicable.

16. Risk Register and Safeguards

Risk	Why it matters	Mitigation
Perceived reward for crime	Could destroy political support.	No pay in Stages 1–2; pay only for productive work; minimum-wage entry; taxes, room/board, restitution, savings; publish rationale.
Job displacement	Law-abiding workers and businesses may see unfair competition.	Non-displacement rules; novice pricing tied to productivity/access burden; local employer advisory councils; narrow discount as competence rises.
Labor exploitation	Alabama prison-labor history creates heightened scrutiny.	Minimum-wage entry for productive Stage 3 work; transparent deductions; no unrestricted ADOC profit; voluntary work; public enterprise ledger.
Cost overrun	Pilot could exceed benchmark substantially.	Separate startup/partner costs; annual rebid/benchmark refresh; quarterly cost dashboard; stop/modify thresholds.
Vendor lock-in	Tablet/food/commissary contracts may limit Pilot flexibility.	Procurement review, carve-outs, amendments, competitive RFPs, termination clauses.
Clinical boundary failure	Non-clinical tech could be mistaken for treatment.	Licensed clinical lead; ADOC retains acute/medical/psychiatric authority; crisis protocol.
AI overreach	Algorithmic decisions could create due-process and bias concerns.	Technology-informs/humans-decide rule, audit logs, appeals, no automated sanctions/progression.
Victim retraumatization	Restorative goals can become coercive.	Haven firewall, opt-in only, trained facilitators, no stage benefit tied to victim participation.
Officer resistance/burnout	Model fails if staff see it as added work without support.	Volunteer/apply model, added training, predictable posts, officer counselor, Shield & Standards, feedback loops.
Small sample overclaim	100 residents cannot prove every outcome.	Independent evaluator, comparison cohort, confidence intervals, feasibility framing, larger Phase 2 only if warranted.
Facility transition delay	Ivey opening or legacy-bed availability may shift.	Maintain two site pathways: dedicated legacy building or dedicated Ivey unit; no launch until space is truly available.
Prison-labor legal classification	Inside-the-fence work may not fit ordinary FLSA employee rules; an ethical wage promise without legal scaffolding is unenforceable.	Legal opinion before launch; create Pilot wage floor through statute/appropriation/operating agreement/enterprise contract; distinguish training from productive work.

Existing-program duplication / Aramark overlap	Food, culinary, retail, or supply-chain functions may overlap existing ADOC contracts and training rights.	Apply Existing Resources Before New Spending rule; map current contracts/programs; integrate first; negotiate carve-out/amendment only where needed.
Unfair commercial competition	Deep discounts could undercut Alabama employers and workers.	Fair Competition Standard; local-rate benchmark; productivity/access-based discounts only; non-displacement review; narrow discounts as competency rises.
Communication affordability	Stages 1-2 have no wages, so mandatory communication fees would shift costs to families and undermine access.	Include reasonable baseline family communication and all required education/rehabilitation access; charge only for optional enhanced personal communication.
Hidden shared-cost subsidy	Pilot may appear close to ADOC per diem only because healthcare, education, utilities, or perimeter services are booked elsewhere.	Maintain State Cash and Full Economic Cost ledgers; value shared services; compare like with like.
Closed-cohort attrition	Physical occupancy can fall as original participants release or leave, raising cost per occupied bed.	Keep original research cohort closed; allow separately labeled continuation cohort; report both denominator effects.
Enterprise revenue shortfall	Fair wages and supervision may exceed enterprise revenue.	Pre-launch unit economics; portfolio-level break-even analysis; wage self-sufficiency reporting; do not rely on optimistic revenue to fund custody.
Technology/cyber failure	A technology-heavy model can create operational fragility or expose protected data.	Offline operating plan, disaster recovery, penetration tests, annual audit, breach/incident response, vendor SLAs.
Officer selection bias	Volunteer Pilot officers may outperform because they were more motivated before the Pilot.	Baseline officer comparison and evaluator adjustment; do not attribute all staff outcomes to Pilot intervention.
Warm-handoff network failure	Receiving providers may lack capacity, equivalent programs, transport, housing, or timely appointments.	Maintain multiple receiving options; measure scheduled vs connected vs initiated; emergency protocol; do not count a resource list as completion.

17. Predefined Success, Modification, and Failure Rules

Pilot 100 must define failure before launch. ALPRP cannot reserve the right to call every result a success. The independent evaluator and governing team should finalize numerical thresholds after baseline matching, but the decision framework is fixed.

Decision	Illustrative standard
Scale	Safety is no worse than comparison; implementation fidelity is high; education/work outcomes materially exceed baseline; staff outcomes acceptable; cost premium is justified by measurable value; no major rights/safety failure.

Modify and continue	Some domains improve but one or more components underperform, create avoidable cost, or have adoption problems that can be corrected without undermining the model.
Stop a component	A specific technology, enterprise, restorative process, or service shows persistent safety, rights, cost, or effectiveness problems.
Do not scale Pilot 100	Safety materially worsens, rights violations persist, staffing is not sustainable, costs are structurally excessive relative to outcomes, or evaluation finds no credible benefit across core domains.

Threshold Domains to Be Preregistered

Gate	Threshold to preregister before enrollment
Safety	Maximum acceptable difference from comparison in serious assaults, staff assaults, use of force, self-harm, and other critical incidents.
Education	Credential/completion and skill-gain targets appropriate to baseline education levels.
Employment/Reentry	Verified employment, wage, housing, identification, and supervision-stability targets at specified follow-up points.
Staff	Turnover, overtime, absence, injury, use-of-force, and safety-perception thresholds.
Implementation	Minimum fidelity and program-access levels necessary to claim the ALPRP model was actually delivered.
Cost	Maximum acceptable economic-cost premium unless offset by clearly superior outcomes; full-cost accounting required.

18. Partner Ask and Legislative Ask

What ADOC Is Asked to Provide

- Custody authority and a dedicated 100-resident facility/unit.
- Pilot Officer Corps and chain of command.
- Existing resident healthcare, records, emergency response, and institutional shared services.
- Procurement/contract carve-outs necessary for teaching kitchen, tablets, mini store, and enterprise operations.
- Data-sharing and evaluation access under privacy/security rules.

What ACCS/Ingram Is Asked to Provide

- Academic and vocational curriculum, faculty, credentialing, LMS, two computer labs, and 20 VR sets.
- Program approval/expansion work for culinary, hospitality, and technology pathways where feasible.
- Industry-aligned curriculum and post-release education continuity.

What ALPRP Is Asked to Provide

- Five-stage operating design and daily schedule architecture.
- Saharah/Family/Haven/Shield/Covenant integration and governance.
- Enterprise, employer, victim, family, and reentry operating frameworks.

- Transparency dashboard, implementation coordination, and fidelity monitoring.

Legislative Ask

Authorize a five-year, 100-resident correctional demonstration with a defined operating appropriation; permit necessary procurement and enterprise mechanisms; require independent evaluation and public reporting; ring-fence resident enterprise funds; and require a formal scale/modify/stop report to the Legislature at the end of Year 5.

19. Implementation Readiness Gate

Pilot 100 may move from design to launch only after the following engineering package is complete. These are launch conditions, not optional refinements.

Required pre-launch deliverable	Completion standard
ADOC post study and host-facility plan	Shift-by-shift posts, relief factor, movement, perimeter/shared-service responsibilities, emergency coverage.
Full-cost accounting model	Current ADOC benchmark reconciled; State Cash and Full Economic Cost ledgers approved.
Paycheck and deduction legal model	Statutory/contract authority, taxes, room/board, restitution, savings, child support, accessible-pay test.
Enterprise business cases	Customer demand, pricing, non-displacement, billable capacity, break-even, safety, insurance, supervision.
Independent evaluation protocol	Cohort/comparison design, power/limitations, baseline variables, preregistration, IRB if applicable.
Facility and capital plan	Dedicated space, retrofit drawings, kitchen/labs/shops, ADA, PREA, safety/code, network/security.
Clinical and procurement specifications	Behavioral-health, food/Aramark integration, tablets, communications, commissary, vendors.
Cybersecurity and continuity plan	Offline operations, backups, incident response, penetration test, disaster recovery, vendor SLAs.
Success/stop thresholds	Numerical gates registered before participant outcomes are visible.

Version Control and Synchronization

Version 5.2 **synchronizes Pilot 100 with** Comprehensive Reform Framework v3.3 **Material Pilot changes that affect the intervention, partner authority, resident rights, security, clinical practice, evaluation design, compensation, or release-continuity requirements must receive a dated change entry and evaluation-impact review. The founder/project director serves as document-control authority until a formal governing entity or institutional agreement assigns that function elsewhere.**

Comprehensive Reform Framework v3.3

Appendix A — Planning Assumptions Register

Item	Current assumption	Status before launch
ADOC cost baseline	$87.23/day FY2024 historical benchmark	Must update to newest comparable ADOC maintenance figure
Pilot size	100 residents	Locked
Operating term	5 years	Locked
Site	Dedicated legacy building created by Ivey transition OR dedicated Ivey unit	ADOC site study required
Security	24 dedicated security FTE	ADOC post study required
Food	$500/day bulk ingredients	Validate with menu/procurement analysis
Culinary staff	3 civilian staff	Validate salaries/benefits
Counseling	5 counselor-equivalents; 1 officer-dedicated; correctional-capable provider	Vendor/clinical RFP and correctional-specification review required
Education	Ingram anchor; 2 labs + 20 VR sets	Partner budget/MOU required
Tablets	Secure contractor; baseline communication included; optional enhanced package modeled up to $30/month	RFP required
Mini store	Fixed-price micro-commissary; no named vendor presumed	Procurement/contract review and correctional-vendor qualification
Stage 3 entry wage	Pilot policy floor equal to generally applicable federal minimum-wage benchmark; $7.25 as of Sep. 2026	Legal mechanism required; update benchmark before launch

Room & board	10% Stage 3, 15% Stage 4, 20% Stage 5	Legal review/statutory authorization
Restitution reserve	10% where legally owed	Legal review
Protected savings	20% / 25% / 30% by Stage 3/4/5	Legal review and account design
Evaluation	$150k/year + startup/final analysis	Institutional proposal required
Research cohort	Closed original cohort of 100; optional continuation cohort kept analytically separate	Evaluator protocol required
Cost accounting	State Cash Requirement + Full Economic Cost ledgers	Finance methodology required before appropriation
Security sensitivity	18 / 24 / 30 FTE scenarios; 24 planning case	ADOC post study required
Enterprise economics	Unit-economics and wage-self-sufficiency tests required	Employer/customer demand validation
Success thresholds	Preregistered before enrollment	Evaluator + ADOC + fiscal sign-off
Cybersecurity	Offline continuity, penetration testing, annual audit, disaster recovery	Contract/security architecture required

Appendix B — Core Source Baseline

1. Alabama Department of Corrections, Summer Budget Hearing presentation (Aug. 13, 2024): FY2024 projected inmate maintenance cost $87.23/day.
2. Alabama Department of Corrections, FY2025 Annual Legislative Statistical Report: population, Ingram educational participation, work release, treatment/reentry activity.
3. Alabama Department of Corrections, FY2026 Second Quarterly Report ending Mar. 31, 2026: in-house population 21,214 and security staffing 2,386 at quarter end; Ingram program enrollment.
4. Alabama Department of Corrections, June 2026 Monthly Statistical Report: in-house population 21,125; designed capacity 12,115; jurisdictional population 29,071.
5. Alabama Legislative Services Agency, FY2027 State General Fund and Earmarked Funds Budget Summary: FY2026 ADOC appropriations.
6. ADOC Recruiting, Salary and Benefits: current Correctional Officer Trainee and Correctional Security Guard pay ranges.
7. ADOC public statement on Governor Kay Ivey Correctional Complex: modernization plan described as bed replacement, not net new system beds.
8. ALPRP Policy Foundation (Sept. 2026): cost-model caveats, policy framework, and coalition/implementation positioning.

Appendix C — Non-Negotiable Ethical and Operational Rules

- No resident is paid merely for incarceration, treatment, education, ordinary compliance, or advancement through Stages 1–2.
- Productive Stage 3 work is paid at no less than the applicable minimum-wage benchmark.
- No victim is required to participate, forgive, reconcile, communicate, or support release.
- No resident progression benefit or penalty depends on a victim's decision to participate.
- No AI system independently decides discipline, guilt, custody classification, diagnosis, medication, stage movement, parole, or release.
- No unrestricted correctional profit is generated from Pilot resident labor.

- No enterprise may use Pilot labor primarily to displace ordinary employees or undercut local businesses through incarceration-based wage suppression.
- Negative evaluation results will be published and can trigger modification, component termination, or a recommendation not to scale.

- Full economic cost will be disclosed even when a partner, grant, existing ADOC contract, or donated asset pays the bill.
- The original Pilot 100 research cohort remains analytically closed; later continuation participants are reported separately.
- Resident-owned protected savings are not correctional revenue and remain the resident's property.
- Pilot 100 remains operable during technology outages; custody and essential services cannot depend on a functioning app.
- Victim-service success is measured by victim safety, control, information, and support—not by benefits to the resident.

Pilot 100 is a demonstration, not a declaration that ALPRP has already been proven. Its value is that Alabama can test the model at limited scale, publish the costs and failures as well as successes, and decide whether any component deserves expansion.