ALPRP

POLICY FOUNDATION

Five Gaps Closed: Evidence, Costs, Coalitions, Parole Accountability, and the Extraction Economy

VERSION 2.2 | September 2026

Aligned to the ALPRP Comprehensive Reform Framework v3.3 and Pilot 100 Master Plan v5.2

Policy and evidence foundation - not legislation, a parole quota, or a claim that ALPRP has already been proven.

VERSION 2.2 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.

- Adds a dedicated Behavioral Health & Life Recovery policy section that explicitly recognizes existing ADOC treatment and rehabilitation infrastructure.
- Defines the implementation gap as access, scale, integration, continuity, facility equity, measurement, and accountability rather than simple program absence.
- Establishes universal psychotherapy at Revive entry with tiered continuing intensity, vendor-independent service architecture, role-based record governance, and a no-penalty rule for institutional non-delivery.
- Synchronizes controlling references to Comprehensive Reform Framework v3.3 and Pilot 100 Master Plan v5.2.

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.

Document Status and Relationship to the ALPRP Core Package

This Policy Foundation answers why Alabama should change. The Comprehensive Reform Framework defines what ALPRP proposes. Pilot 100 defines how selected components can be tested before statewide scaling.

CONTROLLING POLICY: When an older recommendation in this Foundation conflicts with a later doctrine in the Comprehensive Reform Framework, the Framework controls and the Foundation should be revised.

EVIDENCE DISCIPLINE: Agency aggregates establish what the agency reported; they do not establish undocumented motives in individual cases. Research findings must be described using the outcome actually measured. Illustrative fiscal scenarios are not policy quotas or promises.

VERSION 2.2 incorporates synchronization and governance corrections following September 2026 review: clearer parole-guideline sequencing, DRC cost caveats, more precise ABPP partnership language, explicit Pilot 100 evidence linkage, budget publication controls, and formal document change control.

I. THE VIOLENT-OFFENDER QUESTION - A DIRECT ANSWER

This is the question reform opponents ask first, and it deserves a direct, evidence-based answer rather than a pivot to values.

The Premise That Must Be Tested

ABPP reported an 11% parole grant rate for violent-offense hearings in FY2025. That disparity warrants scrutiny, but the aggregate rate does not establish why any individual case was denied. Alabama's parole framework uses ORAS-based risk assessment and other factors that include dynamic information such as age, institutional behavior, programming, and time served.

ALPRP POSITION: Original offense category is relevant, but it should not function as a complete substitute for a current, individualized assessment of risk, conduct, treatment, accountability, and release conditions.

What the Data Actually Supports

Fact 1: Original offense category alone is insufficient to determine current risk.

The Bureau of Justice Statistics study of prisoners released in 34 states in 2012 reported a 41.3% five-year rearrest rate for murder/nonnegligent manslaughter, compared with 73.3% for weapons offenses and 69.8% for drug offenses. Those figures measure rearrest for any offense; they are not a direct measure of future violent offending. Their appropriate policy use is therefore limited: prior offense matters, but it does not provide a complete picture of future behavior.

Published ABPP aggregates show substantially lower grant rates for violent-offense cases than non-violent cases. They do not establish the reason for each denial or permit a case-level conclusion that the Board relied primarily on the original offense. ALPRP should seek transparent cross-tabulation and validation rather than infer an undocumented decision rule.

Fact 2: Structured treatment can improve outcomes for appropriate justice-involved populations.

The Policy Foundation originally cited a meta-analysis of CBT-based anger-management interventions reporting reductions in general and violent recidivism among treated participants, with larger effects among completers. The cited literature supports continued testing and expansion of well-implemented cognitive-behavioral interventions where clinically and criminogenically appropriate.

RESEARCH CAUTION: Effect sizes depend on population, program quality, completion, risk level, outcome definition, and study design. Treatment evidence does not guarantee an individual parole outcome.

Fact 3: Age is a material factor in recidivism risk.

Alabama's FY2025 prison population was reported as 28.8% ages 31-40, 27.1% ages 41-50, and 18.0% ages 51-60. Criminal offending and recidivism are strongly age-related, with risk generally declining as people age. Age should therefore be considered together with offense history, institutional behavior, validated risk/needs information, treatment, programming, and release conditions.

FY2025 aggregate ABPP data show grant rates of 26% for applicants reported in the low-risk category and 25% for the moderate-risk category. Those figures demonstrate that risk category alone did not determine the outcome, but they do not establish which other factors drove individual denials.

Fact 4: Victim voice and accountability do not require one predetermined release outcome.

Victims deserve genuine voice, notice, safety, and participation rights. Restorative processes, where used, must remain voluntary and professionally facilitated. ALPRP does not argue that victim input should be ignored or that everyone should be released; it argues that legally authorized release decisions should consider both offense seriousness and current evidence.

A Tiered Framework for Violent-Offense Cases

Tier	Primary population / question	ALPRP policy direction
1 - Priority Evidence-Informed Review	Older residents; low/moderate validated risk; substantial programming or demonstrated stability	Thorough individualized review by the legally authorized parole authority. No presumption of release.
2 - Intensive In-Prison Treatment	Higher current risk and/or higher treatment/criminogenic needs	Structured treatment, education, behavioral intervention, and measurable progress matched to assessed need.
3 - Structured Long-Term Incarceration	Ongoing high risk, serious institutional behavior, or lengthy lawful custody	Secure custody plus access to treatment, education, productive responsibility, and a pathway to reduce risk.
4 - Exceptional / Legally Restricted Cases	Death row, life without parole, ongoing serious violence, or other legally restricted categories	Humane, professionally managed custody and appropriate treatment; not conflated with general parole reform.

Alabama already operates treatment, reentry, education, and vocational programs, including ATEF and Limestone reentry programming. The documented problem is not the total absence of infrastructure; it is uneven reach, continuity, integration, and measurement. Published enrollment counts should be reported with program-specific numerators, denominators, and as-of dates rather than compressed into one statewide "coverage rate."

PUBLIC SUMMARY: Keep dangerous people securely incarcerated, treat people while they are incarcerated, and evaluate parole-eligible people using current evidence rather than one factor alone.

II. THE COST MODEL

The state's current approach is expensive, but ALPRP should not make simplistic claims that every release automatically saves the average annual incarceration cost.

What Alabama Is Actually Spending

Measure	Value	Use in ALPRP
FY2024 ADOC inmate-maintenance benchmark	$87.23 per resident-day	Historical maintenance benchmark; not a 2026 fixed operating cost.
Annualized FY2024 benchmark	Approximately $31,839 per resident-year	Average-cost reference only; not automatic marginal savings.
Ivey/Elmore County facility	Approximately $1.25 billion	Capital scale reference; not directly comparable to annual operating programs.
Escambia County second facility	Approximately $900 million	Capital scale reference; not directly comparable to annual operating programs.
Combined two-facility construction budgets	Approximately $2.15 billion	Illustrates magnitude of current capital commitments.
ABPP FY2025 supervision budget	Approximately $101.6 million total in cited report	Used only with stated coverage and source caveats.
ABPP supervised population	45,318	Produces rough average of ~$2,240/year or ~$6.14/day; not a direct substitute for incarceration cost.

ALPRP identified differing FY2026 ADOC appropriation figures across budget materials. VERSION 2.2 therefore places a publication hold on any single statewide FY2026 ADOC total until the underlying Legislative Services Agency appropriation measure and funding scope are reconciled. ALPRP will not use base General Fund, supplemental, earmarked, or all-funds figures interchangeably. Total agency appropriation and comparable resident-maintenance cost remain separate accounting measures.

Incarceration vs. Supervision - Directional Federal Comparison

Status	FY2024 annual federal cost
Prison - post-conviction incarceration	$51,711
Community supervision - post-conviction	$4,742
Residential reentry center	$41,437

Alabama's costs are below these federal averages on a per-day basis, and the federal ratio should not be assumed to transfer directly to Alabama. The directional point is narrower: secure incarceration is substantially more resource-intensive than ordinary community supervision.

Illustrative Fiscal Sensitivity Scenario - Not a Parole Quota or Board Target

To illustrate fiscal exposure, the original Foundation modeled a 35% grant rate instead of roughly 21% for a comparable hearing volume. The 35% figure is not an ALPRP quota, statutory mandate, Board performance target, or presumption that any individual should be released. Parole remains an individualized decision of ABPP.

Illustrative calculation	Value
Approximate annual hearings used in scenario	2,400

Grants at 35%	840
Grants at 21%	504
Illustrative difference	~336 additional grants
Historical average incarceration cost reference	$31,839/year
Average ABPP supervision cost reference	~$2,240/year
Gross average-cost difference used in model	~$29,599/person/year

This is gross cost exposure, not guaranteed cash savings. Officers, healthcare contracts, utilities, administration, buildings, and other fixed or semi-fixed costs remain. Actual savings generally require sustained population reductions large enough to close housing units, reduce overtime, or avoid capacity expansion.

The Capital Construction Comparison - Scale Illustration

The original Foundation used prison construction only as a scale comparison. It did not claim that treatment, DRCs, or reentry programs can simply replace prison construction dollar-for-dollar.

Illustrative investment	Scale
5 PREP-style reentry centers at $10M each	$50M
Statewide CBT programming for 5,000 participants for 10 years	$175M
20 DRC/DRC-Lite facilities at $5M operating cost each	$100M

Illustrative Statewide Reform Investment at $50M per Year

This package is a statewide scale illustration - not an immediate Pilot 100 appropriation request and not a claim that each line item has already been procurement-validated.

Investment	Illustrative annual cost	Evidence / purpose
Expand CBT/MRT to 5,000 participants	$17.5M	Treatment research supports structured cognitive-behavioral programming; final unit cost requires procurement validation.
10 additional DRC/DRC-Lite facilities	$5M preliminary planning allowance	Rough scale estimate only. Final annual operating cost must be validated against ABPP staffing, treatment, facility, lease, and procurement data before external use.
Transitional housing expansion	$6M	Housing stability is consistently associated with successful reentry.
200 additional ABPP officers	$12M	Illustrates caseload reduction and supervision capacity.
MOUD expansion	$4.5M	Evidence supports FDA-approved medications for opioid use disorder.
Data tracking infrastructure	$2M one-time	Needed for outcome accountability and cross-agency continuity.

Employer engagement / job placement	$3M	Supports workforce pipelines and post-release placement.

The fiscal impact of any statewide package must be evaluated through rigorous cost-benefit analysis using current quotes, current population data, fixed-cost treatment, independently verified program outcomes, and comparable full economic cost.

III. COALITION REPOSITIONING - FROM "PROPOSAL" TO "IMPLEMENTATION PARTNER"

The strategic shift remains sound: do not begin by asking state agencies to adopt an entire outside reform package. Begin with needs and commitments agencies have already identified, then offer a bounded implementation partnership that can be measured.

Partner	State capability / need	ALPRP implementation role
ABPP	ABPP operates statewide Day Reporting Centers and DRC-Lite locations; published Special Population staffing reports show dedicated parole officers and, for DRC-Lite sites, a social-service caseworker or equivalent to assist with treatment.	Test Covenant Connect / release-continuity coordination as a liaison layer that complements - and does not interfere with - ABPP parole and supervision authority. Partnership conversations should cite ABPP's published program descriptions and staffing language rather than ALPRP characterizations of agency needs.
ADOC	Programming continuity, family engagement, pre-release coordination	Test Family Connect, Saharah continuity, and structured reentry workflows under ADOC authority.
ACCS / J.F. Ingram	Adult education, CTE, credentials inside facilities	Add employer linkage, post-release education transfer, credential continuity, and warm-handoff tracking.
Faith / community networks	Large existing volunteer and religious-service presence	Organize screened reentry sponsorship, mentoring, housing leads, transportation, and community support.
Business community	Need for skilled workers and structured hiring pathways	Build employer-informed curricula, interviews, apprenticeships, and verified Skills Passport pathways.

CONVERSATION RULE: Lead with the partner's documented need and ask to test one measurable solution. Do not imply formal agency endorsement before it exists.

Example: "Ingram already has students earning credentials inside ADOC. What happens to education and job placement when someone is released? ALPRP would like to test a warm-handoff model that transfers the student to an appropriate local ACCS college or employer pathway and measures whether the connection actually occurs."

IV. PAROLE GUIDELINE ACCOUNTABILITY

ALPRP's strongest parole argument is not that the Board must grant more cases. It is that public institutions using formal guidelines should explain, measure, and validate how those guidelines relate to actual decisions.

FY2025 Published ABPP Data

IMPORTANT CONTEXT: FY2025 data were generated predominantly under the prior parole-guideline framework. ABPP revised the guidelines in July 2025, with the new rule effective September 14, 2025. The FY2026 comparison below should be read together with FY2025 before drawing conclusions about current guideline-board alignment.

Metric	FY2025
Total parole hearings	2,562
Granted	589
Denied	1,973
Actual grant rate	23%
Recommended grant rate	79%
Conformance rate	29%

ABPP defines conformance as the percentage of cases in which Board decisions matched the guideline recommendation while preserving Board discretion.

FY2026 Shift Through July

Metric	FY2025	FY2026 through July
Actual grant rate	23%	21%
Recommended / suggested grant rate	79%	13%
Conformance / concurrence rate	29%	86%

The aggregate reports establish that guideline suggestions changed dramatically while the actual grant rate changed much less. They do not establish how much of that shift resulted from the revised scoring framework, changes in the population heard, or other factors.

Historical Grant-Rate Context

Fiscal year	Grant rate
FY2015	38%
FY2016	48%
FY2017	55%
FY2018	53%
FY2019	31%
FY2020	20%
FY2021	15%

FY2022	10%
FY2023	8%
FY2024	20%
FY2025	23%

FY2025 Risk and Offense-Type Breakdown

Risk level	Heard	Granted	Grant rate
Low	766	200	26%
Moderate	1,146	289	25%
High	532	97	18%
Very High	118	3	3%

Offense type	Heard	Granted	Grant rate
Non-violent	1,333	449	34%
Violent	1,229	140	11%

These tables show association, not a complete explanation of Board decisions. The published FY2025 data do not provide the cross-tabulation needed to show what percentage of violent-offense cases received a guideline recommendation to grant.

Act 2026-372 - Progress and the Work That Remains

The Foundation treats Act 2026-372, effective October 1, 2026, as meaningful progress because it requires the Board to clearly articulate reasons for approval or denial based on its established guidelines when reasons are requested as provided by law.

Remaining accountability questions include whether anonymized reason codes will be published in aggregate; whether ABPP will publish monthly cross-tabs of guideline suggestions and actual decisions by offense/risk and other factors; whether the revised guidelines will be independently validated against post-release outcomes; and how much of the FY2026 shift reflects scoring changes versus case-mix changes.

ALPRP PAROLE POSITION: Transparency and validation are not the same as a quota. ALPRP does not substitute its judgment for ABPP and does not promise parole.

PILOT 100 EVIDENCE LINK: The Pilot 100 independent evaluation is designed to generate longitudinal evidence on institutional behavior, rehabilitation, release readiness, and post-release stability. Those findings will not direct ABPP decisions or convert ALPRP stages into a parole instrument, but they can contribute the kind of independently evaluated outcome evidence this Foundation argues Alabama should use when validating correctional and parole policy.

V. ENGAGING REENTRY 2030 AS AN ALLY DOCUMENT

ABPP joined Reentry 2030 in October 2023. The Foundation identifies two publicly stated goals for Alabama: reduce recidivism by 50% by 2030 and strengthen workforce participation among formerly incarcerated Alabamians by 50%.

The original Foundation estimated a five-year return-to-custody range of roughly 33-40% using available ADOC and related data, but Alabama does not publish one universally accepted statewide recidivism measure. Version 2 therefore treats recidivism definitions, denominators, cohorts, and follow-up windows as explicit measurement requirements rather than one unquestioned statewide rate.

ALPRP Quarterly Reentry 2030 Scorecard

- Is Alabama on track under the specific recidivism definition used for the Reentry 2030 commitment?
- How are parole, sentence completion, supervision, and prison population changing over time?
- How many people are enrolled in specific evidence-based treatment, education, and workforce programs, using explicit denominators?
- What are housing, employment, ID-document, treatment-continuity, and supervision outcomes after release?
- What is the comparable cost trajectory of incarceration, community supervision, and reentry support?

POSITIONING: ALPRP should function as an accountability and implementation partner for goals the state has already adopted, not as an outside organization claiming ownership of those goals.

VI. THE EXTRACTION ECONOMY - COMMUNICATIONS AND COMMISSARY

High communication charges, commissary markups, and transaction fees can burden families and reduce the practical ability to maintain consistent contact. Because family connection is associated with better institutional and post-release outcomes, ALPRP treats affordability, service quality, and transparency as correctional policy issues rather than merely consumer complaints.

Communications Infrastructure

The original Foundation identifies ICS Corrections/ICSolutions as ADOC's phone provider and discusses site-commission structures documented in Alabama Public Service Commission proceedings. County-jail commission examples should not be presented as proof of the undisclosed state-prison commission rate. Where ADOC contract terms are not public or verified, the Foundation should say so.

FCC Regulatory Timeline Used in the Foundation

Date	Foundation summary
July 2024	FCC adopted lower prison-phone rate caps and site-commission restrictions.
July 2025	Rules were suspended amid litigation/industry challenge as described in the source record.
October 2025	Revised rules established new rate caps and retained the site-commission ban.
April 6, 2026	Foundation reports new caps took effect, subject to provider-specific compliance developments.

The Foundation reports Alabama ADOC calls at $0.08/minute at the time of writing. Rate, duration limits, video pricing, provider performance, and commission arrangements should be monitored because they are time-sensitive.

What the Family-Contact Research Can and Cannot Establish

The cited literature associates frequent visits and other forms of family contact with lower recidivism, fewer technical violations, and fewer institutional infractions in various studied populations. Those associations support a policy of preserving meaningful contact, but they do not prove that each individual fee, failed video session, or call restriction independently causes recidivism.

POLICY QUESTION: Are correctional pricing and service-quality choices creating unnecessary barriers to a factor that is associated with institutional stability and successful reentry?

The Dollar Burden on Alabama Families - Illustrative Estimate

The original Foundation used 21,034 people incarcerated at FY2025 year-end, assumed 60% had a family member attempting regular contact, and modeled $60/month in phone and related spending. That produced an illustrative family expenditure of roughly $9 million annually. It then modeled a hypothetical 20% commission share.

ESTIMATE WARNING: These figures are assumptions for scale illustration, not published ADOC revenue. They must never be cited as actual ADOC commission income without contract/revenue records.

Legislative and Policy Ask

- Full transparency on correctional communication and commissary contract terms, pricing, commissions/revenue shares, exclusivity, and service-quality standards.
- If commissions exist, require transparent accounting and consider dedicating receipts to reentry, family communication, or other resident-support purposes rather than allowing hidden incentives.
- Require documented operational justification for unusually restrictive communication limits rather than assuming shorter access is always necessary.
- Protect meaningful in-person visitation where lawful and safe; video is a supplement, not an automatic replacement.
- Align prison-work compensation with the ALPRP Fair Labor Doctrine: no ALPRP wages for Stages 1-2 treatment/education; once qualifying productive economic labor begins in Stage 3, use an enforceable compensation floor no lower than the generally applicable minimum-wage benchmark, subject to lawful implementation.

How to Frame This for Different Audiences

Audience	Version 2 framing
Families	Basic connection should not depend on whether a family can absorb repeated communication and transaction fees.
Fiscal conservatives	Correctional contracts should disclose prices, commissions, performance standards, and where revenue goes; hidden incentives impede sound fiscal oversight.
Faith/community partners	Affordability and access affect whether mentors, families, and faith communities can maintain consistent support.
Public-safety advocates	A substantial research literature associates sustained family contact with better correctional and reentry outcomes; unnecessary barriers should be reduced.

VII. BEHAVIORAL HEALTH & LIFE RECOVERY - FROM PROGRAM INVENTORY TO OPERATING SYSTEM

Start with what Alabama already has

ALPRP does not claim that the Alabama Department of Corrections has no rehabilitation or behavioral-health programs. ADOC reports substance-use treatment, RSAT, SAP, co-occurring treatment, relapse prevention, reentry services, cognitive-behavioral programming, anger management, relationship and parenting programs, trauma programming, education, pastoral services, and other interventions. Those existing resources should be preserved when effective and incorporated into any reform design before Alabama creates duplicative programs.

The policy problem is therefore not simply whether a program exists somewhere in the system. The stronger question is whether the right resident can receive the right service in time, whether equivalent access exists across facilities, whether treatment and programming remain connected when a resident transfers or advances, whether staff can see the non-confidential information they need without breaching clinical privacy, and whether Alabama measures whether the service was actually delivered and produced meaningful change.

The June 24, 2026 Eleventh Circuit decision in Braggs v. Commissioner, Alabama Department of Corrections described systemic mental-health deficiencies involving identification of serious mental-health needs, individualized treatment planning, psychotherapy, crisis care, and staffing. ALPRP uses that evidence together with ADOC's own program inventory to define the gap more precisely: access, scale, integration, continuity, facility-to-facility equity, and accountability.

ALPRP POSITION: Alabama does not need to discard every existing program and start again. It needs an operating layer that connects effective resources around the resident and makes access measurable.

Behavioral Health & Life Recovery Continuum

ALPRP proposes five coordinated layers rather than treating counseling, rehabilitation classes, peer groups, technology, and clinical care as interchangeable.

1. **Clinical Behavioral Health.** Psychotherapy, psychiatry, medication management, crisis response, substance-use treatment, and specialized clinical care delivered under qualified professional governance.
2. **Targeted Rehabilitation Programs.** Existing ADOC programs remain the first implementation option when they meet the resident's assessed need and required quality standard. Evidence-informed alternatives fill verified gaps rather than duplicating effective capacity.
3. **Saharah Digital Behavioral Support.** Secure technology supports appointment requests, scheduling, approved telebehavioral-health access, clinician-assigned exercises, journaling, coping practice, reminders, recovery planning, and follow-through. Technology expands access to human care; it does not replace clinicians.
4. **Peer, Family & Community Support.** Trained peers, mentors, family programs, recovery groups, community organizations, and voluntary faith-based services reinforce treatment and accountability without substituting for professional care.
5. **Continuity of Care.** The active treatment and rehabilitation plan follows the resident across facilities, across stages, and through lawful release into community care.

Universal psychotherapy at entry; intensity based on need

Every new resident entering Stage 1 - Revive begins psychotherapy as part of stabilization and assessment. Universal access at entry does not mean every resident receives the same clinical intensity indefinitely. Initial intensity is tiered by assessed need and may change over time.

- **Wellness / lower need:** regular psychotherapy, core groups, and digital support.
- **Support:** more frequent counseling for grief, adjustment, anger, family disruption, or moderate stress plus targeted interventions.
- **Clinical:** structured licensed therapy and appropriate treatment for diagnosed conditions such as depression, anxiety, PTSD, or substance-use disorder.
- **Intensive:** frequent clinical contact, psychiatry, and specialized treatment for serious mental illness or high clinical need.
- **Crisis:** immediate stabilization and higher-level care for suicidality, psychosis, acute withdrawal, or another emergency.

The policy objective is to make psychotherapy an ordinary part of correctional stabilization rather than a scarce service available only after deterioration becomes severe. Whether broad continuing psychotherapy should remain universal beyond Revive is an empirical question. Pilot 100 should measure safety, clinical benefit, resident engagement, staffing feasibility, wait times, continuity, and cost before Alabama sets a permanent statewide frequency standard.

The missing operating layer

The proposed sequence is:

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

The Individual Rehabilitation Plan combines clinical care, targeted programming, education and work goals, family priorities, reentry needs, and measurable milestones. Program completion is evidence of participation, not automatic proof of rehabilitation. Stage review should examine actual behavior and competencies together with clinical progress, institutional conduct, responsibility, education/work performance, and professional recommendations.

Privacy and role-based access

One resident record does not mean unrestricted access to psychotherapy notes. Clinical information remains governed by law, professional ethics, and minimum-necessary access. Clinicians may access clinical records; program staff receive program information; custody staff receive 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.

Vendor independence and continuity

The operating model must survive contractor changes. ADOC owns the service standards, continuity rules, data-governance requirements, performance measures, and resident record architecture. Contractors may provide services inside that structure, but no commercial platform becomes the correctional operating system. If a healthcare or telebehavioral-health contractor changes, the resident's treatment history, rehabilitation plan, appointments, authorized progress record, and continuity obligations should not disappear.

Service-delivery accountability

Residents cannot be held responsible for treatment or programming the institution failed to provide. If an assigned counseling session, assessment, class, medication-related appointment, or required program is unavailable because of staffing, lockdown, vendor failure, transfer, scheduling, or another institutional cause, the missed service must be documented as a system-delivery failure rather than resident noncompliance. Stage review may consider the resident's participation when services were actually available; it may not penalize the resident for institutional non-delivery.

Measurement agenda

ALPRP should report program availability and access with explicit denominators and dates. Behavioral-health performance should include time to first psychotherapy session, scheduled versus delivered sessions, wait-list duration, clinician caseload, crisis events, treatment continuity after transfer, use of telebehavioral health, assigned-program completion, resident-reported access, service-related grievances, cost per resident, and confirmed community-care connection before and after release.

CANONICAL SUMMARY: ALPRP does not replace Alabama's existing rehabilitation infrastructure. It connects, expands, and measures it. Technology expands access to human care; it does not replace clinicians.

Source baseline: ADOC annual/statistical and rehabilitation materials; Braggs v. Commissioner, Alabama Department of Corrections, Eleventh Circuit decision, June 24, 2026; ALPRP Behavioral Health & Life Recovery Continuum, September 12, 2026.

SUMMARY: WHAT CHANGES IN VERSION 2.2

Issue	Older positioning	Version 2 position
Violent-offense cases	Offense category treated as a weak predictor; some case-level motives inferred from aggregates	Original offense remains relevant but does not substitute for current individualized evidence; aggregate data do not establish undocumented denial motives.
Cost model	Average incarceration cost could be read as automatic savings	$87.23/day is a historical average-cost benchmark; marginal/cash savings require sustained population and capacity changes.
35% parole model	Could be read as ALPRP grant-rate target	Explicit fiscal sensitivity scenario only; no quota, mandate, or entitlement to release.
$50M package	Could be read as immediate funding request	Statewide scale illustration; Pilot 100 has its own separate cost model.
Coalition strategy	Proposal seeking adoption	Implementation partner for bounded, measurable needs agencies already recognize.
Parole accountability	Board-vs-guideline framing could imply desired outcome	Transparency, cross-tab reporting, reason coding, and independent validation while preserving ABPP authority.
Communications / commissary	Advocacy rhetoric and causal overstatement	Affordability/transparency framed as measurable policy issues; research associations are not converted into unsupported causal claims.
Resident wages	$0.25-$0.50 nominal minimum	Superseded: Stages 1-2 unpaid; qualifying productive Stage 3 work paid at no less than the generally applicable minimum-wage benchmark under lawful authority.

Primary Source Baseline

- Alabama Department of Corrections FY2025 Annual Legislative Statistical Report.
- ADOC FY2026 Second Quarterly Report ending March 31, 2026.
- Alabama Board of Pardons and Paroles FY2025 Annual Report and FY2025 Fiscal Year Data Analysis.
- ABPP July 2026 Monthly Statistical Report.
- Alabama Reentry Commission 2025 report and Reentry 2030 public materials.
- U.S. Courts FY2024 supervision-cost data.
- National Institute of Justice and Bureau of Justice Statistics research cited in the original Foundation.
- Alabama Public Service Commission correctional-communications proceedings.
- FCC correctional communications rulemaking record, 2024-2026.
- Prison Policy Initiative family-contact research and The Appeal commissary-pricing database as secondary sources.
- Alabama Reflector reporting on correctional capital construction, July-August 2026.

Version 2.2 Control Note

DOCUMENT CHANGE CONTROL: Until a formal ALPRP governing entity is established, the ALPRP founder/project director serves as document-control authority. Material revisions receive a new version number, effective date, and dated change log. Framework doctrine changes trigger review of the Policy Foundation and Pilot for conflicts. Once Pilot 100 enters a formal institutional partnership, changes affecting implementation, evaluation, resident rights, security, clinical practice, or partner responsibilities are governed by the applicable written agreement and may not be unilaterally represented as adopted ALPRP doctrine.

This Foundation should be maintained with the ALPRP Comprehensive Reform Framework and Pilot 100 Master Plan. Where a later Framework doctrine supersedes a policy recommendation in this document, the Framework controls until the Foundation is revised again. Numerical claims that are time-sensitive should be refreshed from the underlying agency or primary source before external publication.