

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
 DF-46 (REV 08/15)

Fiscal Year 2016-17	Business Unit 5225	Department California Department of Corrections and Rehabilitation	Priority No. 2
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Budget Request Name 5225-001-BCP-BR-2016-GB	Program 4530 – ADULT CORRECTIONS AND REHABILITATION OPERATIONS-GENERAL SECURITY 4590 – REHABILITATIVE PROGRAMS – COGNITIVE BEHAVIORAL THERAPY AND REENTRY SERVICES	Subprogram 4530010 – GENERAL SECURITY 4590015 – IN-PRISON PROGRAM
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Budget Request Description
 Substance Use Disorder Treatment Expansion

Budget Request Summary

The California Department of Corrections and Rehabilitation (CDCR), Division of Rehabilitative Programs (DRP) requests \$15.2 million General Fund, of which \$63,000 is one-time, and 51.6 positions beginning in fiscal year 2016-17 to expand the Substance Use Disorder Treatment Program to the remaining 11 non-reentry hub institutions that currently do not provide Program services.

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed
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Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO	Date
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For IT requests, specify the date a Special Project Report (SPR) or Feasibility Study Report (FSR) was approved by the Department of Technology, or previously by the Department of Finance. <input type="checkbox"/> FSR <input type="checkbox"/> SPR Project No. Date:

If proposal affects another department, does other department concur with proposal? Yes No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By <i>T.D. Williams</i> Tyrone D. Williams	Date <i>1/4/16</i>	Reviewed By <i>Jason Lopez</i> Jason Lopez	Date <i>01.04.16</i>
Department Director <i>Brant R. Choate, Ed.D</i> Brant R. Choate, Ed.D	Date <i>1/4/16</i>	Agency Secretary <i>Scott Kernan</i> Scott Kernan	Date <i>1-4-16</i>

Department of Finance Use Only

Additional Review: Capital Outlay ITCU FSCU OSAE CALSTARS Dept. of Technology

BCP Type: Policy Workload Budget per Government Code 13308.05

PPBA <i>[Signature]</i>	Date submitted to the Legislature <i>1/7/2016</i>
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BCP Fiscal Detail Sheet

BCP Title: Substance Use Disorder Treatment Expansion

DP Name: 5225-001-BCP-DP-2016-GB

Budget Request Summary

	FY16					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Positions - Permanent	0.0	51.6	51.6	51.6	51.6	51.6
Total Positions	0.0	51.6	51.6	51.6	51.6	51.6
Salaries and Wages						
Earnings - Permanent	0	3,495	3,495	3,495	3,495	3,495
Total Salaries and Wages	\$0	\$3,495	\$3,495	\$3,495	\$3,495	\$3,495
Total Staff Benefits	0	2,085	2,085	2,085	2,085	2,085
Total Personal Services	\$0	\$5,580	\$5,580	\$5,580	\$5,580	\$5,580
Operating Expenses and Equipment						
5301 - General Expense	0	77	77	77	77	77
5302 - Printing	0	12	12	12	12	12
5304 - Communications	0	16	16	16	16	16
5306 - Postage	0	6	6	6	6	6
5320 - Travel: In-State	0	13	13	13	13	13
5322 - Training	0	6	6	6	6	6
5340 - Consulting and Professional Services - Interdepartmental	0	4	4	4	4	4
5340 - Consulting and Professional Services - External	0	9,276	9,276	9,276	9,276	9,276
5368 - Non-Capital Asset Purchases - Equipment	0	188	125	125	125	125
Total Operating Expenses and Equipment	\$0	\$9,598	\$9,535	\$9,535	\$9,535	\$9,535
Total Budget Request	\$0	\$15,178	\$15,115	\$15,115	\$15,115	\$15,115
Fund Summary						
Fund Source - State Operations						
0001 - General Fund	0	15,178	15,115	15,115	15,115	15,115
Total State Operations Expenditures	\$0	\$15,178	\$15,115	\$15,115	\$15,115	\$15,115
Total All Funds	\$0	\$15,178	\$15,115	\$15,115	\$15,115	\$15,115
Program Summary						
Program Funding						
4530010 - General Security	0	1,871	1,871	1,871	1,871	1,871

4590015 - In-Prison Program

Total All Programs

0	13,307	13,244	13,244	13,244	13,244
\$0	\$15,178	\$15,115	\$15,115	\$15,115	\$15,115

Personal Services Details

Positions	Salary Information			CY	BY	BY+1	BY+2	BY+3	BY+4
	Min	Mid	Max						
1139 - Office Techn (Typing) (Eff. 07-01-2016)				0.0	11.0	11.0	11.0	11.0	11.0
4800 - Staff Svcs Mgr I (Eff. 07-01-2016)				0.0	1.0	1.0	1.0	1.0	1.0
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2016)				0.0	2.0	2.0	2.0	2.0	2.0
9662 - Corr Officer (Eff. 07-01-2016)				0.0	15.6	15.6	15.6	15.6	15.6
9776 - Parole Svc Assoc (Eff. 07-01-2016)				0.0	11.0	11.0	11.0	11.0	11.0
9902 - Corr Counselor III (Eff. 07-01-2016)				0.0	11.0	11.0	11.0	11.0	11.0
Total Positions				0.0	51.6	51.6	51.6	51.6	51.6
Salaries and Wages				CY	BY	BY+1	BY+2	BY+3	BY+4
1139 - Office Techn (Typing) (Eff. 07-01-2016)				0	417	417	417	417	417
4800 - Staff Svcs Mgr I (Eff. 07-01-2016)				0	71	71	71	71	71
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2016)				0	124	124	124	124	124
9662 - Corr Officer (Eff. 07-01-2016)				0	1,137	1,137	1,137	1,137	1,137
9776 - Parole Svc Assoc (Eff. 07-01-2016)				0	607	607	607	607	607
9902 - Corr Counselor III (Eff. 07-01-2016)				0	1,139	1,139	1,139	1,139	1,139
Total Salaries and Wages				\$0	\$3,495	\$3,495	\$3,495	\$3,495	\$3,495
Staff Benefits									
5150450 - Medicare Taxation				0	50	50	50	50	50
5150500 - OASDI				0	38	38	38	38	38
5150600 - Retirement - General				0	1,173	1,173	1,173	1,173	1,173
5150800 - Workers' Compensation				0	158	158	158	158	158
5150900 - Staff Benefits - Other				0	666	666	666	666	666
Total Staff Benefits				\$0	\$2,085	\$2,085	\$2,085	\$2,085	\$2,085
Total Personal Services				\$0	\$5,580	\$5,580	\$5,580	\$5,580	\$5,580

Analysis of Problem

A. Budget Request Summary

The CDCR requests \$15.2 million General Fund, of which \$63,000 is one-time, and 51.6 positions to expand the Substance Use Disorder Treatment Program to all institutions. There are 11 non-reentry hub institutions that currently do not provide Program services.

B. Background/History

Prior to public safety realignment, the Department was only able to provide rehabilitative programming for a small percentage of its target population due to budget reductions during the recession. Realignment has provided the opportunity to improve rehabilitative programs and to increase access to programming for more inmates. Population reductions resulting from realignment will allow the department to significantly increase the percentage of offenders served while also allowing the department to address a much broader array of factors that put offenders most at risk of reoffending.

Since realignment, the CDCR received ongoing funding to establish reentry hub programming at 13 institutions in 2013-14, with a goal of providing Cognitive Behavioral Treatment programming services to address offenders' criminogenic needs prior to release. Cognitive Behavioral Treatment addresses offenders' criminogenic needs in the areas of substance use disorder treatment, anger management, criminal thinking, and family relations. Additionally, the CDCR received on-going funding to establish four Multi-Level substance use disorder treatment programs and six Single-Level substance use disorder treatment programs at 10 non-reentry hub institutions beginning in 2014-15. The Multi-Level and Single-Level substance use disorder treatment programs are evidence-based programs that promote positive, pro-social behavior and prepare inmates for release by developing the knowledge and skills necessary to avoid substance abuse relapse. The CDCR also developed the Long Term Offender Pilot Program, which is a voluntary program that provides evidence-based programming to inmates who are serving long-term sentences. Substance use disorder is one of several major criminogenic areas addressed within the Long Term Offender Pilot Program. The aforementioned programs were developed with the goal of successfully reintegrating inmates back into the community, thereby reducing recidivism.

C. State Level Considerations

According to information released by the National Institute on Drug Abuse, revised as of December 2012, substance use disorder treatment has been shown to reduce associated health and social costs. Every dollar invested in substance use disorder treatment yields a return of between \$4 and \$7 in reduced drug-related crime, theft, and criminal justice costs. Major savings to the individual and to society also stem from fewer interpersonal conflicts and fewer drug-related accidents, including overdoses and death.

Based on information contained in the CDCR's 2014 Outcomes Report, a 20-percent reduction in recidivism can be achieved by in-prison substance use disorder treatment participation followed by aftercare services upon release. Credit-earning eligible inmates will receive Milestone Completion Credits for up to six weeks off of their sentences upon completion of a substance use disorder treatment program. This reduction in inmate sentences will help the state maintain compliance with the Three- Judge Court Order to reduce prison overcrowding to 137.5 percent. The potential cost savings that can be achieved through a reduction in the recidivism rate has a direct correlation to the National Institute on Drug Abuse's research on the economic benefits of substance use disorder treatment in that it could equate to cost savings and other economic benefits to California taxpayers due to reduced crime, including lower incarceration and victimization costs.

Reducing the prison population, reducing the recidivism rate and increasing public safety through the use of rehabilitative programs is also consistent with the mission and vision of the CDCR. The Program

Analysis of Problem

expansion will continue the CDCR's rehabilitative efforts by providing substance use disorder treatment programming at all institutions.

Expanding the Program will provide effective rehabilitation and treatment, increase the percentage of inmates served in rehabilitative programs, and assist offenders with successfully reintegrating into the community.

D. Justification

The CDCR's Office of Research produces annual reports on the outcomes of offenders released from CDCR correctional institutions. The report features measures of recidivism, which are used to track improvement and compare the CDCR's performance with that of other states. According to the 2014 Outcome Evaluation Report, offenders who received in-prison substance use disorder treatment and completed aftercare had the lowest recidivism rate (20.9 percent). Offenders who did not receive in-prison substance use disorder treatment and only received some aftercare had the highest recidivism rate (64 percent). The report went on to state that the implication of this finding suggests that the combination of in-prison substance use disorder treatment and aftercare results in the best outcome. The 2014 Outcomes Report substantiates the need to expand the Program to all institutions in order to achieve the best outcome in an effort to reduce the recidivism rate.

Generally, research indicates, as noted in the 2014 Outcomes Report above, that substance use disorder treatment can help reduce recidivism and substance abuse amongst program participants, especially if the treatment is provided in a therapeutic community setting. Studies have also evaluated the effectiveness of therapeutic community substance use disorder treatment, and most indicated that program participation had a positive effect on both recidivism and substance abuse.

Pursuant to the California Code of Regulations, Title 15, Subsection 3315(f)(5)(J)(2), an inmate who receives a second drug or alcohol related Rules Violation Report for violations of the California Code of Regulations, Title 15, Subsections: 3016(a), 3016(c), and 3290(d), the inmate shall be referred to a substance use disorder treatment program. Additionally, inmates ineligible for reentry hub programming, who self-indicate substance use disorder, have an arrest conviction history or a Board of Parole Hearings probable or good cause finding for any controlled substance related incident shall be referred to a non-reentry hub substance use disorder treatment program. Reducing drug use in the prisons has a direct effect on reducing violence, gang influence and modified programs. A more focused approach on drug interdiction and substance use disorder treatment will result in a more stable prison environment for staff and inmates. In addition, it will provide access to rehabilitative programs and educational and vocational services for the population in greatest need for these services.

In 2007, the Treatment Research Institute review of 109 studies found that substance use disorder treatment, especially when it incorporates evidence-based practice, results in clinically significant reductions in alcohol use, drug use, and crime. The review also found that economic studies across settings, populations, methods, and time periods consistently find positive net economic benefits of alcohol and other drug treatment that are relatively robust. The primary economic benefits occur from reduced crime, including lower incarceration and victimization costs, and post-treatment reduction in healthcare costs.

In analyzing the outcome data contained in the CDCR's Automated Risk and Needs Assessment Tool, it should be noted that approximately 70 percent of the inmate population has a moderate to high criminogenic need for substance use disorder treatment. The Department will provide expanded evidence-based Cognitive Behavioral Treatment substance use disorder treatment programming to inmates with a need at all institutions. Cognitive Behavioral Treatment is a therapeutic strategy designed to change cognitions which influence maladaptive behavior. Therefore, promoting positive substance use disorder treatment programming during incarceration will assist the inmate with successful reintegration into society and reduce their likelihood to recidivate. The positions requested

Analysis of Problem

as part of this proposal are consistent with the Program positions being utilized at the existing 10 non-reentry hub institutions.

Increase in Contracting Costs:

Over the last fiscal year, contracting requirements have changed including increases in the number of Alcohol and other Drugs Counselors (AOD) needed to provide substance abuse treatment services. In previous fiscal years, one AOD counselor was allowed to facilitate substance use disorder treatment programming in the morning and in the evening. This practice left the AOD counselor with little to no time for intake and assessments, one-on-one counseling, treatment planning, completion of case notes, or transitional planning as required by the curriculum and by the scope of work. Currently, AOD counselors can only facilitate substance use disorder treatment programming either in the morning or in the evening. This means that the number of AOD counselors required to run a substance use disorder treatment program has doubled; thus, increasing the amount of funding needing to run an in-prison substance use disorder treatment program. Please note the changes in contracting requirements as noted above were made as a result of on-going performance reviews of all in-prison contracts and the need to increase performance.

Additionally, the number of entry level counselors can no longer exceed the number of journey level counselors in any substance use disorder treatment program. Contract bidders are allowed to submit a budget proposal for all journey level counselors, more journey level than entry level counselors or a 50/50 split of journey level to entry level must be proposed. Therefore, the higher paid journey level counselors also increase contracting costs.

The aforementioned changes to contracting requirements are necessary to ensure that treatment services are being provided in an effective manner consistent with the requirements set forth in the evidence-based curriculum.

E. Outcomes and Accountability

Projected outcomes of the non-reentry hub Substance Use Disorder Treatment Program Expansion are:

- Increased participation and effectiveness in rehabilitative programming by serving a greater population.
- Increased public safety in California's communities.
- Economic benefits from reduced crime (including lower incarceration and victimization costs).
- Post-treatment reduction in healthcare costs.
- Increased staff and inmate safety by reduced negative behavior.
- 20-percent reduction in recidivism rate, consistent with the data from the 2014 Outcomes Report.

Evidence-based programming requires programs to be delivered with fidelity to the model in order to achieve the stated outcomes. Fidelity reviews (audits) are performed on the CDCR's evidence-based programs. These audits are performed to ensure the Program is delivered consistently and in the manner in which it was originally developed.

Additionally, the CDCR will continue to use its Program Accountability Review process to ensure treatment services are delivered in compliance with the contract deliverables. Program Accountability Reviews will be performed quarterly to ensure the services are being delivered as intended.

Analysis of Problem

Projected Outcomes

Workload Measure	CY 15/16	BY 16/17	BY 17/18	BY 18/19	BY 19/20	BY 20/21
Proposed Program Expansion						
Capacity(Total Slots)	N/A	3,168	3,168	3,168	3,168	3,168
Enrollment	N/A	2,851	2,851	2,851	2,851	2,851
% Enrolled	N/A	90%	90%	90%	90%	90%

*TOTAL SLOTS REFLECT A 150 DAY SUBSTANCE USE DISORDER TREATMENT PROGRAM

F. Analysis of All Feasible Alternatives

Alternative 1:

Approve \$15.2 million General Fund, of which \$63,000 is one-time, and 51.6 positions, as follows, beginning in 2016-17 to expand the Single-Level substance use disorder treatment program to the remaining 11 non-reentry hub institutions that currently do not have substance use disorder treatment programming: 15.6 Correctional Officer positions; 11 Correctional Counselor III positions; 11 Parole Service Associate positions; 1 Staff Services Manager I position; 2 Associate Governmental Program Analyst positions; and 11 Office Technician positions.

Pros:

- Likely decrease in the recidivism rate by addressing inmates' criminogenic needs.
- Inmates receive substance use disorder treatment programming and become less likely to commit new offense or become violent, thereby improving public safety.
- Likely decrease in the number of drug-related violent incidents and disciplinary actions, thereby improving staff and inmate safety.
- The Department will be able to address the criminogenic needs of a greater population.

Cons:

- Cost to the General Fund. However, there likely would be an offset in the long-run by economic benefits from reduced crime, including lower incarceration and victimization costs, and post-treatment reduction in healthcare costs.

Alternative 2:

Phase in expansion of the Program at the remaining 11 non-reentry hub institutions. Approve \$7.2 million General Fund and 26.3 positions to expand substance use disorder treatment programming at five institutions in 2016-17, growing to \$15.2 million General Fund and 51.6 positions beginning in 2017-18 to expand the Program at the remaining six institutions.

Pros:

- Cost of the expansion is spread out over two fiscal years.
- Less stress on the contract bidding process.
- Within two years, the department would still expand the Program to all institutions.
- Same benefits as identified in Alternative 1 above.

Cons:

- Inmates at the remaining six institutions will not receive much needed Program services until 2017-18.
- Does not provide for the greatest, immediate impact on recidivism reduction.
- Full impact of the long term economic benefit to taxpayers will be delayed.
- Delays the CDCR's overall vision and ability to fully implement California's Logic Model.

Analysis of Problem

Alternative 3:

Partially approve the request and provide funding to expand the Program to fewer institutions that currently do not offer substance use disorder treatment programming services.

Pros:

- Lower cost alternative.
- The department would still expand substance use disorder treatment programming to a greater number of offenders.
- Likely, but limited, decrease in the number of drug-related incidents and disciplinary actions.

Cons:

- Inmates at the remaining institutions will not receive much needed Program services.
- Does not provide for the greatest impact on recidivism reduction.
- Reduces the long-term economic benefit to taxpayers.
- Falls short of the CDCR's overall vision and ability to fully implement California's Logic Model.

Alternative 4:

Provide funding to establish additional programming slots at institutions that are currently operating substance use disorder treatment programs.

Pros:

- Limited startup cost.
- Avoids lengthy contract bidding process

Cons:

- Inmates at 11 institutions will not receive much needed Program services.
- Limited impact to public safety due to potential relapse for inmates in non-Program institutions.
- Limited impact on recidivism reduction.
- Potential increase in the long-term cost to taxpayers.
- Limited programming opportunities for inmates who test positive for the Enhanced Drug and Contraband Interdiction Program.
- Falls short of the CDCR's overall vision and hinders the CDCR's attempt to fully implement the California Logic Model.

G. Implementation Plan

July 1, 2016

H. Supplemental Information

Attachments A and B.

I. Recommendation

Approve Alternative 1. This will allow the CDCR to put in place substance use disorder treatment programs at institutions that currently do not offer substance use disorder treatment programming. Additionally, it will provide a program for inmates who have a positive urinalysis test and for inmates who have a criminogenic need for substance use disorder treatment. Having effective substance use disorder treatment programs in place has been shown to have a positive impact on recidivism. This

proposal puts in place the managerial, supervisory, and clerical infrastructure to properly establish, expand, and monitor the success of the substance use disorder treatment expansion program. Lastly, expanding the Program to all institutions is not something that can continue to be delayed.

ATTACHMENT A

Substance Use Disorder Treatment (SUDT) Expansion

A.	PERSONNEL	No. of Positions	Monthly/Hourly Salary Range		Monthly Salary	% of Project Time	No. of Months and/or Hours per Month		TOTAL	
							Months	Hours		
	Program Director	11.0	\$4,000.00	- \$7,500.00	\$ 5,000.00	100%	12		\$ 660,000.00	
	Supervising Counselor	11.0	\$23.00	- \$28.00	\$ 3,986.67	100%	12	2080	\$ 526,240.00	
	Transitional Counselor	11.0	\$21.00	- \$23.00	\$ 3,640.00	100%	12	2080	\$ 480,480.00	
	Journey Level Counselor	88.0	\$19.00	- \$21.00	\$ 3,293.33	100%	12	2080	\$ 3,477,760.00	
									\$ -	
	Overtime (Total Dollars for Above Term)								\$ -	
	Total Staff Salaries								\$ 5,144,480.00	
	Total Staff Benefits (% of Total Staff Salaries)	25.00%	55.00%	Range	Current Percentage =	40.00%			\$ 2,057,792.00	
	TOTAL PERSONNEL COSTS (A)								\$ 7,202,272.00	
B. SUBCONTRACTOR COSTS FOR EMPLOYMENT PROGRAMS										
	Program Name		Program Assumptions							
	TOTAL SUBCONTRACTORS/CONSULTANT COSTS (B)								\$ -	
C. OPERATING COSTS										
	Travel								\$ 60,500.00	
	Communications								\$ 33,000.00	
	Utilities								\$ -	
	Insurance								\$ 110,000.00	
	Supplies/Expendable Equipment								\$ 49,500.00	
	Non-Expendable Equipment (per Exhibit AA)								\$ 11,000.00	
	Training and Education								\$ 165,000.00	
	Staff Recruitment								\$ 11,000.00	
	Inmate Mentors/Clerks								\$ 11,000.00	
	Curriculum and Client Supplies								\$ 55,000.00	
	Inmate Food/Incentives								\$ 22,000.00	
	Additional Line Items									
									\$ -	
	TOTAL OPERATING COSTS (C)								\$ 528,000.00	
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)								\$ 7,730,272.00	
D.	TOTAL INDIRECT COSTS	Percentage of Subtotal Annual Direct Expenses =					15.00%			\$ 1,159,540.80
E.	PROFITS/SERVICE FEE	Percentage of Subtotal Annual Direct Expenses =					5.00%			\$ 386,513.60
	TOTAL BUDGET FOR FISCAL YEAR (SUM OF A+B+C+D+E)								\$ 9,276,326.40	

Based on 96 substance use disorder treatment slots at each institution.

Substance Use Disorder Treatment (SUDT) Expansion Summary

Attachment B

Budget Year 2016-17		
Item	Number	Overall cost
Correctional Officer ¹	13.4	\$1,608,000
CO (Orig. Non-Reentry SUDT Relief Factor)	2.2	\$264,000
Parole Service Associate ²	11	\$1,094,000
Office Technicians ³	11	\$764,000
Correctional Counselor III ⁴	11	\$1,856,000
Staff Services Manager I ⁵	1	\$113,000
Associate Gov. Program Analyst ⁶	2	\$203,000
Contracts - 11 SUDT Programs		\$9,276,000
Budget Year 2016-17 Total:		\$15,178,000

Budget Year+1		
Item	Number	Ongoing Cost
Correctional Officer	13.4	\$1,608,000
CO (Orig. Non-Reentry SUDT Relief Factor)	2.2	\$264,000
Parole Service Associate	11	\$1,073,000
Office Technicians	11	\$751,000
Correctional Counselor III	11	\$1,833,000
Staff Services Manager I	1	\$111,000
Associate Gov. Program Analyst	2	\$199,000
Contracts - 11 SUDT Programs		\$9,276,000
Budget Year+1 Total:		\$15,115,000

¹ Escorting inmates from housing unit to programming area. Checks inmates' IDs and provides alarm response. Ensure the safety and security of staff by checking IDs and escorting the correct inmate to the right program.

² Review of inmate central files to determine placement. Provide support to SAP transitional counselor, Substance Abuse Services Coordinating Agency and institution case records. Monitors SAT waiting lists. Placement of the right inmate in the right in-prison program and aftercare services.

³ Data entry in Strategic Offender Management System (SOMS) and Interim Computerized Attendance Tracking System (ICATS). Provides clerical support to the Correctional Counselor III, Parole Services Associate and contract staff. Ensure the inmates are tracked in SOMS and keeping proper attendance of the inmates. They will make sure all reports are completed and turned into Headquarters

⁴ Supervision of staff performing inmate file review, data entry into SOMS and ICATS. Establish procedures for random urinalysis. Enforce and ensure compliance with ADA/Armstrong/Clark/Coleman lawsuits. Required to participate in bargaining unit negotiations. Ensure staff are reviewing files in a timely fashion, inmates are placed in the right program, right institution. Urinalyses are performed and documented.

⁵ Supervision of staff performing audits, invoice processing, and contract compliance. Ensure that staff is initiating and following up on corrective action plans.

⁶ Processing of invoices and contract writing and compliance. Travel to institutions to perform audits of program. Deal with contract staff. Approves contract staff hiring. Ensure corrective action plans are initiated and completed. Ensure contractors are in compliance with the contract and curriculum taught to the inmates.