

# Arizona Department of Corrections Rehabilitation & Reentry

## Jensen Injunction Progress Report Published July 2024



Enhancing public safety across Arizona through modern, effective correctional practices and meaningful engagement.

Ryan Thornell, Ph.D., Director  
701 E. Jefferson St.  
Phoenix, AZ 85034

**#REIMAGININGCORRECTIONS**

# Arizona Department of Corrections Rehabilitation & Reentry

INTRODUCTION.....	2
INJUNCTION EXPENSES - FY24.....	4
MEDICAL AND MENTAL HEALTH.....	5
Staffing for Medical and Mental Health (Sec. 6.0 and Sec. 13.0).....	5
Contracted Healthcare Provider Staffing.....	5
Clinical Experience Opportunities Program.....	6
Quality Indicator Monitoring.....	7
General Requirements (Sec. 1.0).....	7
Medical/Mental Health Space Initiatives.....	8
Improvement Programs (Sec. 2.0).....	8
Continuous Quality Improvement Program (Sec. 2.4).....	8
Overall System Improvement (Sec. 2.5).....	9
Electronic Health Records (EHR) (Sec. 4.0).....	9
MEDICAL.....	10
Special Needs Unit (SNU) / Inpatient Care Unit (IPC) (Sec. 7.5 and Sec. 7.6).....	10
SNU/IPC.....	10
Disease Specific Requirements (Sec. 11.0).....	10
Hepatitis C Treatment (Sec. 11.1).....	10
Substance Use Disorder (Sec. 11.3).....	11
Medication Assisted Treatment (MAT).....	11
Appointments.....	12
Note: Fiscal Year begins July 1st each year and ends June 30th of the following year. FY 23 is July 1, 2022 to June 30, 2023 and FY 24 is July 1 2023 to June 30, 2024.....	13
MENTAL HEALTH.....	13
Content of Care (Sec. 16.0).....	14
Training.....	14
SUBCLASS.....	14
Recordkeeping.....	15
Access to Staff.....	15
Building Conditions (Sec. 23.0).....	16
Sanitation Expectations.....	16
Access to Cleaning Supplies and Pest Control Services (sec. 23.6).....	17
Food Service and Meals (Sec. 26.0).....	17
Out-Of-Cell Activities (Sec. 27.0).....	18
Classification (Sec. 29.0).....	19
Individualized Case Plans.....	19
Rehousing of inmates in Maximum Custody and Detention.....	20

# Arizona Department of Corrections Rehabilitation & Reentry

## INTRODUCTION

On June 30, 2022, the U.S. District Court issued its findings of fact and conclusions of law, identifying constitutional violations in healthcare provision and housing prisoners in isolation stemming from the decade-old class action case, now known as *Jensen v. Thornell*, No. CV-12-00601-PHX-ROS (D. Ariz. Jul. 31, 2023). Following a subsequent hearing on August 4, 2022, the Court appointed three experts to craft recommendations for the Injunction.

On April 7, 2023, the U.S. District Court issued a 67-page Injunction requiring the Department to remedy those constitutional violations. While the below list is not comprehensive, overall, the Injunction requires:

- **Medical and Mental Healthcare:**
  - Increase staffing.
  - Implement benchmarks to assess care quality.
  - Establish programs for reviewing mortality, suicide attempts, near-misses, adverse events, and overall system improvements.
  - Identify non-English speakers and provide adequate interpretation services.
  - Enhance the electronic health records system for better functionality and access.
  - Improve coordination of care during custody and after release (e.g., referrals, appointments, post-hospital and emergency room management).
  - Develop and implement a patient-centered care model.
  - Expand and streamline medication provisions, including KOP vs. DOT medication and handling medication refusals.
  - Enhance mental health training for custody officers.
  - Expand programs to treat individuals with Hepatitis C.
  - Develop and implement a comprehensive program to treat individuals with Opioid Use Disorder.
- **Relief for Prisoners in Isolation:**
  - No inmate shall be confined for 22+ hours daily for over two months without documented legitimate reasons.
  - Implement a system to move individuals in the subclass to lower custody levels after two months.
  - Increased staffing.
  - Ensure subclass members have access to services.
  - Provide three meals a day (two hot, one cold) with no more than 14 hours between dinner and breakfast; report meal refusals or changes in eating habits to medical staff.
  - Distribute clothing, bedding, and personal care items appropriately.
- **System-Wide and Physical Improvements**
  - **Monitoring Access:** Allow Jensen Court Monitors, Plaintiffs, and additional staff to access electronic health records (EHR) and other electronic records (EOMS).
  - **Staff Availability:** Provide immediate access to a staff member.
  - **Shower Repairs:** Repair and maintain all showers in disrepair.
  - **Body Scanners:** Use full-body scanners to reduce strip searches.
  - **Staff Assignments:** Assign full-time staff to each detention unit to oversee activities and ensure prisoners are re-housed within ten days.
  - **Legal Compliance:** Implement remedies for prison conditions as per 18 U.S. Code § 3626.

This report is an evolving document that does not capture the entirety of the Injunction or the Department's achievements. Its contents are subject to updates and revisions and should not be considered final or comprehensive.

This report provides a transparent, objective reporting of the Department's monthly actions to mitigate the Court-issued findings and systemically improve care.

# Arizona Department of Corrections Rehabilitation & Reentry

## INJUNCTION EXPENSES - FY24

Estimated Monitoring Costs (in Millions)

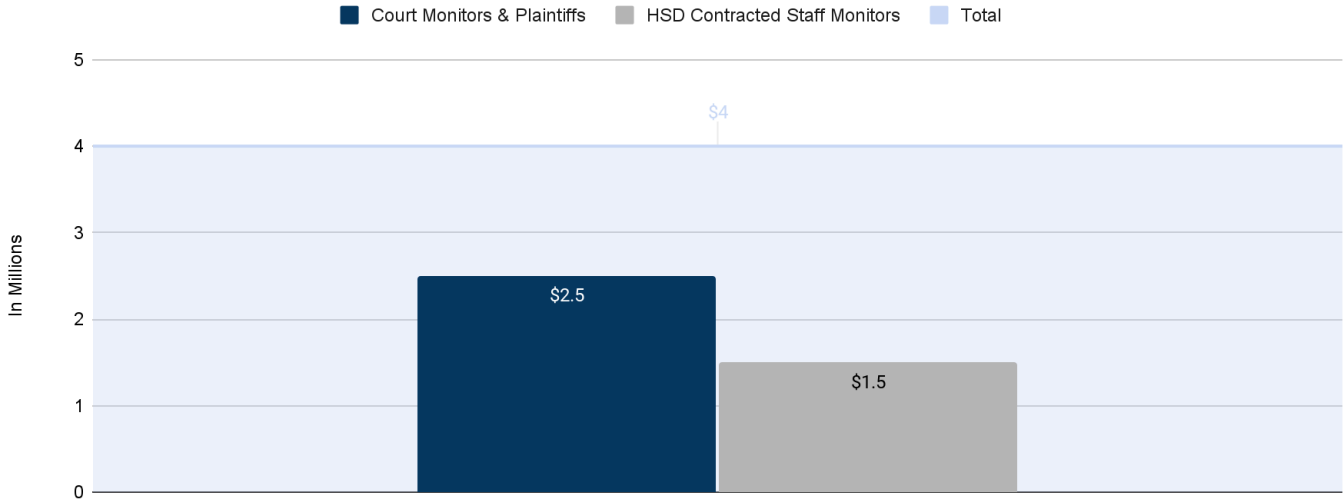


Figure 1

HealthCare Contract Cost (in Millions)

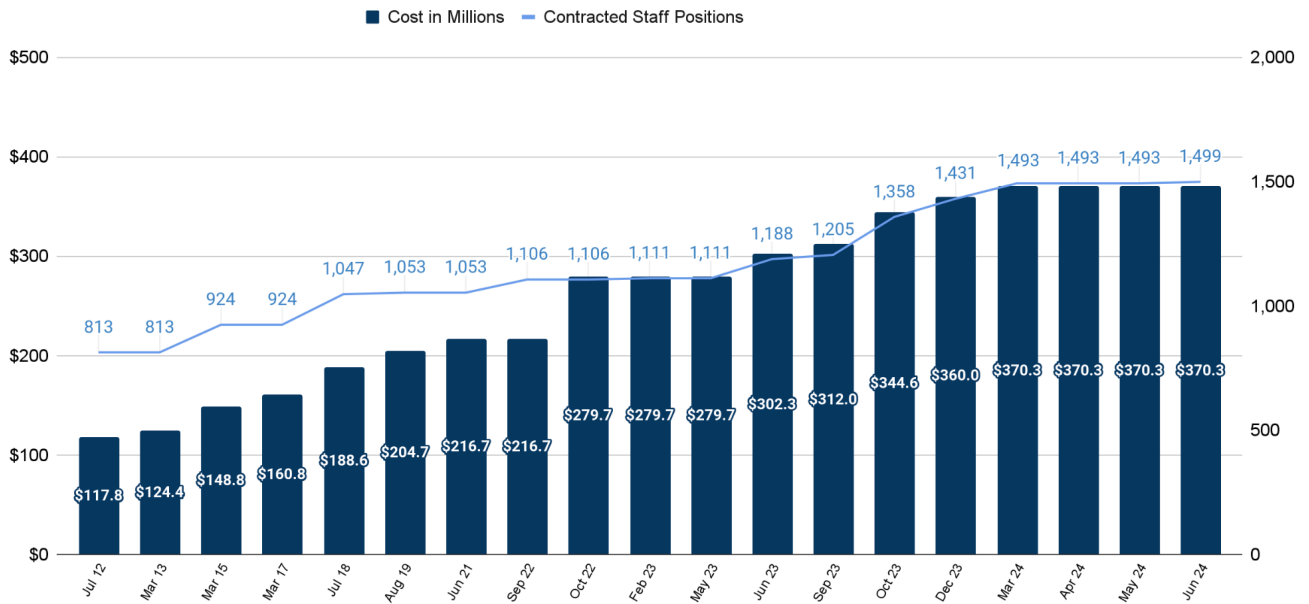


Figure 2

# Arizona Department of Corrections Rehabilitation & Reentry

## FY24- Food, Operating and Capital Outlay Cost

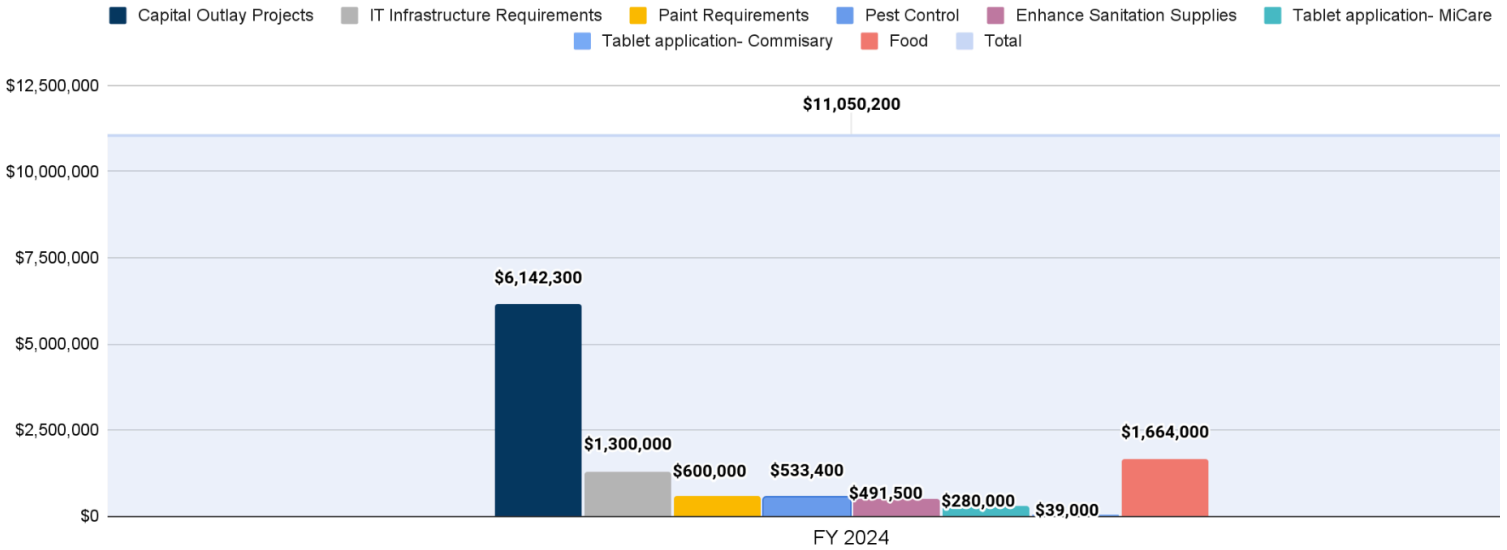


Figure 3

## MEDICAL AND MENTAL HEALTH

The Healthcare Services Division (HSD) is working with other ADCRR divisions, Jensen Court Monitors, Plaintiff Representatives, and the Contracted Healthcare Provider (CHP) to deliver the highest standard of healthcare possible to the Department's incarcerated population to meet the requirements of the Injunction.

### Staffing for Medical and Mental Health (Sec. 6.0 and Sec. 13.0)

The Department is working closely with the CHP to ensure that an adequate number of appropriately trained and licensed staff are hired and available for both medical and mental health services based on patient needs.

#### Contracted Healthcare Provider Staffing

Contractually Required Staffing:	1499.00
Current Monthly Staffing (see Figure 4):	
○ 0.5 FTE or GREATER (Permanent)	999.50
○ LESS THAN 0.5 FTE (Permanent)	8.25
○ REGISTRY GREATER THAN 6 MO	28.80
○ INJUNCTION 22	22.20
○ REGIONAL OFFICE	81.10
○ WORKING RESOURCE POOL EQUIVALENTS	<u>65.90</u>
	<b>1205.75 (80.44%)<sup>1</sup></b>

<sup>1</sup> This represents a 1.55 increase from May 2024 (June report).

# Arizona Department of Corrections Rehabilitation & Reentry

CHP Full Time Employees (FTE) and PRN Resource Pool Staffing Numbers

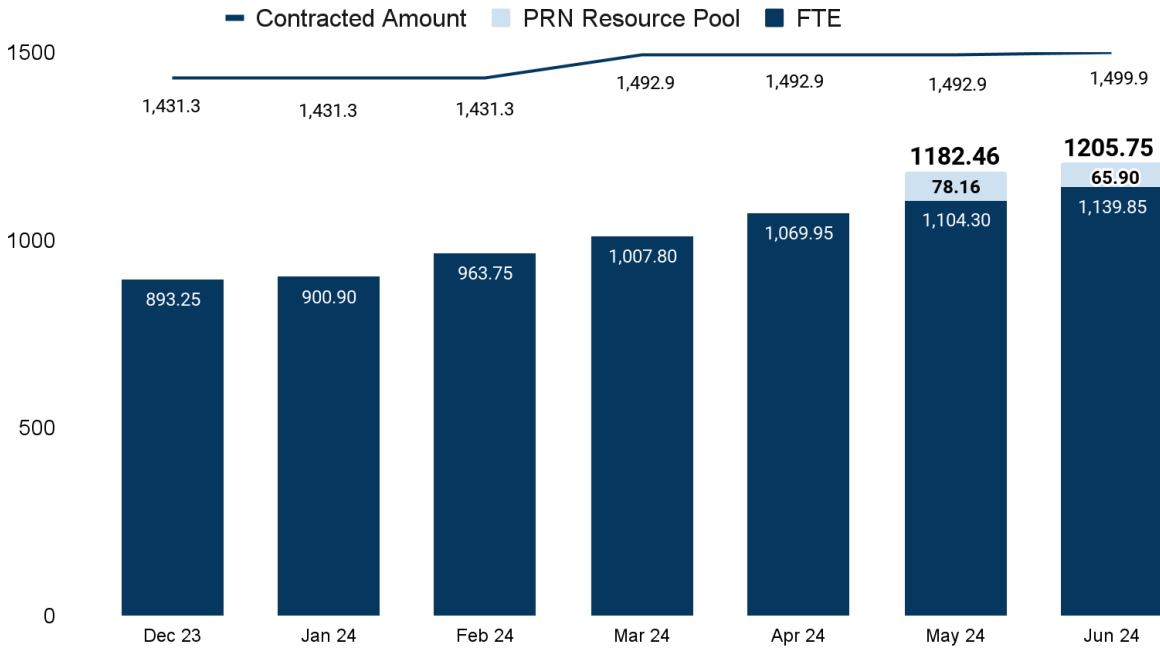


Figure 4

## Clinical Experience Opportunities Program

- HSD established the Clinical Experience Opportunities Program (CEOP) by partnering with educational institutions to support the CHP's hiring efforts. This program has fostered clinical rotations for medical and Work mental health students to work in Department facilities, and has resulted in FTE staff hires for the CHP (See Figure 5 and Figure 6)

CEOP Student Clinical Rotations through June 2024

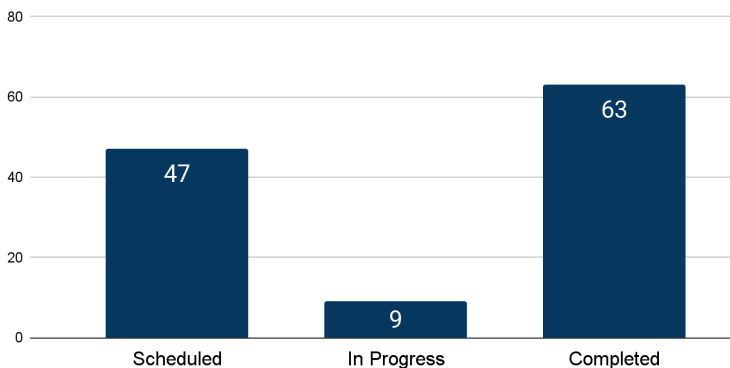


Figure 5

CEOP Results through June 2024

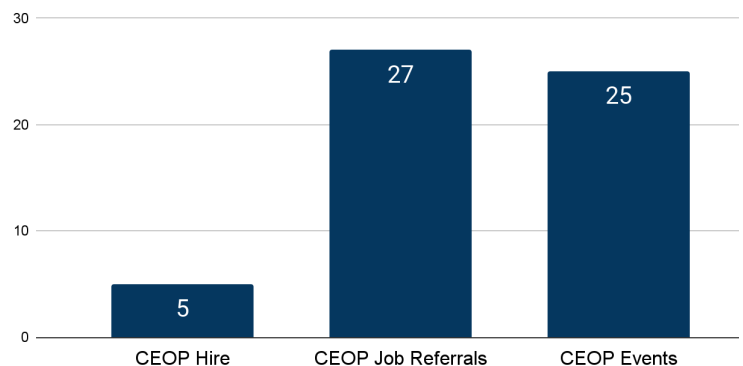


Figure 6

# Arizona Department of Corrections Rehabilitation & Reentry

## Quality Indicator Monitoring

To ensure compliance with the Injunction, the Department has worked closely with the Court Monitors to develop a robust list of quality indicators (QIs) and correlating methodologies for measurement. These require monthly audits through clinical observations and record reviews. HSD has designed and implemented work processes for auditing and established a Corrective Action Plan (CAP) tracking system to address QIs for which the CHP still needs to attain 100% compliance.

## Quality Indicator (QI) Monitoring

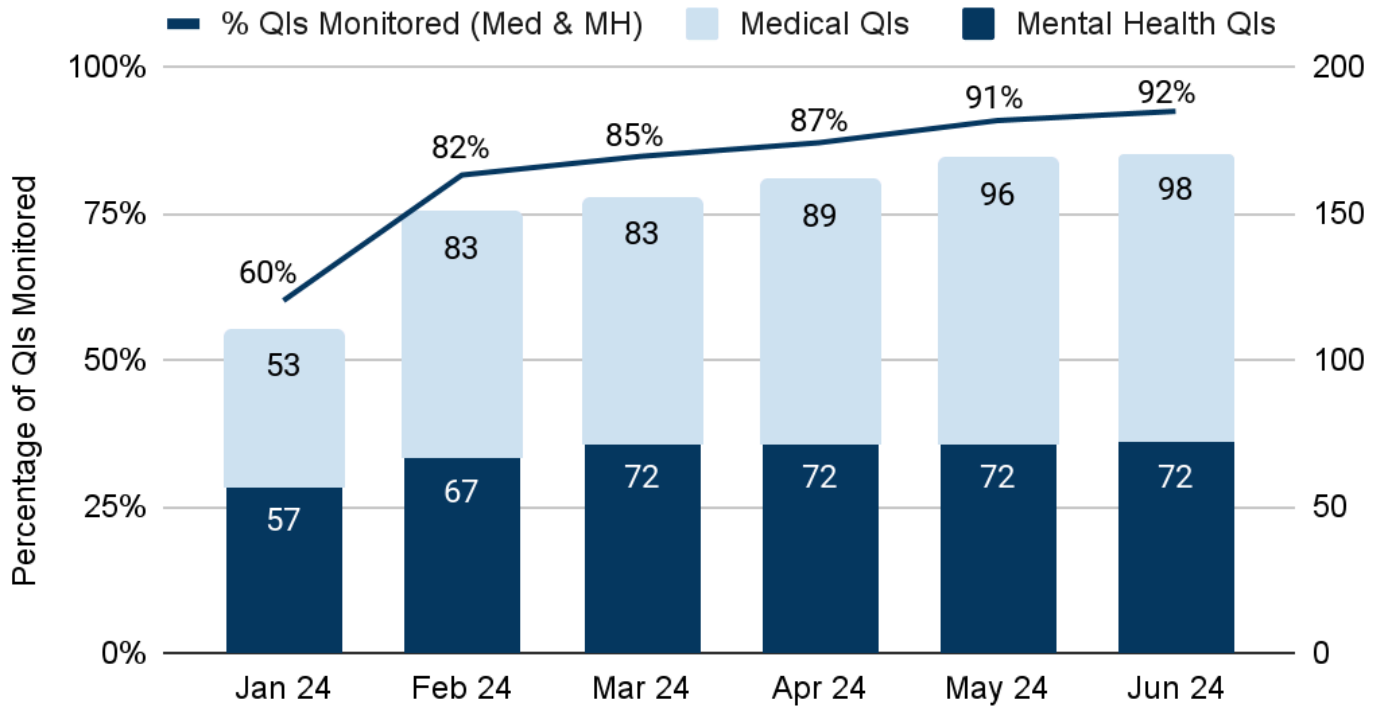


Figure 7 - Monitoring Month

Note: Data is audited the month after service is provided; Example, June monitoring data reflects services provided in May. Figure 7 reflects services provided from December 2023 to May 2024.

# Arizona Department of Corrections Rehabilitation & Reentry

## General Requirements (Sec. 1.0)

All healthcare shall be clinically appropriate and include supporting documentation.

### Medical/Mental Health Space Initiatives

- Regular tours and biweekly collaborative meetings between the CHP, Facilities, and Prison Operations are held to prioritize and resolve space-related issues, and monitor progress on ongoing space-related initiatives
  - Completed Projects:
    - Remodel of ASPC-Tucson, Rincon Unit West Medical completed on February 26, 2024
    - Remodel of ASPC-Tucson, Central Unit Intake Processing (CIP) for a medical room addition was completed on April 24, 2024
    - Removal and relocation of Custom X-Ray owned equipment was completed on April 13, 2024
    - Purchase of 250 hospital beds for ASPC-Tucson, Catalina Unit IPC/SNU on May 30, 2024

## Improvement Programs (Sec. 2.0)

The Department has implemented a robust continuous quality improvement (CQI) program to monitor the quality of care. The CQI program evaluates system problems and errors through various sources. The CHP reports monthly a “master log” of CQI activity, which the HSD shares with the Court Monitors. When warranted, the HSD assigns the CHP a root cause analysis, from which an effective and sustainable remedial plan is implemented in a timely manner.

### Continuous Quality Improvement Program (Sec. 2.4)

- HSD Quality Assurance Coordinators expanded on the review 2.4.1 Injunction requirements and determined that HSD is 100% compliant in areas related to pregnant women studies.
- HSD Quality Team leaders developed a CQI Program in collaboration with the CHP that began on February 1, 2024. Each state complex was assigned multiple quality initiatives to help achieve improvement in the delivery of healthcare. (See Figure 8)
- Complexes were encouraged to identify topics and create studies based on the specific needs of their individualized patient population.

2.4.1 CQI Studies Assigned to CHP

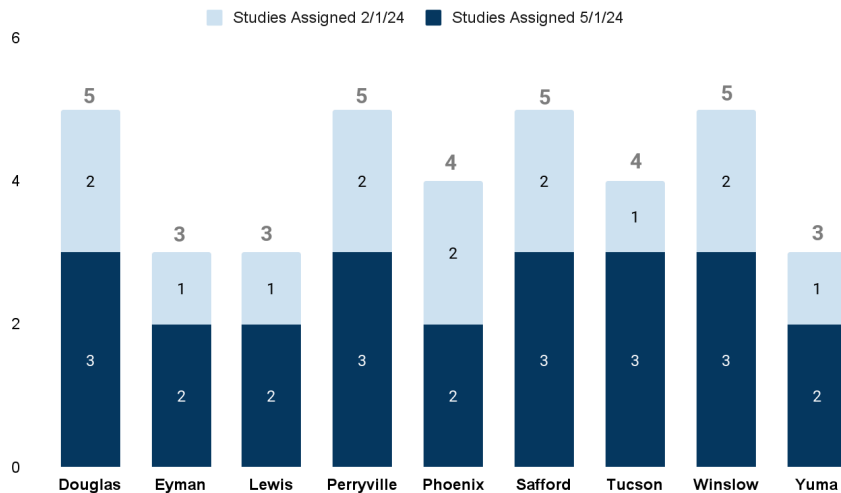


Figure 8



# Arizona Department of Corrections Rehabilitation & Reentry

## Overall System Improvement (Sec. 2.5)

- Comprehensive suicide attempt review meetings began on August 16, 2023
- HSD and CHP administrative mortality review meetings started June 7, 2023
- Monthly administrative mortality review meetings were implemented on November 21, 2023

## Electronic Health Records (EHR) (Sec. 4.0)

An EHR shall be used for medical and mental healthcare. The Contracted Healthcare Provider, Naphcare, uses TechCare.

- Enhancements to the Electronic Medical Record (EMR) TechCare
  - Completed 10 Enhancements and 16 Form changes in support of improved compliance and to provide data necessary for QI monitoring
    - Enhancements include:
      - Changes to the visual acuity assessment and mental health intake assessment
      - Tracking past and present patient Primary Care Provider assignments
      - Integration of patient appointment scheduling into the ADCRR system
    - Form changes include:
      - New, improved Dental forms
      - Improved Medical History form to provide health information to community providers when patients are released
      - Validation changes to existing forms to ensure fields can't be skipped
      - Addition of new fields to existing forms to better track compliance for items, such as patient notifications related to treatment plan changes, among others
    - Completed 166 TechCare report requests for use in QI Compliance Monitoring

### Enhancements to the Electronic Medical Record (EMR) TechCare

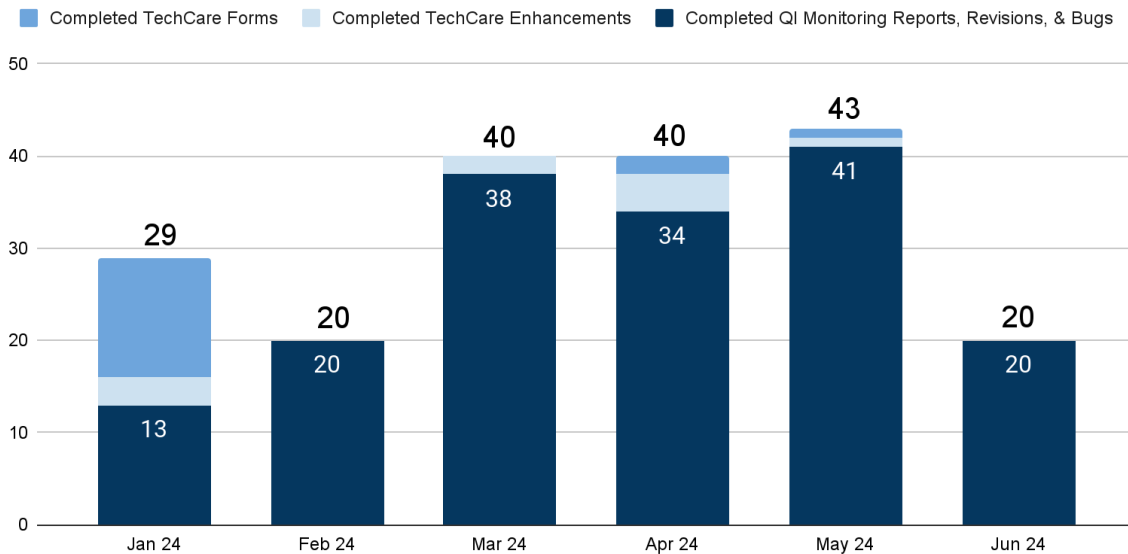


Figure 9

# Arizona Department of Corrections Rehabilitation & Reentry

## MEDICAL

The HSD Medical Team has advanced three major medical initiatives: a Special Needs Unit (SNU), a Hepatitis C Treatment Program and a Medication Assisted Treatment (MAT) Program.

### Special Needs Unit (SNU) / Inpatient Care Unit (IPC) (Sec. 7.5 and Sec. 7.6)

#### SNU/IPC

- On November 7, 2023, HSD opened a 100-bed bay at the Tucson Catalina SNU/IPC. On April 30, 2024, an additional 100-bed bay was opened. Collaborative cross-functional team meetings have occurred weekly since October 6, 2023, and continue to occur to ensure clinically appropriate patients are assigned to the SNU/IPC.

### Disease Specific Requirements (Sec. 11.0)

#### Hepatitis C Treatment (Sec. 11.1)

- Since October 1, 2023, more than 2,800 patients have been treated for Hepatitis C with an average of 316 new starts per month and approximately 900 patients receiving treatment in any given month. (See Figure 10)

## Hepatitis C Patient Count

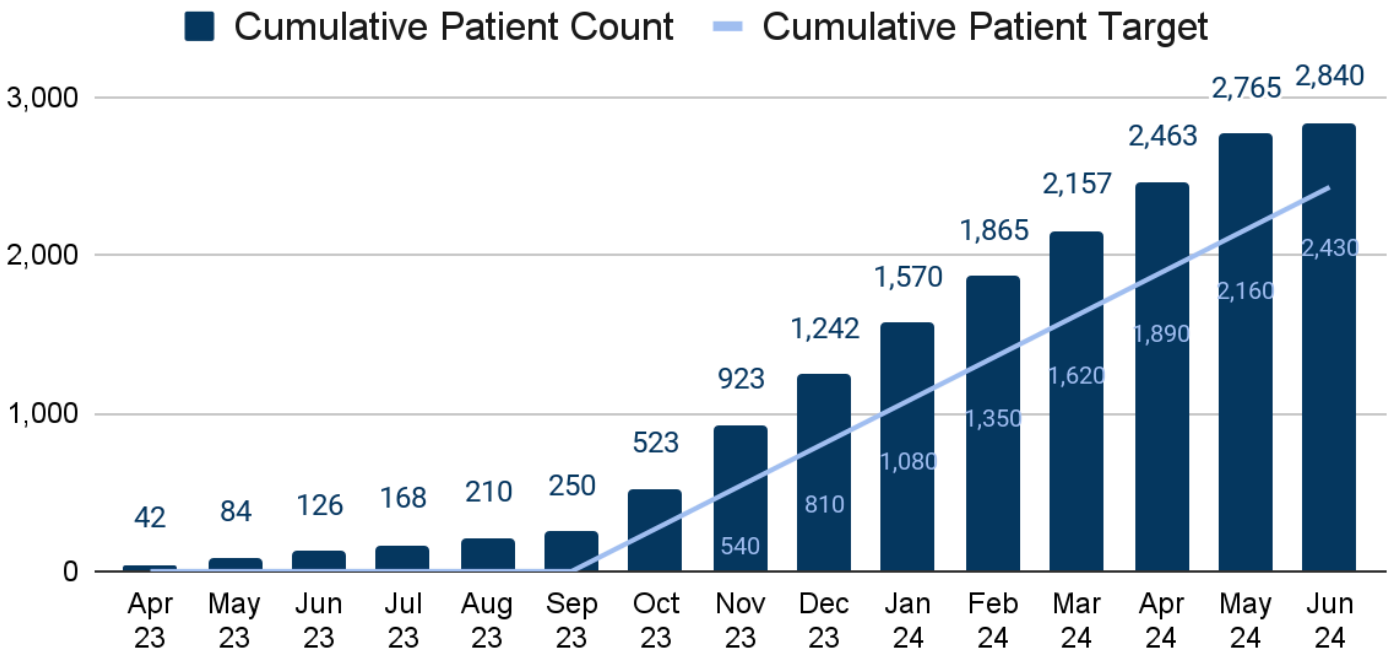


Figure 10

# Arizona Department of Corrections Rehabilitation & Reentry

## Substance Use Disorder (Sec. 11.3)

The Department shall screen for, and if indicated then evaluate for, substance use disorder.

### Medication Assisted Treatment (MAT)

The Department is to offer Medication for Opioid Use Disorder (MOUD) to all newly admitted, Pregnant/Postpartum patients with opioid use disorder (OUD), and those with a documented history of overdose or who upon assessment are determined to be at imminent risk of an opioid overdose. The Department has:

- Created a comprehensive MAT rollout plan resulting in a steady addition of MAT patients at every complex beginning June 8, 2023. (See Figure 11 and Figure 12, on page 12 )
- Created and implemented a comprehensive MAT Dashboard to function as a single point of communication with all stakeholders, aiding in continuity of care upon release, beginning December 10, 2023
- Implemented a reentry process in February 2024 designed to ensure continuity of care, including arranging transportation, reach-in services, a home plan, and events to schedule care appointments with community agencies

### Current MAT Patient Count by Month

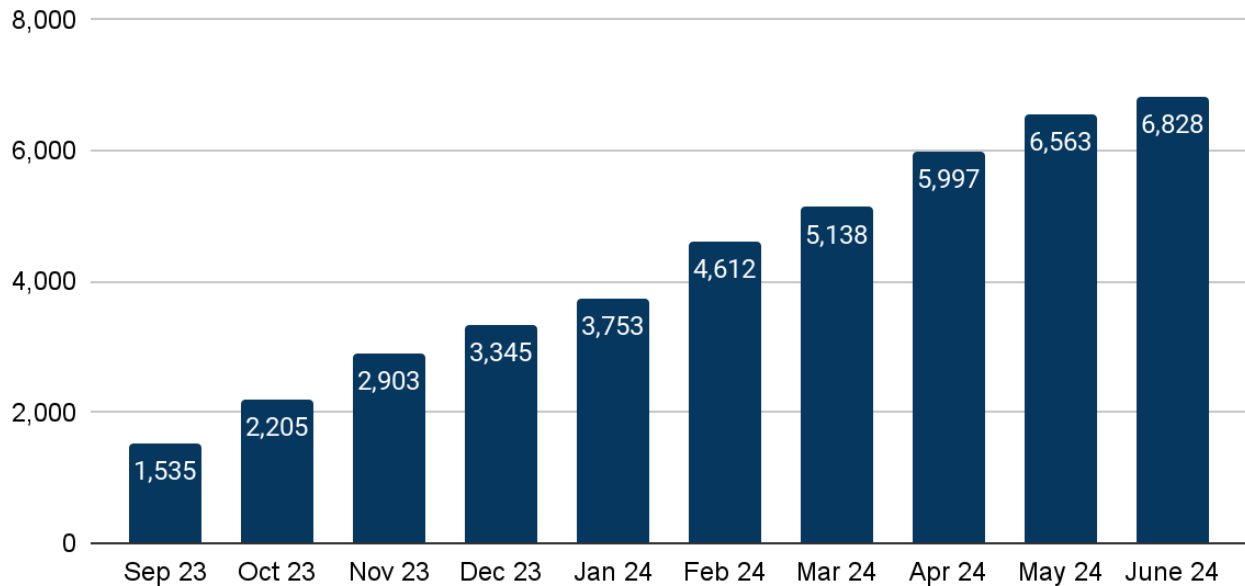


Figure 11

# Arizona Department of Corrections Rehabilitation & Reentry

## Backlog Reduction for MAT Initial Assessments

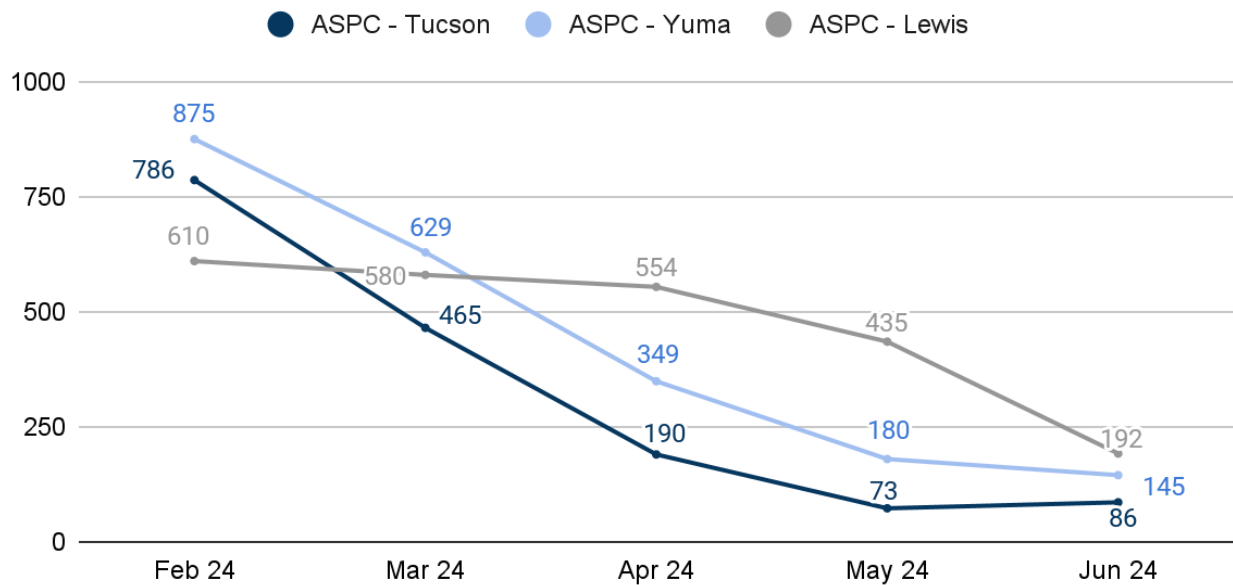


Figure 12

### Appointments

Chronic Care Appointments and Offsite Specialty Appointments are to be completed within the timeframes established by the patient's provider.

While Chronic Care Appointments are at a relatively stable level (Figure 13, on page 13), the required number of Offsite Specialty Appointments has more than doubled in FY 2024 from previous levels in FY 2023. (Figure 14, on page 13) The highest number of appointments occurred in the month of May for both years, with 834 offsite specialty appointments reported in May FY 2023 while 2,020 appointments were reported in May FY 2024, which represents a 142% increase.

June Completed Appointments are as follows:

- Monthly Chronic Care appointments completed decreased by 15% from May 2024
- Monthly Offsite Specialty appointments completed decreased by 12% from May 2024

The following initiatives have contributed to the increase in completions of chronic care and offsite specialty appointments:

- Increased CHP staffing, which allows for the allocation of additional resources to chronic care and offsite specialty treatment
- Continued cooperation between the CHP and the Prison Operations Division in expanding the number of available transports for offsite specialty appointments
- The CHP's continual efforts to increase the number of available specialists in their offsite specialty network

# Arizona Department of Corrections Rehabilitation & Reentry

## Chronic Care Appointments Completed

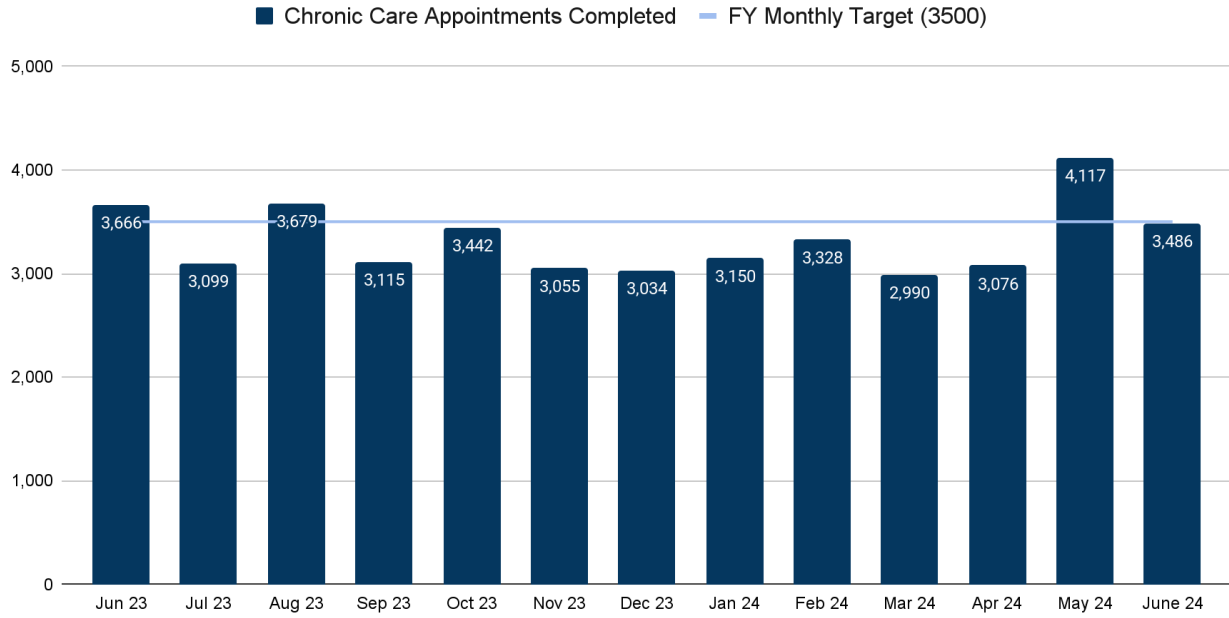


Figure 13

## Offsite Specialty Appointments Completed by Fiscal Year

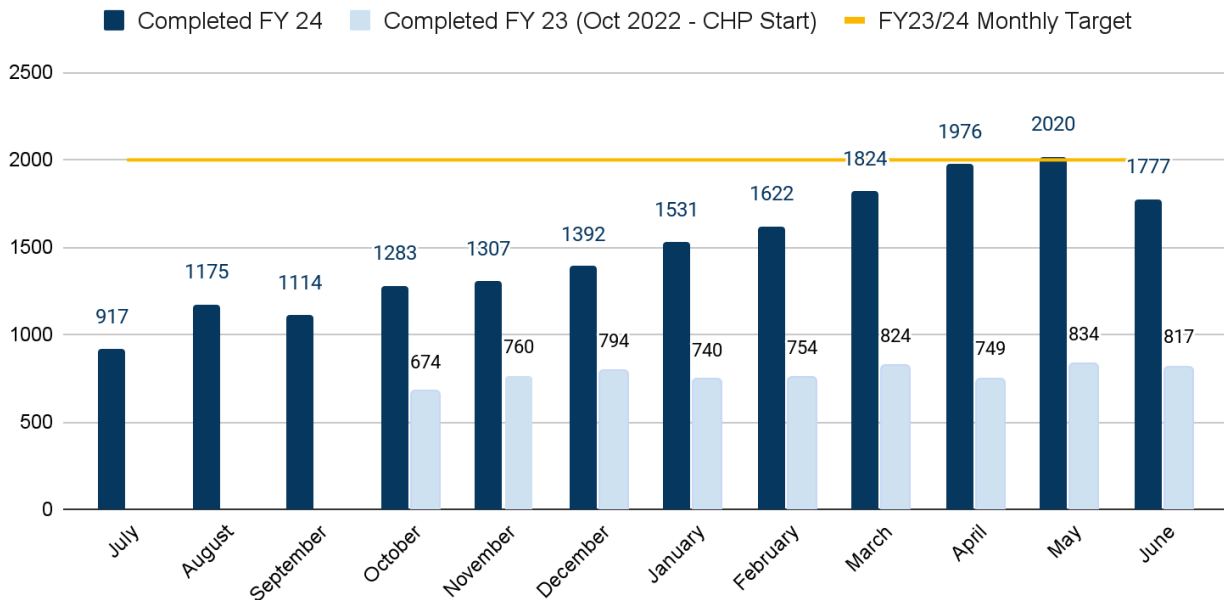


Figure 14

Note: Fiscal Year begins July 1st each year and ends June 30th of the following year. FY 23 is July 1, 2022 to June 30, 2023 and FY 24 is July 1 2023 to June 30, 2024

# Arizona Department of Corrections Rehabilitation & Reentry

## MENTAL HEALTH

The HSD Mental Health Team has pursued two major initiatives: Ensuring there is an appropriate level of mental health programming to meet the needs of the incarcerated population with mental health diagnoses and improving the quality of care for individuals requiring Residential Treatment and Inpatient Treatment level of care.

### Content of Care (Sec. 16.0)

#### Improvements in Residential Treatment Units (RTU) include:(Sec. 16.4)

- Increased the RTU population by 71%
- Increased patients' opportunities for Education by 75%
- Increased patients' opportunities for Substance Use Disorder (SUD) treatment by 700%
- Increased patients' opportunities for participation in Faith-Based Services by 65%

#### Improvements for Inpatient Treatment Units (ITU) include:(Sec. 16.5)

- Increased the ITU population by 16%
- Increased patients' opportunities for Education by 200%
- Increased patients' opportunities for Substance Use Disorder (SUD) treatment by 300%
- Increased patients' opportunities for participation in Faith-Based Services by 300%
- Increased the number of individuals with jobs in ITU by 900%

#### Areas of Focus

- Increased the number of HNRs triaged and addressed by mental health from 50% in December 2023 to 86% in May 2024
- Increased the capacity for the Mental Health Residential Treatment Units from 656 to 878 beds, a 34% increase since May 2023 (See Figure 15)

Capacity of the Mental Health Residential Treatment Unit

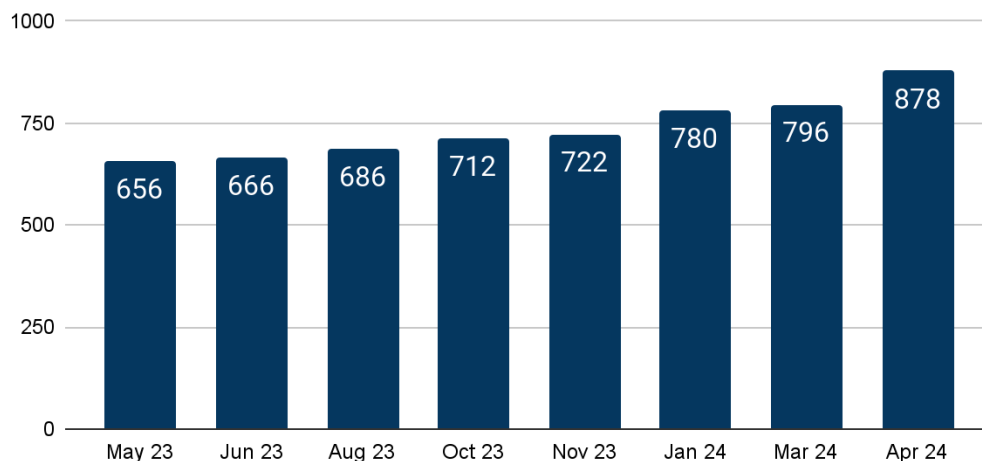


Figure 15

## Training

As of June 28, 2024, the CHP reported that 5 additional training sessions on suicide risk assessments were completed

# Arizona Department of Corrections Rehabilitation & Reentry

## SUBCLASS

The Prison Operations Division and the Classification, Records, and Population Management Division work collaboratively with other ADCRR divisions, Jensen Court Monitors, and the Plaintiff Representatives to ensure the highest standard of living conditions possible for the Department's incarcerated population and to meet the requirements of the Injunction.

### Recordkeeping

The Department has been tasked with installing and implementing an electronic offender management record-keeping web-based system ("EOMS"). A timeline for this project was outlined within the Injunction, beginning within one month of the issuance of the order and ending with a completion date of December 2024.

- The Department is ahead of schedule in "going live" with monitoring via RFID in all subclass locations.

Date	Task
July 2023- August 2024	Guardian demonstration project at ASPC-Eyman, Browning Unit
December 2023	Contract awarded to Guardian RFID
January/February 2024	All subclass locations mapped for tag planning and placement
March 2024	Software systems integrated, all handheld devices and installation material ordered for all areas
April 2024- May 2024	Over 1000 location tags were installed statewide
May 2024	Lewis Complex receives all Spartan devices and other hardware
June 2024	The expected arrival date(s) for all other complexes to receive hardware are June 12, 2024 and June 13, 2024. ASPC-Lewis devices are active and able to be utilized for testing and familiarity. ASPC-Lewis and ASPC-Yuma Guardian training was completed er June 17, 2024 through June 21, 2024
July 2024	Within the Detention Units of ASPC-Tucson, ASPC-Safford, and ASPC-Douglas Guardian training is scheduled for July 8, 2024, through July 12, 2024. ASPC-Perryville and ASPC-Winslow Guardian training is scheduled July 22, 2024, through July 26, 2024
August 2024	Go-Live for all facilities

### Access to Staff

The Department shall ensure that the subclass population can effectively contact a staff member immediately in person or via a call button intercom system.

- In March 2024, the Department piloted an emergency call button on inmate tablets at ASPC-Eyman, Browning Unit. The response times for the emergency call button have been successful, with a majority of responding staff members arriving at the inmate's location in under 2 minutes.
  - This feature is available on all inmate tablets within the assigned unit and can be utilized in the event of an emergency to contact a staff member immediately.

# Arizona Department of Corrections Rehabilitation & Reentry

Number of calls

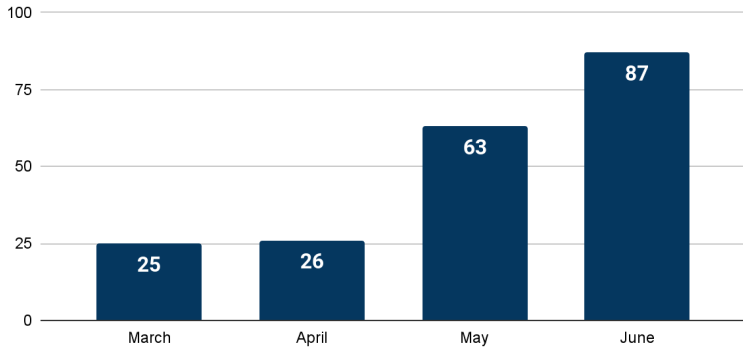


Figure 16

Average Min per Response

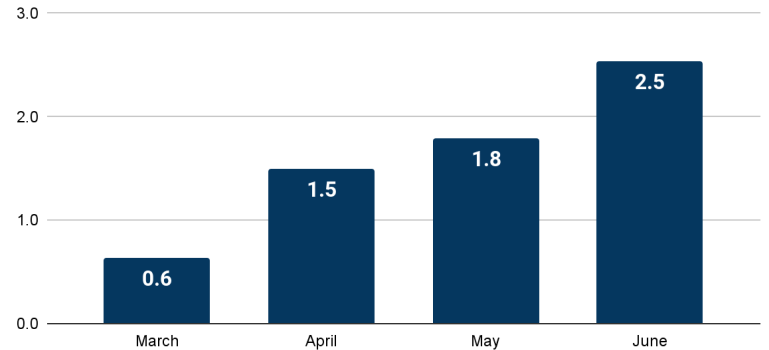


Figure 17

## Building Conditions (Sec. 23.0)

The Department is to ensure that showers, recreation areas, cells, and areas used by the subclass population (classrooms and dayrooms) are repaired, resurfaced, and repainted if needed. The Department must also develop a plan and oversight for upkeep of the designated areas, while providing the population with access to cleaning supplies and regular pest control maintenance.

### Sanitation Expectations

Sanitation inspections are completed daily at all subclass locations and logged on either the Electronic Monitoring System (EOMS) or a Supervisor Inspection Form.

### Non-EOMS Locations

Number of inspections and the findings and Percentage of compliance

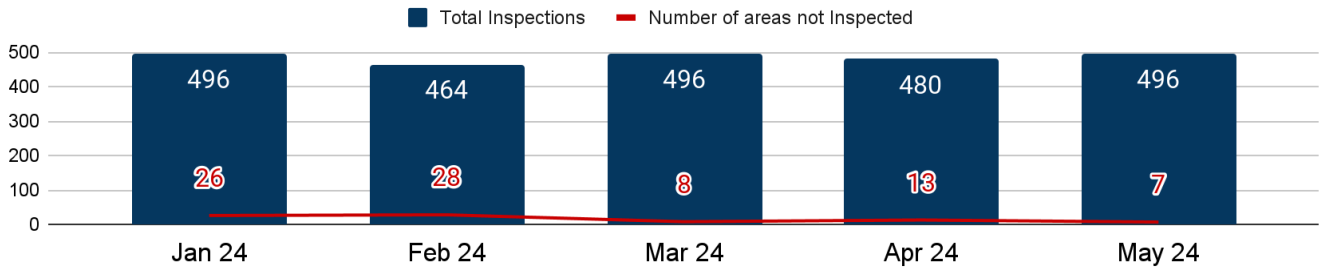


Figure 18

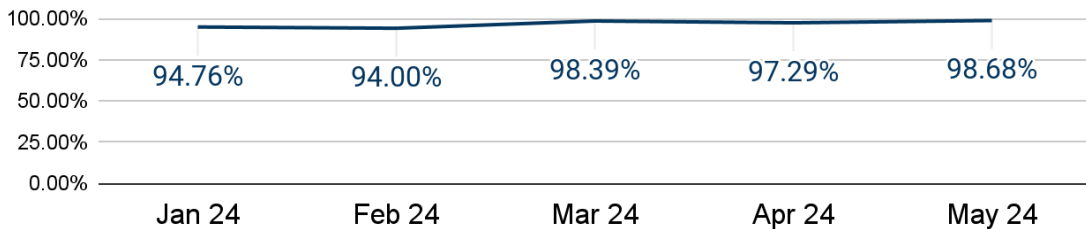


Figure 19



# Arizona Department of Corrections Rehabilitation & Reentry

## EOMS Locations (Browning Unit only)

Number of inspections and the findings and Percentage of compliance

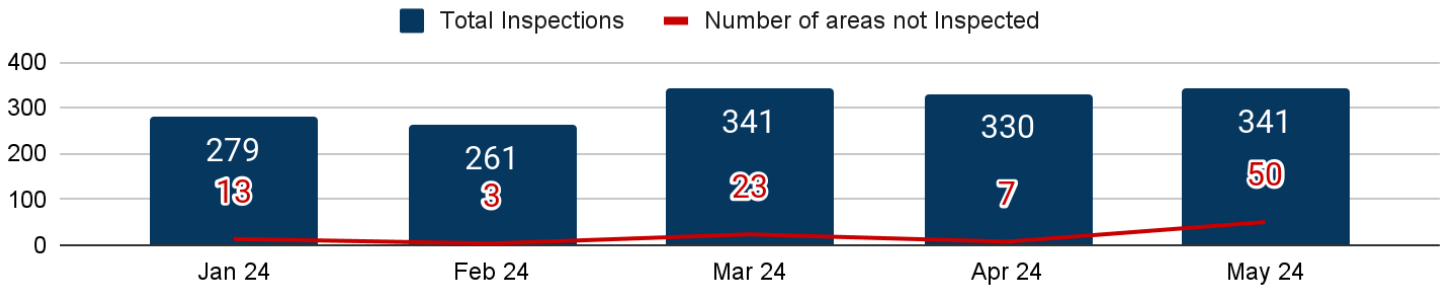


Figure 20

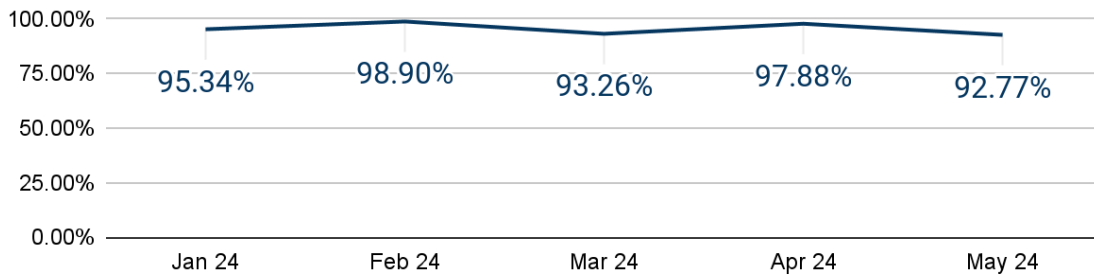


Figure 21

### Access to Cleaning Supplies and Pest Control Services (sec. 23.6)

The subclass population is to have access to effective cleaning and sanitation supplies, which include chemicals, mops, buckets, brooms, rags, etc.

- Since the Injunction began, the Department has been 100% compliant in providing cleaning supplies to all inmates at all locations.
- Since the Injunction began, the Department has been 100% compliant in providing pest control services to all inmates at all locations. All locations offer services twice monthly for both common areas and individual inmate housing.

### Food Service and Meals (Sec. 26.0)

All subclass locations must have three separate meals (2 hot, 1 cold) served to the population Monday through Friday with no more than 14 hours between breakfast and dinner. Breakfast and lunch may be served together on weekends and holidays provided in 2 meals (1 hot, 1 cold).

- The implementation of 3 meals per day began on July 10th, 2023. Since then, the Department has been 100% compliant regarding meal types and amounts served to the inmate population.

# Arizona Department of Corrections Rehabilitation & Reentry

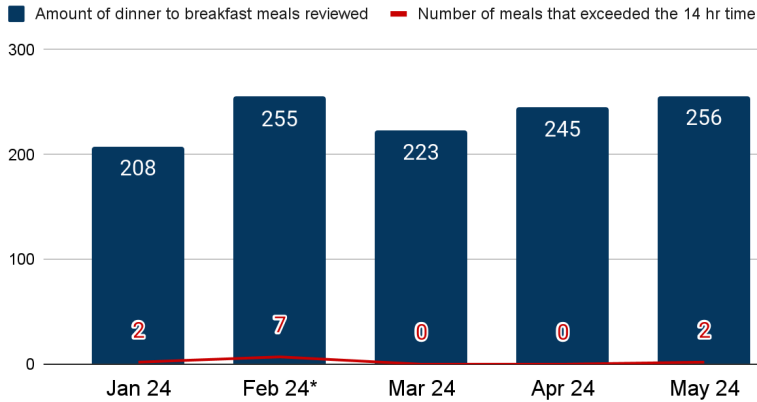


Figure 22

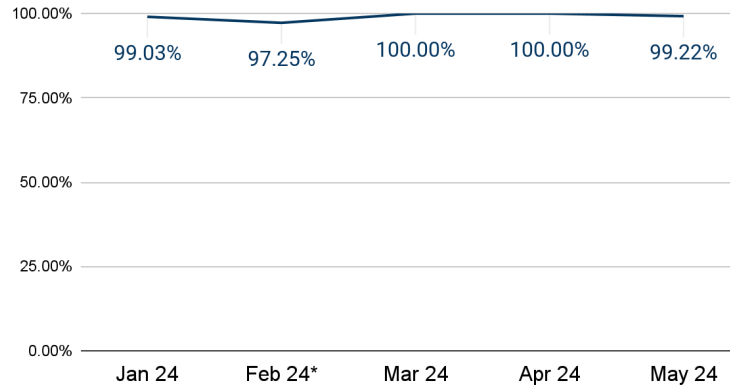


Figure 23

\*it should be noted that Feb 24 data was a single unit's findings due to a disturbance that shut down the unit's kitchen

## Out-Of-Cell Activities (Sec. 27.0)

The subclass shall be offered 14 hours or more per week of out-of-cell (OOC) time, which provides opportunities for recreation, showers, individual/group therapy, and, if eligible, visitation, phone calls, or other offered activities.

- All subclass locations schedule and offer OOC time for a minimum of 2.5 hours daily, exceeding the Injunction requirement.
- All maximum custody locations offer group recreation for two or more individuals (based on individual inmate level/step as per the Department's policy).
- All detention units offer socialization opportunities while still ensuring the safety of each inmate by utilizing enclosures that share secure but open partitions.
  - Four detention areas currently lack outside recreation but are under construction. These areas conduct additional out-of-cell time in the immediate housing area, with pairs of inmates physically seated at different tables within the immediate vicinity of each other.
    - ASPC-Lewis update completed July 6, 2024. All inmates can participate in outdoor recreation in the newly constructed enclosures.
    - ASPC-Yuma construction of outdoor recreation enclosures is anticipated to be completed by the end of July 2024

## Out of Cell Time Offered (OOC)

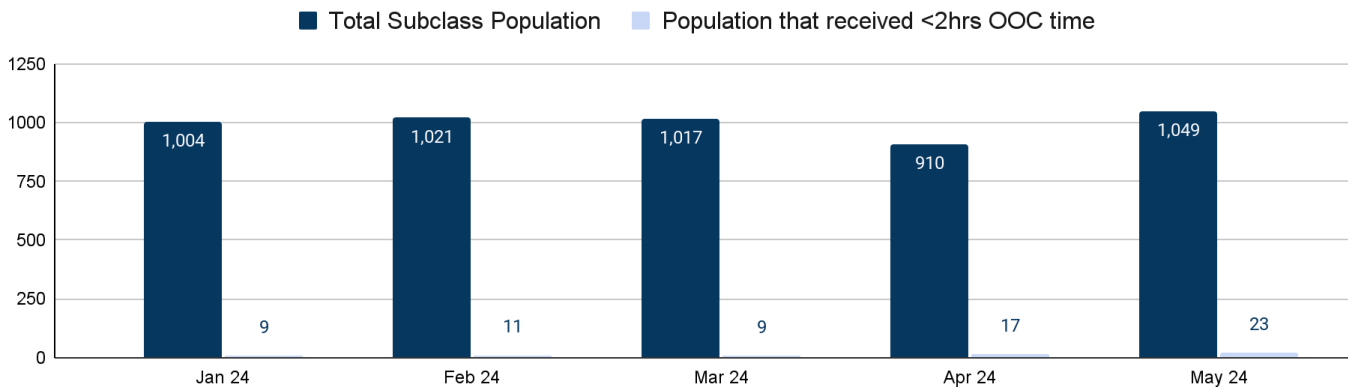


Figure 24

# Arizona Department of Corrections Rehabilitation & Reentry

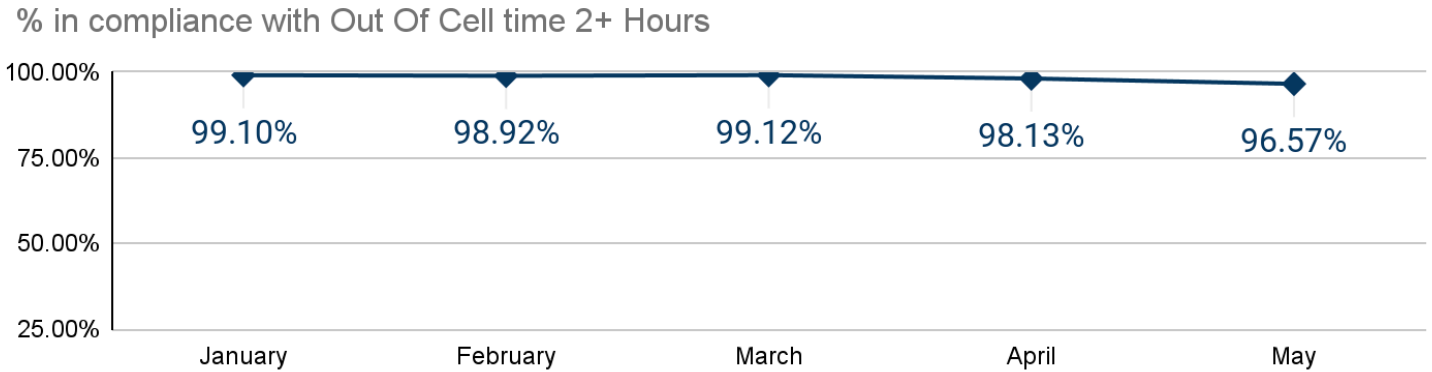


Figure 25

## Classification (Sec. 29.0)

The Department is to ensure that full-time qualified staff members are assigned to each housing unit, inmate classifications and reviews are completed in a timely manner per the specifications of the Injunction, and that they are properly documented in the individual case plans.

### Individualized Case Plans

The Department must provide the identified subclass population with a written or electronic copy of their individualized case plan in a manner that is comprehensive to the inmate. The Department must evaluate the inmate's progress at intervals not exceeding one month and document the evaluation in the individual case plans.

A newly designed case plan was implemented on April 16, 2024. In addition, a new evaluation process has been implemented (see table below)

- Any inmate who has been housed in the subclass area for more than 45 days undergoes a separate review process for continued placement or removal and reclassification.
- If continued placement is recommended, detailed reasoning is annotated in memo form.
- Maximum custody inmates recommended to remain in this status continue to be evaluated every 30 days and are reviewed for reclassification and removal 180 days from the day they entered maximum custody.

# Arizona Department of Corrections Rehabilitation & Reentry

## New Process to facilitate to the return to less restrictive housing

Days	Tasks
Day 3	Documented interview with inmate and assigned case manager
Day 5	Initial case plan meeting with inmate and multi-disciplinary team
Day 10-20	Follow up on placement reason; ensure appropriate documentation is completed
Day 30	Subsequent case plan completed
Day 45	60 day review initiated
Day 60	60 day review completed, subsequent case plan completed
If unable to return to less restrictive housing and remain in maximum custody then all of the activities from day 90 on are performed	
Day 90	Subsequent case plan completed
Day 120	Subsequent case plan completed
Day 150	Subsequent case plan completed
Day 180	Reclassification completed; Subsequent case plan completed
Day 210-Day 360	Case plans are completed every 30 days for the duration of their housing

## Rehousing of inmates in Maximum Custody and Detention

Inmates must be transferred out of maximum custody and detention areas within 10 days of the placement process completion.

- The Department has successfully integrated over 1,000 inmates k into the general population from Maximum Custody. The current Maximum Custody population is 237 as of June 30, 2024, down from 1,356 in January 2023.

**Total Restrictive Status Housing (Max Custody)**

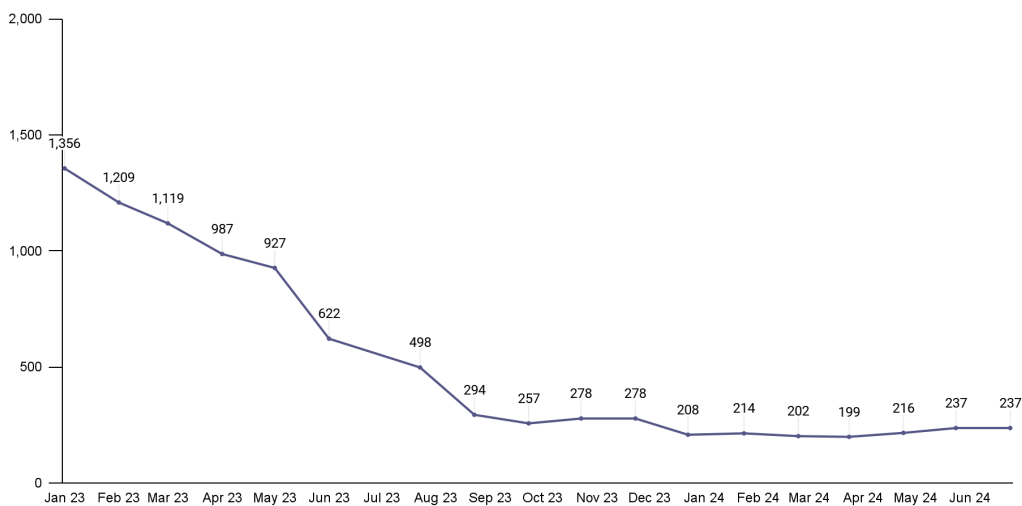


Figure 26

# Arizona Department of Corrections Rehabilitation & Reentry

- Housing options are carefully considered to ensure appropriateness and inmate safety.
  - If a conflict is related to staffing, other inmates, program participation, or medical/mental health concerns and options are limited, an inmate may remain in the subclass environment while appropriate housing is identified.

## Actions being taken to improve compliance further:

- The Department has identified locations for population adjustments, creating additional housing areas for inmates with difficulty housing.
- The Department continues to explore and implement strategies related to inmate housing to mitigate the influx of inmates placed in detention, as appropriate.

### Inmates Rehoused Out of Maximum Custody

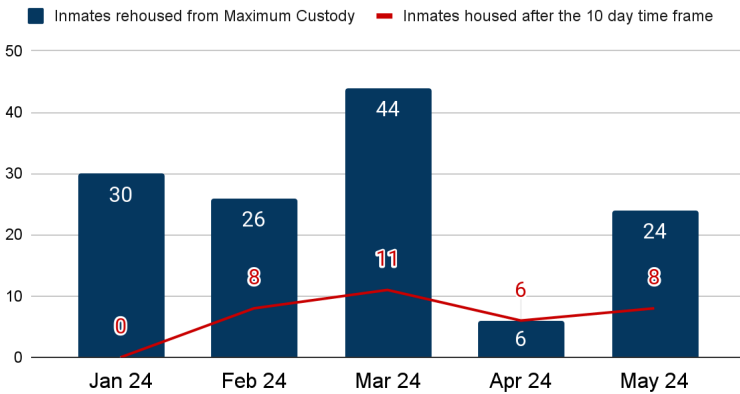


Figure 27

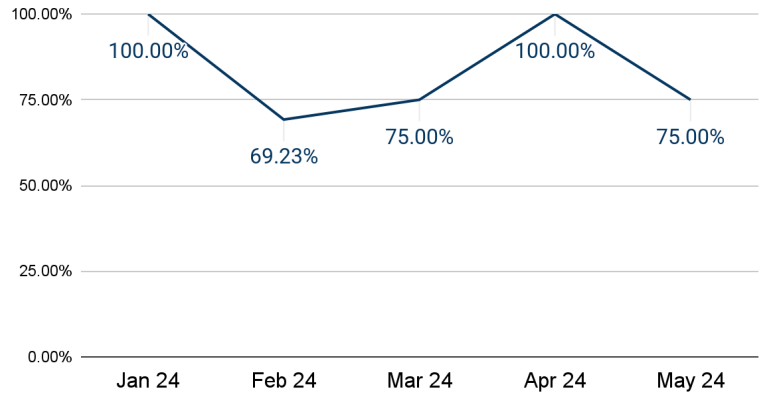


Figure 28

### Inmates Rehoused out of Detention Area

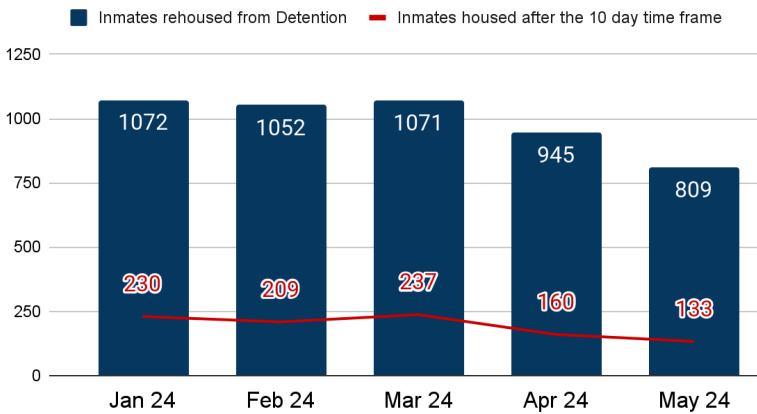


Figure 29

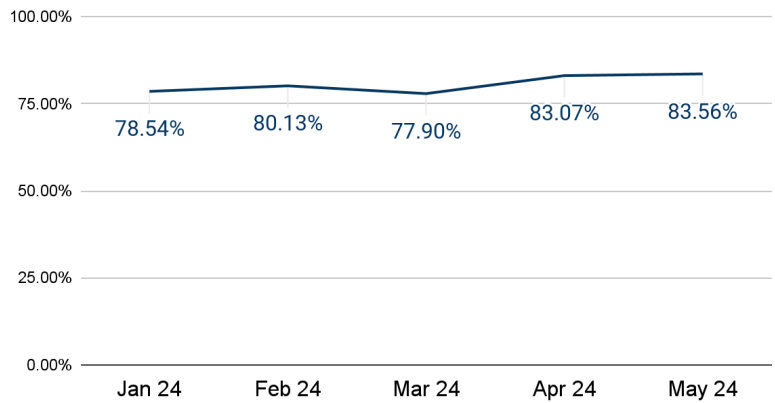


Figure 30

# Arizona Department of Corrections Rehabilitation & Reentry

## Quality Indicators

A monthly set of quality indicators (QI) is utilized to formally measure the Department's compliance with the Injunction. These QIs provide information regarding the processes and systems the Department has implemented, identify areas for improvement, and track changes over time.

Number of compliant QIs from those measured and monitored

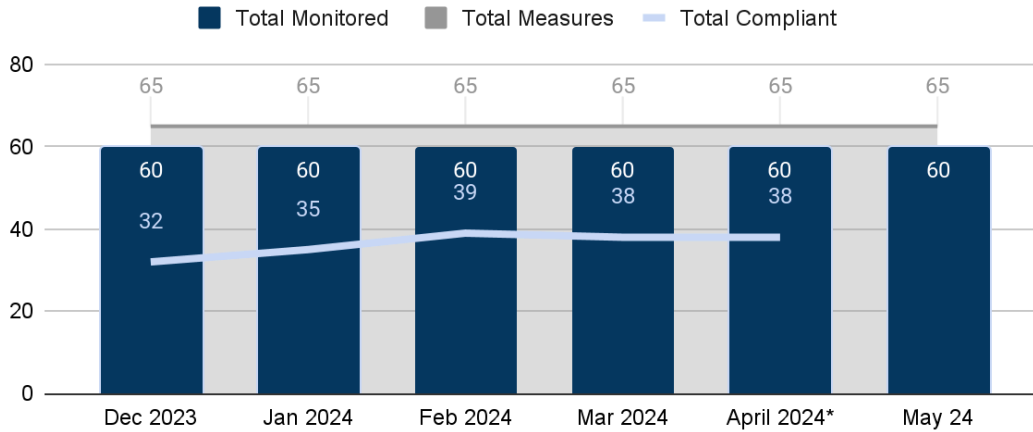


Figure 31

Note: After review by the court appointed monitor, the number of complaint measures were adjusted from 37 to 38 for April 2024.

## Quality Indicators Compliance

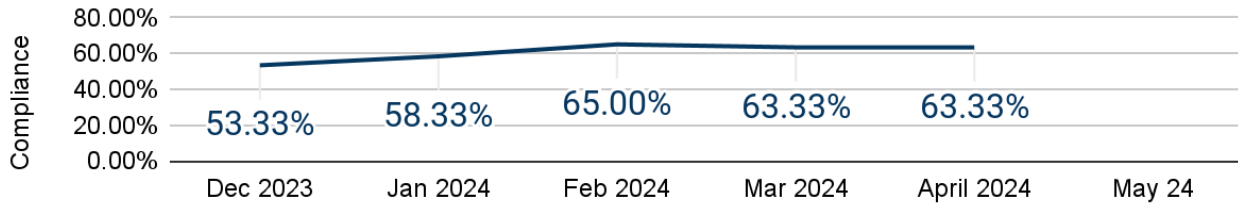


Figure 32