Arizona Department of Corrections Rehabilitation & Reentry

Jensen Injunction Progress Report
Published August 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

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.

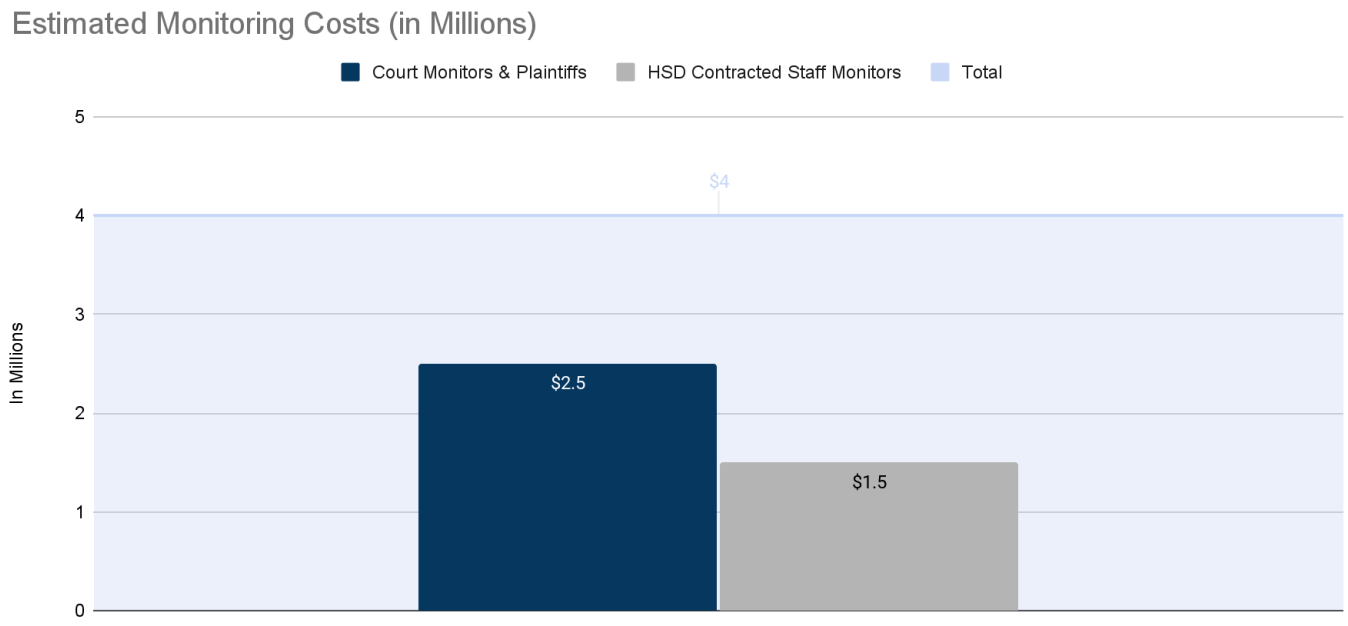
- Relief for Prisoners in Isolation:
  - No inmate shall be confined for 22+ hours daily for over two months without documented legitimate reasons.
  - Implement a system to move individuals in the subclass to lower custody levels after two months.
  - Increased staffing.
  - Ensure subclass members 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.

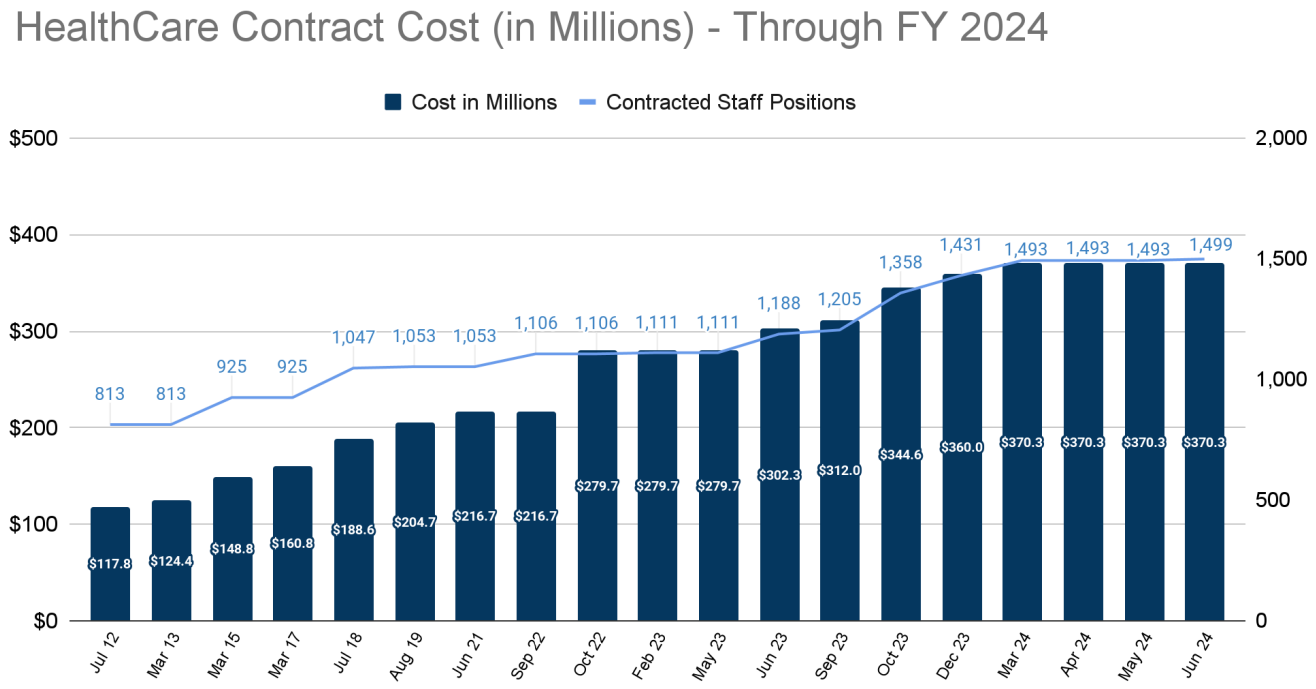
- System-Wide and Physical Improvements
  - Monitoring Access: Allow Jensen Court Monitors, Plaintiffs, and additional staff to access electronic health records (EHR) and other electronic records (EOMS).
  - Staff Availability: Provide immediate access to a staff member.
  - Shower Repairs: Repair and 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.

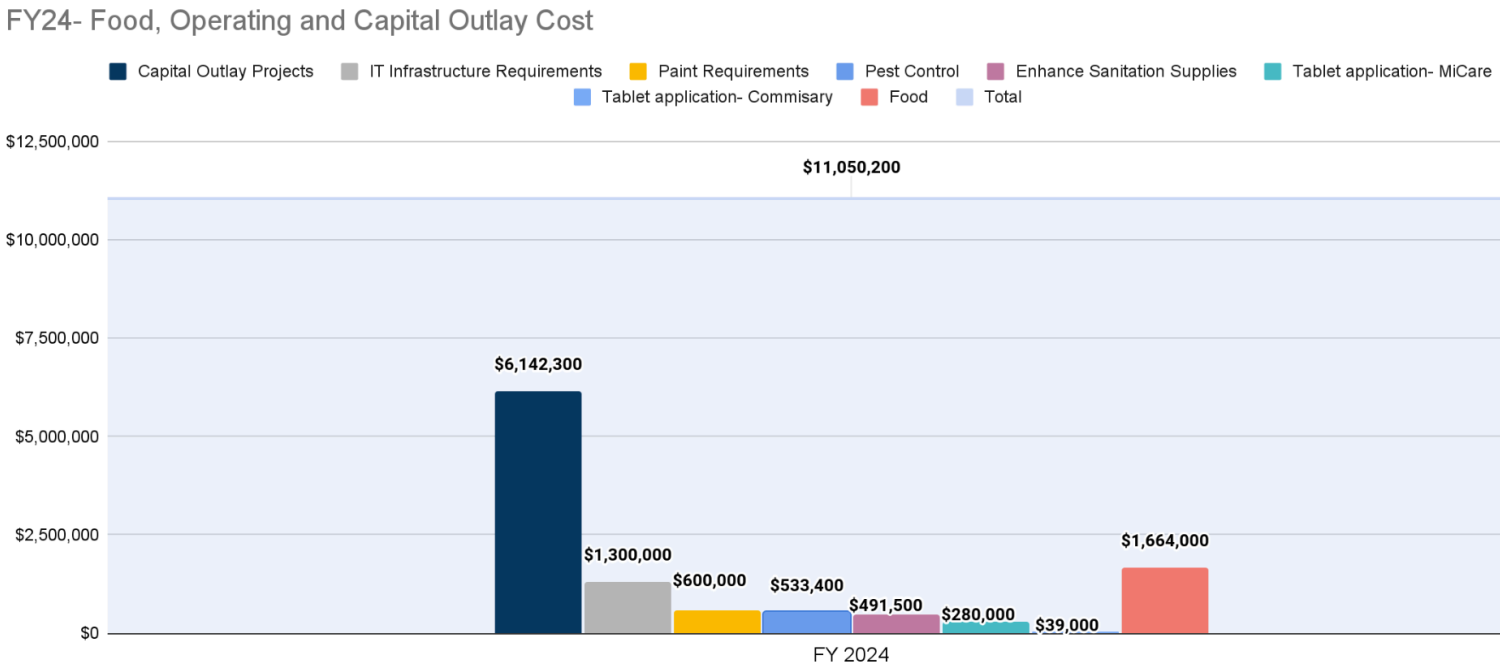
This report is an evolving document that only captures part of the Injunction or the Department's achievements. Its contents are subject to updates and revisions and should not be considered final or comprehensive.

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

INJUNCTION EXPENSES - FY24







MEDICAL AND MENTAL HEALTH

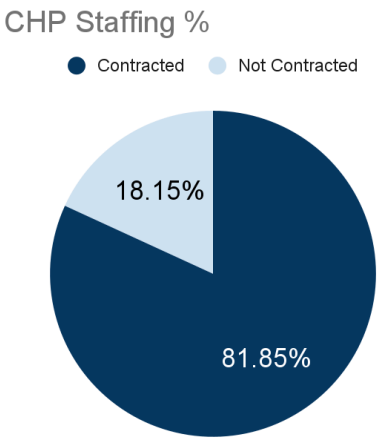
The Healthcare Services Division (HSD) is working with other ADCRR Divisions, Jensen Court Monitors, Plaintiff Representatives, and the Contracted Healthcare Provider (CHP) to deliver the highest standard of healthcare possible to the Department's incarcerated population to meet the requirements of the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

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

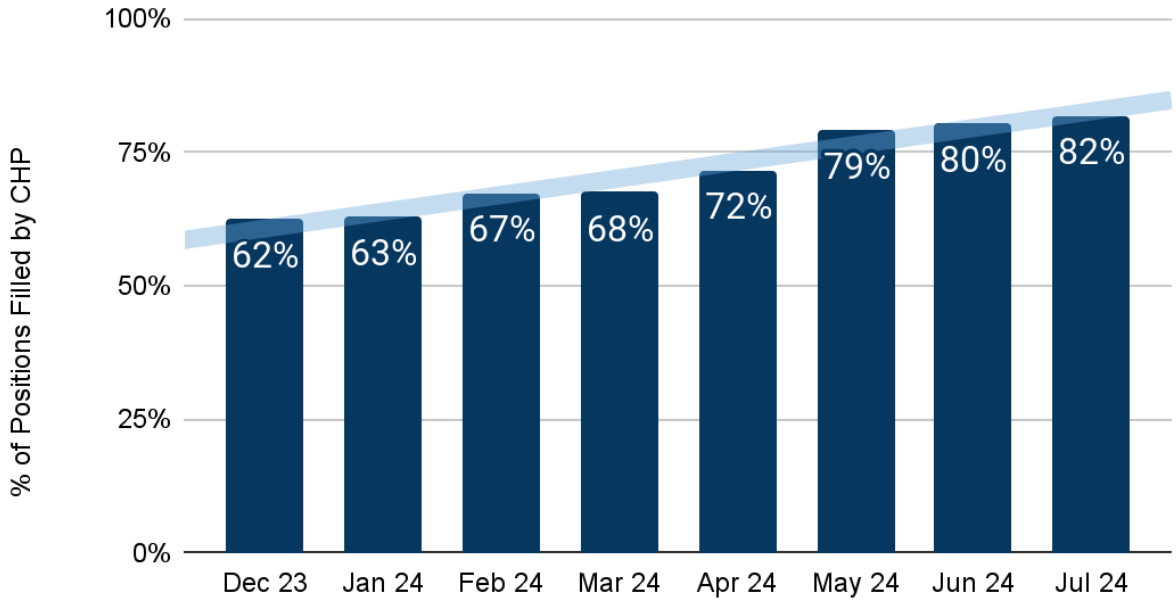
The Department is working closely with the CHP to ensure that an adequate number of appropriately trained and licensed staff are hired and available for medical and mental health services based on patient needs. Contracted staffing percentages are increasing monthly, demonstrating the ongoing effort to fill positions and provide the highest quality care.

Contracted Healthcare Provider Staffing

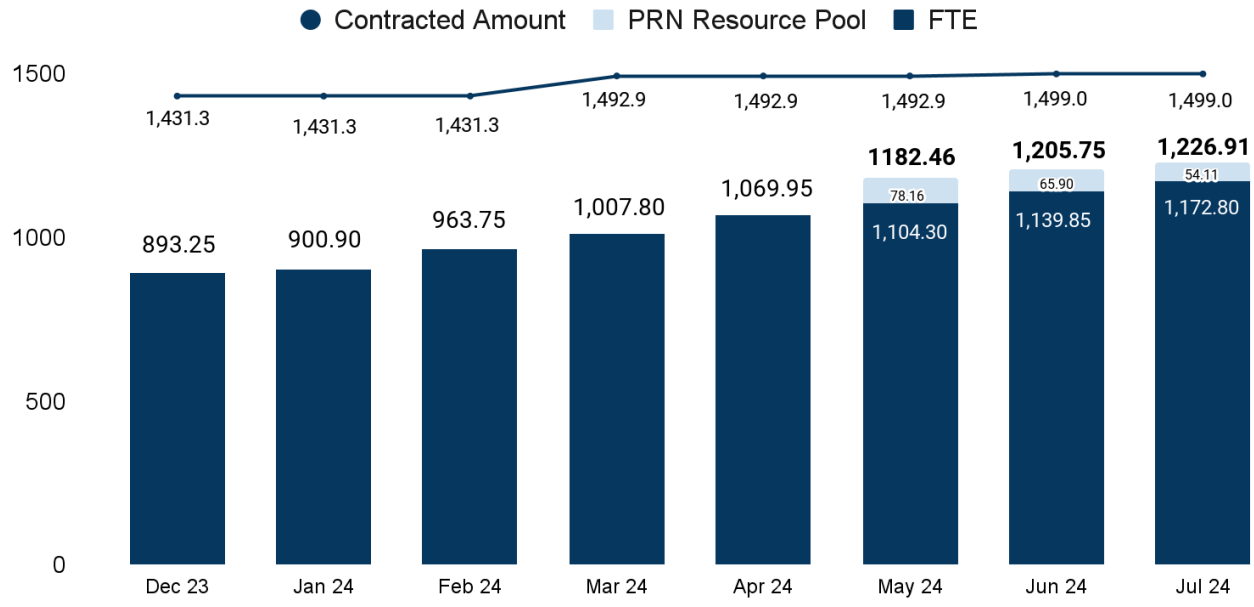
Contractually Required Staffing Level:	1499.00
Current Monthly Staffing:	
○ 0.5 FTE or GREATER (Permanent)	1038.55
○ LESS THAN 0.5 FTE (Permanent)	4.25
○ REGISTRY GREATER THAN 6 MO	29.00
○ INJUNCTION 22	21.00
○ REGIONAL OFFICE	80.00
○ WORKING RESOURCE POOL EQUIVALENTS	54.11
Overall Staffing Total	**1226.91**
Percentage of Contracted Amount	**81.85%**



% of Positions Filled by CHP



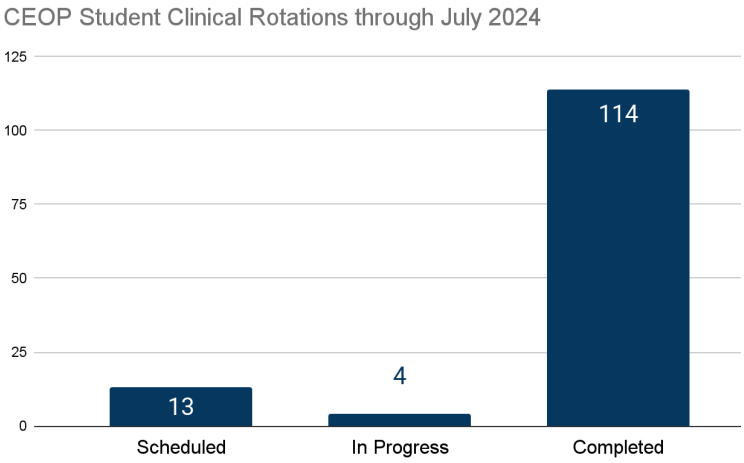
CHP Full Time Employees (FTE) and PRN Resource Pool Staffing Numbers

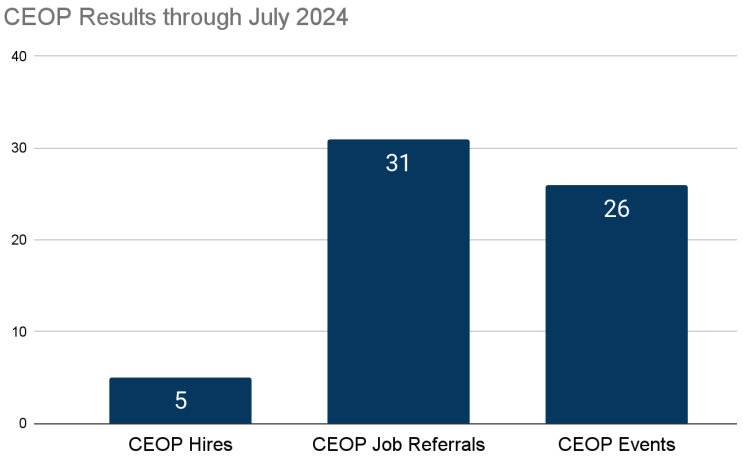


Note: Data for the PRN Resource Pool, also known as Working Resource Pool Equivalents, was not calculated before May 2024.

Clinical Experience Opportunities Program

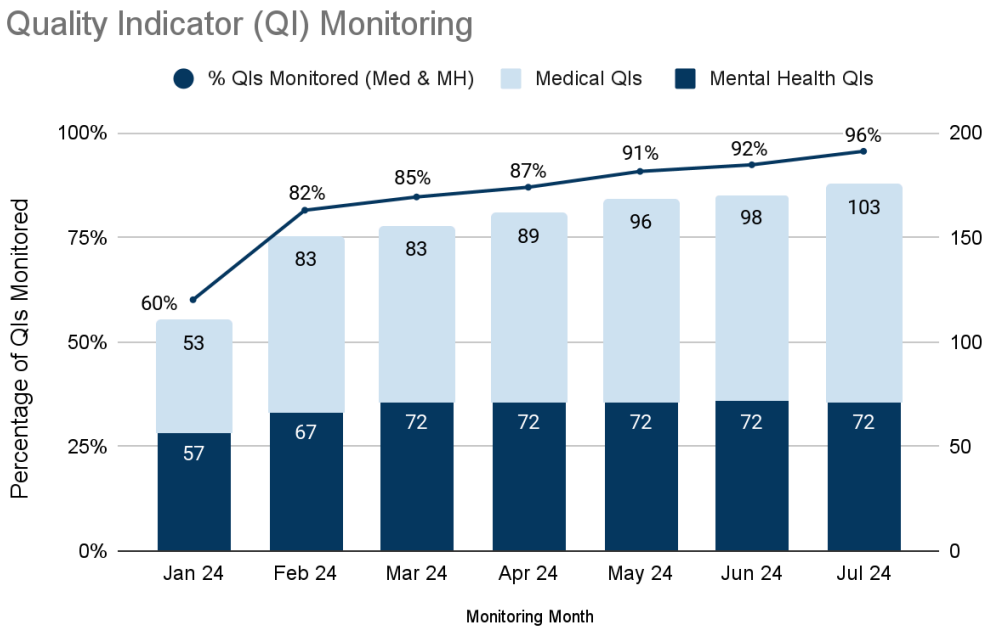
- HSD established the Clinical Experience Opportunities Program (CEOP) by partnering with educational institutions to support the CHP's hiring efforts. This program has fostered clinical rotations for medical and mental health students to work in Department facilities and has resulted in FTE staff hires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





Quality Indicator Monitoring

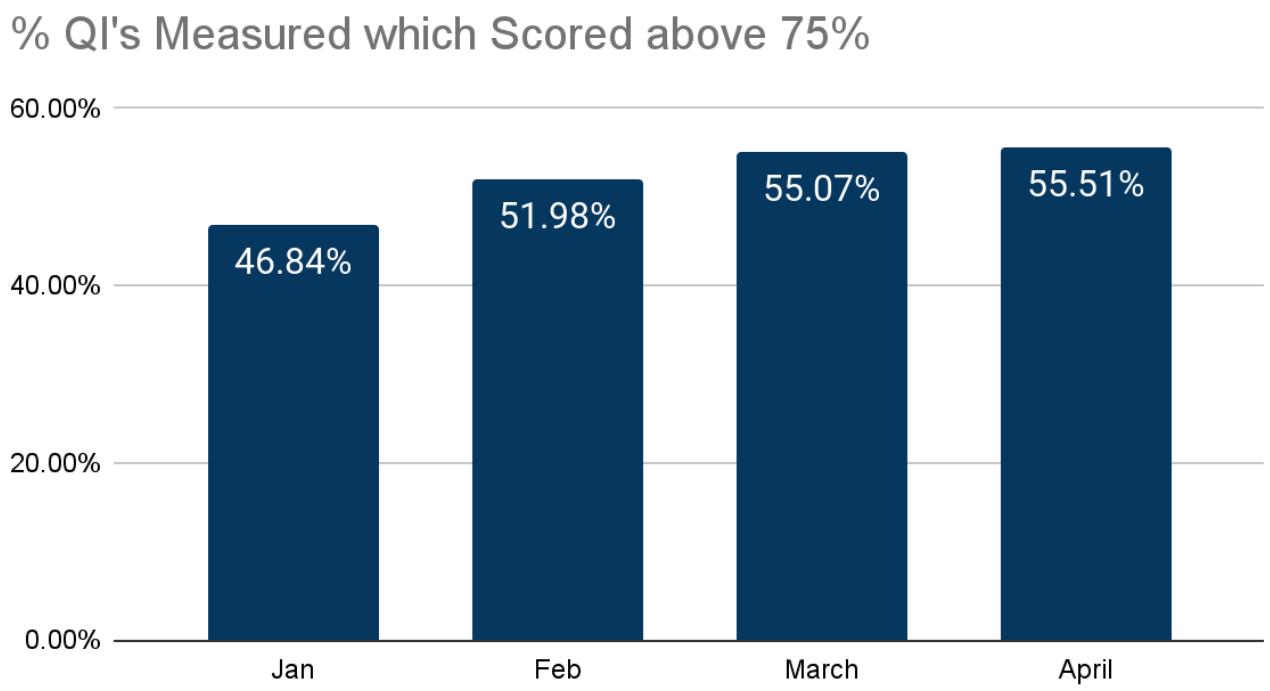
To ensure compliance with the Injunction, the Department has worked closely with the Court Monitors to develop a robust list of quality indicators (QIs) and correlating methodologies for measurement. These require monthly audits through clinical observations and record reviews. HSD has designed and implemented 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.



Note: Data is audited the month after service is provided. The above graph reflects services provided from December 23' to June 24' and monitored from January 24 through July 24'

ADCRR continues to monitor all quality indicators to ensure compliance improvement occurs as the CHP implements its Corrective Action Plans. The percentage of QIs below 75% is slowly decreasing while HSD continues to increase the

number of QIs being monitored.



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 equipment was completed on April 13, 2024
    - Purchase of 250 hospital beds for ASPC-Tucson, Catalina Unit IPC/SNU on May 30, 2024

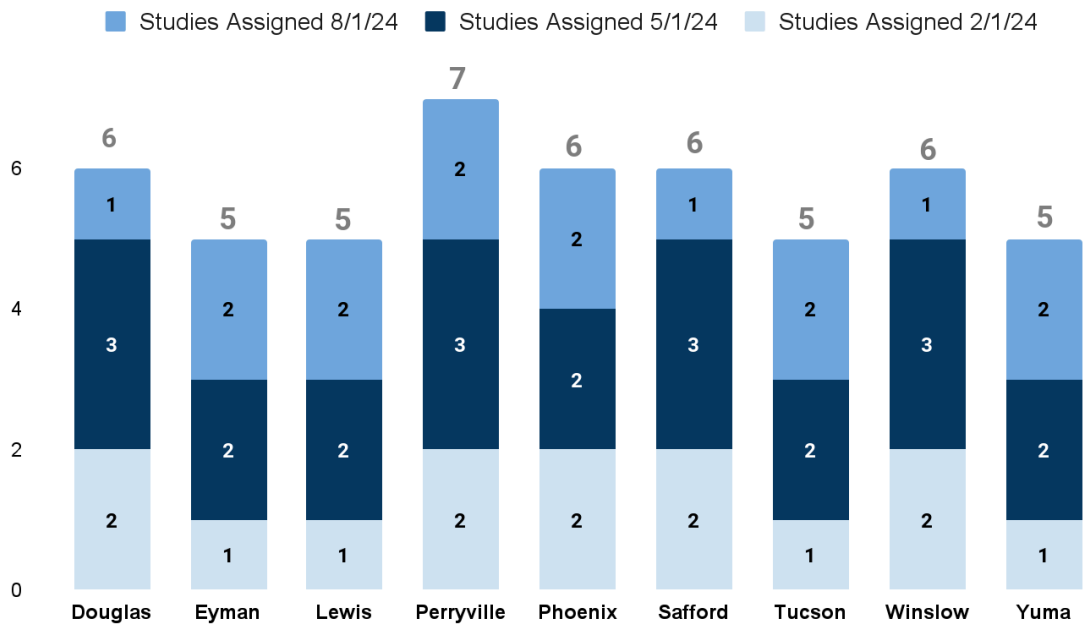
Improvement Programs (Sec. 2.0)

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 a “master log” of CQI activity monthly, 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)

- Fifteen (15) new CQI Studies were assigned on August 1, 2024. These studies are in addition to previously started studies assigned in February and May.
- Each state complex is responsible for conducting multiple quality initiatives and submitting monthly updates to help achieve any needed improvements in the delivery of healthcare.
- Complexes may also identify additional topics and create studies based on the specific needs of their individualized patient population.

2.4.1 CQI Studies Assigned to CHP



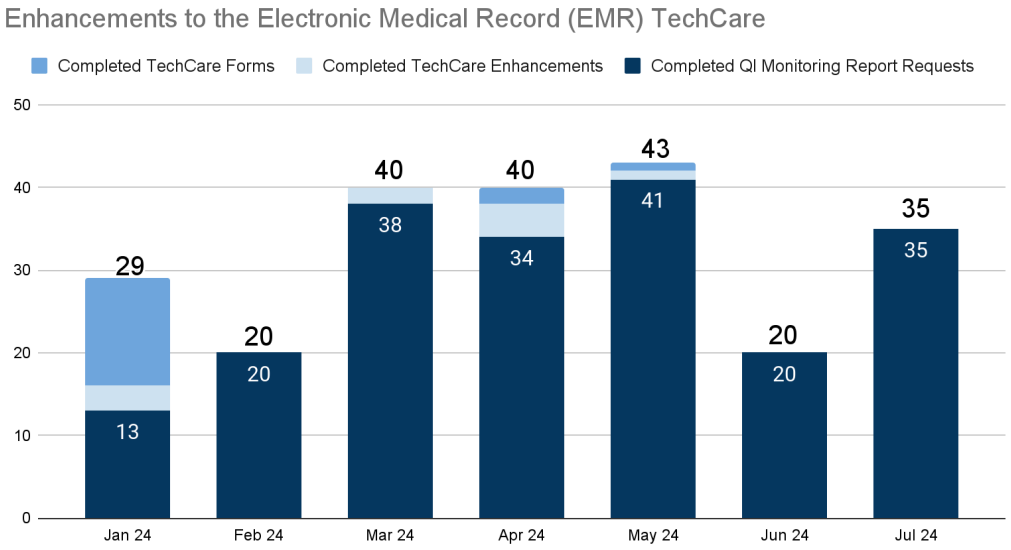
Overall System Improvement (Sec. 2.5)

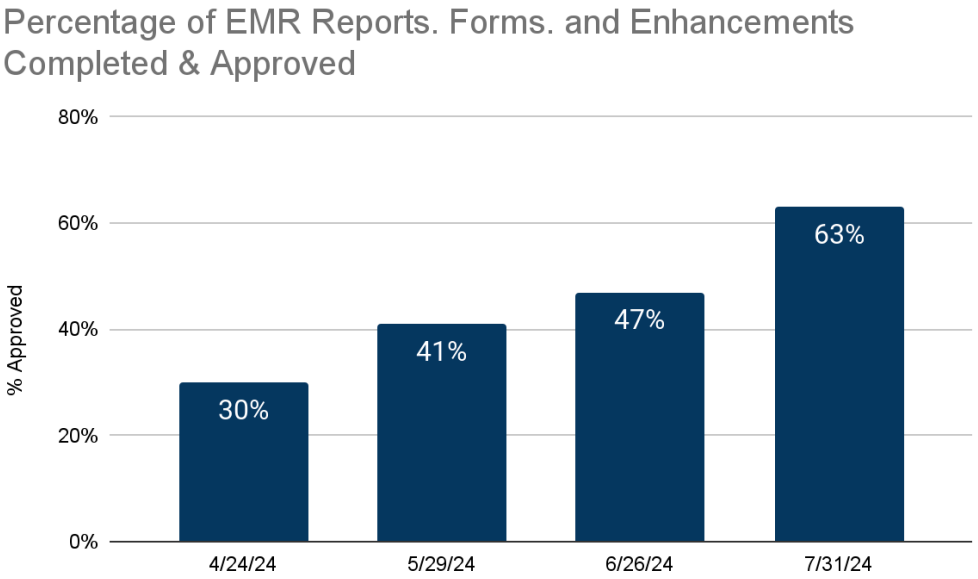
- Comprehensive suicide attempt review meetings began on August 16, 2023
- HSD and CHP administrative mortality review meetings started June 7, 2023
- Monthly administrative mortality review meetings were implemented on November 21, 2023

Electronic Health Records (EHR) (Sec. 4.0)

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

- ADCRR continues to monitor and achieve progress on a prioritized list of needed enhancements to the Electronic Medical Record (EMR) TechCare to streamline the monitoring of the Quality Indicators.
- Each month, ADCRR reviews and approves report, form, and enhancement requests as the CHP completes them, and makes recommendations for further changes, as necessary, to streamline the QI monitoring process and ensure comprehensive compliance with standards.





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)

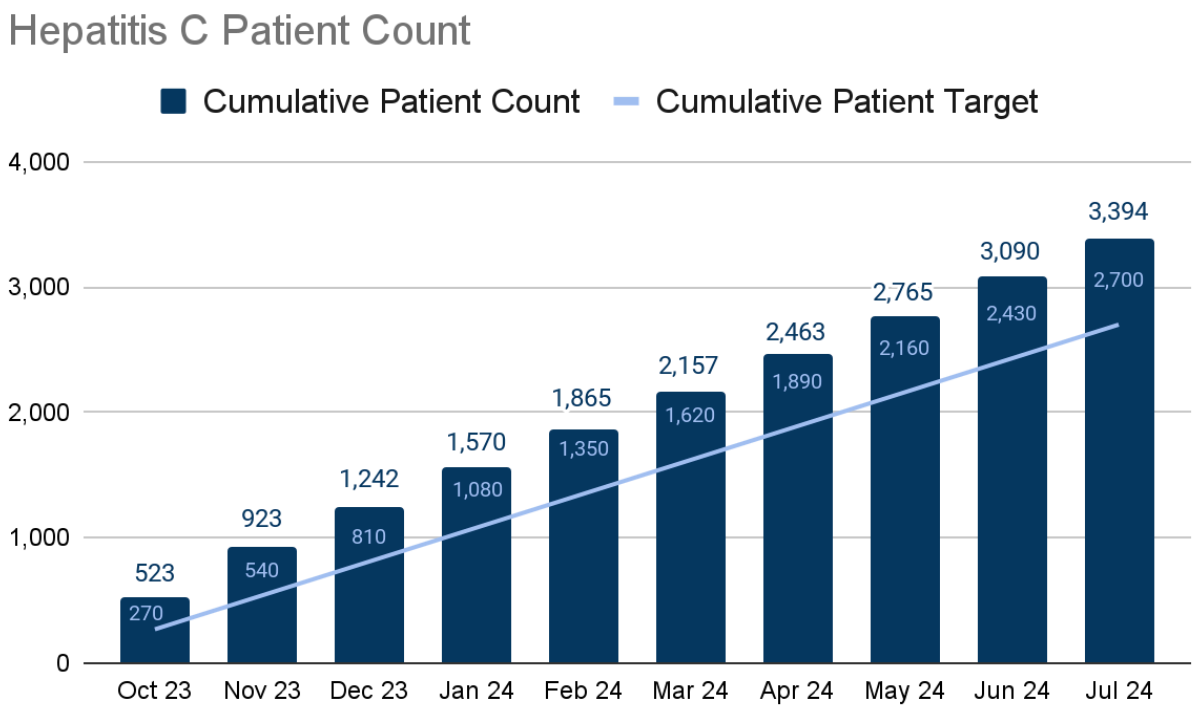
SNU/IPC

- 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)

- 304 Patients started treatment in July 2024. As of July 31, 2024, 746 patients are receiving treatment for Hepatitis C and 48 patients have future orders. These numbers vary week by week as patients start and complete treatment.
- Since October 1, 2023, more than 3,394 patients have been treated for Hepatitis C, with an average of 314 new starts per month and approximately 900 patients actively receiving treatment in any given month.
- 250 patients received Hepatitis C treatment, between April 2023 and September 2023. Specific injunction mandates required an October first start date for the 270 per month treatment target. The 250 patients are included in the October cumulative number



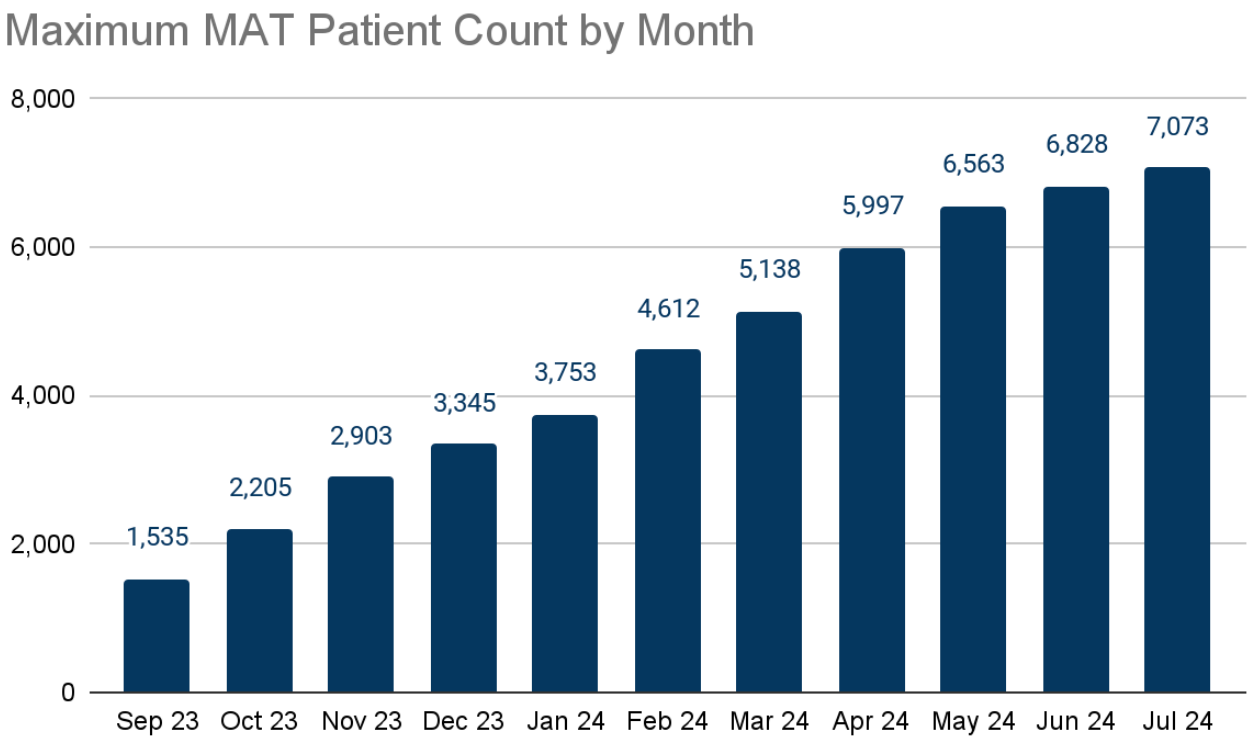
Substance Use Disorder (Sec. 11.3)

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

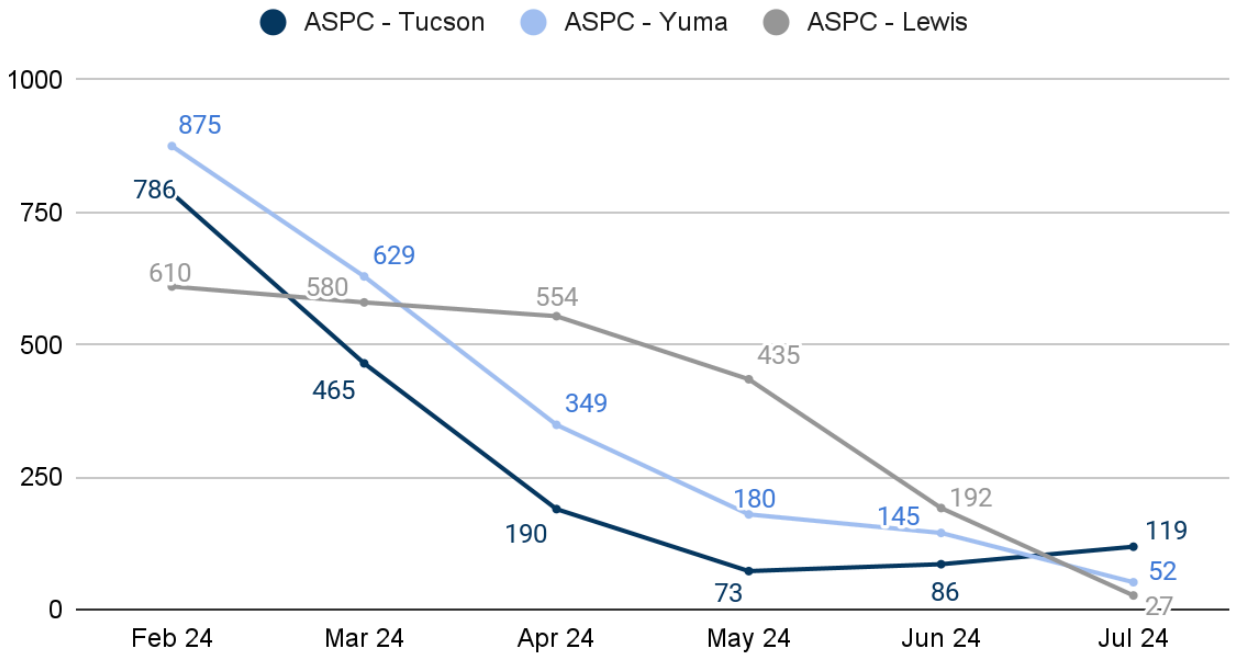
Medication Assisted Treatment (MAT)

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 in imminent risk of an opioid overdose. The Department has:

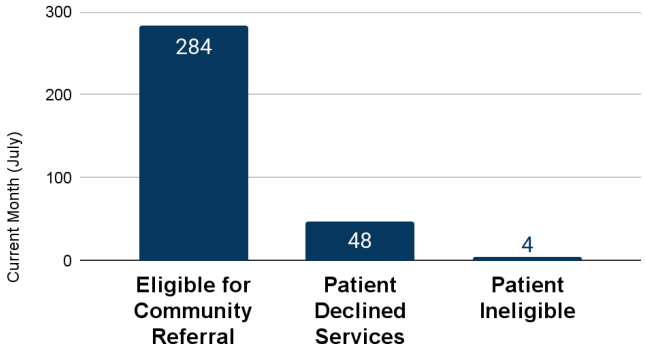
- Created a comprehensive MAT rollout plan resulting in a steady addition of MAT patients at every complex beginning June 8, 2023.
- The ADCRR MAT committee monitors the ADCRRs MAT program, including any backlogs at all state complexes, and responds accordingly to all program needs. Recently, the team assigned additional resources to address a patient backlog for patients wanting to receive MAT treatment, particularly at our three largest state complexes. The result of these efforts was a backlog reduction of 90%, with more than 2,000 patients waiting for MAT in February 2024 reduced to less than 200 patients as of July 2024
- The comprehensive MAT Dashboard continues to function as a single point of communication with all stakeholders, aiding in continuity of care upon release and allowing reentry services to be tracked as departing patients are offered reentry services which may include: arranging transportation, reach-in services, a home plan, and events to schedule care appointments with community agencies.
- In July 2024, 336 MOUD patients were released 98% of eligible patients had a community agency identified and 88% received an inreach appointment.



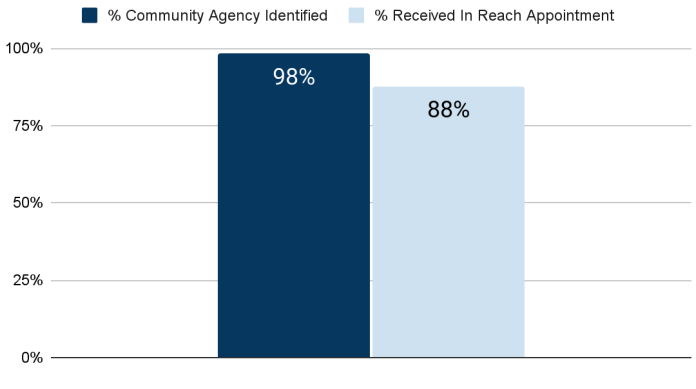
Backlog Reduction for MAT Initial Assessments



MOUD Patients Receiving Reentry Services



MOUD Patients Released and Eligible for Reentry Services



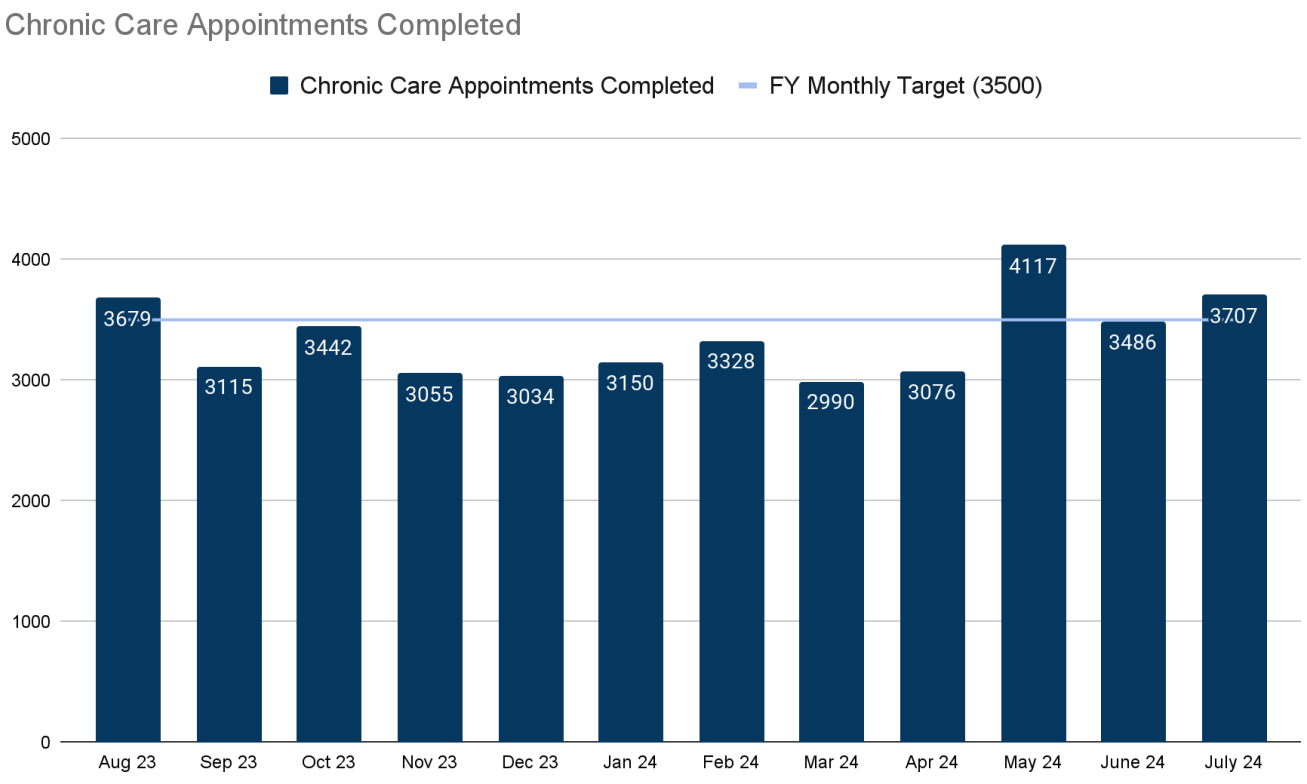
Appointments

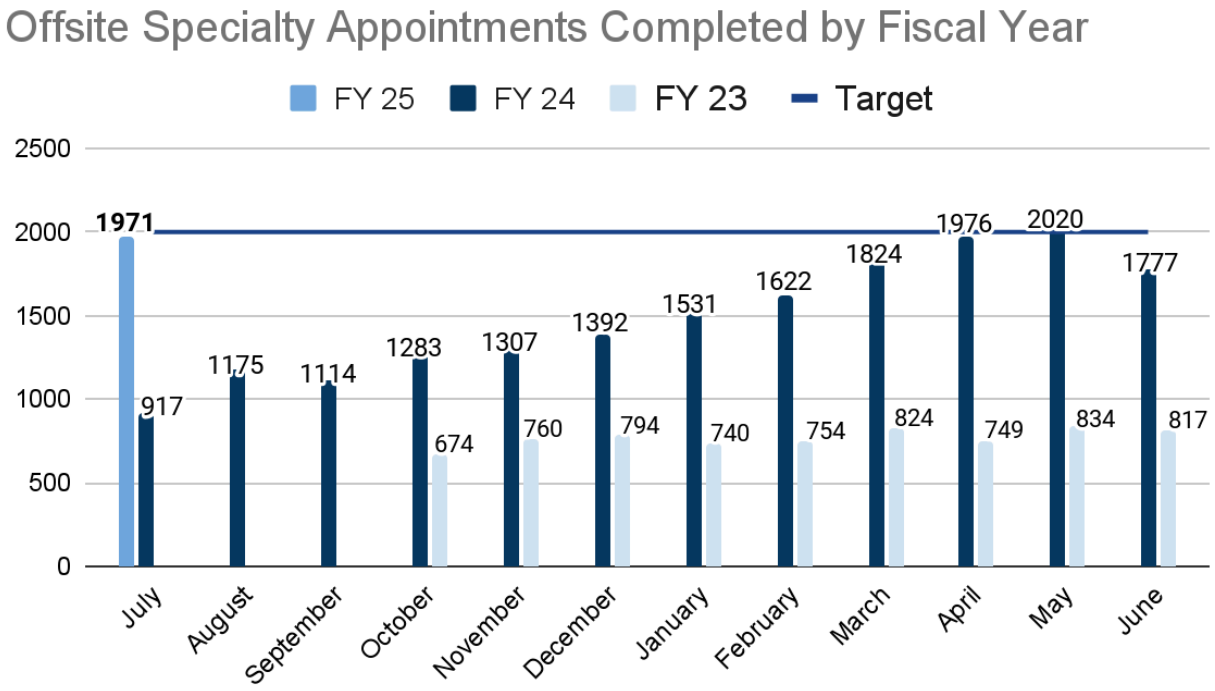
Chronic Care Appointments and Offsite Specialty Appointments are to be completed within the timeframes established by the patient's provider.

While Chronic Care Appointments are at a relatively stable level, the required number of Offsite Specialty Appointments has more than doubled in FY 2024 from previous levels in FY 2023. The highest number of appointments occurred in May for both years, with 834 offsite specialty appointments reported in May FY 2023 and 2,020 appointments reported in May FY 2024, which represents a 142% increase.
The actual number of appointments varies based on the needs of the current prison population in any given month.

The following initiatives have been implemented to support any needed capacity for the completion 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 collaboration between the CHP and the ADCRR Prison Operations Division to expand the number of available transports for offsite specialty appointments, as needed
- The CHP's continual efforts to increase the number of available specialists in their offsite specialty network





Note: Fiscal Year begins July 1st of each year and ends June 30th of the following year. FY 25 began on July 1, 2024. FY 24 is July 1, 2023 to June 30, 2024. FY23 data is provided from Oct. 2022 when NaphCare, the current Contracted Healthcare Provider (CHP), began providing Healthcare Services with ADCRR.

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:

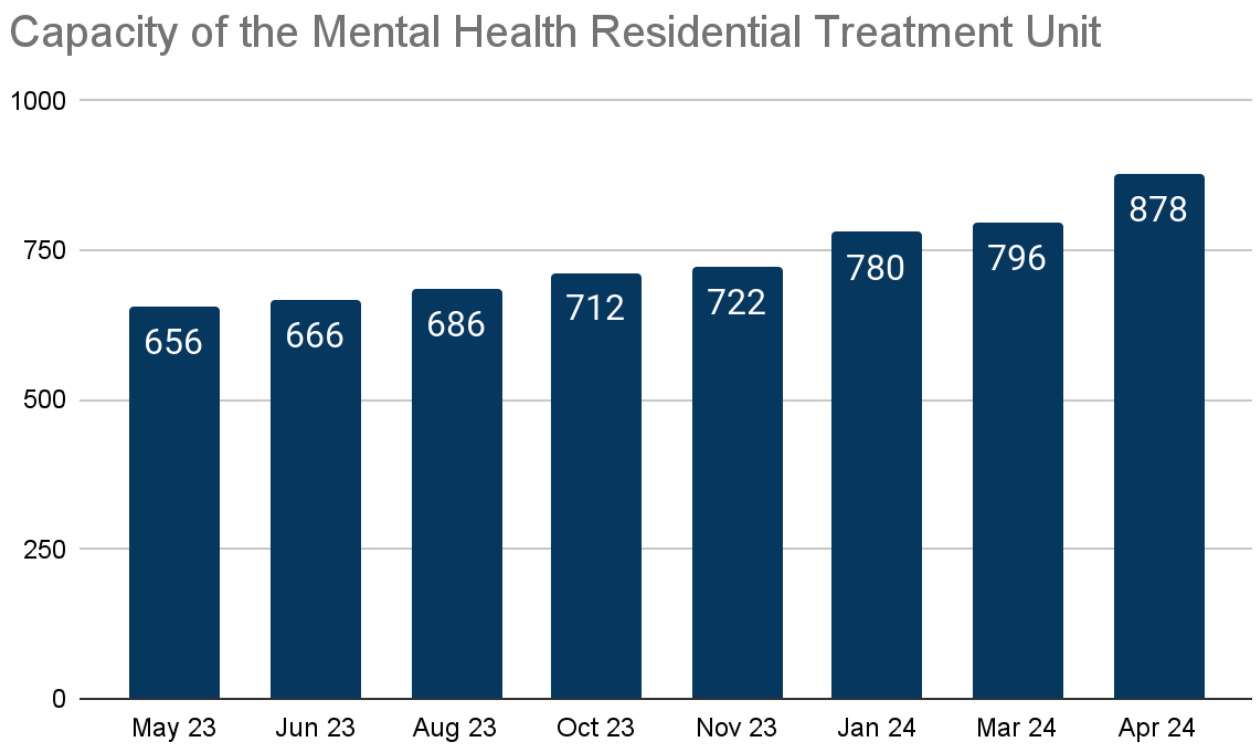
- Increased the RTU population by 71%
- Increased patients' opportunities for Education by 75%
- Increased patients' opportunities for Substance Use Disorder (SUD) treatment by 700%
- Increased patients' opportunities for participation in Faith-Based Services by 65%

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

- Initiated an improved HNR response system, ensuring mental health professionals, rather than nursing staff, address and triage MH Health Needs Requests (HNRs) within 24 hours, with compliance increasing from 34% in January 2024 to 86% in June 2024
- The mental health team has worked diligently to ensure psychiatric care provided was clinically appropriate based on documentation and if the frequency of MH visits is clinically appropriate, based on the acuity and complexity of the patient's condition. Also, ensured referrals to other on-site professionals were made when clinically appropriate. Care has been appropriately provided in 90% or more of the cases reviewed from October 2023 through June 2024.
- Increased the capacity for the Mental Health Residential Treatment Units from 656 to 878 beds, a 34% increase since May 2023. Current Mental Health Residential Treatment capacity remains at 878.



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.

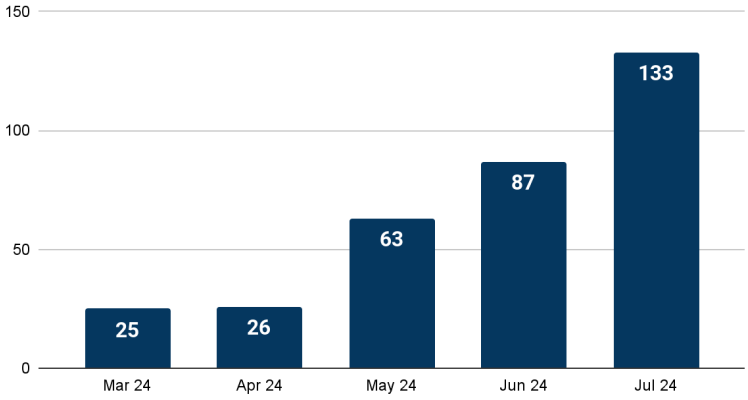
Date	Task
July 2023- August 2024	Guardian demonstration project at ASPC-Eyman, Browning Unit
December 2023	Contract awarded to Guardian RFID
January-February 2024	All subclass locations mapped for tag planning and placement
March 2024	Software systems integrated, all handheld devices and installation material ordered for all areas
April 2024- May 2024	Over 1000 location tags were installed statewide
May 2024- June 2024	All complexes receive Spartan devices and other hardware
June 2024	ASPC-Lewis and ASPC-Yuma Guardian training completed June 17th, 2024 through June 21, 2024.
July 2024	ASPC-Tucson, ASPC-Safford, and ASPC-Douglas Guardian training completed July 8th, 2024 through July 12th, 2024. ASPC-Perryville and ASPC-Winslow Guardian training completed July 22nd, 2024 through July 26th, 2024.
August 2024	All Units are utilizing the devices and websites for familiarity and training purposes. Go-live schedule configured for all facilities.
August 5th, 2024	Five facilities are recording inmate activities utilizing only the Guardian system.

Access to Staff

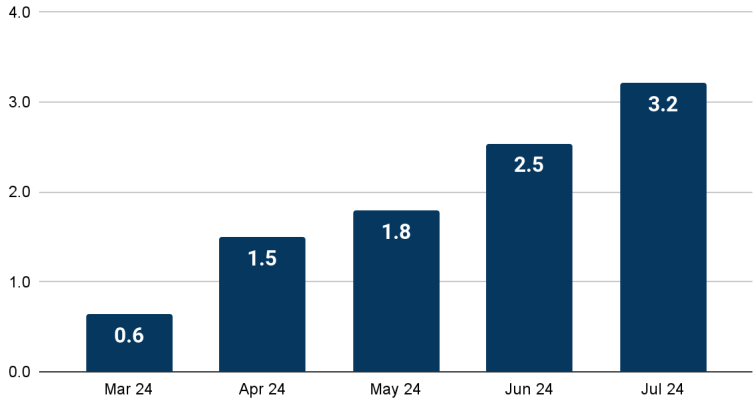
The Department shall ensure that the subclass population can effectively contact a staff member immediately in person or via a call button intercom system.

- In March 2024, the Department piloted an emergency call button application on inmate tablets at ASPC-Eyman, Browning Unit. The response times for the emergency call button application have been successful, with a majority of responding staff members arriving at the inmate's location in under 3 minutes.
  - As of July 15th, 2024, this feature is available on all inmate tablets within the assigned units.
  - This feature can be utilized in an emergency to contact a staff member immediately.

Number of calls



Average Min per Response



Building Conditions (Sec. 23.0)

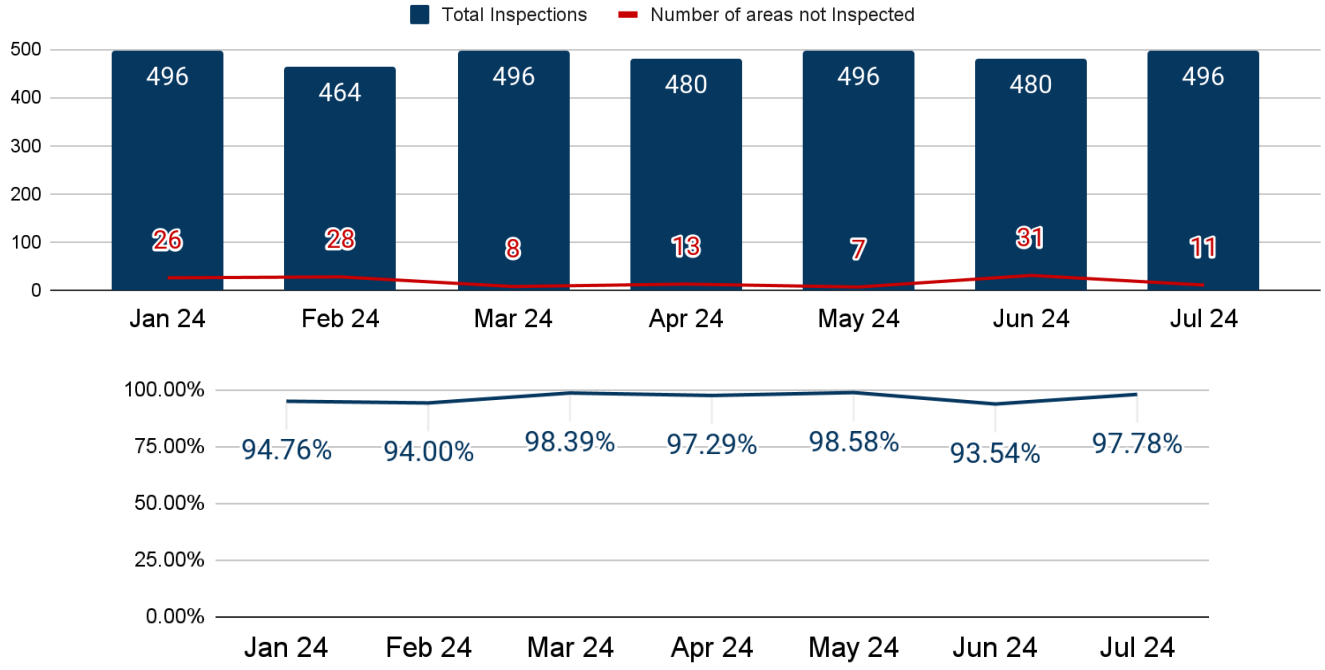
The Department is to ensure that showers, recreation areas, cells, and areas used by the subclass population (classrooms and dayrooms) are repaired, resurfaced, and repainted as needed. The Department must also develop a plan and oversee the upkeep of the designated areas while providing the population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

Sanitation Expectations

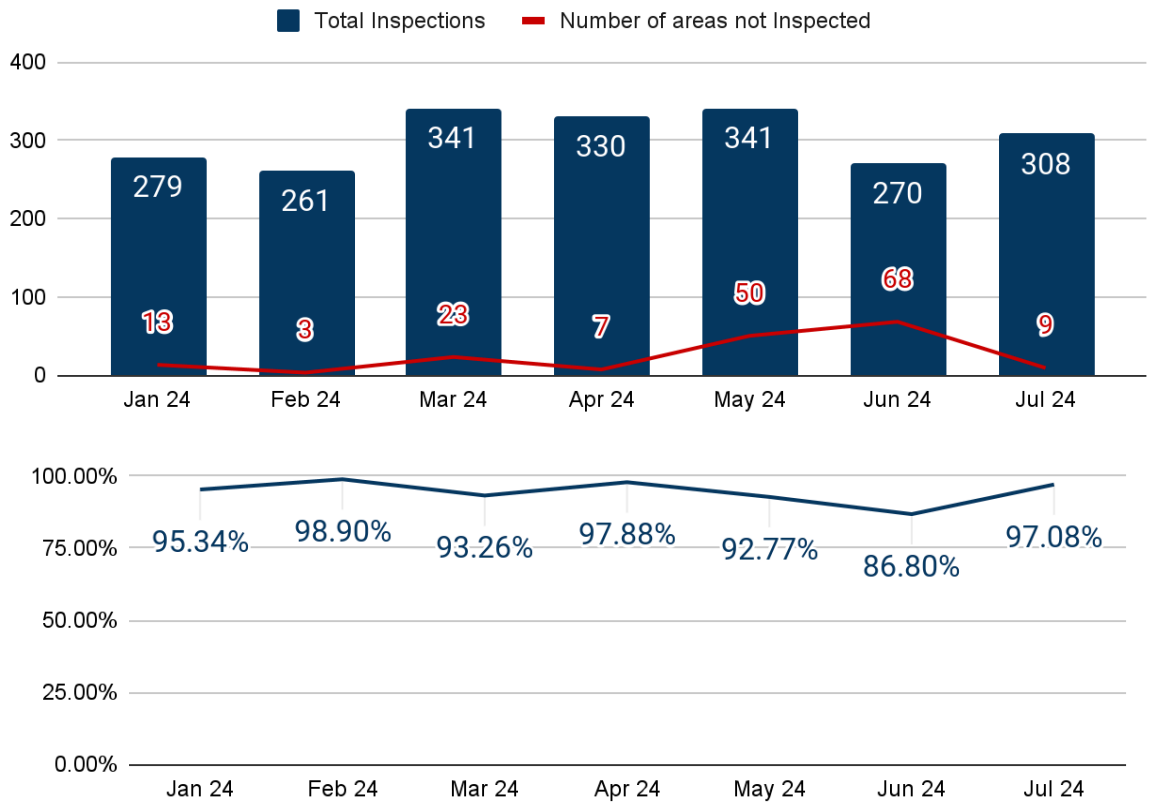
Sanitation inspections are completed daily at all subclass locations and logged on either the Electronic Monitoring System (EOMS) or a Supervisor Inspection Form.

Non-EOMS Locations

Number of inspections and the findings and Percentage of compliance



EOMS Locations (Browning Unit)
Number of inspections and the findings and Percentage of compliance



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

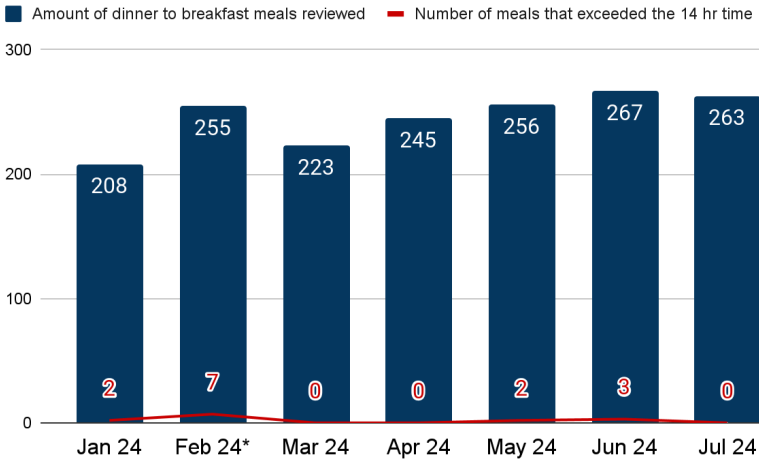
The subclass population is to have access to effective cleaning and sanitation supplies, which include chemicals, mops, buckets, brooms, rags, etc.

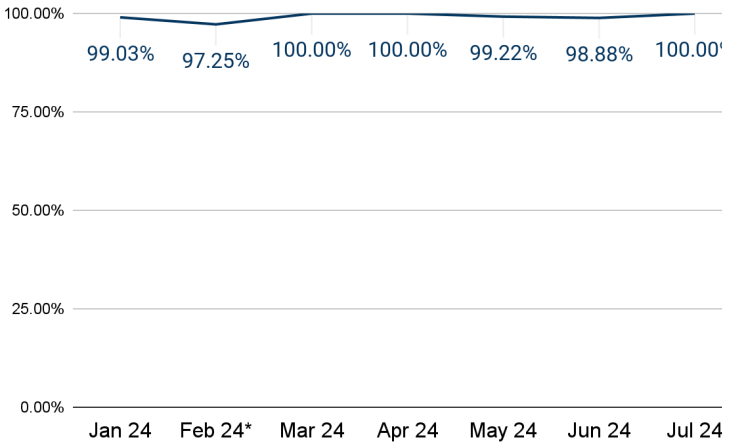
- Since the Injunction began, the Department has been 100% compliant in providing cleaning supplies to all inmates at all locations.
- Since the Injunction began, the Department has been 100% compliant in providing pest control services to all inmates at all locations. All locations offer services twice 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.



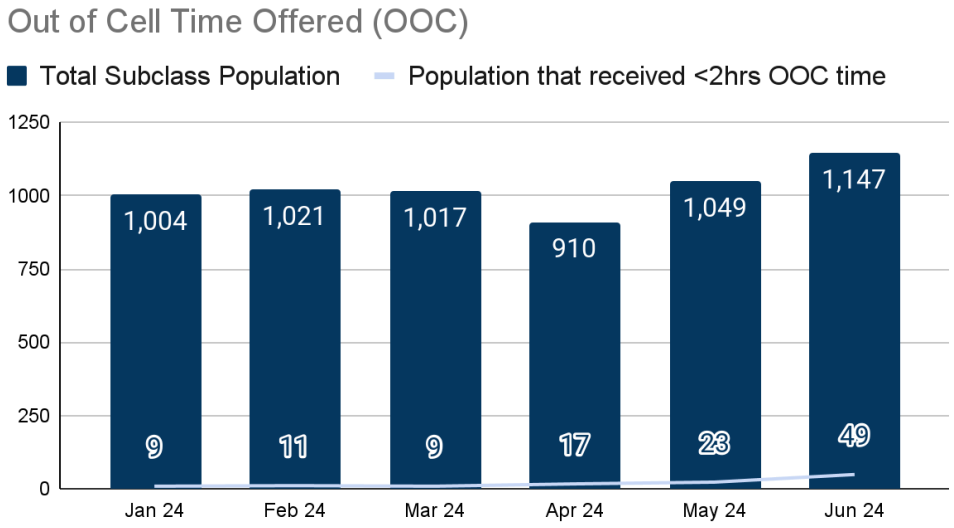


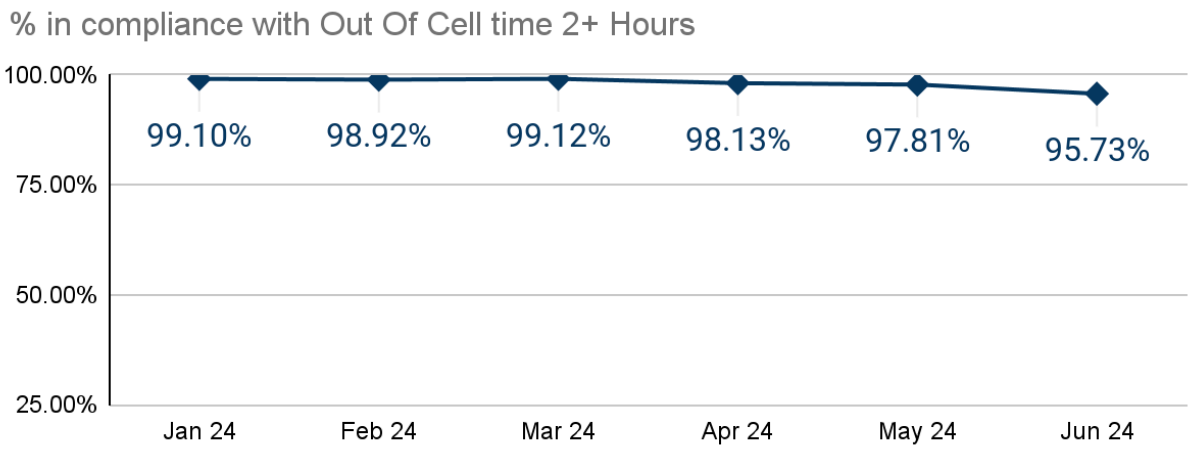
*it should be noted that the Feb 24 data was a single unit's findings due to a disturbance that shut down the unit's kitchen

Out-Of-Cell Activities (Sec. 27.0)

All subclass locations 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.
    - ASPC-Lewis and ASPC-Yuma recently completed the construction of outdoor recreation enclosures. Inmates housed in these locations are now afforded the opportunity for outdoor recreation.
        - ASPC-Lewis completed construction on July 6, 2024.
        - ASPC-Yuma completed construction on July 26, 2024.





***Calculations are based on several factors. EOMS-monitored facilities review all inmates weekly for compliance and are averaged. Non-EOMS facilities contribute 50 reviews. Both calculations are then averaged for overall out-of-cell time.**

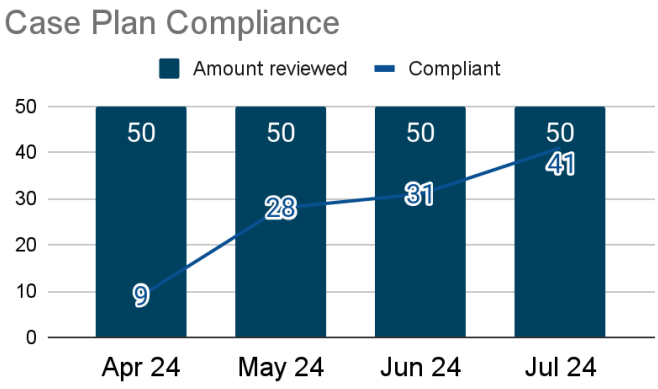
Classification (Sec. 29.0)

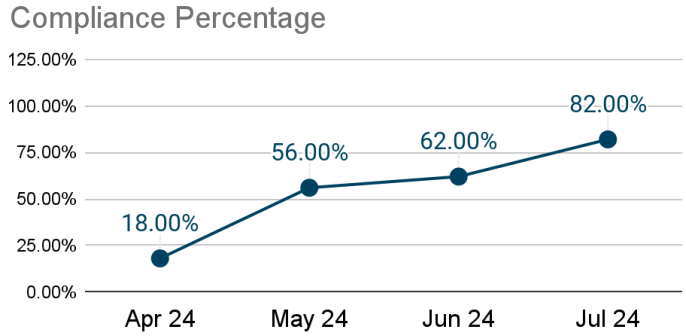
The Department is to ensure that full-time qualified staff members are assigned to each housing unit, that inmate classifications and reviews are completed in a timely manner per the specifications of the Injunction, and that they are appropriately documented in the individual case plans.

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. The case plan is required to capture elements such as goal setting and progress, housing options, and custody reviews. Since the implementation, case plans have continued to progress towards compliance.





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.

New Process to facilitate the return to less restrictive housing

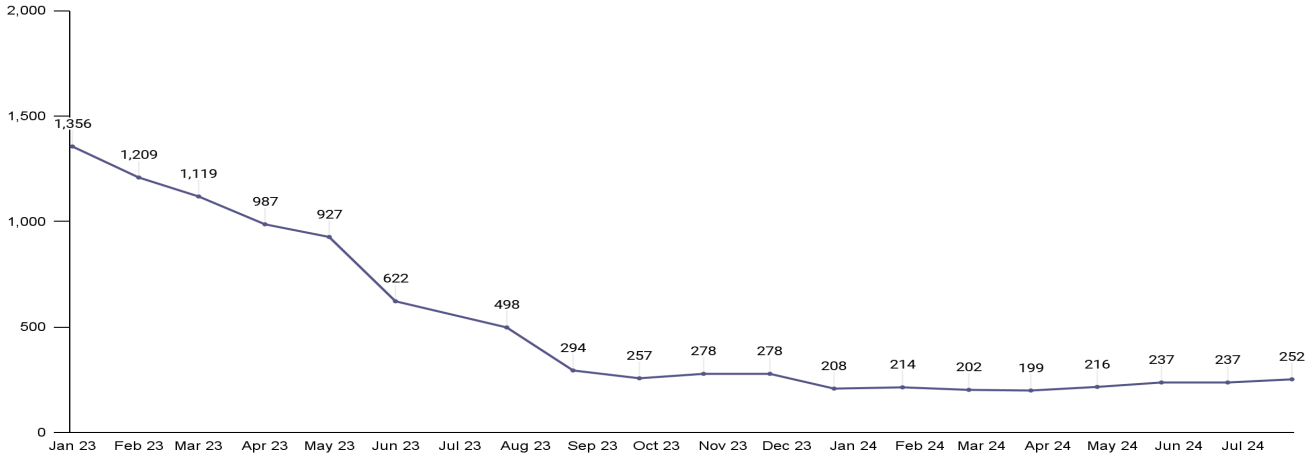
Days	Tasks
Day 3	Documented interview with inmate and assigned case manager
Day 5	Initial case plan meeting with inmate and multi-disciplinary team
Day 10-20	Follow up on placement reason; ensure appropriate documentation is completed
Day 30	The subsequent case plan completed
Day 45	60-day review initiated
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	The subsequent case plan completed
Day 120	The subsequent case plan completed
Day 150	The 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 into the general population from Maximum Custody. The current Maximum Custody population is 252 as of July 31, 2024, down from 1,356 in January 2023.

Total Restrictive Status Housing (Max Custody)

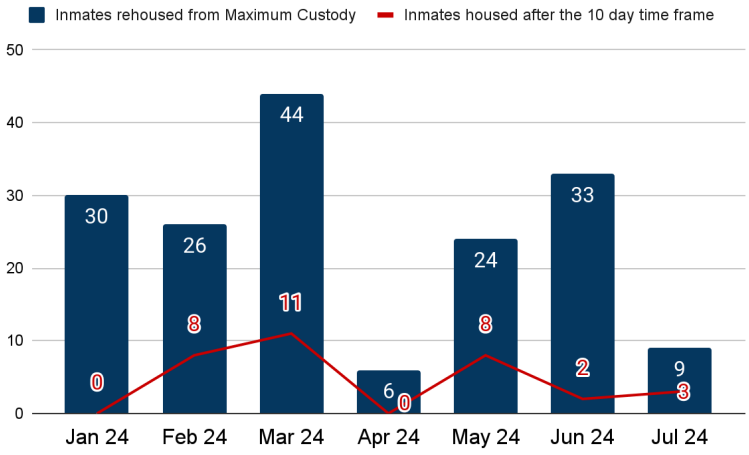


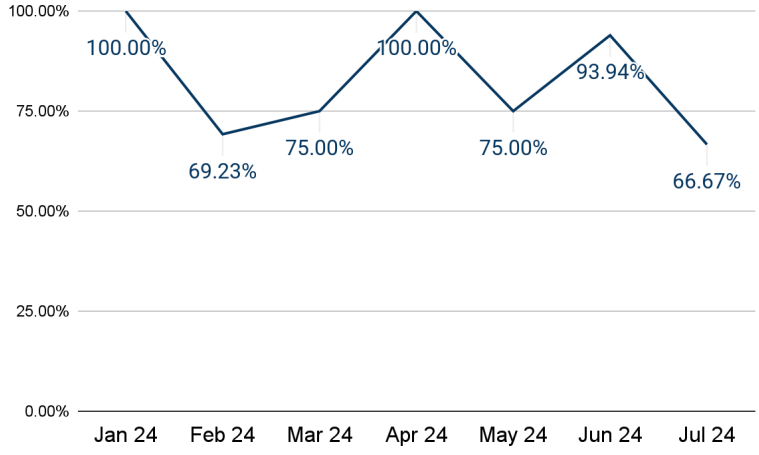
- Housing options are carefully considered to ensure appropriateness and inmate safety.
    - If a conflict is related to staffing, other inmates, program participation, or medical/mental health concerns and options are limited, an inmate may remain in the subclass environment while appropriate housing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

Actions being taken to improve compliance further:

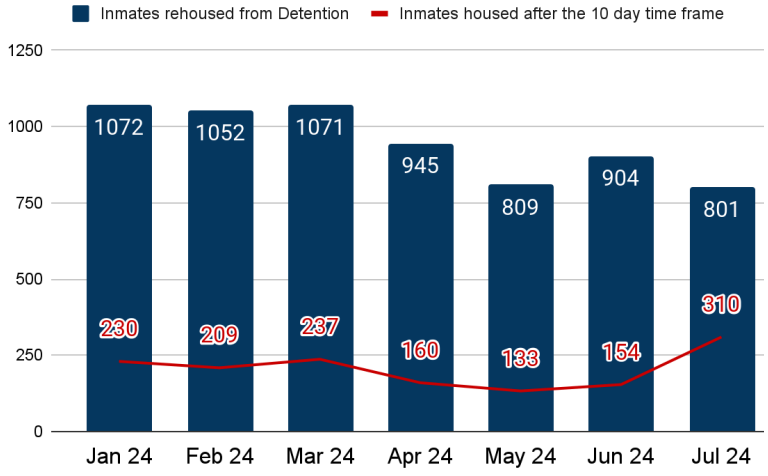
- The Department has identified locations for population adjustments, creating additional housing areas for inmates with difficulty housing.
- The Department continues to explore and implement strategies related to inmate housing to mitigate the influx of inmates placed in detention, as appropriate.

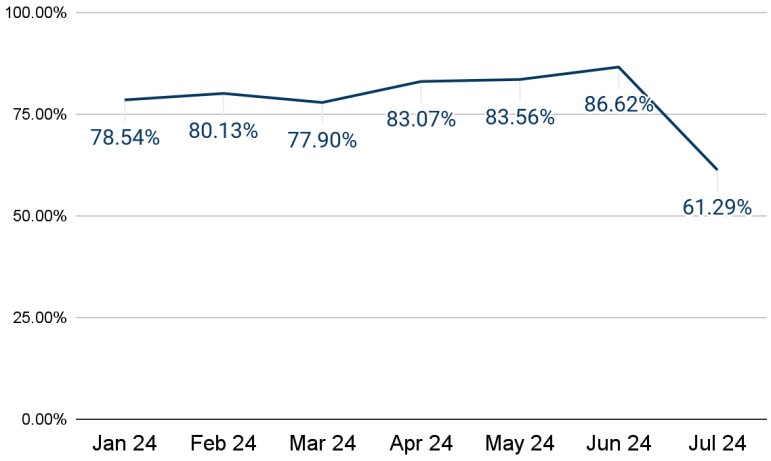
Inmates Rehoused Out of Maximum Custody





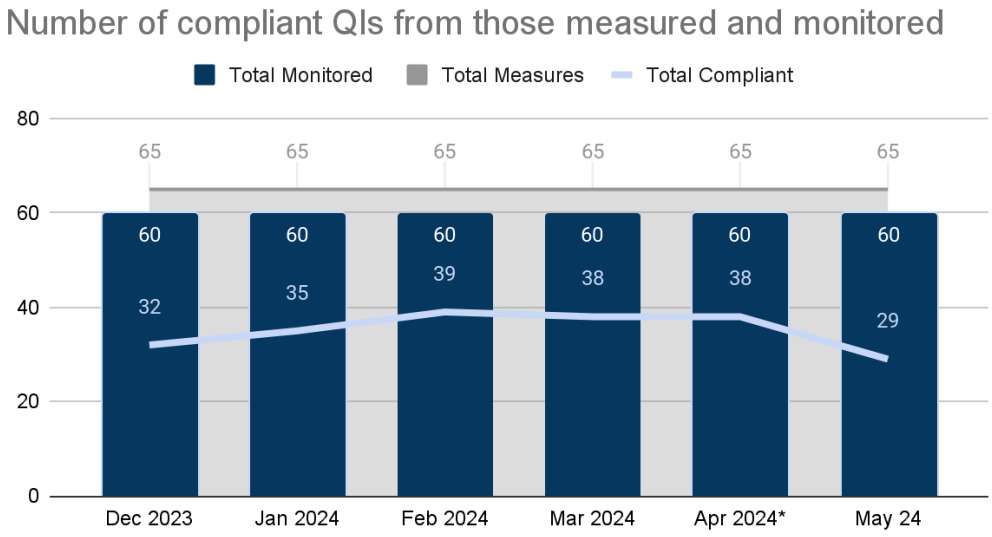
Inmates Rehoused out of Detention Area



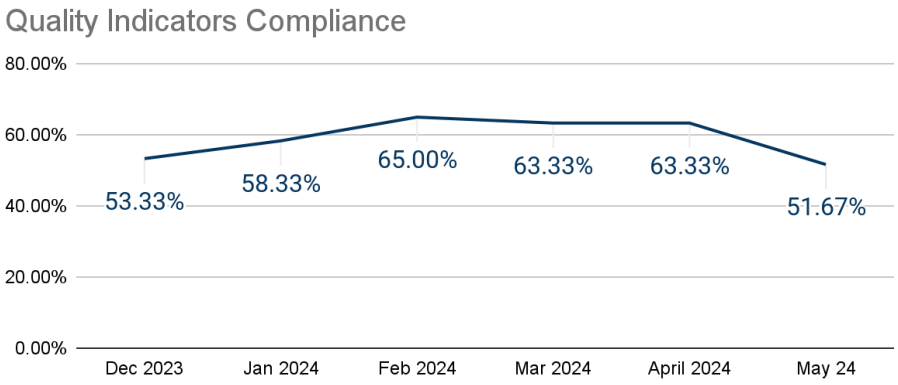


Quality Indicators

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.



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


Quality Indicators Compliance
80.00%
60.00%
40.00%
20.00%
0.00%
53.33%
58.33%
65.00%
63.33%
63.33%
51.67%
Dec 2023
Jan 2024
Feb 2024
Mar 2024
April 2024
May 24