Arizona Department of Corrections Rehabilitation & Reentry

Jensen Injunction Progress Report
October 2024

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

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#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.

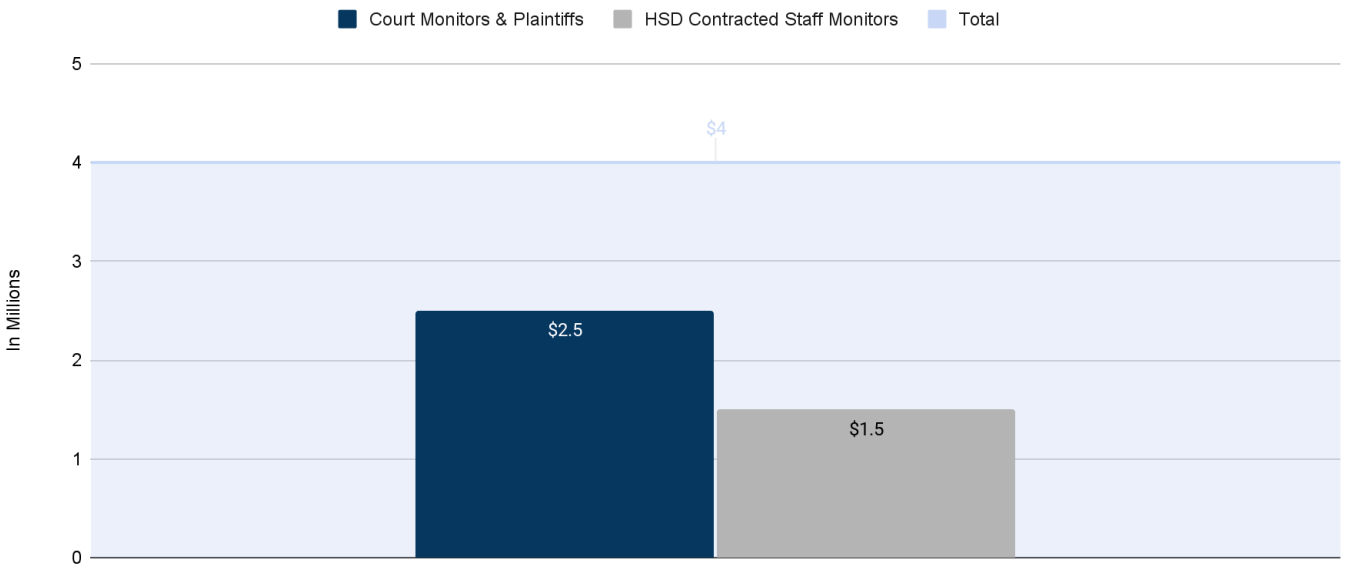
- System-Wide and Physical Improvements
  - Monitoring Access: Allow Jensen Court Monitors, Plaintiffs, and additional staff to access electronic health records (EHR) and other electronic records (EOMS).
  - Staff Availability: Provide immediate access to a staff member.
  - Shower Repairs: Repair and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

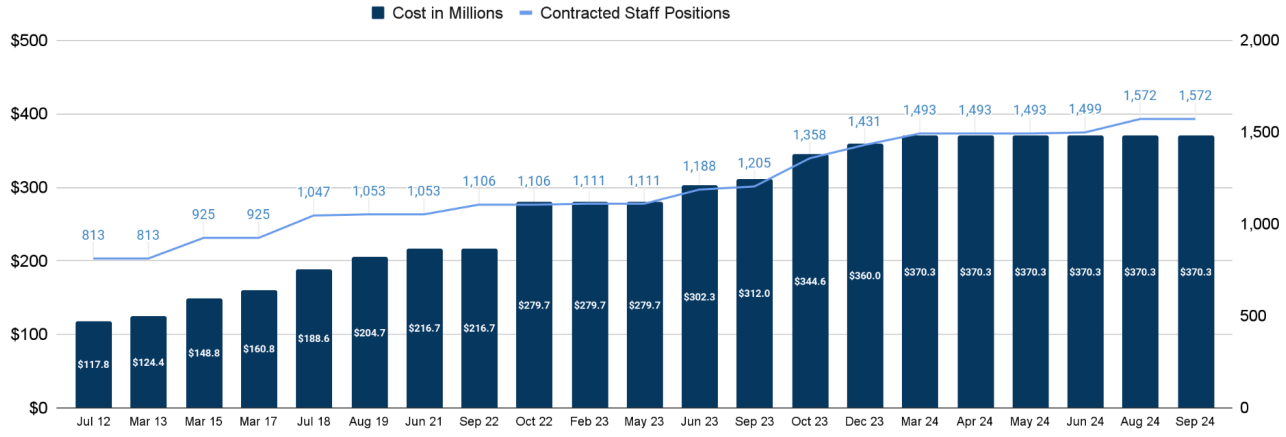
This report provides a transparent, objective reporting of the Department's monthly actions to mitigate the Court-issued findings and systemically improve care.

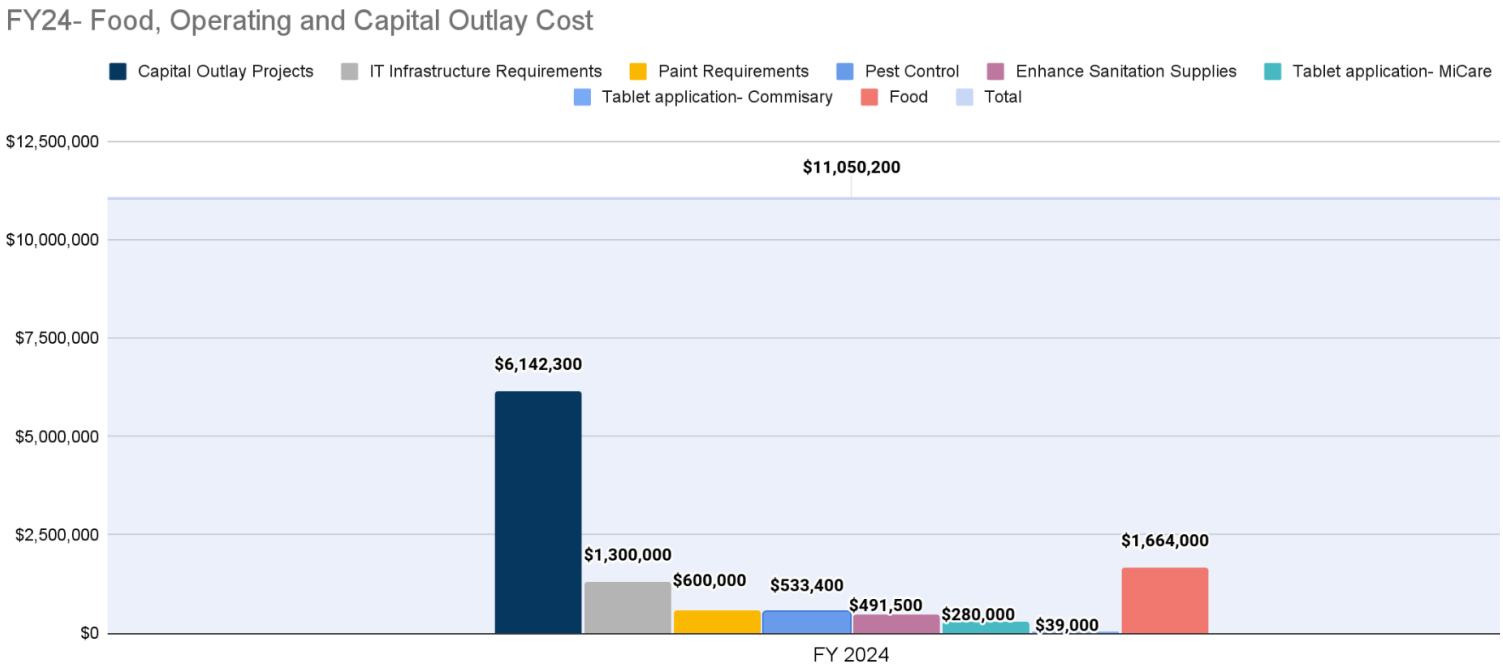
INJUNCTION EXPENSES - FY25

Estimated Monitoring Costs (in Millions)



HealthCare Contract Cost (in Millions) - Through FY 2025 YTD





MEDICAL AND MENTAL HEALTH

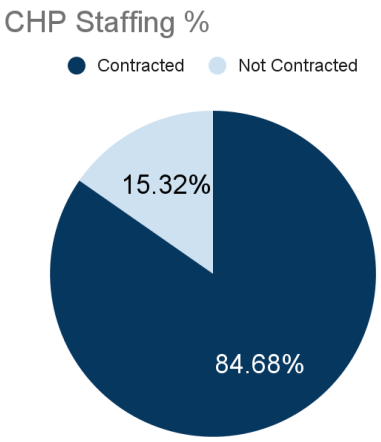
The Healthcare Services Division (HSD) is working with other ADCRR Divisions, Jensen Court Monitors, Plaintiff Representatives, and the Contracted Healthcare Provider (CHP) to deliver the highest standard of healthcare possible to the Department's incarcerated population to meet the requirements of the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

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

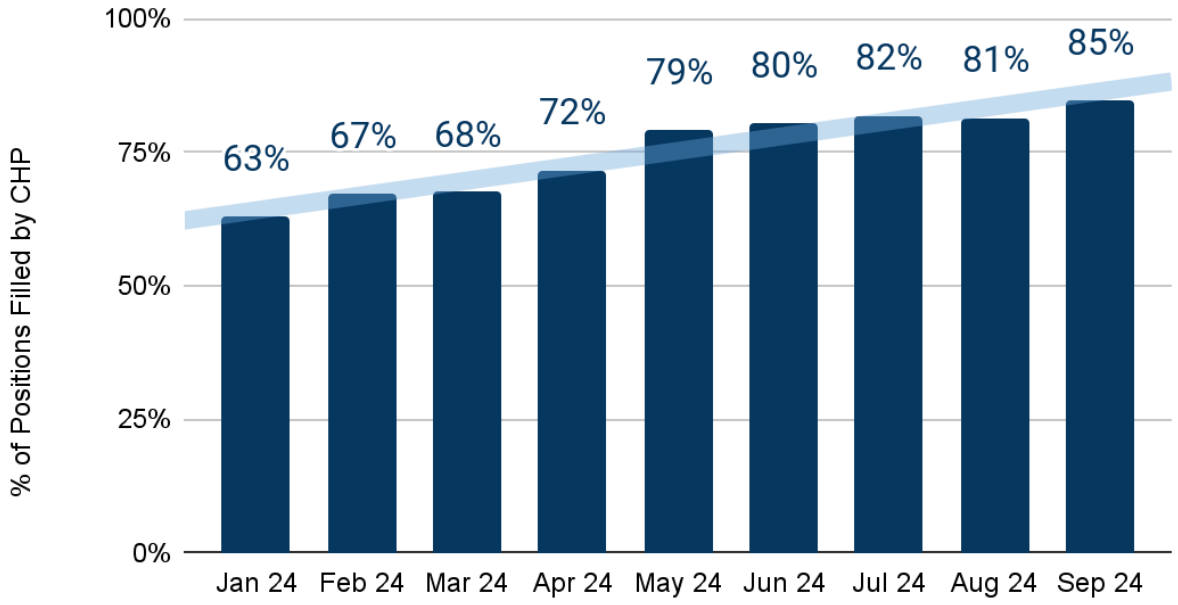
The Department is working closely with the CHP to ensure that an adequate number of appropriately trained and licensed staff are hired and available for medical and mental health services based on patient needs. Contracted staffing percentages are increasing monthly, demonstrating the ongoing effort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

Contracted Healthcare Provider Staffing

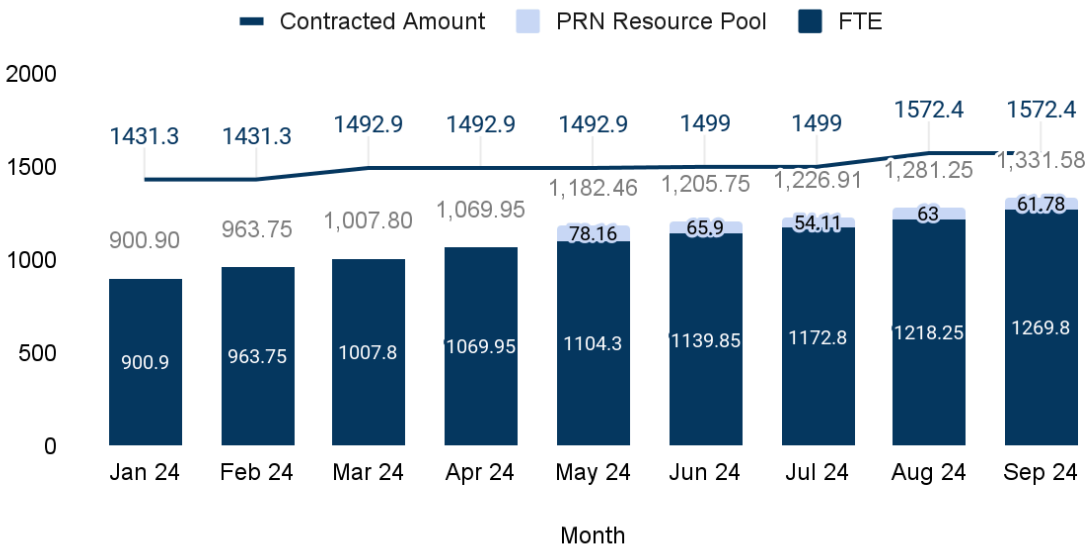
Contractually Required Staffing Level:	1572.40
Current Monthly Staffing:	
○ 0.5 FTE or GREATER (Permanent)	1128.05
○ LESS THAN 0.5 FTE (Permanent)	4.15
○ REGISTRY GREATER THAN 6 MO	30.60
○ INJUNCTION 22	21.00
○ REGIONAL OFFICE	86.00
○ WORKING RESOURCE POOL EQUIVALENTS	61.78
Overall Staffing Total	**1331.58**
Percentage of Contracted Amount	**84.68%**



% of Positions Filled by CHP



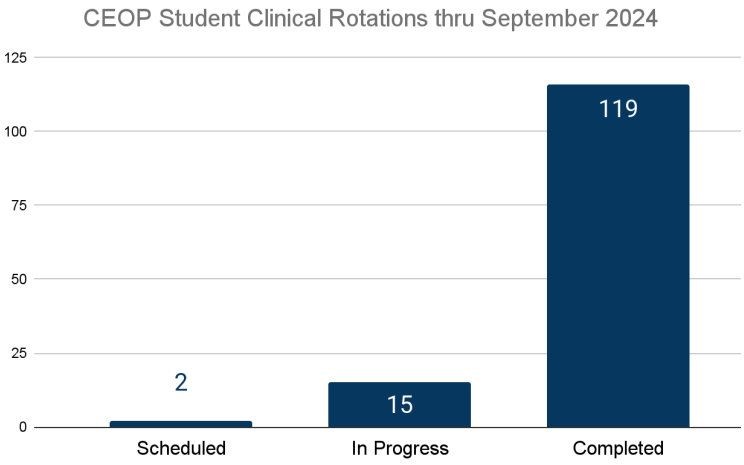
CHP Full Time Employees (FTE) and PRN Resource Pool Staffing Numbers

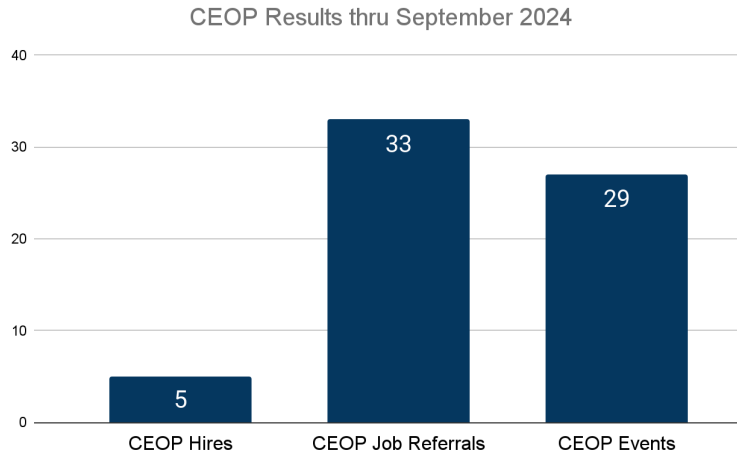


Note: Data for the PRN Resource Pool, also known as Working Resource Pool Equivalents, was not calculated before May 2024.

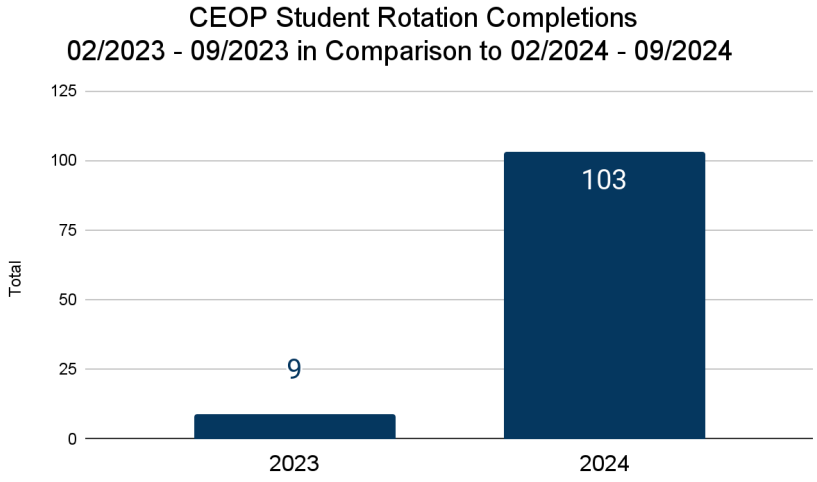
Clinical Experience Opportunities Program

HSD established the Clinical Experience Opportunities Program (CEOP) by partnering with educational institutions to support the CHP's recruitment 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.



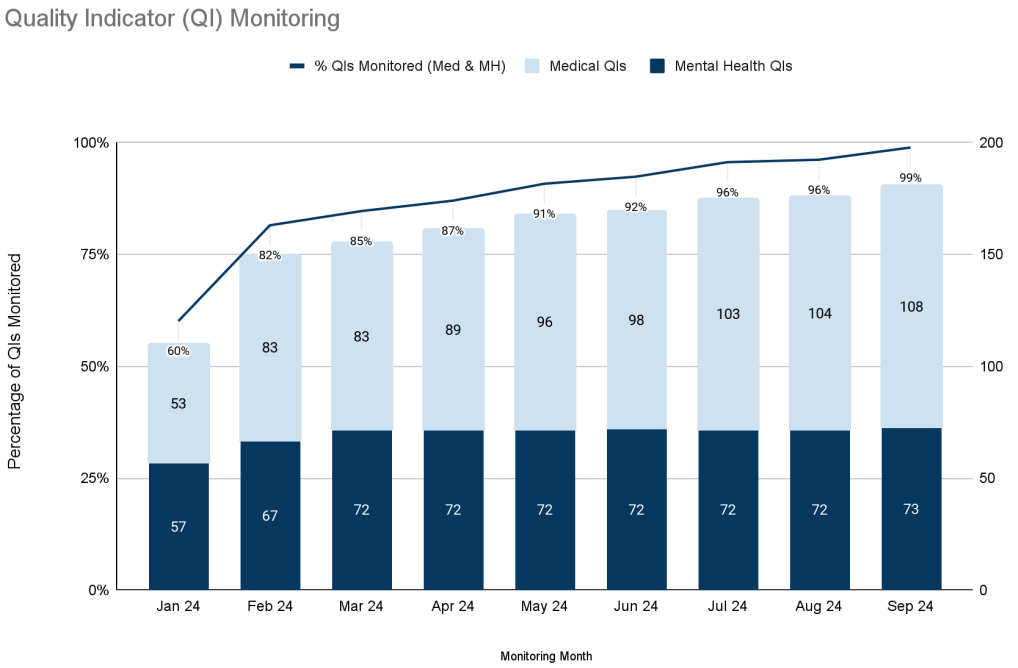


The rate of change of students participating in CEOP in comparison to 02/2023 (program inception) thru 09/30/2023 to 02/2024 thru 09/30/2024 is +1044%. As of 09/30/2024, there are 34 students awaiting approval from the CHP to be scheduled, resulting in an overall total of 170 students interested/participating in CEOP.



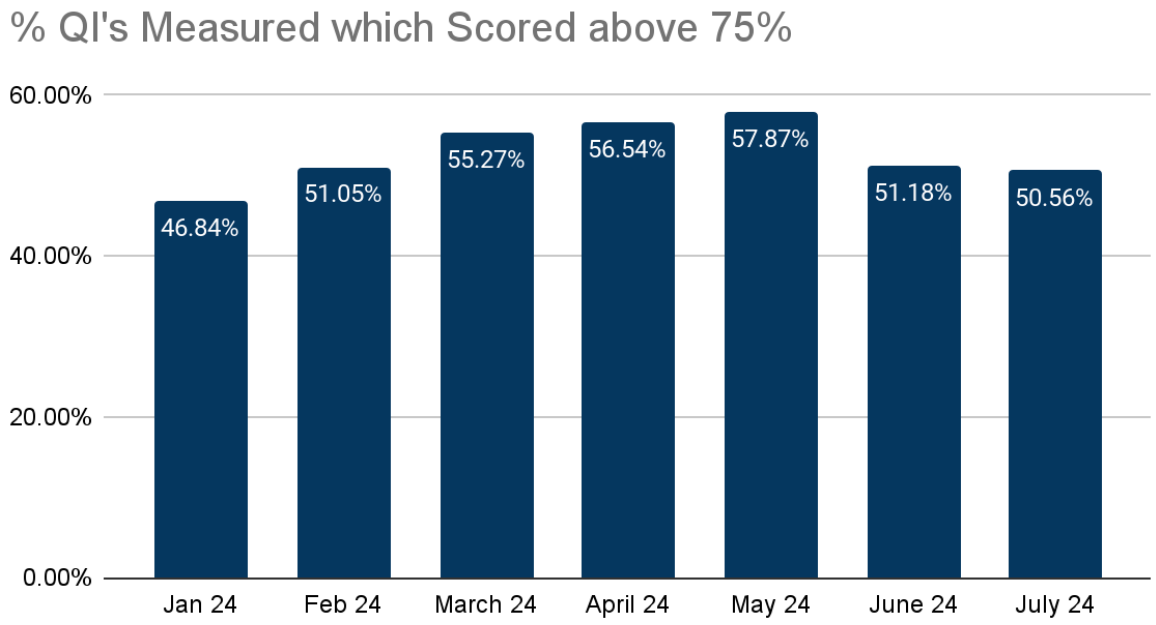
Quality Indicator Monitoring

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 2023 to August 2024. The monitoring months are from January 2024 through September 2024.

ADCRR continues to monitor all quality indicators to ensure compliance improvement occurs as the CHP implements its Corrective Action Plans. The percentage of QIs above 75% increased approximately 8% since January 2024 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.

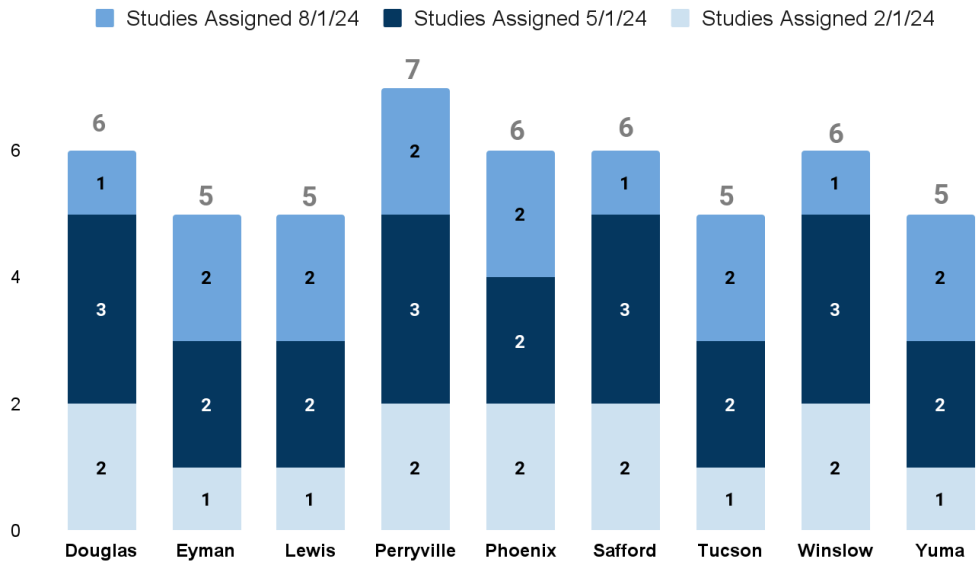
Improvement Programs (Sec. 2.0)

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



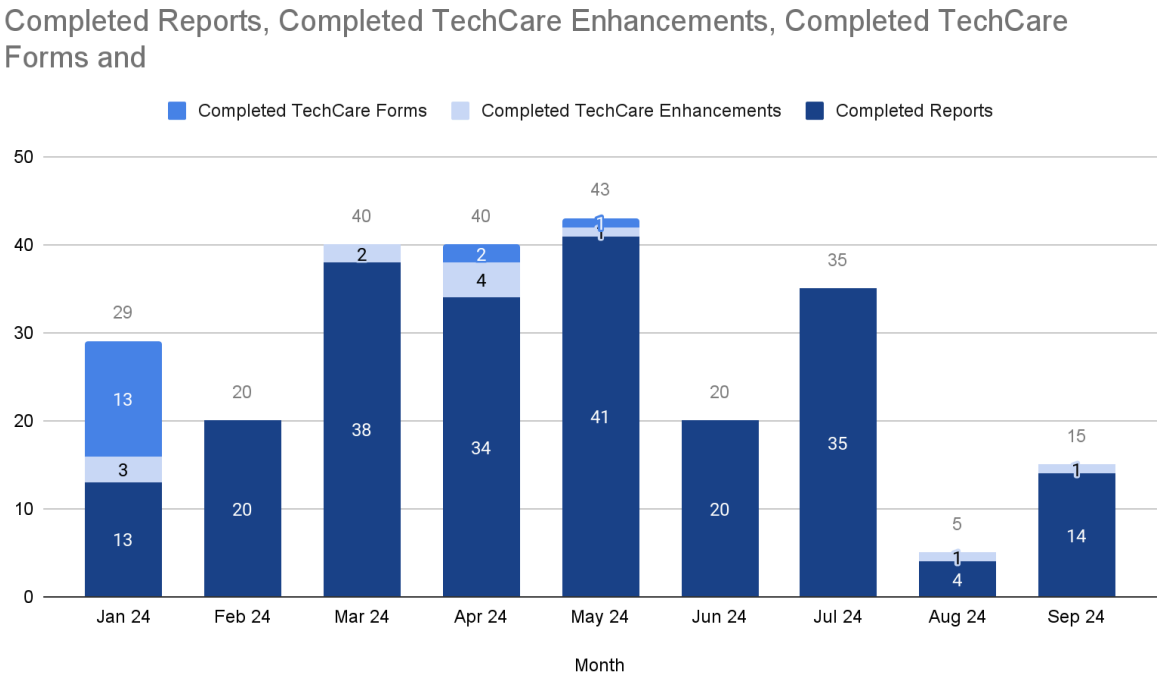
Overall System Improvement (Sec. 2.5)

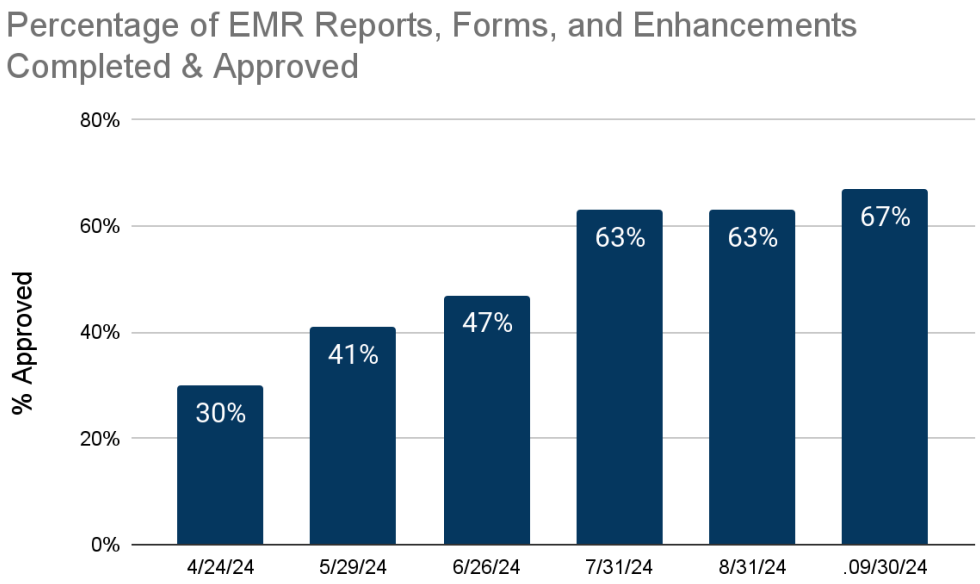
- Comprehensive suicide attempt review meetings began on August 16, 2023
- HSD and CHP administrative mortality review meetings started June 7, 2023
- Monthly administrative mortality review meetings were implemented on November 21, 2023
- MyCare is a voluntary patient program designed to support positive behavioral change, which provides clinical staff with an opportunity to help patients establish long-term wellness habits with the goal of improving outcomes during incarceration and continuity of care upon reentry to the community. The functionality of MyCare shall include, but not be limited to, bi-directional communication between health staff and patients to address patient questions, share diagnostic test results, and provide patient education. The CHP has implemented components of the bi-directional feed (e.g., patient notifications for lab and x-ray diagnostics and Hep C treatment results).

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. In August 2024, an additional 10 IPC beds were opened.
- SNU/IPC beds have increased 64% since from October 2023 to October 7, 2024:

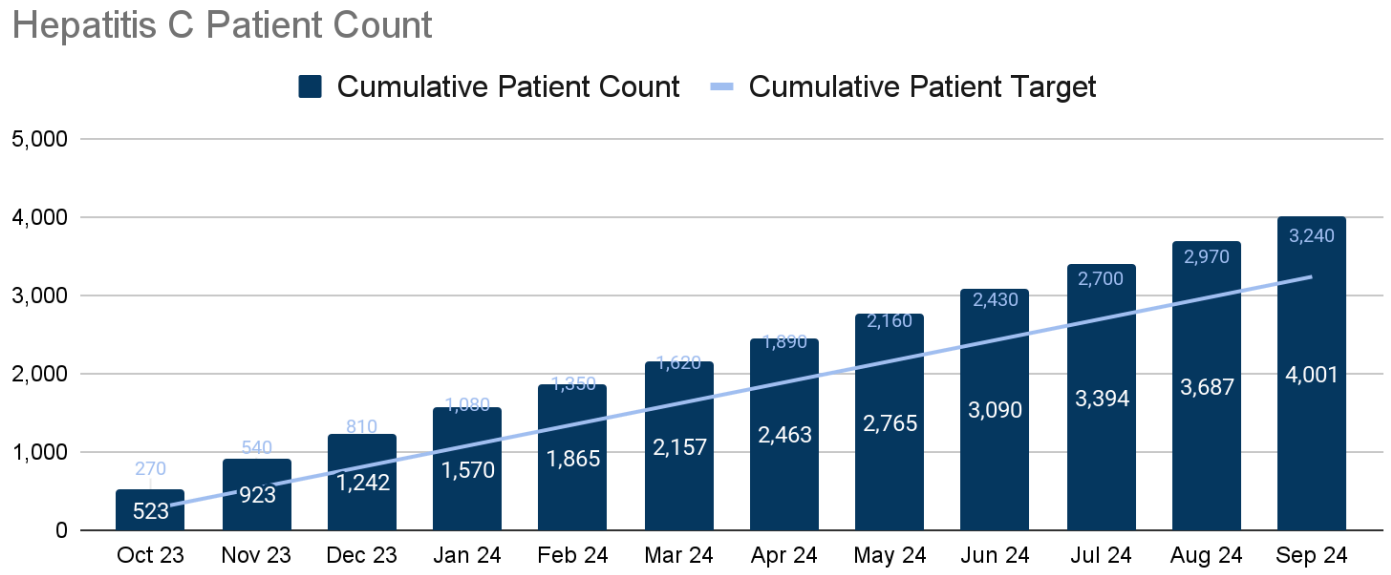
Location	October 2023	October 2024
Florence Anthem	21	16
Lewis IPC	13	13
Phoenix IPC	49	45
Tucson Catalina IPC	0	20
Tucson Catalina SNU	0	160
Tucson IPC	66	66
Tucson Manzanita 5	58	58
Tucson Manzanita 6	46	46
Tucson Rincon 7 A	15	15
Total	**268**	**439**

- 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)

- 314 patients started treatment in September 2024. As of September 25, 2024, 792 patients are receiving treatment for Hepatitis C and 76 patients have future orders. These numbers vary week by week as patients start and complete treatment.
- Since October 1, 2023, more than 4,000 patients have been treated for Hepatitis C, with an average of 313 new starts per month and approximately 800 patients actively receiving treatment in any given month.



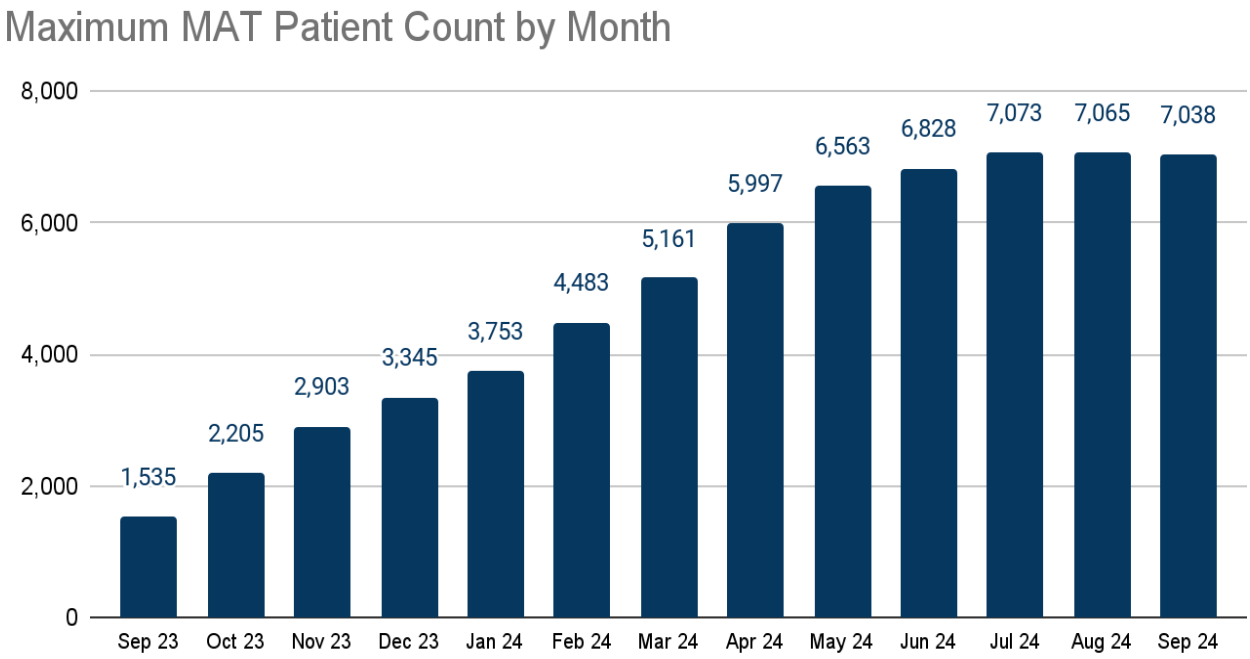
Substance Use Disorder (Sec. 11.3)

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 ADCRR 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 primarily at the 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.
- Implemented the provision of Narcan to patients with opioid use disorder who are released from prison
- DEA Site visits conducted:
  - A DEA Site visit for ASPC Lewis was conducted on August 1, 2024
  - A DEA Site visit for ASPC Eyman was conducted on August 14, 2024



Appointments

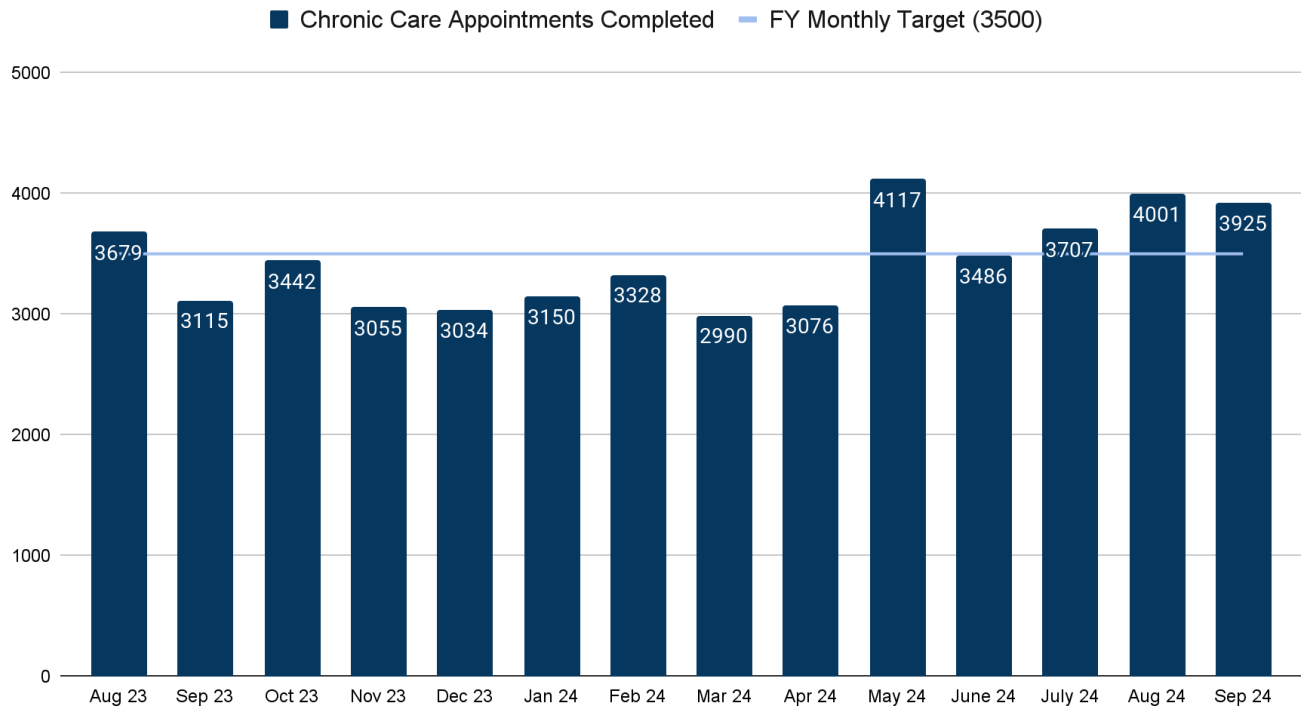
Chronic Care Appointments and Offsite Specialty Appointments are to be completed within the timeframes established by the patient's provider.

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 actual number of appointments varies based on the needs of the current prison population in any given month.

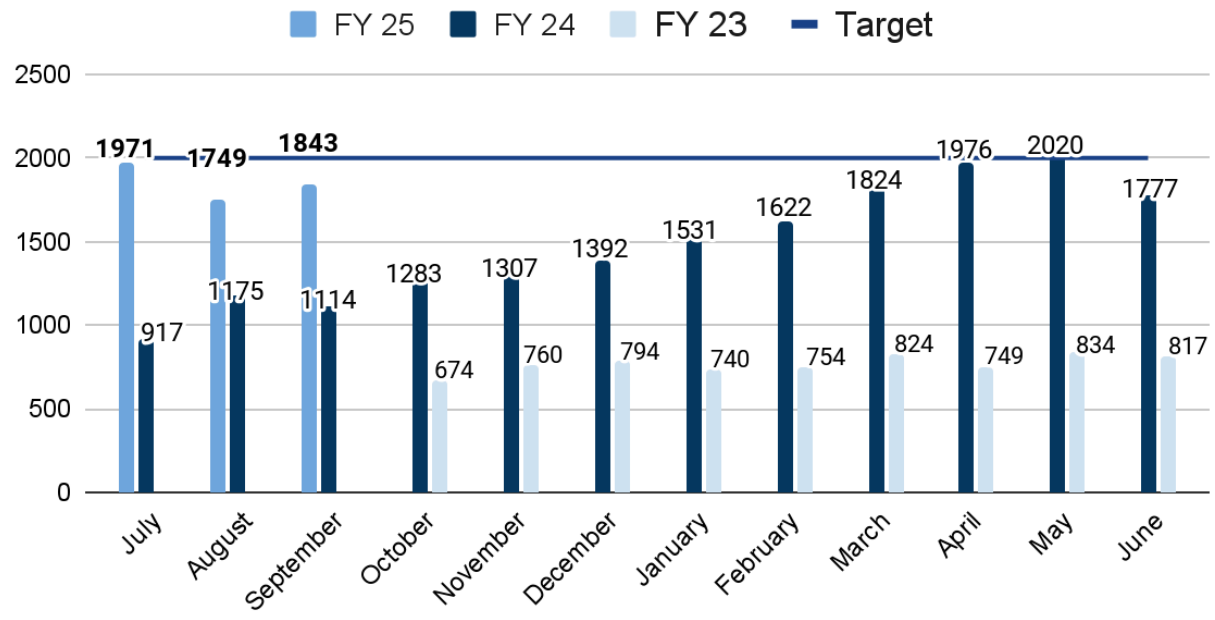
The following initiatives have been implemented to support any needed capacity for the completion of chronic care and offsite specialty appointments:

- 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

Chronic Care Appointments Completed



Offsite Specialty Appointments Completed by Fiscal Year



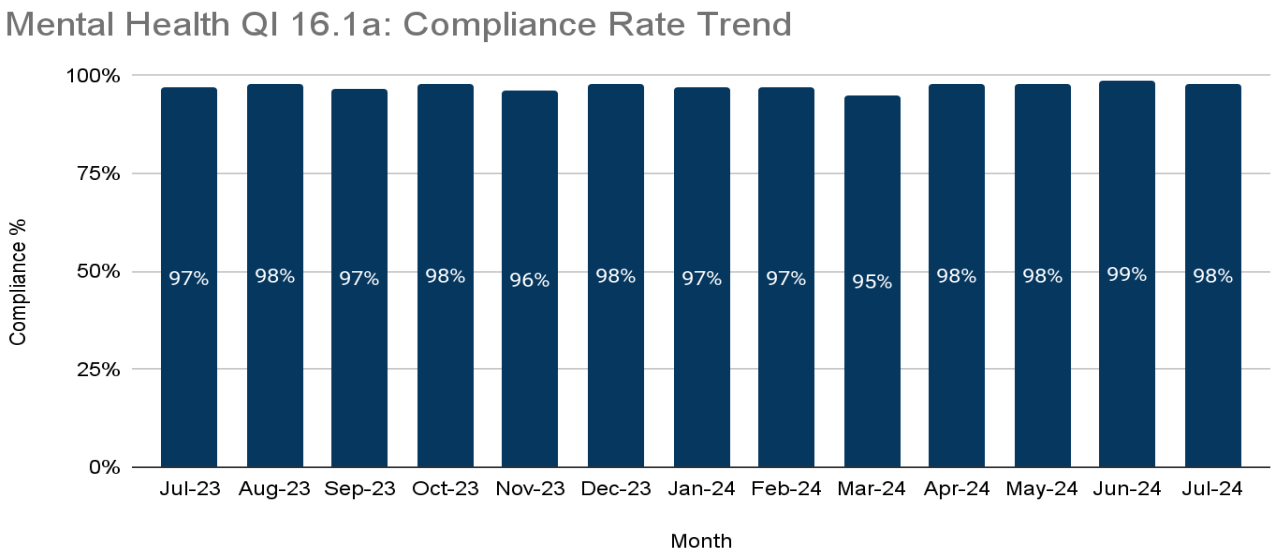
Note: Fiscal Year begins July 1st of each year and ends June 30th of the following year. FY 25 began on July 1, 2024. FY 24 is July 1, 2023 to June 30, 2024. FY23 data is provided from Oct. 2022 when NaphCare, the current Contracted Healthcare Provider (CHP), began providing Healthcare Services with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

MENTAL HEALTH

The HSD Mental Health Team has pursued three major initiatives: (1) Ensuring there is an appropriate level of mental health programming to meet the needs of the incarcerated population with mental health diagnoses, (2) improving the quality of care for individuals requiring Residential Treatment and Inpatient Treatment, and (3) working with the ADCRR training department to modernize mental health training materials and facilitation processes.

Content of Care (Sec. 16.0)

- A Psych Associate or Psychologist conducts a mental health assessment of each patient within one business day of that patient first entering the ADCRR system. This has consistently been achieved at least 95% of the time since July 2023. Timely evaluation of mental health presentation and history upon arrival to prison is crucial in identifying appropriate levels of mental health care and at-risk patients.



- As of August 31, 2024, there are 4,139 (11.7% of the total population) inmates receiving ongoing mental health services. These inmates scored a 3 or higher on a mental health assessment.

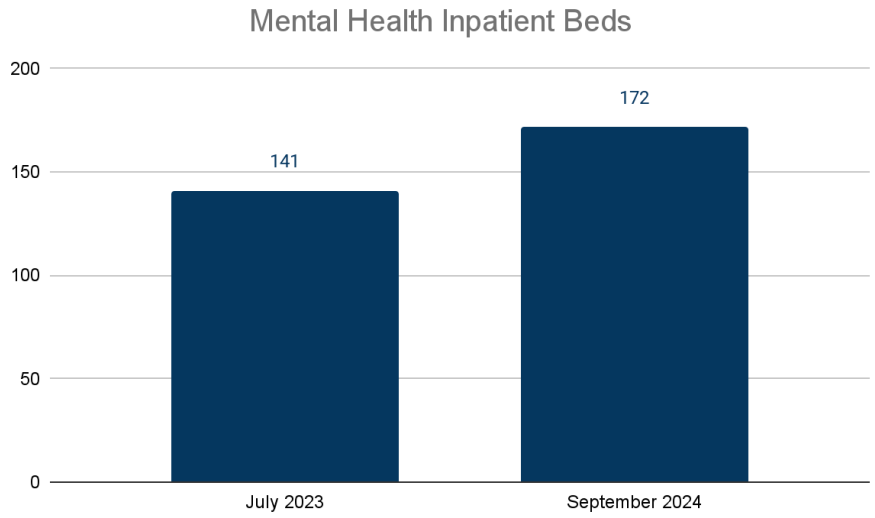
Mental Health (MH) Scores	Under 18 Years	18-24 Years	25-39 Years	40-54 Years	55+ Years	Total
(3) Moderate	0.0%	0.2%	4.7%	4.4%	1.7%	11.0%
(4) Admitted Outpatient - Specialized MH Program	0.0%	0.002%	0.2%	0.3%	0.1%	0.7%
(5) Inpatient Psychiatric Treatment	0.0%	0.0%	0.02%	0.03%	0.009%	0.1%
Total	0.0%	0.2%	4.9%	4.7%	1.8%	11.7%

Residential Programs

- Increased the capacity for the Mental Health Residential Treatment Units from 656 to 862 beds, a 31% increase since May 2023.
- In ADCRR's Residential Mental Health programs, in addition to individual counseling and psychiatric treatment, residents are offered the following programs and services:
    - 38 hours a week of Mental Health Psychotherapy Groups (across all MH Residential Programs)
    - 40 hours a week of Mental Health Psychoeducation groups (across all MH Residential Programs)
    - Religious Services
    - Educational Services
    - Recreational Therapies
    - Peer Support Groups
    - Substance Abuse Treatment Groups
    - Custody Facilitated Groups and Activities
    - In-program Employment Opportunities

Inpatient Mental Health Program

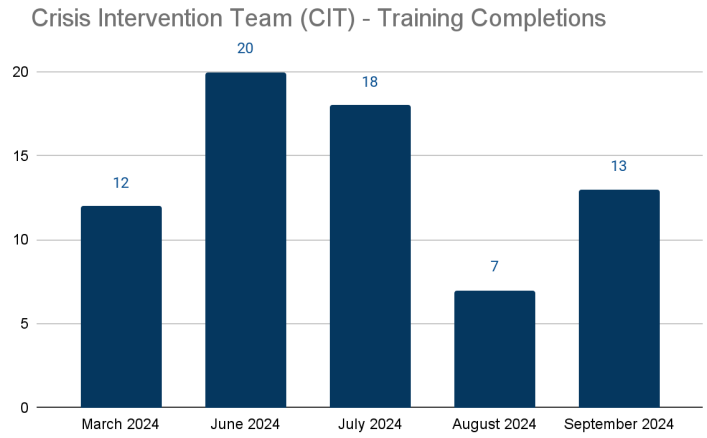
- The capacity for inpatient mental health programming is at 172 beds. This is a 22% increase from the previous inpatient capacity of 141 beds. The expansion of the inpatient mental health program is due to the August of 2024 opening of ADCRR's newly renovated, DHS licensed inpatient facility for males at ASPC-Lewis, Eagle Point.



- In addition to individual counseling and psychiatric treatment in Inpatient Mental Health Programs, residents are offered the following programs and services:
    - 60 hours a week of Mental Health Psychotherapy Groups (across all MH inpatient programs)
    - 20 hours a week of Mental Health Psychoeducation Groups (across all MH inpatient programs)
    - Religious services
    - Educational services
    - Substance abuse treatment groups
    - Custody facilitated groups and activities
    - In-program employment opportunities
- One of the highlights of the new inpatient facility at Eagle Point is its brand new art studio. ADCRR has partnered with the Art of our Soul program to offer residents a first-of-its kind art and music therapy program.

Crisis Intervention Team (CIT) Training Program

- HSD has partnered with ADCRR Training and Custody Staff to provide Crisis Intervention Team (CIT) Training to the correctional officers assigned to ASPC-Lewis Eagle Point. 70 of 98 (71%) of the correctional officers have completed the training.
- CIT Training is a specialized program that teaches law enforcement and correctional officers how to identify signs of mental distress, work effectively with individuals with mental illness, de-escalate situations non-violently, and appropriately connect inmates with their mental health counterparts and other supports.
- Utilizing CIT-trained staff to engage with our most acute mental health patients has the potential to yield many benefits including:
    - Immediacy of response
    - Increased staff and patient safety
    - Reduced staff and patient injuries
    - Reduction in crisis events
    - Partnership and collaboration with mental health staff
    - Increased confidence in skills and ability to work with at-risk populations



Suicide Prevention Taskforce

- In partnership with the CHP, a Suicide Prevention Taskforce was established and utilized to develop and track the progress of suicide prevention initiatives. Ongoing suicide prevention training, increased observations, support, and access to mental health services in high risk areas are examples of initiatives.
- Members of this taskforce have worked together to implement a daily mental health watch meeting at each facility. These meetings include psychologist and psychiatrist collaboration as an additional measure to ensure a comprehensive clinical approach to addressing the safety concerns of patients experiencing psychiatric crises and mental health related safety concerns.

Mental Health Transition Pilot Program

- In accordance with House Bill (HB 2433), the Department and the CHP established the Mental Health Transition Pilot Program to provide eligible inmates with transition services in the community. HB 2433 has positively improved mental health release planning services for individuals released from prison. One significant outcome is an increase in accepted individuals for our SMI population, including treatment and housing. The community providers have ensured all referrals are screened promptly and all referred individuals identified as SMI upon release have been accepted into the program. Overall, HB 2433 has been a success in assisting our vulnerable population.

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.

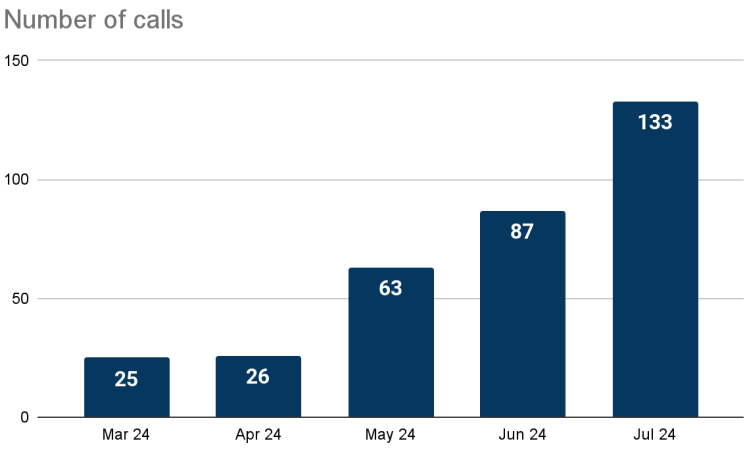
- The Department is ahead of schedule in "going live" with monitoring via RFID in all subclass locations.

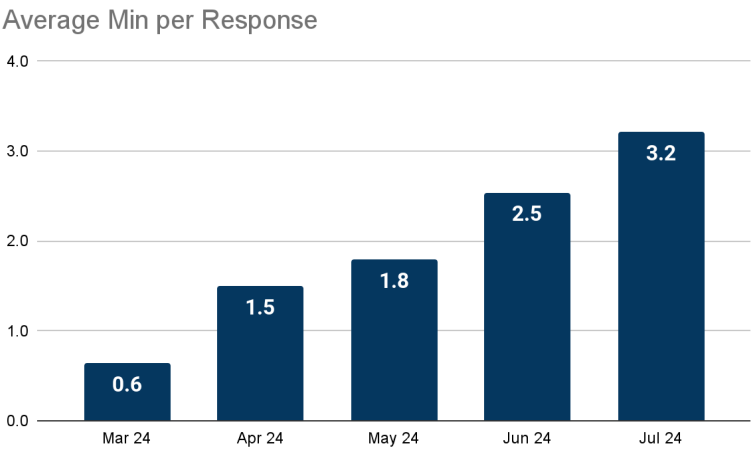
Date	Task
July 2023- August 2024	Guardian demonstration project at ASPC-Eyman, Browning Unit
December 2023	Contract awarded to Guardian RFID
January-February 2024	All subclass locations mapped for tag planning and placement
March 2024	Software systems integrated, all handheld devices and installation 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.
September 2024 - October 2024	The projected go-live date for all other 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 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.



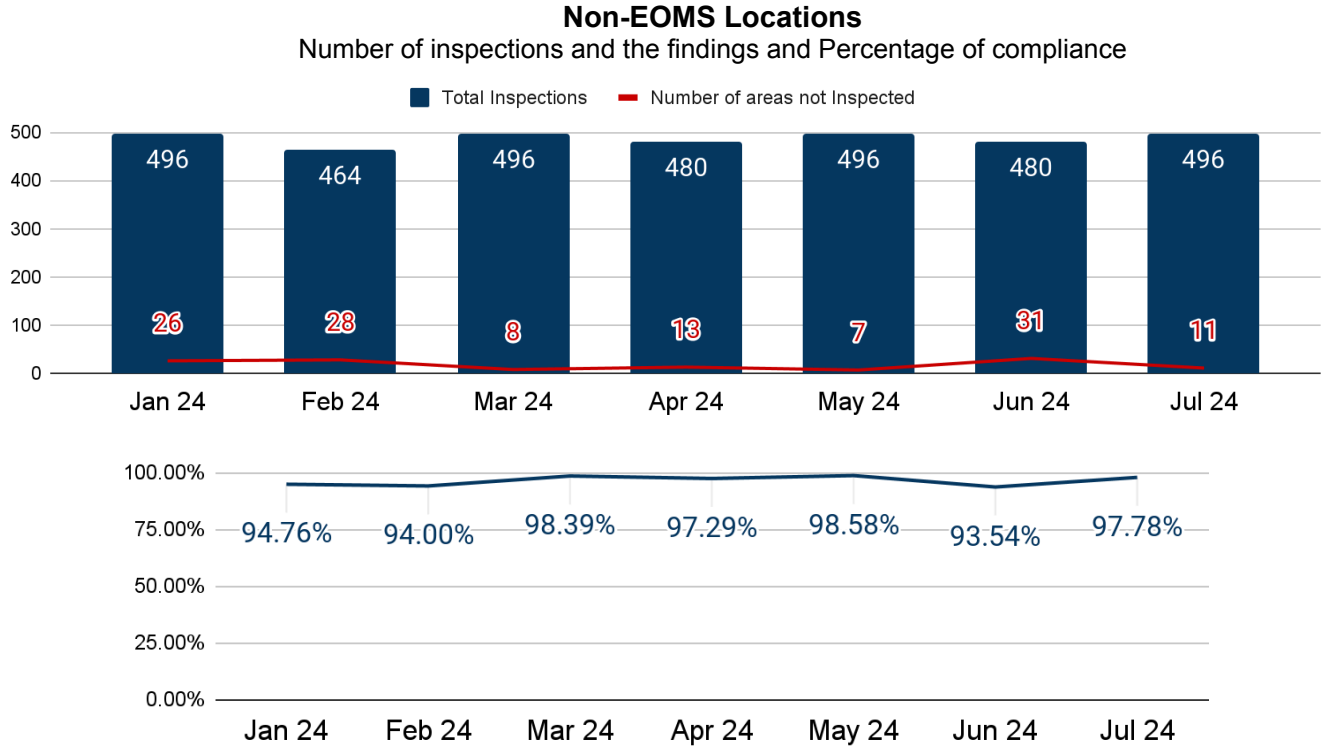


Building Conditions (Sec. 23.0)

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.

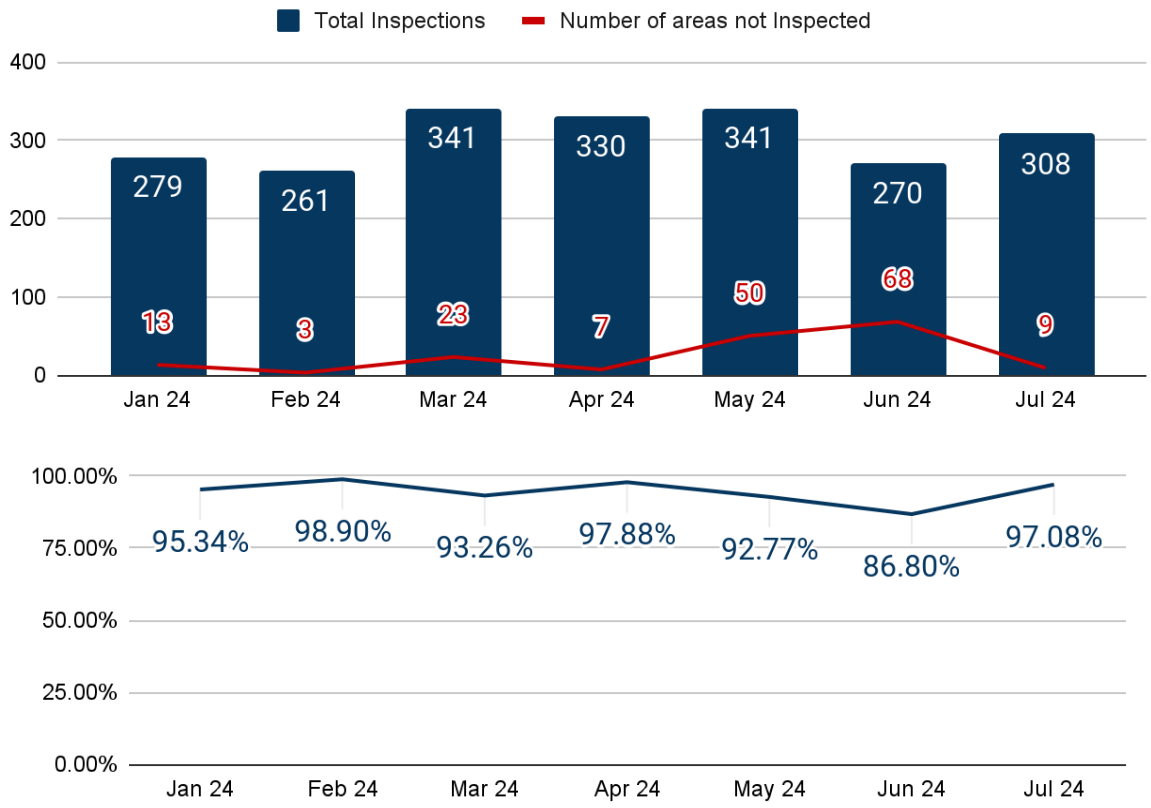
Sanitation Expectations

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



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)

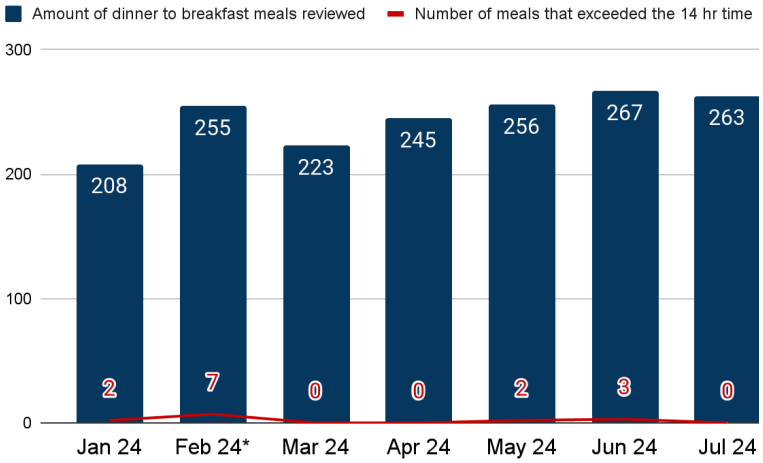
The subclass population is to have access to effective cleaning and sanitation supplies, which include chemicals, mops, buckets, brooms, rags, etc.

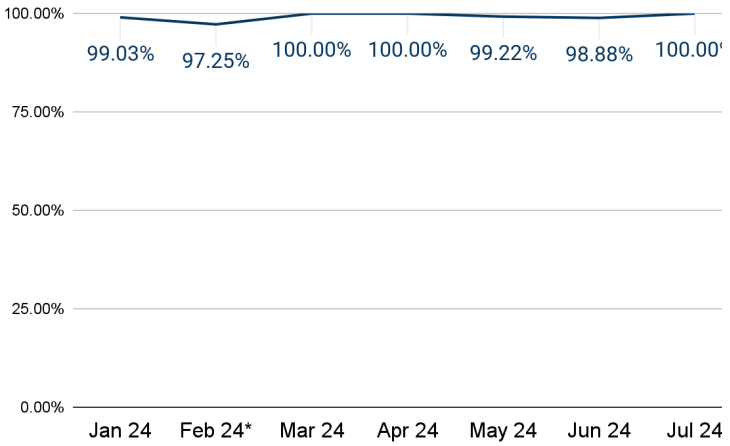
- Since the Injunction began, the Department has been 100% compliant in providing cleaning supplies to all inmates at all locations.
- Since the Injunction began, the Department has been 100% compliant in providing pest control services to all inmates at all locations. All locations offer services twice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



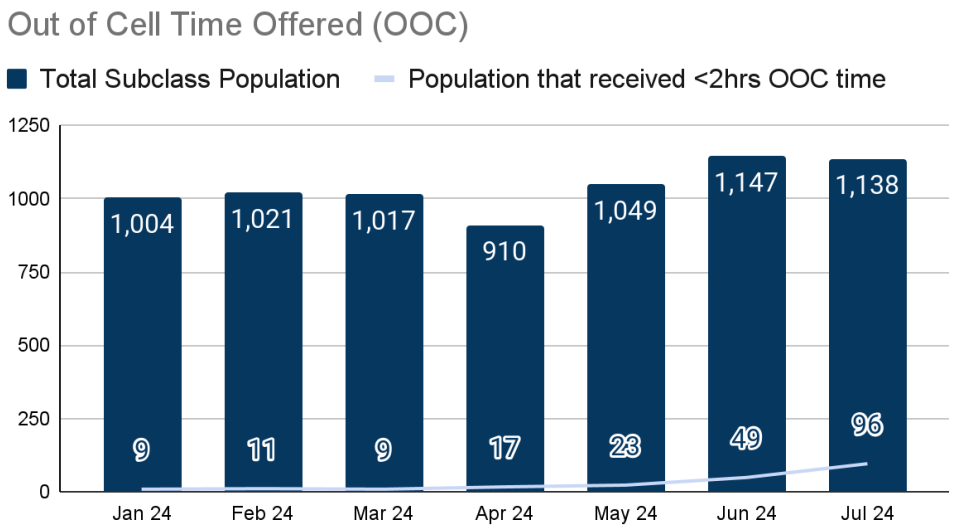


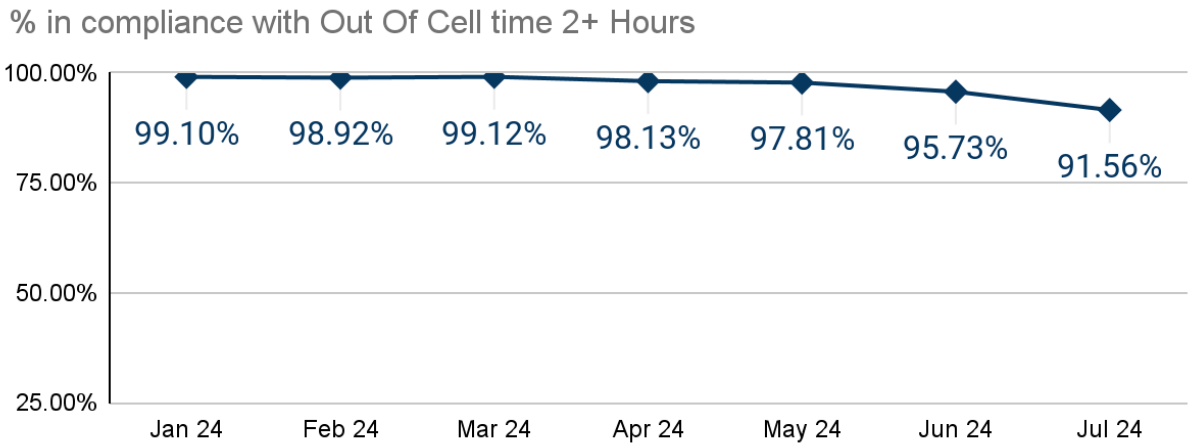
*it should be noted that the Feb 24 data was a single unit's findings due to a disturbance that shut down the unit's kitchen

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.

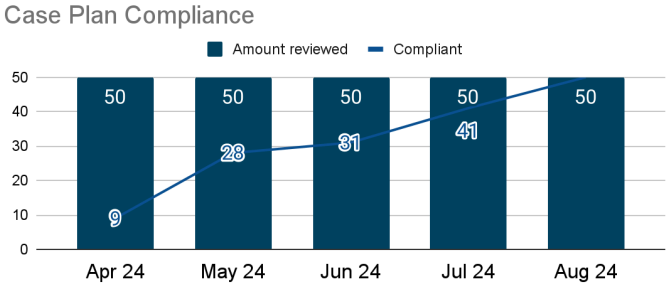
Classification (Sec. 29.0)

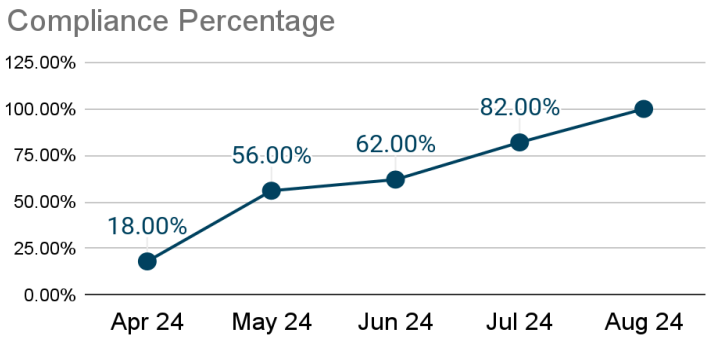
The Department is to ensure that full-time qualified staff members are assigned to each housing unit, that inmate classifications and reviews are completed in a timely manner per the specifications of the Injunction, and that they are appropriately documented in the individual case plans.

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

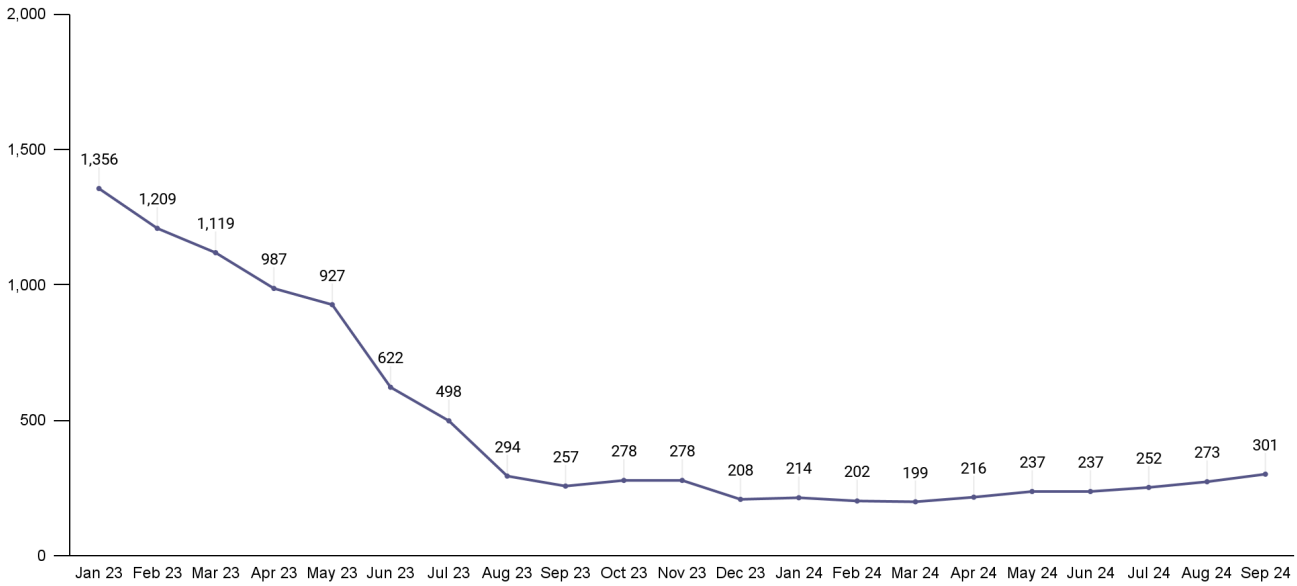
Days	Tasks
Day 3	Documented interview with inmate and assigned case manager
Day 5	Initial case plan meeting with inmate and multi-disciplinary team
Day 10-20	Follow up on placement reason; ensure appropriate documentation is completed
Day 30	The subsequent case plan completed
Day 45	60-day review initiated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

Total Restrictive Status Housing (Max Custody)

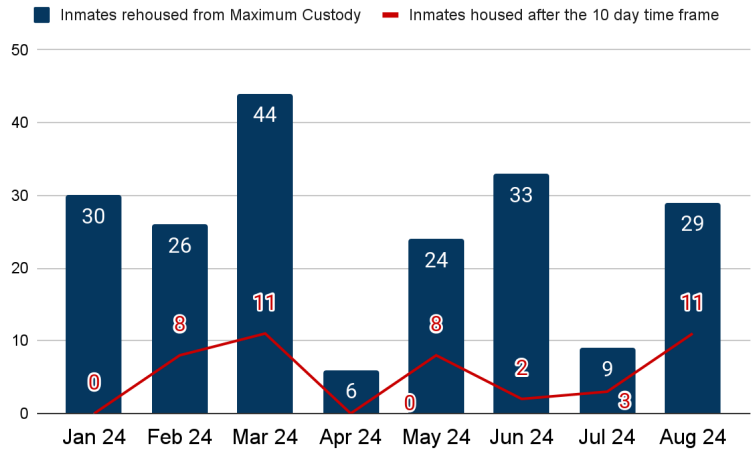


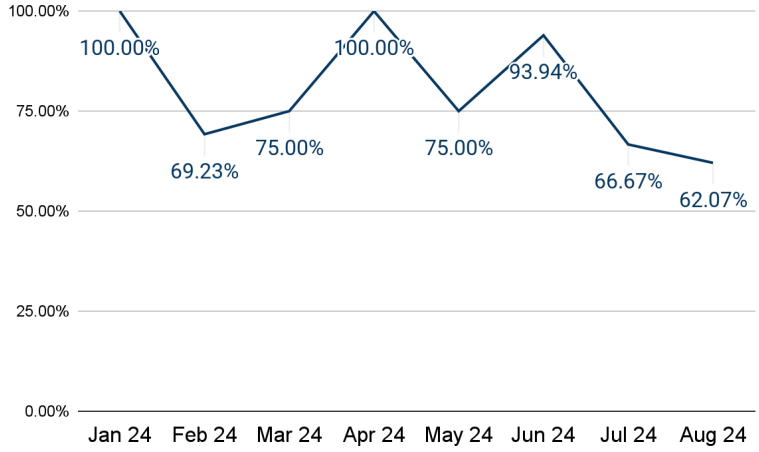
- Housing options are carefully considered to ensure appropriateness and inmate safety.
  - If a conflict is related to staffing, other inmates, program participation, or medical/mental health concerns and options are limited, an inmate may remain in the subclass environment while appropriate housing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

Actions being taken to improve compliance further:

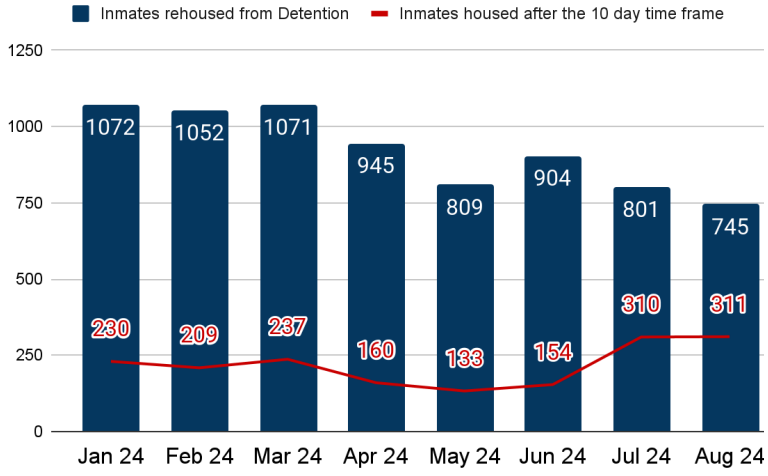
- The Department has identified locations for population adjustments, creating additional housing areas for inmates with difficulty housing.
- The Department continues to explore and implement strategies related to inmate housing to mitigate the influx of inmates placed in detention, as appropriate.

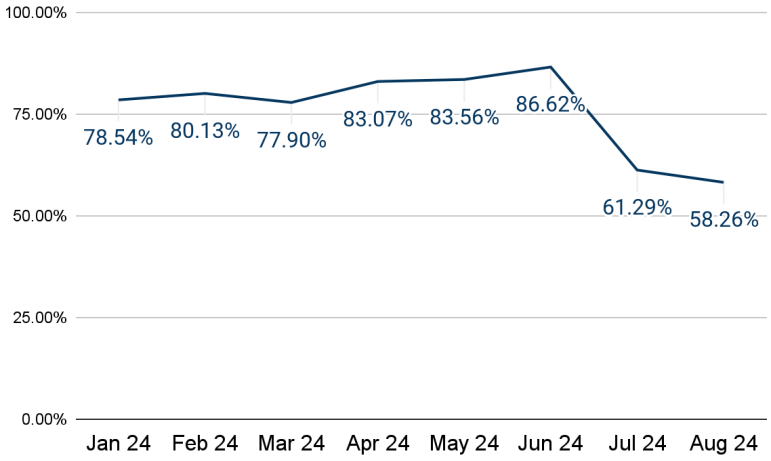
Inmates Rehoused Out of Maximum Custody





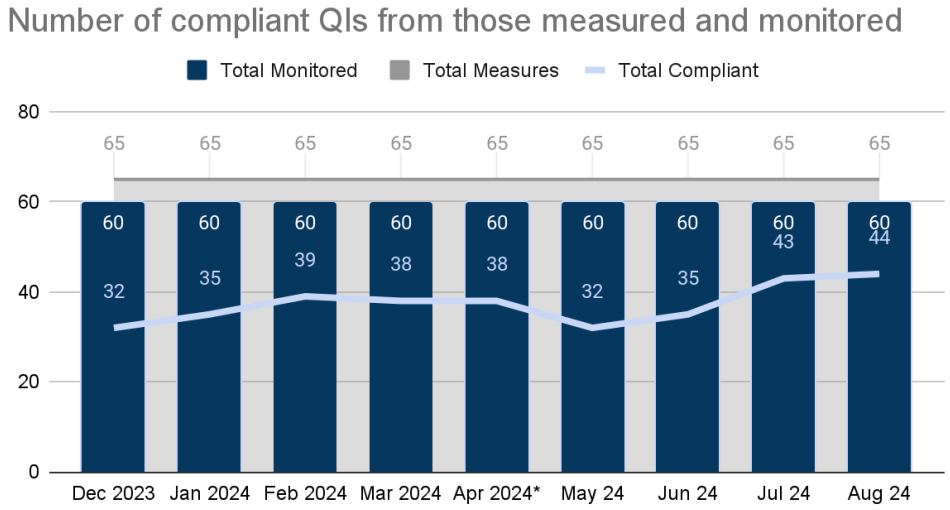
Inmates Rehoused out of Detention Area





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. After review by the court-appointed monitor, the number of compliant measures was adjusted from 29 to 32 for May 2024.