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Membership

1. Khalil Rushdan, Chair - Previously Incarcerated Man
2. Senator Brian Fernandez - Democratic Member of the State Senate
3. Representative Analise Ortiz - Democratic Member of the State House of Representatives
4. The Honorable Walter Blackman - Former Republican Member of the State House of Representatives
5. Karen Smith - Representative from an Advocacy Organization
6. Vernon Johnson - Rehabilitation Professional
7. Kara Janssen - Previously Incarcerated Woman
8. Dr. Jonathan Cartsonis - Family Physician
9. Carmen Hreniuc - Parent of a Previously Incarcerated Person
10. Suzanne McMillan - Parent of an Incarcerated Person
11. Brent Richards - ADCRR Representative
Overview of the Independent Prison Oversight Commission

The Independent Prison Oversight Commission, established by Governor Katie Hobbs through Executive Order 2023-06, is tasked with improving transparency and accountability within the state’s correctional system.

The Commission is responsible for monitoring and reporting on seven areas:
1. Accessibility and quality of mental health and medical care and drug treatment programs;
2. Condition of facilities including security, cleanliness, temperature, and crowdedness;
3. Accessibility to basic necessities such as nutrition, medicines, and sanitary products;
4. Accessibility to communication with family members and legal representatives;
5. Accessibility to and quality of rehabilitation, vocational, and educational programming;
6. Sufficient number of qualified staff; and
7. Accessibility to the grievance process and the timeliness of resolving complaints.

The Executive Order directs the Commission to issue a preliminary report by November 15, 2023, providing an update on initial findings and recommendations. The Commission is tasked with issuing a report at least annually to provide updates.
Overview of the Arizona Department of Corrections, Rehabilitation, and Reentry

Population
The Arizona Department of Corrections, Rehabilitation, and Reentry (ADCRR) manages 9 state prisons and oversees the contracts of 7 private prisons. Additionally, ADCRR manages more than 8,000 correctional officers and professional staff. As of September 2023, there are 34,285 incarcerated Arizonans, 10,110 (29.5%) of which are housed at private prisons. Of that total, 3,165 are women and reside at Arizona State Prison Complex (ASPC) - Perryville. In addition to the incarcerated population, ADCRR is responsible for 5,365 Arizonans on community supervision.

Of the population assessed at intake, 82.8% have significant substance abuse histories. As of September 2023, 674 people were enrolled in addiction treatment. More
statistical information can be found in the Corrections at a Glance Report, which is also included in the Appendix A.

**ADCRR Priorities**

Members of the Commission have dedicated time to learning more about ADCRR under the leadership of Director Ryan Thornell. Since starting their work in April, the Commission has found ADCRR to be accessible, transparent, and supportive of the Commission’s work. The Commission is impressed with Director Thornell’s commitment to improve the current system and understands that many of these improvements will take time to implement. Included below are a few of the ADCRR’s priorities, these and other detailed priorities can be found in ADCRR’s Vision, included in the Appendix B. The Commission supports these priorities and urges its implementation, these are critical changes to the system.

**Medication Assisted Treatment**

On June 8, 2023, an evidence-based Medication-Assisted Treatment (MAT) program was implemented at ASPC-Tucson and ASPC-Lewis. The Department is currently working at ASPC-Winslow to identify patients with substance use disorder and to offer treatment to all affected individuals who wish to be treated.

**Hepatitis C Treatment**

Plans to offer curative Hepatitis C treatment to incarcerated individuals are in place starting with the implementation at pilot sites, including ASPC-Winslow. The Department’s goal is to provide medication evaluations, patient education, and treatment to large numbers of patients who are infected with hepatitis C. ADCRR anticipates treating approximately 2,600 inmates for Hepatitis C this fiscal year, expanding to approximately 3,200 inmates in FY2025.

**Reclassification**

ADCRR is redesigning and implementing a new classification system, focused primarily on changes to the max custody classification level and restrictive housing. By redesigning the classification system, the Department can ensure that the incarcerated population is housed safely, without overusing restrictive housing.

**Progress Report**

Since the inaugural meeting on April 28, 2023, the Commission has met four times. During the first meeting, the Commission established four subcommittees:

1. Healthcare
Members: Dr. Jonathan Cartsonis; Vernon Johnson
The healthcare subcommittee has spent time speaking with members of the ADCRR medical team, as well as drafting a healthcare-specific survey for incarcerated people, which can be used to better assess their healthcare needs. The draft survey is attached in Appendix C.

2. Staffing
Members: Brent Richards; Senator Brian Fernandez; The Honorable Walt Blackman
The staffing subcommittee dedicated time to reviewing the 2023 Employee Engagement survey, as well as staffing levels at each facility. Additionally, they identified five areas for the Department to prioritize:
1. Adequate staffing levels
2. Training and development
3. Employee well-being
4. Technology and automation
5. Collaboration and partnerships

3. Facilities
Members: Suzanne McMillan; Kara Janssen; Carmen Hreniuc
The facilities subcommittee has reviewed countless department orders:
➔ ADA Compliance
➔ Quality Assurance and Improvement Program
➔ Security/Facility Inspections
➔ Inmate Property
➔ Food Services

Additionally, the facilities subcommittee has focused on reviewing contracts with service providers and state health and fire marshal inspections.

4. Programming, Services, and Reentry
Members: Khalil Rushdan; Karen Smith; Representative Analise Ortiz; Kara Janssen; Carmen Hreniuc
The programming, services, and reentry subcommittee has focused their time reviewing several department orders and policies, prioritizing five key areas:
1. Disciplinary Process
2. Programming
3. Board of Executive Clemency
4. Access to Legal Resources
5. Release and Reentry

The Commission has focused the majority of its efforts so far on building up a foundation for its work, prioritizing gathering information. In addition to the full commission meetings, the subcommittees met separately to discuss relevant information. Commission members had the opportunity to participate in informational sessions focused on areas like budgeting and department roles. In addition to learning
about ADCRR’s budget and structure, the Commission has reviewed other crucial documents, like the most recent Auditor General Report and the Jensen v. Thornell federal injunction.

Members of the Commission have also visited two state prisons: ASPC-Perryville in July and ASPC-Tucson in October.

In preparation for the October visit, members of the Commission participated in a three-day “crash course” on prison oversight. Staff from the Pennsylvania Prison Society and the John Howard Association of Illinois, two permanent oversight bodies, shared best-practices relative to their experiences with engaging incarcerated people in both Pennsylvania and Illinois. They guided the Commission through a visit of the ASPC-Tucson, and spent a day debriefing on the visit.

**ASPC - Perryville Visit**

In the midst of concerns about heat at ASPC-Perryville, members of the Commission went on an informal tour of the complex. Commission members examined how hot cells were, especially those with only swamp cooling, and learned about the efforts ADCRR had made to mitigate the heat, as well as their long-term plans. There was also an opportunity for members to speak directly to many of the women impacted by the heat and evaluate how their needs were being addressed. The Commission observed that measures the Department took to mitigate heat were being received well by the population and were increasing morale. The Commission also learned about long-term solutions to the heat, specifically the Department’s plan to install HVAC in all units. In speaking with women at Perryville, many expressed that this was the first time they have felt heard by the administration.

**ASPC - Tucson Visit**

On October 3rd, 2023, members of the Commission, accompanied by staff from the Governor’s Office and volunteers from the Pennsylvania Prison Society and the John Howard Association, completed a walkthrough of the Cimarron Unit of ASPC - Tucson.

ASPC-Tucson is the largest ADCRR complex in Arizona, sitting on 640 acres. It is comprised of eight housing units with a total bed capacity of 5,403. The complex houses a variety of custody levels: minimum, medium, and close. The complex also has mental health units. The Cimarron Unit is a close custody unit with a bed capacity of 645.

The walkthrough included a tour of four close custody housing pods (2B, 4D, 4B, 1B) and two detention units (2A, 2CD), as well as tours of the kitchen, programming, and medical areas. The walkthrough also included structured interviews with a total of 59 incarcerated men. All interviews were voluntary, anonymous, and interviewees were randomly selected. The interviewers asked the interviewed population 24 questions, focused on six categories: Out of Cell Time, Supervision, Communication, Services and Resources, Hygiene, and Safety.
This was a valuable experience for the Commission to learn how other states conduct oversight, interact with people in prison, and tour a prison facility. Using the general survey provided by the Pennsylvania Prison Society, the Commission members were able to observe from a high level which issues are most important to the population. However, due to the small sample size of 59 interviewees from a single close custody unit, the responses do not constitute an empirical survey and are not sufficient to make inferences about the population’s needs or systemic problems within the Department. It is also worth noting that the obstacles the population faces in a close custody unit can vary significantly from other levels of custody.

Split into two groups, the Commission members spent over four hours at the facility. For context, in those four hours, the Commission only interacted with a little over 1% of the population. As stated earlier, interviewing such a small sample does not produce data that can be used to identify systemic patterns. This is important context to understand the type of time commitment the Commission faces to gather valid data.

Below is a high level overview of the six categories used for the 24 questionnaire.

**Out of Cell Time**

Men were asked questions like, ‘in the last week, did you get out of your cell everyday?’ and ‘how many times in the last month were you allowed outdoors?’ Of the questions asked, men reported the least issues with how often they were allowed outdoors. The questionnaire instructed interviewers to mark an issue if an interviewee had reported that he had not been outdoors in over a week. The interviews overwhelmingly indicated that the population were allowed outdoors on average 2-3 times per week. However, those who reported issues said that when their outdoor time was canceled, they weren’t given a reason why.

**Supervision**

The supervision question category focused on two issues: whether correctional officers were available at night and if they were available on the weekend. While some men reported no issue with staffing at night, the same men often recognized that they are asleep at night and would not know whether staff is available. A larger percentage of the interviewed population reported issues with officers being available on the weekends.

**Services and Resources**

The population interviewed were asked 6 questions about their access to services and resources. The category included questions about in-cell activities, the law library, the commissary, meals, and medical care. Of the 46 men who were asked about the meal service, 42 of them reported an issue. **This was the highest rate of issues reported out of all 24 questions asked.** In addition to reporting issues with the portion sizes and quality of meals, many men reported that meal times were wildly inconsistent.

The population interviewed was also asked about in-cell activities, which is especially critical because the men in close custody or detention units spend most of their time in
their cells. Other than television, a majority of men report that they have nothing to do. Throughout the housing pods, men also reported issues with cable, saying that the quality of the television picture is bad.

**Communication**

In the communication category, the population interviewed was asked four questions about their access to phone calls, video visits, and family visits. The interviewed population reported the most significant issue with access to phone calls. The Commission found that in the close custody and detention units they visited, there was typically one hand-held phone per pod that was passed around based on a sign-up sheet.

While not a question asked to the population, many men reported that communication between the Department and the population has improved since Director Thornell came on board.

**Hygiene**

The Hygiene category experienced the highest rate of reported issues. Of those reporting issues, most men responded that they did not have adequate access to basic hygiene items like toilet paper or soap.

Several men also reported issues with receiving clean clothes and sheets. Each housing pod includes a washer and dryer, but men reported that they did not have access to detergent.

**Safety**

The Safety category saw the least amount of reported issues among the population interviewed. However, while most men reported that they feel safe, they also reported seeing fights often. Many men conveyed that they feel safer in the Cimarron Unit compared to other housing units they’ve resided in.

**Commission Recommendations**

This preliminary report is the culmination of months of work from Commission members, this took time, commitment, and collaboration from dedicated volunteers with diverse perspectives and expertise. This preliminary report offers short term and long term recommendations.

**Short-Term**

The Commission’s experience over the last 7 months has made clear that a volunteer commission faces significant challenges to conducting meaningful, independent oversight of the State’s corrections system. While the Commission held regular meetings, conducted two site visits, reviewed data and information from ADCRR to comply with the Execuity Order, a volunteer commission is not the ideal framework for oversight work. Significant time must be dedicated to deliver effective solutions.
The Commission recognizes that we are not well positioned to serve as an “independent prison oversight”; it is recommended to eliminate the expectation of oversight. Rather the Commission can better serve as a working group to study the issues at hand and support the Governor’s Office efforts related to prison rehabilitation and reentry. For these reasons, the Commission is making the following short-term recommendations:

1. Transition the Commission into the Governor’s Advisory Council on Rehabilitation and Reentry that will focus on collaborating with the Governor and ADCRR on improving access to programming, workforce development, and reentry services.
2. Prioritize specific goals and focus areas.
3. Narrow the size of the Council.

Long-Term
While the Commission worked independently from the Department and had the ability, as expressed in the Executive Order, to reasonably access and inspect prison facilities and records for the purpose of monitoring and reporting information, it cannot truly serve as an independent oversight commission while housed within the Governor’s Office. Thus, the Commission understands the importance of identifying pathways towards a long term solution for true independent oversight.

The Commission encourages bipartisan pathways to deliver long term solutions for oversight that will last beyond the Hobbs Administration. Any long-term solution would require dedicated funding and staffing to accomplish meaningful and credible work and needs legislative changes to ensure its continuity.

Conclusion
The Commission is grateful for the opportunity to convene and collectively offer recommendations on how to continue the work moving forward. The Commission remains committed to the work of ensuring individuals incarcerated receive humane treatment and have access to programs for a successful reentry into society.
Executive Order 2023-06

Establishing the Independent Prison Oversight Commission

WHEREAS, there is an urgent need to provide transparency and accountability of Arizona’s corrections system; and

WHEREAS, safeguarding the integrity of Arizona’s correctional system, preventing misconduct, and identifying responsible ways to reduce costs will benefit all Arizonans; and

WHEREAS, lawmakers and policy makers need information to evaluate the success and efficiency of programs and improve public safety outcomes; and

WHEREAS, corrections administrators and officers perform a service to the people of Arizona and should feel safe in their workplace; and

WHEREAS, individuals who are incarcerated should receive humane treatment during their incarceration and be prepared for successful reentry into society; and

WHEREAS, establishing an independent external oversight commission will facilitate the collection and public disclosure of unbiased and accurate information about the state of Arizona’s corrections system; and

WHEREAS, external oversight of Arizona’s corrections system will facilitate improvements to fiscal management, operations, and healthcare within the corrections system.

NOW, THEREFORE, I, Katie Hobbs, Governor of the State of Arizona, by virtue of the power vested in me by the Arizona Constitution and the laws of this State, hereby order and direct as follows:

1) The Independent Prison Oversight Commission (the “Commission”) is created to improve transparency into and accountability of Arizona’s corrections system.

2) The Commission shall be comprised of the following members who are appointed by and serve without compensation at the pleasure of the Governor:
   a. Two members of the Arizona Senate of different political parties. The President of the Senate shall select one member and the Senate Minority Leader shall select one member.
   b. Two members of the Arizona House of Representatives of different political parties. The Speaker of the House of Representatives shall select one member and the House of Representatives Minority Leader shall select one member.
c. One member who represents an inmate advocacy organization as selected by the Governor.

d. One member with a background in inmate training or rehabilitation programs as selected by the Governor.

e. One member who was previously incarcerated in Arizona’s corrections system’s men’s ward as selected by the Governor.

f. One member who was previously incarcerated in Arizona’s corrections system’s women’s ward as selected by the Governor.

g. One member who is a physician who is licensed under Arizona law and who specializes in family or internal medicine as selected by the Governor.

h. One member who is a mental or behavioral health professional who is licensed under Arizona law and who has a history of providing mental health or counseling services to adults as selected by the Governor.

i. One member who is a close family relative (Grandparent, parent, spouse/partner, child, sibling) of a person who completed a term of at least three years in Arizona’s corrections system and who received an absolute discharge within five years preceding the date of the member’s appointment as selected by the Governor.

j. One member who has a background in corrections or represents an organization or association that represents correctional staff as selected by the Governor.

3) The Governor shall select the Chair of the Commission.

4) ADCRR shall allow the Commission to reasonably access and inspect prison facilities and records and talk with staff and inmates for the purpose of monitoring and reporting information on the following topics:

a. Accessibility and quality of mental health and medical care and drug treatment programs;

b. Condition of facilities including security, cleanliness, temperature, and crowdedness;

c. Accessibility to basic necessities such as nutrition, medicines, and sanitary products;

d. Accessibility to communication with family members and legal representatives;

e. Accessibility to and quality of rehabilitation, vocational, and educational programming;

f. Sufficient number of qualified staff; and

g. Accessibility to the grievance process and the timeliness of resolving complaints.

5) The Commission shall abide by entrance and security procedures as determined by the Director of Corrections or ADCRR policy for professional visitors when accessing prison facilities. While the Commission shall have the authority to take notes and make recordings while in facilities, the Commission shall respect staff and inmate privacy during their review.

6) The Commission shall issue a preliminary report by November 15, 2023, outlining initial findings and recommendations from its review. Subsequent reports shall be issued at least annually to document findings and provide updates.

7) This Executive Order shall take effect immediately upon signature.
IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona

[Signature]

GOVERNOR

DONE at the Capitol in Phoenix on this twenty-fifth day of January in the Year Two Thousand Twenty-Three and of the independence of the United States of America the Two Hundred and Forty-Seventh.

ATTEST:

[Signature]

SECRETARY OF STATE
### INMATE PROGRAMS
ADCRR assesses recidivism risk and programming needs during intake. Assessment results, along with sentence structure are used to prioritize inmate programmatic goals and placement. These figures represent a snapshot in time and do not include inmates who have already completed the programs.

<table>
<thead>
<tr>
<th>Program Enrollment</th>
<th>Sub-Total</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADCRR Education</td>
<td>1,608</td>
<td></td>
</tr>
<tr>
<td>High School Equivalency</td>
<td>1,447</td>
<td></td>
</tr>
<tr>
<td>Special Education</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>Career &amp; Technical Education</td>
<td>1,093</td>
<td></td>
</tr>
<tr>
<td>Tablet Based College</td>
<td>496</td>
<td></td>
</tr>
<tr>
<td>Addiction Treatment</td>
<td>674</td>
<td></td>
</tr>
<tr>
<td>Sex Offender Treatment</td>
<td>187</td>
<td></td>
</tr>
<tr>
<td>Self-Improvement</td>
<td>2,565</td>
<td></td>
</tr>
<tr>
<td>Work Programs</td>
<td>18,090</td>
<td></td>
</tr>
<tr>
<td>Arizona Correctional Industries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Labor Contracts</td>
<td>824</td>
<td></td>
</tr>
<tr>
<td>- Owned &amp; Operated</td>
<td>592</td>
<td></td>
</tr>
<tr>
<td>Intergovernmental Agreements</td>
<td>1,306</td>
<td></td>
</tr>
<tr>
<td>Work Incentive Pay Program</td>
<td>15,368</td>
<td></td>
</tr>
<tr>
<td><strong>Total Program Enrollments</strong> **</td>
<td>26,208</td>
<td></td>
</tr>
</tbody>
</table>

*82.8% of inmates assessed at intake have significant substance abuse histories. **Inmates may be enrolled in more than one program.

### INMATE COMMUNITY RESTITUTION

#### AZ COMMUNITY PROJECTS

<table>
<thead>
<tr>
<th>This Month</th>
<th>FY YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Crew Hours</td>
<td>17,536</td>
</tr>
<tr>
<td>Public Sector Work Crew Hours</td>
<td>123,985</td>
</tr>
<tr>
<td>ADOT Crews Hours</td>
<td>13,476</td>
</tr>
</tbody>
</table>

#### AZ CRIME VICTIMS

| Court Ordered Restitution Collected | $122,055 | $410,995 |
| Victims’ Compensation Collected | $10,342 | $39,764 |
| Victim Notifications of Release | 106 | 307 |

#### INMATE HEALTH SERVICES

| Hospital Admissions | 206 |
| Inmates With: HIV...268 | Active TB...0 | Hepatitis C...6,059 |
| Inmates Requiring Ongoing Mental Health Services | 5,143 |

#### INMATE CONDUCT / INMATE GRIEVANCES

| Inmate / Inmate Assaults | 36 |
| Inmate Grievances | 665 |
| Assaults per 1000 Inmates | 0.75% |

### INMATE COMMITMENT OFFENSES

<table>
<thead>
<tr>
<th>OFFENSE</th>
<th>US Citizens Crim.</th>
<th>Aliens</th>
<th>TOTAL</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arson</td>
<td>153 9 162 0.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assault</td>
<td>4,617 186 4,803 14.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auto Theft</td>
<td>1,680 30 1,710 5.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burglary/Criminal Trespass</td>
<td>1,603 42 1,645 4.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child/Adult Abuse</td>
<td>277 16 293 0.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Molestation</td>
<td>1,124 262 1,386 4.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>138 1 139 0.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Possession (All)</td>
<td>1,717 30 1,747 5.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Sales/Trafficking</td>
<td>3,645 596 4,241 12.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUI</td>
<td>994 87 1,081 3.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escape</td>
<td>88 2 90 0.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forgery</td>
<td>151 5 156 0.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fraud</td>
<td>149 4 153 0.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identity Theft</td>
<td>223 3 226 0.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidnapping</td>
<td>992 147 1,139 3.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manslaughter/Neg. Homicide</td>
<td>827 56 883 2.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Murder</td>
<td>3,044 342 3,386 9.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1,396 62 1,458 4.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rape/Sexual Assault</td>
<td>478 63 541 1.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robbery</td>
<td>2,837 120 2,957 8.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex Offense</td>
<td>2,802 332 3,134 9.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theft</td>
<td>511 7 518 1.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trafficking in Stolen Property</td>
<td>324 4 328 1.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weapons Offense</td>
<td>1,938 39 1,977 5.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL** 31,832 2,453 34,285 100.0%

### INMATE CRIMINAL HISTORY

| Violent Offenders | 22,953 1,671 24,624 71.8% |
| - Current | 19,621 1,620 21,241 62.0% |
| - Historical | 3,332 51 3,383 9.9% |
| Non-Violent Offenders | 8,879 782 9,661 28.2% |
| **Total** 31,832 2,453 34,285 100.0% |

* Total Violent Offenders; includes offenders of a non-violent statute who have used a weapon or caused an injury.

### COURT ORDERED RESTITUTION

| Court Ordered Restitution Collected | $122,055 | $410,995 |
| Victims’ Compensation Collected | $10,342 | $39,764 |
| Victim Notifications of Release | 106 | 307 |

### REHABILITATION AND REENTRY

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### INMATE SERVICES

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### INMATE CONDUCT / INMATE GRIEVANCES

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| Inmate Grievances | 665 |

*Changes/updates will be posted on the ADCRR website. Please refer to the online reports for the most current data.*

For further information, contact:
Arizona Department of Corrections Rehabilitation and Reentry
701 East Jefferson Street
Phoenix, Arizona 85034
602-542-5497
https://corrections.az.gov

This report contains preliminary statistics as of the end of the month. Changes/updates will be posted on the ADCRR website. Please refer to the online reports for the most current data.

For further information, contact:
Arizona Department of Corrections Rehabilitation and Reentry
701 East Jefferson Street
Phoenix, Arizona 85034
602-542-5497
https://corrections.az.gov

This document is available in alternative formats by contacting the Public Records office:
602-542-5886
**ADCRR Census**

*OP CAP: Operating Capacity Beds = Rated Beds + Temporary Beds*

<table>
<thead>
<tr>
<th>FACILITY</th>
<th>RATED</th>
<th>TEMP</th>
<th>OP CAP*</th>
<th>POP</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASPC-Douglas</td>
<td>1,805</td>
<td>140</td>
<td>1,945</td>
<td>1,514</td>
</tr>
<tr>
<td>ASPC-Eyman</td>
<td>4,493</td>
<td>2,211</td>
<td>6,704</td>
<td>4,157</td>
</tr>
<tr>
<td>ASPC-Phoenix</td>
<td>552</td>
<td>213</td>
<td>765</td>
<td>532</td>
</tr>
<tr>
<td>ASPC-Lewis</td>
<td>5,093</td>
<td>879</td>
<td>5,972</td>
<td>3,351</td>
</tr>
<tr>
<td>ASPC-Safford</td>
<td>1,703</td>
<td>160</td>
<td>1,863</td>
<td>1,776</td>
</tr>
<tr>
<td>ASPC-Tucson</td>
<td>4,600</td>
<td>582</td>
<td>5,182</td>
<td>4,642</td>
</tr>
<tr>
<td>ASPC-Winslow</td>
<td>1,626</td>
<td>0</td>
<td>1,626</td>
<td>894</td>
</tr>
<tr>
<td>ASPC-Yuma</td>
<td>4,350</td>
<td>340</td>
<td>4,690</td>
<td>4,144</td>
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</table>

**State Total**

24,222 4,525 28,747 21,010

**Private Total**

10,606 562 11,168 10,110

**Male - Total**

34,828 5,087 39,915 31,120

**Female - State**

ASPC-Douglas 100 0 100 0

ASPC-Lewis 11 0 11 0

ASPC-Perryville 4,214 129 4,343 3,165

**Female - Total**

4,325 129 4,454 3,165

**Prison Total**

39,153 5,216 44,369 34,285

**Community Supervision Offenders**

5,375

**ADCRR Total**

39,660

**Inmate Bed Capacity & Population Detail**

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>MALE</th>
<th>FEMALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Capacity Beds</td>
<td>39,915</td>
<td>4,454</td>
<td>44,369</td>
</tr>
<tr>
<td>Inmate Population</td>
<td>31,120</td>
<td>3,165</td>
<td>34,285</td>
</tr>
<tr>
<td>Temporary Beds</td>
<td>5,087</td>
<td>129</td>
<td>5,216</td>
</tr>
<tr>
<td>Actual Bed Surplus / (Deficit)</td>
<td>3,708</td>
<td>1,160</td>
<td>4,868</td>
</tr>
<tr>
<td>Month's Admissions</td>
<td>1,046</td>
<td>191</td>
<td>1,237</td>
</tr>
<tr>
<td>Month's Releases</td>
<td>1,047</td>
<td>174</td>
<td>1,221</td>
</tr>
<tr>
<td>Month's Growth</td>
<td>(1)</td>
<td>17</td>
<td>16</td>
</tr>
</tbody>
</table>

(*Releasees Served an Average of 32 months)

**Monthly Population Change**

<table>
<thead>
<tr>
<th>MONTHLY POPULATION CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep-22</td>
</tr>
<tr>
<td>Oct-22</td>
</tr>
<tr>
<td>Nov-22</td>
</tr>
<tr>
<td>Dec-22</td>
</tr>
<tr>
<td>Jan-23</td>
</tr>
<tr>
<td>Feb-23</td>
</tr>
<tr>
<td>Mar-23</td>
</tr>
<tr>
<td>Apr-23</td>
</tr>
<tr>
<td>May-23</td>
</tr>
<tr>
<td>Jun-23</td>
</tr>
<tr>
<td>Jul-23</td>
</tr>
<tr>
<td>Aug-23</td>
</tr>
<tr>
<td>Sep-23</td>
</tr>
</tbody>
</table>

Snap shot of Population on Last Day of Each Month

**Age Distribution**

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 10 years</td>
<td>18 - 24 years, 6.7%</td>
</tr>
<tr>
<td>11 - 20 years</td>
<td>40 - 54 years, 46.1%</td>
</tr>
<tr>
<td>21 - 30 years</td>
<td>55+ years, 14.1%</td>
</tr>
</tbody>
</table>

**Ethnic Distribution**

<table>
<thead>
<tr>
<th>ETHNIC DISTRIBUTION</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>36.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>39.9%</td>
</tr>
<tr>
<td>Native American</td>
<td>15.8%</td>
</tr>
<tr>
<td>African American</td>
<td>15.8%</td>
</tr>
<tr>
<td>Other</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

**Total Staff Assaulted**

<table>
<thead>
<tr>
<th>TOTAL STAFF ASSAULTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>536</td>
</tr>
</tbody>
</table>

**Total Staff Assaulted with Injury**

<table>
<thead>
<tr>
<th>TOTAL STAFF ASSAULTED with Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>51</td>
</tr>
</tbody>
</table>

**Special Population Groups**

<table>
<thead>
<tr>
<th>SENTENCE TYPE</th>
<th>MALE</th>
<th>FEMALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Row</td>
<td>109</td>
<td>3</td>
<td>112</td>
</tr>
<tr>
<td>Minors</td>
<td>28</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>Veterans</td>
<td>1,566</td>
<td>18</td>
<td>1,584</td>
</tr>
</tbody>
</table>

**Citizenship / Gender Distribution**

<table>
<thead>
<tr>
<th>CITIZENSHIP / GENDER DISTRIBUTION</th>
<th>MALE</th>
<th>FEMALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Citizens</td>
<td>28,731</td>
<td>3,101</td>
<td>31,832</td>
</tr>
<tr>
<td>Crim Aliens</td>
<td>2,389</td>
<td>64</td>
<td>2,453</td>
</tr>
<tr>
<td>TOTAL</td>
<td>31,120</td>
<td>3,165</td>
<td>34,285</td>
</tr>
</tbody>
</table>

**ADCRR Constituent Contacts**

1,283

**ADCRR Personnel on Military Leave**

51

**ADCRR Personnel on Military Standby**

22
Our mission is to enhance public safety across Arizona through modern, effective correctional practices and meaningful engagements.

The Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR) is committed to creating a safe, secure, and humane correctional system that provides a healthy environment for staff and offers the incarcerated population opportunities to learn and practice the necessary skills for success upon release.

With public safety top of mind, ADCRR and its more than 8,000 officers and professional staff are committed to identifying and leveraging opportunities for growth under Director Ryan Thornell, Ph.D., and his forward-thinking leadership team.

Driven by a heart for public service and a commitment to deliver a perfect effort each day, ADCRR is redefining itself as an agency whose daily work centers on transparency, accountability, and fairness.

Grounded in mutual respect, rapport-building, and meaningful engagement, Arizonans can expect ADCRR to be open, responsive, and responsible as we create a healthier environment for our staff, the incarcerated population, and Arizona communities.

We are committed to modernizing correctional practices by making strategic investments across the agency as we reimagine corrections, expand program opportunities for our population, and offer professional development and support to our officers and professional staff.

Outlined below are ADCRR’s foundational principles which steer our agency and the services we provide:

**Building Our Foundation:**
- Always deliver a perfect effort.
- Modernize correctional policies and practices.
- Develop our staff for meaningful and healthy engagement.
- Be respectful, communicate effectively, and responsibly serve the public and our incarcerated population.
- Develop solutions that promote systemic wellness for staff and inmates and deliver positive, effective outcomes.
- Center our work on transparency, accountability, and humanity.

**Transforming Agency Culture:**
- Grow a meaningful organizational culture and promote the development of teamwork.
- Create and implement optimal population management and progression strategies.
- Deploy strong continuity of care connections in prison complexes and communities.
- Achieve modernization and sustainability of practices and resources.
- Partner with community stakeholder networks to enhance the continuum of care for those entrusted to us.
Continuous Improvements:

Medication Assisted Treatment (MAT)
To improve the health of incarcerated individuals with substance use disorder, an evidence-based Medication-Assisted Treatment (MAT) program was implemented on June 8, 2023 at Tucson and Lewis complexes, beginning at the Residential Substance Abuse Treatment programs. Currently, 30 individuals are receiving treatment. Plans are underway at Winslow complex to identify patients with substance use disorder and to offer treatment to all affected individuals who wish to be treated. Services include medications and counseling, as well as discharge planning for individuals who will be returning to the community. Additional planning is taking place to expand services to additional complexes over the coming months.

Hepatitis C Treatment
Plans are in place to offer curative Hepatitis C treatment to incarcerated individuals in Arizona. Innovative approaches have been implemented at pilot sites, including Winslow complex, to provide medications evaluations, patient education, and treatment to large numbers of patients who are infected with hepatitis C. These approaches have provided valuable information for increasing the pace and scale of hepatitis C treatment across the state.

Reclassification
The redesign and implementation of a new classification system is underway with particular focus on changes to the max custody classification level and restrictive housing. The changes are also in compliance with the Jensen injunction.

Prison Fellowship Warden Exchange Program
ADCRR wardens are taking part in Prison Fellowship’s multi-week, national Warden Exchange program that equips wardens with transformational leadership skills and applies best practices for creating safer and more rehabilitative prisons. The Warden Exchange includes in-person residencies in different parts of the country, coaching, and live video discussions with top corrections experts and other dynamic leaders.

Restrictive Housing Strategies Program
ADCRR is implementing the National Institute of Corrections (NIC) Restrictive Housing Strategies Program. The program is reshaping restrictive housing and instead, promotes positive behavior and accountability as a factor in deciding whether they progress through a restrictive housing program and whether they are ready for return to general population. The program allows restrictive housing inmates to engage in their own progress and has been shown to improve safety and communications for both incarcerated individuals and complex staff.
Security Audit Program
ADCCR staff are participating in the National Institute of Corrections (NIC) Security Audit Program which provides risk assessment training to help people determine the likelihood of significant security problems or vulnerabilities due to inadequate policy, procedure, physical plant, and/or performance.

Crisis Intervention Teams Training Program
Through a Crisis Intervention Teams Training Program based on Bureau of Justice Assistance (BJA) and National Institute of Corrections NIC models, ADCRR staff are gaining tools, strategies, and techniques to create and implement an effective Crisis Intervention Team (CIT). CITs help reduce crisis situations, improve safety, and promote better outcomes for incarcerated individuals, including those with mental illness.

#ReimaginingCorrections
I am a member of Governor Katie Hobbs’ Independent Prison Oversight Commission. Part of my role is to gather information about the medical and mental health care that incarcerated people receive in the state of Arizona. Based on that information, the members of the Commission will make recommendations to the governor to improve those services. I am not an employee of the state nor am I paid to participate on this Commission.

If you are willing, I would like to ask you a number of questions related to your experience in the Arizona Department of Corrections, Rehabilitation, and Reentry. Your participation is voluntary. Your responses will be anonymous; your identity and any personal information that you provide will be kept strictly confidential. If there are any questions that you would prefer not to answer, I will respect that choice. The only exception to confidentiality is if you tell me today that you intend to harm yourself or someone else. Under those conditions, I will take steps to ensure your safety and the safety of others. Are you willing to talk to me today with those things in mind?

**DEMOGRAPHIC INFORMATION:**

1. How old are you?

2. How do you identify your gender?
   - Male
   - Female
   - Transgender M/F
   - Nonbinary
   - Prefer not to say

3. If someone asks you what your race is, what do you tell them?
   - African-American/Black
   - Caucasian/White
   - Hispanic/Latino(a)
   - Native-American
   - Pacific Islander
   - Asian
   - Mixed/Other
   - Prefer not to say

4. If you feel comfortable, please tell me how you identify your sexual orientation.
   - Heterosexual/straight
   - Gay/Lesbian
   - Bisexual
   - Prefer not to say

5. If you feel comfortable, please tell me if you have any disabilities.

6. Have you ever requested medical care while you have been incarcerated?

7. If you have not, is there a reason for that?

8. If you feel comfortable, please tell me if you have ever requested mental health services while you have been incarcerated?

9. How long have you been incarcerated in AZDCRR (on this term)?

10. How many times have you been incarcerated in an Arizona prison?

11. In which prisons have you been incarcerated? (Write in all that apply.)

12. Was your parole/probation ever revoked and you were returned to custody?
**MEDICAL CARE QUESTIONS:**

1. If you request medical attention, typically, how long does it take for you to be seen by a medical provider?

2. How many times did you have to request services for the same problem?

3. Once you were seen, was the problem resolved to your satisfaction?

4. If not, what did you think should have happened in order to resolve/treat the condition adequately?

5. How do you pay for those services?

6. What do you do if you do not have the money for the required co-pay?

7. Have you ever requested copies of your medical records? Y/N

8. If so, how long did it take to get them?

9. How many times did you have to request them?

10. Have family members or other designated persons (e.g., legal counsel) been able to access your medical records, when you have signed a release of information (ROI) to do so? Y/N

11. If so, how long did it take to receive them?

12. How many times did you have to request them?

13. If you had a complaint about the care you did, or did not receive, were you told about how to file a grievance?

14. Have you had any positive experiences with the medical care you received in prison? Y/N

15. If so, please tell me about that experience(s). What made it positive for you?

16. Where were you housed at the time?

17. If you have been incarcerated at different prisons in Arizona, were there any differences between those prisons in terms of the medical care that you received? If so, what were those differences?
18. If you are close to release from prison and have medical issues that require ongoing management, what (if any) resources are being coordinated for you in the community to address those issues post-release?

MENTAL HEALTH QUESTIONS:

1. If you request mental health services, how long does it take to be seen by someone?

2. How many times did you have to request services for the same problem?

3. Once you were seen, was the problem resolved to your satisfaction?

4. If not, what did you think should have happened in order to resolve/treat the condition adequately?

5. How do you pay for those services?

6. What do you do if you do not have the money for the required co-pay?

7. Have you ever requested copies of your mental health records? Y/N

8. If so, how long did it take to receive them?

9. How many times did you have to request them?

10. Have family members or other designated persons (e.g., legal counsel) been able to access your mental health records, when you have signed a release of information (ROI) to do so? Y/N

11. If so, how long did it take to receive them?

12. How many times did you have to request them?

13. If you had a complaint about the care you did or did not receive, were you told about how to file a grievance? Y/N

14. Have you had any positive experiences with the medical care you received in prison? Y/N

15. If so, please tell me about that experience(s). What made it positive for you?

16. Where were you housed at the time?
17. If you have been incarcerated at different prisons in Arizona, were there any differences between those prisons in terms of the mental health care you received? If so, what were those differences?

18. If you are close to release from prison and have mental health issues that require ongoing management, what (if any) resources are being coordinated for you in the community to address those issues post-release?

**SUICIDE WATCH:**

1. Have you, or anyone you know, been placed on suicide watch?

2. Who initiated that request (staff vs voluntary request)?

3. If so, what was your experience?

4. OR – What did the person tell you about that experience?

5. Do you know how often someone came to check on you/him/her/them?

**SOLITARY CONFINEMENT:**

1. Have you, or anyone you know, been placed in solitary confinement (i.e., “the hole”)?

2. If so, why were you (or the person) placed there?

3. How long was the confinement?

4. What were the (physical) conditions of that placement (e.g., size of cell, access to recreation, correctional officer checks during the day)?

5. Do you know how was it determined that the person was ready for release from that confinement?

**PREGNANT WOMEN:**

1. Did you know that you were pregnant when you entered prison?

2. If so, how far along were you in your pregnancy when you entered prison?

3. Were you offered any services to terminate an unwanted/unplanned pregnancy?

4. If you believe that you became pregnant while in prison, did you feel that you could disclose that information safely to someone?
5. How soon after your reception at the prison were you assessed to determine the status and health of your pregnancy?

6. What prenatal care did you receive (e.g., regular exams, prenatal vitamins, ultrasound)?

7. How often did you receive that care?

8. Were you offered any selection of how you preferred to deliver your child (e.g., natural childbirth vs pain management options)?

9. Were you satisfied with the care you received?

10. If you were dissatisfied with your prenatal care, was there a process to voice your complaints?

11. What assistance were you provided in determining who would care for your child post-delivery while you remained incarcerated?

SENIORS (60+):

1. What unique challenges do you believe that you experience as a result of being an older member of the incarcerated population?

2. Do you, or any other incarcerated people you know, struggle with declining memory?

3. If so, how is that special need addressed and accommodated to ensure one’s safety in the institution?

4. As medical needs increase for older persons, how does the prison respond to those chronic medical needs?

5. How is the required level of care determined for older persons?

6. How often is that level of care reassessed?

7. If greater care is needed to assist incarcerated people in activities of daily living (ADLs), how is that care provided?

8. What recommendations would you make to minimize/eliminate the victimization of older incarcerated persons?

9. When someone is suffering from a terminal illness, what services are provided to make them as comfortable as possible (e.g., palliative care, hospice care, spiritual advisors/clergy notified)?
10. If a work assignment was available to assist seniors who are incarcerated, would that hold any interest to you? Why?

**LGBTQ+ POPULATION:**

1. What unique challenges do you believe that you experience in prison as a member of the LBGTQ+ community?

2. If you are not personally a member of this community, what is your observation of how those members are treated in the prison?

3. What recommendations would you make to minimize/eliminate the victimization of this population?

4. What training/education do you believe would be helpful for those working with this community to have?

5. If you feel comfortable telling me, have you tested positive for HIV or AIDS? Y/N

6. Do you believe that you are at risk for acquiring HIV in prison?

7. If so, what do you think could be done to reduce that risk?

8. If you are HIV positive, are you receiving medications to manage it?

9. Are those medications delivered on time and consistently?

10. Do you believe that your physician understands your unique healthcare needs?

**DISABILITIES:**

1. What are the unique challenges that visually impaired persons experience in prison?

2. Hearing impaired?

3. Mobility impaired?

4. Intellectually impaired?

5. What accommodations are made to ensure the safety, security, and ability to access resources within the prison for those who manage these limitations (i.e., visual, auditory, mobility, intellectual)?
6. Based on your experience and/or observations, what suggestions would you make to improve the living conditions for these individuals with special needs/challenges that do not affect the general population of incarcerated individuals?

7. If a work assignment was available to assist persons with disabilities, would that hold any interest for you? Why?

PAROLE/PROBATION REVOCATION:

1. If your parole/probation was revoked and you were returned to custody, is there anything that you can identify that would have helped to prevent that outcome?

2. What are the things that could have been done prior to your release from custody?

3. What are the things that could assist you better on probation/parole so that you remain in the community?

4. What are the largest hurdles that you face as you leave prison and reenter the community?

CULTURE:

1. Historically, the Arizona Department of Corrections has maintained a culture of “power and control.” Currently, there are efforts to change this culture toward one of “a foundation of respect for staff and incarcerated people,” while maintaining the safety and security of everyone in the institution. What has been your experience of the culture of DOC?

2. How would you rate the progress of this culture change on a scale of one to ten, where one represents ultimate “power and control” and ten represents a total emphasis on “a foundation of respect for staff and incarcerated people?”

3. What do you believe needs to happen in order to shift this culture to one of respect for staff and incarcerated people?

4. What programs, resources, educational, rehabilitation (e.g., substance abuse), and/or vocational resources do you believe would assist you while you are incarcerated, as you prepare for reentry to the community?