Arizona Department of Corrections

March 5, 2016

Nicole Taylor, J.D., Ph.D.
Arizona Department of Corrections

VISION
Safer communities through effective corrections.

MISSION
To serve and protect the people of Arizona by securely incarcerating convicted felons, by providing structured programming designed to support inmate accountability and successful community reintegration, and by providing effective supervision for those offenders conditionally released from prison.

CORE VALUES: PRICE
Professionalism ♦ Responsibility ♦ Integrity ♦ Courage ♦ Efficiency
Overview

- Arizona Department of Corrections has 42,585 inmates statewide
  - Approximately 10,800 inmates are considered mental health inmates (~25.3%)

- There are 10 State Complexes and 6 Private Complexes
  - Incarcerated in State-Operated Beds: 36,160 (84.9%)
  - Incarcerated in Privately-Operated Beds: 6,425 (15.1%)

- Community Supervision Offenders – 5,474
Overview

- In a national comparison, Arizona had the 3rd lowest per capita cost of the 13 Western States, and the 16th lowest when compared to all 50 states.
Overview

Arizona Department of Corrections
Annual Inmate Growth
FY 1974 thru FY 2017

New Criminal Code -

Old Criminal Code - prior

Projected Inmate Growth Trend
75 per month / 900 per annum

Truth in Sentencing -
January 1, 1994 to
Overview

Arizona Department of Corrections
Annual Inmate Growth
FY 2003 thru FY 2017

Inmates

30,741
31,631
32,664
34,797
37,088
38,897
40,412
40,477
40,181
39,877
40,686
41,773
42,611
43,093
43,993

(Fiscal Year -- July thru June)

Projecting Inmate Growth Trend

Projected Inmate Growth Trend
Overview

Inmate Self-Harm Attempts
by Year and Type

<table>
<thead>
<tr>
<th>FY</th>
<th>CUTTING</th>
<th>OVERDOSE</th>
<th>BLUNT FORCE</th>
<th>HANGING</th>
<th>FIRES</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>209</td>
<td>164</td>
<td>69</td>
<td>48</td>
<td>12</td>
<td>502</td>
</tr>
<tr>
<td>2013</td>
<td>136</td>
<td>194</td>
<td>95</td>
<td>24</td>
<td>3</td>
<td>452</td>
</tr>
<tr>
<td>2014</td>
<td>134</td>
<td>121</td>
<td>70</td>
<td>48</td>
<td>6</td>
<td>379</td>
</tr>
<tr>
<td>2015</td>
<td>197</td>
<td>146</td>
<td>93</td>
<td>50</td>
<td>13</td>
<td>499</td>
</tr>
<tr>
<td>2016*</td>
<td>98</td>
<td>64</td>
<td>43</td>
<td>33</td>
<td>9</td>
<td>247</td>
</tr>
<tr>
<td>TOTALS</td>
<td>774</td>
<td>689</td>
<td>370</td>
<td>203</td>
<td>43</td>
<td>2,079</td>
</tr>
</tbody>
</table>

*FY 2016 as of 1/31/2016

Inmate Deaths
by Year and Cause

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FY 06</th>
<th>FY 07</th>
<th>FY 08</th>
<th>FY 09</th>
<th>FY 10</th>
<th>FY 11</th>
<th>FY 12</th>
<th>FY 13</th>
<th>FY 14</th>
<th>FY 15</th>
<th>FY 16*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Causes</td>
<td>73</td>
<td>53</td>
<td>87</td>
<td>79</td>
<td>67</td>
<td>64</td>
<td>71</td>
<td>66</td>
<td>90</td>
<td>82</td>
<td>64</td>
<td>796</td>
</tr>
<tr>
<td>Suicide</td>
<td>8</td>
<td>6</td>
<td>5</td>
<td>6</td>
<td>10</td>
<td>13</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>2</td>
<td>77</td>
</tr>
<tr>
<td>Accidental</td>
<td>4</td>
<td>0</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>7</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td>48</td>
</tr>
<tr>
<td>Homicide</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>37</td>
</tr>
<tr>
<td>TOTAL</td>
<td>88</td>
<td>62</td>
<td>100</td>
<td>93</td>
<td>86</td>
<td>86</td>
<td>87</td>
<td>83</td>
<td>104</td>
<td>99</td>
<td>70</td>
<td>958</td>
</tr>
<tr>
<td>ADP</td>
<td>33,705</td>
<td>35,851</td>
<td>37,910</td>
<td>39,626</td>
<td>40,458</td>
<td>40,226</td>
<td>40,011</td>
<td>40,048</td>
<td>41,084</td>
<td>42,132</td>
<td>42,685</td>
<td>**</td>
</tr>
</tbody>
</table>

*FY 2016 as of 1/31/2016
Overview

- **Reception**
  - A mental health assessment is conducted on each new inmate by a mental health professional
  - Review Continuity of Care/Transfer summary and medication reports from county jails
  - DBHS automatically updates our system if the new inmate is SMI in the community
  - Mental health needs scores are determined and recorded – this provides information about where they can be housed

- All inmates identified with symptoms of mental illness are eligible for services

- Inmates not identified as a mental health inmate may obtain services through submission of a Health Needs Request (HNR) or by a referral
Overview

- Classification and subsequent placement:
  - Inmates are placed based on their public and institutional risk
    - Minimum, Medium, Close, and Maximum
  - Inmates are placed based on their crime / status
    - Sex Offender, Protective Custody, STG, Death Row, new Life sentence
  - Inmates are placed based on their medical and/or mental health needs
    - Corridor vs. Non-corridor
Mental Health Programming

- **Outpatient**
  - Currently 10,292 are receiving outpatient treatment

- **Residential**
  - Currently 404 are receiving residential treatment

- **Inpatient**
  - Currently 67 are receiving inpatient treatment
Mental Health Programming - Outpatient

- Inmates are routinely seen based on their acuity
  - A = a minimum of every 30 days by a clinician and 90 days by a provider if on medications
  - B = a minimum of every 90 days by a clinician and every 90-180 days by a provider
  - C = a minimum of every 180 days by a provider
  - D = a minimum of every 90 days by a clinician for at least 6 months until removed from the MH caseload

- Services include:
  - Psychotherapy
  - Psycho-educational programming
  - Psychopharmacology
Mental Health Programming - Residential

- Inmates are routinely seen both individually and in a group setting
  - A minimum of one individual session every 30 days by a licensed mental health clinician
  - A minimum of weekly psychotherapy / psycho-education
  - A minimum of every 90 days by a psychiatric provider if they are on medication

- Residential Program are at the Medium, Close, and Maximum custody levels
Mental Health Programming – Residential (cont.)

Medium Custody

- Men’s Treatment Unit / Aspen – capacity is 150
- Women’s Treatment Unit – capacity is 24
- They participate in a large variety of mental health programming including individual and group therapy
Mental Health Programming – Residential (cont.)

Close Custody

- BEHAVIORAL HEALTH UNIT (BHU) – Tucson Complex
  - Bed capacity is 81, but due to the acuity level of the inmates it is often not filled to capacity
  - Population: Male, general population, typically severely mentally ill inmates
  - Inmates are encouraged to participate in education as their classification allows
Mental Health Programming – Residential (cont.)

Close Custody

- CB1 – Behavioral Health Program – Florence Complex
  - 120 bed capacity; single occupancy cells; open bar setting
  - Screened by both mental health and operations staff prior to placement in to this program
  - 3 Steps that include incentives for pro-social behaviors
  - Many jobs are provided for the inmates in Step 2 and Step 3
  - Group recreation, group therapy, group dining, and contact visits
  - Encouraged to participate in educational programming
Mental Health Programming – Residential (cont.)

Maximum Custody

- The Kasson Mental Health Program – Florence Complex
  - 64 Bed occupancy; single cell; solid cell front with large windows top and bottom
  - Inmates who have limited coping skills and are more acutely symptomatic
  - Inmates progress through the steps based on their appropriate behavior and participation in programs
  - Progression is discussed during weekly treatment team meetings and agreed upon by the panel
Kasson Wing 1

Kasson Wing 1 Able Pod
Mental Health Programming – Residential (cont.)

Maximum Custody

- Behavioral Management Unit (BMU) – Eyman Complex
  - 30 Bed capacity; single cell; expanded metal cell fronts
  - Inmates with severe Personality Disorders (significant self harming events for attention rather than due to suicidal thoughts)
  - Mental Health conduct monthly individual and weekly group counseling sessions
  - 3 Step program developed to encourage positive coping skills and increased positive socialization
Mental Health Programming – Residential (cont.)

Maximum Custody

- Special Management Area – Perryville Complex
  - 48 Bed capacity; single cell; solid cell front with large windows top and
  - Provided 1:1 therapy and group therapy
  - Eligible Inmates are afforded job opportunities
  - Inmates in Step 2 and 3 are allowed group recreation and group therapy
Mental Health Programming - Inpatient

ASPC – PHOENIX
Baker Ward

- Licensed Inpatient Hospital - capacity is 48, but actual bed fill rate is typically much lower due to the acuity of their symptoms

- Population Type: Male, Any custody level and any classification

- Housing for Court Order Evaluation Reviews for other complexes
Mental Health Programming – Inpatient (cont.)

ASPC – PHOENIX

Flamenco

• John Ward – Capacity is 32
  – Population Type: Male, Protective Custody, No Max
• King Ward – Capacity is 35
  – Population Type: Male, General Population, No Protective Custody, Max/Close Custody
• Ida Ward – Capacity is 40
  – Population Type: Male, General Population (lower functioning ability), Max/Close Custody
• George Ward – Capacity is 22
  – Population Type: Female, General Population & Sex Offenders, and Protective Custody upon Central Office Review, Max/Close Custody
Health Services Privatization

- **April 27, 2011**: HB 2154 required a new Correctional Health Services Request for Information (RFI) and RFP; removed the original requirement requiring ADC to award a Contract at a cost below the ADC FY 2007-2008 total cost.

- **July 1, 2012**: The new contract with Wexford was operational and all services officially transitioned. ADC began monitoring activities.

- **November 09, 2012**: Wexford requested termination of contract.

- **March 4, 2013**: Corizon began providing inmate health care services.
In the Parsons v. Ryan litigation, ADC contested challenges to the quality of inmate health services, including medical, mental health, and dental care, being provided by ADC’s private vendor, Corizon Healthcare, and to conditions of confinement.

The two-year class action litigation process concluded in February 2015, when ADC entered into a Stipulation Agreement with the plaintiffs.

The terms of the Stipulation Agreement will be monitored for substantial compliance over a four-year period with a combination of site visits by the plaintiffs’ counsel and ongoing monitoring by ADC of Corizon’s performance on 112 measures.
Maximum Custody vs Solitary Confinement

- Definition from Dictionary.com: the confinement of a prisoner in a cell or other place in which he or she is completely isolated from others.
Maximum Custody vs Solitary Confinement

• Maximum Custody (Restrictive Housing) – many of our inmates are double bunked, and often engage in cooperative games or exercise routines.
Maximum Custody – Tiered Incentive Programming

- Recreation:
  - **Step 1** - 6 hours of rec in standard enclosure
  - **Step 2** - 7.5 hours of rec with one in 10x10 enclosure per month
  - **Step 3 (unrestrained)** - 10 hours of rec and all can be in 10x10 enclosure or rec field
Maximum Custody – Tiered Incentive Programming (cont.)
Maximum Custody – Tiered Incentive Programming (cont.)

• Group Programming:
  • **Step 1** - Mental Health and other programs in individual enclosures (we recently have begun removing these and using tables / chairs for everyone)
  
  • **Step 2** – Mental Health and other programs often in the maximum custody chairs

  • **Step 3 (unrestrained)** – Mental Health and other programs often around a large table
    – Group education and college courses
Maximum Custody – Tiered Incentive Programming (cont.)
Maximum Custody – Tiered Incentive Programming (cont.)

- Employment:
  - **Step 1** - No jobs available to inmates at this level
  - **Step 2** – Allowed to work as a porter or other position with an office present (or another inmate after some time at step 2)
  - **Step 3 (unrestrained)** – Allowed to work in a large group such as the kitchen or yard crew
Maximum Custody – Tiered Incentive Programming (cont.)

No Employment Available
Re-Entry

• RBHA – Regional Behavioral Health Authorities
  – Inmates are provided information about services available to them in the community
  – For SMI inmates, prior to release, the RBHA for the county the inmate is releasing to is contacted for a referral to their system. They are set up with their first appointment, or if they are releasing to Central or Southern Arizona, then the RBHA comes into our system and evaluates the inmate for necessary services upon release.

• Involuntary Treatment
  – If an inmate is in imminent danger to himself or others, or is gravely disabled, then ADC will refer these inmates to Desert Vista for a Court Ordered Evaluation (COE)
Re-Entry Continued

• A Community Corrections Center (CCC) offers structure, supervision, surveillance, substance abuse treatment and cognitive restructuring opportunities to offenders who are in technical violation of their conditions of supervised release and/or who are in need of additional structured support in order to successfully complete community supervision.

  ▪ Provides a continuum of services to facilitate an offender’s successful reintegration into society.
  ▪ Builds upon the programs offenders completed while incarcerated.
  ▪ Holds offenders immediately accountable for their negative actions rather than returning them to custody.
  ▪ Allows offenders to build on their successes and strengths rather than repeating the cycle of release and return to custody.
Re-Entry Continued

From 12/03/2012 through 12/31/2015:

• 1,195 offenders have been placed in residential program for sanctions.

• 246 for drug treatment in ITH.

• 923 homeless offenders were provided with emergency housing; 256 were homeless sex offenders.

• 1,156 classes and 2,370 groups were held,

• 1,363 individuals utilized the Day Reporting Programs.
Re-Entry Continued

• All inmates are provided 30 days of their medical and mental health medications on the day of release
• If they are going out homeless, then they can only release to Phoenix or Tucson
• ICE – Immigration and Customs Enforcement
  – All illegal immigrants are sent to a federal prison prior to their deportations.
  – Information is provided to ICE pertaining to the inmate’s current medical treatment and any special accommodations required
# Recidivism Results

<table>
<thead>
<tr>
<th>Releases/Returns</th>
<th>CY 2012</th>
<th>CY 2013</th>
<th>CY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Releases</td>
<td>14,044</td>
<td>14,387</td>
<td>15,068</td>
</tr>
<tr>
<td>Inmates returned for a technical violation</td>
<td>2,694</td>
<td>2,948</td>
<td>3,075</td>
</tr>
<tr>
<td></td>
<td>(19.2%)</td>
<td>(20.5%)</td>
<td>(20.4%)</td>
</tr>
<tr>
<td>Inmates returned for a new felony conviction</td>
<td>2,893</td>
<td>1,798</td>
<td>681</td>
</tr>
<tr>
<td></td>
<td>(20.6%)</td>
<td>(12.5%)</td>
<td>(4.5%)</td>
</tr>
<tr>
<td>Inmates returned</td>
<td>5,587</td>
<td>4,746</td>
<td>3,756</td>
</tr>
<tr>
<td></td>
<td>(39.8%)</td>
<td>(33.0%)</td>
<td>(24.9%)</td>
</tr>
</tbody>
</table>

1 - Within 3 years of release  
2 - Within 2 years of release  
3 - Within 1 year of release
Questions?