

# Department of Corrections and Rehabilitation

## Opulento et al. Settlement Tracker

Updated: 10/15/2025

Updated E Romey Glidewell, CHCA

	Reference	Recommendation	Location	Plan	Effectuated Branch	Resources	Status	ETD
1.)	pg.6 p5	All inmates in the infirmary should have a bed, blanket, clothing as clinically appropriate.	ALL	Provider orders will be individualized on admission and with each reassessment of a patient.	Behavioral Health, Security	Anti-Suicide scrubs and blankets	Completed per MEMO from MH	
2.)	pg.6 p8	There should be a mental health infirmary treatment team that consists of a psychiatrist, mental health clinician, nursing staff, the case manager and custody staff. Safety concerns should be resolved before they precipitate infirmary admission.	ALL	Will outline criteria and procedures for Suicide Prevention Team in updated policy on Suicide Prevention.	Behavioral Health, Security, Medical, Nursing, Case Management	Additional duties may require OT	Will be included with policy update due 12/2025.	1/1/2026 with Policy approval
3.)	pg.7 p1	Moduform beds should be installed in the infirmary cells.	HCF	Install Moduform beds in cells on B side infirmary.	Security	Already purchased	Completed	
4.)	pg.8 p3	Mental Health Module is populated with SPMI inmates that would be transferred to a more therapeutic environment	HCF	DCR to work with DOH to improve transfer options for long term stable SPMI patients who will not benefit from carceral programming due to diagnosis. Decompress 30-40 sentenced inmates with classification override and vendor contract to house indefinitely.	DOH, Behavioral Health Branch, Security	Increased cost of DOH beds through contract, ~300-400/day	Meetings with DOH and vendors for cost analysis.	7/1/2026 if funds procured.
5.)	pg.8 p3	Mental Health Module treatment teams needs significantly more staffing of psychiatrists, psychologists, nursing staff and behavioral health specialists.	HCF	Form A request based on ration recommendations from report:	Behavioral Health, Medical, Nursing	2.0 FTE Psych, 3.0 FTE APRN, 9.0 FTE RN	Funds requested Form-A	7/1/2026 if funds procured
6.)	pg.8 p3	Mental Health Module inmates treatment plans need to reviewed and revised quarterly, not annually.	HCF	Will implement practice changes with updated standard operating procedure manual due 6/1/2025	Behavioral Health Branch	Increased duties to current staff.	Will be implemented with policy update due 12/2025.	Published manual to staff due 7/1/2026
7.)	pg.8 p4	More mental health beds are needed (if decompression does not happen)	HCF	If decompression is unsuccessful then a census report will be due from MHBA for a request to increased housing to the Warden. Staffing increase may be required depending on results of report to ensure appropriate programs, assessments and treatment plan reviews.	Behavioral Health Branch, Security	TBD		
8.)	pg.9 p3	Mental health staff unable to provide inmates housed in the SHU with confidential assessments.	HCF	Work with security to develop a confidential rounding system in the SHU, for both mental health and GP inmates.	Behavioral Health Branch, Security	Increased staffing for security, increased safety precautions in exam room, wifi to document visits	Will be implemented with policy update due 12/2025.	1/1/2026 with Policy approval

9.)	pg.9 p6	A significant amount of the SPMI inmates housed in GP would be better served to be in a Mental Health Housing Module: see pg.8 p4 recommendation	HCF	see recommendation #7	see recommendation #7	see recommendation #7		
10.)	pg.9 p7	Inadequate psychiatry allocation, (currently only 3.5FTE statewide)	HCF	see recommendation #5	see recommendation #5	see recommendation #5	Funds requested Form-A	7/1/2026 if funds procured
11.)	pg.9 p7	SPMI inmates in GP unaware of discharge services; need to implement discharge and reentry services 3 mos prior to release.	HCF	Working with George King to have a report sent to HCD with 90 day release status. HCD added to release report, which will be submitted to staff for workflow implementation. New workflow will be implemented with EMR.	Behavioral Health Branch, Medical Branch, Nursing Branch		Notification workflow completed, first list forwarded.	7/1/2026 with new EMR Go Live
12.)	pg.10 p2	Evening pill line should begin at 7:30 to increase compliance and reduce side effects.	ALL	IDA has been notified to prepare security for the change in practice. A memo will be sent by end of OCT. 2025 to change practice until the Medication Administration Policy can be updated.	Nursing, Security		IDA notified, memo generated	Memo 11/1/2025 Policy updated 7/1/2026
13.)	pg.10 p5	Difficulty obtaining medical records from AMHD/HSH/DOH	ALL	Meet with DOH to implement improved workflow of medical records between departments.	Nursing, DOH	<b>TBD; 20-40k annually for typical contract</b>	Met with Dr. Matsuo, DOH and discussed both departments contracting with HHIE for bidirectional data, making all records available to both departments as well as participating community providers.	
14.)	pg.10 p6	Inmates in need of inpatient psychiatric care do not have the opportunity to be transferred to DOH for stabilization once sentenced.	HCF/WC CC	Director of DOH and DCR to work on MOU and improved transfer criteria to increase access to patients in need of a higher level of care.	Behavioral Health, DOH, Medical	DOH to determine.	Dr. Fink and Director Johnson have ongoing meetings, MOA first draft completed.	Department Directors dependant
15.)	pg.10 p7	Staff being offered very little continuing educations	ALL	Policies are currently in place to support staff incontinuing education. Current limitations are funding for course work and travel, and staff to cover to ensure that essential duties are maintained during trainings.	Behavioral Health, Nursing	TBD	ACA was contacted and DCR is awaiting a bid for a train the trainer course for ACA Mental Health Certification	7/1/2026 if budgeted funds procured
16.)	pg.11 p1	Poor communication between psychiatry and behavioral health. BH requested clearer treatment plans.	ALL	This reflects a greater misunderstanding between professions. By policy BH is responsible for treatment plans however the licensure of a psychiatrist results in deferral of care. Most psychiatrists are agency hires and responsible for medication management.	Behavioral Health, Medical		Staff education and workflow delineation will be better outlined in the standard operational procedural manuals.	7/1/2026
17.)	pg.11 p4	The death review outlined in policy is inadequate and did not include a psychological autopsy	ALL	An example was proffered from the CDOC of an Executive Death Summary with headings and recommended criteria.	Medical, Behavioral Health		Policy update will be required.	7/1/2026

18.)	pg.11	ACA report listed: 1. staff utilization analysis due to an overabundance of expensive agency staff. 2. Robust staffing orientation was lacking 3. an abundance of clutter 4. patient confidentiality due to a shortage of exam rooms 5. need for increased specialists 6. no quality assurance program in practice	ALL	The DCR will begin implementation of an accreditation project once the new electronic medical record project is completed in 11/2026	Medical, Nursing, Security		1. Staffing Policy ineffect and upheld, staffing plans submitted for the first time 08/2025 2. PHNO office hired three new staff who will be our orientation and onboarding team 3. "Clutter" has been added to annual auditing criteria 4. healthcare has requested from security that exam rooms be staffed for privacy 5. specialists not available in the same way as on the Mainland, will continue to try 6. annual audits will begin 11/25 with follow up every 30 days until issues resolved	Ongoing
19.)	pg. 12 Summary	1. Central Office mental health leadership positions vacant	ALL	Was in active recruitment pending suitability.	Behavioral Health	Funded	Completed	
20.)	pg. 12 Summary	2. Mental Health staffing vacancies	ALL	Working with new MHBA to recruit, reinvigorate post doctoral psychology program and possibly reorg to include new professional classifications	Behavioral Health	TBD	Ongoing	Ongoing
21.)	pg. 12 Summary	3. Inadequate psychiatrists for population	ALL	Positions all filled; see item #5	Behavioral Health, Medical, Nursing	2.0 FTE Psych, 3.0 FTE APRN, 9.0 FTE RN	Funds requested Form-A	7/1/2025 if funds procured
22.)	pg. 12 Summary	4. ACO vacancies	ALL	Security to address	ALL		Ongoing	Ongoing
23.)	pg. 12 Summary	5. physical plant limitations	HCF	Please see plans for HCF Consolidated Health Unit	ALL	Funded	Bidding due out 11/2025	2028
24.)	pg. 12 Summary	6. Lack of adequate quality improvement process	ALL	Annual audits will begin 11/2025; all eight local facilities will be audited annually with AZ being audited 4 times a year for 1 facility auditing a month.	ALL		Audit tool completed, working on annual calendar as it takes a significant amount of staff for prep, audit, reporting and 30 day follow ups until completed.	11/2025 - ongoing
25.)	pg. 12 p3	Multidisciplinary team needed for infirmary as well as residential living care unit (mental health module)	HCF	This is in our policies however it has been difficult to execute with staffing shortages, meetings can be 3-4 hours and agency psychiatry is \$300/hr and we are allotted 20 hours a week. It has been difficult to justify that time being spent in meetings.	Behavioral Health, Medical		Will continue to improve this process including shortening meetings and ensuring that administration is more involved.	Ongoing
26.)	pg.19 p5	Mental Health Module 1 requires a higher level of care than is available.	OSCC	Currently the MOA between DOH and DCR is outdated and will require a significant rewrite, both ACT 26 and 704 inmates are housed in this module as well as those who are actively withdrawing. This is equivalent to a hospital's psychiatric ward without the medical staff to manage it.	Behavioral Health, Medical	3.0 FTE Psychiatrist, 4.0 FTE APRN, 9.0 FTE RN	Funds requested Form-A	7/1/2025 if funds procured

27.)	pg.19 p6	Decrepit physical plant	OCCC	This will be resolved only after the new OCCC is built, we have far exceeded the meaningful refurbishment of this building	ALL			Awaiting funding	Awaiting funding
28.)	pg. 19 p6, 8	Inmates being left on suicide watch due to safety issues that should be managed by security; MDT should be used to include a psychiatrist, psychologist, HSP, nursing and custody	ALL	This will be addressed with upcoming changes to policy pending final draft of ACT 292. Suicide designation will require a physical assessment by a medical provider. A system will be developed to refer to security any housing safety issues and a MDT team will be developed for ongoing assessments as mentioned in line #2.	ALL			Will be included with policy update due 12/2025.	1/1/2026 with Policy approval
29.)	pg. 19 p7 pg.20 p8	All suicide risk assessments should be done in a confidential setting, not cell side; corrective action needs to occur regarding the psychiatric clinical contacts occurring in a non-confidential manner.	ALL	A memo requesting security to work with healthcare to ensure that a safe confidential location is staffed during working hours to ensure this practice	ALL			Memo submitted for release to staff. Will follow up on practice on annual audits.	
30.)	pg. 20 p2	Module 1 had inmates who required an inpatient psychiatric level of care	OCCC	MOA with DOH will be updated and utilization will be implemented for all inmates who qualify for mental health housing	Behavioral Health, Medical	DOH to determine.		Orders to initiate on 11/1/2024	
31.)	pg. 20 p7	MH groups in Module 1 were "short" "repetitive" "not helpful"	OCCC	Plan to review current MH program curriculum, staff training process and signing off to be able to teach groups by MHBA.	Behavioral Health	TBD		MHBA to review and report with proposed improvements needed, will include funding.	Ongoing
32.)	pg. 21 p1	Correctional case managers are no longer part of the MH treatment team meetings due to HIPPA concerns	OCCC	Confirmation for the Attorney Generals office has confirmed that all DCR employees are covered and bound by federal privacy laws, this allows them to be included in treatment team meetings and be informed of relevant medical and mental health issues that affect their case load.	Behavioral Health, Case Management			Completed	
33.)	pg.22 p1	SHU was dirty and decrepit recommend review of national standards on restrictive housing; see addendum	OCCC	Plan is to update current restrictive housing policy to better align with national standards and ACT 292	ALL	TBD by ACT 292		Awaitin working group final ammendments; will rewrite policy and have Dr. Metzner review; draft due 12/2025	6/1/2026
34.)	pg.22 p3	A formal quality improvement program was not present	ALL	See line above #24				Audit tool completed, working on annual calendar as it takes a significant amount of staff for prep, audit, reporting and 30 day follow ups until completed.	11/2025 - ongoing
35.)	pg. 23 Summary	All items with the exception of 9.) Excessive use of pepper spray deployed in MH module, was addressed.	OCCC	This issue was brought to the Wardens attention the day of the assessment and the problem was rectified within hours				Follow up assessments have been conducted with no further incidence; Completed	
36.)	pg. 24 p6	The MH referral screening rate was >80% "a very high false positive rate", need for a new MH screening tool for referrals.	ALL	Plan to review of jurisdictions tools and referrals processes by MHBA	Behavaioral Health			Will implement new workflow with EMR Go Live; tool to be determined in 12/2025	7/1/2026

37.)	pg24 p7	Policy Updates: Suicide Prevention and Intervention and Administrative Segregation and Disciplinary Segregation	ALL	Plan is to update current restrictive housing policy to better align with national standards and ACT 292	ALL	TBD by ACT 292	Awaitin working group final ammendments; will rewrite policy and have Dr. Metzner review; draft due 12/2025	6/1/2026
38.)	pg.24 p8	Update training content ofr security staff; see amendment and resources	ALL	MHBA to work with TSD to write and implement new content	Security		Will defer to MHBA on timeline and urgency	1/1/2027
39.)	pg.25 p. 2	Recommed making all ACO's working in mental health modules "warden select" and require additional de-escalation training	OCCC	Wardens and Director will attempt to seek approval from UPW for post criteria.	Security			
40.)	pg.27	Staffing rations recommended; for facilities not allready listed above	WCCC/ot her	See staffing ratio recommended and explained in Opulento Report to Senate		2.0FTE Psychiatrist 3.0 APRN	Funds requested Form-A	7/1/2026 if funds procured
41.)	pg.27 p11	Recommend expading Queens/JABSOM residency program.	OCCC/W CCC	Current contract for our 2.5 residency program is approximatley \$360,000 per annum. Currently residence are averaging 6-10 patients a day total, making the residence the most expensive psychiatric providers in the state.	Medical, Behavioral Health	\$360,000/year to double the current program	If other more affordable options are not available we will expand the program.	TBD
42.)	pg.28 p1	Mental Health curriculum for health care staff ... should be modified to provide training in P&P's when updated	ALL	MHBA/TSD/PHNO to develop training curriculum of new workflows and P&P's with EMR workflow training.	ALL		Training schedule to be developed along with EMR training.	7/1/2026
43.)	pg.28 p2	The policy with medication non-adherence for mental health patients should add "non-adherence is defined by 3 consecutive days or 50% non-adherence over a one week period"	ALL	Policy update	ALL		Will add at next policy update due end of year.	1/1/2026
44.)	pg.28 p3	Obtain for CDCR their Risk Assessment and Self Harm Evaluation form for recommendations for updating SRE, and Risk Assessment.	ALL	MHBA to research and identify new SRE and Crisis Assessments.	ALL		Will update with workflows and policy updates by 12/1/2025	7/1/2026
45.)	pg.29 p3	Policy COR.10A.09 Procedure in the Event of an Inmate Death to be updated to distinguish between and administative review and a Death Review (Natural vs. Unnatural) to include psychological autopsy when relevant.	ALL	Plan reveiwed above.	ALL		Will update with workflows and policy updates by 12/1/2026	7/2/2026
46.)	pg.32 p3	The standard of mental health care is that inmates with a SPMI should be excluded from housing in SHU/RHU with very narrow exceptions, the standard should require a mental health evaluation for any inmate with an SPMI who is charged with a disciplinary infraction	ALL	Plan addressed above for Policy updates	ALL	TBD	Will update with workflows and policy updates by 12/1/2027	7/3/2026
47.)	pg. 32 p5	Implentation of a diversion program to alleviate overcrowding at OCCC.	OCCC/W CCC	Currently there is a Jail Diversion Program managed by DOH know as JDP, on average ISC refers dozens of IM's to the program however recent data shows that on average 3-4 agree to diversion	DOH,Behavioral Health Branch, Security		The program is currently managed by DOH, no change can be implemented by this department, however we will continue to work with DOH to improve transfers and referrals.	