

Arizona Department of Corrections Rehabilitation & Reentry

Jensen Injunction Progress Report Published June 2024



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

Ryan Thornell, Ph.D., Director
701 E. Jefferson St.
Phoenix, AZ 85034

#REIMAGININGCORRECTIONS

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INTRODUCTION.....	2
INJUNCTION EXPENSES - FY24.....	4
MEDICAL AND MENTAL HEALTH.....	5
Staffing for Medical and Mental Health (Sec. 6.0 and Sec. 13.0).....	5
Contracted Healthcare Provider Staffing.....	5
Healthcare Services Division Staffing/Team Restructuring.....	6
Clinical Experience Opportunities Program.....	7
Quality Indicator Monitoring.....	7
General Requirements (Sec. 1.0).....	8
Medical/Mental Health Space Initiatives.....	8
Improvement Programs (Sec. 2.0).....	8
Continuous Quality Improvement Program (Sec. 2.4).....	8
Overall System Improvement (Sec. 2.5).....	9
Electronic Health Records (EHR) (Sec. 4.0).....	9
MEDICAL.....	10
Special Needs Unit (SNU) / Inpatient Care Unit (IPC) (Sec. 7.5 and Sec. 7.6).....	10
Disease Specific Requirements (Sec. 11.0).....	10
Hepatitis C Treatment (Sec. 11.1).....	10
Substance Use Disorder (Sec. 11.3).....	11
Medication Assisted Treatment (MAT).....	11
Appointments.....	12
MENTAL HEALTH.....	14
Content of Care (Sec. 16.0).....	14
Training.....	14
SUBCLASS.....	14
Recordkeeping.....	15
Access to Staff.....	15
Building Conditions (Sec. 23.0).....	16
Sanitation Expectations.....	16
Access to Cleaning Supplies and Pest Control Services (sec. 23.6).....	17
Food Service and Meals (Sec. 26.0).....	17
Out-Of-Cell Activities (Sec. 27.0).....	18
Classification (Sec. 29.0).....	19
Individualized Case Plans.....	19
Rehousing of inmates in Maximum Custody and Detention.....	20

Arizona Department of Corrections Rehabilitation & Reentry

INTRODUCTION

On June 30, 2022, the Court issued its findings of fact and conclusions of law, identifying constitutional violations in the provision of healthcare and the housing of 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.

And on April 7, 2023, the 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 Health Care:**
 - 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 a day 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 and does not capture the entirety of the Injunction or the Department's achievements. The contents herein are subject to updates and revisions and should not be considered final or comprehensive.

The purpose of this report is to provide a clear, objective understanding of the Department's monthly actions to mitigate the Court-issued findings and systemically improve care.

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INJUNCTION EXPENSES - FY24

Estimated Monitoring Costs (in Millions)

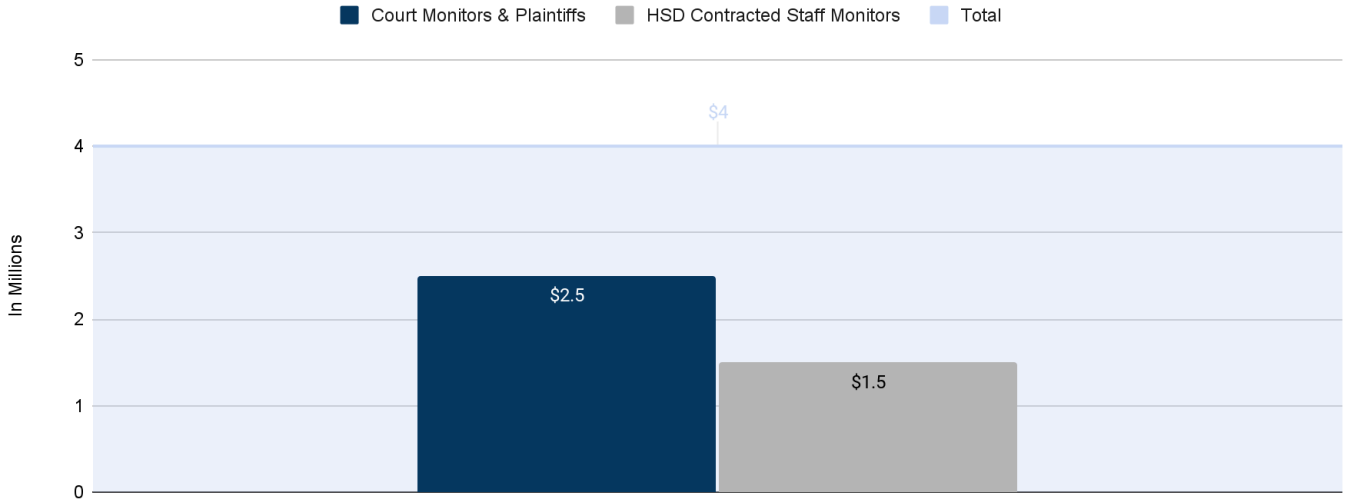


Figure 1

HealthCare Contract Cost (in Millions)

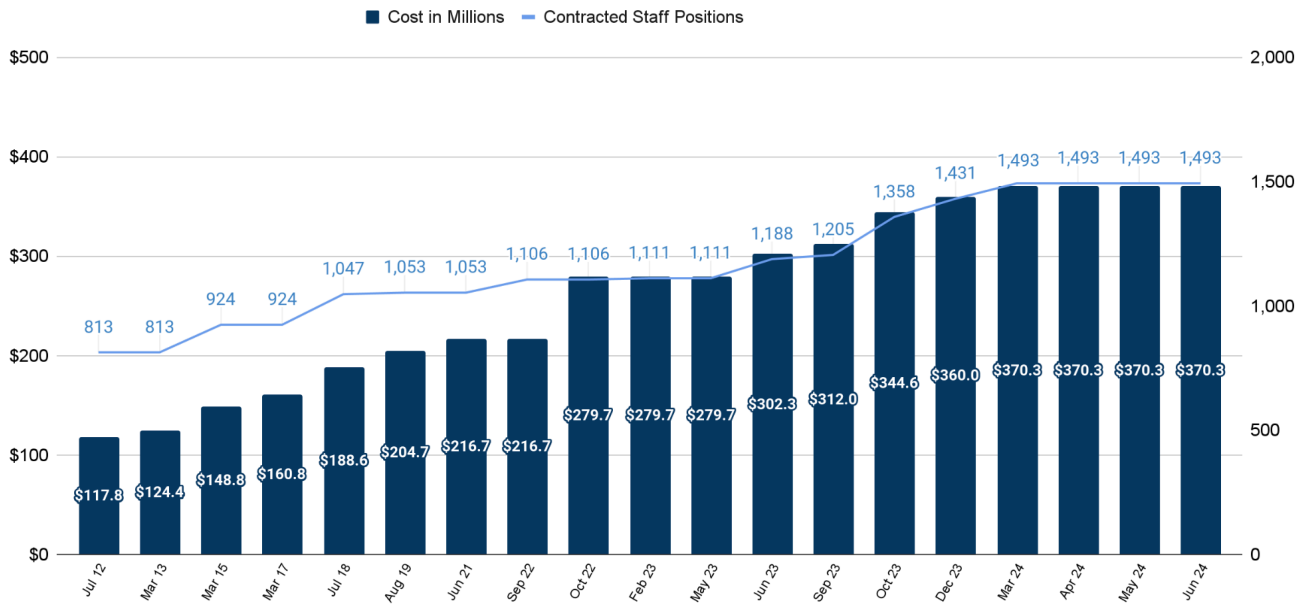


Figure 2

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FY24- Food, Operating and Capital Outlay Cost

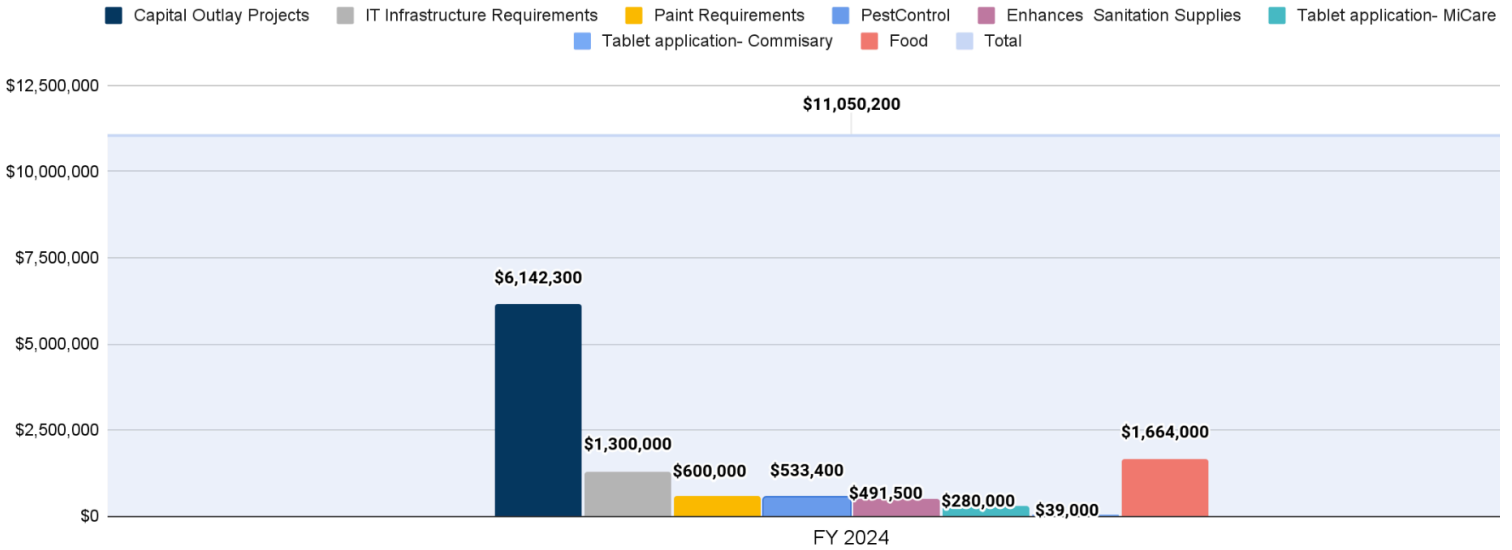


Figure 3

MEDICAL AND MENTAL HEALTH

The Healthcare Services Division (HSD) is working with other Divisions, the Jensen Court Monitors, the Plaintiff Representatives, and the Contracted Healthcare Provider (CHP) to deliver the highest standard of healthcare possible to the Departments incarcerated population and 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 both medical and mental health services based on patient needs.

Contracted Healthcare Provider Staffing

Contractually Required Staffing:	1492.90
Current Monthly Staffing, Filled (see Figure 1):	
○ 0.5 FTE or GREATER (Permanent)	909.20
○ LESS THAN 0.5 FTE (Permanent)	70.90
○ REGISTRY GREATER THAN 6 MO	21.20
○ INJUNCTION 22	20.00
○ REGIONAL OFFICE	83.00
○ WORKING RESOURCE POOL EQUIVALENTS	<u>78.16</u>
	1182.46 (79%)

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

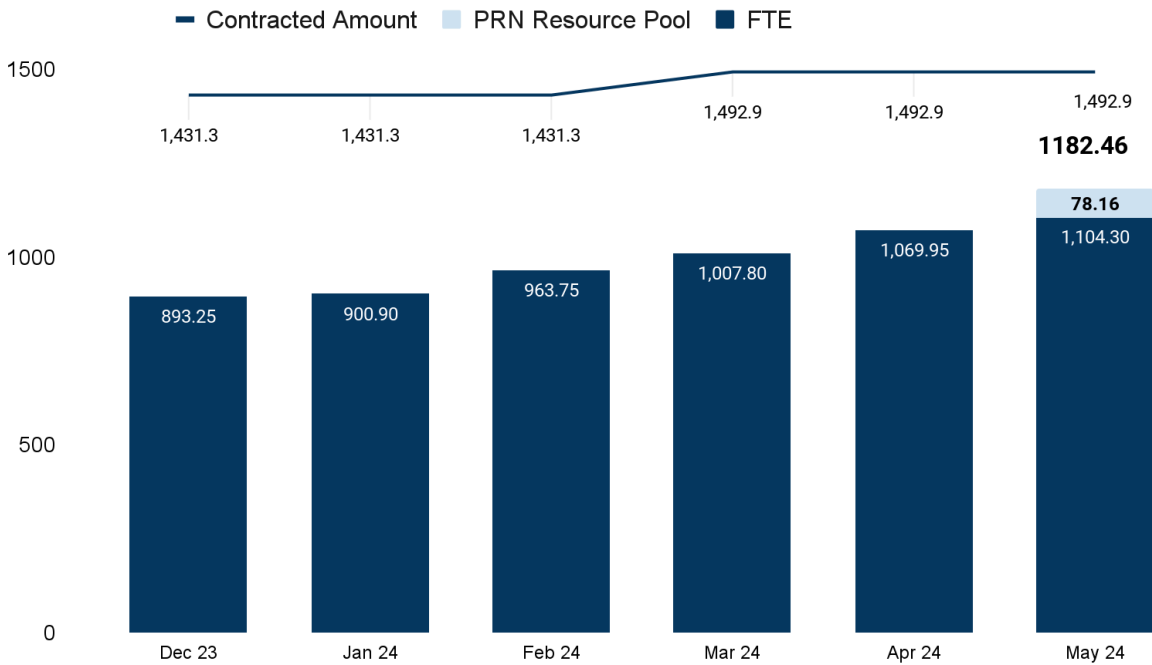


Figure 4

Healthcare Services Division Staffing/Team Restructuring

- HSD restructured the roles of the Division, reassigning ten (10) positions to provide additional support to the Injunction
- HSD also developed a Clinical Observations Team and a Continuous Quality Improvement (CQI) Team to conduct monthly compliance checks and drive CQI toward Injunction Compliance

# Hired	Staff Assignments in support of the Injunction
1	MAT Program Administrator
1	MAT Discharge Planner
1	Psychologist Monitor
1	Psychiatrist Monitor
3	Physician Monitors
1	Quality Assurance (QA) Monitor
1	Medical QA Coordinator
1	Mental Health QA Coordinator

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Clinical Experience Opportunities Program

- HSD established the Clinical Experience Opportunities Program (CEOP) by partnering with educational institutions to support the CHP's hiring efforts. This program has fostered clinical rotations for medical and mental health students to work in the Department facilities, and has resulted in FTE staff hires for the CHP (See Figure 6)

CEOP Student Clinical Rotations

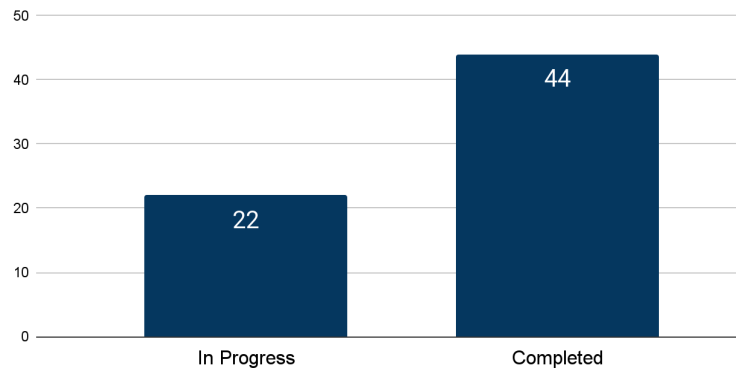


Figure 5

CEOP Results through May 2024

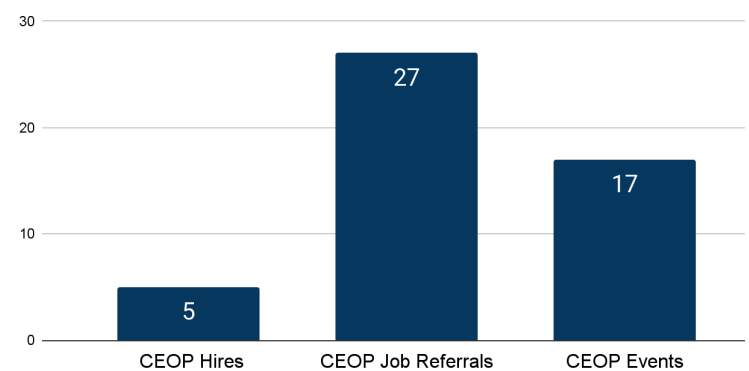


Figure 6

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, which require monthly audits through clinical observations and record reviews. HSD has designed and implemented work processes for auditing and established a Corrective Action Plan (CAP) tracking system to address QIs for which the CHP has not yet attained 100% compliance.

Quality Indicator (QI) Monitoring

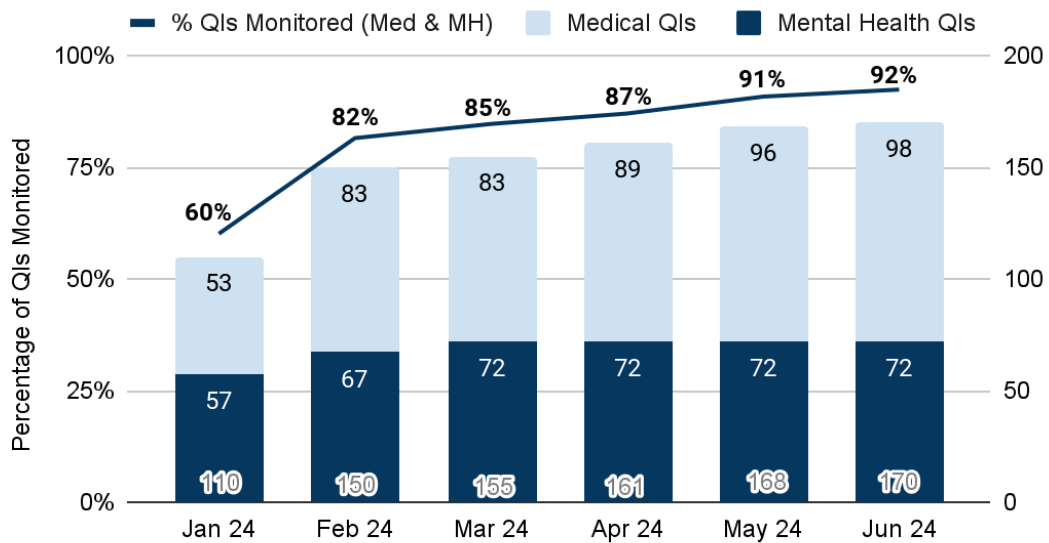


Figure 7

Note: Data is audited the month after service is provided; May data reflects work projected to be completed in June.

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General Requirements (Sec. 1.0)

All health care shall be clinically appropriate and include supporting documentation.

Medical/Mental Health Space Initiatives

- Regular tours and biweekly collaborative meetings between the CHP, Facilities, and Prison Operations are held to prioritize and resolve space-related issues, and monitor progress on ongoing space-related initiatives
 - Completed projects:
 - Remodel of ASPC-Tucson, Rincon Unit West Medical completed on February 26, 2024
 - Remodel of ASPC-Tucson, Central Unit Intake Processing (CIP) for a medical room addition was completed on April 24, 2024
 - Removal and relocation of Custom X-Ray owned equipment was completed on April 13, 2024
 - Purchase of 250 hospital beds for ASPC-Tucson, Catalina Unit IPC/SNU on May 30, 2024

Improvement Programs (Sec. 2.0)

The Department has implemented a robust CQI program to monitor the quality of care. The CQI program evaluates system problems and errors through various sources. A “master log” of CQI activity is reported monthly by the CHP and shared with the Court Monitors by the HSD. A root cause analysis is assigned by the HSD to the CHP when warranted, from which an effective and sustainable remedial plan is implemented in a timely manner.

Continuous Quality Improvement Program (Sec. 2.4)

- HSD Quality Assurance Coordinators expanded on the review 2.4.1 Injunction requirements and determined that HSD is 100% compliant in areas related to pregnant women studies.
- HSD Quality Team leaders developed a CQI Program in collaboration with the CHP that began February 1, 2024. Each state complex was assigned multiple quality initiatives to help achieve improvement in the delivery of healthcare. (See Figure 8)
- Complexes were encouraged to identify topics and create studies based on the specific needs of their individualized patient population.

2.4.1 CQI Studies Assigned to CHP

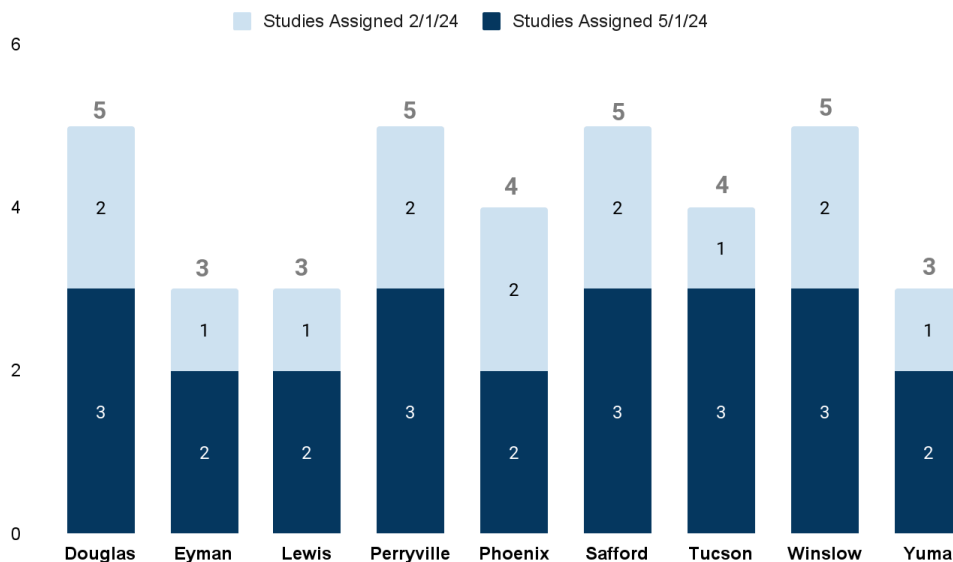


Figure 8

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Overall System Improvement (Sec. 2.5)

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

Electronic Health Records (EHR) (Sec. 4.0)

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

- Enhancements to the Electronic Medical Record (EMR) TechCare
 - Completed 10 Enhancements and 16 Form changes in support of improved compliance and to provide data necessary for QI monitoring
 - Enhancements include:
 - Changes to the visual acuity assessment and mental health intake assessment
 - Tracking past and present patient Primary Care Provider assignments
 - Integration of patient appointment scheduling into the ADCRR system
 - Form changes include:
 - New, improved Dental forms
 - Improved Medical History form to provide health information to community providers when patients are released
 - Validation changes to existing forms to ensure fields can't be skipped
 - Addition of new fields to existing forms to better track compliance for items, such as patient notifications related to treatment plan changes, among others
 - Developed 166 TechCare Reports for use in QI Compliance Monitoring

Enhancements to the Electronic Medical Record (EMR) TechCare

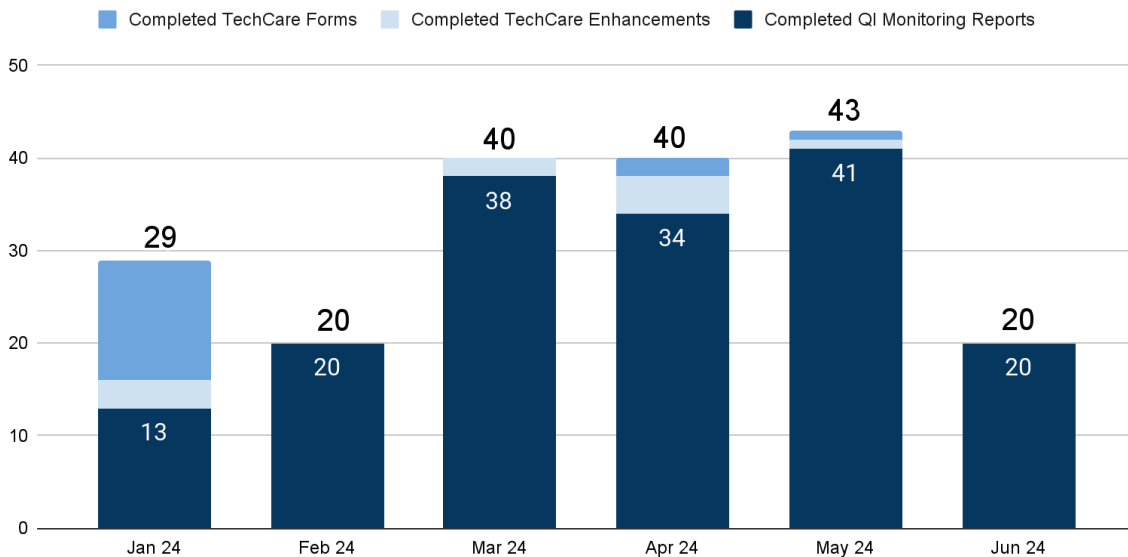


Figure 9

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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)

- On November 7, 2023, HSD opened a 100-bed bay at the Tucson Catalina SNU/IPC. On April 30, 2024, an additional 100-bed bay was opened. Collaborative cross-functional team meetings have occurred weekly since October 6, 2023, and continue to occur to ensure clinically appropriate patients are assigned to the SNU/IPC.

Disease Specific Requirements (Sec. 11.0)

Hepatitis C Treatment (Sec. 11.1)

- Since October 1, 2023, more than 2,800 patients have been treated for Hepatitis C with an average of 316 new starts per month and approximately 900 patients receiving treatment in any given month. (See Figure 10)

Hepatitis C Patient Count

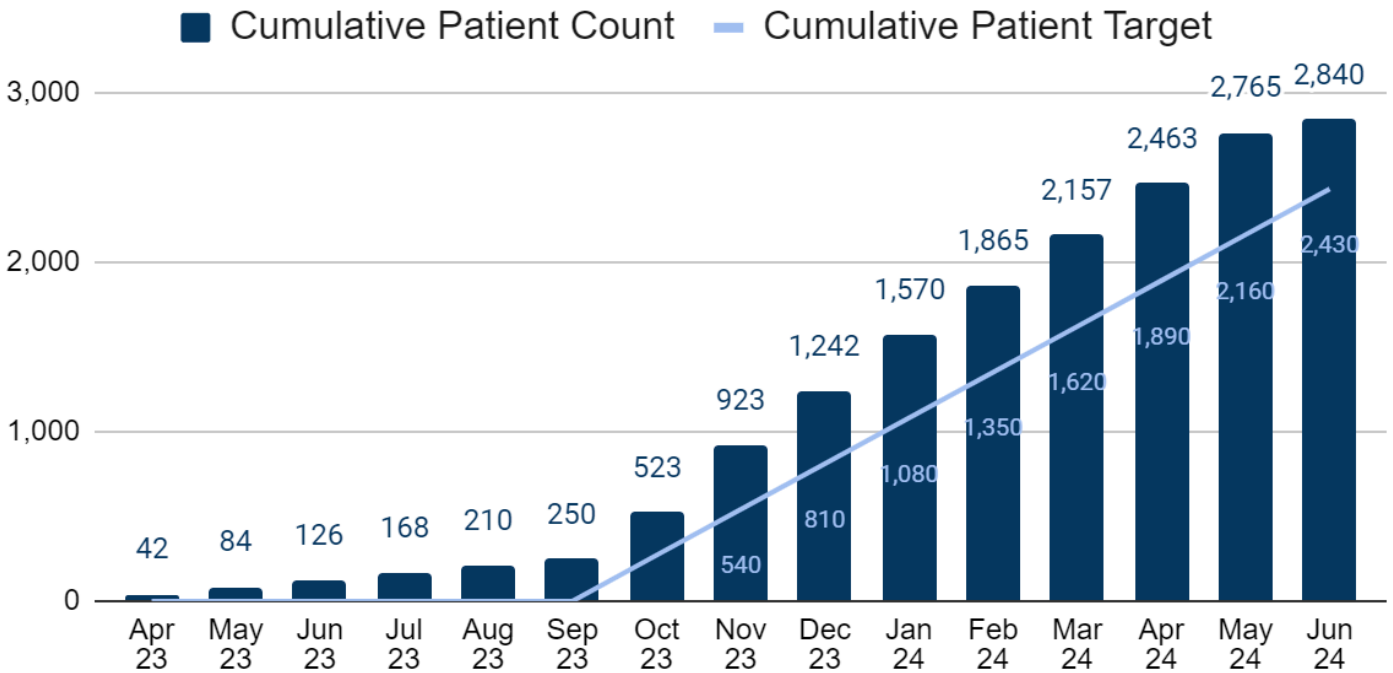


Figure 10

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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 at 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 (See Figure 11 and Figure 12, on page 12)
- Created and implemented a comprehensive MAT Dashboard to function as a single point of communication with all stakeholders, aiding in continuity of care upon release, beginning December 10, 2023
- Implemented a reentry process in February 2024 designed to ensure continuity of care, including arranging transportation, reach-in services, a home plan, and events to schedule care appointments with community agencies

Current MAT Patient Count by Month

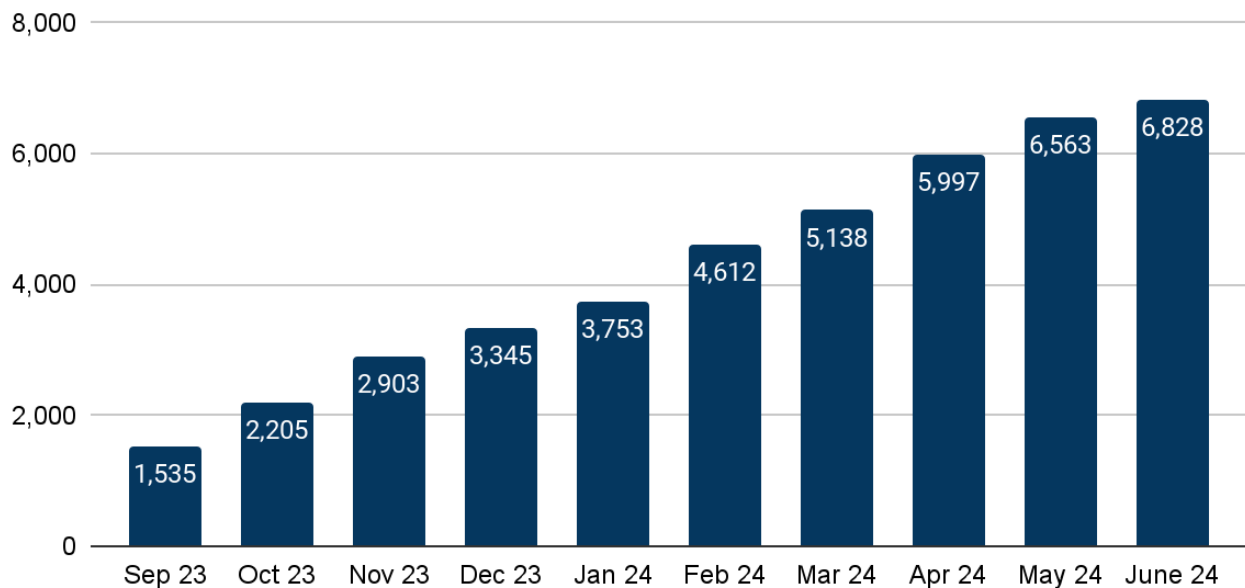


Figure 11

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Backlog Reduction for MAT Initial Assessments

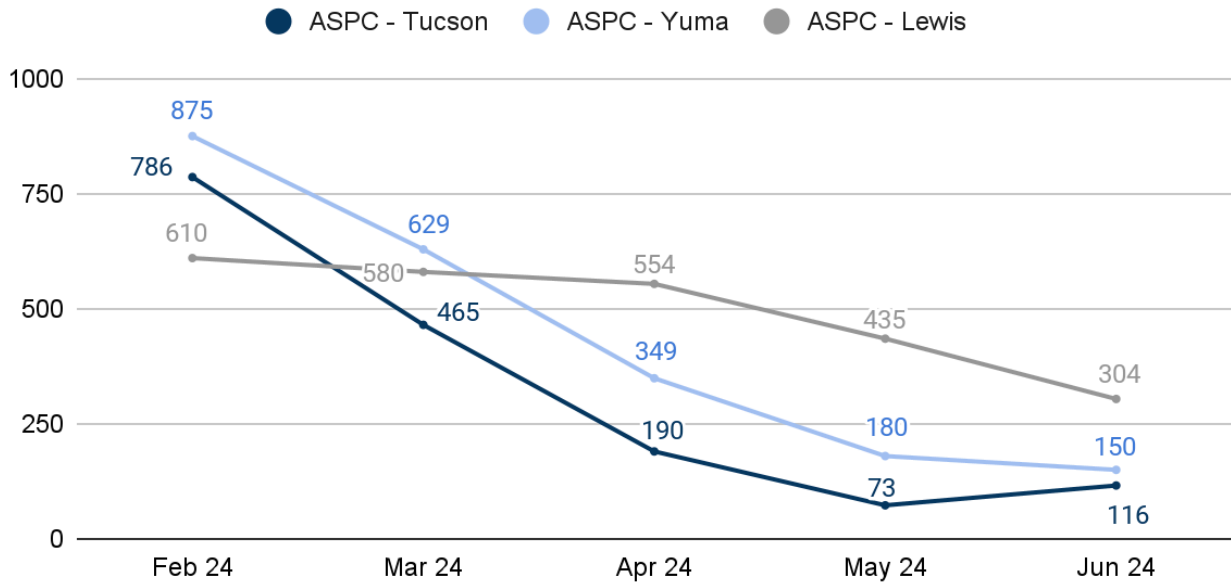


Figure 12

Appointments

Chronic care appointments and offsite specialty appointments are to be completed within the timeframes established by the patient's provider. Since June 2023, monthly completed chronic care appointments have increased from 3,666 to 4,117 (+12%), and offsite specialty appointments have increased from 817 to 2,020 (+147%). The below initiatives have contributed to the increased 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 cooperation between the CHP and the Prison Operations Division in expanding the number of available transports for offsite specialty appointments.
- The CHP's continual efforts to increase the number of available specialists in their offsite specialty network.

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Chronic Care Appointments Completed

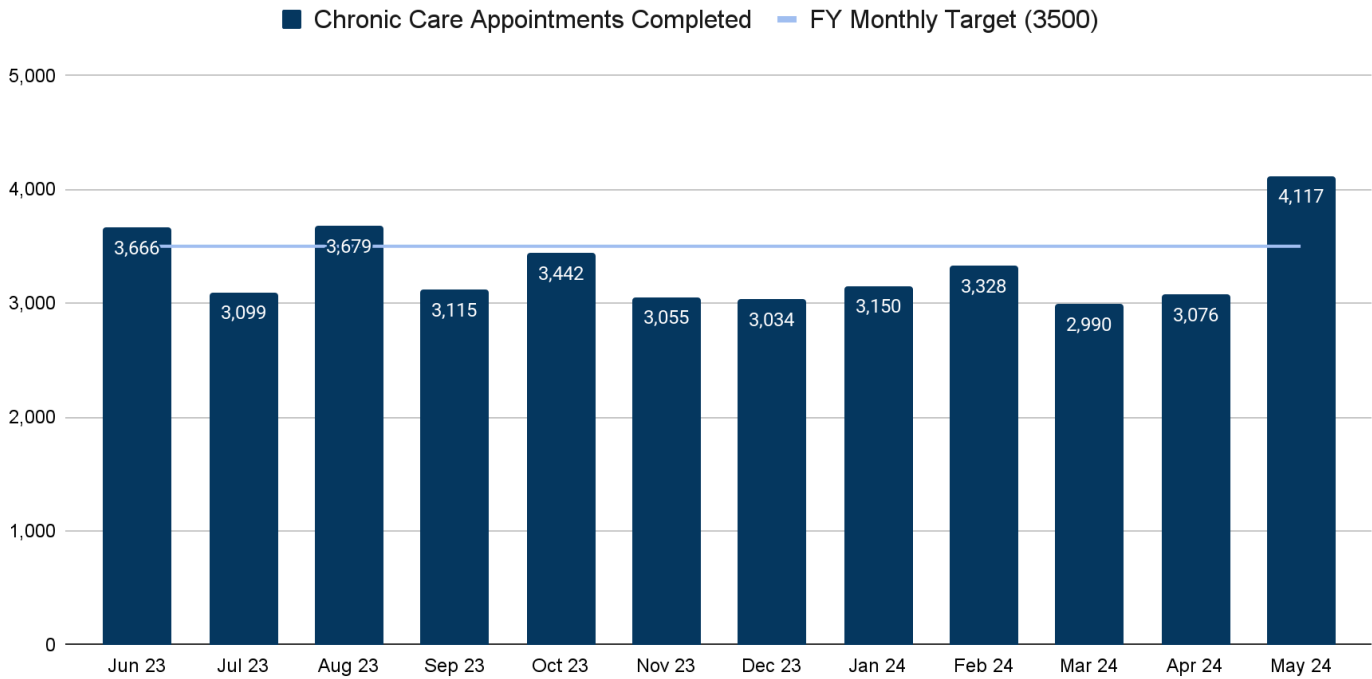


Figure 13

Offsite Specialty Appointments Completed

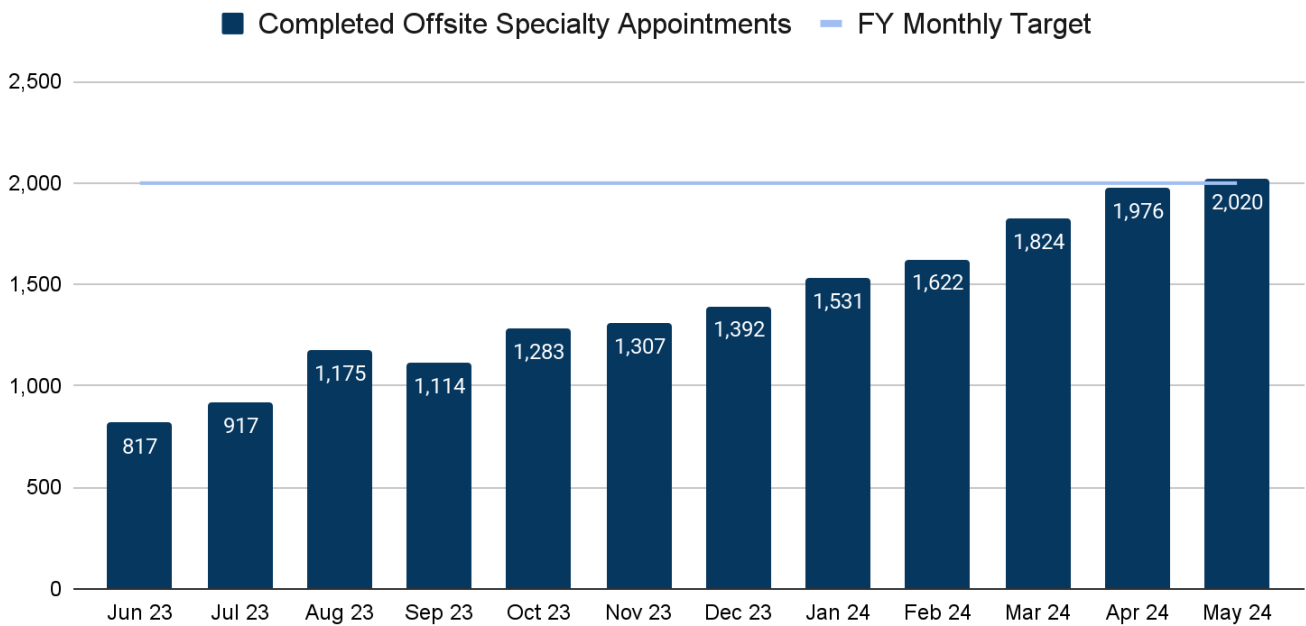


Figure 14

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MENTAL HEALTH

The HSD Mental Health Team has pursued two major initiatives: Ensuring there is an appropriate level of mental health programming to meet the needs of the incarcerated population with mental health diagnoses and improving the quality of care for individuals requiring Residential Treatment and Inpatient Treatment level of care.

Content of Care (Sec. 16.0)

Improvements in Residential Treatment Units (RTU) include:(Sec. 16.4)

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

Improvements for Inpatient Treatment Units (ITU) include:(Sec. 16.5)

- Increased the ITU population by 16%
- Increased patients' opportunities for Education by 200%
- Increased patients' opportunities for Substance Use Disorder (SUD) treatment by 300%
- Increased patients' opportunities for participation in Faith-Based Services by 300%
- Increased the number of individuals with jobs in ITU by 900%

Areas of Focus

- Increased the number of HNRs addressed by mental health from 50% in December 2023 to 82% in April 2024
- Increased the capacity for the Mental Health Residential Treatment Units from 656 to 878 beds, a 34% increase since May 2023 (See Figure 15)

Capacity of the Mental Health Residential Treatment Unit

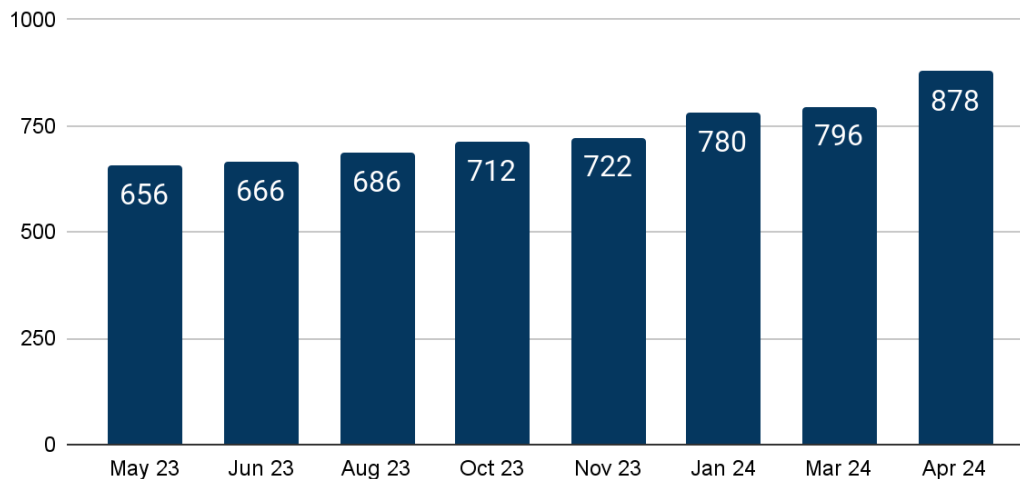


Figure 15

Training

- As of May 2024, all state prison complexes have received on-site and in-person additional suicide prevention training
 - 100% of Mental Health staff received on-site and in-person suicide prevention training

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SUBCLASS

The Prison Operations Division and the Classification, Records, and Population Management Division work collaboratively with other ADCRR Divisions, the 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	Lewis Complex receives all Spartan devices and other hardware
June 2024	The expected arrival date(s) for all other complexes to receive hardware are June 12, 2024 and June 13, 2024. ASPC-Lewis devices are active and able to be utilized for testing and familiarity. ASPC-Lewis and ASPC- Yuma Guardian training is scheduled for June 17, 2024 through June 21, 2024
July 2024	Within the Detention Units of ASPC-Tucson, ASPC-Safford, and ASPC-Douglas Guardian training is scheduled for July 8, 2024 through July 12, 2024, ASPC-Perryville and ASPC-Winslow Guardian training is scheduled for July 22, 2024 through July 26, 2024
August 2024	Go-Live for all 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 on inmate tablets at ASPC-Eyman, Browning Unit. The response times for the emergency call button have been successful, with a majority of responding staff members arriving at the inmate's location in under 2 minutes.
 - This feature is available on all inmate tablets within the assigned unit and can be utilized in the event of an emergency to immediately contact a staff member.

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Number of calls

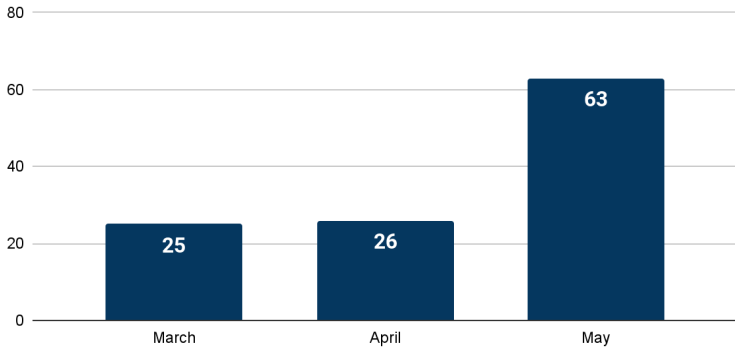


Figure 16

Average Min per Response

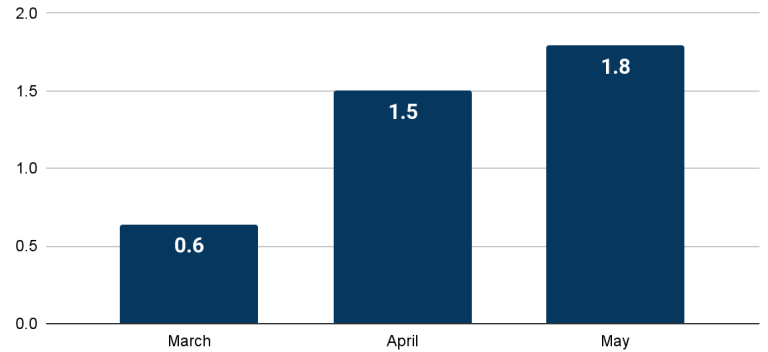


Figure 17

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, if needed. The Department must also develop a plan and oversight for upkeep of the designated areas, while providing the population with access to cleaning supplies and regular pest control maintenance.

Sanitation Expectations

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

Non EOMS Locations

Number of inspections and the findings and Percentage of compliance

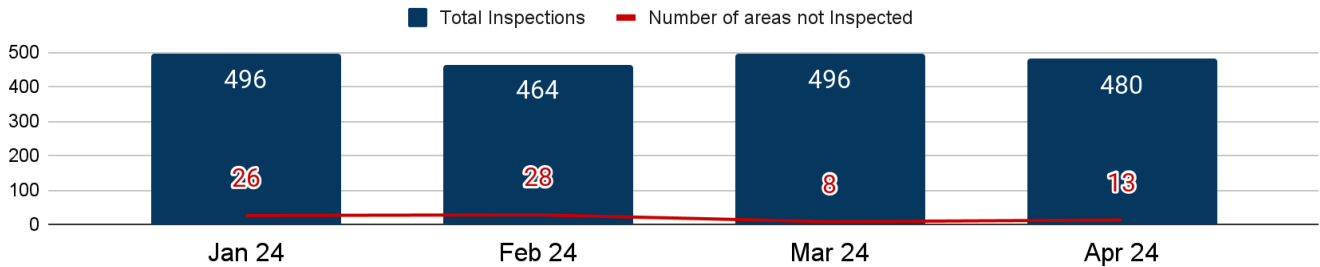


Figure 18

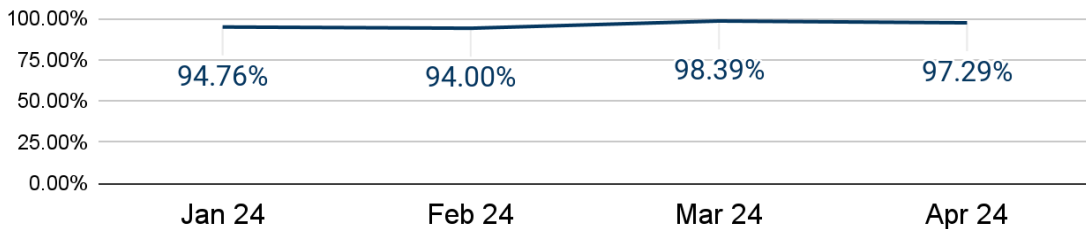


Figure 19

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EOMS Locations (Browning Unit only)

Number of inspections and the findings and Percentage of compliance

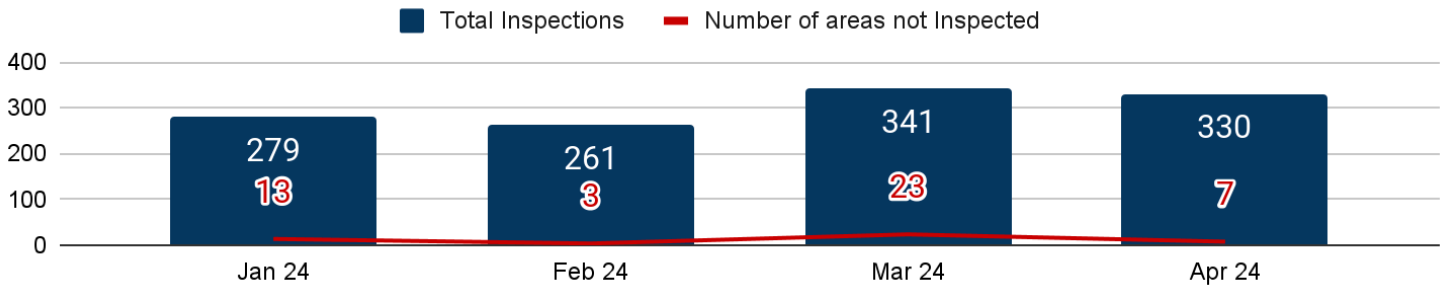


Figure 20

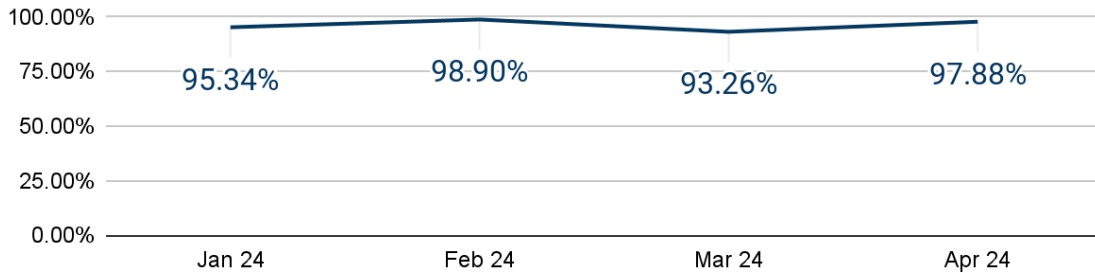


Figure 21

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 includes 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 providing pest control services to all inmates at all locations. All locations offer services 2x per month for both common areas and individual inmate housing.

Food Service and Meals (Sec. 26.0)

All subclass locations must have 3 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.

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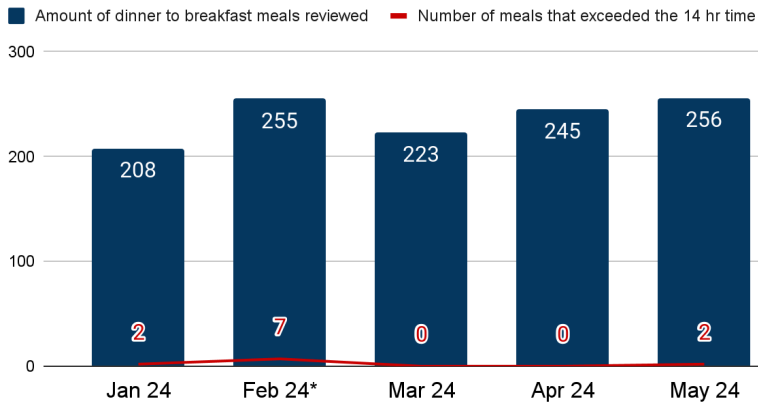


Figure 22

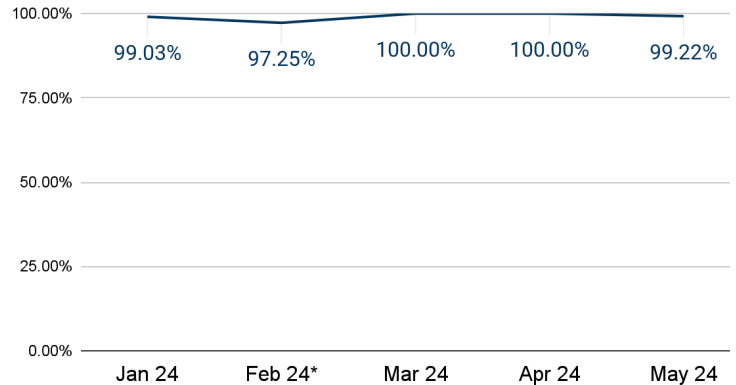


Figure 23

*it should be noted that 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)

The subclass 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 are scheduled for and offer OOC time for a minimum of 2.5 hours daily, exceeding the Injunction requirement.
- All maximum custody locations offer group recreation for 2 or more individuals (based on individual inmate level/step as per the Departments policy).
- All detention units offer socialization opportunities while still ensuring the safety of each inmate by utilizing enclosures that share secure but open partitions.
 - Four detention areas currently lack outside recreation but are under construction. These areas conduct additional out-of-cell time in the immediate housing area, with pairs of inmates physically seated at different tables within the immediate vicinity of each other.
 - Lewis is scheduled to be completed by the end of June 2024
 - Yuma is scheduled to be completed by the end of July 2024

Out of Cell Time Offered (OOC)

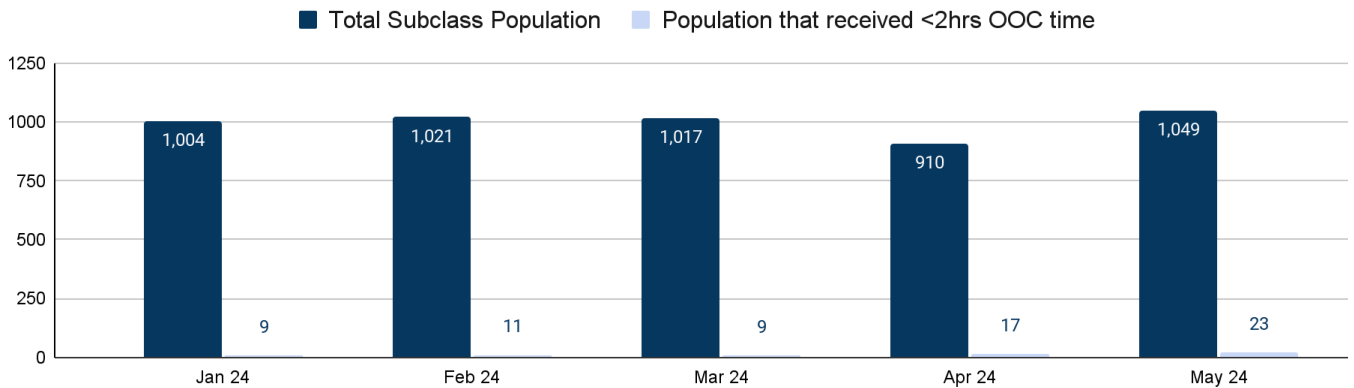


Figure 24

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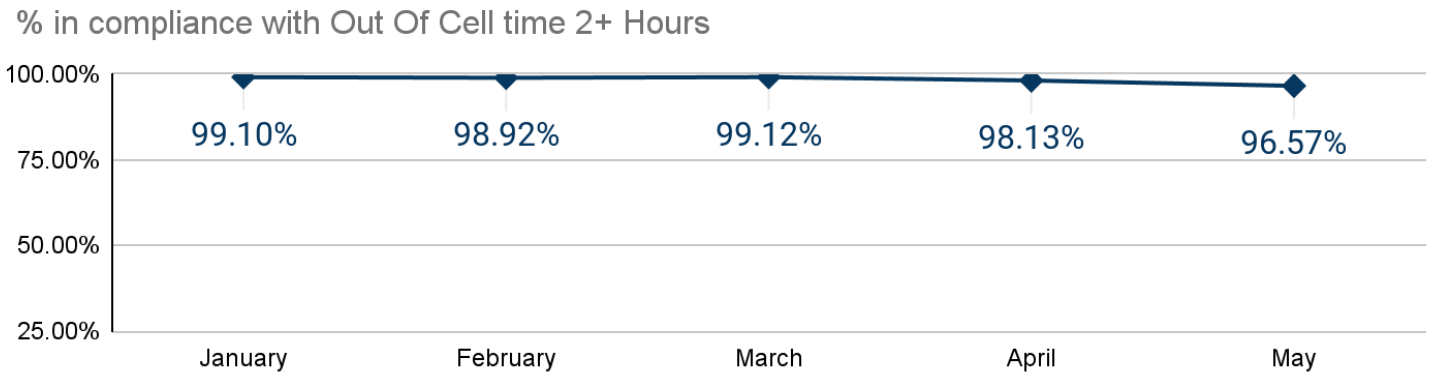


Figure 25

Classification (Sec. 29.0)

The Department is to ensure that full-time qualified staff members are assigned to each housing unit, that classifications and reviews are done in a timely manner per the specifications of the Injunction, and that they are properly 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. In addition, a new evaluation process has been implemented (see table below)

- Any inmate that has been housed in the subclass area beyond 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.

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New Process to facilitate to 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	Subsequent case plan completed
Day 45	60 day review initiated
Day 60	60 day review completed, subsequent case plan completed
If unable to return to less restrictive housing and remain in maximum custody then all of the activities from day 90 on are performed	
Day 90	Subsequent case plan completed
Day 120	Subsequent case plan completed
Day 150	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 back into the general population from Maximum Custody. The current Maximum Custody population is 237 as of May 31, 2024, down from 1,356 in January 2023.

Total Restrictive Status Housing (Max Custody)

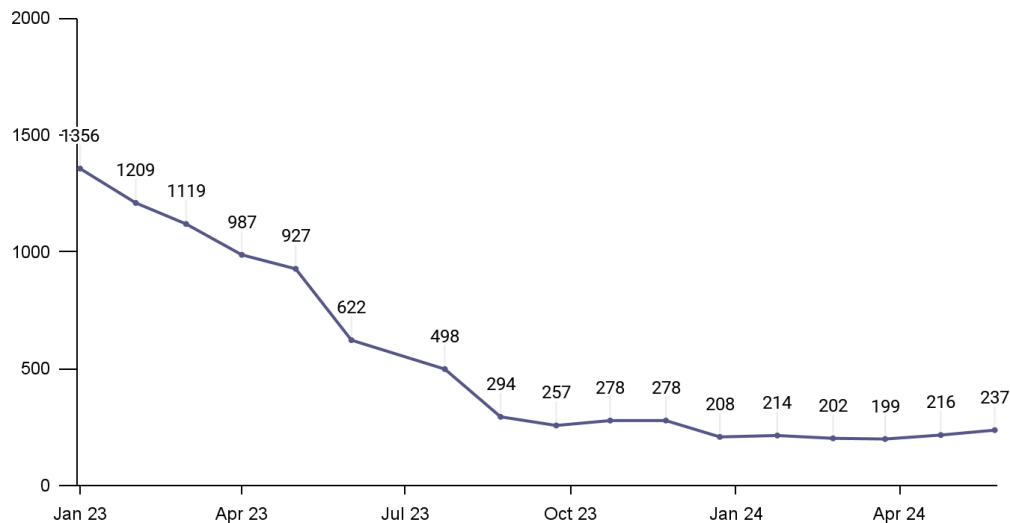


Figure 26

Arizona Department of Corrections Rehabilitation & Reentry

- 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 further improve compliance:

- 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

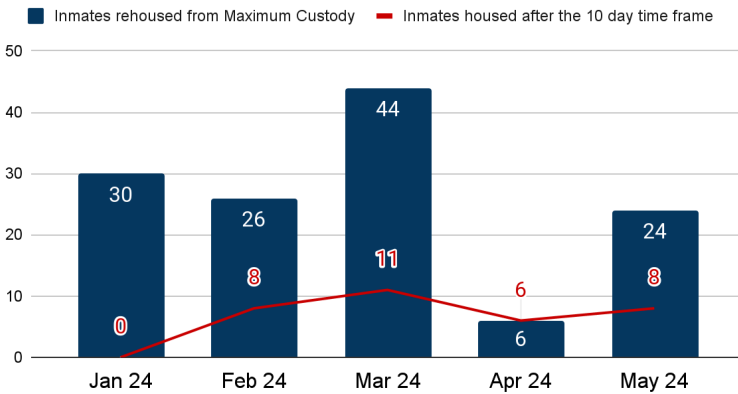


Figure 27

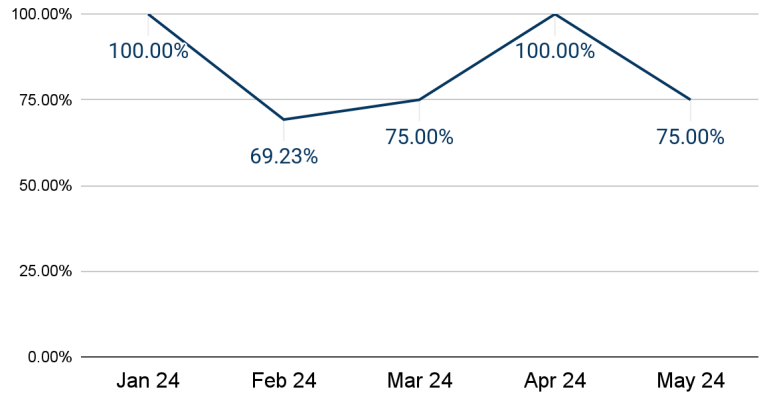


Figure 28

Inmates Rehoused out of Detention Area

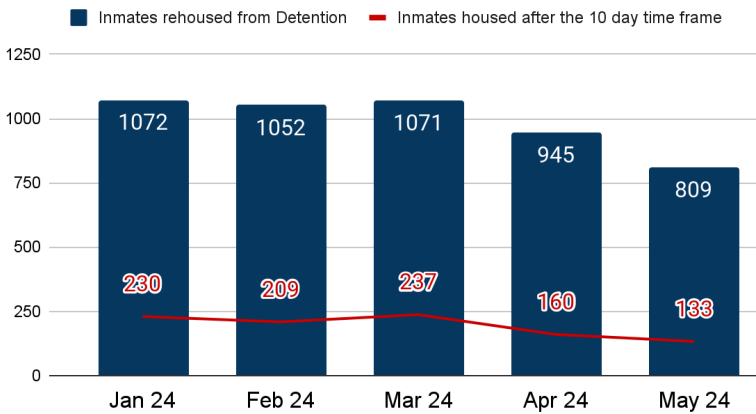


Figure 29

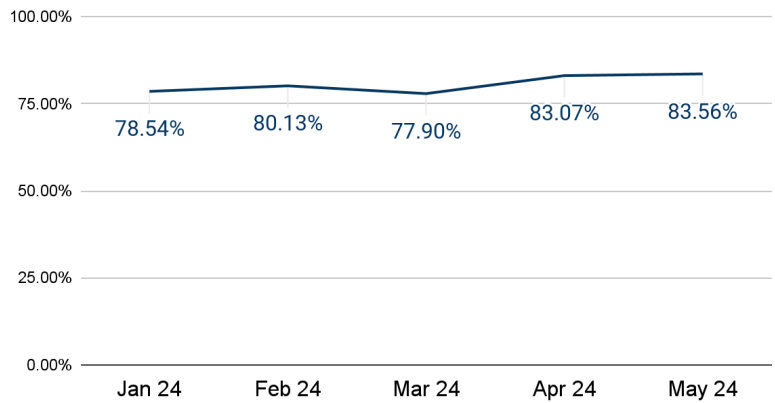


Figure 30

Arizona Department of Corrections Rehabilitation & Reentry

Quality Indicators

A monthly set of quality indicators (QI) are utilized to formally measure the Department's compliance with the Injunction. These QIs provide information regarding the processes and systems the Department has implemented, identifies areas for improvement, and tracks changes over time.

Number of compliant QIs from those measured and monitored

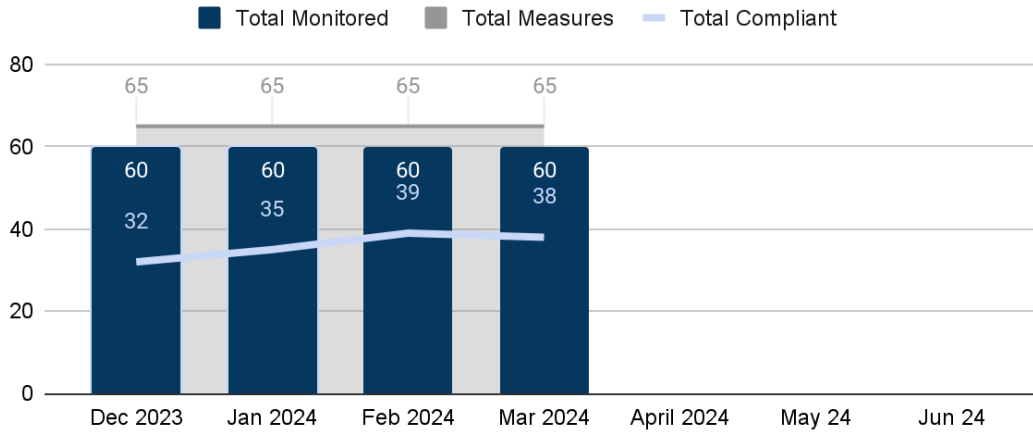


Figure 31

Quality Indicators Compliance

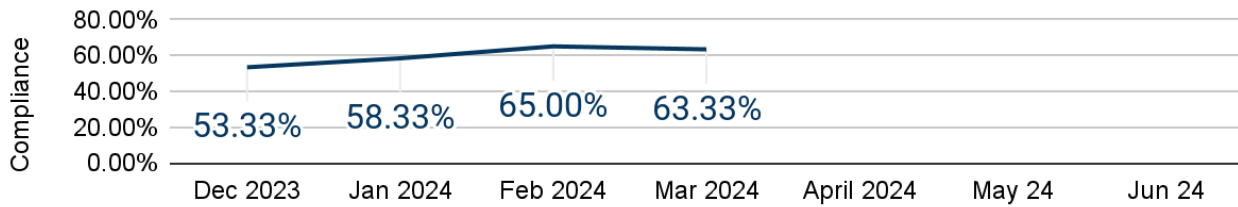


Figure 32