MEMORANDUM

Date: December 27, 2022

To: The Honorable Chair and Members
Pima County Board of Supervisors

From: Jan Lesher
County Administrator

Re: **Jail Related Deaths**

The Pima County Sheriff's Department has the legal responsibility to provide health services for detainees booked into the Pima County Adult Detention Complex (PCADC). As described in Attachment A, the Correctional Health Services Contract, CT-BH-23-050, issued on behalf of the Sheriff's Department and administered by the Behavioral Health Department, allows the County to fulfill those obligations. The operation of the PCADC is exclusively the responsibility of the Sheriff.

The supervision of this contract is by the Deputy County Administrator and the Behavioral Health Director, and staffed by a Program Manager who is a Registered Nurse, a Medical Director, and a Program Coordinator with extensive behavioral health experience. This team ensures that the care provided to detainees meets or exceeds the National Commission on Correctional Health Care accreditation requirements and other contractual performance requirements. As part of their duties, staff conduct investigations into detainee deaths, as well as detainee complaints and grievances regarding medical care.

With the death of any detainee, the staff performs a clinical mortality review within 30 days of an Inmate Death. Upon the death, the Behavioral Health Department immediately creates a timeline of events to review the appropriateness of the clinical care provided and the effectiveness of the clinical policies and procedures relevant to the circumstances surrounding the death. This information is separate and legally protected by federal law.

Independently, every PCADC in-custody deaths undergoes examination by the Office of the Medical Examiner to ascertain the cause and manner of death, as do those that occur post-release after transfer to a hospital facility. Since 2019, the County Administrator has been closely following these deaths in an effort to identify root causes and to ensure the quality of the medical care provided by our contractor in the facility.

An analysis by the Office of the Medical Examiner (Attachments B and C) has been recently updated to include 2017 data. This report reviews 49 in-custody (or proximate) deaths since from 2017 to the present. Eighteen deaths are classified as "natural" and occurred as a result of underlying illness or disease. COVID-19 was the cause of death in three decedents and was a contributing factor in one overdose death. Fifteen deaths involved intoxication; eleven deaths attributed to overdose; two natural cause deaths and two restraint-associated deaths

involved drug intoxication as a contributing factor. Fourteen in-custody deaths are certified as suicides. Homicides account for two deaths (one 2017 and one 2022 case), and cause and manner of death is undetermined in two cases (one 2019 and one 2022 case).

JKL/anc

Attachments

c: The Honorable Chris Nanos, Pima County Sheriff
Carmine DeBonis, Jr., Deputy County Administrator
Francisco García, MD, MPH, Deputy County Administrator and Chief Medical Officer
Steve Holmes, Deputy County Administrator
Sam Brown, Chief Civil Deputy County Attorney
Terry Cullen, MD, MS, Public Health Director, Pima County Health Department
Dr. Gregory Hess, Chief Medical Examiner
Paula Perrera, Director, Behavioral Health

ATTACHMENT A

MEMORANDUM

Date: October 25, 2022

To: The Honorable Chair and Members
Pima County Board of Supervisors

From: Jan Lesher
County Administrator

Re: **Pima County Behavioral Health Oversight**

Periodically, the Board of Supervisors is required to review and approve contracts related to the provision of health care in the jail and juvenile detention facilities. These services are required, as detainees in Pima County's Adult and Juvenile Detention facilities have a constitutional and statutory right to health and behavioral health care. Pima County, through the Department of Behavioral Health, contracts with a medical services vendor to provide that care.

Both of Pima County's detention facilities are accredited by the National Commission on Correctional Health (NCCHC) and all medical services are reviewed and monitored for compliance following the NCCHC accreditation standards.

Attached for your review is a memorandum from Ms. Paula Perrera, Behavioral Health Director, describing Pima County's role in providing oversight and administration of the contracted medical services provided to Pima County Adult Detention Complex and Pima County Juvenile Center detainees.

JKL/dym

Attachment

c: Francisco García, MD, MPH, Deputy County Administrator and Chief Medical Officer
Carmine DeBonis, Jr., Deputy County Administrator
Steve Holmes, Deputy County Administrator
Paula Perrera, Director, Behavioral Health

PIMA COUNTY
BEHAVIORAL HEALTH

Date: October 24, 2022

To: Jan Lesher
Pima County Administrator

From: Paula Perrera
Director

Dr. Francisco Garcia
Deputy Administrator & Chief Medical Officer,
Health and Community Services

Re: Pima County Behavioral Health Oversight

The Pima County Sheriff's Department has the legal responsibility (*Estelle v. Gamble)* to provide health services for detainees booked into the Pima County Adult Detention Complex (PCADC) and the Pima County Juvenile Court is legally responsible for providing health services to youth booked into the Pima County Juvenile Detention Center (PCJDC). The Correctional Health Services Contract, CT-BH-23-06, issued on behalf of the Sheriff's Department and the Juvenile Court by the Behavioral Health Department, allows the County to fulfill those obligations. See A.R.S Title 31-Prisons and Prisoners and State of Arizona Juvenile Detention Standards.

This contract is administered by the Pima County Behavioral Health Department (PCBH). The responsible PCBH staff include a Program Manager who is a Registered Nurse, a Medical Director, and a Program Coordinator with extensive behavioral health experience. These employees ensure that the care provided to detainees meets or exceeds the National Commission on Correctional Health Care (NCCHC) accreditation requirements and other contractual performance requirements. As part of their duties, PCBH staff conduct investigations into detainee deaths, as well as detainee complaints and grievances regarding medical care. Although PCBH monitors the medical service delivery for quality of care, it must do so within the constraints of Custody/Detention as well as the physical limitations of the facility as it relates to safety and security.

The program goal is the provision of comprehensive physical and behavioral health services to the populations of PCADC and PCJDC to ensure compliance with National Commission on Correctional Health Care (NCCHC) standards and best outcomes for those in a Pima County detention setting, providing or surpassing the community standard of care, minimizing the need for off-site health services and adverse outcomes related to both physical and behavioral health. To achieve this goal, monthly audits are performed on both facilities utilizing Minimum Performance Indicators (MPI) *[See Attachment A]* based on the NCCHC *Standards for Health Services in Jails*. A minimum of 9 MPI for PCADC and 6 for PCJDC are reviewed monthly. There is a financial penalty for the medical vendor if a performance threshold is not met. The vendor has 30 days to address the deficiency with medical staff. Should the deficiency become chronic, PCBH may ask for Corrective Action Plans (CAPs) from the vendor as a means of correcting the deficiency.

In addition to monthly and quarterly indicator review, the program monitors 11 monthly Business Requirements for PCADC and 10 for PCJDC that carry a financial consequence if not met *[See Attachment B]* as well as a monthly staffing report to monitor and ensure all critical positions are being fulfilled.

In an effort to facilitate the Department's monitoring of the medical service delivery for quality of care, PCBH purchased an electronic medical record for PCADC and PCJDC in 2021 to be used by the current and all future medical vendors. Prior to this purchase, the Department utilized whichever electronic medical record the then current vendor brought with them which complicated vendor transitions as well as continuity of care for the detainees and hindered the Department's visibility into real time events. The Department would be locked out of the medical record after a death and forced to rely on the vendor to print out the record for the Department's review. The acquisition of our own Electronic Medical Record also provides PCBH the ability to run instant ad hoc reports on quality of care concerns and look for trends as well as running specialized electronic monthly reports sent directly to the Department where we can monitor events in real time.

Additionally, there are Quality of Care Indicators (QCI) [*see Attachment C*] and Incentives that the vendor may be eligible for once all MPI have been meet. These indicators are based off of AHCCCS Healthcare Effectiveness Data and Information Set (HEDIS) and Early and Periodic Screening Diagnostic and Treatment (EPSDT) measures. PCADC has 12 and PCJDC has 5 QCI that are reviewed on a quarterly basis.

With the death of any detainee, the department performs a clinical mortality review within 30 days utilizing NCCHC Standard J-A-09 Procedure in the Event of an Inmate Death. Upon the death, the department immediately creates a timeline of events to review the appropriateness of the clinical care provided and the effectiveness of the clinical policies and procedures relevant to the circumstances surrounding the death. The department then meets with the medical vendor to review the case and findings. The questions discussed are: *1) Could medical response at time of death be improved; 2) Was an earlier intervention possible and 3) Independent of the cause of death, is there any way to improve patient care*. Additionally, the medical vendor reviews the case as per their Continuous Quality Improvement Program and Custody performs its own independent review.

pjp/avg

Cc: Linda Everett, Correctional Health Manager

Attachments: Attachment "A" Minimum Performance Indicators
Attachment "B" Business Requirements
Attachment "C" Quality of Care Indicators

MINIMUM PERFORMANCE INDICATOR(S) (MPI)
ATTACHMENT A

PCADC Minimum Performance Indicator(s) (MPI)	Threshold	Financial Consequences of Not Meeting Performance Indicators ($ per Indicator)
1. When transporting officer believes the patient may be a suicide risk or the patient has positive responses on the suicide risk assessment found on the mental health receiving screening, patient is placed on suicide watch.	100%	$1000
2. If placed on suicide watch the patient receives daily evaluation by qualified mental health staff including post-suicide watch follow-up within 24 hours.	100%	$1000
3. Verified medications were referred to a provider within 24 hours of intake for review and determination of necessary bridge orders until the detainee can be seen by a provider.	90%	$1000
4. Medications reported but NOT verified were referred to a provider within 48 hours to determine new orders, if clinically appropriate.	90%	$1000
5. Nurse Receiving Screening is completed no later than 4 hours after acceptance into facility.	90%	$1000
6. Initial health assessments are completed no later than 14 calendar days after admission to the facility with treatment plan in place for patients identified as having chronic health condition.	90%	$1000
7. The chart contains a completed mental health receiving screening (MHRS) by a MHP, MHRN or a RN trained to perform the MH screening, done prior to detainee being housed.	90%	$1000
8. Mental Health Evaluation (MHE) is performed no later than 14 days after admission by a qualified MHP if patient screens positive on MHRS.	90%	$1000
9. Oral Screening is performed no later than 14 calendar days from admission.	90%	$1000
10. Instruction in oral hygiene and preventative oral education are given within 14 days of admission.	90%	$1000
11. A face-to-face encounter is conducted by a qualified health care professional within 24 hours of receipt of the SCR by health staff.	95%	$1000
12. Detainees displaying symptoms of mental illness that are documented to be either unwilling or unable to voluntarily participate in their mental health treatment will be referred for involuntary treatment if they meet criteria for same.	95%	$1000
13. All individuals on the MH caseload will have individualized Treatment Plans completed at the time the condition is identified or within 24 hours of a status change and updated as warranted but no longer than 6 months.	95%	$1000

14. Therapeutic interventions will relate back to the goals and strategies listed in the treatment plan.	95%	$1000
15. Patients entering PCADC on MAT have their medication continued, or a plan for medically supervised withdrawal is initiated.	95%	$1000
16. Patients entering PCADC who are intoxicated or undergoing withdrawal are placed on detox protocol (COWS/CIWA) and will be rounded on a minimum of three times per day. Those with elevated scores or increasing scores will be checked more often than every 8 hours as indicated by TechCare.	95%	$1000
17. Pregnant detainees with active opioid use disorder receive evaluation upon intake, including offering and providing medication-assisted treatment (MAT) with methadone or buprenorphine.	100%	$1000
18. For all completed assessments of detainees in custody-ordered restraints, record must contain documentation of patient assessment, as well as clear evidence any contraindications are communicated with Custody and a prescribing provider.	95%	$1000
19. Upon notification that a detainee has been placed in segregation, a qualified health care professional reviews the health record for existing medical, dental, or mental health needs requiring accommodation and notify custody staff. The review and notification (if applicable) are documented in the health record.	90%	$1000
20. All licensed staff receive peer review annually.	100%	$1000
PCJDC Minimum Performance Indicator(s) (MPI)	**Threshold**	**Financial Consequences of Not Meeting Performance Indicators ($ per Indicator)**
1. The youth's immunization record will be reviewed. Overdue immunizations will be administered within 7 days of intake.	100%	$1000
2. Once medications are verified and permission from legal guardian is obtained, medications will start being administered within 24 hours.	90%	$1000
3. Oral screening is performed as part of nurse receiving screening to include visual observation of teeth and gums with documentation of any abnormality requiring referral to dentist or referral for prophylactic treatment.	90%	$1000
4. An oral examination is performed by a dentist within 60 days of admission.	90%	$1000
5. Initial health assessments are completed no later than 7 calendar days after youth's admission.	90%	$1000
6. A mental health evaluation (MHE) is completed on all youth within 24 hours or, in the case of weekends or holidays, within 72 hours of admission.	90%	$1000

7. If youth is detained within 60 days of last detention, MHP must update prior MHE with new relevant information about the latest incident that led to youth's detention and/or other pertinent information.	90%	$1000
8. A face-to-face encounter is conducted within 24 hours for any sick call request describing a clinical symptom.	90%	$1000
9. MHP will create a behavioral health treatment plan for each youth to assist MH staff in working with youth in meeting identified goals. Treatment plan will be completed within 24 hours or, in the case of weekends or holidays, within 72 hours of admission.	100%	$1000
10. Youth showing signs of intoxication or withdrawal are monitored using a recognized standard assessments at appropriate intervals until symptoms resolve.	100%	$1000
11. Prenatal care is provided and includes medical examinations by a clinician qualified to provide prenatal care, appropriate laboratory and diagnostic tests and advise on appropriate levels of activity, diet, and alcohol and drug avoidance.	100%	$1000
12. Any health evaluation, immunization or treatment refusal is documented and must include the following: description of the nature of the service being refused, evidence that the youth has been made aware of any adverse consequences to health that may occur as a result of the refusal, the patient's signature, and the signature of a health staff witness.	100%	$1000

BUSINESS REQUIREMENTS
ATTACHMENT B

PCADC Business Requirements	Threshold	Financial Consequence of not meeting Business Requirement
Maintain NCCHC accreditation, if the cause for losing accreditation was within CONTRACTOR's control.	100%	$50,000 upon losing accreditation and $100,000 for each additional year in which PCADC is not accredited.
Notify the County's Behavioral Health Director and Correctional Health Quality Management Team of a death or Serious Adverse Event immediately.	100%	$5,000 per occurrence.
Notify the County of an inpatient admission within 24 hours of admission.	100%	$2500 per occurrence and Contractor will be fully responsible for all costs that would otherwise have been paid by Medicaid when applicable.
Notify the County of an inpatient admission of an out-of-County RTC detainee within 8 hours of admission.	100%	Actual cost for hourly custody supervision and the actual claim amount.
No dismissals of Civil Commitment petitions due to untimely psychiatric evaluations or failure to appear to testify in Court hearings.	100%	$1,000 per occurrence.
Acknowledge County notification of Quality Management deficiency within 3 business days and present an Action Plan to address deficiency within two weeks from receipt of notification from County.	100%	$5,000 per deficiency - acknowledgement or Action Plan but not both.
Comply with the requirement in **Exhibit A, Part I**, to have at least one staff member in a leadership position for both medical and behavioral health present from 8 am to 5 pm Monday - Friday.	100%	$5,000 per occurrence.
Notify Pima County Behavioral Health Department within 24 hours of discovery of any lapse or expiration of or adverse action taken against any licensure or certification for any health staff member.	100%	$1,000 per occurrence
Send to County notice of departure of Leadership Positions at least two weeks before the position becomes vacant or as soon as Contractor is aware of the vacancy if Contractor did not receive prior notice.	100%	$1,000 per occurrence
Obtain written approval from PCADC Administration and County's Behavioral Health Administrator prior to hiring any Leadership Position.	100%	$5,000 per occurrence

Notify the County within 24 hours of a suspected MAT drug diversion event, regardless of whether the event is identified by Contractor or Custody staff.	100%	$2,500 per occurrence, exclusive of any penalties or fines imposed upon the MAT program by oversight bodies which will also be Contractor's sole expense.
PCJDC Business Requirements	**Threshold**	**Financial Consequence of not meeting Business Requirement**
Maintain NCCHC accreditation, if the cause for losing accreditation was within Contractor's control.	100%	$50,000 upon losing accreditation and $100,000 for each additional year in which PCJDC is not accredited.
Notify the County's Behavioral Health Director and Correctional Health Quality Management Team of a death or Serious Adverse Event immediately upon discovery of the event.	100%	$5,000 per occurrence.
Notify the County of an inpatient admission within 24 hours of admission.	100%	$5,000 per occurrence.
Provide policies/procedures for off-site services within 60 days of the start date of the new contract term. New or updated policies must be submitted to the County for review at least 30 days before implementation.	100%	$1,000 per occurrence.
Comply with Critical Staffing Requirements as set forth in **Exhibit A, Part II, 15.3.5.**	100%	$1,000 per occurrence.
Acknowledge County notification of Quality Management deficiency within 3 business days and present an Action Plan to address deficiency within two weeks from receipt of notification from County.	100%	$5,000 per deficiency - acknowledgement or Action Plan but not both.
Have at least one staff member in a leadership position for both medical and behavioral health present from 8 am to 5 pm Monday - Friday.	100%	$5,000 per occurrence.
Notify Pima County Behavioral Health Department within 24 hours of discovery of any lapse or expiration of or adverse action taken against any licensure or certification for any health staff member.	100%	$1,000 per occurrence
Send to County notice of departure of Leadership Positions at least two weeks before the position becomes vacant, or as soon as Contractor is aware of the vacancy if Contractor did not receive prior notice.	100%	$1,000 per occurrence
Obtain written approval from PCJDC Administration and County's Behavioral Health Director prior to hiring any Leadership Position.	100%	$5,000 per occurrence.

QUALITY OF CARE INDICATORS (CQI)
ATTACHMENT C

PCADC Quality of Care Indicators (CQI)	Threshold	Financial Incentive for meeting or Exceeding Performance Indicators ($ per Indicator)
Adults with BMI in excess of 25 receive weight assessment and nutrition and physical activity counseling	90%	$1000
Patients 50+ are offered Zoster vaccines	90%	$1000
Patients 65+ are offered pneumococcal vaccine	90%	$1000
Diabetic patients are offered a retinal eye exam annually	90%	$1000
All patients are offered an annual flu vaccination	90%	$1000
Full-time staff receive and maintain CCHP certification as documented in the Licensing and Credentialing Log submitted to Pima County	75% of full-time staff	$5000
Patients with length of stay of 12 months received clinically indicated preventative dental procedures, including cleanings and scaling.	90%	$1000
Female patients with a length of stay of 12 months or more receive a Well Woman Exam	90%	$1000
Pregnant patients with a length of stay exceeding 30 days receive monthly prenatal visits until discharge or delivery	90%	$1000
Post-partum patients receive a follow-up postpartum visit within 14 days following delivery	90%	$1000
Charts indicate that community providers have been engaged to receive collateral documentation / health records upon booking or upon discharge from inpatient hospitalization	90%	$1000
Nurse Receiving Screening is completed no later than 120 minutes after acceptance into facility.	90%	$1000
PCJDC Quality of Care Indicators (CQI)	**Threshold**	**Financial Incentive for meeting or Exceeding Performance Indicators ($ per Indicator)**
CFT meetings are attended for each youth and the medical record contains documentation around re-entry plan.	90%	$1000
Juveniles with BMI in excess of 25 receive weight assessment and nutrition and physical activity counseling.	90%	$1000
Juvenile detainees receive prophylactic treatment to include dental cleaning and treatment within 14 days of admission.	90%	$1000
Groups follow curriculum and curriculum is available upon request	90%	$1000
All juvenile patients are offered nondirective counseling about pregnancy prevention and information around prevention of sexually transmitted diseases. Curriculum must be gender-based.	90%	$1000

ATTACHMENT B

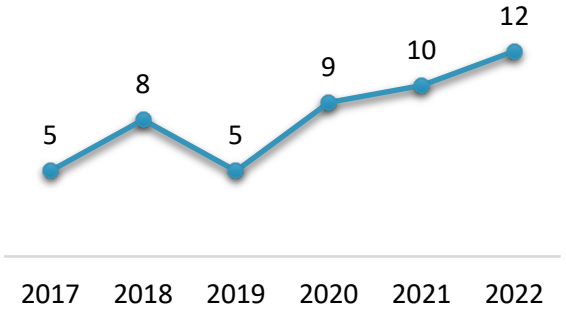
PCADC Related Deaths 2017-2022

Every PCADC in-custody deaths undergoes examination by the Office of the Medical Examiner to ascertain the cause and manner of death, as do those that occur post-release after transfer to a hospital facility.

Our analysis reveals there have been 49 in-custody (or proximate) deaths since 2017. Eighteen deaths are classified as "natural" and occurred as a result of underlying illness or disease. COVID-19 was the cause of death in three decedents and was a contributing factor in one overdose death. Fifteen deaths involved intoxication: eleven deaths are attributed to overdose; two natural cause deaths and two restraint-associated deaths involved drug intoxication as a contributing factor. Fourteen in-custody deaths are certified as suicides. Cause and manner of death is undetermined in two cases (one 2019 and one 2022 case). Homicides account for two deaths (one 2017 and one 2022 case).

49 Total in-custody deaths since 2017
2 Compassionate release in-hospital deaths
1 Case pending certification

PCADC Related Deaths by Year



Decedent Demographics:

- The majority of decedents are male (92%)
- Decedent's age range from 18 - 76 years old; average age is 42

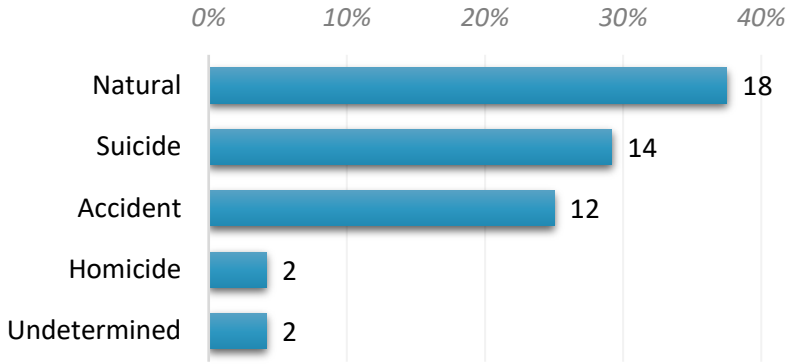
Sex	Male	45	*92%*
	Female	4	*8%*
Age	18-19	2	*4%*
	20-29	10	*20%*
	30-39	12	*24%*
	40-49	10	*20%*
	50-59	9	*18%*
	60-69	3	*6%*
	70-79	3	*6%*

PCADC Related Deaths 2017-2022

Manner of death:

- Natural deaths make up the largest proportion of PCADC related deaths (38%), followed by suicides (29%), and accidental deaths (25%)

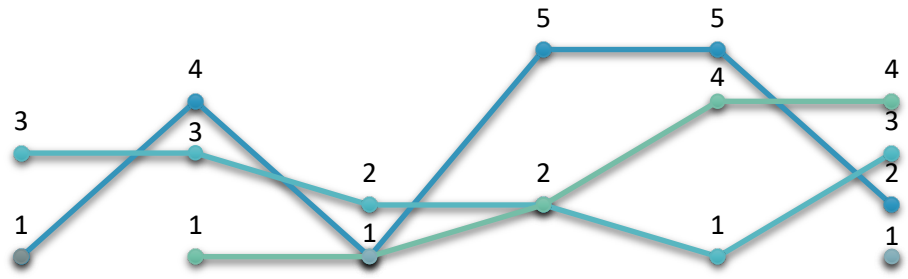
PCADC Related Deaths by Manner of Death



Trends in manner of death from 2017 - 2022:

- Natural deaths were highest in 2020 and 2021 (five each year)
- Average of two suicides per year (high-point was in 2014 with four suicides)
- Accidental (drug-related) deaths have increased, with four deaths in both 2021 and 2022
- Undetermined deaths and homicides are less common, totaling two each over the six year period

PCADC Related Deaths by Manner of Death and Year

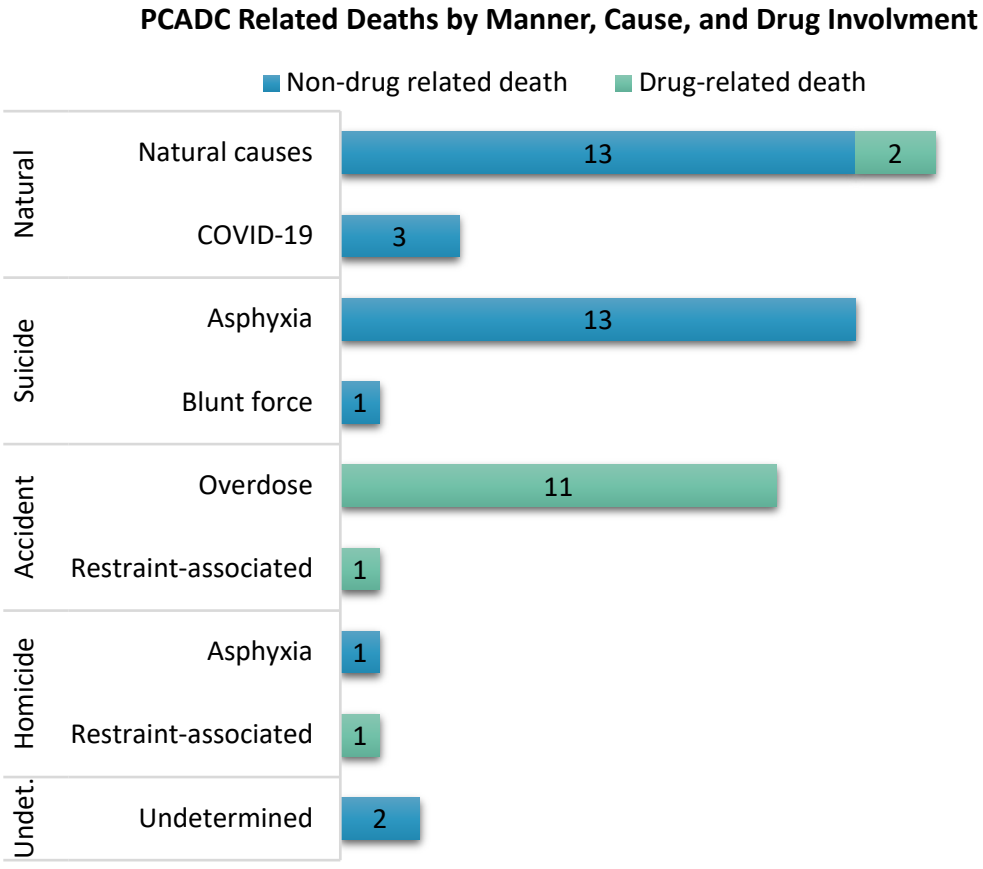


	2017	2018	2019	2020	2021	2022
Natural	1	4	1	5	5	2
Suicide	3	3	2	2	1	3
Accident		1	1	2	4	4
Homicide	1					1
Undetermined			1			1

PCADC Related Deaths 2017-2022

Overview of causes of death:

- Excluding deaths due to COVID-19, there were 15 deaths from natural causes
- Intentional aspyhxia (from hanging) is the second leading cause of in-custody deaths (13 deaths)
- COVID-19 was the cause of death in three decedents; it was contributory in one overdose death
- Eleven of twelve accidental deaths were certified as accidental drug overdose deaths
  - Drugs contributing to overdose deaths include fentanyl (7 deaths), methamphetamine (5 deaths), heroin (1 death), olanzapine (1 death), and opiate unspecified (1 death)
- Drugs were involved in two natural cause deaths and both restraint-associated deaths
  - Drugs involved include methamphetamine (3 deaths) and fentanyl (2 deaths)
- Two deaths were certified as undetermined manner and cause of death



ATTACHMENT C

Date of Death	Age	Cause of Death	Manner of Death	Booking Date	Days in Detention
Apr-17	24	Strangulation	Homicide	4/7/17	12
Aug-17	19	Hanging	Suicide	7/13/17	19
Aug-17	59	Hanging	Suicide	8/18/17	4
Sep-17	27	Hanging	Suicide	9/21/17	1
Dec-17	56	Disseminated Coccidioidomycosis; OSC: Hepatitis C Infection, Hepatic Cirrhosis	Natural	11/18/17	40
Mar-18	58	Ischemic cardiomyopathy; OSC: Chronic obstructive pulmonary disease	Natural	2/16/18	23
Mar-18	35	Myocarditis with vasculitis	Natural	3/19/18	4
May-18	43	Hanging	Suicide	5/8/18	8
Jun-18	47	Hanging	Suicide	1/28/15	3
Jul-18	62	Cardiomyopathy	Natural	7/23/18	2
Sep-18	27	Methamphetamine toxicity	Accident	8/31/18	2
Sep-18	35	Infective endocarditis of aortic valve	Natural	8/10/18	30
Dec-18	37	Hanging	Suicide	10/31/18	41
Feb-19	53	Undetermined	Undetermined	1/3/18	42
Jun-19	42	Dilated cardiomyopathy; OSC: Remote cerebral infarction	Natural	6/2/19	22
Sep-19	27	Craniocerebral injuries; Blunt force trauma of the head	Suicide	8/28/19	4
Oct-19	67	Ligature strangulation	Suicide	10/1/19	1
Nov-19	39	Sudden cardiac arrest **in the setting of acute methamphetamine intoxication** and physical exertion; OSC: Hypertensive cardiovascular disease and obesity	Accident	11/13/19	1
Feb-20	50	Arteriosclerotic and hypertensive CV disease	Natural	2/5/20	6
Apr-20	58	Hanging	Suicide	4/1/20	3
Jun-20	31	Hanging	Suicide	9/14/19	275
Jun-20	32	Acute intoxication, combined effects of heroin, fentanyl and olanzapine	Accident	4/7/20	74
Aug-20	38	Hypertensive and atherosclerotic CV disease	Natural	7/15/20	24
Sep-20	27	Methamphetamine toxicity with dilated cardiomyopathy as a significant contributing factor	Accident	9/2/20	4
Oct-20	76	Arteriosclerotic cardiovascular disease	Natural	8/16/20	64
Oct-20	45	Intracranial neoplasm	Natural	9/28/20	26
Dec-20	40	Ischemic bowel due to small intestine volvulus	Natural	11/3/20	31
Jan-21	70	COVID pneumonia	Natural	12/12/18	768
Jan-21	47	Complications of COVID-19 with Hypertension, Diabetes mellitus, other significant conditions	Natural	1/24/20	362
May-21	29	Acute methamphetamine intoxication	Accident	5/30/21	1
Jun-21	29	Hanging	Suicide	6/1/21	5
Jul-21	55	Hemorrhagic cyst of right lung with pulmonary thrombi, hepatocellular necrosis as other significant conditions	Natural	7/11/21	10
Aug-21	22	Necrotizing pneumonia, bilateral multifocal-acute, **incidental recent fentanyl and methamphetamine intoxication**	Natural	7/30/21	4
Sep-21	42	**COVID-19 Pneumonia**, Opiate toxicity contributory	Accident	7/25/21	62
Oct-21	71	Atherosclerotic and hypertensive CV disease	Natural	10/6/21	3
Oct-21	22	Fentanyl Intoxication	Accident	12/1/20	314
Dec-21	37	Fentanyl Intoxication	Accident	8/7/21	116
Jan-22	24	Fentanyl Intoxication	Accident	10/12/21	4
Feb-22	18	Fentanyl Intoxication	Accident	1/27/22	5
Feb-22	67*	Complications of COVID-19 (SARS-CoV-2 infection)	Natural	1/12/22	30
Apr-22	55*	Undetermined	Undetermined	4/18/22	15
May-22	42	Fentanyl and methamphetamine intoxication	Accident	5/11/22	31
Jul-22	33	Hanging	Suicide	6/21/22	9
Aug-22	37	Combined effects of physical altercation with restraint, **methamphetamine intoxication**, hypertensive cardiovascular disease, and obesity	Homicide	8/15/22	1
Oct-22	30	**Fentanyl abuse** and withdrawal	Natural	9/27/22	6
Oct-22	41	Complications of methamphetamine and fentanyl toxicity in the setting of coronary artery atherosclerosis	Accident	10/5/22	1
Nov-22	50	Asphyxia via hanging	Suicide	11/11/22	4
Nov-22	40	Hanging	Suicide	3/18/22	247
Dec-22	38	Pending	Pending	9/17/2022	94

KEY

COVID-19 cause of death

COVID-19 contributing factor, not COD

Accidental death

Drugs involved in non-overdose death (listed as contributing to death)

Overdose death

Natural (underlying disease process) death

Homicide

Suicide

Pending

*compassionate release in-hospital death