



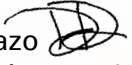
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# MEMORANDUM

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Date: June 14, 2023

To: Chair and Members  
Pima County Adult Detention Complex  
Blue Ribbon Commission

From: Diana Durazo   
Senior Advisor to the  
County Administrator

Re: **Behavioral Health Department's Responses to Questions from the Commission**

Attached is the June 13, 2023 memorandum from Behavioral Health Director, Paula Perrera, to Chief Lowing on questions relating to mental health care in the jail facility.

Over the past several meetings, Commissioners have asked about the mental health care provided to inmates, trends in numbers, and challenges. Some of the questions and comments were based on observations Commissioners expressed after touring the facility.

This information is being provided to assist Commissioners as part of the information workshops.



Date: June 13, 2023

To: Chief Scott Lowing  
Pima County Adult Detention Center

From: Paula Perrera   
Behavioral Health Director

RE: Blue Ribbon Committee

1. **Is the medical unit properly sized and equipped for a facility with the projected increase in inmate capacity needs? If not, what changes are needed to make it work for a larger facility and what staffing changes would be necessary (i.e., security and healthcare workers?)**

No. Jails are housing more and more higher custody patients with different levels or housing restrictions and classifications. The population is also aging and needing more health care services due to underlying chronic disease as well as emerging infections. Because of this, new correctional facilities are moving away from a medical hub or centrally located clinic and replacing this with decentralized care delivery. The new facilities place multiple mini-clinics or exam rooms out in various housing areas to be able to deliver care closer to housing causing less need for patient movement. Our current model has too many barriers to bring various patients to a central medical and dental clinic, which limits the ability for nursing, medical providers, and dental providers from maximizing their time.

2. **Is the Mental Health Unit properly sized for a facility with the projected increase in inmate capacity needs? If not, what changes are needed to make it work for a larger facility and what staffing changes would be necessary?**

No. Although custody works with us to identify more areas for us to work in, these areas were not built in a manner conducive to housing patients who are seriously mentally ill. Most modern psychiatric hospitals, which is what our MHU should be considered, keep people out in the open and not locked in a cell. You want more open housing with rooms along the periphery that patients can go for "quite" space or to be housed for short periods when exhibiting any extreme behavior. You also want high windows or sky lights that allow for more sunlight with brighter more calming colors.

More step-down open housing units would be needed for long term housing of serious mental illness (SMI patients) who become less acute with full understanding that these patients will likely never be stable enough to house in a general population.

NCCHC Technical Assistance also observed that the mental health units, acute and subacute, do not provide a therapeutic environment or milieu (brighter paint colors, safe but comfortable furniture, and areas for group interaction) and 1S needs a space for private contacts.

3. **What trends are you seeing for detoxification requirements associated with the fentanyl crisis? What would work most effectively in dealing with drug/alcohol dependent inmates? How does it differ from what you do today?**

Open bay housing with increased number of restrooms for withdrawing patients who suffer with nausea, vomiting, and diarrhea. Percentages of patients undergoing withdrawal are much higher than 5-10 years ago because of the fentanyl crisis. The withdrawal period is also longer. This is causing housing problems trying to accommodate the larger numbers. Patients like this need constant observation out in the open to identify problems quickly and prior to reaching becoming a crisis point. Ideally, all of these patients would be evaluated and started on MAT (medication assisted therapy) prior to leaving the detox housing areas. This should help to decrease the amount of diversion of fentanyl in the jail facility and avoid overdoses. The key is being proactive and not reactive. Offer the MAT up front before patients are targeted by others who are selling illicit product.

4. **What trends are you seeing regarding specialty populations and what would be needed to prepare for future needs?**

Unfortunately, older increasingly disabled and chronically ill populations should be expected. Housing with plugs for CPAP machines; more open space for people in wheelchairs and crutches; more housing for people on oxygen. Basically, skilled nursing level housing where patients can be in a large open room and visible to nursing with nurses' stations in the housing area for immediate attention. Infirmaries are no longer useful when they are single celled areas where it is more difficult for nurses to attend to their needs.

Cc: Francisco Garcia, Deputy County Administrator and Chief Medical Officer  
Diana Durazo, Senior Advisor