




MEMORANDUM

Date: May 2, 2018

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

From: C.H. Huckelberry
County Administrator 

Re: **High Utilizers PowerPoint – April 27, 2018**

Attached is a short PowerPoint created by the County Administrator's Criminal Justice Reform Unit, in partnership with the Pima County Attorney's Office, Pima County Behavioral Health, and the Tucson Police Department. This document was presented to a large group of interested justice system stakeholders at an initial meeting held on March 27, 2018. The PowerPoint tells a story about individuals in the community, who spend a great deal of time in the Pima County Adult Detention Complex ("PCADC") for relatively minor and low level charges.

Background

Earlier this year, Pima County Sheriff's Department Bureau Chief Byron Gwaltney developed a list of high volume users of the PDADC. The recidivism report outlined the number of repeat offenders held at the jail during a two year period. When the list was more closely examined, we found that many individuals had been booked two or more times; however, more concerning were the fifteen (15) individuals booked into the jail twenty times or more during the time period of March 1, 2016-February 28, 2018. This group has been dubbed the "Super Users". For the most part, these Super Users had low level, non-violent charges. Members from the County Attorney's Office and the Public Defense Services were familiar with many of these individuals. Super Users are not especially deterred by incarceration – most are homeless, many suffer from mental illness, drug addiction and/or alcoholism. Many of the Super Users have not been able to engage in finding help and services for themselves and as a consequence, end up returning to jail over and over again. The costs of housing these Super Users can be astronomical: the PowerPoint offers an example of one Super User, whose intermittent stays at the jail cost the taxpayers more than \$60,000.

Earlier this year, the Criminal Justice Reform Unit convened a group of law enforcement and service providers who determined that forming a Multi-Disciplinary Team ("MDT") would be the most effective way to handle the problems. Only when City and County Prosecutors, Public Defenders and Service Providers know the individuals and the host of problems they suffer from can these problems be resolved. The MDT would consist of individuals and

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agencies from a cross-section of justice system stakeholders and local agencies providing social services. The purpose is to provide Super Users with resources and options for alternatives to jail such as health care and housing assistance, which ultimately reduces jail costs all while making our community safer for everyone concerned.

This first large meeting was an attempt to secure an understanding from attendees that this is a priority issue for our community. We requested a time and training commitment from the agencies. Attendees included members of the Pima County Sheriff's Department ("PCSD"), the Tucson Police Department ("TPD"), the Public Fiduciary, Connections AZ, Public Defender's office, City of Tucson, Tucson Prosecutor's office, Cenpatico, Community Bridges, Inc., Pima County Attorney's office, Adult Probation and Tucson Fire Department. Moving forward, each group will provide a representative to attend smaller meetings to discuss in detail coordination efforts for this group of individuals. The next MDT meeting is scheduled for June 12, 2018.

If you have any questions, please contact Wendy Petersen, Assistant County Administrator for Justice and Law at 520-724-8849 or wendy.petersen@pima.gov.

CHH/mp

Attachment

c: Wendy Petersen, Assistant County Administrator for Justice and Law

HEALTH STATUS OVERVIEW

Key Trends

ALL are hospital recidivists
(ED and Inpatient)

73% have no known address

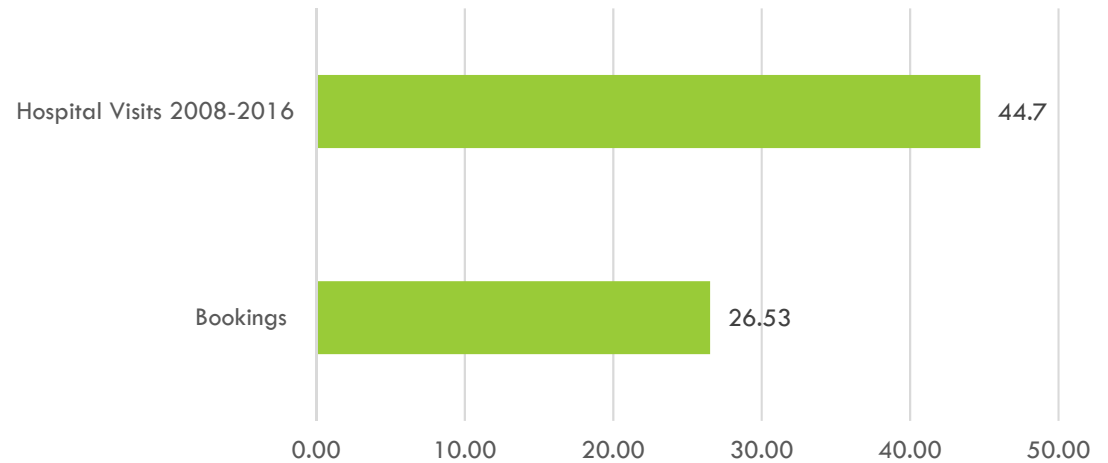
Community Behavioral Health
Treatment:

4 have a primary diagnosis of
Alcohol Dependence

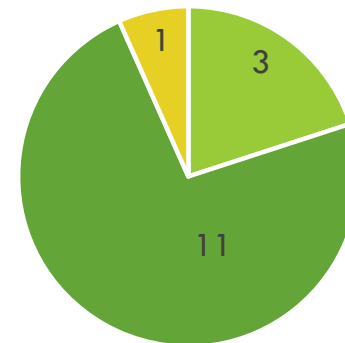
8 have a primary mental health
diagnosis such as Schizophrenia,
Psychosis, Schizoaffective or
Bipolar Disorder

3 have no known community
behavioral health treatment
information

Average Activity Per Person



Hospital Diagnosis Distribution



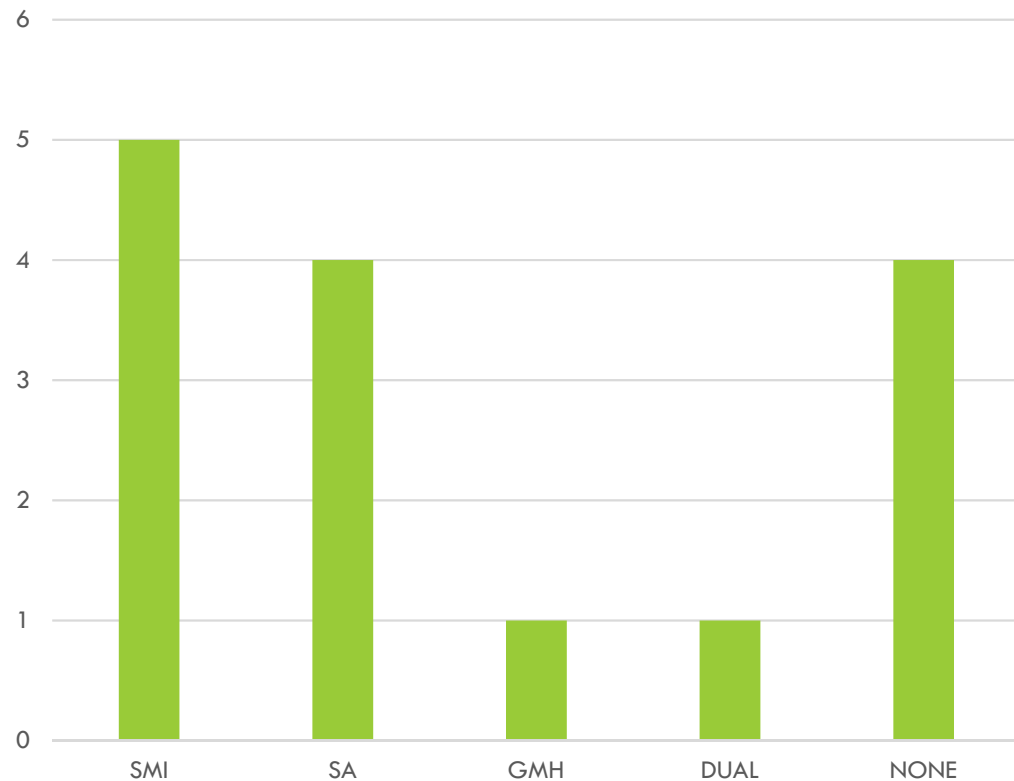
- % with SA Dx Primary
- % with Mental Health Nexus with Substance Abuse
- No SA related Dx

MENTAL HEALTH TREATMENT

- **87%** are known to the RBHA
- 11 listed as eligible
- 2 ineligible
- 2 not known to RBHA
- Only **4** are known to have had a Court Ordered Evaluation period in the past two years
- **1** resulting in a Court Ordered Treatment with a COT Revocation

Each T36 (eval only)
Costs ~\$3,000

Mental Health Category – Community Behavioral Health Enrollment

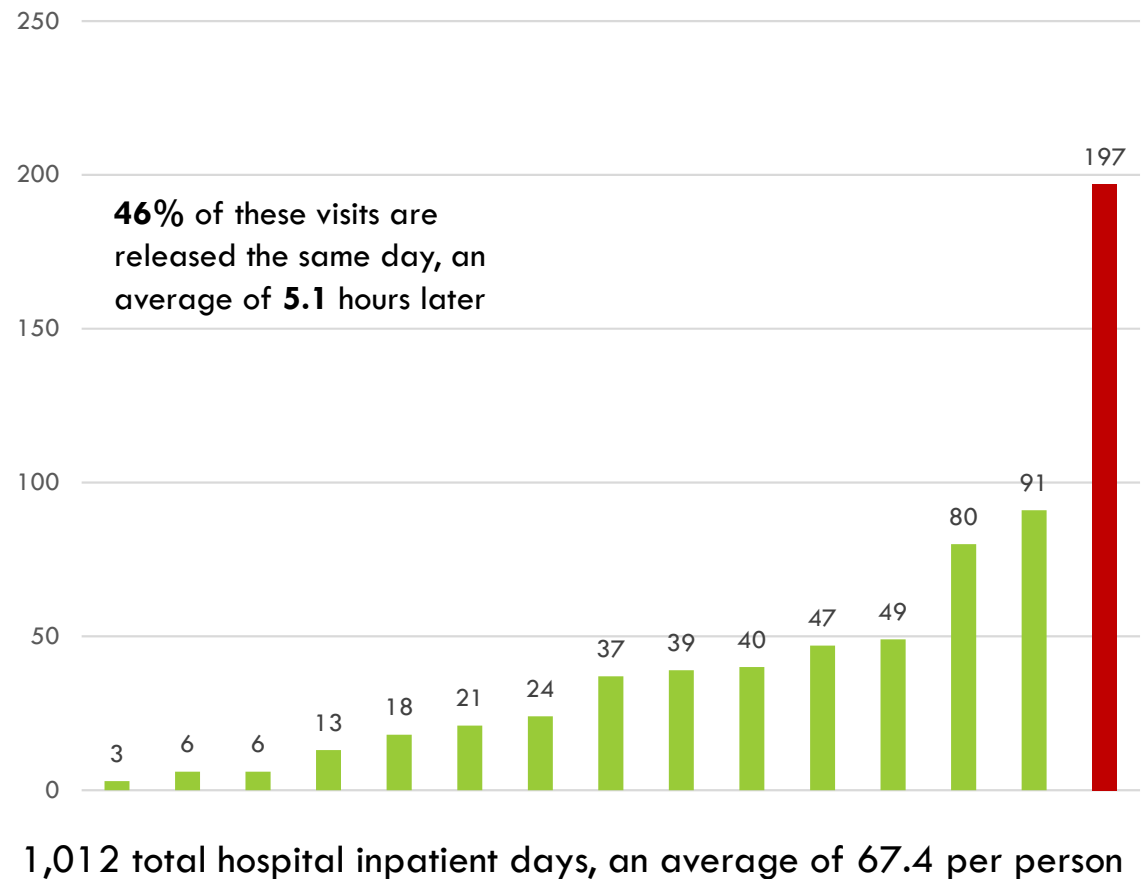


40% of the Super Utilizers are enrolled with La Frontera

HOSPITAL DATA AND HOSPITAL DX DETAIL

- **93%** of the population has a reoccurring diagnosis around substance abuse
- **67%** have a co-occurring behavioral health diagnosis
- **10** of the 15 primarily associated with **alcohol**
- **5** associated with stimulants, or unspecified drug abuse
- Only **1** did not have hospital visits presenting with a co-occurring Substance Use Diagnosis

Hospital Visit Distribution - Anonymized



CASE STUDY #1

42, Hispanic/Black

Arrested 41 times during study period

- For every one day spent in the community, spent 4 days in custody during this time period
- Most arrested and contacted individual at TPD

Arrests: Most are for shoplifting small amount of food/coffee from Circle K's, and trespassing

- Ex. "Will start eating hot dogs right off the rollers before being chased out"

Jail costs: \$64,664.68

No police contacts since
Transported to Amity in February

Medical & Behavioral Health Concerns

- Unclear, limited information and individual unwilling to report history
- Known history of IV drug use, alcohol
- Unverified reports of a TBI
- Significant personal trauma
- Resistant to all help/intervention

Current status:

- Pending Rule 11 Competency Evaluation
- PCAO made arrangements for release to Amity for Residential Treatment (Currently receiving treatment there)
- TPD Mental Health Support Team (MHST) transported to Amity

CASE STUDY #2

Last police contacts (as of 3/26):

- March 20th, arrested for trespassing
- March 23rd, arrested for trespassing

65, Native American

Is the second most booked person in Pima County

Veteran

Arrests: Primarily alcohol related, trespassing

- 1580+ contacts in Coplink

Homeless

Jail costs: \$19,515.18

Medical & Behavioral Health Concerns:

- Mental Health indicator
- Alcohol use disorder
- Lifelong transient
- Unknown if currently or previous connected with services/received treatment

Current status:

- Homeless, Usually in south division
- Last contact with TPD was due to request by Circle K for indiv. to be removed
- Recent transports to new CBI detox facility have resulted in fewer police contacts in March
- Seems to improve after transports to treatment, but then declines after >3 days

CASE STUDY #3

26, Native American

**Homeless, Title 36 Court
Ordered Treatment**

Arrests: Primarily related to alcohol/intoxication and shoplifting

MHST frequently interacts with indiv., typically due failing to comply with treatment

Frequently a victim, multiple violent altercations with other homeless in camp

Jail Costs: \$40,983.20

No recent police contacts,
Current location/status unknown

Medical & Behavioral Health Concerns:

- Alcohol use disorder, per justice system
- Significant mental health disorder, unable to maintain in the community
- Recent police contacts report individual has lost a significant amount of weight
- Need for victims/trauma services

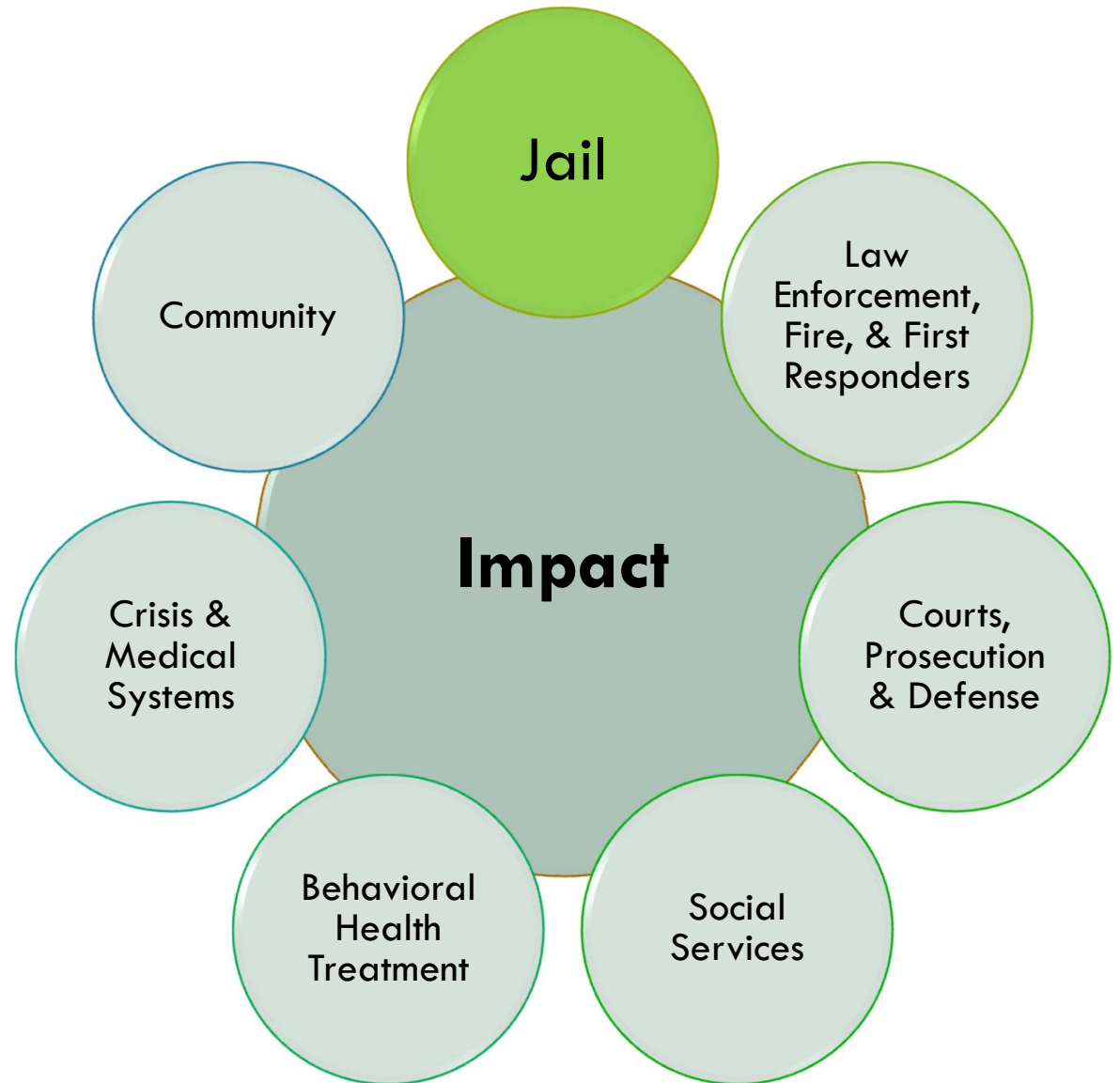
Current Status:

- Back on court ordered treatment and performing much better
- Now has safe housing, treatment maintained
- As a result police contacts have reduced
- Case status: Charges dismissed in February due to competency issues

TOTAL COMBINED COST FOR THE 3 INDIVIDUALS

Total jail bed days:
1091

Total housing cost:
\$125,163.06



WHAT ELSE COULD THE FUNDING BE USED FOR?



2018 Ford Transit Van 350
\$33,000 - \$39,000

\$125,163.06 = WHAT ELSE?

2 Social Workers + 1 9-1-1 Dispatcher

or

1 Attorney + 1 Administrative Specialist

or

2 Program Coordinators

or

Cost-per-meal to feed homeless individuals estimated at \$4.00

31,290 meals served

or

House the 3 individuals for 6 years in a studio or 1 bedroom

apartment — average housing assistance payment = \$520/mos. (Source: Tucson Housing & Community Development)

DISCUSSION: WHAT DOES SUCCESS LOOK LIKE FOR THIS POPULATION?

- Reduction in the number of jail bookings or deflection from jail all together?
- Fewer law enforcement contacts
- Decreased use of crisis resources
- Maintenance care instead of emergency room care
- Enrollment in services
- Stable, long-term, supportive housing



DISCUSSION: DEFINING AND IDENTIFYING THIS POPULATION

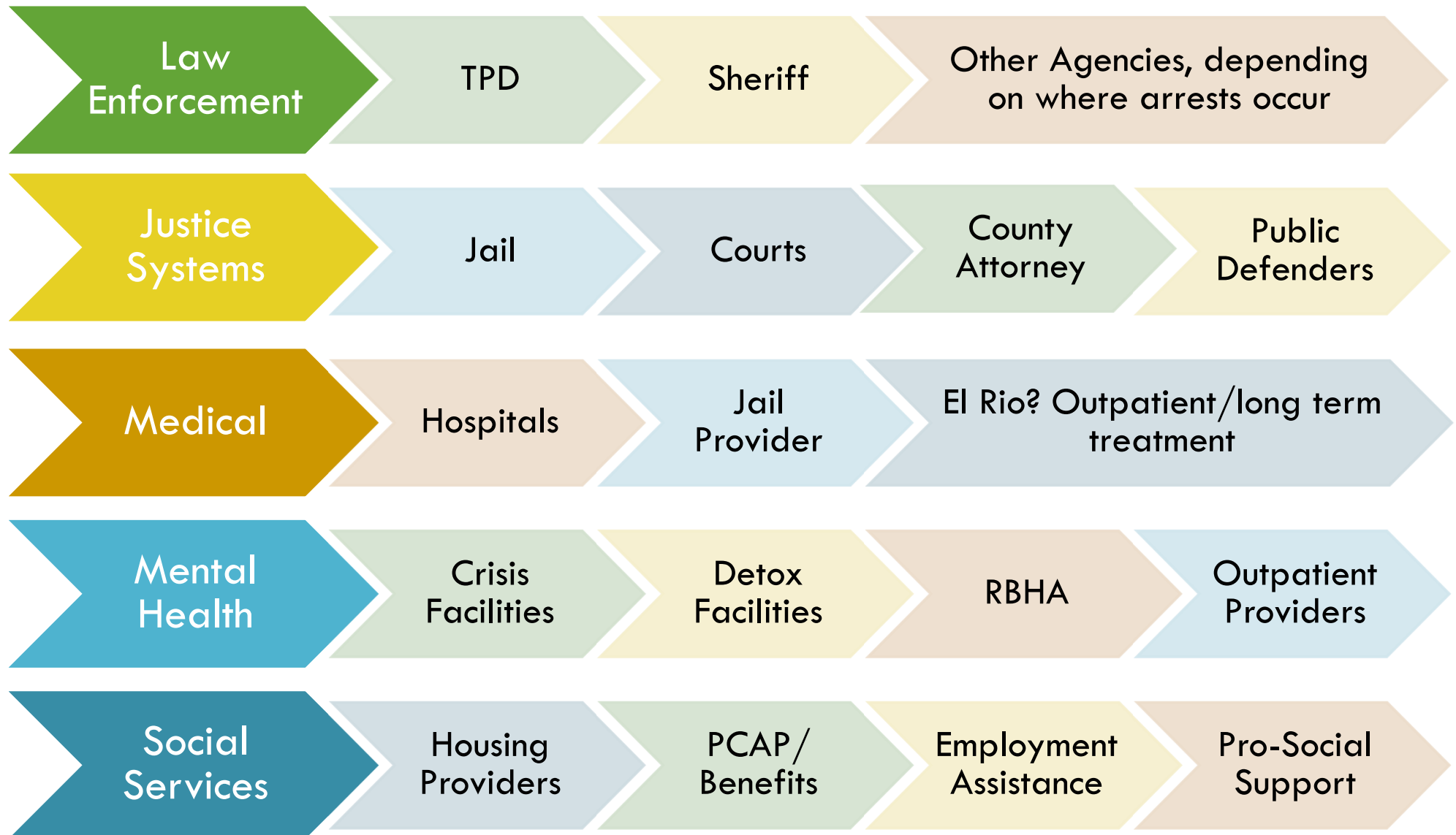
Timeframe:	Within a 24-month period going forward
Source:	Jail Data
Referral Method:	Task Force participating stakeholders
Thresholds:	How many arrests? Felony or misdemeanor? High utilizers for crisis services? Other?

PROPOSED ACTION PLAN

- Define purpose, goals, and design of Multi-Disciplinary Task Force
- Determine participant identification and develop seamless referral system
- Data Use Agreements & Memoranda of Understanding (MOUs)
- Central point of contact?
 - Case Manager? Program Coordinator? TPD MHST team?



What might the task force look like?



Will vary with the unique needs of individuals targeted for intervention

REQUESTED COMMITMENT FROM STAKEHOLDERS

1. Designee with decision-making and problem-solving authority to participate in task force meetings.
2. Flexibility of resources “outside the box” to meet complicated needs.
3. Support of effort.





Group Discussion

Notes

Gaps:

Transportation, access to food/nutrition, shelter for pets

Others to invite:

Hospitals – Dr. Garcia/Sarah Davis	Tucson Indian Center - Terrance
911 – Jamie Brady (TPD)	Pascua Yaqui – Michal
Public Fiduciary – Nicole Surran/Dean Brault	Integrated Care Manager – Sarah Darragh

Next Steps:

<ul style="list-style-type: none"> ▪ Review financial implications to hospitals – Dr. Garcia 	<ul style="list-style-type: none"> ▪ Review inventory of available data – Sarah Davis (Lead)
<ul style="list-style-type: none"> ▪ Assemble Information/Data Exchange Workgroup <ul style="list-style-type: none"> ▪ COT/PCAO/Cenpatico/Grants & Data Office ▪ Meets in 1 month ▪ Kate Lawson (Lead) 	<ul style="list-style-type: none"> ▪ AC McDonough to send ROI document to Sarah Darragh/County
<ul style="list-style-type: none"> ▪ 1st Task Force Meeting in June <ul style="list-style-type: none"> ▪ Wendy to Schedule ▪ Nicole to share slide show ▪ Julie to present CBI's FACT model 	<ul style="list-style-type: none"> ▪ Agencies are asked to identify Task Force designees based on: <ul style="list-style-type: none"> ▪ Decision making and problem-solving authority ▪ Perspective/understanding of case management