cpsa Community Partnership of Southern Arizona

Building on community strength and spirit.

Regional Behavioral Health Authority

4575 E. Broadway • Tucson, Arizona 85711 • Administration 520-325-4268 or 800-959-1063 • Fax 520-318-6935

September 23, 2005

Pima County Bond Advisory Committee
c/o C. H. Huckelberry, Pima County Administrator
Pima County Administration Office
130 W. Congress, 10th Floor
Tucson, Arizona 85701

Dear Committee Members:

Recent newspaper coverage of the methamphetamine crisis and its impact on adults, children and families in our community as well as coverage of several high profile tragedies involving individuals with mental health and substance use histories poignantly illustrate and underscore the need to critically assess our system and its capability to respond to an ever-increasing population and a myriad of complex, evolving behavioral health problems and issues. Almost every day brings another news story about behavioral health problems and the pressing need to improve options for individuals in a mental health crisis and those assisting them. Some recent examples include:

- **"Man's frenzied visions ended in tragedy," *Arizona Daily Star*, August 13, 2005**
- **"Jail inmate who heard voices kills herself," *Tucson Citizen*, April 27, 2005**
- **"Rillito man is held; grandparents slain," *Tucson Citizen*, April 13, 2005**
- **"Taser hit on girl, 9, stirs talk on ethics," *Arizona Daily Star*, May 26, 2004**
- **"In Tucson courtrooms, the link is inescapable – Drugs, alcohol and crime," *Arizona Daily Star*, July 4, 2004**

The August 13th story portrays the heart-wrenching tragedy of a 23-year old father with a history of serious mental illness who had been self-medicating with methamphetamine in the last few months. Although court-ordered to receive medication for schizophrenia, he became frantic and fearful, and his delusional thinking and panic led to a horrific accident resulting in three deaths, including his own and that of a deputy sheriff and cab driver attempting to assist.

Tragic events are very troubling to all of us and we are coming to you as members of the Pima County Bond Advisory Committee to ask for your assistance in addressing a pressing need in our community. More specifically, we are asking you to consider the critical issue outlined in this letter and pursue a course of action to address that issue at your upcoming meeting on September 23.

Living with a mental illness or substance use problem is **not easy**—not easy for the individuals affected, their family and friends and for the community in which they live and work. Coping with a mental illness or substance use problem can be particularly difficult for all parties involved in crisis situations, even in those communities where there is a coordinated and supportive publicly funded system to respond in time of need. Pima County has such a system—a system in which behavioral health administrative and treatment agencies, law enforcement and other first responders, and multiple healthcare and state agencies collaborate to support and assist those experiencing behavioral health crises.

But the community-wide crisis system in Pima County is not as good as it should be or could be. More specifically, the behavioral health crisis system is missing a key component which would vastly improve response capability for individuals and families experiencing mental health or substance use crises. At the same time adding this component would relieve the pressure and demands on other overburdened

The Community Partnership of Southern Arizona receives funding from the Arizona Department of Health Services and the Substance Abuse and Mental Health Services Administration. An ADA/EEO/AA Employer.

community resources such as hospital emergency rooms and law enforcement. That "missing piece" in the continuum of behavioral health crisis services is a **psychiatric urgent care center—needed urgently, needed now!**

The remainder of this letter focuses on the psychiatric urgent care center, the services to be provided there and the benefits to the community. Attachments include a description of the current structure and scope of publicly funded behavioral health services being provided in Pima County, some facts and statistics relevant to the community in general and behavioral health in particular, and some alarming trends impacting the ability of the current system to respond effectively to the behavioral health needs of individuals in crisis situations.

What Services Would be Provided at a Psychiatric Urgent Care?
A psychiatric urgent care focused on "crisis oriented" behavioral health services for adults and children would augment the current service delivery system in Pima County and would provide a more appropriate and less costly alternative to utilization of hospital emergency rooms or even jail. Located on the Kino campus, the psychiatric urgent care would provide an accessible point-of-service for individuals and their families seeking help in crisis situations as well as a timely, efficient "one stop," drop-off point for law enforcement and other first responders. Co-location opportunities and multiple service options to facilitate coordination of care, diversion from unnecessary hospitalization and return to the community are key concepts that will be incorporated in facility design.

The "hub" of services provided by the psychiatric urgent care would focus on comprehensive screening, assessment and triage capability. Space would be available for co-location of provider staff (including crisis response teams), CPSA member services staff, and relevant state agency staff (e.g., CPS and AHCCCS eligibility workers). Space for law enforcement and other first responders to complete paper work, initiate telephone calls, etc. would also be available within the facility.

How Would A Psychiatric Urgent Care Benefit the Community?
We believe the development of a free-standing psychiatric urgent care center on the Kino campus would improve available treatment alternatives, quality of service and coordination of care for vulnerable individuals in a behavioral health crisis as well as facilitate and simplify the work of law enforcement and other first responders attempting to assist them. Additionally, we believe that the presence of a psychiatric urgent care center in Pima County would also reduce the pressure and demands on other overburdened and more costly community resources such as hospital emergency rooms.

A few recent examples of behavioral health crises, how they were handled in our current system, and how they might have been handled differently in a psychiatric urgent care underscore the critical need to address this service gap now.

Example 1: A young man with a history of mental illness made six emergency room visits at various hospitals over the course of one weekend. He was not experiencing any acute medical problems, and although he verbalized that he had thoughts of suicide, basically he was looking for a place to stay and something to eat. He ended up cycling through the emergency rooms because he "did not know where else to go." If we had a psychiatric urgent care center in place, this young man would have gone voluntarily or been transported to one place; would have been seen by trained behavioral health staff with knowledge of and access to available housing and support services; and would not have ended up repeatedly and inappropriately seeking services in hospital emergency rooms.

Example 2: A middle-aged woman presented at a local emergency room with a medical condition. She was also taking prescribed medications for a psychiatric condition. Although she went to the emergency room seeking help for her medical condition, once the medical staff saw psychiatric medications on her list of meds, her triage priority dropped. She waited for hours and finally left in frustration because she felt her medical condition was not being taken seriously. This example illustrates some problems that persons with mental illness or substance use commonly experience in emergency rooms. Specifically,

they are often assigned a lower priority and end up waiting for hours to be seen. If we had a psychiatric urgent care center in place, persons with mental health and substance use disorders could be appropriately screened and assessed for their psychiatric problems at the urgent care and referred on as needed for assessment and treatment of serious medical conditions.

Example 3: A teenager with a history of mental health treatment was in an altercation with his parents. The police were called and because the teen was seen as "out of control," he was transported to detention. Upon further assessment, it was determined he was not appropriate to be detained. The parents were called and reluctantly agreed to pick him up. If we had a psychiatric urgent care center in place, the teenager and his parents could have been seen there on a self-referral basis by trained behavioral health staff. In this instance a call to police and subsequent transport to detention might have been avoided.

Based on the information above, we hope you concur with the pressing need for a psychiatric urgent care center. As members of the Pima County Bond Advisory Committee, we respectfully request that you consider the issues outlined in this letter and the attachments at your upcoming meeting on September 23. If there are questions and/or if we can provide additional information, please do not hesitate to contact me.

Sincerely,

Neal Cash
President and Chief Executive Officer

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Enclosures:

1. Background Information and Supporting Facts
2. "Guest Opinion: Psychiatric urgent care center crucial to area," by Neal Cash, Tucson Citizen, September 15, 2005.
3. "Handling the mentally ill," by Sheryl Kornman, Tucson Citizen, August 27, 2005.
4. "Man's frenzied visions ended in tragedy," by Becky Pallack, Arizona Daily Star, August 13, 2005
5. "Guest Opinion: Preventing jail suicides top priority of staff, sheriff," by Clarence W. Dupnik, Tucson Citizen, May 11, 2005.

Background Information and Supporting Facts

What Are CPSA's Responsibilities?
Founded in 1995, CPSA is a local, community-based, nonprofit administrative organization responsible for the oversight, monitoring and coordination of publicly funded mental health and substance use treatment and prevention services in Pima County and four southeastern Arizona counties. CPSA is one of four Regional Behavioral Health Authorities in the state contracted by the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) to manage multiple sources of state and federal government funding, including the behavioral health program of the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid system.

The mission of CPSA is to ensure individuals and families receive accessible, high-quality behavioral health services. To provide treatment and prevention services for eligible children, adults and their families, CPSA contracts with over 235 behavioral health agencies in the five county area. Included within the scope of our responsibilities as a RBHA, is a responsibility to identify unmet behavioral health needs in the community and to facilitate or assist in the development of services to meet those needs.

Who Does CPSA Serve In Pima County?
The CPSA system of care serves primarily low-income children, adults and families who need treatment for mental health and substance use disorders. Over the course of the fiscal year ending June 30, 2005, over 31,000 individuals in Pima County received services through CPSA-funded agencies.

Although the number of individuals receiving services at any given point in time fluctuates throughout the year, as of August 1, 2005, over 25,800 individuals in Pima County were active in the CPSA system. This number represents a 79% increase over the number of individuals actively receiving services ten years ago when CPSA was initially designated as the RBHA.

Of those more than 25,800 individuals:

- The great majority reside in high crime, economically deprived Pima County census tracts.
- Approximately 77% are AHCCCS-enrolled and the vast majority of the remaining 23% fall into a group of individuals often referred to as the "working poor".
  Approximately 7,400 are children, many of whom are in the custody of Child Protective Services (CPS).
  Approximately 6,400 are adults with a serious mental illness who need ongoing treatment.
  Approximately 11,600 are adults with general mental health/substance use disorders.
- Approximately 400 recently received crisis services.

Some Relevant Community Facts

- According to recent census data, the population of Pima County has increased over 375,000 (almost 60%) in the past 15 years.
- Metropolitan Tucson has the same number of emergency rooms as it had 15 years ago.
- In the past two years, Pima County has gone from two Level I trauma centers to one.
- The current wait time in the largest emergency rooms in the community averages over three hours.
- Over ten percent of individuals arriving at local emergency rooms leave prior to being seen. The number leaving has nearly tripled over the last five years.
  In Pima County, it is estimated the uninsured population stands at about 200,000.
- The uninsured often visit emergency rooms because they "have no place else to go" (Arizona Daily Star—September 12, 1998).

Some Relevant Behavioral Health Facts

- In metropolitan Tucson there are currently four hospitals with mental health units set up to accept mentally ill people in crisis at any time (see attached Tucson Citizen—August 27, 2005 article for further details).
- Individuals with a mental illness are three times as likely to use an emergency room, often for non-medical reasons, as is the general population.
- From 1999 to 2000, the Tucson Police Department responded to about 300 calls for service each month from people who were suicidal or presented other "behavioral health challenges" (see attached Tucson Citizen—August 27, 2005 article for further details).
- More than half of the 2,371 cases that came through the Pima County Sheriff's Department's crime-against-children unit in 2004 were methamphetamine-related (Arizona Daily Star—August 26, 2005).
- There are about 55 to 60 substance-exposed newborns a month going into CPS custody in Pima County, including about 45 who are methamphetamine-exposed babies (Arizona Daily Star—August 26, 2005).
- About one-fifth of the Pima County Jail's population is mentally ill (Tucson Citizen—August 27, 2005).

Tucson Citizen
www.tucsoncitizen.com

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THURSDAY, SEPTEMBER 15, 2005

Guest Opinion: Psychiatric urgent care center crucial to area

NEAL CASH
letters@tucsoncitizen.com

The August tragedy that took the lives of Dawud Abusida, Timothy Graham and Aaron Swyers brings home the pressing need to improve options for individuals in a mental health crisis and those assisting them.

A psychiatric urgent care center, to assess and treat urgent conditions, would provide law enforcement agencies with a central location to which they could transport people in crisis, ease demands on hospital emergency departments and provide a more concerted coordination of care for individuals with serious mental illnesses and substance-use disorders.

The urgent care center would effectively and efficiently use psychiatric resources while improving quality of care.

The publicly funded behavioral health-care system in Pima County serves low-income children, adults and families who need treatment for mental health and substance use disorders.

More than 25,800 individuals were enrolled as of Aug. 1. About 7,400 of them were children, many of them in custody of state Child Protective Services, and 6,400 were adults with a serious mental illness, many requiring ongoing assistance with housing and vocational rehabilitation.

Another 11,600 were adults with general mental health, substance use disorders or both, and 400 were people who recently received crisis services.

For more than 10 years, the Community Partnership of Southern Arizona has been the Regional Behavioral Health Authority providing oversight for the behavioral health system in Pima County and the four southeastern counties.

The system is a network of behavioral health agencies providing crisis, treatment and prevention services, advocacy organizations and consumer-run programs.

The partnership and provider staffs collaborate with Child Protective Services and the Division of Developmental Disabilities, the adult and juvenile justice systems and the courts to effect an integrated approach to people served by multiple systems.

Evidence-based practice initiatives such as a team model of care for children and adults, a recovery support specialist work force and community service agencies have been developed and implemented.

In the team model, family members and professionals work actively with the client to develop a service plan. People receiving services in the behavioral health system are trained as Recovery Support Specialists to support their peers.

Community service agencies' staff are certified to provide nontraditional services such as respite, peer support, family support, life skills training, pre-job training and development and more.

Those initiatives and others increase the sustainability of members in their home community.

Strong support for the feasibility of housing a psychiatric urgent care center on the Kino Campus was expressed during initial meetings with service providers and University Physicians Healthcare.

The next step is to seek input from community stakeholders. A comprehensive urgent care center is essential for our community's health and safety.

Neal Cash is president and CEO of the Community Partnership of Southern Arizona.

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SATURDAY, AUGUST 27, 2005

Handling the mentally ill

Training key for deputies, police called to end crises

SHERYL KORNMAN
skornman@tucsoncitizen.com

Mental illness is not a crime.

But local crime fighters frequently find themselves on the front lines dealing with the seriously mentally ill.

Every day:

- Dispatchers, deputies and police respond to 911 calls from people having some sort of mental crisis.
- About one-fifth of the Pima County Jail's population is mentally ill.
- A mental health crisis team is called, sometimes multiple times.

For example, on a recent weekday one Tucson police officer handled calls about a person who had attempted suicide and another from a woman contemplating suicide in the space of 90 minutes.

Brushes with Tucson's mentally ill population can turn tragic in an instant, which is what happened Aug. 10 when a sheriff's deputy tried to arrest a schizophrenic man.

Three people died when they struggled, fell onto the road and were hit by a truck.

Recognizing the problem, law enforcement agencies, behavioral health providers, advocates for the seriously mentally ill and the Southern Arizona Mental Health Corp. have been collaborating since 1999 to improve the way law enforcement handles the mentally ill.

Yet holes remain in the system, holes that may never or cannot be filled. Any situation can expose the flaws and end in death.

A massive problem

The challenge here for law enforcement and the behavioral health community has been brewing since the 1970s, when widespread institutionalization of mentally ill and mentally

disabled people became illegal.

Related stories:

County hopes database can cool confrontations

Law enforcement Crisis Intervention Training in Pima County

Key mental disorders law enforcement officers encounter in the field

Whom to call

Thousands of mentally ill and mentally disabled adults here now depend on monthly federal disability payments, community support, public housing programs and government-funded mental health and supportive services.

Given the changes, law enforcement is bearing the burden of trying to help the mentally ill and mentally disabled, said Pima County Corrections Director Martha Cramer.

"When we turned people out of mental hospitals, we simply shifted the problem to law enforcement," she said. "So now the criminal justice system sort of includes this mental health problem, the mentally ill who commit crimes."

On any day, about 400 of the jail's 1,900 or so inmates have been diagnosed with serious mental illnesses, she said.

H. Clark Romans, executive director of the National Alliance for the Mentally Ill of Southern Arizona, estimated that about 25,000 people with serious mental illnesses such as bipolar disorder and schizophrenia live in Pima County.

Based on state figures, he said, about 4,000 of them get services from publicly funded providers. Others get their medical care through insurers.

About 15,000 people in Pima County have undiagnosed and untreated serious mental illness, he estimated.

Among them are many of the 4,000 or so homeless people who live in Tucson and who often have an untreated drug or alcohol addiction as well.

Training is an asset

Since 1999 in Pima County, law enforcement agencies, publicly funded behavioral health providers, hospitals, advocates for the seriously mentally ill and SAMHC have been collaborating to develop more effective and safer ways to meet the challenge of working with the mentally ill.

From 1999 to 2000, the Tucson Police Department responded to about 300 calls for service each month from people who were suicidal or presented other "behavioral health challenges," according to a 2003 University of Arizona public health policy study.

Laura Waterman, SAMHC's clinical director, Tucson police Lt. Stella Bay and others developed a 40-hour Crisis Intervention Training program offered to law officers, who then volunteer to be called in a crisis to deal with a mentally ill person.

The program was started in 2002 with the first class of 40. In November, the 10th class of 40 will begin. The course is offered two or three times a year to all law enforcement agencies in the area, Bay said.

Tucson police psychologist Mary-Wales North, who helped develop the crisis training program, said four hospitals with mental health units - University Physicians Healthcare Hospital at Kino Campus, St. Mary's Hospital, Tucson Medical Center and Northwest Medical Center - are set up to accept mentally ill people in crisis at any time.

"CIT has had a profound and positive effect on this community," Waterman said. "But even the best training can't prevent a tragedy. No kind of program will ever guarantee that there

are not outcomes like the one that happened (this) month."

Officers have several options in the field when they answer a call and they believe a person needs psychiatric intervention:

- They can call or take the person to SAMHC, the county's sole publicly funded, 24-hour mental health walk-in crisis facility. The MAC team, a mobile acute crisis team of mental health professionals, is available 24 hours a day to travel to the scene or offer guidance to an officer by phone, Waterman said.

- Police and deputies can also take a person to any hospital emergency room for medical evaluation, rather than jail.

Although they don't need a psychiatrist's approval to do that, most local law officers wait to get one by phone, Waterman said. That sometimes delays a hospitalization up to several hours.

- Officers and deputies can also ask for a CIT officer to give them guidance by phone or come to the scene to help.

A 2003 University of Arizona public health policy study recommended that at least 20 percent of law enforcement officers receive Crisis Intervention Training.

About 26 percent of police officers and 23 percent of sheriff's personnel have had the training. Deputies, corrections officers and civilian dispatchers are included in the sheriff's figure.

Tucson police spokesman Officer Dallas Wilson said the 40-hour training has been "a huge asset."

Until recently, Wilson patrolled downtown, where the population of mentally ill homeless and the mentally disabled is higher than in most other areas of the city because that is where they get their public services and public housing and hang out in public parks.

"Many people we see all the time have psychological issues," Wilson said. "Knowing what I need to do to get someone into the hospital is very important. Rather than take this guy to jail, now we realize there's a better way to handle these things."

North said no matter what the training, officer safety comes first.

And Pima County sheriff's spokesman Deputy Dawn Barkman said that if a mentally ill person gets physical, a deputy must act defensively to restrain the person.

Holes in the net

The 2003 University of Arizona public health policy study recommended that a CIT officer be available at all times on every shift.

But shift changes, promotions, vacations and court dates make it impossible to always have a CIT officer or deputy on duty, spokesmen for the police and sheriff's departments said.

While Tucson police dispatchers have immediate access to CIT officers on their computer screens, the sheriff's department doesn't. Deputies can ask a supervisor to locate a deputy who has taken the training.

Other holes in the system include:

- Getting permission from hospital psychiatrists to transport a suspect can take "a long time," Waterman said.
- Dispatchers don't always identify a mental health call.
- Most law enforcement officers still have not taken the 40-hour intensive crisis training.

When crisis intervention training began, "we had a little bit of momentum," said Neal Cash, who is the chief executive officer of the Community Partnership of Southern Arizona. "I'm not sure that's necessarily been sustained."

Tragic consequences

What happened Aug. 10 illustrates the ways the flaws in the system can turn deadly.

Aaron Swyers, 23, was unable to work and was ordered by Pima County Superior Court to take medication by injection for schizophrenia and to live in a group home for seriously mentally ill men.

He had been released from the psychiatric unit of University Physicians Healthcare Hospital at Kino Campus on Aug. 9.

Deputy Timothy Graham responded to a call from Swyers' mother the next day. Swyers was hysterical, according to Graham's report. Graham asked Swyers to leave the area. He did not seek any crisis help for the man.

Swyers took a cab to a convenience store, where he called 911 at least five times in the next hour and told a dispatcher he had run out of money and needed a ride home. He also identified himself as a schizophrenic and said he was worried "for my well-being."

Graham was sent to investigate a "suspicious person." He did not realize it was Swyers or that there were questions about the man's mental stability. By the time Graham got to the store, Swyers was acting "crazy," according to witnesses.

Graham handcuffed one of Swyers' wrists, and the agitated man ran.

Graham, who was being helped by cab driver Dawud Abusida, chased Swyers, and they struggled. Graham fired his Taser, but it didn't pierce Swyers' skin. All three tumbled onto West Ajo Way and into the path of a truck, which struck and killed them.

Just three months earlier, an incident involving Swyers ended less tragically. He had been saved from a suicide attempt by a sheriff's department SWAT team after he locked himself inside a truck and pointed a rifle at his head. After Swyers gave up his gun, a deputy took him to Kino as an emergency psychiatric patient.

Swyers' wife, Rose, said Swyers had been "self-medicating" with methamphetamine in the last few months. Toxicology reports on his remains will be completed in about a month.

Cash, of the Community Partnership of Southern Arizona, called the Aug. 10 incident a tragedy.

"It's horrific that as a result of something as minor as that - calling 911 to ask for a ride home - a person is dead."

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THE ONLINE SERVICE OF THE ARIZONA DAILY STAR
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ı.ıan's frenzied visions ended in tragedy

By Becky Pallack
ARIZONA DAILY STAR

He only wanted someone to help him.

But the effects of Aaron Swyers' paranoid schizophrenia grew stronger and more terrifying as Wednesday wore on, leading to a tragic accident that claimed his life and the lives of Pima County Sheriff's Deputy Timothy Graham and taxi driver Dawud Isa Abusida.

Swyers, 23, had been released from the hospital on Tuesday after a five-day stay after a suicide attempt. He'd called 911 three times seeking help Wednesday, and Graham had been to see him once already before an excited delusion led Swyers to believe others, including law-enforcement officers, were out to get him.

When Graham approached Swyers after the third call, the mentally ill man fought hard.

The officer called for backup, but Swyers ran through traffic on Ajo Way into a wide median and Graham followed.

At some point, the deputy tried to use a Taser to stop Swyers, but it didn't work. Abusida, who stopped to help the deputy, and the other two men struggled in the median and fell into westbound traffic. All three were hit by a truck.

" been wanting help for a long time, and that's all he wanted on that day, was heıp," Swyers' wife, Rose, 20, said Friday. "He didn't want to feel like that and he was scared. He didn't mean to hurt anyone."

911 tapes of Aaron Swyers's manic calls

Deputy's funeral

- A public viewing for Deputy Timothy David Graham will be Monday from 5 to 8 p.m. at St. Joseph's Catholic Church, 215 S. Craycroft Road. Funeral services will be Tuesday at 11 a.m. at the church. He will be buried at All Faiths Memorial Park, 2151 S. Avenida Los Reyes.

How to help

- The Timothy Graham Memorial Fund has been set up at Pima Federal Credit Union to help the deputy's family.
- An account has been set up for the family of Dawud Isa Abusida by his former employer - AAA Yellow Cab - at Wells Fargo Bank.
- The Swyers Family Memorial Fund has been set up at Bank of America to help the mentally ill man's family.

"I don't feel safe"

Swyers told his wife Monday that the medicine he was taking wasn't helping. He couldn't figure out what was happening in his own mind, she said. For the past few months, he also had used methamphetamine once or twice a month to try to control his illness, she said.

"He wanted to be normal," she said.

He'd been diagnosed with paranoid schizophrenia, and the illness caused him to feel as though others were persecuting him and plotting against him. He sometimes had delusions about such plots, and he usually was suspicious and frightened by strangers.

He thought the only way he could get help was to do something drastic, so he cut his wrist and spent five days hospitalized, his wife said.

But he didn't feel better when he got out, she said, and by Wednesday he was desperate for help.

In tapes of his 911 calls released Friday, Swyers sounds more and more frantic with each call.

He had taken a taxi from his mother's house after Graham asked him to leave there. He only had enough money to get as far as the Circle K at Ajo and Kinney Road, and he had a dispute with the cab driver about a receipt.

"I ı't feel safe walking home to my residence, and I don't have enough money to pay the cab to go all the way home," he to.. a 911 dispatcher. He said the cabdriver was acting strange.

He didn't think anyone could pick him up, he said, and he apologized for wasting the dispatcher's time. At one point, he asked a stranger for a ride.

In the next call, he sounded upset the dispatcher had called him "sir." He said he needed an officer because people were following him. He was taking quick breaths. He said someone was throwing rocks at him and that people would think he was hallucinating.

' y're trying to put me away for good," he told the dispatcher, who sent a deputy to the Circle K. The dispatcher urged him to talk to a nearby U.S. Border Patrol agent.

"Yeah right, you know, I think you aren't even the police," he yelled at the surprised dispatcher before he hung up.

Seeing so many people coming and going from the store may have caused Swyers to have a delusion, his wife said. He likely thought passers-by were after him, she said.

"I just imagine that he was scared to death, and he was just running because he was so scared," his wife said, crying. "He just wanted a ride."

She wonders why no one tried to contact her to help her husband, but answers won't come easily. An investigation of the accident is ongoing.

Leaving behind a family

Aaron Swyers was in trouble with the law from about age 13. Before he turned 16, he'd been arrested for aggravated assault on a teacher, shoplifting, carrying a concealed handgun when he was prohibited from having a weapon, a marijuana violation, fighting, domestic violence and attempted burglary.

Daily activities were a struggle, and school, with so many untrusted strangers around him, was unbearable, his wife said. He tried several alternative programs and some worked for him - for awhile.

But Swyers was a hard worker, and he picked up skills quickly. He learned several trades, the latest of which was landscaping. He was doing an irrigation project in his mother's front yard, his wife said.

Although he couldn't trust outsiders, Swyers was good to his family, she said.

" best years of my life were with my husband," she said tearfully.

The couple were childhood friends and had a daughter 16 months ago. Swyers was excited when the girl, whom he named Autumn, started to learn words and simple games.

Rose Swyers will give birth to their second child, a son, in seven weeks. They had decided to name the boy Daniel Aaron.

'System failed him'

Wednesday, Swyers' wife had talked to him from work. He again said he needed help.

She "didn't know what was going on with him" because he was obviously agitated, she said. He'd just been released from the hospital.

He also had been getting treatment from Codac Behavioral Health Services, but he felt his condition was not improving, his wife said. He felt he was the only person who felt the way he did, she said.

"I think the system failed him," she said.

Codac CEO W. Mark Clark couldn't comment on the case nor confirm if Swyers was a patient for privacy reasons.

But he said: "This is a terrible tragedy for everybody involved. I think it is important for people to seek help when they have a mental illness or a substance-use disorder. And it's especially difficult when people have both."

But Swyers' wife wishes more people had tried to help her husband.

"H just wanted help," she repeated through sobs. "He never wanted to hurt anybody."

Contact reporter Becky Pallack at 629-9412 or at bpallack@azstarnet.com.

Tucson Citizen
www.tucsoncitizen.com

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WEDNESDAY, MAY 11, 2005

Guest Opinion: Preventing jail suicides top priority of staff, sheriff

CLARENCE W. DUPNIK
letters@tucsoncitizen.com

As Pima County sheriff, I am absolutely responsible for the welfare of inmates at Pima County Jail.

My correctional staff and I have zero tolerance for suicides, so each of the 13 incidents of the past 10 years represents a failure to meet our goal of none.

Let me be clear: One suicide is too many.

Let's consider the challenge that represents. Suicide in jails is estimated to occur about nine times as often as in the general population. In fact, suicide is the leading cause of death in our nation's jails.

Inmate population represents an especially high concentration of high-risk individuals in high-stress circumstances. Being arrested can be frightening, associated with crisis, more often than not accompanied by excessive drinking, illicit drug use or both.

It is not unusual for a suspect to feel severe guilt about the offense leading to the arrest, and poor physical and mental health is the rule, rather than an exception. Incarceration can be so life-changing that despair and hopelessness are natural and understandable.

Characteristics intrinsic to the jail environment can contribute to suicidal thoughts and behavior: fear of the unknown, shame of incarceration, removal from family and friends, no apparent control over one's environment and the necessarily authoritarian nature of custody. In a way, jail's very nature pits employees' skills against a very suicide-prone group.

Most jails are crowded and understaffed, and ours is no different. We had 36,000 bookings last year. The average population is 1,830, and last week saw 1,923 in custody.

Since 1995, we have booked 320,000 people, about 120 per day now. That's approximately 5.75 million inmate custody days.

Few if any jails have consistently succeeded in predicting, detecting and intervening in all self-destructive behavior. However, at nine times the general rate, our jail would have about two suicides per year on average, rather than the 1.3 we have experienced, fewer than other jails our size.

While even one suicide is too many, I am proud of our staff's success in preventing suicides. With about 45 attempts monthly, Pima County corrections officers regularly take immediate and occasionally heroic action, from administering CPR to risking their own lives to catch an inmate trying to throw himself from a balcony or stairway within a housing pod.

It is a constant challenge to identify those most likely to act on suicidal thoughts. We know that more than 90 percent of jail suicides involve men; more than three-quarters have had prior charges; about 60 percent were intoxicated at arrest; 80 percent are under age 40; and about half who do kill themselves do so within 24 hours of incarceration.

Many are exceptions to these statistical norms. We also know that not all mentally ill people are suicidal, and that not all suicidal people are mentally ill. Today, as many as 100 of our inmates hear and sometimes respond to voices not heard by others. Often the voices provide companionship, and inmates are reluctant to give them up.

We educate officers about mental illness and suicide in our corrections academy, followed by on-the-job training, supervision and continuing instruction at briefings.

Medical and correctional staff work together to do an amazingly effective job of identifying inmates with suicidal potential. Though we all bear responsibility for suicide prevention, it would be simplistic and unfair to blame our staff for a suicide that escapes their ever-watchful efforts.

The American Jail Association's latest magazine cover story, "Suicide Prevention in Jails - The Never-Ending Struggle," addresses the difficulty of identifying all suicidal inmates; the emotional trauma experienced by staff when an inmate suicide occurs; and the fact that "once you think you have created an effective suicide prevention plan, it is usually time to change it once again."

Corrections experts recommend staff training, inmate screening, effective staff communication, appropriate supervision levels, adequate reporting and, when there is a suicide, a mortality review. Our training, post orders, policies and practices address all these in a superlative manner.

At this moment we are conducting 27 suicide watches in our mental health unit and in the newly opened East Pod, specifically designed for close observation.

The only supervision method that can (almost) guarantee zero suicides among our at-risk population is constant one-on-one, in-person monitoring. Because that would require impossibly high staffing levels, we instead must identify those most vulnerable and design and retrofit inmate housing areas to reduce means and opportunity.

Suicide prevention in the Pima County Jail is a continuous joint effort of all corrections professionals, with help from volunteers, families and even other prisoners. We continue to refine and develop policies and practices, improve facilities and coordinate information systems. We learn from all these, and from our failures as well.

I, for one, honor the men and women who not only protect our community by watching inmates, but also watch over these people, to protect them from each other and from themselves.

Clarence W. Dupnik is sheriff of Pima County.

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