



**Arizona Department of Health Services
Division of Behavioral Health Services**

**ANNUAL REPORT
FISCAL YEAR 2009**

Janice K. Brewer, Governor

**Will Humble, Interim Director
Arizona Department of Health Services**

**Laura K. Nelson, M.D., Acting Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services**

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**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
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INTRODUCTION

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) submits the following programmatic and financial Annual Report for Fiscal Year (FY) 2009, in compliance with Arizona Revised Statute §36-3405(A)(B) and (C). The report identifies the number of clients served by Geographic Service Area (GSA), funding category and program; and includes programmatic financial reports of revenues, expenditures and administrative costs.

PROGRAMMATIC and FINANCIAL REPORT

In order for ADHS/DBHS to ensure that all behavioral health services are delivered in accordance with the ADHS/DBHS system principles, individuals in need of services need to be enrolled with the behavioral health system and all available funding must be managed efficiently and appropriately.

ADHS/DBHS received a total of \$1,363,234,683 in funding for FY 2009. ADHS/DBHS' administrative costs totaled \$26,309,916 and statewide service costs totaled \$1,333,076,334. The following information identifies ADHS/DBHS' revenues and expenditures including specific identification of administrative costs for each behavioral health program by the following categories:

1. The Seriously Mentally Ill
2. Alcohol and Drug Abuse
3. Severely Emotionally Handicapped Children
4. Domestic Violence
5. The Arizona State Hospital

REVENUES and EXPENDITURES

Tables 1 through 4, provide ADHS/DBHS' annual revenues and expenditures pertaining to FY 2009. Revenue tables are compiled and categorized based on legislative appropriations, federal grant awards, and intergovernmental agreements which in some cases may not agree with categories as specified in ARS § 36-3405(B).

ADHS/DBHS does not categorize members and services for domestic violence; therefore, this category is not itemized in the report. Attachment A provides detailed information on the Arizona State Hospital.

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Table 1: Statewide ADHS/DBHS Revenue by Program

Statewide ADHS/DBHS Revenue by Program SFY 2009		
Funding	Amount Paid	Percentage
Title XIX Children	\$ 393,007,299	28.83%
Non TXIX Children	\$ 8,320,692	0.61%
TXXI Children	\$ 14,244,273	1.04%
TXIX SMI	\$ 467,128,699	34.27%
Non TXIX SMI	\$ 74,050,372	5.43%
TXXI SMI	\$ 1,693,950	0.12%
TXIX GMH/SA	\$ 238,539,680	17.50%
Non TXIX GMH/SA	\$ 13,957,700	1.02%
TXXI GMH	\$ 1,489,106	0.11%
Federal Grants	\$ 42,287,415	3.10%
ISA/IGA	\$ 51,102,529	3.75%
Administration	\$ 42,767,406	3.14%
Other**	\$ 14,645,562	1.07%
Total	\$ 1,363,234,683	100.00%

**Other - Court Monitor, Dual Eligible Part D, Clawback & Community Placement

Table 2: Total ADHS/DBHS Service & Administration Expenditures

Total Behavioral Health Services Funding Total ADHS/DBHS Service & Administration Expenditures SFY 2009		
Funding	Amount Paid	Percentage
Title XIX	\$ 767,758,059	56.48%
Title XIX Proposition 204	\$ 368,887,005	27.14%
Title XXI	\$ 19,816,483	1.46%
Federal Funds	\$ 41,669,976	3.07%
Non Title XIX/XXI Funds General Funds	\$ 111,934,697	8.23%
County Funds	\$ 43,728,596	3.22%
Tobacco Tax HLTH Care Fund MNMI Account	\$ -	0.00%
Other (1)	\$ 5,591,433	0.41%
Total	\$ 1,359,386,250	100.00%

(1) PASRR, Liquor Fees, City of Phoenix LARC, COOL Program, Indirect, SSDI/GMH, MMA Part D, DES/RSA, RTI Project.
Source Data: Accounting Event Data Warehouse

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Table 3: Total ADHS/DBHS Administrative Expenditures

Total ADHS/DBHS Administrative Expenditures SFY 2009		
Funding	Amount Paid	Percentage
Title XIX	\$ 16,033,878	60.94%
Title XIX Proposition 204	\$ 5,849,685	22.23%
Title XXI	\$ 263,142	1.00%
Federal Funds	\$ 2,061,018	7.83%
Non Title XIX/XXI Funds General Funds	\$ 1,609,502	6.12%
County Funds	\$ 125,700	0.48%
Other (1)	\$ 366,991	1.39%
Total	\$ 26,309,916	100.00%

(1) Other includes PASRR, COOL Program, DES/RSA & Indirect, RTI Project, DES RSA.

Source Data: Accounting Event Data Warehouse

Table 4: Total ADHS/DBHS Service Expenditures by Program

Total ADHS/DBHS Service Expenditures by Program SFY 2009		
Funding	Amount Paid	Percentage
Title XIX Children	\$ 397,671,975	29.83%
Non TXIX Children	\$ 14,164,796	1.06%
TXXI Children	\$ 16,070,651	1.21%
TXIX SMI	\$ 473,511,039	35.52%
Non TXIX SMI	\$ 121,601,037	9.12%
TXXI SMI	\$ 1,932,537	0.14%
TXIX GMH/SA	\$ 243,578,487	18.27%
Non TXIX GMH/SA	\$ 46,565,762	3.49%
TXXI GMH	\$ 1,550,153	0.12%
Non TXIX Prevention	\$ 11,205,454	0.84%
Other Programs(1)	\$ 5,224,442	0.39%
Total	\$ 1,333,076,334	100.00%

(1) PASRR, Liquor Fees, City of Phoenix LARC, COOL Program, RTI Program, SSDI, Part D CoPay, Suicide Prev.

Source Data: Accounting Event Data Warehouse

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During FY 2009, behavioral health recipients received behavioral health services as depicted in the following tables. Table 5 provides information on the number of ADHS/BHS clients enrolled during SFY09 and Table 6 provides information on the number of ADHS/DBHS clients served during FY09. Client eligibility is broken out into TXIX/TXXI and Non-TXIX. Client behavioral health category (BHC) is broken out into Seriously Mentally Ill (SMI), Substance Abuse (SA), General Mental Health (GMH), Serious Emotional Disturbed Children (SED) and Children. SED is determined from the latest client demographic by Behavior_Health_Cat_Cd "Z".

Table 5: ADHS/DBHS Clients Enrolled in FY 2009

Persons Enrolled in FY 2009		
Eligibility	BHC	Count
TXIX/TXXI	SMI	29,779
	SA	26,859
	GMH	67,666
	SED	13,045
	CHILD	44,662
	Total	182,011
NON-TXIX	SMI	13,617
	SA	9,081
	GMH	22,789
	SED	630
	CHILD	4,536
	Total	50,653
All Eligibilities	SMI	43,396
	SA	35,940
	GMH	90,455
	SED	13,675
	CHILD	49,198
	Total	232,664

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Table 6: ADHS/DBHS Clients Served in FY 2009

Persons Served in FY 2009		
Note: The term served means that the client had at least one encounter in FY 2009		
Eligibility	BHC	Count
TXIX/TXXI	SMI	29,071
	SA	22,360
	GMH	59,004
	SED	12,550
	CHILD	40,582
	Total	163,567
NON-TXIX	SMI	12,992
	SA	6,428
	GMH	17,053
	SED	505
	CHILD	3,392
	Total	40,370
All Eligibilities	SMI	42,063
	SA	28,788
	GMH	76,057
	SED	13,055
	CHILD	43,974
	Total	203,937

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ATTACHMENT A

Arizona State Hospital

*Submitted in Compliance with
A.R.S. 36-3405(B) (5)
And 36-209(A, 1-8)*

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VISION AND MISSION STATEMENTS

A.R.S.36-209 A-8

VISION STATEMENT

To be recognized for our valuable and unique contribution in the continuum of care for people in the process of mental health recovery, while continuously improving our performance

MISSION STATEMENT

The Arizona State Hospital provides specialized psychiatric services to support people in achieving mental health recovery in a safe and respectful environment

DESCRIPTION OF THE ARIZONA STATE HOSPITAL

The Arizona State Hospital is located on a 93-acre campus at 24th Street and Van Buren in Phoenix, Arizona. As a component of the statewide continuum of behavioral health services provided to the residents of Arizona, the Hospital is a part of the Arizona Department of Health Services. The Arizona State Hospital provides long term inpatient psychiatric care to the most seriously mentally ill Arizonans. The facility operates programs within a 338 funded bed capacity and is accredited by the Joint Commission and is certified to receive reimbursement from Medicare.

As Arizona's only state-operated psychiatric hospital, it is imperative to communicate the hope of recovery for each individual served. The care is delivered in collaboration with the patient, family or legal representatives and community providers. There is continual focus to identify individual recovery supports that will lead toward community reintegration, which becomes a cornerstone of the admission and treatment process at the Arizona State Hospital.

Treatment at the Hospital is considered "the highest and most restrictive" level of care in the state, and patients are admitted as a result of an inability to be maintained in a community facility, or because of their legal status. Hospital personnel continually strive to provide state-of-the-art inpatient psychiatric and forensic care. The Hospital is committed to the concept that all patients and personnel are to be treated with dignity and respect.

Authorized by A.R.S. §36-201 through 36-207, the Arizona State Hospital is required to provide inpatient care and treatment to patients with mental disorders, personality disorders or emotional conditions. While providing evaluation and active treatment, the Hospital is continually cognizant of the rights and privileges of each patient, particularly the patient's right to confidentiality and privacy.

Overall governance for the Hospital is provided by the **Arizona State Hospital Governing Body**. The Deputy Director of the Arizona Department of Health Services/Division of Behavioral Health Services chairs this committee. The Governing

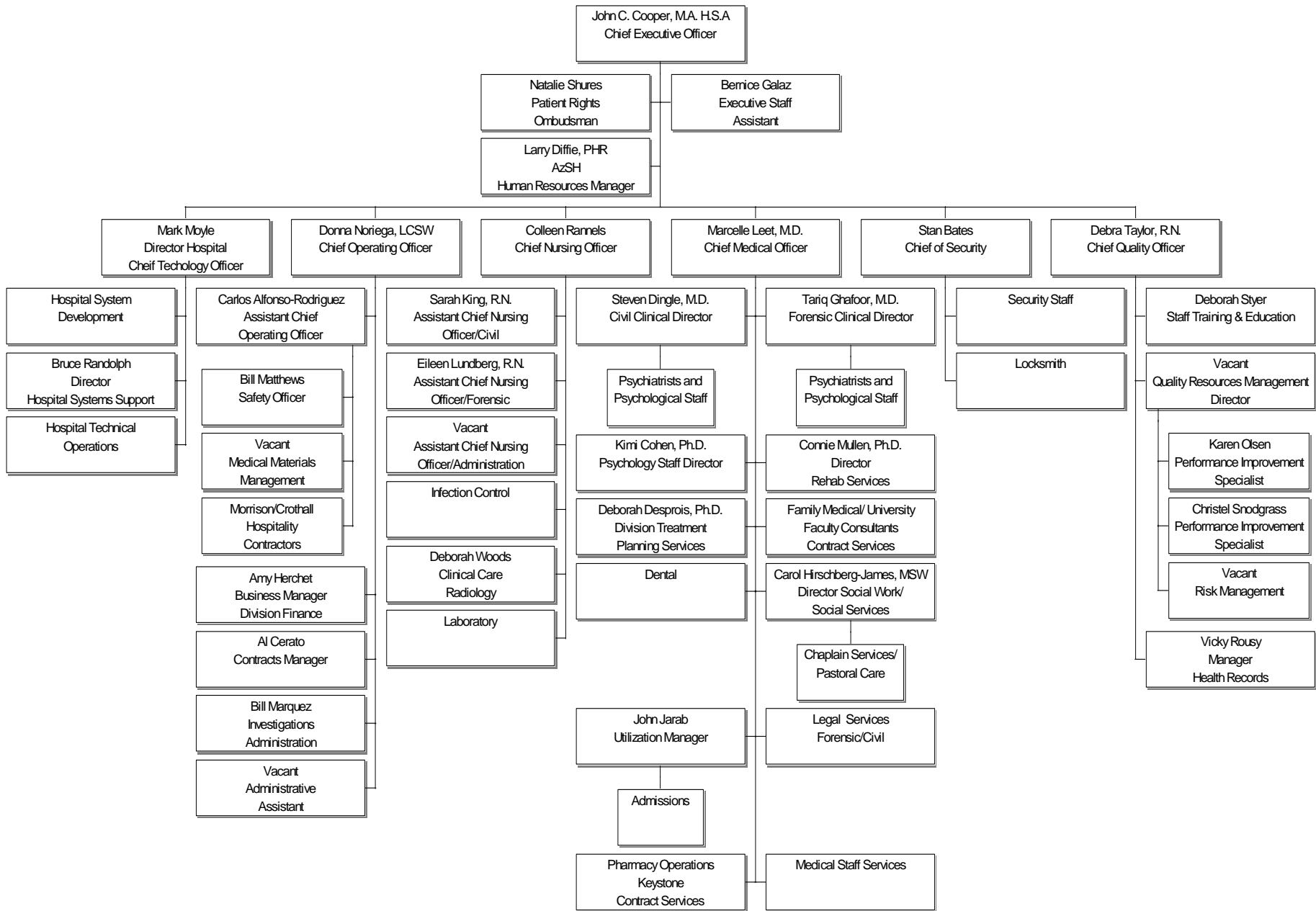
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Body consists of the Deputy Director, The Division of Behavioral Health Medical Director, a representative from the Central Budget Office, a Hospital Physician, Community Representatives- including family and consumers, the Arizona State Hospital Chief Executive Officer (Superintendent) and the Chief Medical Officer.

As required by statute (A.R.S. §36-217), the **Arizona State Hospital Advisory Board** advises the Deputy Director of the Arizona Department of Health Services/Division of Behavioral Health Services and the Chief Executive Officer of the Hospital in the development, implementation, achievement and evaluation of Hospital goals and communicates special Hospital or patient needs directly to the Office of the Governor. The Hospital Advisory Board consists of 13 Governor-appointed members.

The Hospital receives overall direction from the **Chief Executive Officer (CEO)** who reports to the Deputy Director of the Arizona Department of Health Services / Division of Behavioral Health Services. The CEO supervises the various leaders of the Hospital. These leaders include the Chief Medical Officer, the Chief Operating Officer, the Chief Quality Officer, the Chief Nursing Officer and the Chief of Security, Chief of Technology Services, Human Resource Manager and the Patient Rights Ombudsmen. These Executive Management Team members oversee Hospital operation, establish administrative policies and procedures and direct Hospital planning activities.

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**ARIZONA STATE HOSPITAL PROGRAMMATIC REPORT
A.R.S. 36-209 A, 2.**

The mission of the clinical members of the Hospital staff is to provide safe and effective psychiatric and medical care to those who suffer from serious psychiatric, neurological and medical illnesses. These illnesses hamper a patient's ability to provide self-care safely in the community because they are a danger to themselves or to others.

Civil adult patients are involuntarily court ordered to the State Hospital if they have not responded well following 25 days in a community hospital setting. Forensic patients are court-ordered for pre- or post-trial treatment. Many are homeless, or cannot be treated in a specialized home setting with outpatient services. Many of our patients are the most dangerous (to themselves or others) in the community, with histories of self-mutilation, assault or arson. The Hospital treats people who suffer from complicated psychiatric, physical and social problems. Some have family members who are involved and invested in their treatment, while others have lost contact with family and friends.

Because of this mission, we strive for clinical excellence and humanitarian concern. The guidelines for our practice are to make careful and precise diagnostic formulations and to use best practices in our treatment approach to aid our patients in their recovery process.

STAFFING

Patient care on each treatment unit is delivered by an interdisciplinary team consisting of a psychiatrist MD/DO (team leader), medical provider, psychologist, clinical social worker, registered nurses, rehabilitation specialists, master's level therapists/counselors and mental health program specialists. Each discipline provides specialized, individual patient treatment based on national and state best practice standards.

Registered nurses (RNs) and mental health program specialists (MHPS), provide the day-to-day 24-hour care for patients. The number and skill mix of nursing staff assigned to the various units is based on the patient acuity as identified by the RN caring for the patients. These staffing needs based on patient acuity (level of presenting Nursing Care required) are completed prior to each of the three shifts in the 24 hour day.

Treatment plan coordinators work with the interdisciplinary treatment teams to develop patient treatment plans that are individualized with measurable treatment goals. They ensure that the treatment plans meet all quality and regulatory standards. The treatment plan coordinators/therapists also provide individual and group psychotherapy services.

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ARIZONA STATE HOSPITAL CLINICAL SERVICES OVERVIEW

Interdisciplinary Clinical Team Approach

The interdisciplinary clinical team consists of a qualified (board certified or board eligible) psychiatrist, who is the team leader, a qualified (board certified or board eligible) internist or family practice physician or certified physician assistant, a registered nurse, a social worker, rehabilitation professionals, a mental health therapist/treatment plan coordinator, and a other professionals as required. The interdisciplinary clinical team assesses and evaluates each patient upon admission to the Hospital, at periodic intervals, and at any time during the course of hospitalization, based upon the condition of the patient.

The interdisciplinary clinical team considers the patient's acuity level and the patient's legal status at the time of admission in determining the patient's least restrictive and most appropriate level of placement within the Hospital. The treatment team works together with the patient and patient representatives to develop the Master Individual Treatment and Discharge Plan (ITDP) based upon goals identified during the admission referral process.

Clinical Therapy/Treatment Planning Services

The clinical therapy/treatment planning services program provides treatment planning services and active psychotherapy treatment to the hospital patients. The therapist/or treatment plan coordinators ensure that the treatment plans developed by the interdisciplinary treatment teams meet all standards and specifically address the behaviors which admitted the patient to the most restrictive level of psychiatric care available in the state. Treatment plan coordinators provide support to the treatment teams. They serve as consultants to help the treatment team incorporate recovery goals into the treatment plans; track treatment plans reviews, and work to ensure that all standards and timelines are met. In addition, the therapist/treatment plan coordinators provide specialized treatment approaches specific to the individuals and direct individualized services to the patients referred. They provide a wide variety of individual and group therapies that can positively influence and maximize patient functioning.

Nursing Services

Nursing Services are provided for all patients at the Arizona State Hospital 24 hours a day. The Nursing staff has the most patient contact, both in frequency and duration. Each patient is assigned a "Primary RN" to ensure all their needs are identified, that these needs are communicated to the treatment team, and the patient's response to treatment is assessed and relayed to other members of the Nursing and interdisciplinary team.

The Nursing staff is involved in all types of structured and unstructured treatment activities. The management of the therapeutic treatment environment and the implementation of the individualized treatment plans is in large part a Nursing responsibility. The administration of medications along with the assessment of response

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to medication is a vital role of the Registered Nurses. Nursing programs and active treatment on the units are provided within the hospital's Recovery Model and include:

Basic Problem Solving	Socialization Skills	Medication Education
Symptom Management	Coping Mechanisms	Skill Development
Anger Management	Relapse Prevention	Healthy Lifestyles
Relaxation Strategies	Individual Counseling	Personal Hygiene
Disease Prevention	Addiction Education	

Inpatient Treatment and Discharge Plan (ITDP)

The inpatient treatment and discharge plan (ITDP) is an individualized plan of care that contains objective, achievable, and measurable long and short-term goals and specific interventions to assist patients towards discharge. The patient is an active participant in the development of her/his treatment plan, and works closely with staff at all stages of treatment plan development and monthly reviews. Patient involvement is crucial to success. The plan is developed using the goals for the admission identified at admission referral, as well as initial assessments by the patient's clinical team, information from the patient about his or her wants and needs, the patient's family and/or guardian, and the community team representative. An ITDP meeting occurs when the treatment team and others involved in service provision to the patient meet to discuss, prepare and/or review a written plan outlining the patient's progress. The preliminary ITDP is initiated at the time of the patient's admission and completed within 24 hours of admission. The master ITDP is developed and completed within 10 days of admission.

The ITDP seeks to address the patient's biological, psychological, spiritual, cultural, linguistic and socio-economic needs. The patient's psychiatrist coordinates the patient's care and ensures there is a well-defined plan in place that may include these components:

- A full medical and psychiatric assessment of the patient at the time of admission, with monthly clinical team reviews, and annual updates
- Medically necessary care for any medical condition, either acute or chronic
- Pharmacotherapy
- Psychotherapy (individual and group)
- Behavioral / cognitive therapy/Dialectical Behavior Therapy/trauma therapy including EMDR if appropriate
- Full range of psychiatric rehabilitative therapy
- Family education/therapy
- Recreational therapy
- Educational therapy (medication, coping skills, GED)
- Nutritional assessment

Recovery Principles

The principles of recovery support an environment of care that endorses, promotes and nurtures a person-centered approach, "a deeply personal, unique process of changing

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one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by illness" (Anthony, 1993). These recovery principles support and enrich rehabilitation and medical models of healing. A number of factors are common in the recovery paradigm.

These include hope, medication, and other psychiatric treatments, choice, empowerment, support, education, self-help, spirituality, employment, and meaningful activities.

Arizona State Hospital has taken on the task of introducing this new culture for both our employees and patients. All services and treatment are patient and family-centered. We seek to offer our patients meaningful choices and treatment options. Secondly, recovery principles focus on the patient's ability to be successful in coping with life's challenges. Therefore, a goal is to change old thoughts and build resiliency as the patient engages in the process of recovery.

When new employees are hired by the Hospital, they are oriented to the recovery principles, culture and mission during the first week on the job in new employee orientation. The Hospital CEO initiates this message with other key clinical staff highlighting how the principles are put into practice at Arizona State Hospital.

The following are essential components of the recovery principles at Arizona State Hospital:

Clinical Care: to provide evidenced-based psychiatric treatments which promote and enhance the recovery process;

Family Support: to work with family as defined by each patient, to enhance recovery;

Peer Support and Relationships: to grow with those around and who care and understand;

Work and Meaningful Activities: to provide both economic and self-esteem benefits;

Power and Control: to employ personal decision making to enhance recovery;

Destigmatization: to decrease the negative stereotypes associated with mental illness;

Community Involvement: to enhance social integration and affiliation;

Access to Resources: to increase the ability to use products and services to promote recovery;

Education: to use formal education to promote growth and change;

Dialectical Behavior Therapy (DBT)

The DBT Program at Arizona State Hospital creates a context of validating rather than blaming the patient; Within that context it works to block or extinguish maladaptive behaviors, teach more acceptable behaviors to patients, as well as making the new behaviors so reinforcing that patients continue the new ones and stop the maladaptive ones (adapted from a quote by Marsha Linehan, PhD, originator of DBT).

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Arizona State Hospital's dialectical behavior therapy programs are operated on units that treat individuals diagnosed with thought, mood, and personality disorders in both civil and forensic units. Detailed statistics are kept to measure program effectiveness. Training on DBT is provided to Hospital staff on a bi-monthly basis.

The overall targets of our DBT program follow Charles Swensen's, the psychiatrist who developed the inpatient DBT program protocol, suggestions for inpatient targets. The targets for inpatient DBT use the acronym, "CAMP":

- Re-establish behavioral **C**ontrol
- **A**nalyze and address the variables prompting dangerous behaviors and continued hospitalization
- **M**aster skills needed to reduce and manage stress
- **P**lan for post-discharge situation with optimum stability

The Hospital's DBT team provides training, coordination, and consultation on this approach to additional providers around the state. To date, approximately fifty state Regional Behavioral Health Authority's (RBHA) employees have attended the 15-hour DBT overview training. Additionally, the Hospital's DBT program manager chairs the DBT Task Force, a semi-annual teleconference to discuss and coordinate services statewide.

Social Services Program

Each patient has an assigned Master's prepared social worker from the time of the initial comprehensive assessment at admission, through to discharge planning. Along the way, social workers provide individualized treatment to patients. They utilize both individual sessions and groups. Weekly, during 30-minute individual sessions, social workers address the specific issues that resulted in the patient's admission and/or issues that are preventing the patient's progression towards discharge. Monthly, they coordinate a staffing for each patient, and invite community members and family members to participate. During these staffings, each patient has an opportunity to discuss his or her treatment with the entire interdisciplinary team as well as with outpatient case managers. In addition, they provide a variety of groups that are tailored to the individual patient's needs and goals.

Social workers are also an important point of contact. Specifically, they serve as the primary contact for questions or concerns the Regional Behavioral Health Authority (RBHA) or family may have about the patient's treatment/progress/status. They provide education for the patient and their family members/significant others. For instance, each patient's specific and unique discharge needs are assessed and education is provided re: community resources with the goal of ensuring a successful re-integration. Through ongoing contact with community providers, they cultivate collaborative relationships with the goal of ensuring that continuity of care is provided upon discharge.

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Once a patient's discharge date is set, the social worker initiates the process for a discharge preparation review. During this review, the treatment team meets with the patient and reviews the psychiatric, medical, nursing, social work and rehab sections of the discharge data sheet.

Project Tobacco-Free

Recent national medical studies have shown that the people receiving our services die on average of 25 years before the general population. The largest contributing factor that leads to this untimely death is associated with smoking cigarettes.

Silently and insidiously tobacco sales and tobacco smoking became an accepted way of life in our public mental health treatment facilities like Arizona State Hospital.

Tobacco kills our patients. And, it kills those with mental illness disproportionately and earlier, as the leading contributor of disease.

A preponderance of evidence has clearly established the deleterious health effects of tobacco smoking and second hand or environmental tobacco smoke. Science as well as experiences in mental health facilities have also shown that tobacco smoking leads to negative outcomes for mental health treatment, the treatment milieu, overall wellness and, ultimately recovery.

We have seen great shifts in our community culture away from tobacco use. It is no longer legal to smoke in restaurants, bars, airports, airplanes, buses, etc. There is much more emphasis on wellness – being physically active, eating healthier diets, etc. It is believed that our patients deserve the same culture shift in our hospital.

With that being said, the staff at Arizona State Hospital are committed to supporting health, wellness and recovery. As a healthcare agency, we must act on what we know. Therefore, Arizona State Hospital has taken an assertive stand to end the use of tobacco during FY2008. Every year since, there were many therapeutic activities around assisting patients and staff quit tobacco use. Many staff are trained in and provide specialized techniques to assist people in tobacco cessation.

We were ultimately successful in making our Hospital completely tobacco free on July 1, 2008, however the work in promoting healthier choices and supporting those who struggle with an addiction to tobacco, continues everyday.

PATIENTS SERVED AT THE ARIZONA STATE HOSPITAL

Three Population-Based Programs (Patients are housed separately in accordance with legal, treatment and security issues):

CIVIL ADULT REHABILITATION PROGRAM (141 BEDS) consists of eight treatment units specializing in providing services to adults who are civilly committed as a danger to self, danger to others, gravely disabled and/or persistently and acutely disabled, who have

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completed a mandatory 25 days of treatment in a community inpatient setting prior to admission.

FORENSIC ADULT PROGRAM (180 BEDS TOTAL): Court-ordered commitments through a criminal process for either:

PRE-TRIAL RESTORATION TO COMPETENCE PROGRAM ("RTC; 39 BEDS") consists of three treatment units providing pre-trial evaluation, treatment and restoration to competency to stand trial.

POST-TRIAL FORENSIC PROGRAM consists of two treatment units for those adjudicated as **GUILTY EXCEPT INSANE** ("GEI; 110 BEDS") who are serving determinate sentences under the jurisdiction of the Psychiatric Security Review Board (PSRB), or for those adjudicated prior to 1994 as **NOT GUILTY BY REASON OF INSANITY** ("NGRI; 24 BEDS").

COMMUNITY REINTEGRATION PROGRAM (BEDS utilized by GEI or NGRI patients, see above) consists of one treatment unit for forensic patients with an approved Conditional Release Plan approved by the PSRB for transiting into the community and for those working toward application for Conditional Release.

ADOLESCENT TREATMENT PROGRAM: Consists of a 16-bed treatment facility which serves as the admission, assessment and treatment program for male and female juveniles, up to and including age 17, who are committed through civil or criminal (forensic) processes.

While still a part of our overall bed count, it should be noted that Arizona State Hospital closed the Adolescent Unit, effective September 11, 2009, as the program utilization had declined. The various communities around the State of Arizona are effectively providing psychiatric interventions within the adolescent's homes and communities, resulting in there no longer being a need for long term adolescent psychiatric services at the State Hospital.

MEDICAL BED: 1 Medical Bed utilized for infection control purposes.

CENSUS MANAGEMENT

A.R.S. 36-209 (3) (4)

Admission and Discharge Census data for treatment programs

Census management is a daily challenge for the Hospital. Exceeding our licensed capacity by even just one patient on one unit for one day endangers federal Medicare reimbursement status, Joint Commission accreditation, and compliance with licensure regulations.

Pursuant to Laws 2002, Chapter 161, Senate Bill 1149, on or before August 1 of each year, the Deputy Director and the Hospital collects census data by population to establish the maximum funded capacity and a percentage allocation formula for forensic

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and civil bed capacity (Arizona Revised Statutes §§13-3994, 13-4512, 36-202.01 and 36-503.03).

The Deputy Director notifies the Governor, the President of the Senate, the Speaker of the House of Representatives and the Chairmen of the County Board of Supervisors throughout the state of the funded capacity and allocation formula for the current fiscal year. For FY 2009, the funded capacity and allocation of the Hospital's beds was as follows:

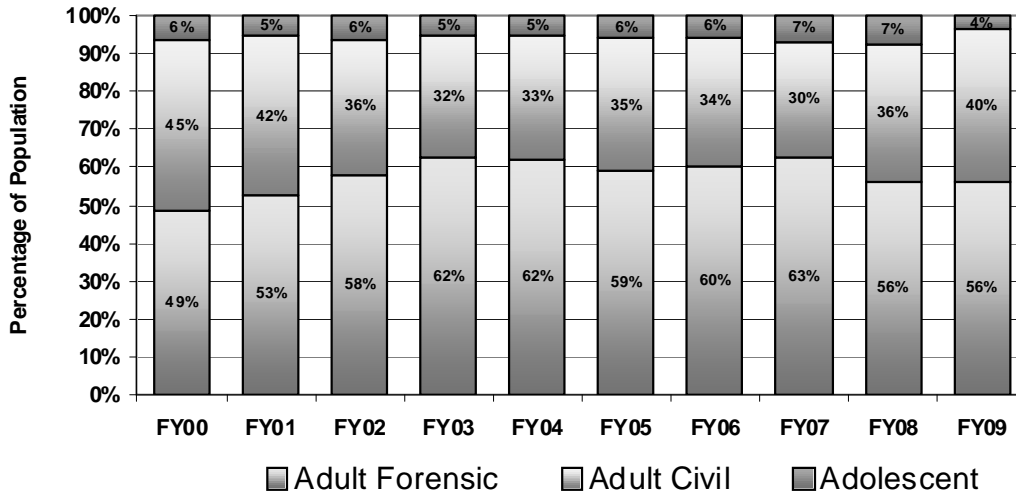
Forensic Adult (53% of beds):	180	Beds
• Restoration to Competency	39	Beds
• Guilty Except Insane – 75 day evaluation	7	Beds
• Guilty Except Insane	110	Beds
• Not Guilty By Reason of Insanity	24	Beds
Civil Adult (42% of beds):	141	Beds
Adolescent (Civil & Forensic; 2% of beds):	16	Beds
Medical Bed (reserved for infection control):	1	Bed
<hr/>		
TOTAL BEDS FY 2009	338	Beds

Population Shift

Since FY 2000, the Hospital has experienced an overall population shift and now serves more forensic than civil patients:

EXHIBIT #1

Population Shift Over Time



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End of Month Census

The Hospital began FY 2009 with a patient census of 252 and ended the fiscal year on June 30th with a census of 258, an increase of 6 patients or 2.4%. During the year, 161 patients were admitted and 154 patients were discharged. The average daily census for the fiscal year was 253 patients. These patients accounted for a total of 92,200 patient days*, a decrease of 3621 days over the previous fiscal year. The end of month patient census from July 2006 through June 2009 is depicted in Exhibits #2 (A) and #2 (B) below.

*Patient days: includes patients assigned to a unit, i.e. occupying a bed on that unit, even if he or she is on pass.

EXHIBIT # 2 (A)

End of Month Census, FY 2007 through FY 2009

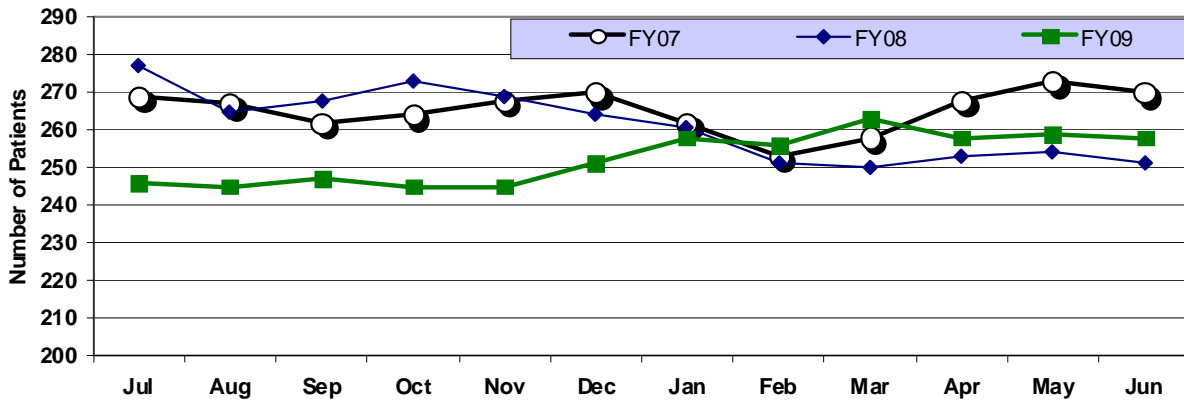
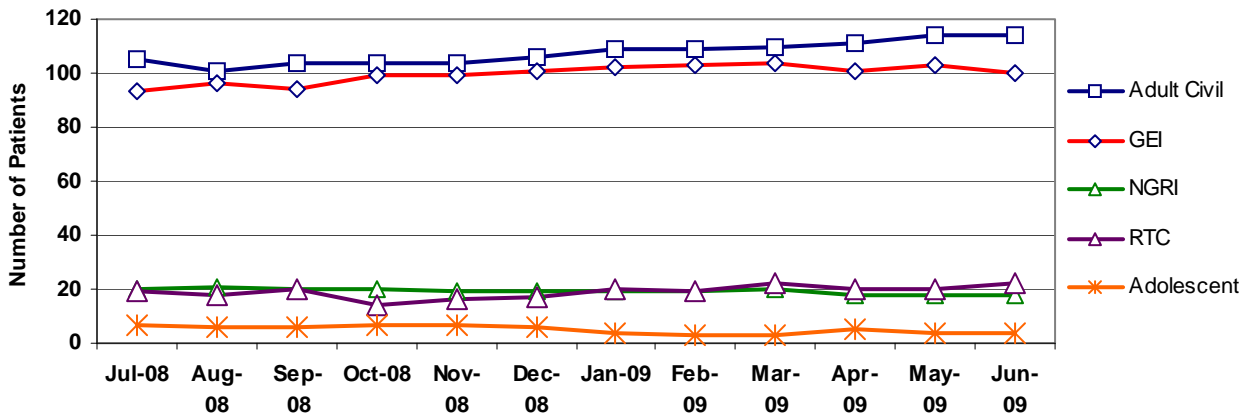


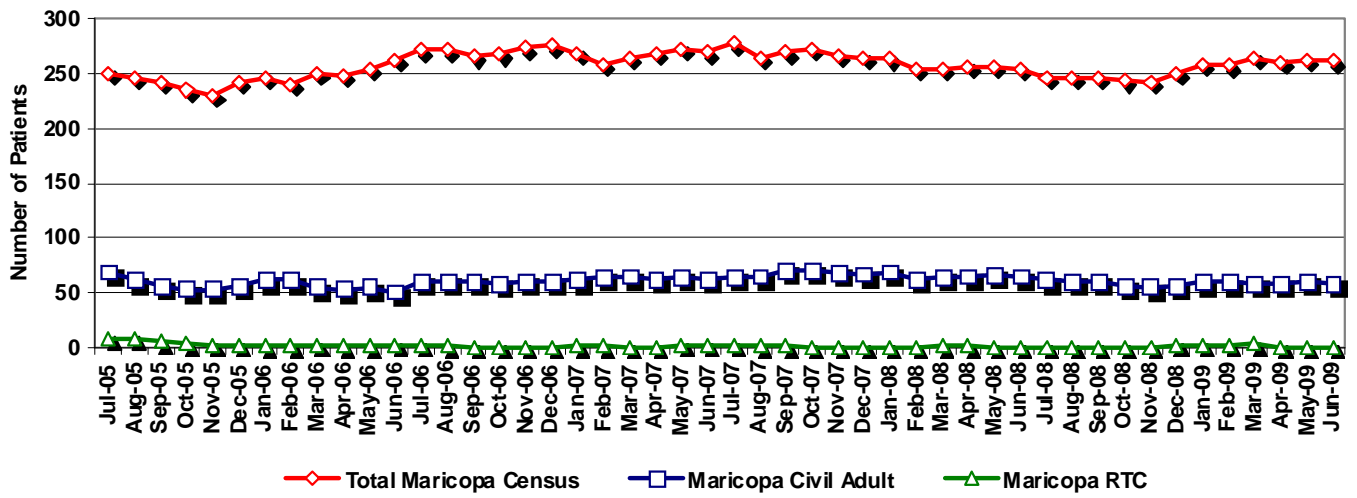
EXHIBIT # 2 (B)

FY 2009 End of Month Census by Legal Status and Legal Type



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EXHIBIT #2 (C):

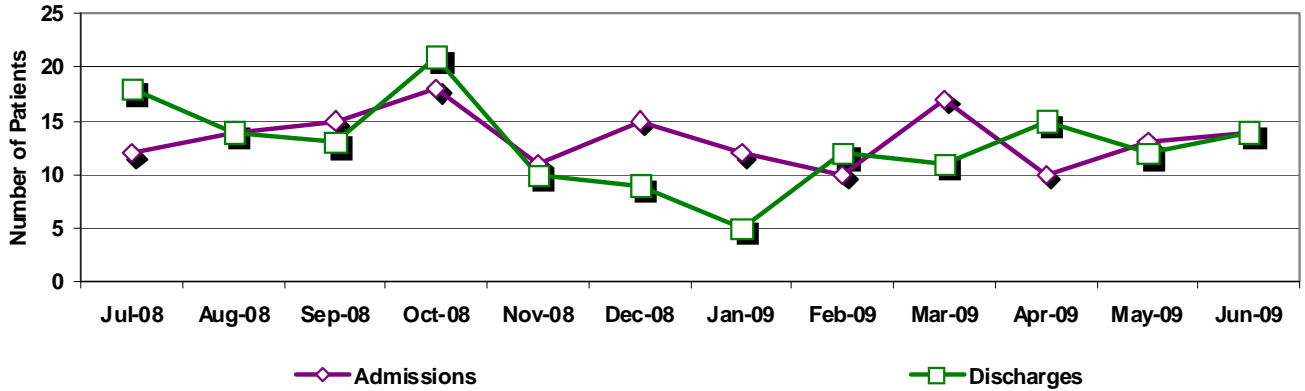


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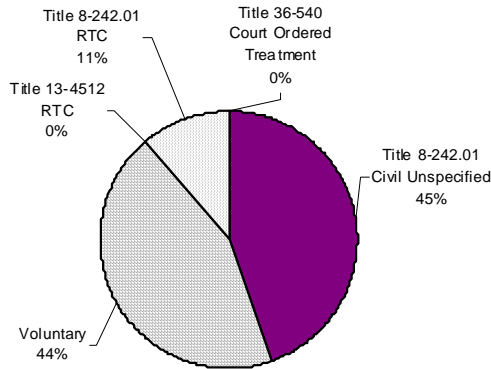
ADMISSIONS AND DISCHARGES

EXHIBIT #3:

FY09 Monthly Admissions and Discharges



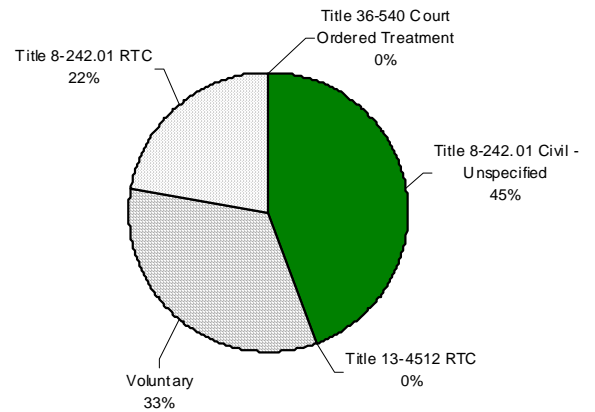
Adolescent Admissions



Admission Legal Status

Title 13-4512 RTC	0
Title 36-540 Court Ordered Treatment	0
Title 8-242.01 Civil - Unspecified	4
Title 8-242.01 RTC	1
Voluntary	4
Total	9

Adolescent Discharges

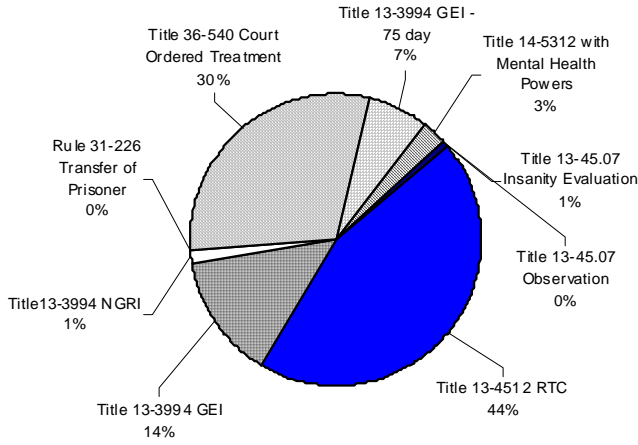


Discharge Legal Status

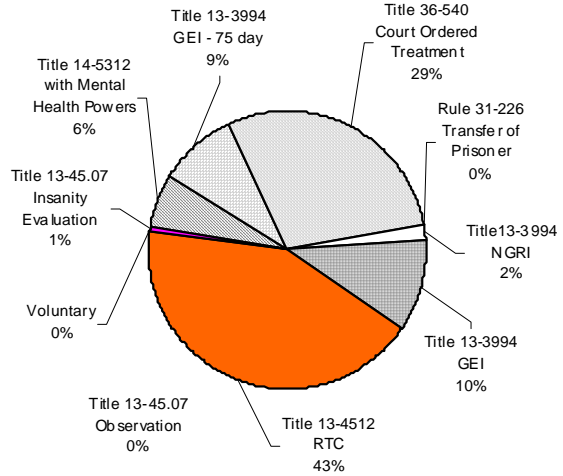
Title 13-4512 RTC	0
Title 36-540 Court Ordered Treatment	0
Title 8-242.01 Civil - Unspecified	4
Title 8-242.01 RTC	2
Voluntary	3
Total	9

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Adult Admissions



Adult Discharges



Admission Legal Status

Rule 31-226 Transfer of Prisoner	0
Title 13-3994 GEI	21
Title 13-3994 GEI - 75 day	10
Title 13-45.07 Observation	0
Title 13-45.07 Insanity Evaluation	1
Title 13-4512 RTC	68
Title 13-994 NGRI	2
Title 14-5312 with Mental Health Powers	4
Title 36-540 Court Ordered Treatment	46
Voluntary	0
Total	152

Discharge Legal Status

Rule 31-226 Transfer of Prisoner	0
Title 13-3994 GEI	15
Title 13-3994 GEI - 75 day	13
Title 13-45.07 Observation	0
Title 13-45.07 Insanity Evaluation	1
Title 13-4512 RTC	62
Title 13-994 NGRI	3
Title 14-5312 with Mental Health Powers	9
Title 36-540 Court Ordered Treatment	42
Voluntary	0
Total	145

SUMMARY OF ADMISSIONS AND DISCHARGES FY 2009

	Total Admissions	Total Discharges
Adolescents:		
Forensic	1	2
Civil	8	7
Subtotal	9	9
Adult:		
Forensic	102	94
Civil	50	51
Subtotal	152	145
Total for FY 2009	161	154

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Admission Statistics

The Hospital admitted 161 patients this fiscal year. Individuals admitted to the Hospital for the first time accounted for 98 or 61% of all admissions during FY 2009. Admissions by diagnostic grouping indicated that patients diagnosed with schizophrenic disorders accounted for 45% of all admissions during FY 2009, which is a 1% decrease from the previous fiscal year. During FY 2009, patients diagnosed with polysubstance abuse (11%), psychotic disorders (21%), affective disorders (17%), personality disorders (4%), and cognitive disorders (1%) comprise the major diagnostic groupings for patient admissions to the Hospital. The remaining 1% of the admission diagnosis was deferred. Of the 161 patients admitted this fiscal year, 101 (63%) were determined to be Seriously Mentally Ill (SMI). This is an 11% increase over the previous fiscal year.

Admission Averages

The average monthly admission rate for FY 2009 was 13 patients, ranging from a low of 10 admissions in February and March of 2009 to a high of 18 admissions in November 2008. This was a 19% decrease from the FY 2008 average monthly admission rate of 16 patients.

Admission by County

Maricopa County had the highest number of admissions during FY 2009 with 38 patients or 24% of all statewide admissions. This was a decrease of 10% from last fiscal year's 42 Maricopa County admissions. Pima County accounted for 15% of the admissions in FY 2009, a decrease of 51% from the previous year's total of 49 admissions. The remaining thirteen counties accounted for 99 or 61% of the state admissions during the period July 2008 to June 2009.

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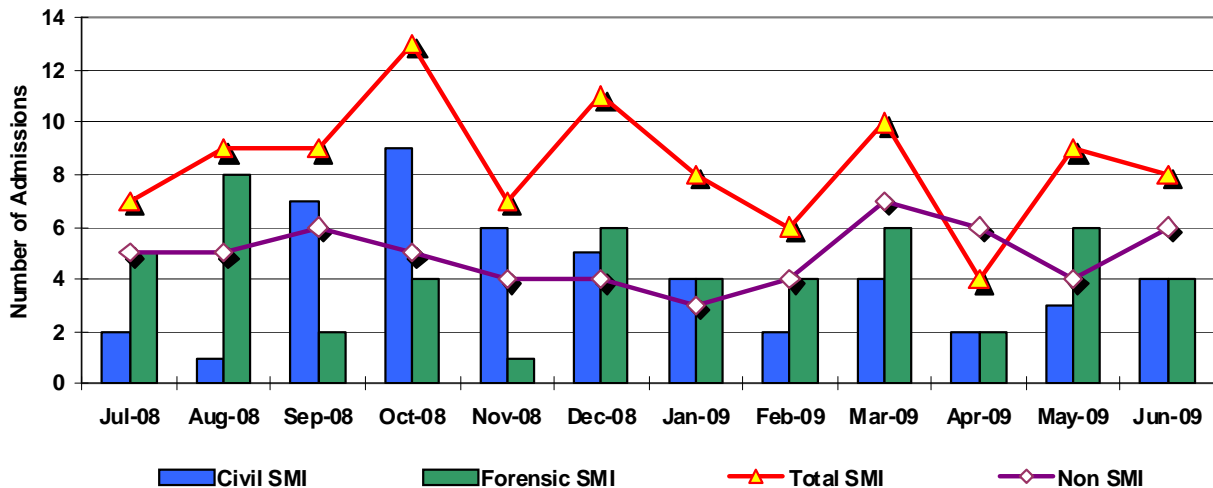
EXHIBIT #5

Admissions by County FY 2009

County of Admission	Total	Percentage
Maricopa	38	23.6%
Pima	24	14.9%
Yavapai	23	14.3%
Pinal	17	10.6%
Cochise	12	7.5%
Gila	9	5.6%
Coconino	8	4.9%
Yuma	7	4.4%
Mohave	7	4.4%
No Entry	5	3.2%
Navajo	3	1.8%
Graham	3	1.8%
Santa Cruz	2	1.2%
Greenlee	2	1.2%
La Paz	1	0.6%
Apache	0	0.0%
Total Admissions FY 2009	161	100.0%

EXHIBIT #6

FY09 SMI and Non-SMI Admissions



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Discharge Statistics

The Hospital discharged 154 patients during this fiscal year. The average monthly discharge rate for FY 2009 was 12.8 patients, ranging from a low of 5 discharges in January 2009 to a high of 21 discharges in October 2008 (Exhibit #3). This was a 27% decrease from the FY 2008 average monthly discharge rate of 17.5 patients. Of the 154 patients discharged this fiscal year, 91 (59%) were Seriously Mentally Ill. This is a 9% decrease from the previous fiscal year.

The number of non-forensic patients discharged during FY 2009 with a length of stay less than 365 days was 34 or 59% of all civil discharges. This data continues to support the premise that the Hospital, the ADHS/Division of Behavioral Health Services and the Regional Behavioral Health Authorities are committed to the concept that non-forensic patients are to be admitted to the Hospital for intensive treatments and shorter durations rather than for extended hospitalization periods.

During FY 2009, 16 patients were discharged with a length of stay of greater than 3 years including 3 patients hospitalized for over 7 years, and 1 patient hospitalized for over 21 years. These patients require extensive treatment and discharge planning coordination between the Hospital and the community providers, who will provide follow-up services.

Adult Discharges

Of the 154 patients discharged during this fiscal year, 145 or 94% were adults. Overall, the average length of stay for this age group was 432.3 days. During FY 2009, 51 civil patients had an average length of stay of 708.9 days: these included 42 patients discharged from the Title 36 Court Ordered Treatment program with an average length of stay of 675.9 days; and 9 patients under Title 14 with Mental Health Powers discharged in an average of 863.1 days.

During the same time period, 94 forensic patients were discharged with an average length of stay of 277.6 days: 62 patients were discharged from the Title 13 Restoration to Competency program with an average length of stay of 94.5 days; 15 Title 13 Guilty Except Insane patients were discharged in an average of 1247.7 days; 13 Title 13 Guilty Except Insane – 75 Day patients were discharged in an average of 66.5 days; and 3 patients were discharged from the Title 13 Not Responsible for Criminal Conduct by Reason of Insanity treatment in an average of 216.7 days.

Adolescent Discharges

Of the 154 patients discharged during FY 2009, 9 or 6% were adolescents. Overall, the average length of stay for this age group was 177.8 days. The 7 non-forensic patients stayed an average of 211.6 days during FY 2009: these included 4 patients discharged from Title 8 Juvenile Commitment after an average of 150.8 days; and 3 Voluntary patients discharged in an average of 292.7 days. The 2 Title 8 Juvenile Restoration to Competency patients were discharged this fiscal year with an average length of stay of 59.5 days.

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EXHIBIT #7

FY09 SMI and Non-SMI Discharges

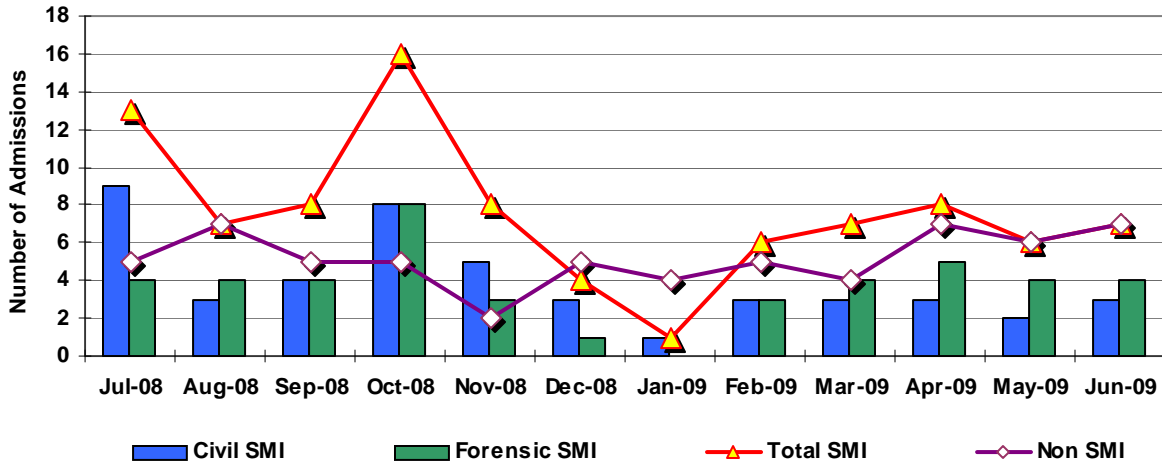


EXHIBIT #8

Patients were discharged to the community to the following placements:

Patients Discharged during FY 2009

Living Arrangements after Discharge	Adult	Adolescent	Total	Overall %
CORRECTIONAL FACILITY	68	2	70	45.5%
UNKNOWN	24	0	24	15.6%
GROUP HOME	22	0	22	14.3%
FAMILY	7	1	8	5.2%
INDEPENDENT LIVING	7	0	7	4.5%
RTC 24 HOUR NOT PHF	1	5	6	3.9%
NURSING HOME	6	0	6	3.9%
FOSTER HOME	2	1	3	1.9%
PSYCH HSP/WARD	2	0	2	1.3%
PSYCH HEALTH FACILITY	2	0	2	1.3%
RES. SAP/SMI-DUAL DIAGNOSIS	1	0	1	1.0%
OTHER	1	0	1	1.0%
NONE	1	0	1	1.0%
LICENSED SUPERVISORY CARE	1	0	1	1.0%
SPONSORED BASED HOUSING	0	0	0	0.0%
RTC SEMI-SUPV. NOT PHF	0	0	0	0.0%
NON PSYCH HOSP/WARD	0	0	0	0.0%
HOMELESS	0	0	0	0.0%
Total	145	9	154	100.0%

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Discharge by County

Maricopa County had the highest number of discharges during FY 2009 with 46 patients or 30% of all statewide discharges. This was a decrease of 4% from last fiscal year's 48 Maricopa County discharges. Pima County accounted for 26 or 17% of the FY 2009 discharges, a decrease of 59% from the previous year's total of 64 discharges. The remaining thirteen counties accounted for 82 or 53% of the state discharges during the period July 2008 to June 2009.

EXHIBIT #9

Discharges by County FY 2009

County	Total	Percentage
MARICOPA	46	29.9%
PIMA	26	16.9%
PINAL	18	11.7%
COCHISE	13	8.4%
YAVAPAI	13	8.4%
MOHAVE	8	5.2%
COCONINO	7	4.5%
NAVAJO	6	3.9%
YUMA	6	3.9%
GILA	4	2.6%
SANTA CRUZ	4	2.6%
GRAHAM	2	1.3%
GREENLEE	2	1.3%
NO ENTRY	2	1.3%
APACHE	0	0.0%
LA PAZ	0	0.0%
Total Discharges FY 2009	154	100.0%

EXHIBIT #10

Discharge Length of Stay FY 2009

Length of Stay	Civil		Forensic		Total	
	Patients	%	Patients	%	Patients	%
0-6 Months	22	14.3%	77	50%	99	64.3%
6 Months – 1 Year	12	7.8%	5	3.2%	17	11.0%
1-2 Years	11	7.1%	2	1.3%	13	8.4%
2-3 Years	5	3.2%	3	1.9%	8	5.2%
3-5 Years	4	2.6%	5	3.2%	9	5.8%

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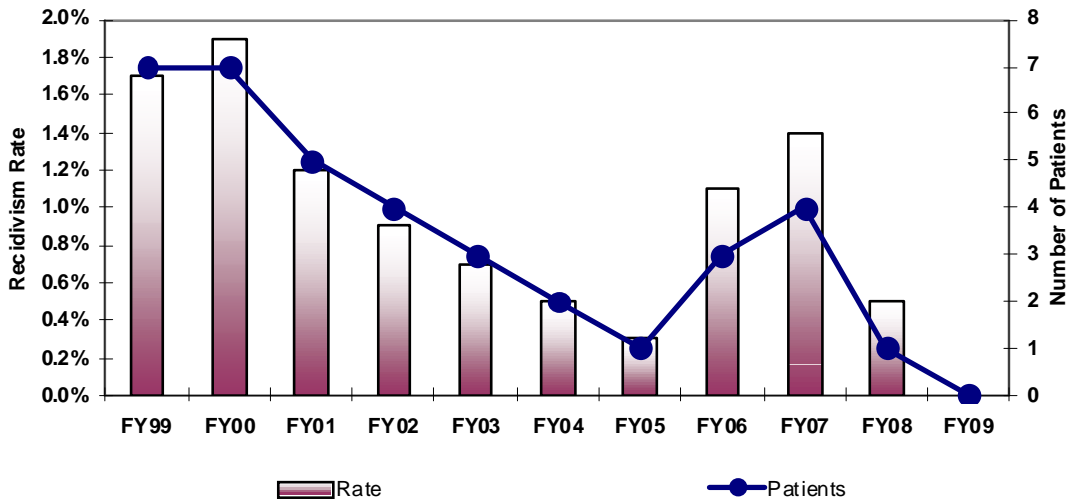
5-7 Years	2	1.3%	1	0.6%	3	1.9%
7-10 Years	1	0.6%	2	1.3%	3	1.9%
10-15 Years	0	0.0%	0	0.0%	0	0.0%
15-20 Years	0	0.0%	0	0.0%	0	0.0%
20+ Years	1	0.6%	0	0.0%	1	0.6%
Total	58	37.7%	96	62.3%	154	100.0%

Recidivism

Recidivism is defined as the readmission of a patient within 30 days from their previous discharge date. The FY 2009 overall recidivism rate was 0.0% (n=0) of the 154 discharges for the year. In total, there were 12 readmissions during FY 2009 with community stays ranging from 38 days to 357 days. The median community stay for FY 2009 was 151 days before the subsequent readmission to the Hospital. Recidivism rates for prior fiscal years vary from a low of 0.3% in FY 2006 to a high of 1.9% in FY 2000.

EXHIBIT #11

Recidivism Rates FY 1999 through FY 2009



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EMPLOYMENT AND PERSONNEL

Current Number Employed

The Hospital is authorized 726.8 full time equivalent (FTE) positions. There is a continuous review of these positions to ensure that direct care is maximized, while having the administrative and managerial staff in place to ensure efficient operations. The continuous review involves job description creation, modification, and abolishment.

The following table summarizes the major categories of positions filled at fiscal year end and the number terminating and retiring during the fiscal year:

Classification	Number Filled	Number Terminated
Psychiatrist	11	1
Psychologist	5	4
Social Worker	15	2
Health Planning Consultants (Treatment Plan Coordinators)	7	1
Licensed Practical Nurse	13	3
Psychiatric Nurse II	81	20
Psychiatric Nurse Shift Supervisor	29	3
Psychiatric Nurse Unit Manager and Psychiatric Nurse Coordinator	12	1
Mental Health Program Specialists	213	32
Recreation Therapists	22	2
Occupational Therapists	4	0
Therapy Technicians	6	1
Security Officers	103	15
Managerial Staff	45	7
Adolescent Treatment Specialists	9	8
Administrative Support	71	5
Total	646	105

Turnover

Many hospitals have a difficult time retaining staff, particularly those with critical and needed skills. We have been fortunate at the State Hospital in filling registered nurses and other patient care-related positions in a timely manner. We have additional circumstances at the State Hospital which can create retention difficulties including our patient population whose behaviors create management challenges including threats of harm and occasional aggressive assaults on staff. Although these challenges exist in working at AzSH each year, we experienced an 8.8% decrease in the number of staff

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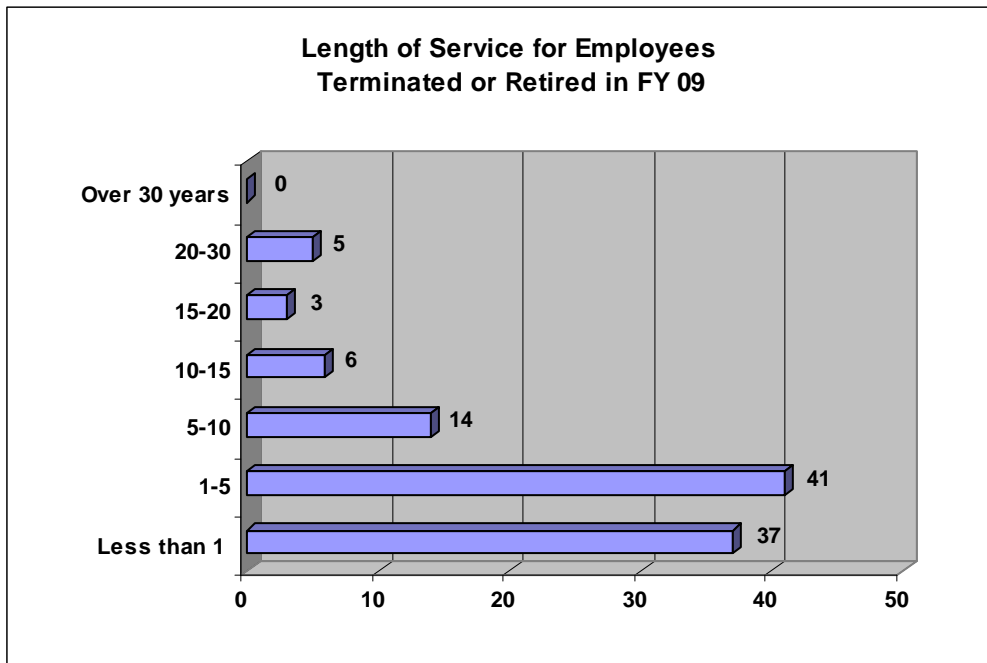
who terminated employment this last fiscal year. In our efforts to recruit personnel to fill these crucial positions, the hospital takes the following steps:

- Hospital recruiters are still utilizing expanded tools to advertise, such as the state’s azstatejobs.gov web site and job fairs; internet-based sites specific to the recruited occupations, trade publications, and industry management association web sites. This includes involving key management personnel and networking with other state agencies in creating new ideas and techniques in our recruiting processes and methods.
- An alternate pay tier plan for nursing was implemented in June 2007 to include a stipend into their base pay, with the hope to continue recruitment and retention successes.

Direct care RNs are a vital position for the Hospital. There are continuous efforts to recruit and retain them. The following table reflects the vacancy percentages of psychiatric nurses and psychiatric nurse shift supervisors.

FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate
30%	31%	8%	6.8%	12%	12%

There are many reasons why employees leave the Hospital and many are understandable such as promotional opportunities and retirement. The chart below illustrates terminations and retirements based upon length of service.



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**CONDITION OF EXISTING BUILDINGS AND EQUIPMENT
A.R.S. 26-209 (6)**

The new **Civil Hospital** buildings are beginning to show indications of construction settlement with cracks in the floor, walls and roofs caused by the floating concrete slabs and foundation settlement. This requires a great amount of time and considerable maintenance budget to repair. While conducting scheduled facilities inspections, water leaks from the showers were identified. Further investigation indicated that plastic pans under the floor tile were missing. McCarthy (General Contractor) with the assistance of ADOA repaired the showers throughout the civil hospital under warranty at no direct expense to the Hospital. Additionally, the building movement created roof cracks at the plastic membrane resulting in roof leaks every time it rains damaging the walls, ceiling tiles, and at times, furniture and equipment. A new roof was installed last year by the contractor under the 10 year warranty.

The **Old Forensic** portion of the hospital was built in the 1950's. It was designed to care for a geriatric mental population. Over the years some of the wings have been partially renovated into a medium security forensic unit to treat Restoration to Competence (RTC) patients, Guilty Except Insane (GEI) patients, and the Not Guilty by Reason of Insanity (NGRI) patients. The buildings are deteriorating rapidly due to their age and the types of materials used in the 50's for construction. The majority of the galvanized water piping is corroded and leaks throughout the buildings. In addition, the roof leaks whenever a rainstorm occurs, the walls are cracking, the electrical systems are aged and the air conditioning system is obsolete making it impossible to find replacement parts.

The construction of a **New Forensic Hospital** has been approved and funds have been allocated. ADOA and the hospital administration have met with the design engineering firm Jacobs Carter Burgess on the construction. Current estimates on the bed capacity are for a 120 bed facility. Construction will be focused on the Safety and Security element necessary for forensic patients and staff. The Contractor at Large, Gilbane Construction, agrees that they can build such a facility within the construction funds that were allocated. The site plan delivery by the architect and construction was delivered in July 2009, and groundbreaking with completion of the first 80 beds by 30 January, 2011.

A new **Traffic Control** facility was put into operation at the 24th Street entrance in October 2009. Traffic Control was built to support and provide a more secure entrance for the new forensic hospital and the entire campus. The facility was designed and built by Jacob Carter Burgess as part of the overall construction of the new forensic hospital. Features of this new building provide a permanent concrete structure affording a 360 degree view with bullet proof windows, a new electrical system, a new data communication system, replacement of the remote controls, new floor, vehicle access electronic control gate and thermal insulation.

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After careful consideration and analysis of available space, the design team selected the **Old Commissary** to be remodeled as a future PSRB-Psychology building for the new forensic hospital. This structure required the least amount of work to bring it up to occupancy standards and give a safe work environment to the staff. The reconstruction will provide offices for the personnel who were displaced due to the sinking of the modular structure they were housed in. Previously a new air handler was installed, the interior was abated and the restrooms were finished.

The lower level of **Granada** building is practically obsolete because of the deteriorated condition of the building and the lack of compliance with state and federal codes.

The **General Services** building needs additional renovations to be in compliance with ADA federal regulations. Also, repairs to the interior, hallways, restrooms, doors, ramps, and door handles are needed.

The **Paint Garage Shop** is in need of attention. The wood structure needs to be fire proofed, the restrooms must comply with the ADA federal regulations, ventilation and air conditioning needs to be added, fire sprinkler coverage is necessary and a new sand and oil trap is required.

The **Engineering – Housekeeping** building needs a new roof, ADA compliant restrooms, a fire sprinkler, new fire alarms, and a new electrical system.

The **Laundry** building is no longer utilized as a laundry but is used as a warehouse for hospital materials and housing some program materials. The building needs a new roof, ACM abatement, piping, electrical, lighting and air conditioning.

The **Warehouse** is in need of renovation to comply with the ADA federal regulations. In addition the warehouse needs emergency lighting, loading dock repairs, roof eaves, new evaporative coolers, and smoke detectors.

The **Old Main Administration Building** is an abandoned building with historical value, however, it is a potential for problems. The floors are unstable and ready to collapse. The foundation and walls need seismic reinforcement/bracing. In addition, the entire interior needs to be renovated to meet current regulations and ADA requirements.

In the **Dietary Building**, repairs included the following: repair to the collapsed sewer lines, lift station and the seismic system was under taken. This year the dietary drain lines located in the crawl space underneath the facility were upgraded with the assistance of ADOA from PVC to cast iron, extending the sanitary capabilities of the facility.

The **Chapel of All Faiths** was built in 1963 and is in fairly good condition. The outside of the Chapel was recently patched, repaired and painted to prevent further deterioration of the stucco walls. The air conditioning units for the main assembly area and the Chaplin's office were replaced. The interior is currently being updated with new

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carpeting, paint and window coverings. The only deficiency is a large break in the concrete due to floor settlement on the main chapel floor. This deficiency within time will create a tripping hazard requiring a new floor or substantial repair.

Other Campus Deficiencies

The entire Hospital is in need of an updated **lock-key security system** with good key control. The existing key system has been in place for decades and it is easy for an unauthorized person to open a lock when they have access to the right keys. As a specialty psychiatric hospital we are vulnerable to unauthorized entry by unwanted guests and/or unauthorized exit by patients.

The **Fire Alarm system** is old and needs to be replaced in order to provide reliable, safe and adequate fire protection to the hospital patients and staff. The fire system was relocated to the forensic security control to obtain 24/7 fire coverage.

The Hospital's **cooling and heating** 4-pipe system is in need of additional upgrades. The capital construction money aided the hospital in replacing the steam boilers at the power plant but other equipment such as the condensate return holding tank and the hot water supply tank needs replacement. The heat and plate exchanger needs to be upgraded to utilize the cooling towers to full capacity. The existing unit is large enough to serve the entire current campus as it was redesigned to service the forensic and civil campus. The unit may need to be upgraded again when the new forensic hospital is built. If the current forensic hospital continues to be in operations once the new one is built, the unit may not be large enough to meet the needs of the entire campus.

Hospital Technology Services

Several Technology improvements have been made at the Arizona State Hospital over the past year. These improvements provide needed support systems that contribute to the continued ability of our staff to provide outstanding patient care.

Hardware

The hospital was connected to the state Wide Area Network via a T1 telephone line. This allowed data transmission up to 1.5 megabytes. This connection was replaced with a Qwest Metropolitan over Ethernet connection that allows data transmission up to 40 megabytes. This has greatly increased the speed of computer response time.

Software

New hospital applications have been installed and existing systems have been updated. New systems include:

- **Physicians Order Entry system was configured and installed:**
 - Conducted successful pilot to test the Physician's Order Entry Process
 - Provided training to Medical and Nursing staff

- **Infotronics Time and attendance software installed:**
 - Installed hand scanners to enforce attendance policy through biometric identification

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- Provided training to hospital staff.
- Developed staffing schedules
- **Employee Health Database:** Developed and implemented a solution for tracking employee health requirements.

Existing systems enhancements include:

- **Avatar Electronic Billing configured and implemented:**
 - Implemented electronic claims processing for AHCCS
 - Created technical documentation of e-Billing process
 - Developed a system for tracking outpatient appointments and associated claims from providers including a denial processing
 - Developed a system for patient financial eligibility
 - Developed a system for monitoring hospital utilization management tied to patient financial eligibility
- **The Avatar System was enhanced to:**
 - Developed system to fully automate processing the daily/weekly/monthly production reports
 - Updated Avatar application software to current release levels
 - Developed testing protocol to ensure minimal impact to production including Decision Support System
 - Migrated backup files from hospital to production ITS

**Budget Challenges: FY 2009
A.R.S 36-209 D**

The Hospital experienced a very difficult budget year due to mid year budget reductions. Non-mission critical staff were furloughed 1 day per pay period from February through June '09. The Hospital took significant steps to reduce expenditures and increase revenues to successfully navigate through the fiscal year without impacting the Hospital's Joint Commission licensure or Center for Medicare and Medicaid certification. Steps taken included:

- Held vacant numerous non-mission critical positions in various departments
- Eliminated temporary services through consolidation of departments
- Increased collections of Federal Title XIX revenues for patient care
- Offset outside medical expenses for eligible patients through Medicare D billing for prescription drugs and Title XIX for medical procedures
- Significantly reduced overtime
- Approved only emergency repairs at the hospital. Non-essential requests were deferred
- Identified all surpluses in buildings and used surplus items to fill staff requests instead of purchasing new items
-

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- Reduced spending for non clinical areas, eliminating travel and reducing outside training to only those required
- Educated staff about reducing utility usage

BUDGET REQUESTS FOR '010 LEGISLATIVE SESSION

Due to the serious budget shortfall, the hospital did not submit a budget request for FY '010.