



*Office of the Director*

150 N. 18th Avenue, Suite 500  
Phoenix, Arizona 85007-3247  
(602) 542-1025  
(602) 542-1062 FAX  
Internet: [www.azdhs.gov](http://www.azdhs.gov)

JANICE K. BREWER, GOVERNOR  
WILL HUMBLE, DIRECTOR

DEC 14 2010

The Honorable Janice K. Brewer  
Governor  
State of Arizona  
1700 W. Washington  
Phoenix, AZ 85007

Dear Governor Brewer:

I am pleased to present the Annual Report for the Arizona Department of Health Services, Division of Behavioral Health Services and the Arizona State Hospital for fiscal year 2010. This report is prepared in accordance with A.R.S. §36-3405 (A) (B) (C), A.R.S. §36-3405(B) (5) and §36-209(A, 1-8) and reflects the activities of various components of these service areas.

I pledge our continued efforts toward a system that provides quality behavioral health services to those in need.

Sincerely,

A handwritten signature in black ink that reads "Will Humble". The signature is written in a cursive, flowing style.

Will Humble  
Director

WH:jt

Enclosure

C: Robert Burns, Senate President  
Kirk Adams, Speaker of the House

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

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

**ANNUAL REPORT  
FISCAL YEAR 2010**

**Janice K. Brewer, Governor**

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

**Dr. Laura Nelson, Deputy Director  
Arizona Department of Health Services  
Division of Behavioral Health Services**

**Submitted in Compliance with A.R.S. §36-3405 (A) (B) (C)**

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**~Leadership for a Healthy Arizona~**

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

**PROGRAMMATIC AND FINANCIAL REPORT**

**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 2010, 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.

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 \$1,506,429,651 in funding for Fiscal Year (FY) 2010. ADHS/DBHS' administrative costs totaled \$21,714,532 and statewide service costs totaled \$1,441,630,700. 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 2010. 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.

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

**Table 1: Statewide Revenue by Program FY 2010**

Statewide Revenue by Program FY 2010		
Funding	Amount Received	Percentage
Title XIX Children	470,239,475	31.22%
Non TXIX Children	4,097,250	0.27%
TXXI Children	11,453,248	0.76%
TXIX SMI	520,458,793	34.55%
Non TXIX SMI	79,449,698	5.27%
TXXI SMI	646,877	0.04%
TXIX GMH/SA	287,077,536	19.06%
Non TXIX GMH/SA	7,158,940	0.48%
TXXI GMH	425,537	0.03%
Federal Grants	49,465,271	3.28%
ISA/IGA	48,277,946	3.20%
Administration	19,748,530	1.31%
Other(1)	7,930,550	0.53%
<b>Total</b>	<b>1,506,429,651</b>	<b>100.00%</b>

(1) Other includes: Court Monitor, Dual Eligible Part D, Clawback & Community Placement  
Source Data: Accounting Event Data Warehouse

**Table 2: Total ADHS/DBHS Services and Administration Expenditures**

Total Behavioral Health Services Expenditures Services & Administration FY 2010		
Funding	Amount Paid	Percentage
Title XIX	821,182,906	56.12%
Title XIX Proposition 204	456,849,319	31.22%
Title XXI	12,887,149	0.88%
Federal Funds	46,169,271	3.16%
Non Title XIX/XXI Funds General Funds	79,426,518	5.43%
County Funds	45,524,853	3.11%
Tobacco Tax HLTH Care Fund MNMI Account	0	0.00%
Other (1)	1,305,216	0.09%
<b>Total</b>	<b>1,463,345,232</b>	<b>100.00%</b>

(1) Other Includes: PASSAR, COOL, Bridge Subsidy, & DES/RSA  
Source Data: Accounting Event Data Warehouse

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

**Table 3: Administrative Expenditures**

<b>Administrative Expenditures FY 2010</b>		
<b>Funding</b>	<b>Amount Paid</b>	<b>Percentage</b>
<b>Title XIX</b>	<b>11,319,919</b>	<b>52.13%</b>
<b>Title XIX Proposition 204</b>	<b>6,070,959</b>	<b>27.96%</b>
<b>Title XXI</b>	<b>213,900</b>	<b>0.99%</b>
<b>Federal Funds</b>	<b>2,695,335</b>	<b>12.41%</b>
<b>Non Title XIX/XXI Funds General Funds</b>	<b>1,116,648</b>	<b>5.14%</b>
<b>County Funds</b>	<b>125,700</b>	<b>0.58%</b>
<b>Other (1)</b>	<b>172,071</b>	<b>0.79%</b>
<b>Total</b>	<b>21,714,532</b>	<b>100.00%</b>
<b>(1) Other Includes PASSAR, COOL Program, &amp; DES/RSA</b>		

Source Data: Accounting Event Data Warehouse

**Table 4: Statewide Expenditures by Program**

<b>Statewide Expenditures by Program FY 2010</b>		
<b>Funding</b>	<b>Amount Paid</b>	<b>Percentage</b>
<b>Title XIX Children</b>	<b>438,099,188</b>	<b>30.39%</b>
<b>Non TXIX Children</b>	<b>14,176,400</b>	<b>0.98%</b>
<b>TXXI Children</b>	<b>11,797,236</b>	<b>0.82%</b>
<b>TXIX SMI</b>	<b>536,031,822</b>	<b>37.18%</b>
<b>Non TXIX SMI</b>	<b>110,793,295</b>	<b>7.69%</b>
<b>TXXI SMI</b>	<b>500,596</b>	<b>0.03%</b>
<b>TXIX GMH/SA</b>	<b>286,510,337</b>	<b>19.87%</b>
<b>Non TXIX GMH/SA</b>	<b>34,101,240</b>	<b>2.37%</b>
<b>TXXI GMH</b>	<b>375,416</b>	<b>0.03%</b>
<b>Non TXIX Prevention</b>	<b>9,195,317</b>	<b>0.64%</b>
<b>Other Programs (1)</b>	<b>49,853</b>	<b>0.00%</b>
<b>Total</b>	<b>1,441,630,700</b>	<b>100.00%</b>
<b>(1) Other Includes Liquor Fees &amp; City of Phoenix LARC</b>		

Source Data: Accounting Event Data Warehouse

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

During FY 2010, 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 SFY10 and Table 6 provides information on the number of clients who were served under the following assumptions:

1. Client eligibility is to be broken out into TXIX/TXXI and Non-TXIX.
2. Client behavioral health category is to be broken out into Seriously Mentally Ill (SMI), Substance Abuse (SA), General Mental Health (GMH), Serious Emotional Disturbed Children (SED) and Children.
3. SED is determined from the latest client demographic by Behavior\_Health\_Cat\_Cd "Z".
4. "Served" in this report means that the client had at least one encounter in FY 2010.
5. Due to BHS edits being removed for HCFA 1500 and NCPDP drug encounters, Title 19/21 encounters were included only if they have been approved at AHCCCS (Encounter-Status = "AP") or it was a Non-T19 encounter service code.
6. Non-Title 19/21 records use all encounter records.

**Table 5: ADHS/DBHS Clients Enrolled in FY 2010**

**Persons Enrolled in FY 2010**

Eligibility	BHC	Count
TXIX/TXXI	SMI	30,754
	SA	28,277
	GMH	80,248
	SED	15,802
	CHILD	48,237
	Total	203,318
	NON-TXIX	SMI
SA		6,114
GMH		18,494
SED		430
CHILD		3,695
Total		40,881
All Eligibilities	SMI	42,902
	SA	34,391
	GMH	98,742
	SED	16,232
	CHILD	51,932
	Total	244,199

<sup>1</sup> All data sources are effective as of month-end August 2010 (unless otherwise noted)

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

**Table 6: ADHS/DBHS Clients Served in FY 2010**

<b>Persons Served in FY 2010</b>		
<b>Note: The term served here means that the clients had at least one encounter in FY 2010</b>		
<b>Eligibility</b>	<b>BHC</b>	<b>Count</b>
<b>TXIX/TXXI*</b>	<b>SMI</b>	<b>30,207</b>
	<b>SA</b>	<b>23,699</b>
	<b>GMH</b>	<b>71,804</b>
	<b>SED</b>	<b>15,308</b>
	<b>CHILD</b>	<b>43,859</b>
	<b>Total</b>	<b>184,877</b>
<b>NON-TXIX**</b>	<b>SMI</b>	<b>11,721</b>
	<b>SA</b>	<b>3,165</b>
	<b>GMH</b>	<b>11,937</b>
	<b>SED</b>	<b>334</b>
	<b>CHILD</b>	<b>2,523</b>
	<b>Total</b>	<b>29,680</b>
<b>All Eligibilities</b>	<b>SMI</b>	<b>41,928</b>
	<b>SA</b>	<b>26,864</b>
	<b>GMH</b>	<b>83,741</b>
	<b>SED</b>	<b>15,642</b>
	<b>CHILD</b>	<b>46,382</b>
	<b>Total</b>	<b>214,557</b>

\*Title 19/21 encounters were included only if they have been approved at AHCCCS (Encounter-Status = "AP") or it was a Non-19 encounter service code.

\*\*Non-Title 19/21 records use all encounter records.

**1 All data sources are effective as of month-end August 2010 (unless otherwise noted)**

**2**

- BHSD.QM\_ENRL\_FY\_2010
- H78DWH.H78\_SNAP\_INTAKE
- H78DWH.H78\_SNAP\_CLOSURE
- H78DWH.H78\_SNAP\_PRIMARY\_CLIENT
- H78DWH.H78\_SNAP\_CLIENT\_DUMMY\_ID
- H78DWH.H78\_SNAP\_CLIENT\_DEMOG
- H78DWH.H78\_SNAP\_ELIGIBILITY
- H78DWH.H78\_AHCCCS\_SSN\_CROSSWALK
- H78DWH.H78\_ATRISK

**3**

- BHSD.QM\_ENCOUNTER\_FY2010 (AP codes and Non-T19 service codes)
- H78DWH.H78\_SNAP\_ENCOUNTER
- DQMP.QM\_APPENDIX\_B2\_CONVERSION

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

DQMP.QM\_APPENDIX\_B2\_CAT\_REF  
H78DWH.H78\_SNAP\_PROV\_DEMOGRAPHICS  
H78DWH.H78\_SNAP\_PRIMARY\_CLIENT

4  
TINKERG.QM\_ENCOUNTER\_FY2010\_ALL (all service codes)  
H78DWH.H78\_SNAP\_ENCOUNTER  
DQMP.QM\_APPENDIX\_B2\_CONVERSION  
DQMP.QM\_APPENDIX\_B2\_CAT\_REF  
H78DWH.H78\_SNAP\_PROV\_DEMOGRAPHICS  
H78DWH.H78\_SNAP\_PRIMARY\_CLIENT

# **ANNUAL REPORT FISCAL YEAR 2010**

**Arizona State Hospital**

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



*~Leadership for a Healthy Arizona~*

## THE ARIZONA STATE HOSPITAL

### 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 24<sup>th</sup> 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 (ADHS). The Arizona State Hospital provides long-term inpatient psychiatric care to the most seriously mentally ill Arizonans. The facility operates programs within a 280-funded bed facility 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 patients' right to confidentiality and privacy.

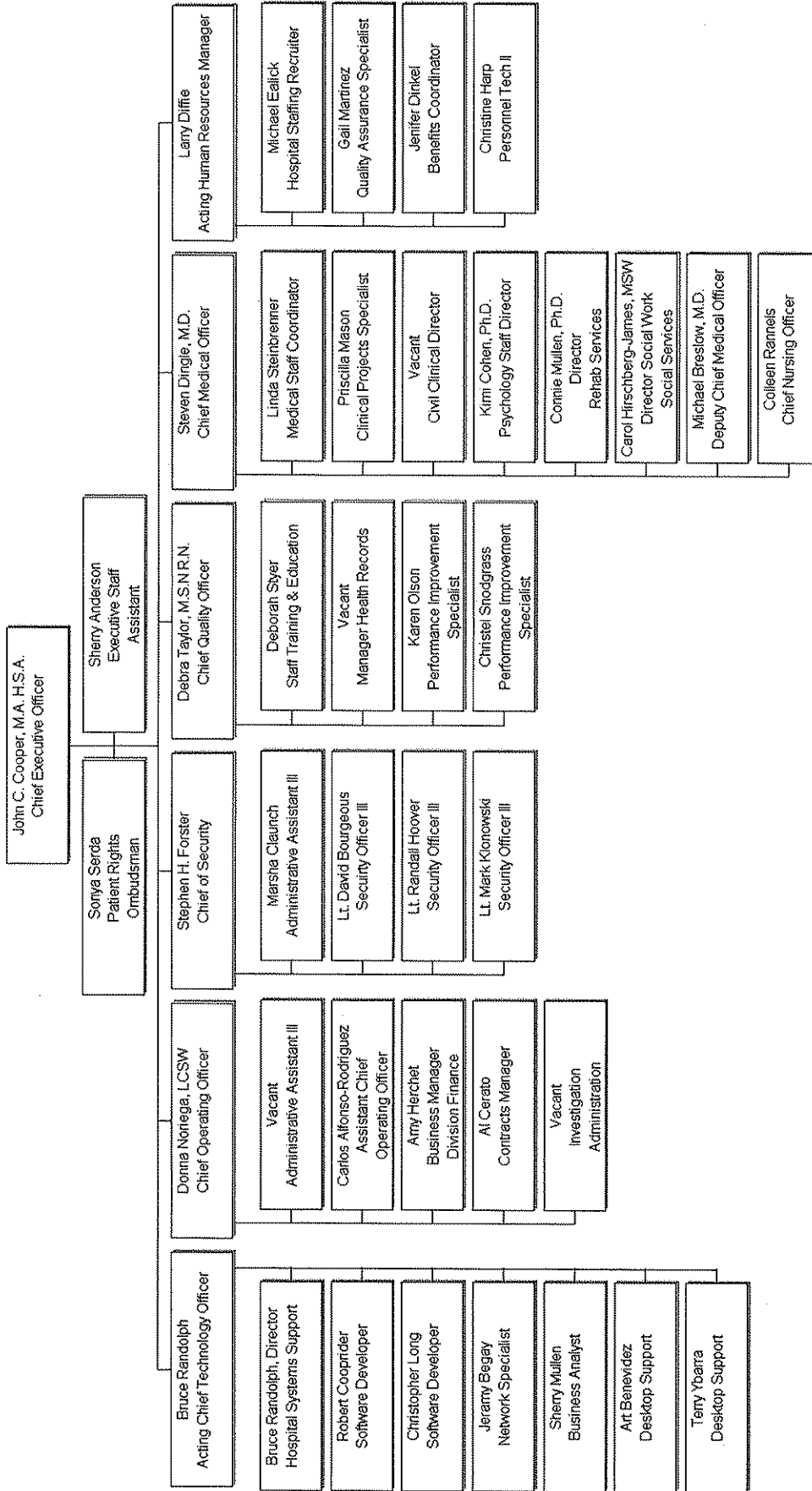
Overall governance for the Hospital is provided by the **Arizona State Hospital Governing Body**. The Deputy Director of the Arizona Department of Health Services/Division of Behavioral Health Services (DBHS) chairs this committee. The Governing Body consists of the DBHS Deputy Director, the Division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

Health Medical Director, a representative from the ADHS Central Budget Office, a Hospital Physician, Community Representatives- including family and consumers, the Arizona State Hospital Chief Executive Officer (Superintendent), and the Hospital 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 of Security, Chief of Technology Services, Human Resource Manager, and the Patient Rights Ombudsmen. Also among the Executive Management Team is the Chief Nurse Officer, reporting to the Chief Medical Officer. These Executive Management Team members oversee Hospital operation, establish administrative policies and procedures, and direct Hospital planning activities.

Arizona Department of Health Services  
Arizona State Hospital



## **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 to a minimum of 25 days in a community hospital setting. Forensic patients are court-ordered for pre- or post-trial treatment. Most of these patients have been unable to be safely managed in 24-hour residential settings, and as a result of their noncompliance, active symptoms, and/or substance abuse issues. Often they have become homeless or unable to be managed safely in lesser restrictive community placement. 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 within a humanitarian and recovery based environment. 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**

Staff providing direct patient care on the treatment unit consists of Psychiatrists, Psychologists, Registered Nurses, Clinical Social Workers, Rehabilitation Specialists, Master Level Therapists, and Mental Health Program Specialists. The remaining staff at Arizona State Hospital provides support to the direct care staff to ensure safe, quality care and successful treatment outcomes for the patients.

The staff provide a level of patient care that not only is required by law and regulatory agencies but guided by best practice standards and an individualized, person centered treatment plan.

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. The staffing needs are based on patient acuity (level of presenting psychiatric symptoms) and 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.

All staff are required to complete annual training to ensure basic and specialized staff competencies in patient safety. In addition, mandatory training is completed in mental

health approaches, new psychopharmacology agents, or medical procedures not previously utilized at our hospital. This past year a training program based on the National Association of State Mental Health Program Directors titled "Workforce Development" began. The training program is designed to provide direct care mental health workers as well as members of the security department with a foundation of understanding mental illness and tools for implementing recovery based approaches and programs. All current and newly hired clinical and security staff are required to successfully complete this program.

## **ARIZONA STATE HOSPITAL CLINICAL SERVICES OVERVIEW**

### **A.R.S. § 36-209.A.(2)**

#### **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 general medical physician or certified physician assistant, a registered nurse, a social worker, rehabilitation professionals, a mental health therapist/treatment plan coordinator, and 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/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 plan 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 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 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.

The Arizona State Hospital continues to support 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 class. 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 the 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; and

**Education:** to use formal education to promote growth and change.

### **Dialectical Behavior Therapy (DBT)**

The Hospital's DBT team continues to provide training, coordination, and consultation on this approach to staff and patients at the Arizona State Hospital. This approach has led to marked successes in treating patients with impulse dyscontrol and self-injurious behaviors in the context of Borderline Personality Disorder.

### **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. 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 regarding 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.

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. In addition, 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 the Arizona State Hospital are committed to supporting health, wellness and recovery. As a healthcare agency, we must act on what we know. Therefore, the Arizona State Hospital has taken an assertive stand to end the use of tobacco. This past year we celebrated our second year of being tobacco free. Since becoming tobacco free, there have been many therapeutic activities around assisting patients and staff to quit tobacco use. Many staff are trained in and provide specialized techniques to assist people in tobacco cessation.

In addition, we have been a leader among other hospitals in the Phoenix area, as they join the ranks of being tobacco free, sharing our strategies, successes and lessons learned. Among these hospitals are Banner Health, John C. Lincoln, and Maricopa Integrated Health System. We have continued our wellness work by advocating for tobacco free discharge placements for our patients with aftercare plans to include many continued wellness initiatives.

**PATIENTS SERVED AT THE ARIZONA STATE HOSPITAL  
A.R.S. § 36-209.A.(3)(4)**

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

**CIVIL ADULT REHABILITATION PROGRAM** (116 BEDS) consists of six 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 completed a mandatory 25 days of treatment in a community inpatient setting prior to admission.

**FORENSIC ADULT PROGRAM** (163 BEDS TOTAL): Court-ordered commitments through a criminal process for either:

-**PRE-TRIAL RESTORATION TO COMPETENCE PROGRAM** ("RTC"; 20 BEDS) is currently housed on one unit providing pre-trial evaluation, treatment, and restoration to competency to stand trial,

-**POST-TRIAL FORENSIC PROGRAM** serves those adjudicated as **GUILTY EXCEPT INSANE** ("GEI; 115 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). These patients are currently housed on 4 separate units, or

-**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.

**New Forensic facility:** The new forensic facility will have 120 beds distributed among 6 units. It is anticipated that this facility will allow improved treatment within a secure environment specifically designed for the patient population that still requires close monitoring. The facility is expected to be open in the Fall of 2011.

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

**Census Management  
A.R.S. § 36-209.A.(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<sup>st</sup> of each year, the ADHS/DBHS Deputy Director and the Hospital collects census data by

population to establish the maximum funded capacity and a percentage allocation formula for forensic and civil bed capacity (Arizona Revised Statutes §§13-3994, 13-4512, 36-202.01 and 36-503.03). The ADHS/DBHS 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 fiscal year 2011, the funded capacity and allocation of the Hospital's beds was as follows:

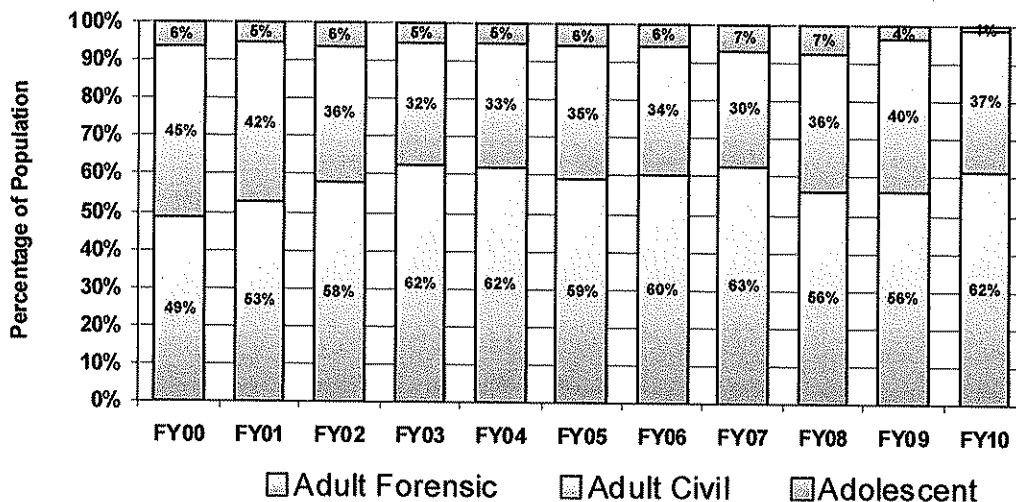
<b>Forensic Adult (58% of beds):</b>	<b>163</b>	<b>Beds</b>
• Restoration to Competency	20	Beds
• Guilty Except Insane – 75 day evaluation	4	Beds
• Guilty Except Insane	115	Beds
• Not Guilty By Reason of Insanity	24	Beds
<b>Civil Adult (42% of beds):</b>	<b>116</b>	<b>Beds</b>
<b>Medical Bed (reserved for infection control):</b>	<b>1</b>	<b>Bed</b>
<b>TOTAL BEDS FY 2010</b>	<b>280</b>	<b>Beds</b>

### 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



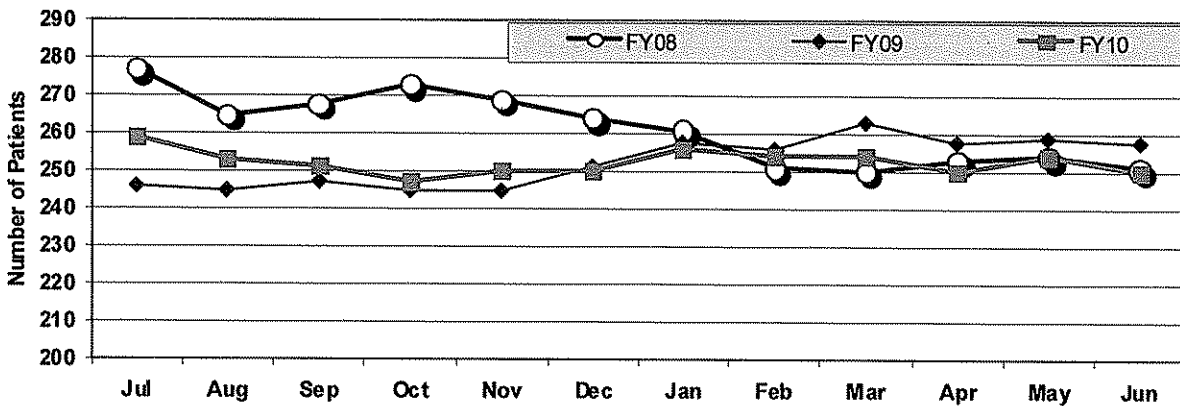
**End of Month Census**

The Hospital began FY 2010, with a patient census of 260 and ended the fiscal year on June 30<sup>th</sup>, with a census of 250, a decrease of 10 patients or 3.8%. During the year, 146 patients were admitted and 154 patients were discharged. The average daily census for the fiscal year was 252 patients. These patients accounted for a total of 92,104 patient days\*, a decrease of 96 days over the previous fiscal year. The end of month patient census from July 2007 through June 2010, 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.

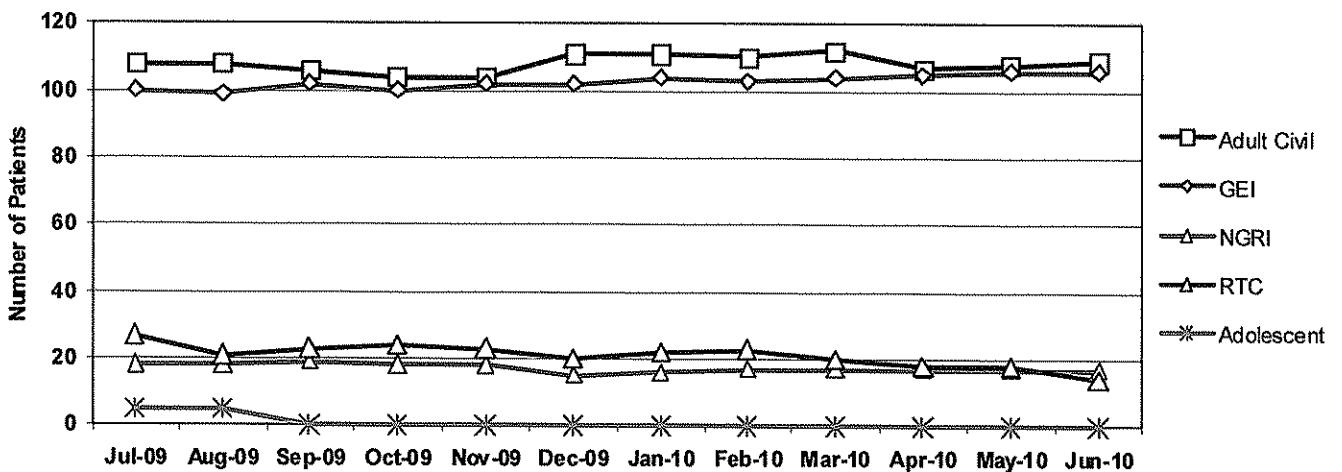
**EXHIBIT # 2 (A)**

*End of Month Census, FY 2008 through FY 2010*

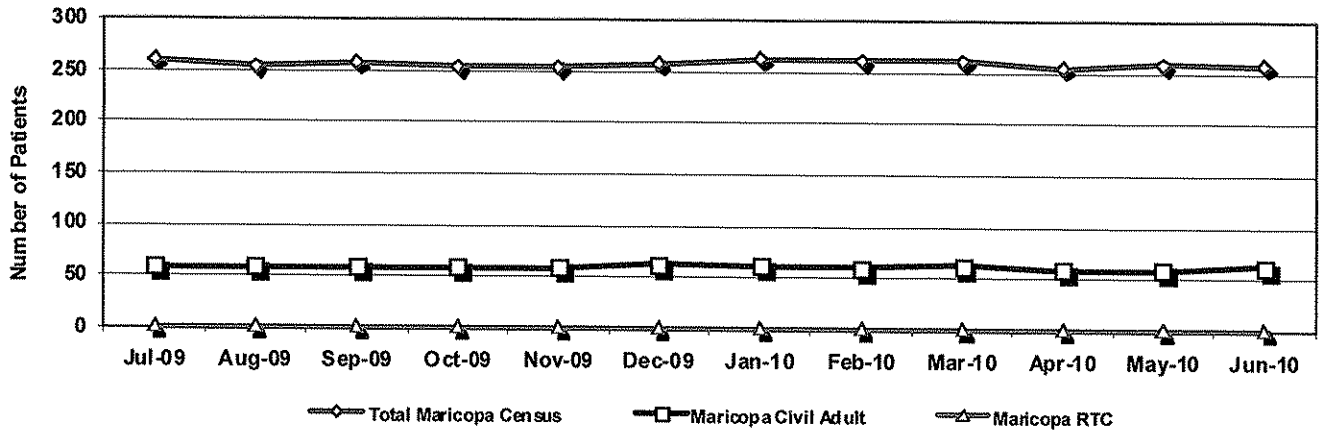


**EXHIBIT # 2 (B)**

**FY 2010 End of Month Census by Legal Status and Legal Type**



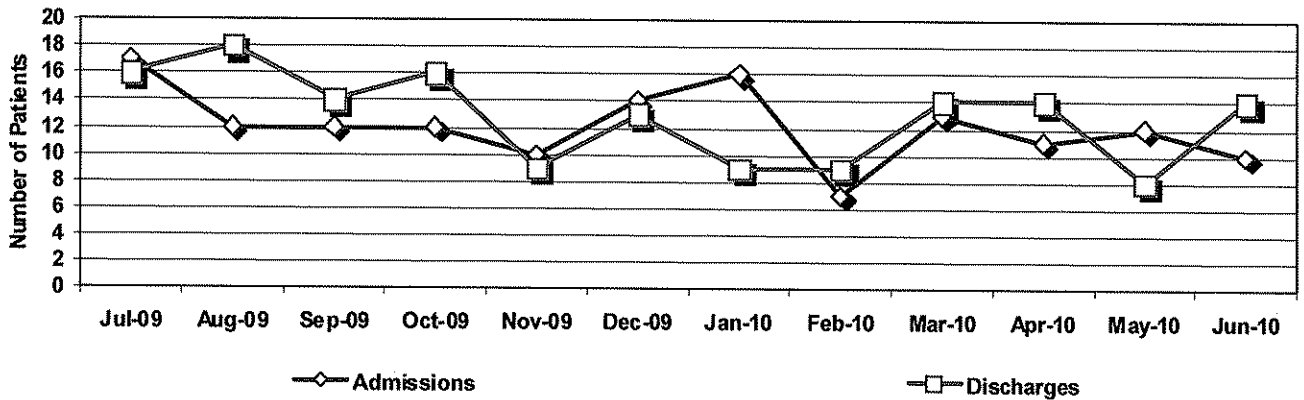
**EXHIBIT #2 (C):**



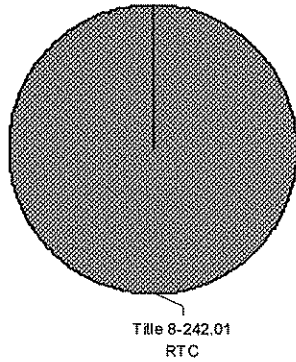
**ADMISSIONS AND DISCHARGES**

**EXHIBIT #3:**

**FY10 Monthly Admissions and Discharges**



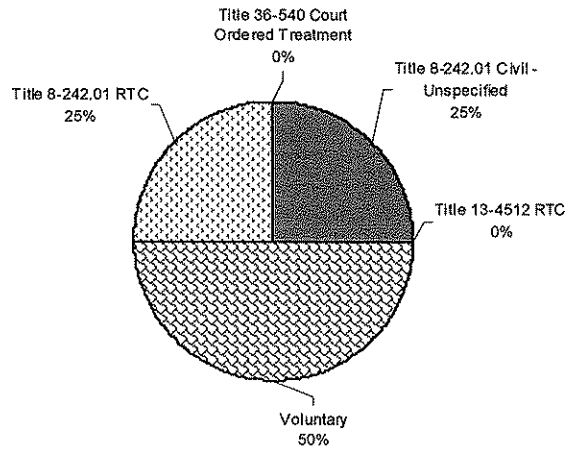
### Adolescent Admissions



#### Admission Legal Status

Title 13-4512 RTC	0
Title 36-540 Court Ordered Treatment	0
Title 8-242.01 Civil - Unspecified	0
Title 8-242.01 RTC	1
Voluntary	0
<b>Total</b>	<b>1</b>

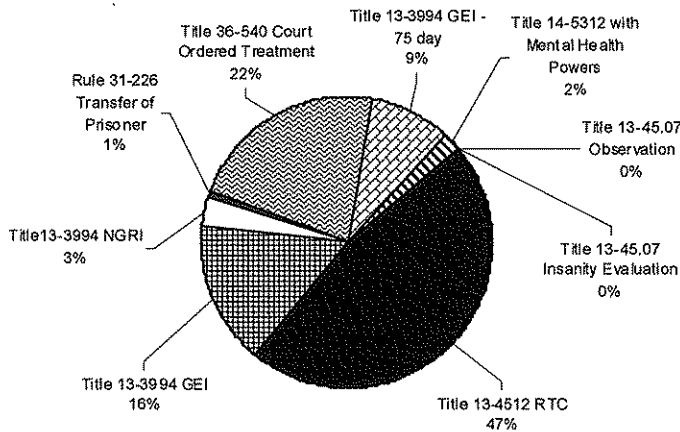
### Adolescent Discharges



#### Discharge Legal Status

Title 13-4512 RTC	0
Title 36-540 Court Ordered Treatment	0
Title 8-242.01 Civil - Unspecified	1
Title 8-242.01 RTC	1
Voluntary	2
<b>Total</b>	<b>4</b>

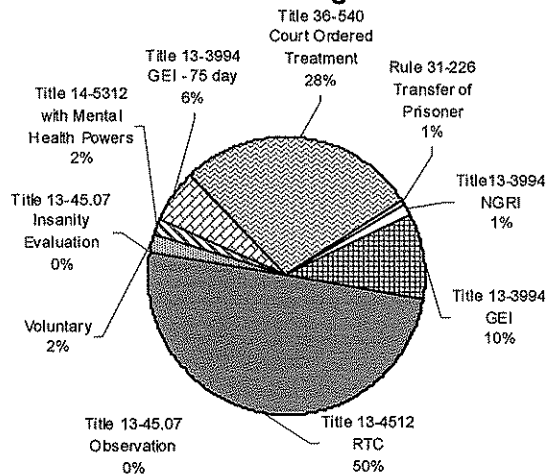
### Adult Admissions



#### Admission Legal Status

Rule 31-226 Transfer of Prisoner	1
Title 13-3994 GEI	23
Title 13-3994 GEI - 75 day	13
Title 13-45.07 Observation	0

### Adult Discharges



#### Discharge Legal Status

Rule 31-226 Transfer of Prisoner	1
Title 13-3994 GEI	15
Title 13-3994 GEI - 75 day	9
Title 13-45.07 Observation	0

Title 13-45.07 Insanity Evaluation	0
Title 13-4512 RTC	68
Title 13-994 NGRI	5
Title 14-5312 with Mental Health Powers	3
Title 36-540 Court Ordered Treatment	32
Voluntary	0
<b>Total</b>	<b>145</b>

Title 13-45.07 Insanity Evaluation	0
Title 13-4512 RTC	75
Title 13-994 NGRI	2
Title 14-5312 with Mental Health Powers	3
Title 36-540 Court Ordered Treatment	42
Voluntary	3
<b>Total</b>	<b>150</b>

## SUMMARY OF ADMISSIONS AND DISCHARGES FY 2010

	Total Admissions	Total Discharges
<b>Adolescents:</b>		
Forensic	1	1
Civil	0	3
<b>Subtotal</b>	<b>1</b>	<b>4</b>
<b>Adult:</b>		
Forensic	110	102
Civil	35	48
<b>Subtotal</b>	<b>145</b>	<b>150</b>
<b>Total for FY 2010</b>	<b>146</b>	<b>154</b>

### Admission Statistics

The Hospital admitted 146 patients this fiscal year. Those individuals admitted to the Hospital for the first time accounted for 95 or 65% of all admissions during FY 2010. Admissions by diagnostic grouping indicated that patients diagnosed with schizophrenic disorders accounted for 37% of all admissions during FY 2010, which is an 8% decrease from the previous fiscal year. During FY 2010, patients diagnosed with polysubstance abuse (12%), psychotic disorders (28%), affective disorders (13%), personality disorders (3%), and cognitive disorders (1%) comprise the major diagnostic groupings for patient admissions to the Hospital. Of the 146 patients admitted this fiscal year, 90 (62%) were determined to be Seriously Mentally Ill (SMI). This is an 11% decrease from the previous fiscal year.

### Admission Averages

The average monthly admission rate for FY 2010 was 12 patients, ranging from a low of 7 admissions in February of 2010 to a high of 17 admissions in July of 2009. This was an 8% decrease from the FY 2009 average monthly admission rate of 13 patients.

### Admission by County

Maricopa County had the highest number of admissions during FY 2010 with 27 patients or 18% of all statewide admissions. This was a decrease of 29% from last fiscal year's 38 Maricopa County admissions. Pima County accounted for 13 (or 9%) of the admissions in FY 2010, a decrease of 48% from the previous year's total of 24 admissions. The remaining thirteen counties accounted for 106 or 73% of the state admissions during the period July 2009 to June 2010.

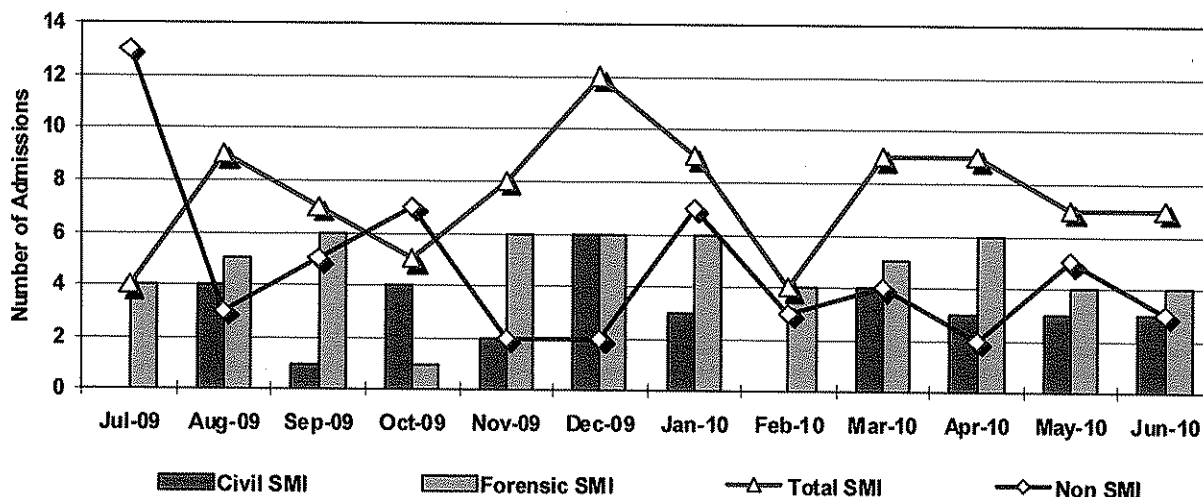
**EXHIBIT #5**

**Admissions by County FY 2010**

<b>County of Admission</b>	<b>Total</b>	<b>Percentage</b>
Maricopa	27	18.5%
Cochise	21	14.4%
Yavapai	20	13.7%
Pinal	18	12.3%
Pima	13	8.9%
Mohave	8	5.5%
Yuma	8	5.5%
Gila	7	4.8%
No Entry	7	4.8%
Coconino	6	4.1%
Navajo	6	4.1%
Santa Cruz	2	1.4%
Apache	1	0.7%
Greenlee	1	0.7%
La Paz	1	0.7%
Graham	0	0.0%
<b>Total Admissions FY 2010</b>	<b>146</b>	<b>100.0%</b>

**EXHIBIT #6**

**FY10 SMI and Non-SMI Admissions**



**Discharge Statistics**

The Hospital discharged 154 patients during this fiscal year. The average monthly discharge rate for FY 2010 was 12.8 patients, ranging from a low of 8 discharges in May 2010 to a high of 18 discharges in August 2009 (Exhibit #3). This was a 0% decrease from the FY 2009 average monthly discharge rate of 12.8 patients. Of the 154 patients discharged this fiscal year, 95 (62%) were Seriously Mentally Ill. This is a 4% increase from the previous fiscal year.

The number of non-forensic patients discharged during FY 2010 with a length of stay less than 365 days, was 18 or 38% of all civil discharges. This data continues to support the premise that the Hospital, the ADHS/DBHS, 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 2010, 10 patients were discharged with a length of stay of greater than 3 years, including 4 patients hospitalized for over 7 years, and 1 patient hospitalized for over 15 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, 150 or 97% were adults. Overall, the average length of stay for this age group was 502.6 days. During FY 2010, 51 civil patients had an average length of stay of 888.9 days: these included 42 patients discharged from the Title 36 Court Ordered Treatment program with an average length of stay of 936.0 days; and 3 patients under Title 14 with Mental Health Powers discharged in an average of 882.7 days.

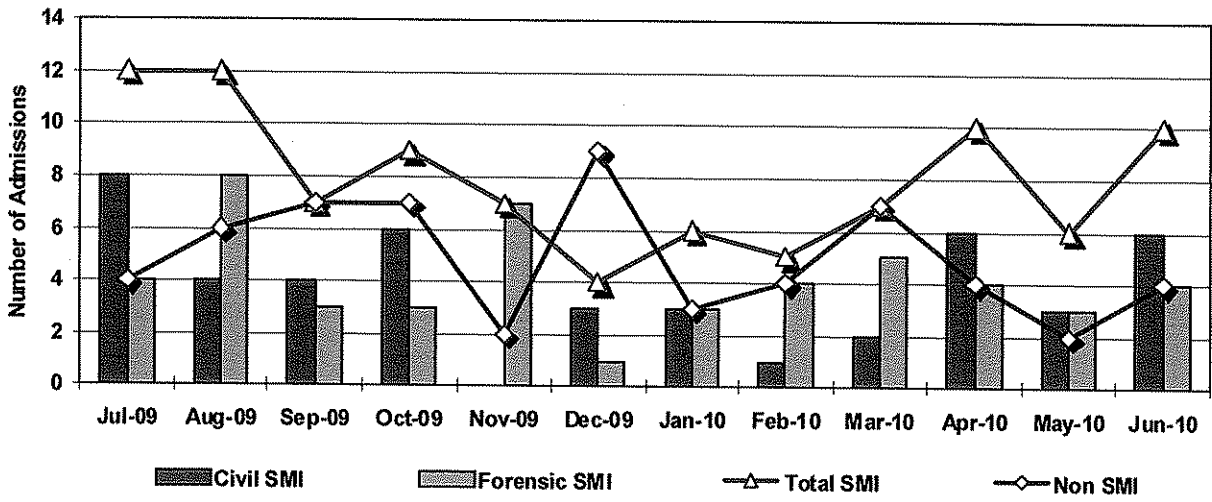
During the same time period, 103 forensic patients were discharged with an average length of stay of 295.9 days: 75 patients were discharged from the Title 13, Restoration to Competency program, with an average length of stay of 101.4 days; 15 Title 13, Guilty Except Insane patients, were discharged in an average of 1391.7 days; 9 Title 13, Guilty Except Insane – 75 Day patients were discharged in an average of 55.1 days; and 2 patients were discharged from the Title 13, Not Responsible for Criminal Conduct by Reason of Insanity treatment in an average of 674.5 days.

### **Adolescent Discharges**

Of the 154 patients discharged during FY 2010, 4 or 2% were adolescents. Overall, the average length of stay for this age group was 107.3 days. The 3 non-forensic patients stayed an average of 130.7 days during FY 2010: these included 1 patient discharged from Title 8 Juvenile Commitment after 151 days; and 2 Voluntary patients discharged in an average of 120.5 days. The 1 Title 8, Juvenile Restoration to Competency patient was discharged this fiscal year with a length of stay of 37 days. Adolescent services were discontinued at Arizona State Hospital due to very low utilization in September 2009.

## **EXHIBIT #7**

### FY10 SMI and Non-SMI Discharges



## EXHIBIT #8

Patients were discharged to the community to the following placements:

### Patients Discharged during FY 2010

Living Arrangements after Discharge	Adult	Adolescent	Total	Overall %
CORRECTIONAL FACILITY	83	1	84	54.5%
UNKNOWN	25	0	25	16.2%
GROUP HOME	19	0	19	12.3%
OTHER	6	1	7	4.5%
FAMILY	6	0	6	3.9%
PSYCH HEALTH FACILITY	2	2	4	2.6%
INDEPENDENT LIVING	3	0	3	1.9%
RES. SAP/SMI-DUAL DIAGNOSIS	2	0	2	1.3%
FOSTER HOME	1	0	1	0.6%
NONE	1	0	1	0.6%
NURSING HOME	1	0	1	0.6%
PSYCH HSP/WARD	1	0	1	0.6%
HOMELESS	0	0	0	0.0%
LICENSED SUPERVISORY CARE	0	0	0	0.0%
NON PSYCH HOSP/WARD	0	0	0	0.0%
RTC 24 HOUR NOT PHF	0	0	0	0.0%
RTC SEMI-SUPV. NOT PHF	0	0	0	0.0%
SPONSORED BASED HOUSING	0	0	0	0.0%
<b>Total</b>	<b>150</b>	<b>4</b>	<b>154</b>	<b>100.0%</b>

### Discharge by County

Maricopa County had the highest number of discharges during FY 2010 with 29 patients or 19% of all statewide discharges. This was a decrease of 37% from last fiscal year's 46 Maricopa County discharges. Pima County accounted for 19 or 12% of the FY 2010 discharges, a decrease of 27% from the previous year's total of 26 discharges. The remaining thirteen counties accounted for 106 or 51% of the state discharges during the period July 2009 to June 2010.

**EXHIBIT #9**

**Discharges by County FY 2010**

<b>County</b>	<b>Total</b>	<b>Percentage</b>
MARICOPA	29	18.8%
YAVAPAI	25	16.2%
PIMA	19	12.3%
COCHISE	17	11.0%
PINAL	16	10.4%
NO ENTRY	12	7.8%
YUMA	9	5.8%
MOHAVE	7	4.5%
COCONINO	6	3.9%
GILA	6	3.9%
NAVAJO	4	2.6%
GRAHAM	2	1.3%
SANTA CRUZ	2	1.3%
GREENLEE	1	0.6%
LA PAZ	1	0.6%
APACHE	0	0.0
<b>Total Discharges FY 2010</b>	<b>154</b>	<b>100.0%</b>

**EXHIBIT #10**

### Discharge Length of Stay FY 2010

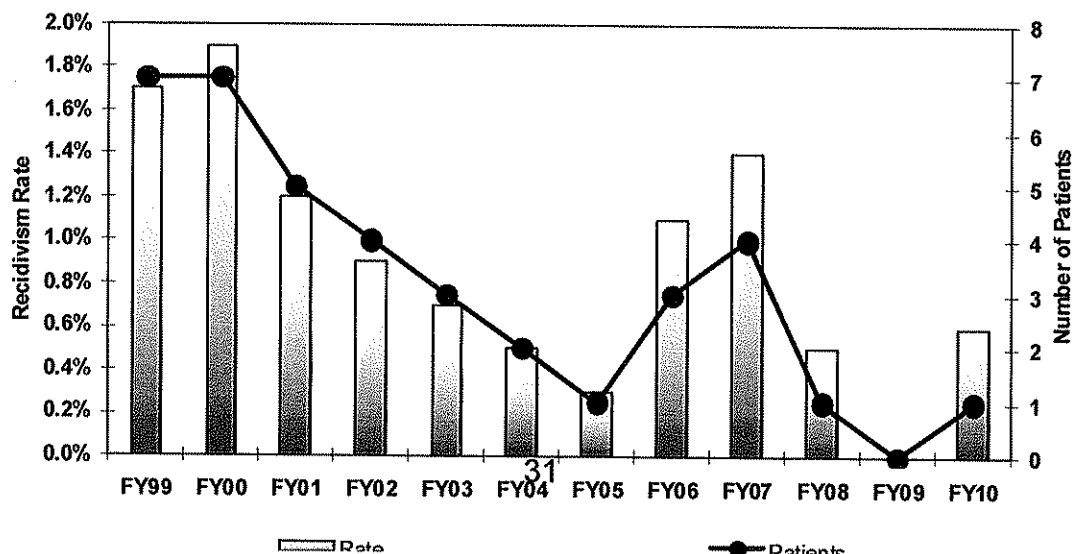
Length of Stay	Civil		Forensic		Total	
	Patients	%	Patients	%	Patients	%
0-6 Months	9	17.6%	85	82.5%	94	61.0%
6 Months – 1 Year	9	17.6%	4	3.8%	13	8.4%
1-2 Years	10	19.6%	1	0.9%	11	7.1%
2-3 Years	13	25.5%	1	0.9%	14	9.1%
3-5 Years	5	9.8%	7	6.8%	12	7.8%
5-7 Years	1	1.9%	5	4.8%	6	3.9%
7-10 Years	2	3.9%	0	0.0%	2	1.3%
10-15 Years	1	1.9%	0	0.0%	1	0.6%
15-20 Years	1	1.9%	0	0.0%	1	0.6%
20+ Years	0	0.0%	0	0.0%	0	0.0%
<b>Total</b>	<b>51</b>	<b>33.1%</b>	<b>103</b>	<b>62.3%</b>	<b>154</b>	<b>100.0%</b>

### Recidivism

Recidivism is defined as the readmission of a patient within 30 days from their previous discharge date. The FY 2010 overall recidivism rate was 0.6% (n=1) of the 154 discharges for the year. In total, there were 11 readmissions during FY 2010 with community stays ranging from 20 days to 327 days. The median community stay for FY 2010 was 90 days before the subsequent readmission to the Hospital. Recidivism rates for prior fiscal years vary from a low of 0% in FY 2009 to a high of 1.9% in FY 2000.

### EXHIBIT #11

Recidivism Rates FY 1999 through FY 2010



## EMPLOYMENT STATISTICS

7-1-09 thru 6-30-10

A.R.S. § 36-209.A.(5)

### 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. This 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	0
Psychologist	4	3
Social Worker	16	4
Health Planning Consultants (Treatment Plan Coordinators)	7	4
Licensed Practical Nurse	15	2
Psychiatric Nurse II	81	19
Psychiatric Nurse Shift Supervisor	28	5
Psychiatric Nurse Unit Manager and Psychiatric Nurse Coordinator	12	1
Mental Health Program Specialists	191	28
Recreation Therapists	26	6
Occupational Therapists	4	0
Therapy Technicians	4	3
Security Officers	84	15
Managerial Staff	36	6
Adolescent Treatment Specialists	10	7
Administrative Support	58	8
Behavioral Health Treatment Mgrs	6	0
<b>Total</b>	<b>593</b>	<b>111</b>

### Staff Turnover

Hospitals have a difficult time retaining staff, particularly those with critical and specialized training and skills. The State Hospital is no exception, particularly with critical shortages in classes like registered nurse. Additional circumstances at the State Hospital which create retention difficulties are within the nature of our patient population. Our patients tend to be very psychiatrically ill with behaviors that include threats of harm and occasionally aggressive assaults on staff. As there are many challenges in working at the Arizona State Hospital, this year we experienced a 3.2% increase in the number of staff who terminated employment this last fiscal year over the previous year. Overall

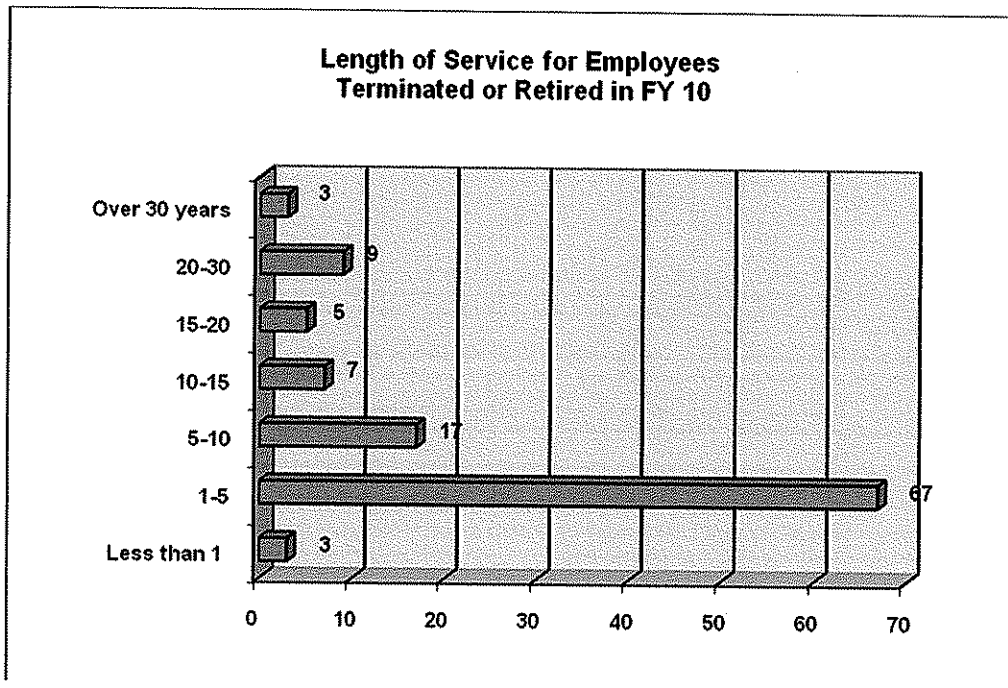
turnover rate for the hospital staff was 15.3%. In our efforts to recruit crucial personnel to fill these very important positions, the hospital continues to take these steps:

- 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 and accompanying 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 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Actual
31%	8%	6.8%	12%	13.6%

There are many reasons why employees leave the Hospital and many are understandable such as promotional opportunities and retirement (which almost doubled from last year). This year, while we are still able to fill critical positions, we have experienced an increase in turn over, especially in our one (1) to five (5) year of service category, due to the loss of performance pay (2.75% decrease), furloughs for some staff and no pay increases in the seeable future. The chart below illustrates terminations and retirements based upon length of service.



**CONDITION OF EXISTING BUILDINGS AND EQUIPMENT  
A.R.S. § 26-209.A.(6)(7)(8)**

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 Construction (General Contractor) with the coordination of ADOA has continued to provide assistance for the past two years with the repair of showers throughout the civil hospital that were not under the original warranty, at no direct expense to the Hospital. Additionally, the building movement created roof cracks at the plastic membrane resulting in roof leaks during rains damaging the walls, ceiling tiles, and at times, furniture and equipment. Previously, a new roof was installed in 2007 and has a 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 original galvanized water piping is corroded and leaks throughout the buildings. In addition, the roof severely leaks in multiple locations during rains. The walls are cracking, the electrical systems are aged, and the air conditioning system is obsolete

making it impossible to find replacement parts for needed repairs. During the past three summers, the air conditioning system has not provided sufficient cooling for three of the forensic units. Maintaining adequate temperatures for patients required the renting of many spot coolers to augment the existing failing air-conditioning system. The existing power plant heating and cooling, which provides for hot water as well as heating and cooling is planned to support the new Forensic Hospital. That being said, the power plant support for the old forensic facility will have to be discontinued once the new facility is on-line. Otherwise, the power plant capacity will be taxed to its limit.

The construction of a **New Forensic Hospital** has begun and funds have been allocated. ADOA and the hospital administration have on-going planning meetings with the design-engineering firm Jacobs and the General Contractor Gilbane Construction. Current cost estimates provide for the construction of 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 full completion by 3 August 2011.

A new **Traffic Control** facility was put into operation at the 24<sup>th</sup> 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.

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. During the construction of the New Forensic Hospital, a portion of the laundry has been used by Gilbane Construction to house their site management and operations function. 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 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 undertaken. 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 Chaplain's office were replaced. The interior is currently being updated with new 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. A new roof has been installed this year and has a 15-year warranty.

### **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 Hospital's security control to obtain 24/7 fire coverage.

The Hospital's **cooling and heating** 4-pipe system is in need of additional upgrades. Previous 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 presently needs replacement. The heat and plate exchanger need 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 existing power plant heating and cooling, which provides for hot water as well as heating and cooling is planned to support the new Forensic Hospital. The power plant support for the old forensic facility will have to be discontinued once the new facility is on-line. Otherwise, the power plant capacity will be taxed to its limit.

**FINANCIAL REPORT  
FISCAL YEAR 2010  
A.R.S. § 209.A.**

ARIZONA STATE HOSPITAL  
FINANCIAL SUMMARY  
FISCAL YEAR 2010

Funding Sources (General Operations Based on Budget Allocations):

*	
Personal Services and Related Benefits - General Fund	\$39,581,438
All Other Operating - General Fund/Az State Hosp Fund	\$13,575,889
Rental Income	\$527,248
Endowment Earnings	\$1,150,000
Patient Benefit Fund	\$142,000
Donations	\$30,000
Psychotropic Medications	\$63,500
AzSH Forensic Unit Debt Service	\$3,111,700
Community Placement - Az State Hosp Fund	\$1,130,700
Total Funding	\$59,312,475

Expenditures: \*

Personal Services and Related Benefits	\$39,565,070
Professional and Outside Services **	\$7,411,057
Travel (In-State)	\$56,717
Travel (Out-of-State)	\$432
Other Operating	\$9,029,079
Capital Equipment	\$51,940
Assistance to Others	\$0
Total Cost of Operations	\$56,114,295

Collections :

Patient Care Collections to General Fund	\$1,586,336
Patient Care Collections to Az State Hosp Fund - RTC	\$536,638
Patient Care Collections to Az State Hosp Fund - Title XIX	\$4,503,495
Non-Patient Care Collection to General Fund	\$7,645
Total Collections	\$6,634,114

\* Excludes SVP Program.

\*\* Contract Physicians, Outside Hospitalization Costs, Outside Medical Services, and privatization of support services.

Daily Costs by Treatment Program: \*\*\*\*

Specialty Rehabilitation	\$814
Adolescent Treatment	\$1,380
Psychosocial Rehabilitation	\$750
Forensic - Restoration to Competency	\$671
Forensic Rehabilitation	\$613
Average	\$713

\*\*\*\* Rates became effective 1/01/09.