



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

**ANNUAL REPORT  
FISCAL YEAR 2012**

**Janice K. Brewer, Governor**

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

**Cory Nelson, Acting Deputy Director  
Arizona Department of Health Services  
Division of Behavioral Health Services**

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(602) 364-4558**

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

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**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 2012, 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 \$1,461,896,123 in funding for Fiscal Year (FY) 2012. ADHS/DBHS' administrative costs totaled \$18,721,627 and statewide service costs totaled \$1,442,452,015. 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 2012. 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 Revenue by Program FY 2012**

<b>Statewide Revenue by Program FY 2012</b>		
<b>Funding</b>	<b>Amount Received</b>	<b>Percentage</b>
Title XIX Children	435,587,263	29.80%
TXXI Children	5,359,940	0.37%
TXIX SMI	537,186,982	36.75%
Non TXIX SMI	47,479,700	3.25%
TXXI SMI	196,247	0.01%
TXIX GMH/SA	290,394,054	19.86%
TXXI GMH		0.00%
Non TXIX CRISIS Services	16,391,100	1.12%
Federal Grants	50,295,634	3.44%
ISA/IGA	49,849,059	3.41%
Administration	16,614,644	1.14%
Clawback	12,541,500	0.85%
<b>Total</b>	<b>1,461,896,123</b>	<b>100.00%</b>

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

<b>Total Behavioral Health Services Expenditures Services &amp; Administration FY 2012</b>		
<b>Funding</b>	<b>Amount Paid</b>	<b>Percentage</b>
Title XIX	848,821,101	58.09%
Title XIX Proposition 204	429,616,082	29.40%
Title XXI	5,672,458	0.39%
Federal Funds	50,194,491	3.44%
Non Title XIX/XXI Funds General Funds	75,452,950	5.16%
County Funds	49,379,184	3.38%
Tobacco Tax HLTH Care Fund MNMI Account	373,475	0.03%
Other (1)	1,663,901	0.11%
<b>Total</b>	<b>1,461,173,642</b>	<b>100.00%</b>
(1) Other Includes: PASSAR, Bridge Subsidy, Indirect Funds, Liquor Fees, Larc Facility & Coalition Training		

Source Data: Accounting Event Data Warehouse

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**Table 3: Administrative Expenditures**

<b>Administrative Expenditures FY 2012</b>		
<b>Funding</b>	<b>Amount Paid</b>	<b>Percentage</b>
<b>Title XIX</b>	<b>9,844,595</b>	<b>52.58%</b>
<b>Title XIX Proposition 204</b>	<b>5,262,527</b>	<b>28.11%</b>
<b>Title XXI</b>	<b>6,591</b>	<b>.04%</b>
<b>Federal Funds</b>	<b>2,930,468</b>	<b>15.65%</b>
<b>Non Title XIX/XXI Funds General Funds</b>	<b>523,652</b>	<b>2.8%</b>
<b>Other (1)</b>	<b>153,794</b>	<b>0.82%</b>
<b>Total</b>	<b>18,721,627</b>	<b>100.00%</b>
<b>(1) Other Includes PASRR &amp; Indirect Funds</b>		

Source Data: Accounting Event Data Warehouse

**Table 4: Statewide Expenditures by Program**

<b>Statewide Expenditures by Program FY 2012</b>		
<b>Funding</b>	<b>Amount Paid</b>	<b>Percentage</b>
<b>Title XIX Children</b>	<b>421,779,208</b>	<b>29.24%</b>
<b>Non TXIX Children</b>	<b>8,473,073</b>	<b>0.59%</b>
<b>TXXI Children</b>	<b>5,489,063</b>	<b>0.38%</b>
<b>TXIX SMI</b>	<b>550,611,378</b>	<b>38.17%</b>
<b>Non TXIX SMI</b>	<b>103,685,855</b>	<b>7.19%</b>
<b>TXXI SMI</b>	<b>173,554</b>	<b>0.01%</b>
<b>TXIX GMH/SA</b>	<b>290,939,475</b>	<b>20.17%</b>
<b>Non TXIX GMH/SA</b>	<b>27,372,865</b>	<b>1.90%</b>
<b>TXXI GMH/SA</b>	<b>3,250</b>	<b>0.00%</b>
<b>Crisis</b>	<b>23,535,161</b>	<b>1.63%</b>
<b>Non TXIX Prevention</b>	<b>10,333,258</b>	<b>0.72%</b>
<b>Other Programs (1)</b>	<b>55,875</b>	<b>0.00%</b>
<b>Total</b>	<b>1,442,452,015</b>	<b>100.00%</b>
<b>(1) Other Includes Liquor Fees</b>		

Source Data: Accounting Event Data Warehouse

During FY 2012, behavioral health recipients received behavioral health services as depicted in the following tables:

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**DIVISION OF BEHAVIORAL HEALTH**

Table 5 provides information on the number of ADHS/BHS clients enrolled during SFY12 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 (CHILD).
3. Children and SED are younger than 18 years of age. Adults with behavioral health category SMI, SA, and GMH are 18 years of age or older.
4. "Served" in this report means that the client had at least one encounter in FY 2012. The number of enrolled members differs from the number of members served because (a) certain services cannot be encountered, such as prevention services and certain crisis phone services, (b) some enrolled members did not present for any services during the time period.
5. Non-Title 19/21 records use all encounter records.
6. Encounters for T19/T21 consumers were included only if they have been approved at AHCCCS (Encounter-Status = "AP") or it was a Non-T19 encounter service code.
7. One Non-Title XIX child not included because age could not be determined due to no date of birth.

**Table 5: ADHS/DBHS Clients Enrolled in FY 2012**

<b>Persons Enrolled in FY 2012</b>		
<b>Eligibility</b>	<b>BHC</b>	<b>Count</b>
<b>TXIX/TXXI</b>	<b>SMI</b>	<b>31,501</b>
	<b>SA</b>	<b>25,720</b>
	<b>GMH</b>	<b>69,795</b>
	<b>SED</b>	<b>20,887</b>
	<b>CHILD</b>	<b>47,851</b>
	<b>Total</b>	<b>195,754</b>
<b>NON-TXIX</b>	<b>SMI</b>	<b>13,503</b>
	<b>SA</b>	<b>11,116</b>
	<b>GMH</b>	<b>10,394</b>
	<b>SED</b>	<b>1,039</b>
	<b>CHILD</b>	<b>3,177</b>
	<b>Total</b>	<b>39,229</b>
<b>All Eligibilities</b>	<b>SMI</b>	<b>45,004</b>
	<b>SA</b>	<b>36,836</b>
	<b>GMH</b>	<b>80,189</b>
	<b>SED</b>	<b>21,926</b>
	<b>CHILD</b>	<b>51,028</b>
	<b>Total</b>	<b>234,983</b>

<sup>1</sup> All data sources are effective as of month-end October 2012 (unless otherwise noted)

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**Table 6: ADHS/DBHS Clients Served in FY 2012**

<b>Persons Served in FY 2012</b>		
<b>Note: The term "served" defined as clients that had at least one encounter in FY 2012</b>		
<b>Eligibility</b>	<b>BHC</b>	<b>Count</b>
<b>TXIX/TXXI*</b>	<b>SMI</b>	<b>29,971</b>
	<b>SA</b>	<b>17,984</b>
	<b>GMH</b>	<b>54,719</b>
	<b>SED</b>	<b>18,499</b>
	<b>CHILD</b>	<b>37,679</b>
	<b>Total</b>	<b>158,852</b>
<b>NON-TXIX**</b>	<b>SMI</b>	<b>9,451</b>
	<b>SA</b>	<b>6,221</b>
	<b>GMH</b>	<b>1,467</b>
	<b>SED</b>	<b>125</b>
	<b>CHILD</b>	<b>478</b>
	<b>Total</b>	<b>17,742</b>
<b>All Eligibilities</b>	<b>SMI</b>	<b>39,422</b>
	<b>SA</b>	<b>24,205</b>
	<b>GMH</b>	<b>56,186</b>
	<b>SED</b>	<b>18,624</b>
	<b>CHILD</b>	<b>38,157</b>
	<b>Total</b>	<b>176,594</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 October 2012 (unless otherwise noted).**

**2**

BHSD.QM\_ENRL\_FY\_2011  
H78DWH.H78\_SNAP\_DEMOG\_TRANS  
H78DWH.H78\_SNAP\_CLIENT\_DEMOG  
H78DWH.H78\_SNAP\_BHS\_CLIENT  
H78DWH.H78\_SNAP\_AHCCCS\_ENROLLMENT  
H78DWH.H78\_SNAP\_PRIMARY\_CLIENT

**3**

BHSD.QM\_ENCOUNTER\_FY2011  
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

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**Notes:**

- 1 The data in this report may not match data from the Enrollment-Penetration Report due to the reconciliation of data over time and the use of snapshot versions of the production tables.
- 2 This report/data is the property of the Arizona Department of Health Services. The file contains information that may be privileged, confidential or otherwise exempt from disclosure by applicable law. It is intended only for the person (s) to whom it is addressed. If you receive this communication in error, please do not retain or distribute it. Please, notify the Bureau of Grants Management & Information Systems at 602-364-4740 and destroy the file immediately.

# **ANNUAL REPORT FISCAL YEAR 2012**

**Arizona State Hospital**



*~Health and Wellness for all Arizonans~*

# THE ARIZONA STATE HOSPITAL

## VISION AND MISSION STATEMENTS

### VISION STATEMENT

Health and Wellness for all Arizonans.

### MISSION STATEMENT

To promote, protect, and improve the health and wellness of individuals and communities in Arizona.

## 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. The Arizona State Hospital provides long-term inpatient psychiatric care to the most seriously mentally ill Arizonans. The facility operates programs within a 260-funded bed facility, is accredited by the Joint Commission, and is certified to receive reimbursement from The Centers for Medicare and Medicaid Services (CMS).

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 strives to protect the rights and privileges of each patient, particularly the patients' rights to confidentiality and privacy.

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 endeavor to provide state-of-the-art inpatient psychiatric and forensic care. The Hospital is committed to treating all patients and personnel with dignity and respect. Interdisciplinary care is delivered in collaboration with the patient, family or legal representatives, and community providers with a focus on recovery and community reintegration.

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.

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 directs the various leaders of the Hospital who comprise the Executive Management Team. These leaders include the Chief Medical Officer, the Chief

Nursing Officer, the Chief Operating Officer, the Chief Quality Officer, the Campus Support and Safety Manager, the Director of the Arizona Community Protection and Treatment Center and the Human Resource Manager. These Executive Management Team members oversee Hospital operations, establish administrative policies and procedures, and direct Hospital planning activities.

### **Hospital Program Overview**

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.

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 as a result of involvement with the criminal justice system. The Hospital has two Population-Based Programs. Patients are housed separately in accordance with legal, treatment and/or security issues as follows:

**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** (143 BEDS TOTAL) consists of court-ordered commitments through a criminal process for either:

- **Pre-Trial Restoration to Competence Program** (“RTC”).  
These patients are currently housed on one unit providing pre-trial evaluation, treatment, and restoration to competency to stand trial,
- **Post-Trial Forensic Program**  
These patients are adjudicated as Guilty Except Insane (“GEI”) 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”);. These patients are currently housed on four (4) separate units,
- **Community Reintegration Program**  
These patients are adjudicated as either GEI or NGRI with Conditional Release Plan approved by the Psychiatric Services Review Board for transition into the community and for those working toward application for Conditional Release.

### **Admission, Discharge and Census data for treatment programs**

The Hospital collects census data by population to meet the maximum funded capacity. For fiscal year 2011, the funded capacity and allocation of the Hospital's beds was as follows:

<b>Forensic Adult (55% of beds):</b>	<b>143</b>	<b>Beds</b>
• Restoration to Competency		
• Guilty Except Insane – 75 day evaluation		
• Guilty Except Insane		
• Not Guilty By Reason of Insanity		
<b>Civil Adult (45% 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 2012</b>	<b>260</b>	<b>Beds</b>

### **Average Daily Census and Distribution (See attachment 1 for detailed information)**

The average daily census for FY 2012 was as follows:

Adult Civil	116
RTC	4.53
GEI	98.30
GEI-75	0
NGRI	17

Average number of patients in June 2012 was 235.8. (See attachment 2 for detailed information)

### **Admissions and Discharges (See attachment 3 for detailed information)**

In FY 2012 the Hospital encountered 75 admissions and 76 discharges as follows:

Type	Admissions	Discharges
Civil	28	26
GEI	25	29
GEI-75	8	9
NGRI	2	1
RTC	12	11

## **ARIZONA COMMUNITY PROTECTION AND TREATMENT CENTER (ACPTC)**

On the grounds of the Arizona State Hospital is the Arizona Community Protection and Treatment Center (ACPTC). The ACPTC is statutorily mandated (ARS §36-3701, §13-4601 - §13-4618). It is a separately licensed facility on the grounds of the Arizona State Hospital. The Chief Executive Officer of the Arizona State Hospital is responsible for the oversight and management of the facility. The Arizona Community Protection and Treatment Center (ACPTC) provides care, supervision and treatment for those persons court ordered into the program while protecting the community from sexually violent offenders.

### **ACPTC Program Overview**

**Civil Commitment Process:** Arizona's involuntary civil commitment law for Sexually Violent Persons provides for the civil commitment of individuals convicted of, or found guilty except insane of, a sexually violent offense and who have a mental disorder that makes the individual likely to engage in acts of sexual violence. If a mental health expert determines that the individual may be a Sexually Violent Person, the mental health expert refers the case to the County Attorney. The County Attorney reviews all of the documentation and determines whether to file a petition for commitment of the individual as a Sexually Violent Person.

A trial is then conducted to determine if the individual is a Sexually Violent Person (SVP). A judge or jury must find beyond a reasonable doubt that the person meets the statutory requirements as a Sexually Violent Person. When this occurs, the person is committed to the custody of the Arizona Department of Health Services for placement at the Arizona State Hospital (or another licensed Behavioral Health or Mental Health inpatient treatment facility).

### **Legal Status**

**Pre-Trial Detainee Residents:** Pre-trial residents are awaiting a court decision to determine their SVP status. Upon release from prison or release from the state hospital, a person may be evaluated and referred to the ACPTC if the judge determines that probable cause exists to believe they may be a sexually violent person. To be determined to be an SVP, both of the following must be met:

- a. The person must have been convicted of or found guilty except insane of a sexually violent offense or have been charged with a sexually violent offense and was determined incompetent to stand trial; and
- b. Have a mental disorder that makes the person likely to engage in acts of sexual violence. A "Mental disorder" means a paraphilia, personality disorder or conduct disorder or any combination of paraphilia, personality disorder and conduct disorder that predisposes a person to commit sexual acts to such a degree as to render the person a danger to the health and safety of others.

**Treatment Resident (Full Confinement):** Residents in this program have been adjudicated as SVP pursuant to A.R.S. §36-3701-3717 and have been committed to treatment. Full

confinement residents can only leave the grounds for court-ordered legal proceedings and medical appointments during this phase of treatment.

**Less Restrictive Alternative (LRA):** "Less restrictive alternative" means court ordered treatment in a setting that is less restrictive than total confinement and that is conducted in a setting approved by the CEO of the state hospital. LRA residents are conditionally released to begin community reintegration activities. The Treatment Team makes recommendations to the Director and the CEO who must give their approval prior to any community activities commencing.

Residents in LRA are monitored via Global Position System (GPS) satellite 24hours, 7 days a week; they engage in community reintegration programming including comprehensive case management, environmental site valuations and continuous monitoring for those placed in work, school and other activities.

**LRA Level 6 Resident:** LRA Level 6 residents are ready for community living placement. Only the court can order a resident to Level 6 status. Once the court orders a resident into Community Based Living (LRA Level 6), the resident is expected to find suitable housing and employment and begin community reintegration under strict supervision by ACPTC. If a resident violates the court ordered terms and conditions of LRA, ACPTC will seek revocation of the LRA Level 6 status in order to protect the community, as necessary.

#### **Admissions and Discharges for ACPTC**

Type	Admissions	Discharges
Pre-trial detainee	6	1
Treatment	3	1

### **FY 2012 - A YEAR OF TRANSFORMATION**

During FY 2012 the Hospital began a journey of transformation that will position the campus for the future needs of patients/residents and the State. Beginning in August 2011 the leadership team on the campus began a culture of change to enhance patient care, provide high quality care, recruit and retain talented staff, increase productivity and improve communication, collaboration and creativity.

#### *Leading the cultural change*

Leadership is the key to developing and maintaining a culture of change. New ideas and perspectives are important in creating an environment for change. In 2012 several new leaders were hired at the Arizona State Hospital with the goal of creating the culture of care to benefit the patient population. These include:

- Laxman Patel, MD, Acting Chief Medical Officer
- Lynda Hoffman, Chief Nursing Officer

- Jeff Bloomberg, Chief Quality Officer
- Bruce McMorran, ACPTC Director
- Laura Kandel, Director of Social Work
- Jacqueline Tisler, Director of Rehabilitation Services
- Gary Perrin, Director of Psychology Services
- Desiree “Sky” Mills, Human Resources Manager
- Ryan Hoffmeyer, Assistant Chief Operating Officer
- Larry Diffie, Campus Support and Safety Manager
- Jeff Johnson, Physical Plant Manager
- Don Whitmire, Behavioral Intervention Specialist

### *Revising roles and responsibilities*

FY 2012 transformation began with changing the role and responsibilities of the Security Department. The Security Department was replaced with a new Campus Support and Safety Department. Through attrition, 50 vacant “security staff” positions were transferred to direct care resulting in more staff available working with patients on a daily basis. Campus Support and Safety staff ensure a safe environment for patients, staff and visitors and focus on customer service and overall campus safety. Campus Support Staff are no longer the first responders during patient behavioral episodes. Instead, direct care staff manage all behavioral episodes with Campus Support assisting when appropriate.

### *Taking steps to change the patient experience*

A main goal during 2012 was to implement a new response for patients experiencing a behavioral crisis. This required training all staff in Non-Violent Crisis Intervention (NCVI). Non-Violent Crisis Intervention developed by the Crisis Prevention Institute teaches staff to respond effectively to the warning signs that a patient is beginning to have a behavioral episode. The goal is to intervene early before a situation becomes critical. It also addresses how staff can deal with their own stress, anxieties, and emotions when confronted with challenging situations. A new Behavioral Intervention Specialist was hired to implement the changes and to consult and assist staff with appropriate interventions. 30 staff instructors were trained in the NVC I program and approximately 700 staff were trained in Non-Violent Crisis Intervention.

Another major accomplishment was changing the code response process for patients experiencing a behavioral episode. The Hospital adopted the Arizona Hospital Association code response process which identifies specific emergencies by color instead of by a number. Code responders are identified each shift and carry a code pager. When a situation arises, the code is paged to specific staff who respond to assist with the code.

Another significant patient related change was to discontinue the use of metals, chains and leg braces to transport patients and residents to outside appointments. New transport safety devices were purchased. These devices are made of a neoprene material for comfort.

### *Enhancing the Environment*

A major accomplishment for the hospital was the opening of the new forensic hospital. This facility is a 120 bed 80,000-square-foot secure forensic single level facility with an internal courtyard for patient treatment and activities. The design focuses on rehabilitation but at the same time safety and security. The facility was designed with state-of-the-art security equipment including infrared detection and security cameras throughout the hospital. A rehabilitation mall is part of the facility where exercise, crafts, therapy, education and gardening are available for patients. The site is contained within 12-foot high fences covered in “no-climb” mesh screening. Patients moved into the new facility in June 2012.

During the past year several other environmental changes were made. New anti-ligature door hinges and plumbing covers were installed throughout the civil hospital. This change was made to provide a safer environment for patients. In addition, nursing counters were modified to discourage patients from jumping over the counter into the nursing station, and medication distribution windows were upgraded.

Finally, the Mahoney Building which is a 1912 building was recently placed on the National Register of Historic Places. Although the building is not able to be used, the Hospital did stabilize the roof with donated funds. This project was completed to protect the interior from the elements.

#### *Improving Program Delivery*

Some significant changes occurred this year in the Nursing Program. A new debriefing process was put into place to assist patients in working through their concerns after a behavioral incident. New patient on site vocational opportunities were developed including working in the point store and expanded gift shop program. The civil and forensic units have a common mall where patients can engage in therapeutic activities related to their treatment. The therapeutic supervision of the mall was transferred from security to nursing and rehabilitation staff. This change was to promote the recognition of patient needs and therapeutic interventions.

#### *Commitment to Quality Care*

Quality care must be sustained on an ongoing basis. Quality requires analyzing what works and what could be done better. It also requires identifying areas for improvement. The Quality management department achieved several outcomes. These included changing the daily incident review process to better utilize staff time to allow more in depth analysis of incidents. Also, realignment of resources was conducted to put a greater emphasis on proactive risk management. The policy review process was improved to include training on policies four times per year instead of monthly. Also, automating reports to standardize and reduce paperwork has occurred.

#### *Focus on recruitment and retention*

Staff recruitment and retention was a priority during this fiscal year. A new dress code was implemented to increase the professionalism of staff. Included with the new dress code was the adoption of a standardized lanyard and identification badge. Lanyards and badges reflect staff by discipline for easy identification.

A focus was also placed on increasing the training of staff. This included the training for Non-Violent Crisis Intervention, responding to behavioral codes, utilizing transport safety devices and transport boards, new seclusion and restraint processes. Training was conducted for all current staff and is included in New Employee Orientation. New Employee Orientation was expanded to include the assignment of a mentor/preceptor for nursing staff, the addition of a block of time for new staff to spend on the unit or the area where they will work, and a wrap-up session with members of the Executive Management Team for input into the process and to address any issues or concerns prior to their work assignment.

Recruitment for nursing positions was revised to improve the interview process to include immediate supervisors in the hiring. A new cross shift position was developed to provide more coverage for hours when patients are awake and the development of a new position on each unit to run groups and engage patients in on unit activities. A new selection review process for potential candidates now includes supervisory reference checks and file checks on former and current state employees as well as other candidates.

### *Advancing Technology*

Technology plays a significant role in the lives of the staff at the hospital. This year the groundwork was put into place to begin the evolution to a new Electronic Health Record. A wireless assessment was conducted of all buildings to prepare for new functionality. Copiers were upgraded with scan capability to reduce the amount of paper that is handled each day. An evaluation of the EPIC system used by MIHS was conducted to determine its feasibility for use at the Hospital. The goal is to convert the current out of date partial electronic record to the new EPIC system within the next two years.

### **Hospital Budget**

The hospital budget total funding for FY '12 was \$71,571,274. **(See attachment 4 for detailed information)**

