



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

**ANNUAL REPORT
FISCAL YEAR 2013**

Janice K. Brewer, Governor

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

**Cory 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)

**Published By:
Arizona Department of Health Services
Division of Behavioral Health Services
150 North 18th Avenue, Suite 200
Phoenix Arizona 85007
(602) 364-4558**

**Permission to quote from or reproduce materials from this publication is
granted when due acknowledgement is made.**

~Health and Wellness for All Arizonans~

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH

TABLE OF CONTENTS

I. ADHS/DBHS PROGRAMMATIC AND FINANCIAL ANNUAL REPORT

INTRODUCTION.....	3
REVENUES AND EXPENDITURES	3
Table 1: Statewide Revenue by Program FY 2013.....	4
Table 2: Total ADHS/DBHS Services and Administration Expenditures.....	4
Table 3: Administrative Expenditures	5
Table 4: Statewide Expenditures by Program.....	5
Table 5: ADHS/DBHS Clients Enrolled in FY 2013.....	6
Table 6: ADHS/DBHS Clients Served in FY 2013	7
II. Arizona State Hospital Annual Report FY 2013	9

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 2013, 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 \$1,432,162,518 in funding for Fiscal Year (FY) 2013. ADHS/DBHS' administrative costs totaled \$18,812,521 and statewide service costs totaled \$1,411,395,634. 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 2013. 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 2013

Statewide Revenue by Program FY 2013		
Funding	Amount Received	Percentage
Title XIX Children	450,234,325	31.44%
TXXI Children	12,311,686	0.86%
TXIX SMI	467,365,034	32.63%
Non TXIX SMI	95,238,000	6.65%
TXXI SMI	417,881	0.03%
TXIX GMH/SA	265,348,282	18.53%
Housing	7,324,800	.51%
Federal Grants	45,702,862	3.19%
ISA/IGA	53,729,111	3.75%
Administration	20,651,737	1.44%
Clawback	13,838,800	0.97%
Total	1,432,162,518	100.00%

Table 2: Total ADHS/DBHS Services and Administration Expenditures

Total Behavioral Health Services Expenditures Services & Administration FY 2013		
Funding	Amount Paid	Percentage
Title XIX	866,940,272	60.62%
Title XIX Proposition 204	333,304,217	23.30%
Title XXI	12,484,434	0.87%
Federal Funds	48,567,374	3.40%
Non Title XIX/XXI Funds General Funds	114,951,797	8.04%
County Funds	51,452,068	3.60%
Senate Bill 1616	586,787	0.04%
Other (1)	1,921,206	0.13%
Total	1,430,208,155	100.00%
(1) Other Includes: PASRR, Bridge Subsidy, Indirect Funds, Liquor Fees, Larc Facility & Coalition Training		

Source Data: Accounting Event Data Warehouse

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH

Table 3: Administrative Expenditures

Administrative Expenditures FY 2013		
Funding	Amount Paid	Percentage
Title XIX	9,609,813	51.08%
Title XIX Proposition 204	5,580,041	29.66%
Title XXI	9,052	.05%
Federal Funds	2,937,211	15.61%
Non Title XIX/XXI Funds General Funds	521,569	2.77%
Other (1)	154,835	0.83%
Total	18,812,521	100.00%
 (1) Other Includes PASRR, Indirect Funds & Coalition Training		

Source Data: Accounting Event Data Warehouse

Table 4: Statewide Expenditures by Program

Statewide Expenditures by Program FY 2013		
Funding	Amount Paid	Percentage
Title XIX Children	428,481,360	30.36%
Non TXIX Children	10,197,160	0.72%
TXXI Children	12,180,168	0.86%
TXIX SMI	497,683,063	35.26%
Non TXIX SMI	134,581,723	9.54%
TXXI SMI	295,214	0.02%
TXIX GMH/SA	258,890,210	18.34%
Non TXIX GMH/SA	28,069,818	1.99%
Crisis	31,106,479	2.20%
Non TXIX Prevention	9,849,289	0.70%
Other Programs (1)	61,150	0.01%
Total	1,411,395,634	100.00%
 (1) Other Includes Liquor Fees		

Source Data: Accounting Event Data Warehouse

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH

During FY 2013, 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 SFY13 and Table 6 provides information on the number of clients who were served under the following assumptions:

1. Client eligibility is 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 less than 18 years of age. Adults with behavioral health category SMI, SA, and GMH are greater than 18 years of age.
4. "Served" in this report means that the client had at least one encounter in FY 2013. 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 2013

Clients Enrolled in FY 2013		
Eligibility	BHC	Count
TXIX/TXXI	CHILD	55,401
	GMH	63,457
	SA	17,947
	SED	19,631
	SMI	31,906
	Total	188,342
NON-TXIX	CHILD	3,768
	GMH	14,746
	SA	15,503
	SED	1,319
	SMI	16,076
	Total	51,412
All Eligibilities	CHILD	59,169
	GMH	78,203
	SA	33,450
	SED	20,950
	SMI	47,982
	Total	239,754

¹ All data sources are effective as of month-end October 2013 (unless otherwise noted)

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH

Table 6: ADHS/DBHS Clients Served in FY 2013

Clients Served in FY 2013		
Note: The term "served" defined as clients that had at least one encounter in FY 2013		
Eligibility	BHC	Count
TXIX/TXXI*	CHILD	47,400
	GMH	51,764
	SA	13,284
	SED	17,563
	SMI	30,199
	Total	160,210
NON-TXIX**	CHILD	491
	GMH	2,525
	SA	9,540
	SED	196
	SMI	11,514
	Total	24,266
All Eligibilities	CHILD	47,891
	GMH	54,289
	SA	22,824
	SED	17,759
	SMI	41,713
	Total	184,476

*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 2013 (unless otherwise noted).

2

BHSD.QM_ENRL_FY_2013
H78DWH.H78_SNAP_DEMOG_TRANS
H78DWH.H78_SNAP_CLIENT_DEMOG
H78DWH.H78_SNAP_BHS_CLIENT
H78DWH.H78_SNAP_AHCCCS_ENROLLMENT
H74CIS.78_SNAP_CLIENTS_COMMON

3

BHSD.QM_ENCOUNTER_2013FY
BHSD.QM_B2_BILL_TYPE
BHSD.QM_B2_DESC_REF
BHSD.QM_B2_MED_MOD_REF
BHSD.QM_B2_PROCEDURE_REF
BHSD.QM_B2_REVENUE_REF
H78DWH.H78_SNAP_ENCOUNTER
H78DWH.H78_SNAP_CLIENTS_COMMON
H78DWH.H78_SNAP_PROV_DEMOGRAPHICS
H78DWH.H78_5010_SNAP_HCFA_ENC
H78DWH.H78_5010_SNAP_UB_ENC
H78DWH.H78_5010_SNAP_NCPDP_ENC

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH

- 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 Business Information Systems at 602-364-4740 and destroy the file immediately.

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH

ANNUAL REPORT FISCAL YEAR 2013

Arizona State Hospital



~Health and Wellness for all Arizonans~

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH

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 24th 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' right 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

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH

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 (see attachment 1 for organizational chart)

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.

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH

Admission, Discharge and Census Data for Treatment Programs

The Hospital collects census data by population to meet the maximum funded capacity. For fiscal year 2013, the funded capacity and allocation of the Hospital's beds was as follows:

Forensic Adult (58% of beds):	143	Beds
<ul style="list-style-type: none"> • Restoration to Competency • Guilty Except Insane – 75 day evaluation • Guilty Except Insane • Not Guilty By Reason of Insanity 		
Civil Adult (41% of beds):	116	Beds
Medical Bed (reserved for infection control):	1	Bed
TOTAL BEDS FY 2013	260	Beds

Average Daily Census and Distribution (See attachment 1 and 2 for detailed information)

The average daily census for FY 2013 was as follows:	
Adult Civil	116.15
RTC	3.60
GEI	100.01
GEI-75	0.69
NGRI	16.02

Average number of patients in 2013 was 237.25. (See attachment 1 for detailed information)

Admissions and Discharges (See attachment 1 for detailed information)

In FY 2013 the Hospital encountered 64 admissions and 55 discharges as follows:

Type	Admissions	Discharges
Civil	24	26
GEI	25	15
GEI-75	5	4
NGRI	0	1
RTC	8	7
Other	2	2

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH

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

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH

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 his/her approval, prior to any community activities commencing.

Residents in LRA are monitored via Global Position System (GPS) satellite 24-hours, 7 days a week and engage in community reintegration programming, including comprehensive case management, environmental site valuations and continuous monitoring for residents 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	13	6
Treatment	7	6

FY 2013 – Continuing the Culture of Change

During FY 2012, the Hospital began a journey of transformation to position the campus for the future needs of patients/residents and the State. This transformation began to enhance patient care, provide high quality care, recruit and retain talented staff, increase productivity and improve communication, collaboration and creativity.

Leading the Transformation

Leadership is the key to developing and maintaining a culture of change. New ideas and perspectives are important in creating an environment for change. The leaders responsible for the culture of care are:

- Donna Noriega, LCSW, Chief Executive Officer
- Lauren Bonner, MD, Chief Medical Officer

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH

- Noreen Vanca, Chief Nursing Officer
- Jeff Bloomberg, Chief Quality Officer
- Bruce McMorrان, ACPTC Director
- Laura Kandel, Director of Social Work
- Jacqueline Tisler, Director of Rehabilitation Services
- Desiree “Sky” Mills, Human Resources Manager
- Ryan Hoffmeyer, Assistant Chief Operating Officer
- Larry Diffie, Campus Support and Safety Manager

Revised Roles and Responsibilities

During FY 2013 the change in the role of the Campus Support and Safety Department was completed. 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. Campus Support Staff focus on ensuring that the campus property remains a safe environment for staff, patients and visitors alike. This is accomplished by assisting with key control, entry/exit access to the campus and buildings; providing on-going safety inspections of the grounds and patient units, participating and supporting in codes and drills; enhancing the customer experience by providing resolution and/or solutions; participating in various hospital committee teams; and by supporting other hospital disciplines.

Improving the Patient and Family Experience

The Hospital began an effort with other behavioral health agencies and hospitals throughout the United States to become a trauma informed care community. A trauma informed care organization is one that has a safe, calm and secure environment with supportive care. It is one that trains and assists staff in understanding trauma prevalence among patients and how it impacts their overall behavioral health. An important piece of a trauma informed community is encouraging patient voice, choice and self-advocacy, and in promoting, healing, and trusting relationships.

Family members now have an opportunity for education and added input. The Social Work department has developed and implemented Family Support Groups to obtain feedback on services and to provide education on specific topics related to mental health.

An important tool for clinical teams is being able to assess a patient’s risk for violence or AWOL. In order to improve this process, the Hospital contracted with the Western Interstate Commission for Higher Education (WICHE) to review the current Hospital level system, and to research and recommend risk assessment tools the treatment teams could utilize when determining level increases or in treatment plan development. WICHE recommended implementation of a risk assessment tool called START (Short-Term Assessment of Risk and Treatability). The tool is being piloted on several units with full implementation in FY 2014.

During 2012, the Hospital implemented a new response for patients experiencing a behavioral crisis called Non Violent Crisis Intervention (NVCI) developed by the Crisis Prevention

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH

Institute. All direct care staff were trained. 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. In 2013, the annual refresher for NVCI was conducted on effective limit setting.

Another significant patient related change was to replace all leather restraints with neoprene posey restraints. These are easier to use and more comfortable for the patient.

Enhancing the Environment

The hospital made several changes to the environment of care including the interior of the units and grounds to enhance the security and to provide a safer environment for the staff and patients. Civil nursing stations were enclosed with a glass barrier that was designed to allow ease of communication and visibility, yet provide a secure work environment for staff.

The project was designed with multi-discipline input to ensure a therapeutic and aesthetically pleasing design to compliment the trauma informed care initiative while blending into the existing design of the unit. Several extra security features were added to the civil hospital including a state of the art, reinforced window film treatment that prevents glass on the windows and doors from being broken out of the frame. 170 windows and 20 glass doors were treated with the protective material. Also added was a 12' tall fence on the west side of the civil campus to provide additional security to the civil hospital's perimeter.

Two new 1,400 ton cooling towers were installed to replace ones that were aged and inefficient. The towers were constructed at the hospital's power plant to provide the buildings with adequate cooling potential during Arizona's summer months. The power plant also had numerous upgrades including: two new water softeners that provide 80,000 gallons of treated water an hour to protect the equipment; a new plate frame heat exchanger with a new circulating heat pump; an overhaul of a chiller and numerous pumps and miscellaneous piping were replaced throughout the plant.

Several modifications were made to the newly opened Forensic Hospital to promote a more comfortable and safe environment. These improvements included additional shading in the forensic mall area with the construction of two large "shade sails" with seating and additional fencing, enclosures on the east side of the building, re-wiring of the patient night lights and re-location of shower and restroom sensors to eliminate tampering. In addition, acoustic panels were installed in the unit dayrooms and gymnasium to reduce the amount of echo in those areas.

Improving Program Delivery

In 2013, a nursing staffing acuity and effectiveness plan was implemented. This plan included the development and implementation of a new acuity tool. The acuity tool assists nursing staff to adjust staffing based upon the behavior of individual patients. A nursing "huddle" is done four times a day for all three shifts using the acuity tool. At the huddle, the unit nursing leaders meet and adjust staffing based on the immediate needs of the unit as well as the upcoming shifts. Staffing effectiveness is evaluated as part of the Nursing Executive team who has the decision

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH

making authority to act on recommendations. This team looks at measurable data (such as restraints usage, employee injuries, quality measures and other matrixes) and compares it to the staffing plan.

Clinical Programming is paramount for patients to progress and stabilize in an inpatient environment. A major accomplishment this year was the expansion of programming for patients. An interdisciplinary team reviewed current programming and developed a new schedule with added programming on nights and weekends. In addition, the team recommended that an activity/drop center be developed for patients. The activity center will open in FY 2014.

A goal during FY 2013 was to increase the input from direct care staff. A Direct Care Meeting committee was started between Direct Care Staff and the CEO. The committee's purpose is to improve the treatment environment for patients/residents and to improve the work environment for all employees. The committee consists of RN's, Mental Health Program Specialists, Rehabilitation Staff, Social Workers, Psychology staff, campus support and housekeeping. The committee has made numerous recommendations for improving the patient experience and environment, which have been implemented.

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 presents data to committees and leadership for discussion of findings and program improvement. During FY 2013 the Quality Management Department concentrated its efforts on the collection of seclusion and restraint data to identify risk avoidance opportunities with the ultimate goal of eliminating the use of seclusion and restraint. The data findings include the following:

Seclusion

- The hospital is far below the national mean in the duration of seclusion events and the percentage of patients secluded.
- The overall seclusion rate per 1000 patients (1.6) is the third lowest of all the 21 Western Psychiatric State Hospitals.
- 84.2% of all seclusions are accounted for by 5% of patients.
- A total of 33 civil patients and 11 forensic patients were secluded in FY 13.

Mechanical Restraints and Physical Holds

- Civil units accounted for most of the mechanical restraint events (96%).
- The average duration of a mechanical restraint event was 1.35 hours.
- Patients age 21-40 account for 88% of all restraints.
- 5% of patients accounted for 72.9% of all restraint hours.
- 30 civil and 5 forensic patients were involved in a mechanical restraint event.
- 80 civil and 20 forensic patients were involved in a physical hold.

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH

Focus on Recruitment and Retention

Staff recruitment and retention was a continued priority during this fiscal year. In an effort to improve retention of staff, a series of supervisory development classes were scheduled to assist hospital leaders in developing strategic leadership skills. In addition to these trainings, the State's new performance management system, Managing Accountability and Performance (MAP) was implemented. The goals are to establish clear performance expectations, provide a method for identifying top performers, establish employee development and group goals and provide opportunities for performance evaluation.

In an effort to improve recruitment, the Human Resources Department participated in a Continuous Quality Improvement (CQI) process to improve the hiring timeline for unit staff. The process reduced duplication, unnecessary paperwork and steps with the goal of reducing the hire date to two weeks from the point of the interview. This process has increased the number of direct care staff during this fiscal year.

Advancing Technology

Technology plays a significant role in the lives of the staff at the hospital. The hospital has continued to implement automation initiatives to improve patient care and regulatory compliance.

- **Wireless Network:** In FY 2013, the hospital also initiated plans to upgrade the existing wireless network and expand wireless capabilities throughout the hospital's campus. Wireless capabilities will allow clinicians to update and share critical documentation in a more timely and efficient manner, which will enhance patient care and compliance with the timeliness requirements of governing authorities.
- **Electronic Medical Records (EMR):** In FY 2013, the hospital requested and received funding to update its existing Electronic Medical Records (EMR) system with newer technology and more robust functionality that would meet the current and future business needs of ASH. Planning for this major automation project was initiated with the goal of implementing the new automated system in fiscal years 2014 - 2015. A fully functional EMR will:
 - Improve patient care and safety by providing a comprehensive record of care.
 - Increase staff efficiencies, job satisfaction, and retention rates.
 - Ensure compliance with regulatory standards as established by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Joint Commission, and the Centers for Medicare and Medicaid Services.

Hospital Budget

The hospital budget total funding for FY '13 was **(See attachment 3 for detailed information)**



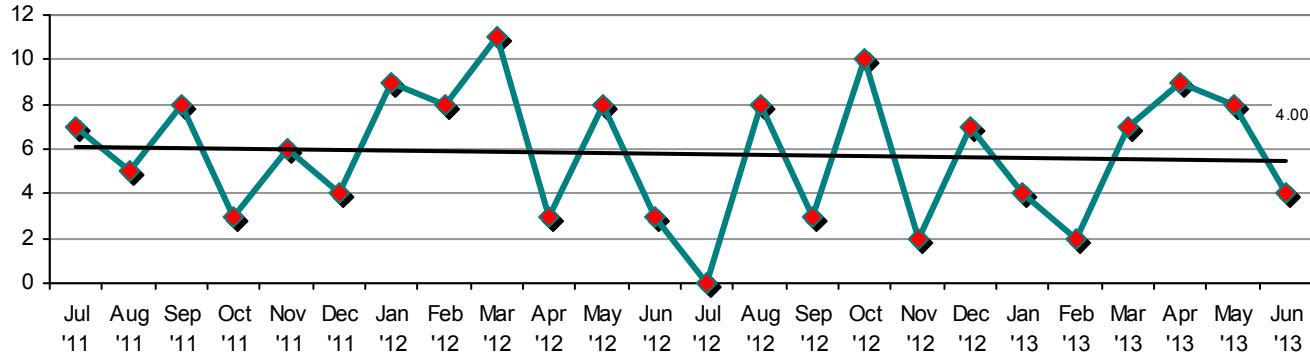
Arizona State Hospital

Utilization Management Report

July 2011 - June 2013



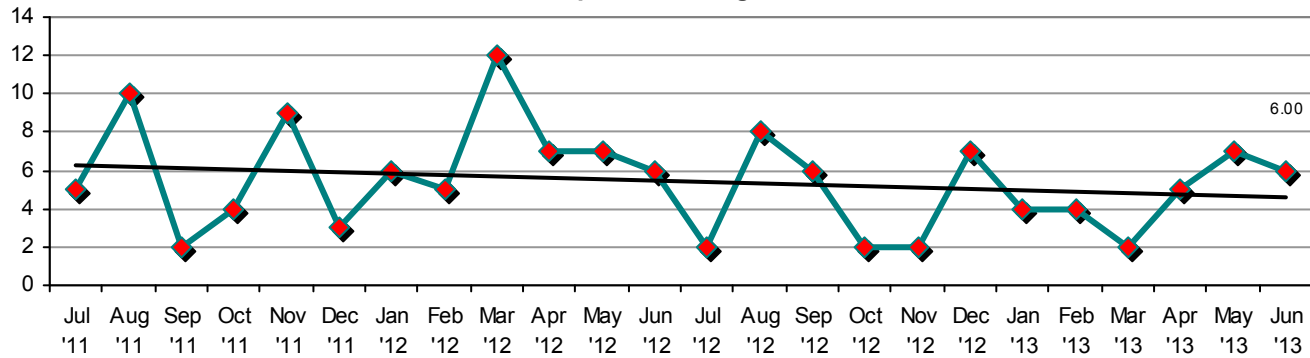
Hospital Admissions



Hospital Admission Details

Year	Admissions	% Change
7/11 - 6/12	75	-14.67%
7/12 - 6/13	64	

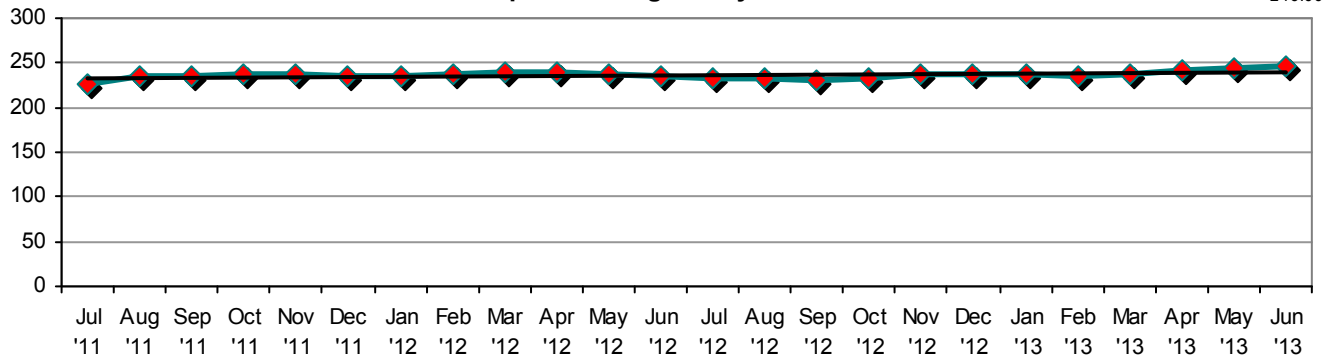
Hospital Discharges



Hospital Discharge Details

Year	Discharges	% Change
7/11 - 6/12	76	-27.63%
7/12 - 6/13	55	

Hospital Average Daily Census



Hospital Average Daily Census Details

Year	ADC	% Change
7/11 - 6/12	236.12	0.48%
7/12 - 6/13	237.25	

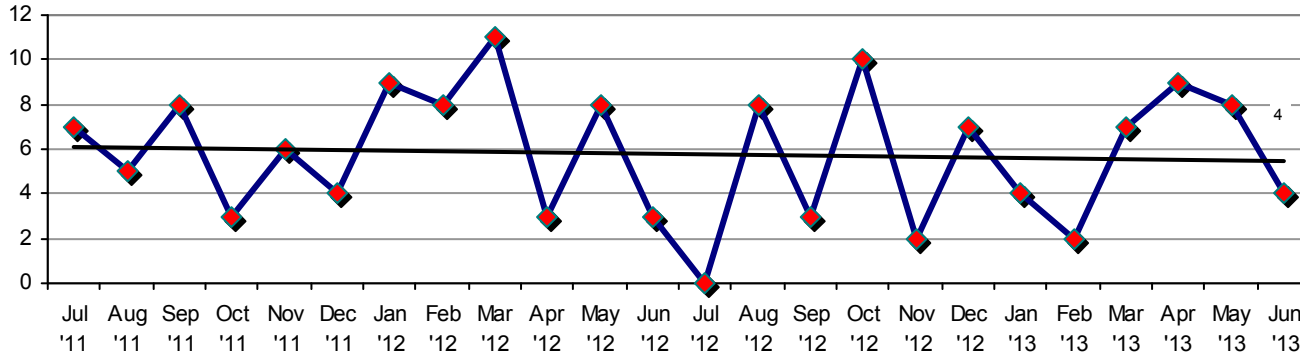


ADULT ADMISSIONS

July 2011 - June 2013



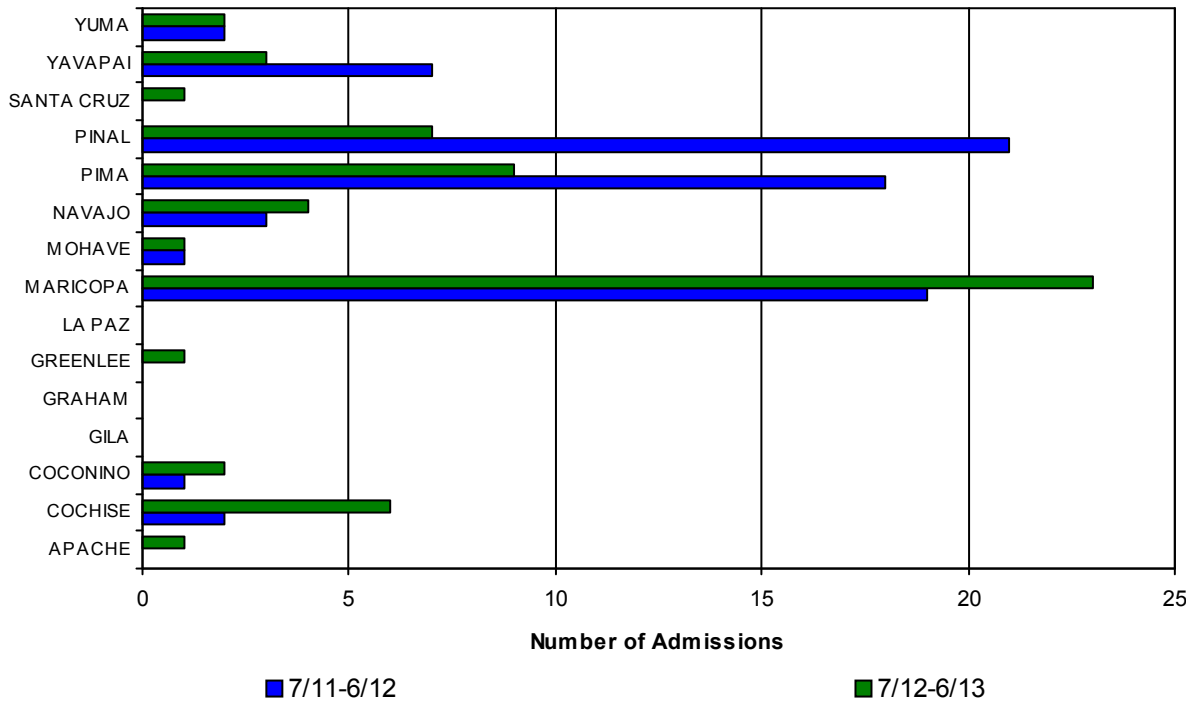
Adult Admissions



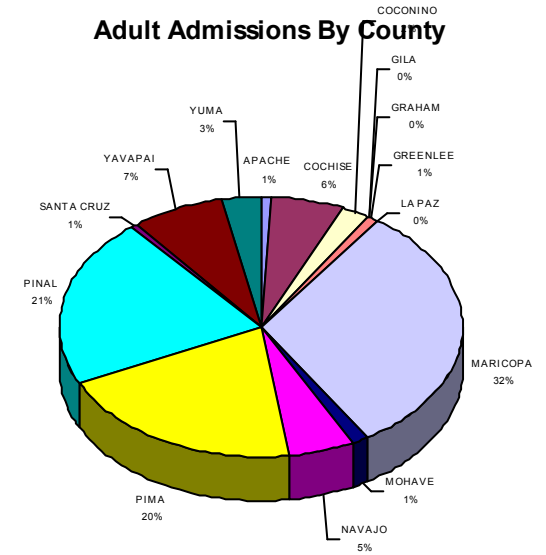
Admission Details

Hospital		
Year	Admissions	% Change
7/11 - 6/12	75	-14.67%
7/12 - 6/13	64	
Maricopa County		
Year	Admissions	% Change
7/11 - 6/12	19	21.05%
7/12 - 6/13	23	
Pima County		
Year	Admissions	% Change
7/11 - 6/12	18	-50.00%
7/12 - 6/13	9	

Adult Admissions By County



Adult Admissions By County



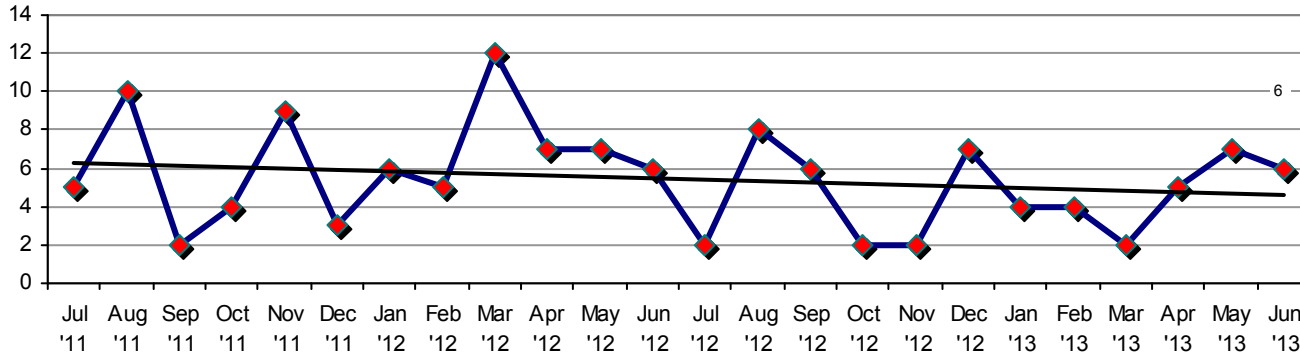


ADULT DISCHARGES

July 2011 - June 2013



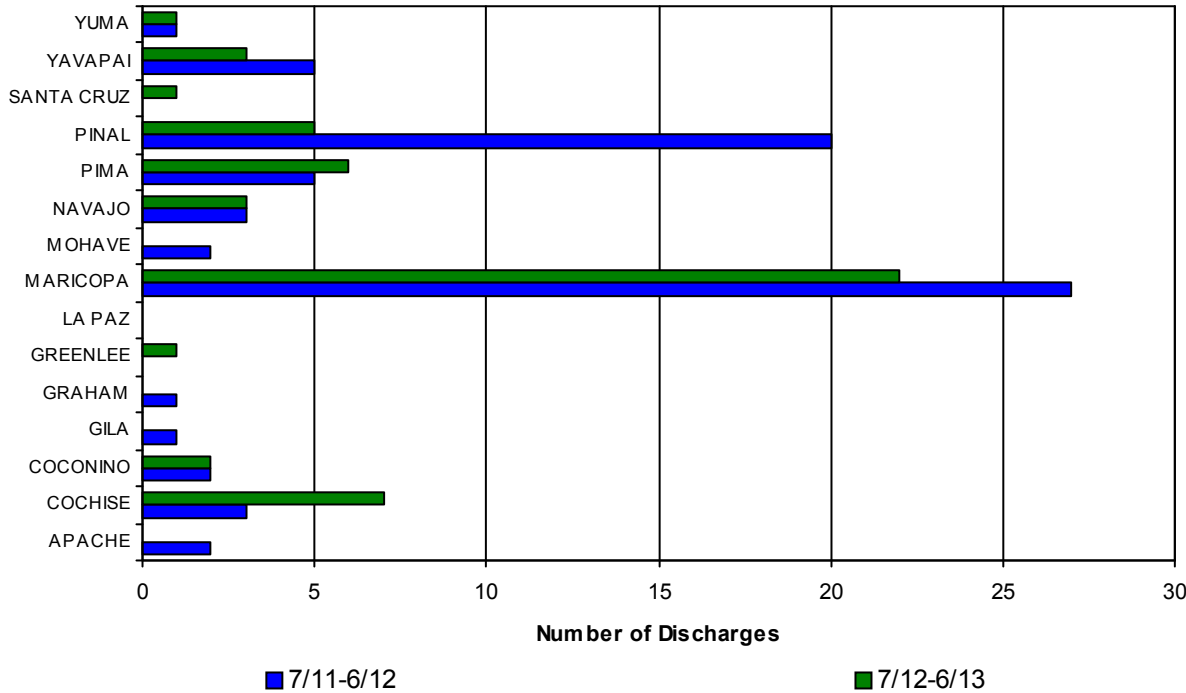
Adult Discharges



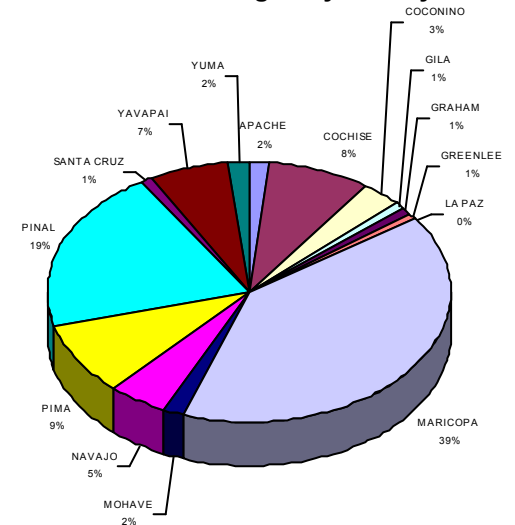
Discharge Details

Hospital		
Year	Discharges	% Change
7/11 - 6/12	76	-27.63%
7/12 - 6/13	55	
Maricopa County		
Year	Discharges	% Change
7/11 - 6/12	27	-18.52%
7/12 - 6/13	22	
Pima County		
Year	Discharges	% Change
7/11 - 6/12	5	20.00%
7/12 - 6/13	6	

Adult Discharges By County



Adult Discharges By County



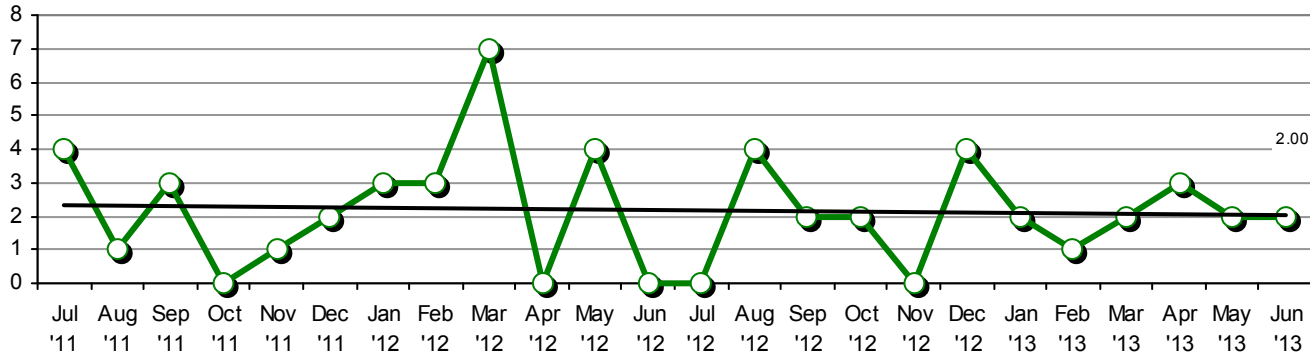


ADULT CIVIL PATIENTS

July 2011 - June 2013

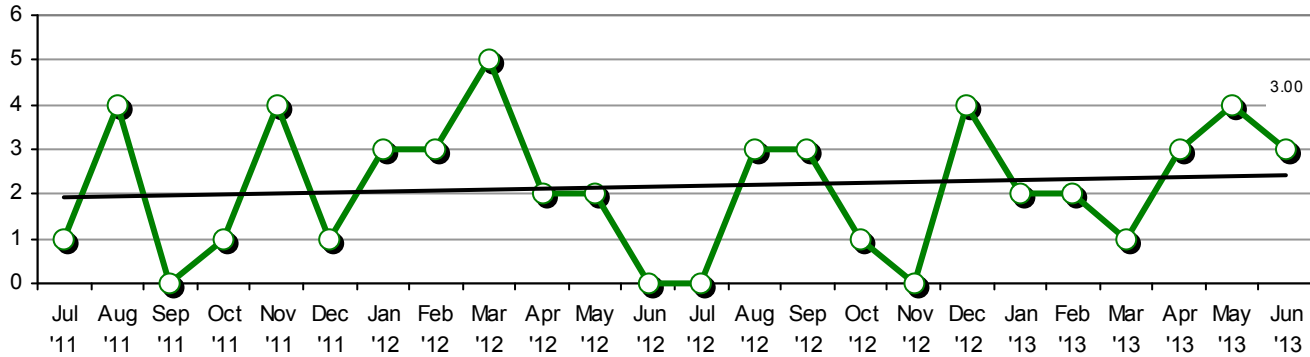


Adult Civil Admissions



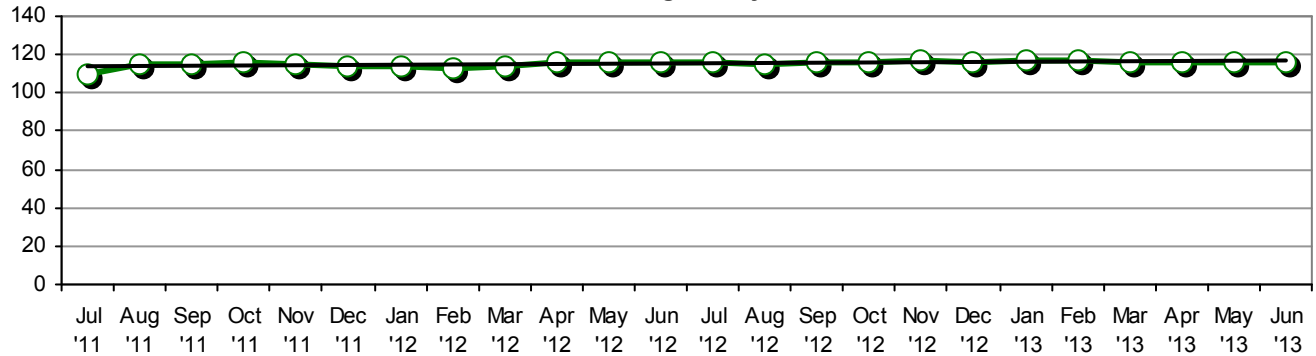
Adult Civil Admission Details		
Year	Admissions	% Change
7/11 - 6/12	28	-14.29%
7/12 - 6/13	24	

Adult Civil Discharges



Adult Civil Discharge Details		
Year	Discharges	% Change
7/11 - 6/12	26	0.00%
7/12 - 6/13	26	

Adult Civil Average Daily Census



Adult Civil Average Daily Census Details		
Year	ADC	% Change
7/11 - 6/12	114.38	1.55%
7/12 - 6/13	116.15	

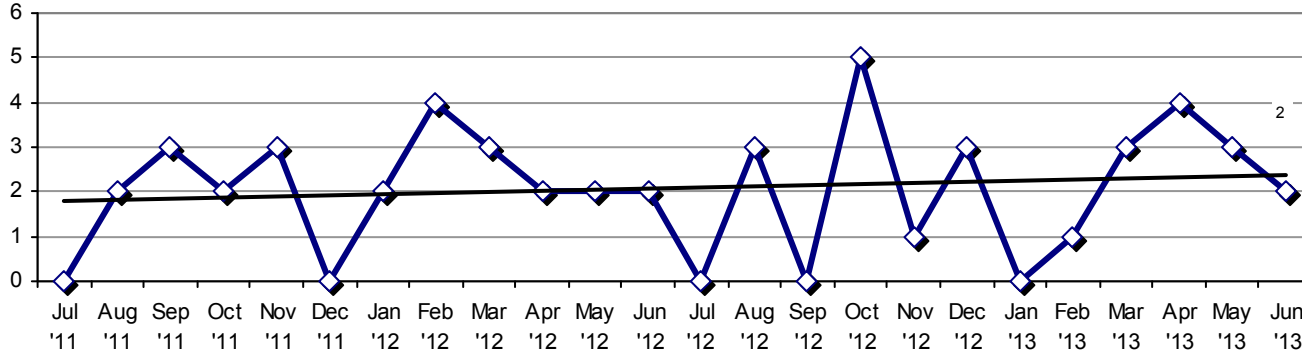


ADULT GEI PATIENTS

July 2011 - June 2013

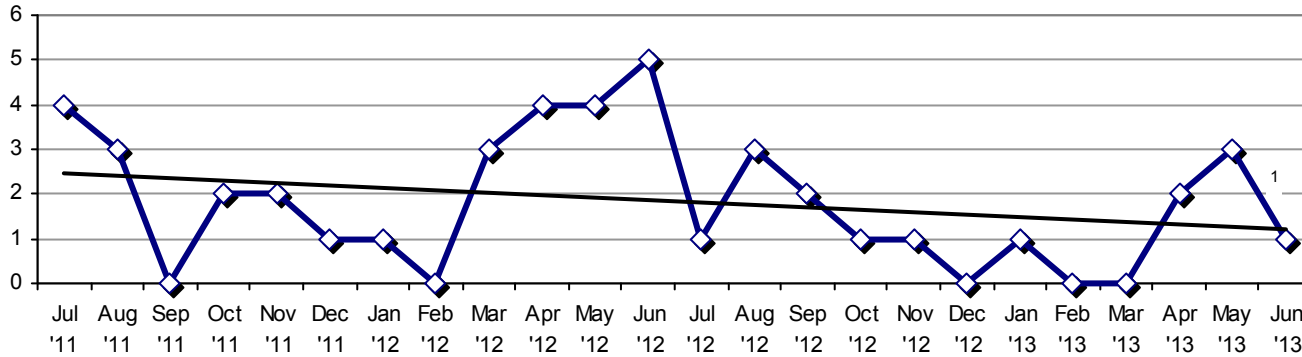


Adult GEI Admissions



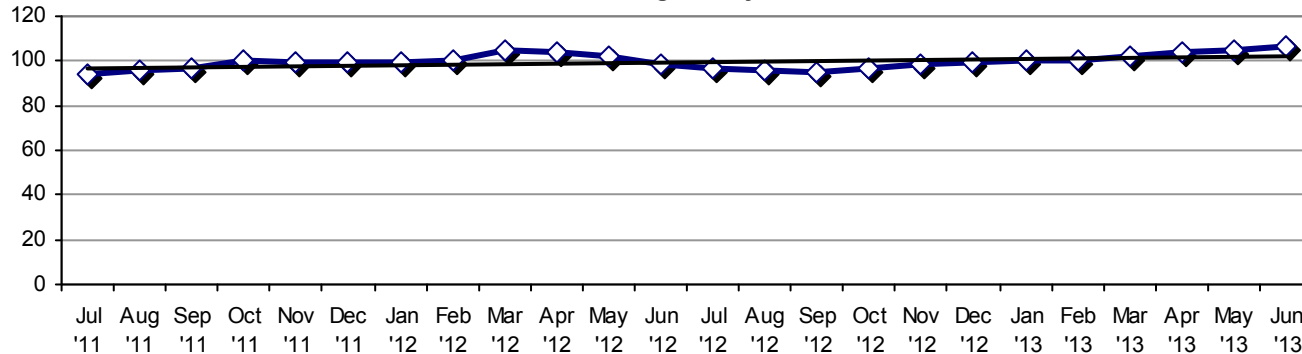
Adult GEI Admission Details		
Year	Admissions	% Change
7/11 - 6/12	25	0.00%
7/12 - 6/13	25	

Adult GEI Discharges



Adult GEI Discharge Details		
Year	Discharges	% Change
7/11 - 6/12	29	-48.28%
7/12 - 6/13	15	

Adult GEI Average Daily Census



Adult GEI Average Daily Census Details		
Year	ADC	% Change
7/11 - 6/12	99.53	0.48%
7/12 - 6/13	100.01	

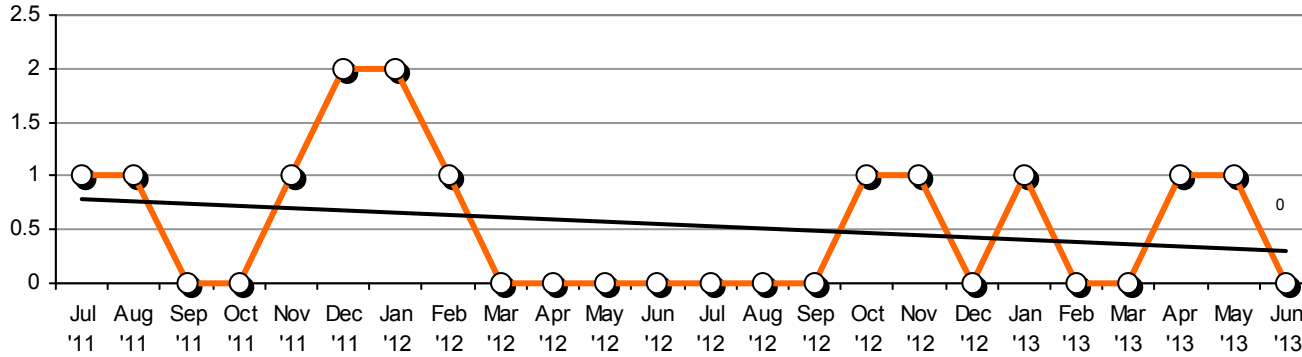


ADULT GEI-75 PATIENTS

July 2011 - June 2013

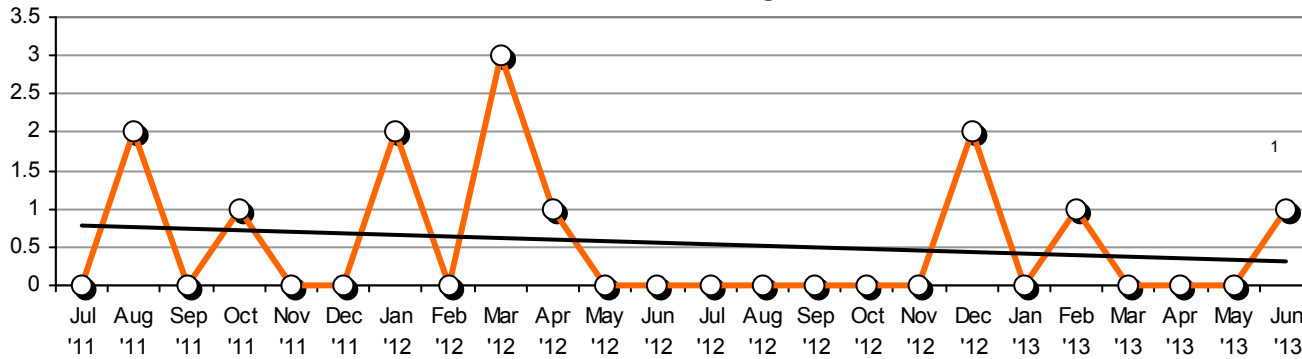


Adult GEI-75 Admissions



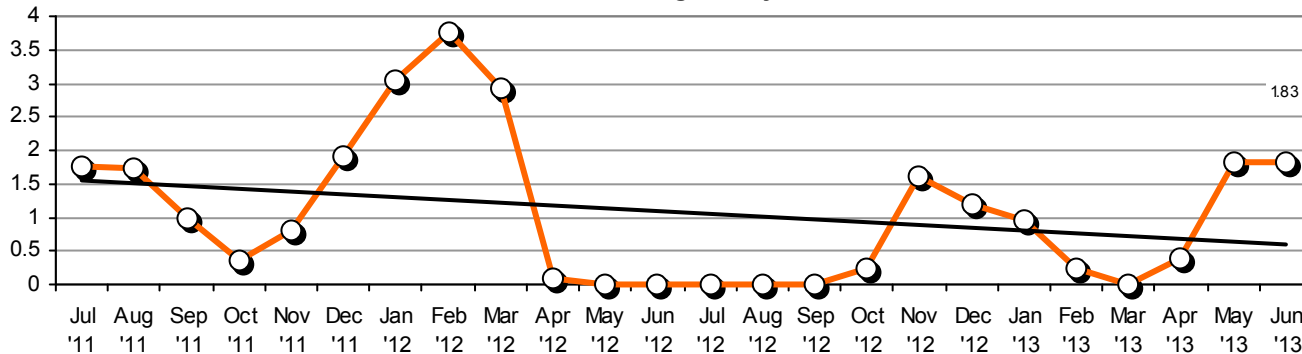
Adult GEI-75 Admission Details		
Year	Admissions	% Change
7/11 - 6/12	8	-37.50%
7/12 - 6/13	5	

Adult GEI-75 Discharges



Adult GEI-75 Discharge Details		
Year	Discharges	% Change
7/11 - 6/12	9	-55.56%
7/12 - 6/13	4	

Adult GEI-75 Average Daily Census



Adult GEI-75 Average Daily Census Details		
Year	ADC	% Change
7/11 - 6/12	1.45	-52.41%
7/12 - 6/13	0.69	

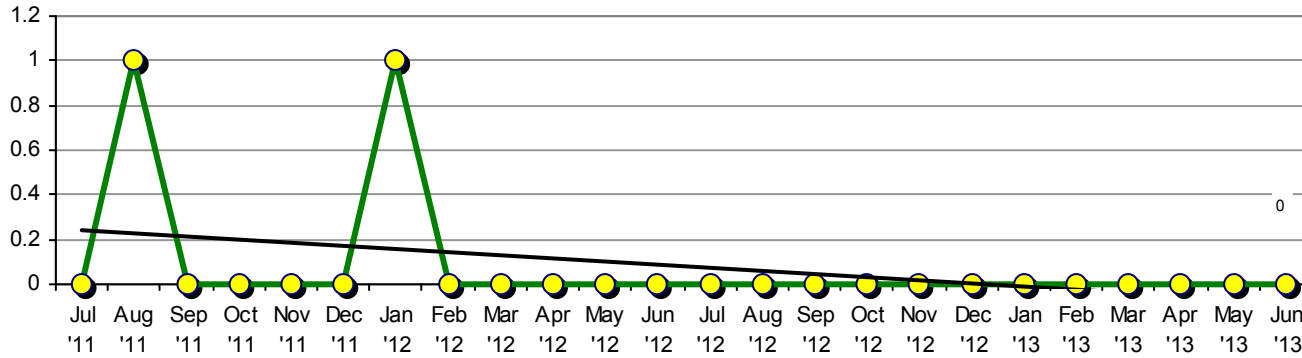


ADULT NGRI PATIENTS

July 2011 - June 2013

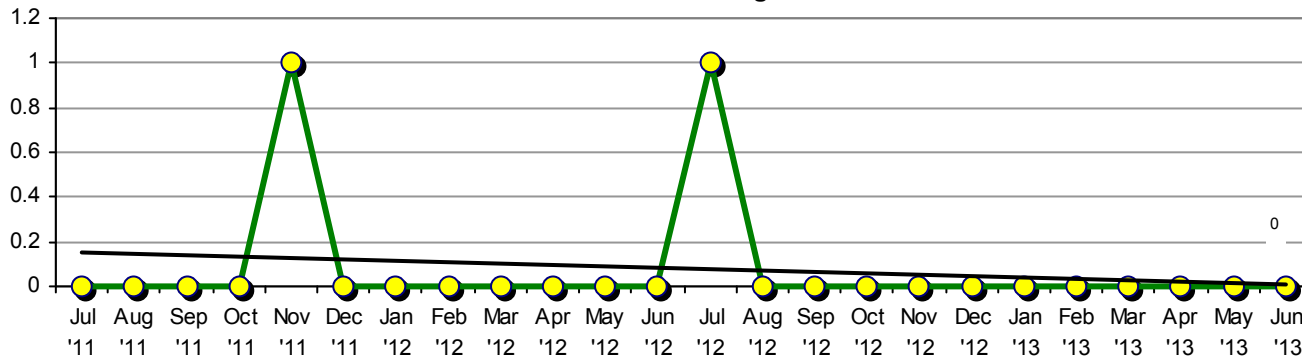


Adult NGRI Admissions



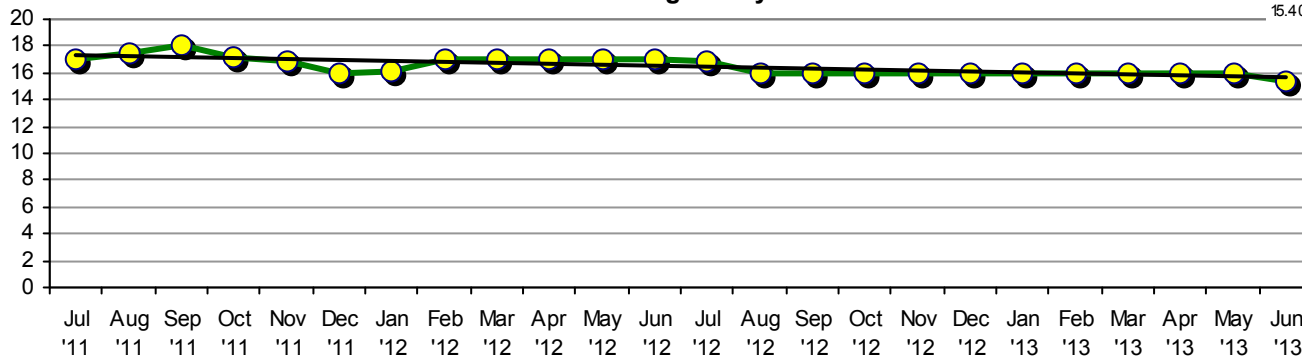
Adult NGRI Admission Details		
Year	Admissions	% Change
7/11 - 6/12	2	-100.00%
7/12 - 6/13	0	

Adult NGRI Discharges



Adult NGRI Discharge Details		
Year	Discharges	% Change
7/11 - 6/12	1	0.00%
7/12 - 6/13	1	

Adult NGRI Average Daily Census



Adult NGRI Average Daily Census Details		
Year	ADC	% Change
7/11 - 6/12	16.97	-5.60%
7/12 - 6/13	16.02	

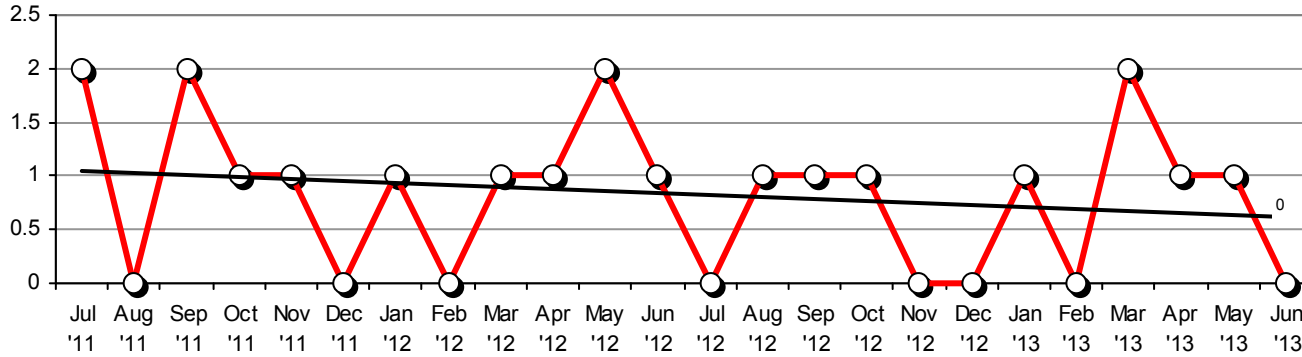


ADULT RTC PATIENTS

July 2011 - June 2013

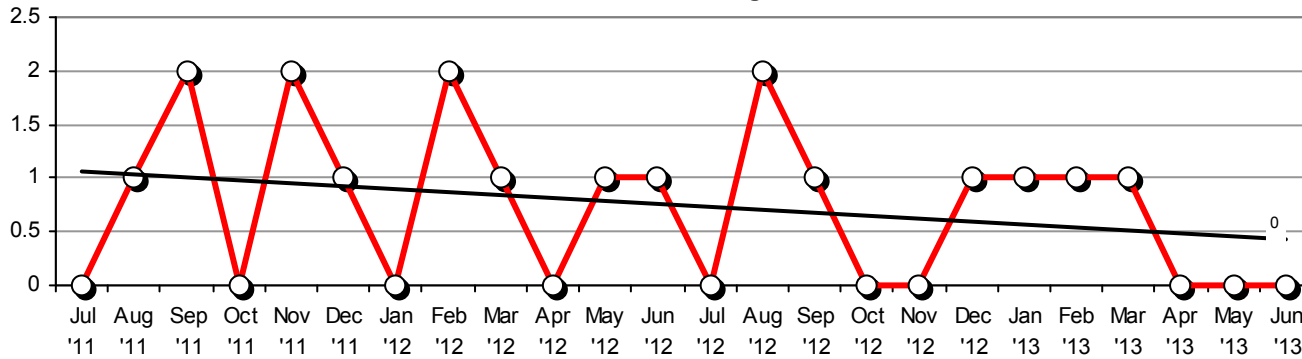


Adult RTC Admissions



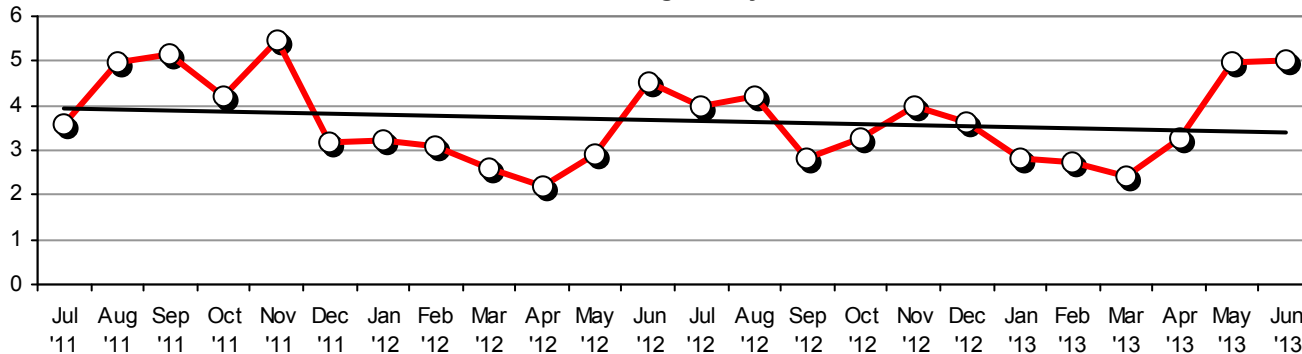
Adult RTC Admission Details		
Year	Admissions	% Change
7/11 - 6/12	12	-33.33%
7/12 - 6/13	8	

Adult RTC Discharges



Adult RTC Discharge Details		
Year	Discharges	% Change
7/11 - 6/12	11	-36.36%
7/12 - 6/13	7	

Adult RTC Average Daily Census



Adult RTC Average Daily Census Details		
Year	ADC	% Change
7/11 - 6/12	3.76	-4.26%
7/12 - 6/13	3.60	

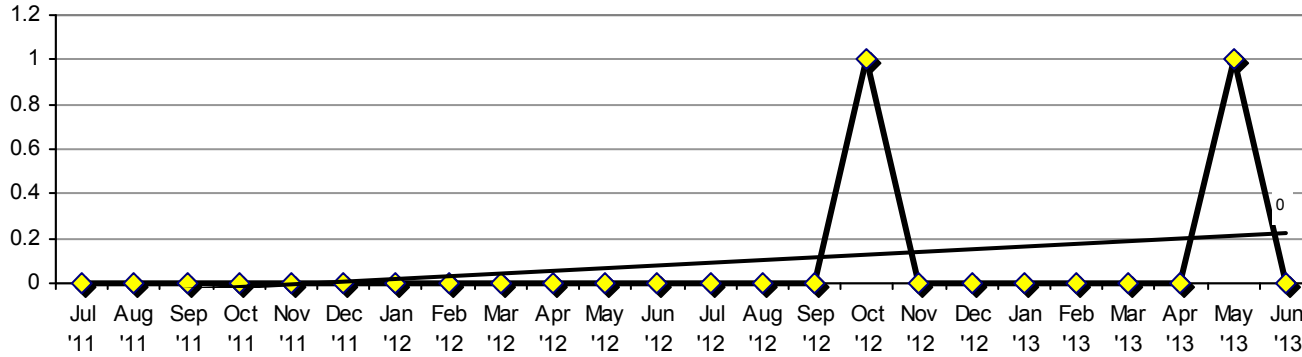


ADULT OTHER PATIENTS

July 2011 - June 2013

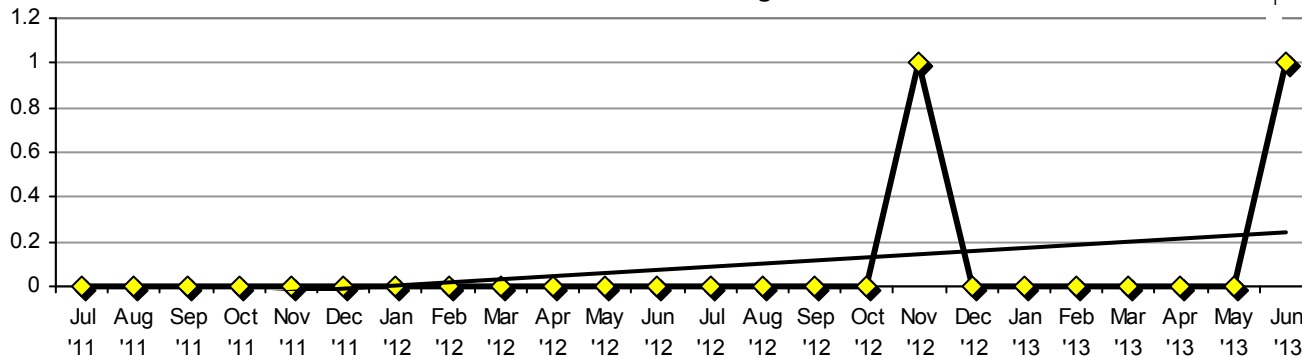


Adult Other Admissions



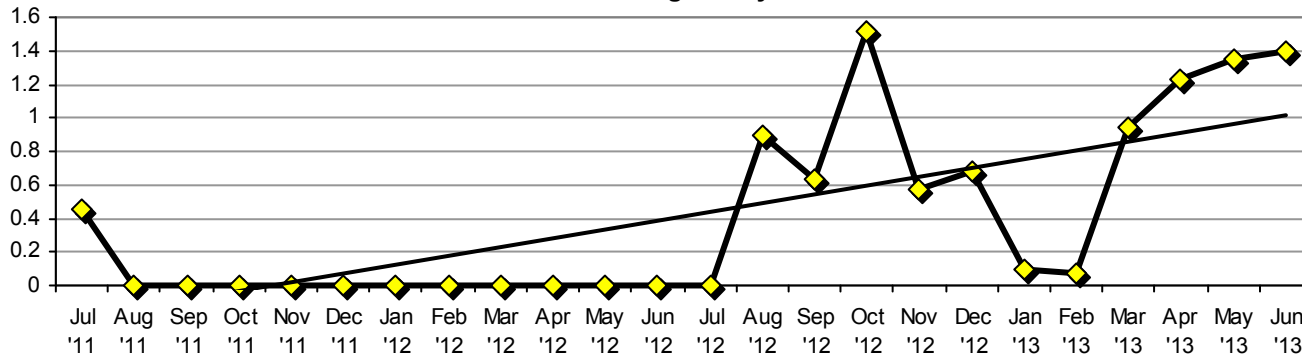
Adult Other Admission Details		
Year	Admissions	% Change
7/11 - 6/12	0	#Div/0!
7/12 - 6/13	2	

Adult Other Discharges



Adult Other Discharge Details		
Year	Discharges	% Change
7/11 - 6/12	0	#Div/0!
7/12 - 6/13	2	

Adult Other Average Daily Census



Adult Other Average Daily Census Details		
Year	ADC	% Change
7/11 - 6/12	0.04	1875.00%
7/12 - 6/13	0.79	

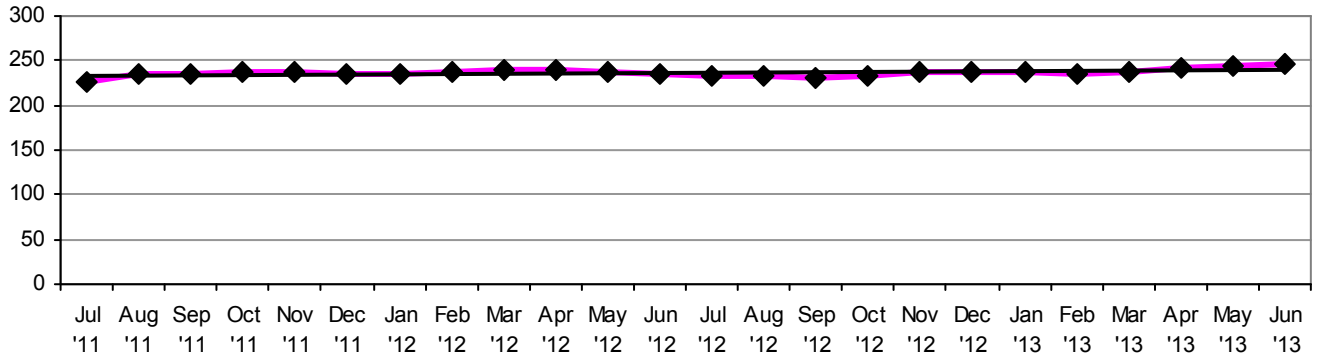


AVERAGE DAILY CENSUS and LENGTH OF STAY

July 2011 - June 2013



Adult Average Daily Census



Adult Average Daily Census		
Hospital		
Year	ADC	% Change
7/11 - 6/12	236.12	0.48%
7/12 - 6/13	237.25	

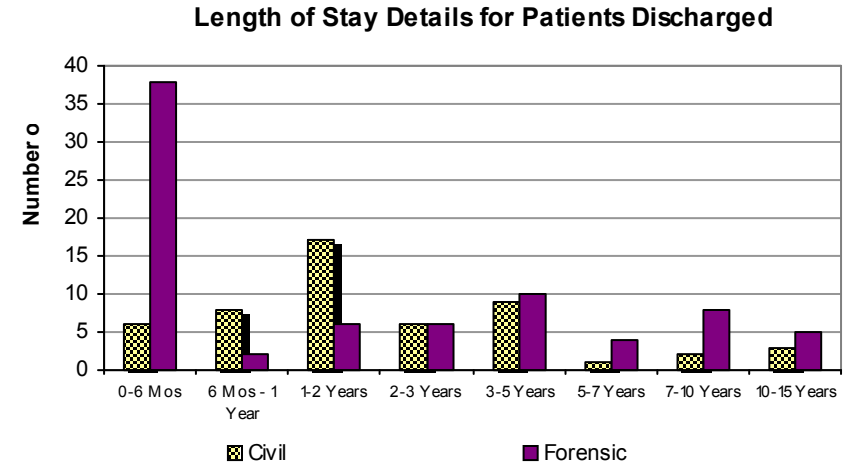
Adult Civil Census					
RBHA	CAP	Peak Census	# Times Over Cap	Total Number of Days Over Cap	Highest Consecutive Number of Days Over Cap
ALTCS	6	4	0	0	0
Cenpatico	9	12	2	729	717
CPSA	29	27	0	0	0
Magellan	55	58	9	214	62
NARBHA	13	14	2	127	126
TRBHA / Other	4	13	2	729	717

Length Of Stay										
Year	Adult Civil		Adult GEI		Adult GEI-75		Adult NGRI		Adult RTC	
	Average	Median	Average	Median	Average	Median	Average	Median	Average	Median
7/11 - 6/12	817.00	405	1695.31	1279	60.44	55	103.00	103	81.36	70
7/12 - 6/13	2096.40	1184	1767.60	1574	48.50	36	503.00	503	104.43	105



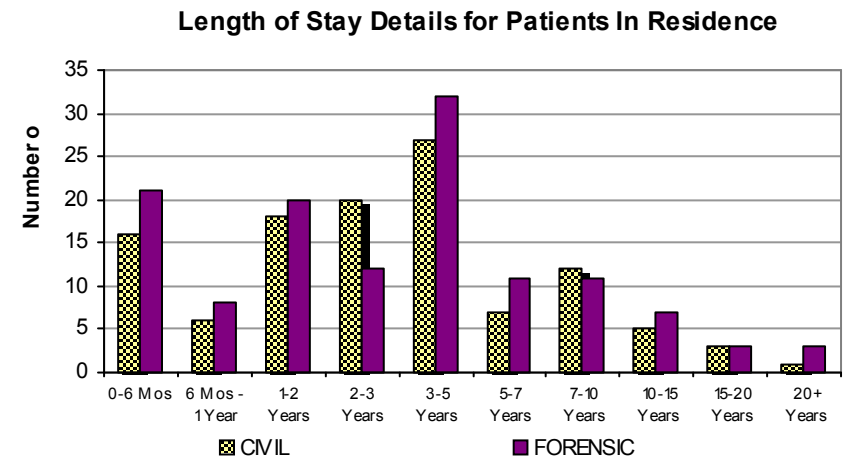
Length of Stay Details for Patients Discharged Between 7/1/2011 and 6/30/2013

Length of Stay	Civil		Forensic		Total	
	Number of Patients	%	Number of Patients	%	Number of Patients	%
0-6 Mos	6	12%	38	48%	44	34%
6 Mos - 1 Year	8	15%	2	3%	10	8%
1-2 Years	17	33%	6	8%	23	18%
2-3 Years	6	12%	6	8%	12	9%
3-5 Years	9	17%	10	13%	19	15%
5-7 Years	1	2%	4	5%	5	4%
7-10 Years	2	4%	8	10%	10	8%
10-15 Years	3	6%	5	6%	8	6%
15-20 Years	0	0%	0	0%	0	0%
20+ Years	0	0%	0	0%	0	0%
Total	52	100%	79	100%	131	100%



Length of Stay Details for Patients In Residence on 6/30/2013

Length of Stay	Civil		Forensic		Total	
	Number of Patients	%	Number of Patients	%	Number of Patients	%
0-6 Mos	16	14%	21	16%	37	15%
6 Mos - 1 Year	6	5%	8	6%	14	6%
1-2 Years	18	16%	20	16%	38	16%
2-3 Years	20	17%	12	9%	32	13%
3-5 Years	27	23%	32	25%	59	24%
5-7 Years	7	6%	11	9%	18	7%
7-10 Years	12	10%	11	9%	23	9%
10-15 Years	5	4%	7	5%	12	5%
15-20 Years	3	3%	3	2%	6	2%
20+ Years	1	1%	3	2%	4	2%
Total	115	100%	128	100%	243	100%





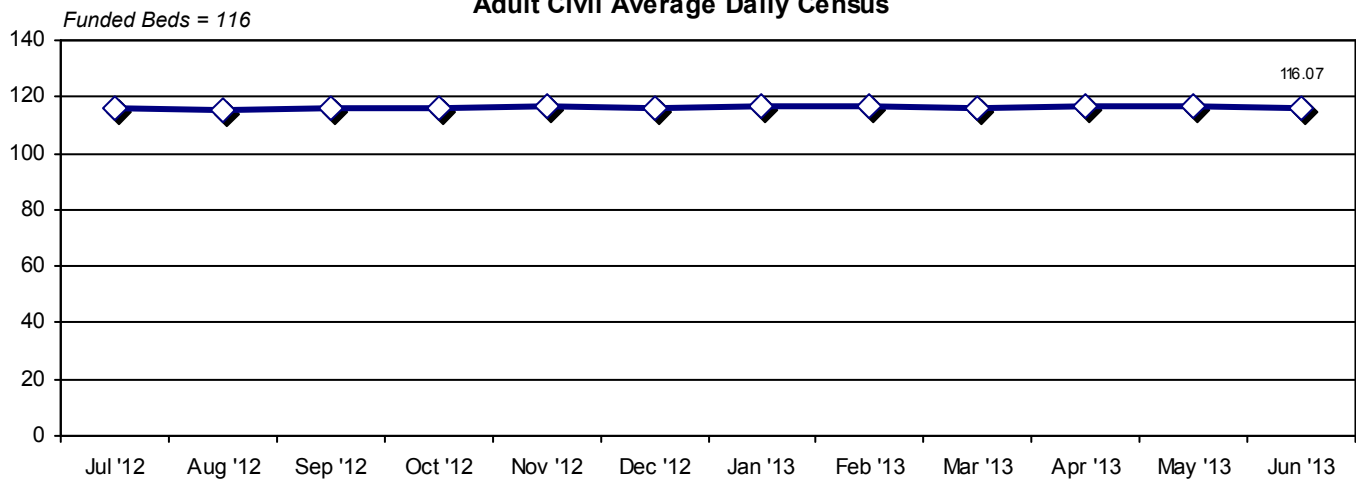
Arizona State Hospital

Average Daily Census

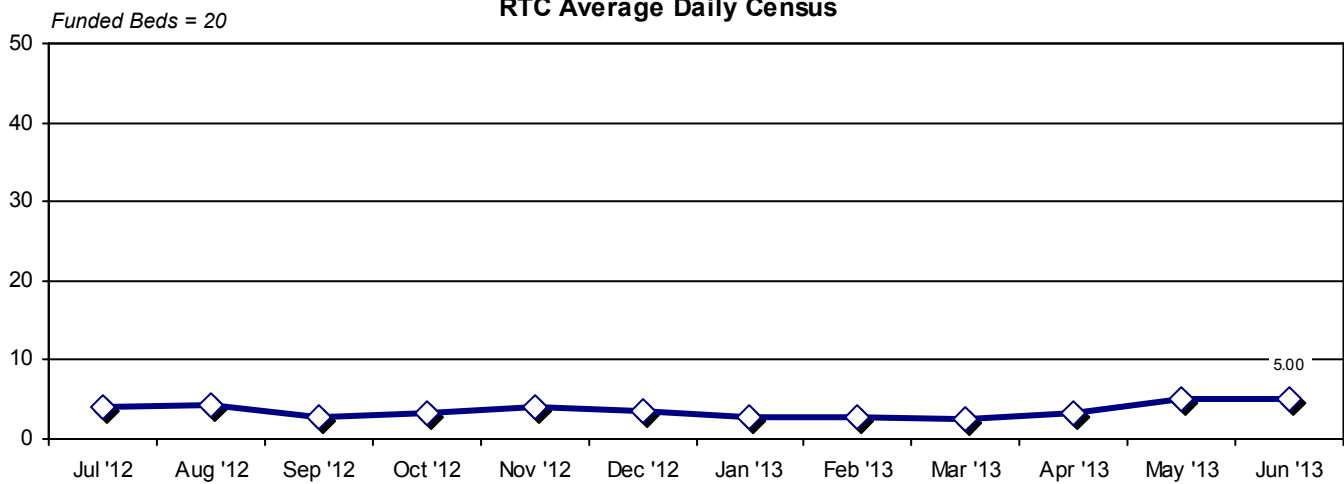
July 2012 - June 2013



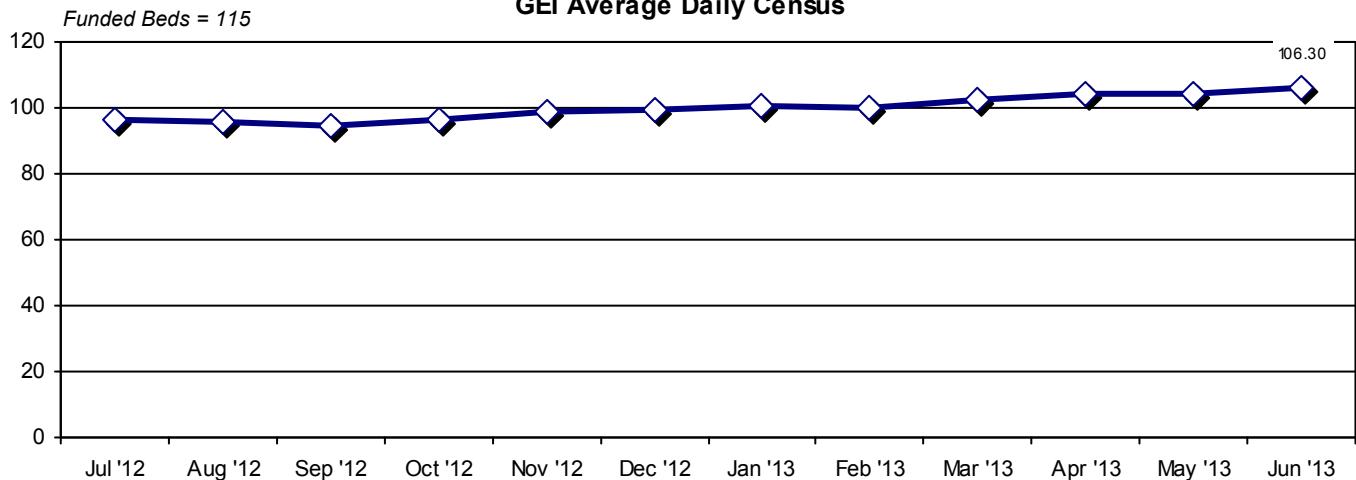
Adult Civil Average Daily Census



RTC Average Daily Census



GEI Average Daily Census



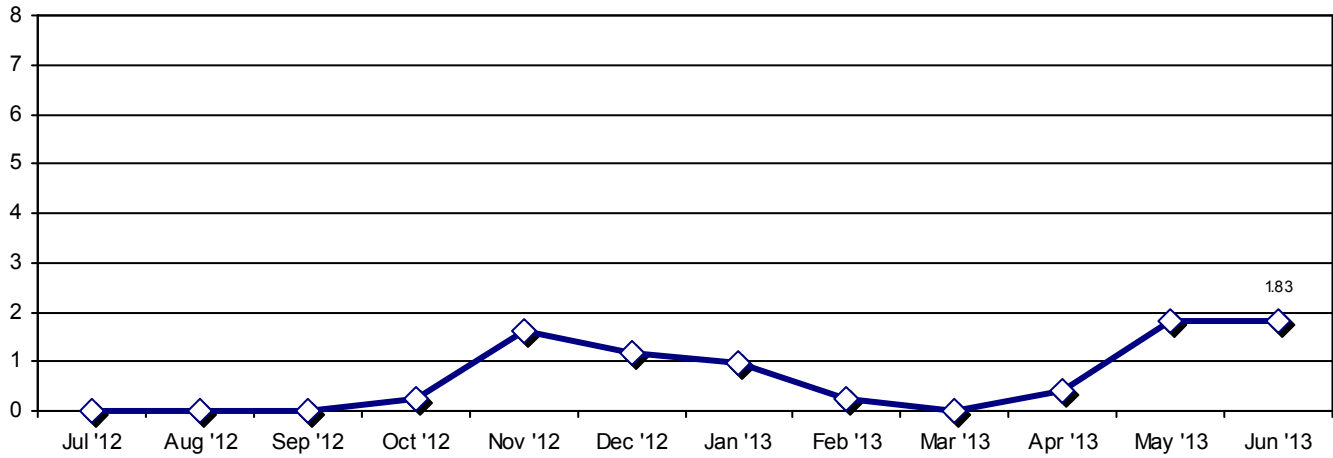


Arizona State Hospital
Average Daily Census
July 2012 - June 2013



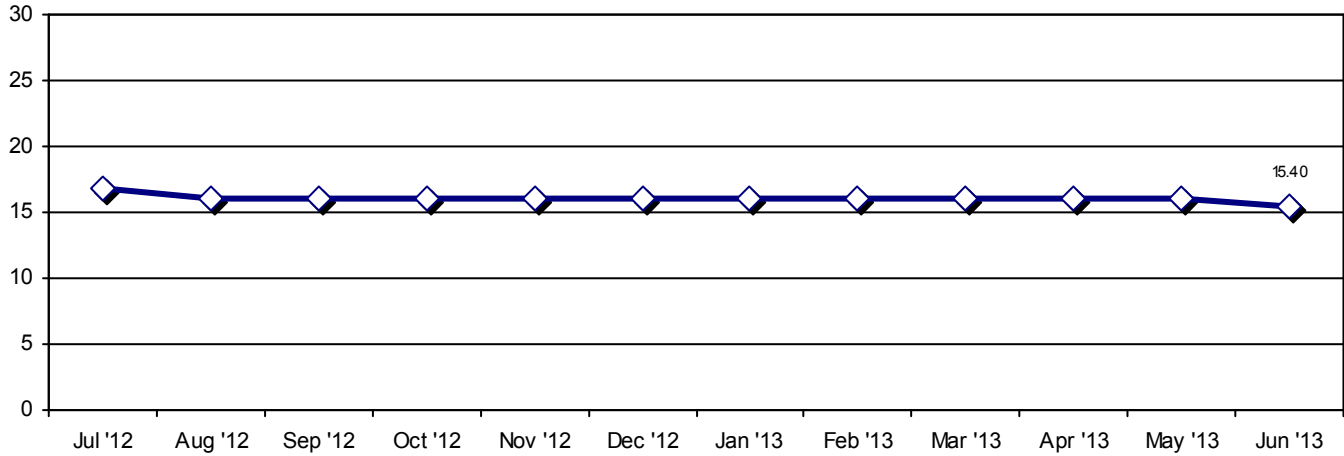
Funded Beds = 4

GEI-75 Average Daily Census



Funded Beds = 20

NGRI Average Daily Census



ARIZONA STATE HOSPITAL
FINANCIAL SUMMARY
FISCAL YEAR 2013

Funding Sources (General Operations Based on Budget Allocations): *

Personal Services and Related Benefits - General Fund	\$37,972,610
All Other Operating - General Fund/Az State Hosp Fund	\$16,590,023
Rental Income	\$527,248
Endowment Earnings	\$650,000
Patient Benefit Fund	\$225,000
Acptc Patient Benefit Fund	\$20,000
Donations	\$30,000
Emergency Preparedness	\$136,030
AzSH Forensic Unit Debt Service	\$3,111,700
ACPTC (Arizona Community Protection Treatment Center)	\$9,669,752
Community Placement - Az State Hosp Fund	\$1,130,700
Total Funding	<u>\$70,063,063</u>

Expenditures: *

Personal Services and Related Benefits	\$44,051,337
Professional and Outside Services **	\$10,625,609
Travel (In-State)	\$103,020
Travel (Out-of-State)	\$866
Other Operating	\$10,424,899
Capital Equipment	\$128,411
Total Cost of Operations	<u>\$65,334,142</u>

Collections :

Patient Care Collections to General Fund	\$1,259,820
Patient Care Collections to Az State Hosp Fund - RTC	\$791,780
Patient Care Collections to Az State Hosp Fund - Title XIX	\$2,395,005
Patient Care Collections to Az State Hosp Fund - ACPTC	\$5,532,160
Non-Patient Care Collection to General Fund	\$2,136
Total Collections	<u>\$9,980,901</u>

* Through FYE 13th Month

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

Daily Costs by Treatment Program:

AzSH	Specialty Rehabilitation	\$814
	Psychosocial Rehabilitation	\$750
	Forensic - Restoration to Competency	\$671
	Forensic Rehabilitation	\$613
	Average	\$688

Rates became effective 1/01/09.

ACPTC	LRA 1-5 (Less Restrictive Alternative)	\$407
	LRA 6	\$525
	LRA 6 Community	\$152
	Pre-Trial	\$417
	Treatment	\$408
	LOA (Leave of Absence for Medical Inpatient)	\$563

Rates became effective 07/01/12