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JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

December 27, 2011

The Honorable Janice K. Brewer
Governor of Arizona
State Capitol
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 2011. 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,

Will Humble
Director

WH:bp

Enclosure

Arizona Department of Health Services
Division of Behavioral Health Services

ANNUAL REPORT
FISCAL YEAR 2011

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)

Published By:
Arizona Department of Health Services
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~Leadership for a Healthy Arizona~

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 2011, 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 $1,485,785,999 in funding for Fiscal Year (FY) 2011. ADHS/DBHS' administrative costs totaled $20,002,776 and statewide service costs totaled $1,441,804,512. 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 2011. 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 2011

Statewide Revenue by Program FY 2011		
Funding	**Amount Received**	**Percentage**
Title XIX Children	429,796,545	28.93%
TXXI Children	6,520,330	0.44%
TXIX SMI	567,563,023	38.20%
Non TXIX SMI	41,834,700	2.82%
TXXI SMI	266,590	0.02%
TXIX GMH/SA	300,690,847	20.24%
TXXI GMH	104,026	0.01%
Non TXIX CRISIS Services	20,036,100	1.35%
Federal Grants	49,097,870	3.30%
ISA/IGA	49,876,709	3.36%
Administration	11,417,759	.77%
Clawback	8,581,500	0.58%
Total	1,506,429,651	100.00%

Table 2: Total ADHS/DBHS Services and Administration Expenditures

Total Behavioral Health Services Expenditures Services & Administration FY 2011		
Funding	**Amount Paid**	**Percentage**
Title XIX	811,766,258	55.53%
Title XIX Proposition 204	477,535,105	32.67%
Title XXI	7,398,039	0.51%
Federal Funds	47,727,955	3.26%
Non Title XIX/XXI Funds General Funds	62,400,245	4.27%
County Funds	47,405,009	3.24%
Tobacco Tax HLTH Care Fund MNMI Account	6,044,653	0.41%
Other (1)	1,530,023	0.10%
Total	1,461,807,287	100.00%
(1) Other Includes: PASSAR, Bridge Subsidy, Indirect Funds, Donations, Vocational Rehab & LARC Facility		

Source Data: Accounting Event Data Warehouse

Table 3: Administrative Expenditures

Administrative Expenditures FY 2011		
Funding	**Amount Paid**	**Percentage**
Title XIX	12,241,859	61.20%
Title XIX Proposition 204	4,764,716	23.82%
Title XXI	88,391	0.44%
Federal Funds	2,347,729	11.74%
Non Title XIX/XXI Funds General Funds	431,832	2.16%
Other (1)	128,249	0.64%
Total	20,002,776	100.00%
(1) Other Includes PASRR, Indirect Funds, Donations & Vocational Rehab		

Source Data: Accounting Event Data Warehouse

Table 4: Statewide Expenditures by Program

Statewide Expenditures by Program FY 2011		
Funding	**Amount Paid**	**Percentage**
Title XIX Children	424,811,394	29.46%
Non TXIX Children	10,383,716	0.72%
TXXI Children	6,800,077	0.47%
TXIX SMI	559,435,370	37.18%
Non TXIX SMI	96,060,100	7.69%
TXXI SMI	509,572	0.03%
TXIX GMH/SA	288,048,024	19.87%
Non TXIX GMH/SA	23,082,995	2.37%
Crisis	23,375,813	1.62%
Non TXIX Prevention	9,239,751	0.64%
Other Programs (1)	57,700	0.00%
Total	1,441,804,512	100.00%
(1) Other Includes Liquor Fees		

Source Data: Accounting Event Data Warehouse

During FY 2011, behavioral health recipients received behavioral health services as depicted in the following tables:

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH

Table 5 provides information on the number of ADHS/BHS clients enrolled during SFY11 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 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 2011. 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 2011

Persons Enrolled in FY 2011		
Eligibility	**BHC**	**Count**
TXIX/TXXI	SMI	31,066
	SA	26,574
	GMH	76,115
	SED	16,671
	CHILD	45,226
	Total	195,652
NON-TXIX	SMI	10,940
	SA	5,625
	GMH	11,394
	SED	337
	CHILD	2,065
	Total	30,361
All Eligibilities	SMI	42,006
	SA	32,199
	GMH	87,509
	SED	17,008
	CHILD	47,291
	Total	226,013

1 All data sources are effective as of month-end October 2011 (unless otherwise noted)

ARIZONA DEPARTMENT OF HEALTH SERVICES
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Table 6: ADHS/DBHS Clients Served in FY 2011

Persons Served in FY 2011		
Note: The term served here means that the clients had at least one encounter in FY 2011		
Eligibility	**BHC**	**Count**
TXIX/TXXI*	SMI	30,142
	SA	21,126
	GMH	66,544
	SED	16,082
	CHILD	40,297
	Total	174,191
NON-TXIX**	SMI	9,952
	SA	2,388
	GMH	5,750
	SED	217
	CHILD	1,047
	Total	19,354
All Eligibilities	SMI	40,094
	SA	23,514
	GMH	72,294
	SED	16,299
	CHILD	41,344
	Total	193,545

*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 2011 (unless otherwise noted).
Data Sources for post October 1, 2010 method, October 1, 2010 through June 30, 2011.

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

1 Data Sources for pre October 1, 2010 method, July 1, 2010 through September 30, 2010.
2
BHSD.QM_ENRL_FY_2011
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_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

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 2011

Arizona State Hospital

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

Arizona Department of Health Services

~Health and Wellness for all Arizonans~

THE ARIZONA STATE HOSPTIAL

VISION AND MISSION STATEMENTS
A.R.S. § 36-209.A. (8)

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

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

DESCRIPTION OF THE ARIZONA STATE HOSPITAL

The Arizona State Hospital is located on a 93-acre campus at 24th Street and Van Buren, in Phoenix, Arizona. As a component of the statewide continuum of behavioral health services provided to the residents of Arizona, the Hospital is a part of the Arizona Department of Health Services (ADHS). 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 and is accredited, by the Joint Commission, and is certified to receive reimbursement from The Centers for Medicare and Medicaid Services (CMS).

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.

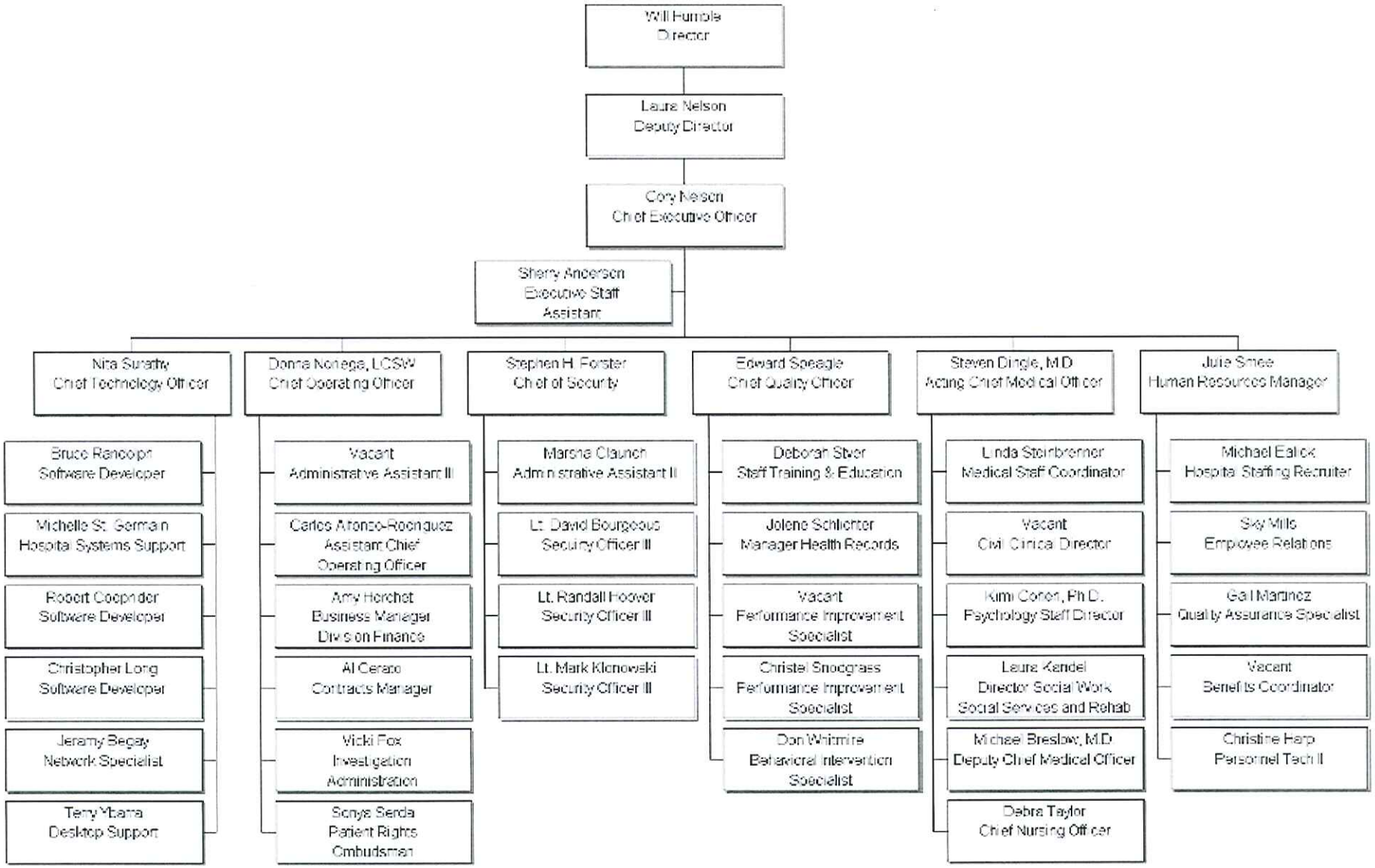
Treatment at the Hospital is considered "the highest and most restrictive" level of care in the state, and patients are admitted as a result of an inability to be maintained in a community facility, or because of their legal status. Hospital personnel continually strive to provide state-of-the-art inpatient 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.

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 Operating Officer, the Chief Quality Officer, the Chief of Security, Chief of Technology Services, and the Human Resource Manager. Also among the Executive Management Team is the Chief Nurse Officer, reporting to the Chief Medical Officer. These Executive Management Team members oversee Hospital operations, 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 placements. Many of these 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. Other ancillary staff at Arizona State Hospital provide 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 (RN) 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 the hospital. The hospital continues to provide a training program based on the National Association of State Mental Health Program Directors titled "Workforce Development." 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/or treatment plan coordinators ensure that the treatment plans developed by the interdisciplinary treatment teams meet all standards and specifically address the behaviors which admitted the patient to the most restrictive level of psychiatric care available in the state. Treatment plan coordinators provide support to the treatment teams. They serve as consultants to help the treatment team incorporate recovery goals into the treatment plans, track treatment 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 ten (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 periodic 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 the 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;
De-stigmatization: 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 continues to provide a specialized treatment approach called DBT. A highly trained team provides 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 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. Periodically, 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, social workers 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 rehabilitation sections of the discharge data sheet.

Project Tobacco-Free
Recent national medical studies have shown that Seriously Mentally Ill Adults die an 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 public mental health treatment facilities, including the Arizona State Hospital.

Tobacco kills those with mental illness disproportionately and earlier. A preponderance of evidence has clearly established the deleterious health effects of tobacco smoking and second hand or environmental tobacco smoke. This evidence has shown that tobacco smoking leads to negative outcomes for mental health treatment, the treatment milieu, overall wellness and, ultimately recovery.

The Arizona State Hospital is committed to supporting health, wellness and recovery. As a healthcare agency, the Arizona State Hospital has taken an assertive stand to end the use of tobacco. This past year we celebrated our third 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, the Hospital has 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.

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

The Hospital has three 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.

-Construction of a New 120 Bed Forensic Hospital

The construction of a new 120 bed Forensic Hospital funded through a Certificate of Participation is scheduled for final completion in September 2011. The Arizona Department of Administration (ADOA) and the hospital administration have participated in on-going planning meetings with the design-engineering firm, Jacob Carter Burgess and the General Contractor, Gilbane Construction. Construction has focused on the safety and security elements necessary for forensic patients and staff. Facility occupation will occur in November 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 n 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 1st 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:

Forensic Adult (58% of beds): **143 Beds**

- Restoration to Competency
- Guilty Except Insane – 75 day evaluation
- Guilty Except Insane
- Not Guilty By Reason of Insanity

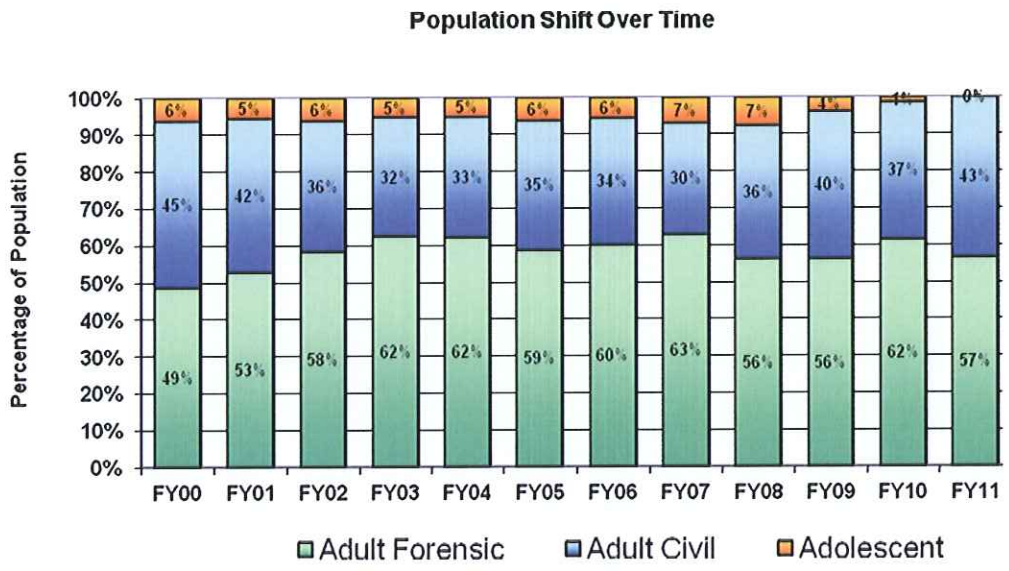
Civil Adult (41% of beds): **116 Beds**

Medical Bed (reserved for infection control):	**1**	**Bed**
TOTAL BEDS FY 2011	**260**	**Beds**

Population Shift

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

EXHIBIT #1



End of Month Census

The Hospital began FY 2011, with a patient census of 250 and ended the fiscal year on June 30th, with a census of 235, a decrease of 15 patients or 6%. During the year, 94 patients were admitted and 109 patients were discharged. The average daily census for the fiscal year was 238 patients. These patients accounted for a total of 87,029 patient days*, a decrease of 5075 days over the previous fiscal year. The end of month patient census from July 2008 through June 2011, 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 2009 through FY 2011

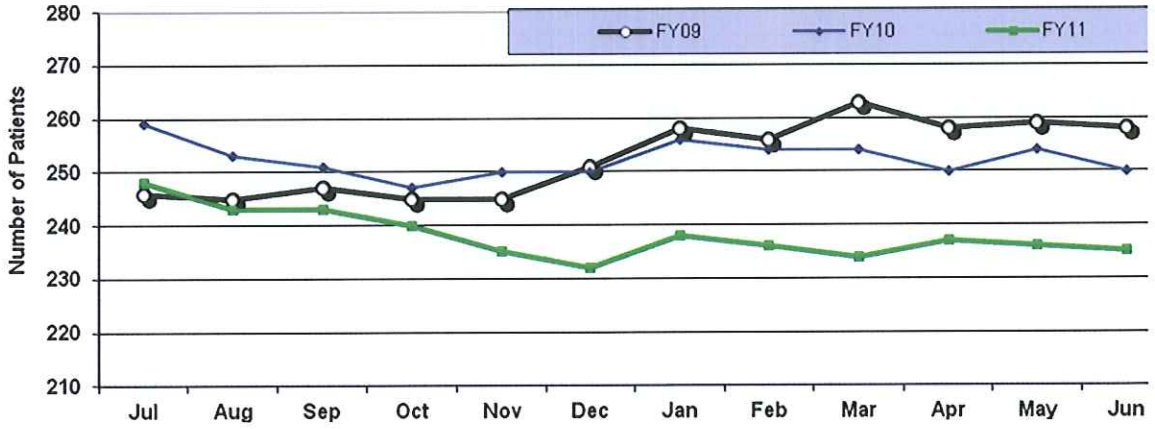


EXHIBIT # 2 (B)

FY 2011 End of Month Census by Legal Status and Legal Type

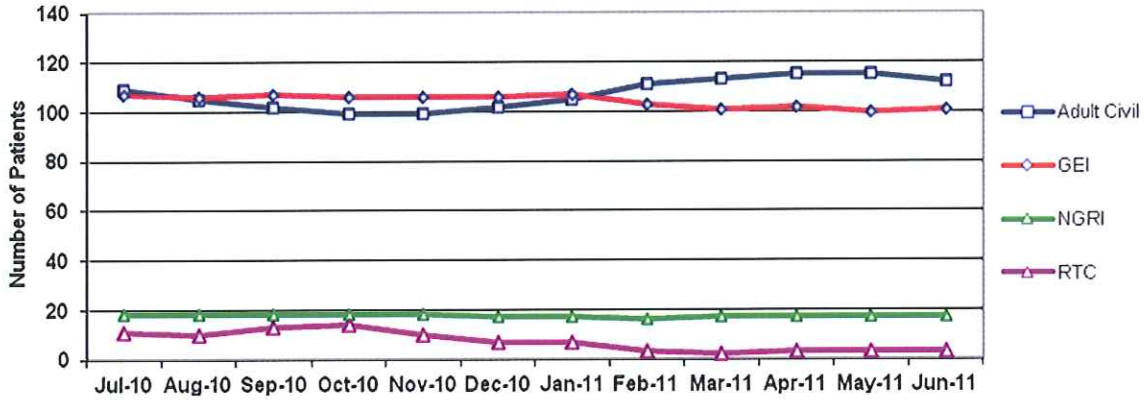
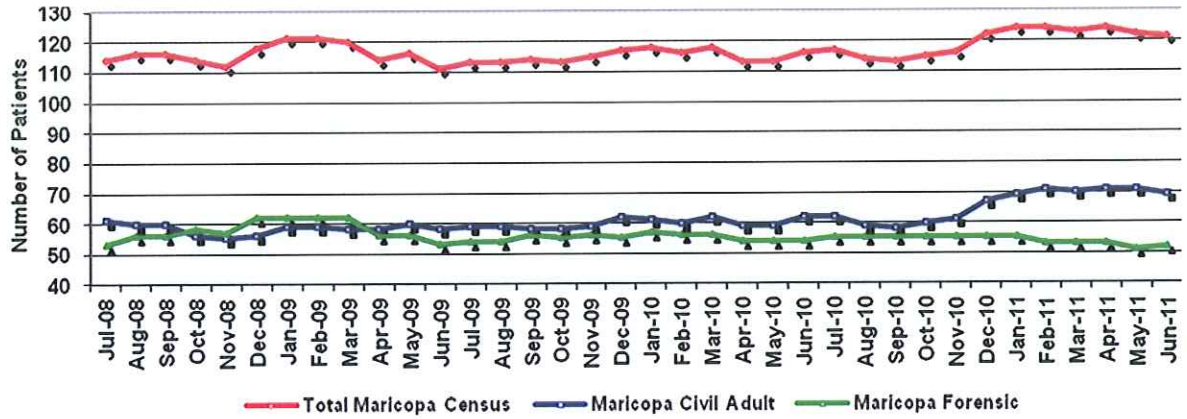
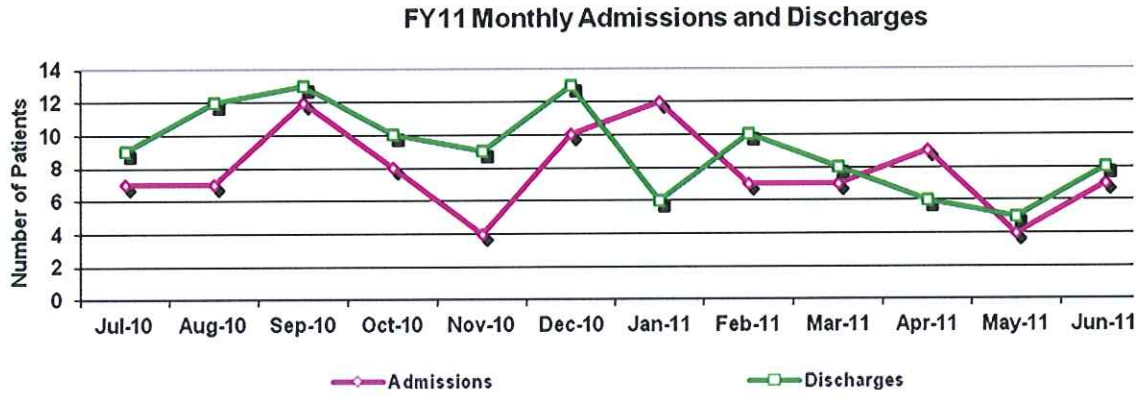


EXHIBIT #2 (C):

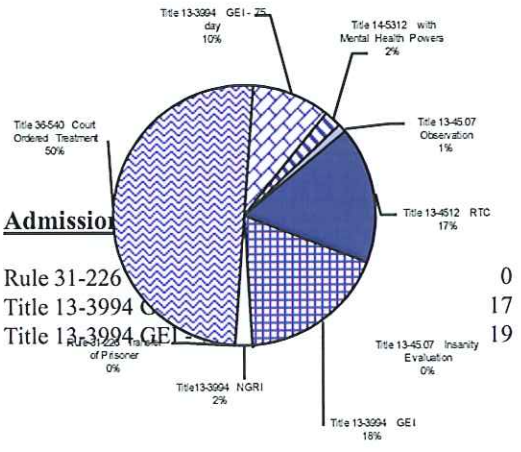


ADMISSIONS AND DISCHARGES

EXHIBIT #3:



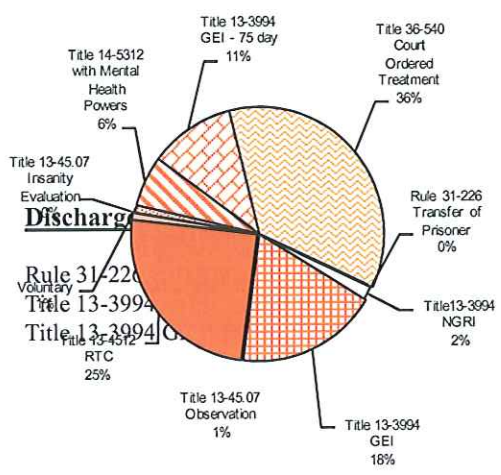
Adult Admissions



Admissio

Rule 31-226	0
Title 13-3994 G	17
Title 13-3994 GEI	19

Adult Discharges



Discharg

Rule 31-22	0
Title 13-3994	20
Title 13-3994 G	12

Title 13-45.07 Observation	1
Title 13-45.07 Insanity Evaluation	0
Title 13-4512 RTC	16
Title 13-994 NGRI	2
Title 14-5312 with Mental Health Powers	2
Title 36-540 Court Ordered Treatment	47
Voluntary	0
Total	**94**

Title 13-45.07 Observation	1
Title 13-45.07 Insanity Evaluation	0
Title 13-4512 RTC	27
Title 13-994 NGRI	2
Title 14-5312 with Mental Health Powers	7
Title 36-540 Court Ordered Treatment	39
Voluntary	1
Total	**109**

SUMMARY OF ADMISSIONS AND DISCHARGES FY 2011

	Total Admissions	Total Discharges
Adult:		
Forensic	45	62
Civil	49	47
Total for FY 2011	**94**	**109**

Admission Statistics

The Hospital admitted 94 patients this fiscal year. Those individuals admitted to the Hospital for the first time accounted for 59 or 63% of all admissions during FY 2011. Admissions by diagnostic grouping indicated that patients diagnosed with schizophrenic disorders accounted for 54% of all admissions during FY 2011, which is a 14% decrease from the previous fiscal year. During FY 2011 patients diagnosed with polysubstance abuse (7%), psychotic disorders (15%), affective disorders (6%), personality disorders (18%), and cognitive disorders (3%) comprise the major diagnostic groupings for patient admissions to the Hospital. Of the 94 patients admitted this fiscal year, 67(71%) were determined to be Seriously Mentally Ill (SMI). This is a 25% decrease from the previous fiscal year.

Admission Averages

The average monthly admission rate for FY 2011 was 7.8 patients, ranging from a low of 4 admissions in November 2010 to a high of 12 admissions in September 2010 and January 2011. This was a 35% decrease from the FY 2010 average monthly admission rate of 12 patients.

Admission by County

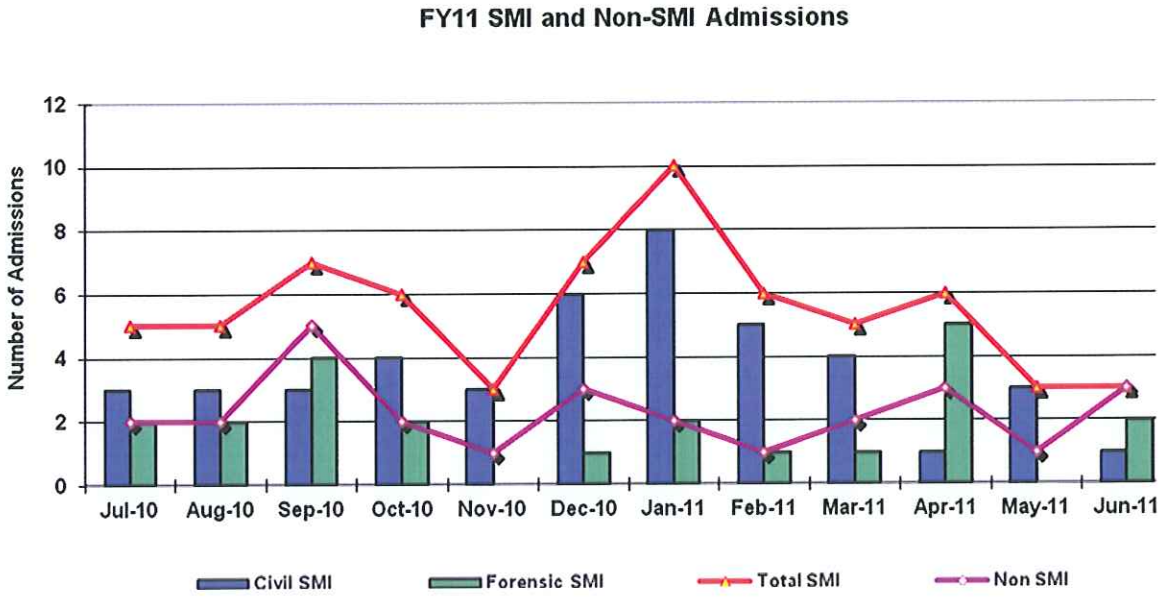
Maricopa County had the highest number of admissions during FY 2011 with 38 patients or 40% of all statewide admissions. This was an increase of 41% from last fiscal year's 27 Maricopa County admissions. Pima County accounted for 13 (or 14%) of the admissions in FY2011, equal to the previous year's total of 13 admissions. The remaining thirteen counties accounted for 43 or 45% of the state admissions during the period July 2010 to June 2011.

EXHIBIT #5

Admissions by County FY 2011

County of Admission	Total	Percentage
Maricopa	38	40.0%
Pinal	16	16.8%
Pima	13	13.7%
Yuma	9	9.5%
Coconino	4	4.2%
No Entry	4	4.2%
Gila	3	3.2%
Navajo	3	3.2%
Yavapai	3	3.2%
Graham	1	1.0%
Mohave	1	1.0%
Apache	0	0.0%
Cochise	0	0.0%
Greenlee	0	0.0%
La Paz	0	0.0%
Santa Cruz	0	0.0%
Total Admissions FY 2011	**94**	**100.0%**

EXHIBIT #6



Discharge Statistics

The Hospital discharged 109 patients during this fiscal year. The average monthly discharge rate for FY 2011 was 9.1 patients, ranging from a low of 5 discharges in May 2011 to a high of 13 discharges in September 2010 (Exhibit #3). This was a 29% decrease from the FY 2010 average monthly discharge rate of 12.8 patients. Of the 109 patients discharged this fiscal year, 83 (76%) were Seriously Mentally Ill. This is a 12% increase from the previous fiscal year.

The number of non-forensic patients discharged during FY 2011 with a length of stay less than 365 days, was 24 or 51% 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 2011, 17 patients were discharged with a length of stay of greater than 3 years, including 7 patients hospitalized for over 7 years, and 1 patient hospitalized for over 10 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

For the 109 patients discharged during this fiscal year the average length of stay was 624.4 days. During FY 2011, 47 civil patients had an average length of stay of 663.4 days: these included 39 patients discharged from the Title 36 Court Ordered Treatment program with an average length of stay of 566.4 days; and 7 patients under Title 14 with Mental Health Powers discharged in an average of 1266.8 days.

During the same time period, 62 forensic patients were discharged with an average length of stay of 594.9 days: 27 patients were discharged from the Title 13, Restoration to Competency program, with an average length of stay of 121.6 days; 20 Title 13, Guilty Except Insane patients, were discharged in an average of 1612.8 days; 12 Title 13, Guilty Except Insane – 75 Day patients were discharged in an average of 53.4 days; and 2 patients were discharged from the Title 13, Not Responsible for Criminal Conduct by Reason of Insanity treatment in an average of 343.0 days.

EXHIBIT #7

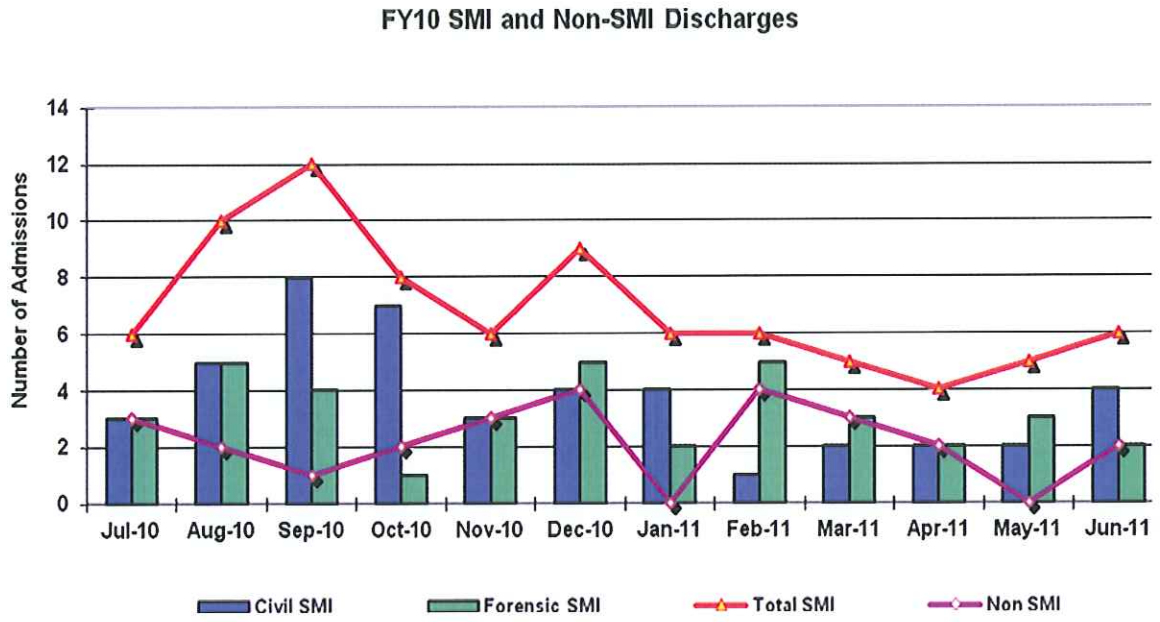


EXHIBIT #8

Patients were discharged to the community to the following placements:

Patients Discharged during FY 2011

Living Arrangements after Discharge	Adult	Overall %
CORRECTIONAL FACILITY	34	31.2%
NONE	19	17.4%
GROUP HOME	16	14.7%
FAMILY	13	11.9%
INDEPENDENT LIVING	6	5.5%
LICENSED SUPERVISORY CARE	5	4.6%
OTHER	5	4.6%
NURSING HOME	4	3.7%
PSYCH HEALTH FACILITY	2	1.8%
RTC 24-hour NOT PHF	2	1.8%
NON PSYCH HOSP/WARD	1	0.9%
RTC SEMI-SUPV. NOT PHF	1	0.9%
UNKNOWN	1	0.0%
FOSTER HOME	0	0.0%
HOMELESS	0	0.0%
PSYCH HSP/WARD	0	0.0%
RES. SAP/SMI-DUAL DIAGNOSIS	0	0.0%
SPONSORED BASED HOUSING	0	0.0%
Total	**109**	**100.0%**

Discharge by County

Maricopa County had the highest number of discharges during FY 2011 with 34 patients or 19% of all statewide discharges. This was an increase of 17% from last fiscal year's 29 Maricopa County discharges. Pima County accounted for 19 or 17% of the FY 2011 discharges, equal to the previous year's total of 19 discharges. The remaining thirteen counties accounted for 56 or 64% of the state discharges during the period July 2010 to June 2011.

EXHIBIT #9

Discharges by County FY 2011

County	Total	Percentage
MARICOPA	34	31.2%
PIMA	19	17.4%
PINAL	14	12.7%
YUMA	11	10.1%
YAVAPAI	8	7.3%
COCONINO	5	4.5%
GILA	5	4.5%
NO ENTRY	5	4.5%
COCHISE	3	2.7%
MOHAVE	3	2.7%
NAVAJO	3	2.7%
APACHE	0	0.0%
GRAHAM	0	0.0%
GREENLEE	0	0.0%
LA PAZ	0	0.0%
SANTA CRUZ	0	0.0%
Total Discharges FY 2011	**109**	**100.0%**

EXHIBIT #10

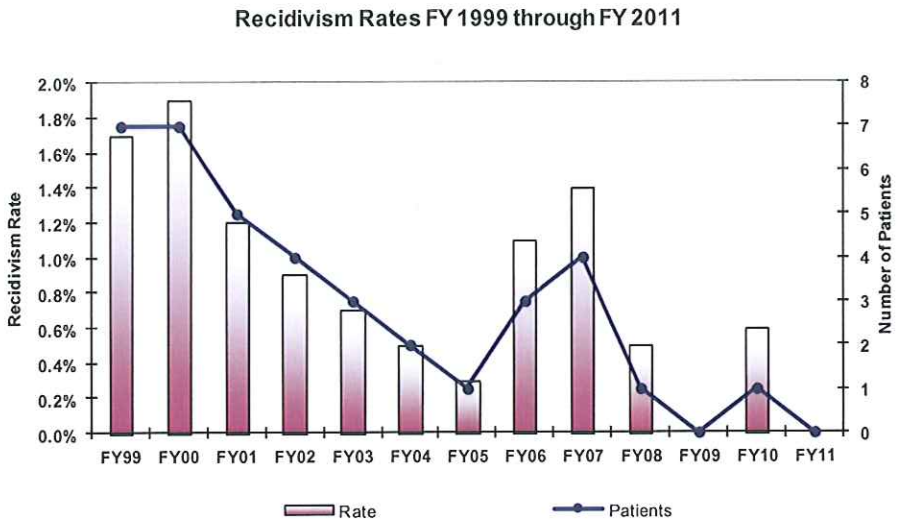
Discharge Length of Stay FY 2011

Length of Stay	Civil		Forensic		Total	
	Patients	**%**	**Patients**	**%**	**Patients**	**%**
0-6 Months	14	29.8%	39	62.9%	53	48.6%
6 Months – 1 Year	11	23.4%	7	11.3%	18	16.5%
1-2 Years	10	21.3%	2	3.2%	12	11.0%
2-3 Years	4	8.5%	1	1.6%	5	4.6%
3-5 Years	4	8.5%	6	9.7%	10	9.2%
5-7 Years	2	4.2%	2	3.2%	4	3.7%
7-10 Years	1	2.1%	5	8.1%	6	5.5%
10-15 Years	1	2.1%	0	0.0%	1	0.9%
15-20 Years	0	0.0%	0	0.0%	0	0.0%
20+ Years	0	0.0%	0	0.0%	0	0.0%
Total	**47**	**43.1%**	**62**	**56.8%**	**109**	**100.0%**

Recidivism

Recidivism is defined as the readmission of a patient within 30 days from their previous discharge date. The FY 2011 overall recidivism rate was 0.0% (n=0) of the 109 discharges for the year. In total, there were 6 readmissions during FY 2011 with community stays ranging from 40 days to 337 days. The median community stay for FY 2011 was 111 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



EMPLOYMENT STATISTICS
FY 2011
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	8	1
Social Worker	15	5
Health Planning Consultants (Treatment Plan Coordinators)	8	0
Licensed Practical Nurse	14	6
Psychiatric Nurse II	79	22
Psychiatric Nurse Shift Supervisor	27	4
Psychiatric Nurse Unit Manager and Psychiatric Nurse Coordinator	10	3
Mental Health Program Specialists	198	51
Recreation Therapists	24	4
Occupational Therapists	4	0
Therapy Technicians	4	0
Security Officers	84	16

Managerial Staff	31	6
Adolescent Treatment Specialists	7	1
Administrative Support	60	9
Behavioral Health Treatment Mgrs	6	0
Total	**590**	**128**

Staff Turnover

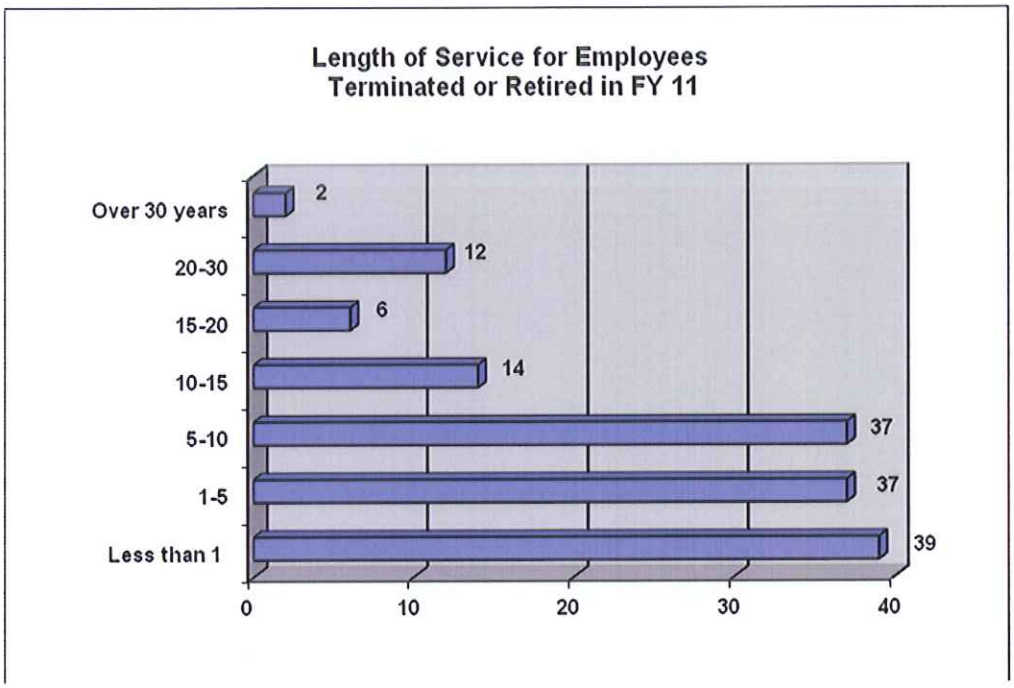
The Hospital experienced a 15% increase in the number of staff who terminated employment during this last fiscal year.
In order to recruit crucial personnel to fill these very important positions, the hospital continues to take these steps:

- 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 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Actual	FY 2011 Actual
8%	6.8%	12%	13.6%	12%

There are many reasons why employees leave the Hospital but the most frequent are promotional opportunities within state service and retirements. The chart below illustrates terminations and retirements based upon length of service.



ARIZONA COMMUNITY PROTECTION AND TREATMENT CENTER
A.R.S. § 36-209.A.

The Arizona Community Protection and Treatment Center (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 mission of the Arizona Community Protection and Treatment Center (ACPTC) is to provide care, supervision and treatment for those persons court ordered into the program while protecting the community from sexually violent offenders. Residents receive treatment to help them be successful on their journey to community reintegration.

Program History:
In 1995, Arizona enacted the Sexually Violent Predator statutes – (later renamed the Sexually Violent Persons Act). In 1998, the laws were revised to conform to the Kansas sexual predator laws, following the ruling in the U.S. Supreme Court in Kansas v. Hendricks 521 U.S. 346 (1997) and again in Kansas v. Crane, 534 U.S. 407 (2002), which said only those who have serious difficulty controlling their behavior can be involuntarily civilly committed.

In 2002, the Arizona Supreme Court, in the Matter of Leon G. 59 P.3d 779 (2002), ruled that the Arizona statutes are constitutional because they meet the due process elements required in the Hendricks and Crane cases, and because those subject to civil commitment is sufficiently narrowed.

As a result of the US and Arizona Supreme Court rulings, changes were made resulting in the following programs.

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 determines whether to file a petition for commitment of the individual as a Sexually Violent Person. If there is probable cause, the individual is detained and transferred to ACPTC, while a second mental health expert evaluates the individual's status as a Sexually Violent Person. 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).
Arizona Revised Statutes requires that individuals committed as Sexually Violent Persons be offered care, supervision and treatment (unless refused) for their sexual and/or psychological disorders.

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 is 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): These residents 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 his/her approval, prior to any community activities commencing. As of August 2011, 74% of the residents were in the LRA program.

Residents in LRA are under Global Position System (GPS) satellite monitoring 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.

Community supervision consists of GPS monitoring and physical supervision by surveillance officers and is a significant component of the LRA program.
All employment, educational, and housing site approvals require an environmental review and a disclosure by the residents, which is verified by a member of the surveillance team.

Once LRA status is ordered by the court, a resident may begin community reintegration activities, depending upon the level approved by the Hospital CEO.

Some residents may begin receiving behavioral health services from approved community providers, including the Regional Behavioral Health Authority (RBHA) if the person is seriously mentally ill. Residents might also be determined, via a treatment team decision, to receive the following services from an outside source: vocational rehabilitation, substance abuse and/or other community based treatment required by another supervisory agency, such as probation.

LRA Level 6 Resident: These residents are court ordered as being 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 is unable to find suitable housing or a suitable job, or if something occurs that makes current housing unsuitable, or if the resident loses his job or funding, the resident will return to ACPTC. While living in the community, residents will return to ACPTC for treatment and continue to be monitored via GPS and the surveillance team. If a resident violated 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.

Description of Treatment Services

The primary objective of treatment is to address sexual and other disorders which contribute to a person's sexual re-offense risk. The program relies on relapse prevention principles, and both individual and group therapies are utilized. Psychopharmacology is also prescribed when indicated. Although psychosexual problems are the main focus of treatment, the treatment approach is to comprehensively address psychosocial, interpersonal, family, and psychiatric issues. The ACPTC utilizes therapeutically relevant techniques that conform to the current ethical and legal standards set forth by the American Psychological Association (APA) and the Association for the Treatment of Sexual Abusers (ATSA).

Psychologists and masters-prepared clinicians with specific training and expertise in the area of sex offender treatment provide treatment therapy at ACPTC. Other behavioral health professionals, or individuals in a training capacity who may provide treatment services, work in conjunction with clinical staff. The following is a comprehensive list of services provided for residents of our program who are committed to treatment:

- Comprehensive individualized treatment planning.
- Comprehensive evaluation services.
- Individual psychotherapy, including treatment for psychosexual problems and other disorders or problems.
- Group psychotherapy, including groups addressing psychosexual and psychological functioning, psycho-education, and psychological and social skill development: Residents attend groups identified in the treatment plan and 90-day reviews based on treatment goals and their readiness. Every resident is encouraged to attend the daily community meetings in addition to other treatment groups.
- Groups and services offered include:
- Psychiatric evaluation and medication treatment where indicated.
- Psychosexual therapy and psychotherapy focusing on relapse prevention strategies.
- Family assessment and family therapy (described above), when appropriate.
- Medical services including referrals for specialty clinics with outside medical providers, when necessary.
- Recreational group and individual activities: Recreational staff provides organized activities on a weekly schedule described above.
- Educational opportunities to complete a GED and help special needs residents with learning disabilities.

Residents receive case management services, provided by the Resident Program Staff, to assist with community reintegration and on-unit behavioral management. This includes helping residents to obtain appropriate identification, filing for specialized services such as Developmental Disability and Seriously Mentally Ill designation, job searching and employment placement, locating housing, learning to manage personal finances and other such services that support the residents' recovery and independence as they move into the community.

Treatment is based upon observable behaviors and attitudes. Psychotherapy and psychosexual therapy are designed to help the person develop a commitment to treatment and an investment in the process of setting personal goals and mapping the strategies necessary to achieve those goals. One of the important goals is resolving the "victim of the system" issue that many residents experience.

Residents are responsible for demonstrating their ability to maintain pro-social behaviors, through self-monitoring, self-regulation, and identification of cognitive distortions and maladaptive behavioral patterns. Residents learn to express themselves in an open, honest manner and learn to achieve goals without resorting to secrecy or manipulation.

As treatment progresses, the residents learn to integrate the skills they have acquired towards the goal of a balanced life. Minimizing inappropriate sexual arousal while maximizing appropriate sexual arousal is a key concept for the therapy they receive. Residents learn to balance personal needs with the needs of the community and the need for long-term monitoring and sexual arousal management as they develop their individual relapse prevention plans. They also develop other aspects of a healthy lifestyle including a social support system, leisure interests, occupational goals and realistic plans for increased involvement in the community.

Treatment concepts are emphasized at all levels: cognitions, emotions, behaviors, attitudes, and values. The therapy focuses on developing realistic expectations for community reintegration, including supervision and aftercare needs. Residents need to be able to adapt readily to change and the increased demands placed upon them as they move towards community reintegration.

Residents who are able to integrate all of the concepts learned in treatment may achieve community living status. They must be able to rely on their own abilities to self-monitor and self-manage their cognitions, emotions, and behaviors in service of a proud, productive life in the community.
Residents have developed the understanding that the potential to relapse to maladaptive behavior is always a possibility, particularly when facing stressful life circumstances. Seeking support and treatment at those times may make such relapse avoidable.

Since 1997, there have been 527 admissions and 444 discharges to ACPTC through June 30, 2011. Of the number of residents discharged, 312 (70%) have been released as pretrial detainees (they did not meet the criteria for commitment) and 131 (30%) have been released by the courts from the treatment program.

SECURITY DEPARTMENT
A.R.S. § 36-209.A.

Purpose Statement

The security department ensures the safety and security of the Arizona State Hospital (ASH) Campus, including the Arizona Community Protection and Treatment Center (ACPTC) and its staff, employees, guests/ visitors and patients/residents.

Security Department Staffing

The Security Department's current staffing consists of: one (1) Chief; one (1) Administrative Assistant; three (3) Lieutenants; eleven (11) Sergeants; seventy-six (76) full-time Officers; three (3) dispatchers/telephone operators; one (1) vehicle fleet coordinator; one (1) locksmith; one (1) timekeeper; and one (1) mail courier.

Security Operations

The Security Department provides security for the Civil Hospital, the Forensic Hospital and for the Arizona Community Protection and Treatment Center, including administration and ancillary buildings. Security personnel are expected to be among the "first responders" to any emergency, disaster or fire to providing security and safety.

Security is responsible for:

- Providing patient transportation for all needs on grounds as well as trips to medical appointments on/off site, including Court Hearings throughout the state.

- Conducting all types of searches, from hand wand and pat downs to area and unit searches to help eliminate the introduction of contraband, whether nuisance or hazardous and dangerous.

- Handling all specialty events including the Psychiatric Security Review Board and provides on grounds transportation for visitors/guests and patients appearing before the Board. The Security Officer also provides transportation for all visitors to the Forensic Hospital.

- Implementing, installing, maintaining and monitoring the CCTV systems. Security also provides for the review and retention of CCTV video for administrative, clinical and evidentiary issues.

- Performing the required duties related to the fingerprinting process for all employees, hospital wide.

- Handling radio communications hospital wide to include maintaining all hand held radios, base stations, repeaters and charging systems.

- Conducting in-service training for its own department as well as some of the New Employee Orientation classes for all hospital personnel.

- Maintaining Key Control inventories for the entire Hospital as well as providing Locksmith Services to install and maintain/repair all locking mechanisms.

- Providing all photo Identification and Access Control cards for all employees of the facility.

- Maintaining nineteen (19) vehicles for use at the State Hospital.

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

The **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 shower pans under the floor tile were missing. McCarthy Construction (General Contractor) with the coordination of ADOA has continued to provide assistance for the past three 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. A new roof was installed in 2007, and has a 15-year warranty.

The **Old Forensic** portion of the hospital was built in the 1950's. It was designed to care for a geriatric 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 construction. The majority of the original galvanized water piping is corroded and leaks throughout the buildings. In addition, the roof 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. 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.

A new **Traffic Control** facility was put into operation at the 24th Street entrance in October 2009. Traffic Control was built to support and provide a more secure entrance

for the new forensic hospital and the entire campus. The facility was designed and built by Jacob Carter Burgess, as part of the overall construction of the new forensic hospital. Features of this new building provide a permanent concrete structure affording a 360 degree view with bullet proof widows, a new electrical system, a new data communication system, replacement of remote controls, new floor, vehicle access electronic control gate and thermal insulation. A new Air Conditioning unit is scheduled to be installed to help with the thermal load on the metal facility during extreme summer weather conditions.

After careful consideration and analysis of available space, the design team selected the **Old Commissary** to be remodeled as the 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 facility is scheduled to be occupied in November 2011.

The lower level of **Granada** building is no longer in use. Patients housed in the upper portion of Granada building have been relocated to a renovated facility, built in 2002, that housed the Adolescent population.

The **General Services** building needs additional renovations to be in compliance with ADA federal regulations. In addition, repairs to the interior hallways, restrooms, doors, ramps, and door handles are needed. An emergency generator was recently added to the facility for the continued operations of the Information Technology and Pharmacy functions housed within the structure.

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 was upgraded for and 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. A new fire Alarm panel was installed to replace the one that was damaged by leaking water pipes that burst and needed repair.

The **Old Main Administration Building** built in 1912, is currently an abandoned

building with historical value, however, it is a potential for problems. The building was recently entered into the National Historical record. The foundation and walls need seismic reinforcement/bracing. In addition, the entire interior needs to be renovated to meet current regulations and ADA requirements. A volunteer group has been working on a renovation and fundraising plan to renovate the building.

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

The **Chapel of All Faiths** was built in 1963, and is in fairly good condition. The outside of the Chapel, was recently patched, repaired, and painted to prevent further deterioration of the stucco walls. The air conditioning units for the main assembly area and the Chaplin's office were replaced. The interior is currently being updated with new 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 was installed in 2009, with a 15-year warranty.

The **Psychology Modular** was abandoned due to the facility no longer being habitable due to structural and foundation problems. The Psychology function was moved to the General Services Building and is scheduled to house in the new Forensic Hospital upon its completion. The 60 foot by 60-foot Psychology Modular facility was demolished in August 2011. A parking lot is planned in its place to support the new Forensic Hospital.

Other Campus Deficiencies

The Fire Alarm and sprinkler system of the forensic campus and administrative facilities 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. The capital construction money aided the hospital in replacing the steam boilers at the power plant during the building of the Civil Hospital in 2002, but other equipment such as the cooling towers, water treatment, condensate return holding tank and the hot water supply tank needs replacement. A heat and plate exchanger is scheduled to be installed which will allow the chillers and existing boilers to full efficiency and capacity. The existing unit was not large enough to serve the entire current campus when it was redesigned to service the forensic and civil campus. The Power Plant may need to be upgraded again when the new forensic hospital is fully functional. If the current forensic hospital continues to be in operations once the new one is completed the unit may not be large enough to meet the needs of the entire campus.

NEW LEGISLATION AFFECTING THE HOSPITAL

During the 2011 legislative session, ARS §36-207 was amended requiring Hospital employees or volunteers to possess a valid fingerprint clearance card or to apply for a fingerprint clearance card within seven working days after beginning employment or volunteer work. As of September 2011, 705 employees were fingerprinted with 535 employees receiving a level one (1) clearance cards. The Department of Public Safety denied 17 employees' their level one (1) clearance card and the remaining are awaiting final clearance.

ARIZONA STATE HOSPITAL
FINANCIAL SUMMARY
FISCAL YEAR 2011

Funding Sources (General Operations Based on Budget Allocations): *	
Personal Services and Related Benefits - General Fund	$37,075,044
All Other Operating - General Fund/Az State Hosp Fund	$15,231,958
Rental Income	$527,248
Endowment Earnings	$1,150,000
Patient Benefit Fund	$150,000
Acptc Patient Benefit Fund	$5,000
Donations	$30,000
Emergency Preparedness	$125,000
AzSH Forensic Unit Debt Service	$3,111,700
ACPTC (Arizona Community Protection Treatment Center)	$9,674,311
Community Placement - Az State Hosp Fund	$1,130,700
Total Funding	$68,210,961

Expenditures: *	
Personal Services and Related Benefits	$43,484,448
Professional and Outside Services **	$9,676,063
Travel (In-State)	$96,775
Travel (Out-of-State)	$0
Other Operating	$9,841,415
Capital Equipment	$329,668
Assistance to Others	$0
Total Cost of Operations	$63,428,369

Collections :	
Patient Care Collections to General Fund	$853,451
Patient Care Collections to Az State Hosp Fund - RTC	$2,271,335
Patient Care Collections to Az State Hosp Fund - Title XIX	$2,739,984
Patient Care Collections to Az State Hosp Fund - ACPTC	$1,942,913
Non-Patient Care Collection to General Fund	$3,175
Total Collections	$7,810,858

* Through FYE 13th Month

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

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)	$383
	LRA 6 Birch	$578
	LRA 6 Community	$199
	Pre-Trial	$382
	Treatment	$389
	LOA (Leave of Absence for Medical Inpatient)	$681