



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

**ANNUAL REPORT
FISCAL YEAR 2014**

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~Health and Wellness for All Arizonans~

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH

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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 2014, 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 \$1,561,616,400 in funding for Fiscal Year (FY) 2014. ADHS/DBHS' administrative costs totaled \$19,171,913 and statewide service costs totaled \$1,511,697,029. 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 2014. Revenue tables are compiled and categorized based on legislative appropriations, federal grant awards, and intergovernmental agreements which in some cases may not agree with categories as specified in ARS § 36-3405(B).

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

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Table 1: Statewide Revenue by Program FY 2014

Statewide Revenue by Program FY 2014		
Funding	Amount Received	Percentage
Title XIX Children	471,208,107	30.17%
TXXI Children	9,277,461	.59%
TXIX SMI Non Integrated	424,238,700	27.17%
TXIX SMI Integrated Acute	25,405,558	1.63%
TXIX SMI Integrated Behavioral	96,795,296	6.2%
Non TXIX SMI/Other (1)	95,488,000	6.11%
TXXI SMI	443,392	0.03%
TXIX GMH/SA	291,124,432	18.64%
Housing	7,324,800	.47%
Federal Grants (2)	52,824,302	3.38%
ISA/IGA	53,369,734	3.42%
Administration	19,191,517	1.23%
Clawback	14,925,100	.96%
Total	1,561,616,399	100.00%
(1) Other Includes: Crisis & Mental Health First Aid		
(2) Funding for Federal Grants includes funding for administration		

Table 2: Total ADHS/DBHS Services and Administration Expenditures

Total Behavioral Health Services Expenditures Services & Administration FY 2014		
Funding	Amount Paid	Percentage
Title XIX	938,940,497	61.33%
Title XIX Proposition 204	369,214,646	24.12%
Title XXI	9,645,023	0.63%
Federal Funds	40,601,124	2.65%
Non Title XIX/XXI Funds General Funds	114,501,329	7.48%
County Funds	53,209,092	3.48%
Senate Bill 1616	2,724,902	0.18%
Other (1)	2,032,329	0.13%
Total	1,530,868,942	100.00%
(1) Other Includes: PASRR, Bridge Subsidy, Indirect Funds, Liquor Fees & Larc Facility		

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Table 3: Administrative Expenditures

Administrative Expenditures FY 2014		
Funding	Amount Paid	Percentage
Title XIX	10,857,509	56.63%
Title XIX Proposition 204	3,685,945	19.23%
Title XXI	120,917	0.63%
Federal Funds	2,754,655	14.36%
Non Title XIX/XXI Funds General Funds	629,818	3.29%
County Funds	990,496	5.17%
Other (1)	132,573	0.69%
Total	19,171,913	100.00%
(1) Other Includes PASRR & Indirect Funds		

Source Data: Accounting Event Data Warehouse

Table 4: Statewide Expenditures by Program

Statewide Expenditures by Program FY 2014		
Funding	Amount Paid	Percentage
Title XIX Children	440,028,193	29.11%
Non TXIX Children	7,972,686	0.53%
TXXI Children	9,148,008	0.60%
TXIX SMI Non Integrated	437,829,297	28.96%
TXIX SMI Integrated Acute	25,534,215	1.69%
TXIX SMI Integrated Behavioral	97,285,481	6.44%
Non TXIX SMI	148,947,653	9.85%
TXXI SMI	376,098	0.02%
TXIX GMH/SA	292,934,504	19.38%
Non TXIX GMH/SA	22,495,218	1.49%
Crisis	20,683,217	1.37%
Non TXIX Prevention	8,390,685	0.56%
Other Programs (1)	71,775	0.00%
Total	1,511,697,030	100.00%
(1) Other Includes Liquor Fees		

Source Data: Accounting Event Data Warehouse

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During FY 2014, 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 SFY14 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 2014. 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 2014

Clients Enrolled in FY 2014		
Eligibility	BHC	Count
TXIX/TXXI	CHILD	51,810
	GMH	62,069
	SA	18,581
	SED	18,546
	SMI	34,785
	Total	
NON-TXIX	CHILD	2,081
	GMH	14,195
	SA	5,965
	SED	412
	SMI	10,450
	Total	
All Eligibilities	CHILD	53,828
	GMH	76,264
	SA	24,546
	SED	18,958
	SMI	45,235
	Total	

¹ All data sources are effective as of month-end October 2014 (unless otherwise noted)

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Table 6: ADHS/DBHS Clients Served in FY 2014

Clients Served in FY 2014		
Note: The term "served" defined as clients that had at least one encounter in FY 2014		
Eligibility	BHC	Count
TXIX/TXXI*	CHILD	47,455
	GMH	55,297
	SA	15,460
	SED	17,712
	SMI	33,662
	Total	169,586
NON-TXIX**	CHILD	1386
	GMH	11610
	SA	5787
	SED	327
	SMI	13351
	Total	32,461
All Eligibilities	CHILD	48,841
	GMH	66,907
	SA	21,247
	SED	18,039
	SMI	47,013
	Total	202,047

*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 2014 (unless otherwise noted).

2

BHSD.QM_ENRL_FY_2014
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_2014FY
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

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- 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.

ANNUAL REPORT FISCAL YEAR 2014

Arizona State Hospital



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ARIZONA DEPARTMENT OF HEALTH SERVICES
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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 Hospital provides long-term inpatient psychiatric care to Arizonans with serious mental illness. 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). Also, located on the campus is the Arizona Community Protection and Treatment Center (ACPTC). The ACPTC is a 100 funded bed facility that provides care, supervision and treatment for those persons court-ordered into the program as sexually violent persons.

Authorized by A.R.S. § 36-201 through 36-207, the Hospital is required to provide inpatient care and treatment to patients with mental disorders, personality disorders or emotional conditions. 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. Patients are admitted as a result of an inability to be maintained in a community facility or due to their legal status. Hospital personnel endeavor to provide state-of-the-art inpatient psychiatric care and are committed to treating patients and personnel with dignity and respect. Interdisciplinary care is delivered in collaboration with the patient, family, 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 (ADHS)/Division of Behavioral Health Services (DBHS) chairs this committee. The Governing Body consists of the DBHS Deputy Director, the DBHS Medical Director, a representative from the ADHS Central Budget Office, a Hospital Physician, Community Representatives (including family and consumers), the Hospital Chief Executive Officer (Superintendent), and the Hospital Chief Medical Officer, Consumer Advocate (Legal System), Mental Health Provider (Psychiatrist or Psychologist)

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The hospital receives overall direction from the Chief Executive Officer who reports to the Deputy Director of DBHS. 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, and the Director of the Arizona Community Protection and Treatment Center and the Human Resource Manager.

The Executive Management Team oversees Hospital operations, establishes administrative policies and procedures and directs Hospital planning activities. The Executive Management Team consists of the following:

The Chief Medical Officer is responsible for managing the following services: Psychiatric Providers, contracted medical doctors, contracted laboratory, pharmacy, psychology, social work, and rehabilitation services such as occupational therapy, recreational therapy and psychosocial rehabilitation.

The Chief Operating Officer is responsible for managing financial and administrative support services, facilities management, dietary services, and environmental services.

The Chief Quality Officer is responsible for maintaining the Hospital-wide quality management program, Hospital-wide compliance with The Center for Medicaid and Medicare (CMS) Services regulations, Arizona State Rules and The Joint Commission standards, development of policies and procedures, grievance and appeals, staff training and medical records.

The Chief Nursing Officer oversees and assures the provision of quality psychiatric and medical nursing services for patients and coordination of nursing care based on individual patient needs.

The Campus Support and Safety Manager is responsible for overall monitoring and safety duties of the Hospital.

The Human Resources Manager is responsible for compensation and benefits, employee relations, recruitment and retention.

The Deputy Administrator for ACPTC is responsible for managing the day to day clinical and administrative operations for the Sexually Violent Persons Program.

Hospital Program Overview

The Hospital has three separate components: The Civil Hospital, Forensic Hospital and the ACPTC.

Civil adult patients are involuntarily court ordered to the State Hospital if they have not responded 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

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due to a mental health issue. 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 (117 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. Medical bed also available.

Forensic Adult Program (143 BEDS) 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 five separate units.
- **Community Reintegration Program**
These patients are adjudicated as either NGRI or GEI with a Conditional Release Plan approved by the PSRB for transition into the community.

Arizona Community Protection and Treatment Center (ACPTC) (100 beds total)

On the grounds of the 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 of the Hospital.

The Hospital is responsible for the oversight and management of the facility. ACPTC provides care, supervision and treatment for those persons court-ordered into the program while protecting the community from sexually violent offenders.

Legal Status

- **Pre-Trial Detainee Residents:** Pre-trial residents are awaiting a court decision to determine their sexually violent person (SVP) status.
- **Treatment Resident (Full Confinement):** Residents in this program have been adjudicated as SVP pursuant to A.R.S. §36-3701-3717 and have been committed to treatment. Full confinement residents can only leave the grounds for court-ordered legal proceedings and medical appointments during this phase of treatment.

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- **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. Residents in LRA are monitored via Global Position System (GPS) satellite.

- **LRA Level 6 Resident:** 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.

Admission, Discharge and Census Data for Treatment Programs

The Hospital collects census data by population to meet the maximum funded capacity. For fiscal year 2014 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 (42% of beds):	116	Beds
Medical Bed (reserved for infection control):	1	Bed
TOTAL BEDS FY 2014	260	Beds

Average number of patients in 2014 242.63 (See attachment 1 for detailed information)

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

The average daily census for FY 2014 was as follows:

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Adult Civil		117.60
RTC		3.80
GEI		102.00
GEI-75		2.07
NGRI		13.00

Admissions and Discharges (See attachment 1 for detailed information)

In FY 2014 Hospital encountered 79 admissions and 83 discharges as follows:

Type	Admissions	Discharges
Civil	21	20
GEI	21	25
GEI-75	17	16
NGRI	0	1
RTC	19	20
Other	1	1

Admissions and Discharges for ACPTC

Type	Admissions	Discharges
Pre-trial detainee	20	6
Treatment	14	0

Enhancing the Culture of Change

Since FY 2012, the Hospital has undertaken a significant transformation to position the campus for the future needs of patients/residents and the State. The goal of this transformation is to enhance patient care, provide high quality care, recruit and retain talented staff, increase productivity and improve communication, collaboration and creativity.

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 ongoing culture change:

- Donna Noriega, L.C.S.W., Chief Executive Officer
- Lauren Bonner, M.D., Chief Medical Officer
- Noreen Vanca, R.N., Chief Nursing Officer
- Jennifer Alewelt, M.B.A., Esq., Chief Quality Officer
- Shanda Payne, L.M.S.W, Acting ACPTC Director
- Michelle Shea, L.C.S.W, Director of Social Work
- Scott Stambaugh, Acting Director of Rehabilitation Services
- Desiree "Sky" Mills, Human Resources Manager
- Ryan Hoffmeyer, M.B.A, Chief Operating Officer
- Larry Diffie, Campus Support and Safety Manager

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During the past two years the hospital accomplished some major processes towards a Culture of Change as follows:

Revised the roles and responsibilities of Campus Support and Safety to focus on ensuring a safe environment for staff, patients and visitors alike. 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

Improved the Patient and Family Experience by implementing a process that includes patient voice, choice and self-advocacy, and promoting healing and trusting relationships. Family members provide feedback on services and are provided with education on specific topics related to mental health. Patients are members of certain Hospital committees.

Implemented a new response for patients experiencing a behavioral crisis called Non Violent Crisis Intervention (NVCi) developed by the Crisis Prevention Institute. All direct care staff were trained and continue to participate in monthly drills and annual re-training. The goal of NVCi 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

Improved Program Delivery utilizing a nursing staffing acuity and effectiveness plan that provides a process for nursing staff to adjust staffing based upon the behavior of individual patients.

Expanded programming for patients including development of a new activity/drop in center and new unit programming. Programming was added on nights and weekends and on units.

Focused on Recruitment and Retention to reduce the amount of time between interview and hire date.

During this fiscal year, the Hospital developed 6 strategies to implement a culture of safety to improve Patient and Resident Outcomes. The Strategies were developed with input from all levels and disciplines of staff.

Strategic Initiatives for 2014-2015

<p><u>Strategy #1</u> – Create a safe campus by improving staff and patient safety by clarifying visitation procedures, improving contraband control, and increasing safety and training drills.</p>	<ul style="list-style-type: none"> • Revise visitation procedures and train staff • Finalize contraband policy and train staff • Provide monthly safety training and drills
<p><u>Strategy #2</u> – Coordinate care for patients and residents by improving patient outcomes through revised treatment plans and plan participation,</p>	<ul style="list-style-type: none"> • Review and revise the treatment plan • Include representatives from all disciplines in treatment team meetings

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medication use and improved progress note process.	<ul style="list-style-type: none"> • Develop a process to communicate treatment plans to all unit team members (all shifts) • Review diagnosis and medication • Revise progress note format
<u>Strategy #3</u> – Connecting with the community by educating and outreaching to the community to increase awareness about the hospital and mental health.	<ul style="list-style-type: none"> • Publish positive articles about what we do • Increase the number of volunteers • Create a public service opportunity for the community • Continue with Family Support and Education Group • Increase intern programs
<u>Strategy #4</u> – Maintaining continual compliance with CMS, The Joint Commission, and licensing by improving processes, policies, and Quality Management.	<ul style="list-style-type: none"> • Make policies easier to understand and implement • Develop a process for ongoing self-evaluation (tracers) • Revise the Quality Management Plan Process • Enhance patient specific case conferences
<u>Strategy #5</u> – Increase communication with internal and external customers.	<ul style="list-style-type: none"> • Develop a process to communicate the initiatives to all staff • Implement quarterly town halls • Revise the way policies and procedures are deployed • Improve customer service with all customers • Improve recognition of staff
<u>Strategy #6</u> - Recruit and retain high quality employees by improving processes, training, and increasing internships.	<ul style="list-style-type: none"> • Conduct on site job fairs • Implement supervisory trainings • Increase employee forums for input • Increase student internships

Hospital Environmental Improvements

The Hospital is continuously striving to create a safe and secure environment of care for the patients and staff alike, as well as providing more technology to assist in the delivery of care for our staff. This past year the hospital:

- Installed a campus-wide wireless system, making it possible for our health care professionals to conveniently access data wirelessly throughout the hospital. The System is composed of 215, strategically placed, Wireless Access Points (WAPs) that allows staff the ability to access the hospital’s network, intranet, internet and provide access to the new Electronic Medical Record system that is being introduced in 2015.

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- Completed work on Phase I of a 3 Phase project to improve and upgrade an aging hospital wide fire alarm system. The system will link all buildings into a fiber optic system that will allow the staff to continuously monitor any building on campus when completed and provide added safety to the patients and staff.
- Installed two 3512 Caterpillar generators with additional electrical conduit and supporting equipment. These generators will supply power to the power plant and the Dietary building in the event of a power outage and will allow continuous electricity to the coolers, freezers and other equipment in dietary building along with air conditioning and heating during an emergency.

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. The Hospital also compares its data with other Western Psychiatric State Hospitals.

Seclusion:

- There were a total of 117 seclusion episodes with a total of 224 hours.
- For the civil side of the Hospital, there were 30 unique patients with a seclusion episode equating to 22.73% of the patients secluded.
- For the forensic side of the Hospital, there were 13 unique patients with a seclusion episode equating to 6.99% of the patients secluded.

Restraint:

- There were a total of 1119 restraint episodes that includes physical and mechanical restraints with a total of 915 hours for the Hospital.
- For the civil side of the Hospital, there are 63 unique patients with a seclusion episode equating to 47.73% of the patients restrained.
- For the forensic side of the Hospital, and there were 24 unique patients with a restraint episode equating to 12.90% of the patients restrained.

Regarding comparison to the WPSHA partners, the Hospital's seclusion rate fared as follows:

- Per 1000 patient days, the Hospital has the 2nd lowest rate of the WPSHA hospitals with 24 hospitals participating.

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Regarding comparison to the WPSHA partners, the Hospital's restraint rate fared as follows:

- Per 1000 patient days, the Hospital has the 13th lowest rate of the WPSHA hospitals with 24 hospitals participating.

The Hospital also collects data on a monthly basis for seclusion, restraint, code gray, assaults, self-harm and falls. The data is used to measure progress and identify quality improvement activities.

Civil Summary – FY14

	SECLUSION	MECHANICAL RESTRAINT	PHYSICAL HOLDS	CODE GRAY	Patient on Patient assault	Patient on Staff assault	Patient Self Harm	Falls unwitnessed	Falls witnessed
July	3	24	63	79	31	53	71	6	13
Aug.	7	28	69	55	44	56	71	12	19
Sept.	2	16	52	30	31	39	57	8	15
Oct.	11	56	91	81	31	63	29	7	11
Nov.	4	29	45	13	16	18	22	1	6
Dec.	3	23	51	26	19	12	22	1	4
Jan	6	38	59	22	17	15	38	0	6
Feb.	11	33	57	51	19	22	31	7	10
March	9	36	47	40	9	17	40	4	13
April	13	37	48	39	20	15	27	12	15
May	12	20	38	25	20	15	22	5	8
June	7	41	48	41	16	19	40	11	9

Forensic Summary - FY14

	SECLUSION	MECHANICAL RESTRAINT	PHYSICAL HOLDS	CODE GRAY	Patient on Patient assaults	Patient on Staff assaults	Patient Self Harm	Falls unwitnessed	Falls witnessed
July	0	1	2	20	7	0	3	2	4
Aug.	5	3	12	12	6	8	4	8	3
Sept.	1	2	2	5	3	2	4	7	0
Oct.	0	0	1	6	8	1	0	6	2
Nov.	1	2	3	5	6	1	4	0	0
Dec.	4	1	5	6	3	4	0	0	0
Jan	6	0	7	6	3	5	1	2	3
Feb.	0	1	4	5	3	0	1	3	0
March	2	1	4	12	7	3	2	0	1
April	7	2	10	12	5	6	5	2	2
May	0	1	4	6	4	2	0	3	0
June	2	3	4	6	5	0	4	3	1

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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. The Hospital began development of a new Electronic Medical Records (EMR) system called MyAvatar that includes newer technology and more robust functionality that would meet the current and future business needs of ASH. The projected implementation date for MyAvatar is April 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 '14 **(See attachment 3 for detailed information)**



Arizona State Hospital

Utilization Management Report

July 2012 - June 2014

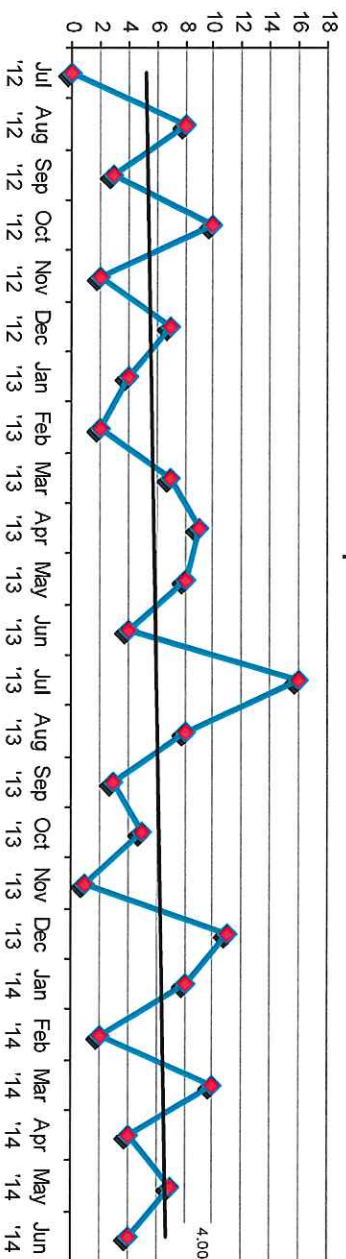


HOSPITAL
July 2012 - June 2014

ARIZONA STATE HOSPITAL
FY14 - 4th. Quarter
Utilization Management Report

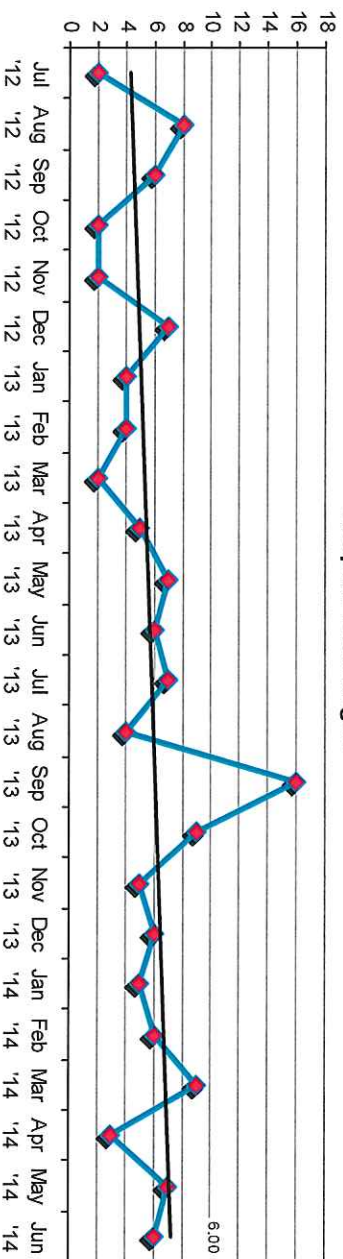


Hospital Admissions



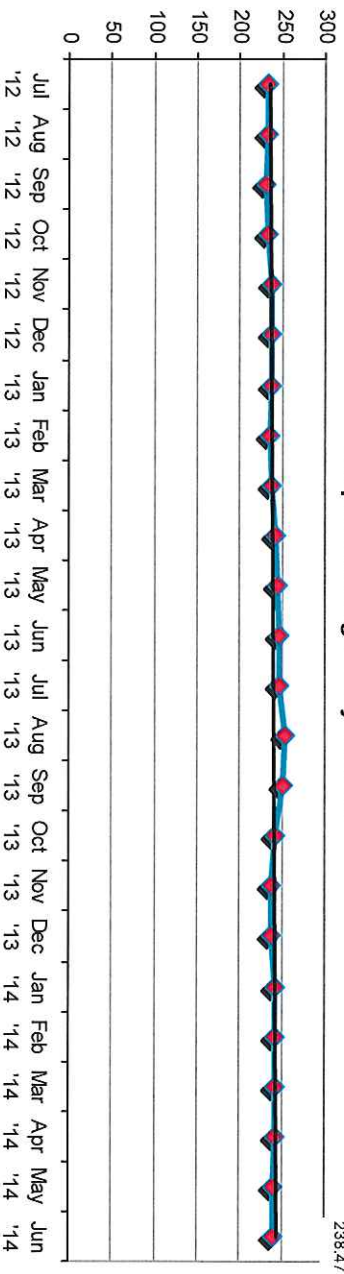
Hospital Admission Details		
Year	Admissions	% Change
7/12 - 6/13	64	
7/13 - 6/14	79	23.44%

Hospital Discharges



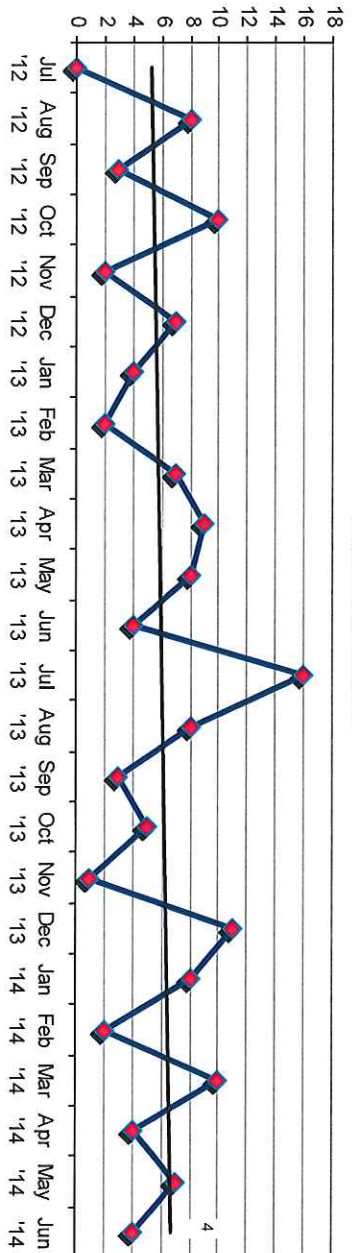
Hospital Discharge Details		
Year	Discharges	% Change
7/12 - 6/13	55	
7/13 - 6/14	83	50.91%

Hospital Average Daily Census

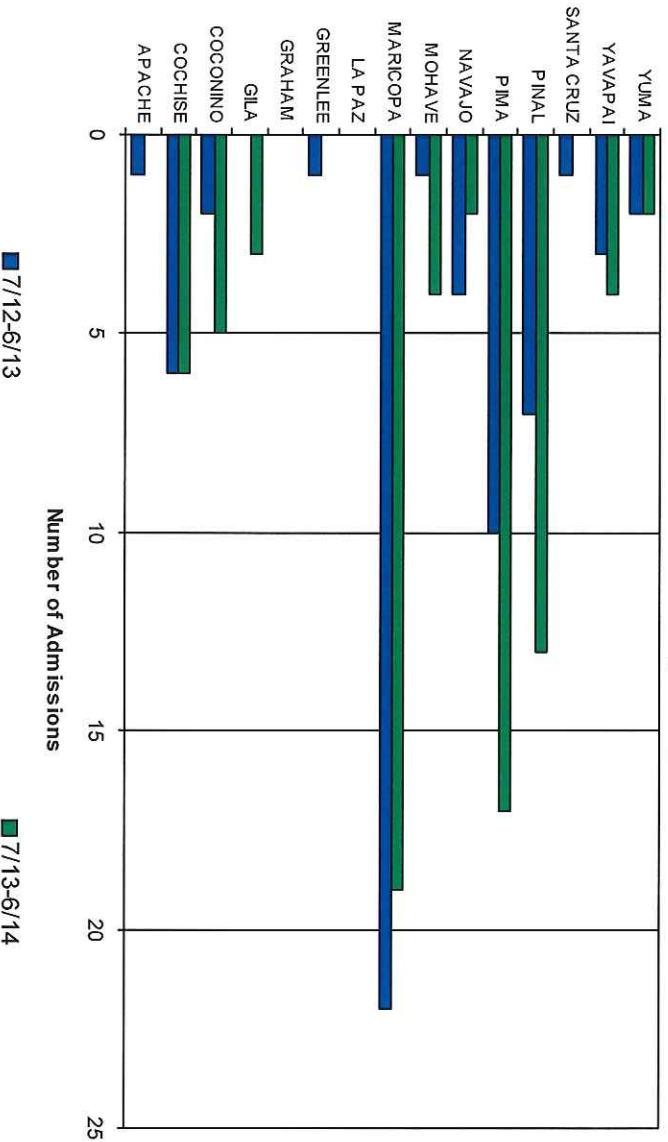


Hospital Average Daily Census Details		
Year	ADC	% Change
7/12 - 6/13	237.25	
7/13 - 6/14	242.63	2.27%

Adult Admissions



Adult Admissions By County



Admission Details

Hospital	
Year	Admissions
7/12 - 6/13	64
7/13 - 6/14	79
	23.44%

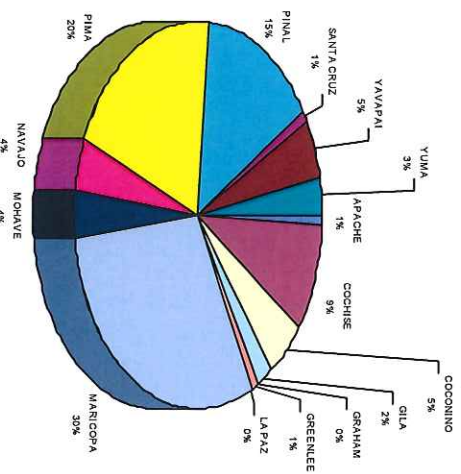
Maricopa County

Year	Admissions	% Change
7/12 - 6/13	22	
7/13 - 6/14	19	-13.64%

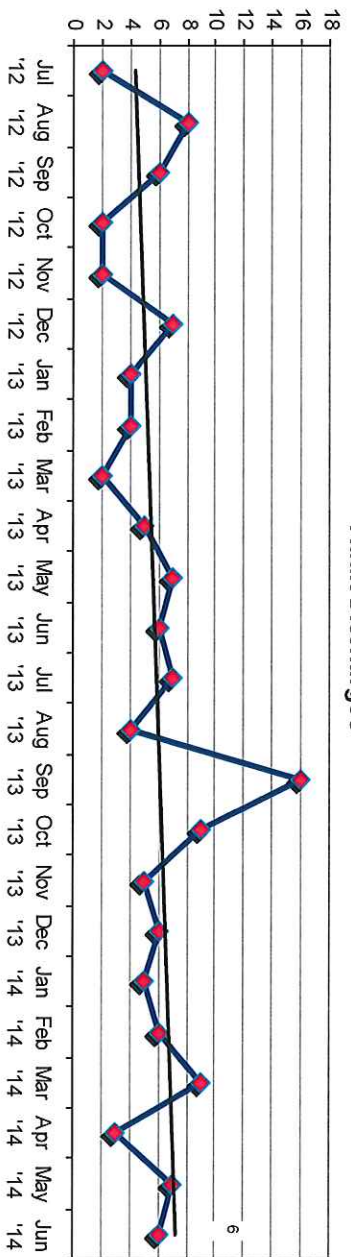
Pima County

Year	Admissions	% Change
7/12 - 6/13	10	
7/13 - 6/14	17	70.00%

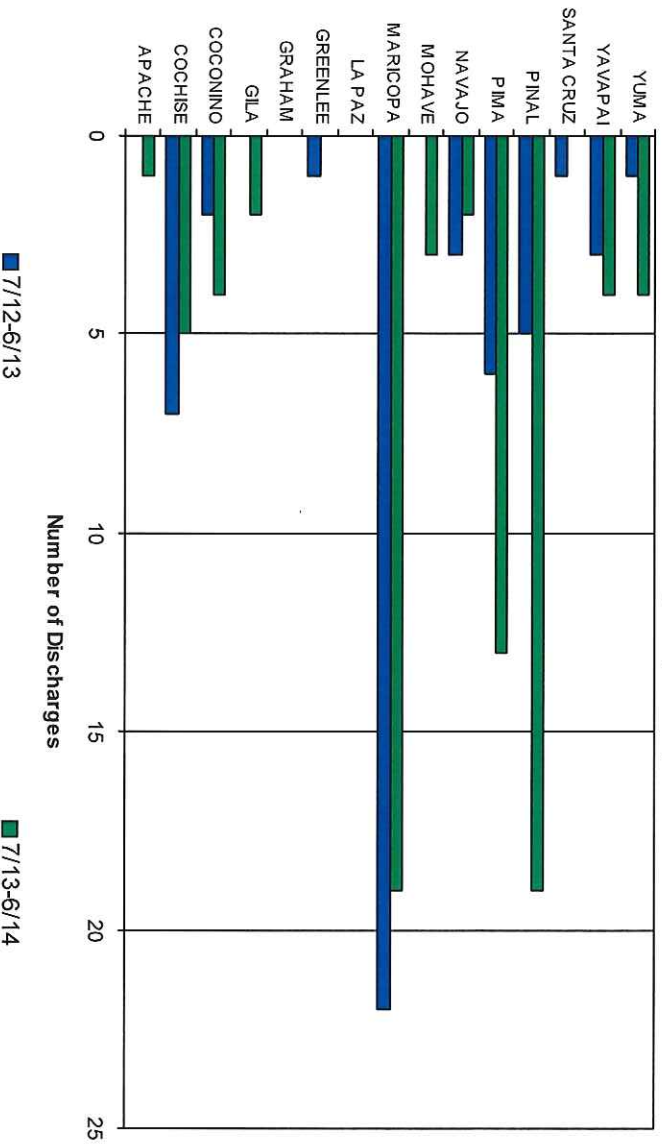
Adult Admissions By County



Adult Discharges



Adult Discharges By County



Discharge Details

Hospital		% Change	
Year	Discharges		% Change
7/12 - 6/13	55		
7/13 - 6/14	83		50.91%

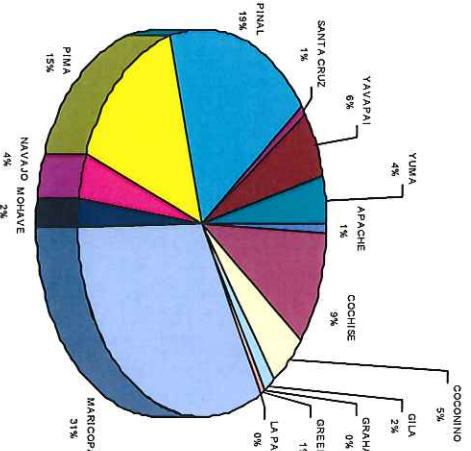
Maricopa County

Year	Discharges	% Change
7/12 - 6/13	22	
7/13 - 6/14	19	-13.64%

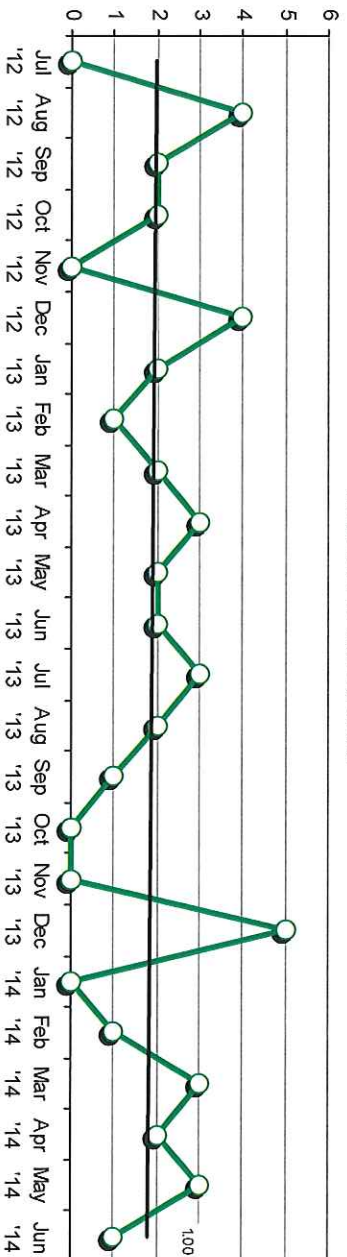
Pima County

Year	Discharges	% Change
7/12 - 6/13	6	
7/13 - 6/14	13	116.67%

Adult Discharges By County

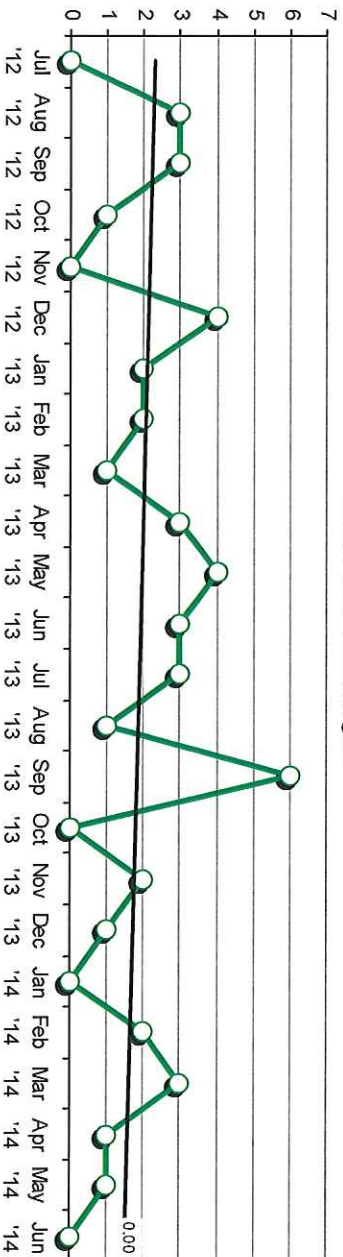


Adult Civil Admissions



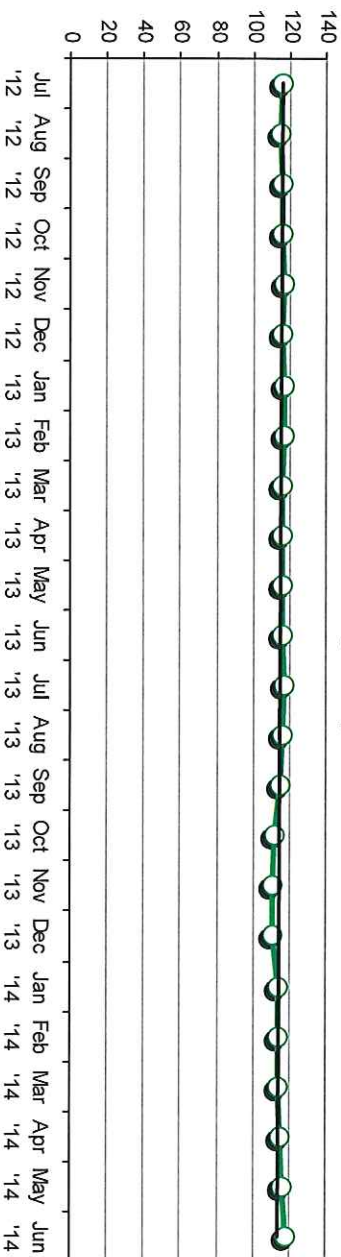
Adult Civil Admission Details		
Year	Admissions	% Change
7/12 - 6/13	24	-12.50%
7/13 - 6/14	21	

Adult Civil Discharges



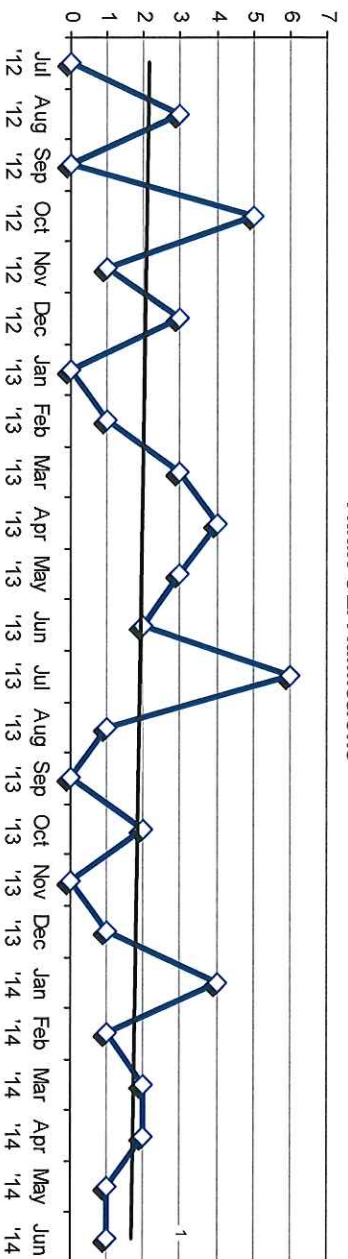
Adult Civil Discharge Details		
Year	Discharges	% Change
7/12 - 6/13	26	-23.08%
7/13 - 6/14	20	

Adult Civil Average Daily Census



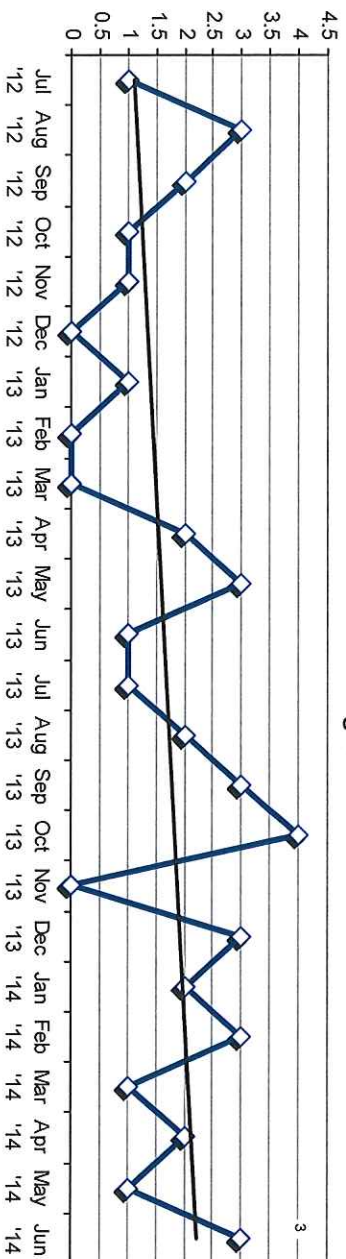
Adult Civil Average Daily Census Details		
Year	ADC	% Change
7/12 - 6/13	116.15	-1.66%
7/13 - 6/14	114.22	

Adult GEI Admissions



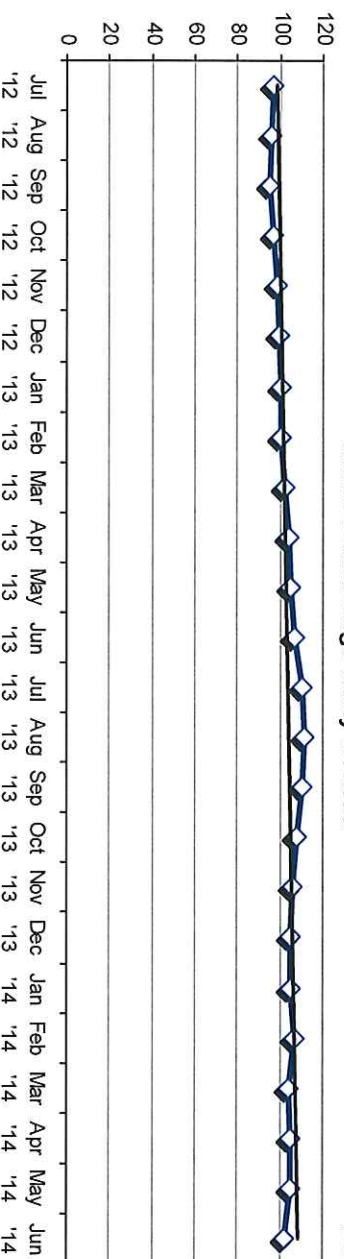
Adult GEI Admission Details		
Year	Admissions	% Change
7/12 - 6/13	25	
7/13 - 6/14	21	-16.00%

Adult GEI Discharges



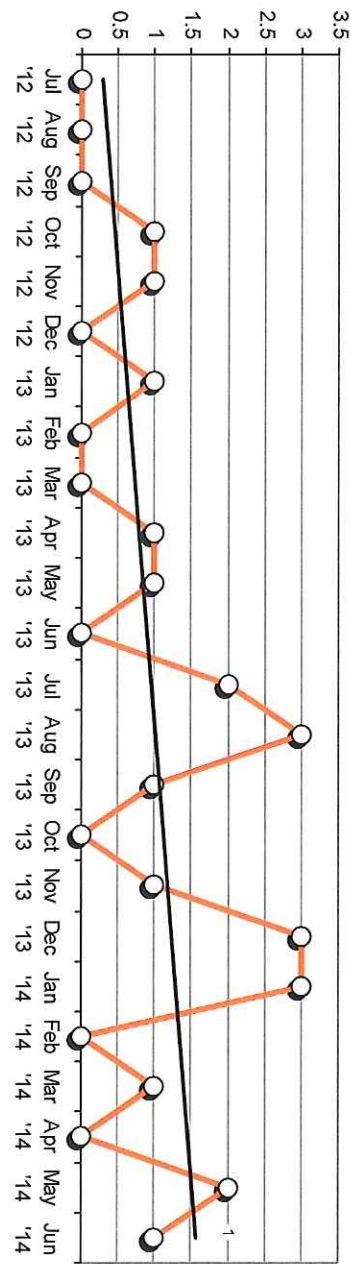
Adult GEI Discharge Details		
Year	Discharges	% Change
7/12 - 6/13	15	
7/13 - 6/14	25	66.67%

Adult GEI Average Daily Census



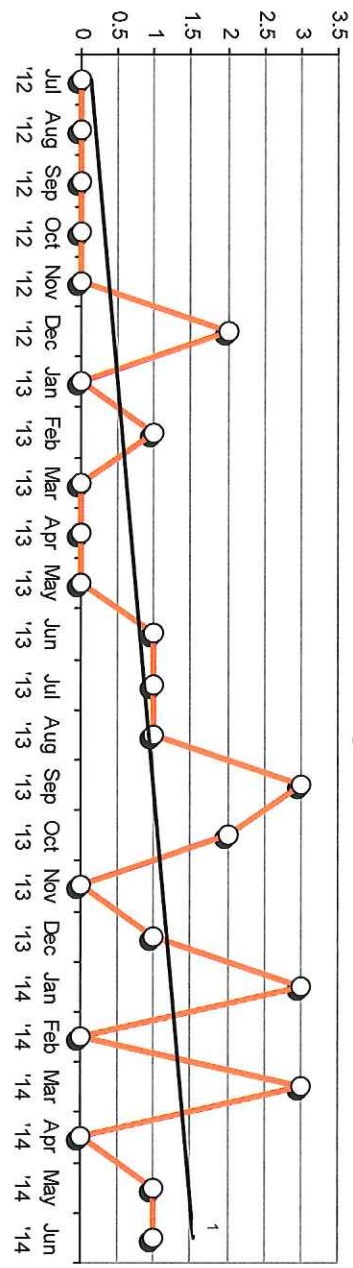
Adult GEI Average Daily Census Details		
Year	ADC	% Change
7/12 - 6/13	100.01	
7/13 - 6/14	106.41	6.40%

Adult GEI-75 Admissions



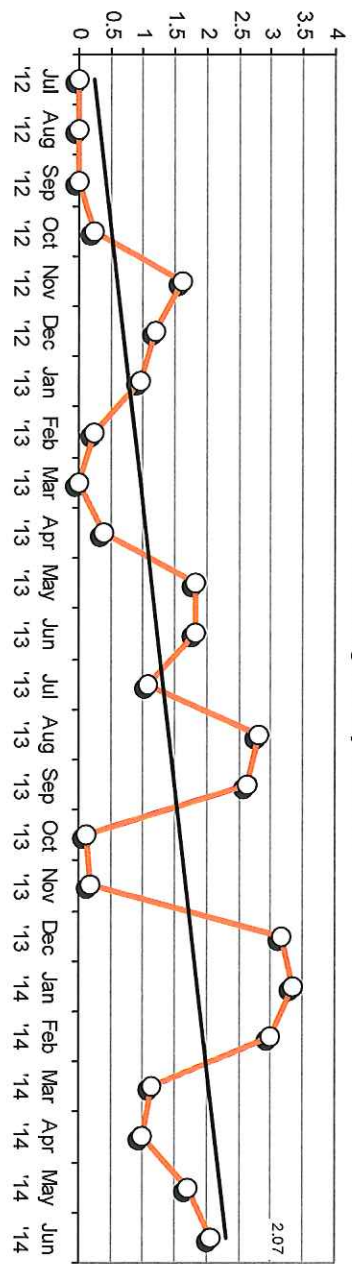
Adult GEI-75 Admission Details		
Year	Admissions	% Change
7/12 - 6/13	5	240.00%
7/13 - 6/14	17	

Adult GEI-75 Discharges



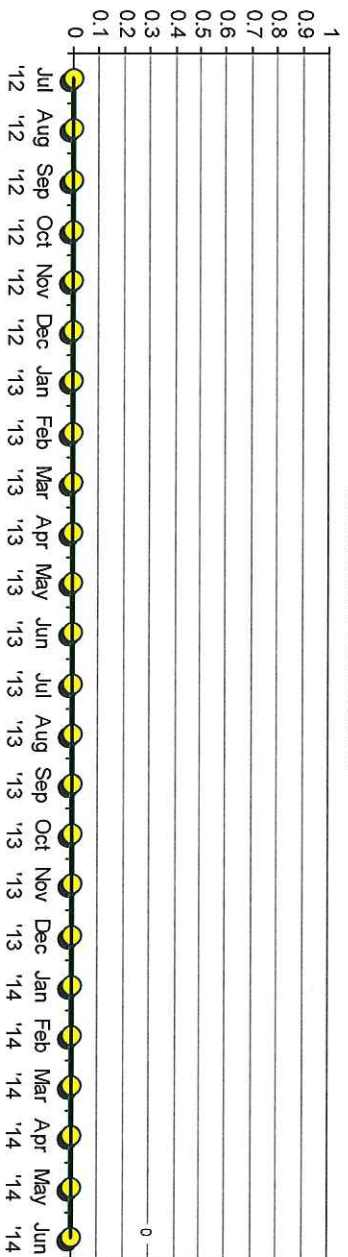
Adult GEI-75 Discharge Details		
Year	Discharges	% Change
7/12 - 6/13	4	300.00%
7/13 - 6/14	16	

Adult GEI-75 Average Daily Census



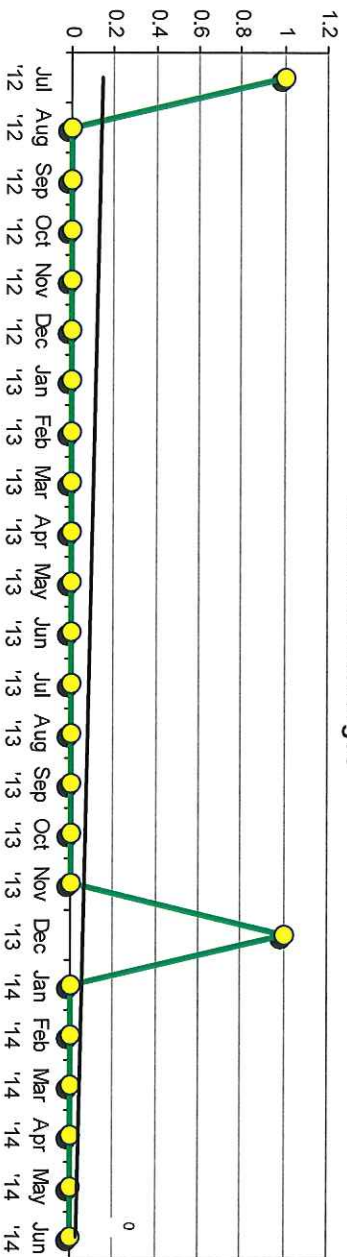
Adult GEI-75 Average Daily Census Details		
Year	ADC	% Change
7/12 - 6/13	0.69	168.12%
7/13 - 6/14	1.85	

Adult NGRI Admissions



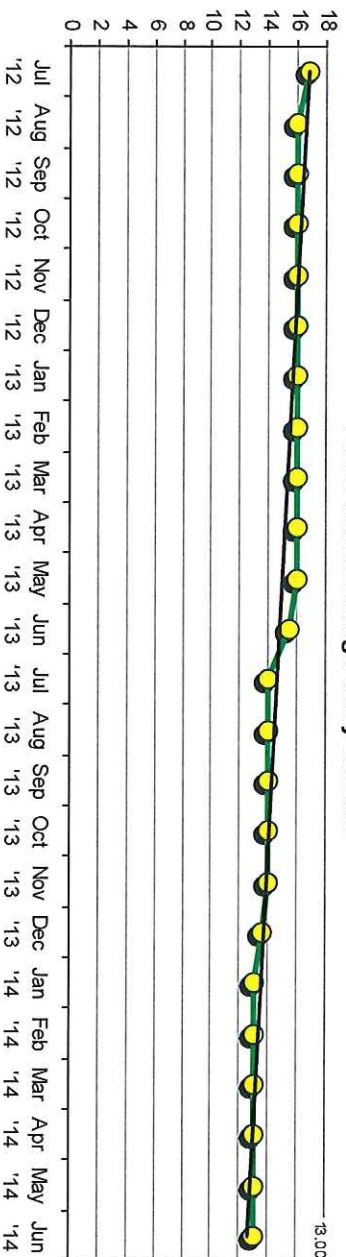
Adult NGRI Admission Details		
Year	Admissions	% Change
7/12 - 6/13	0	
7/13 - 6/14	0	#NNum!

Adult NGRI Discharges



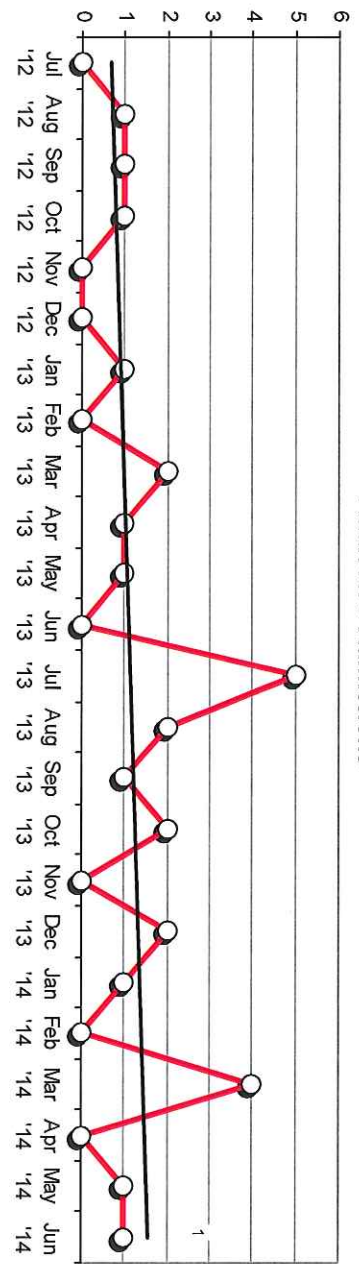
Adult NGRI Discharge Details		
Year	Discharges	% Change
7/12 - 6/13	1	0.00%
7/13 - 6/14	1	

Adult NGRI Average Daily Census



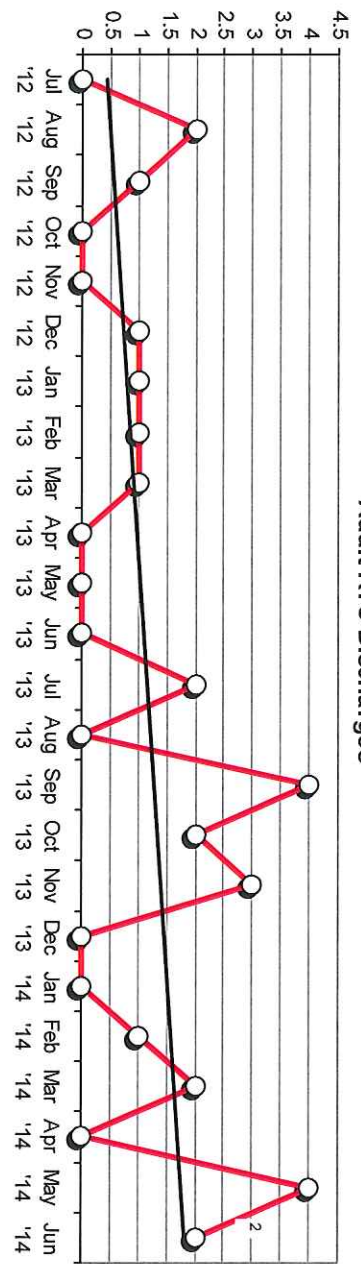
Adult NGRI Average Daily Census Details		
Year	ADC	% Change
7/12 - 6/13	16.02	
7/13 - 6/14	13.47	-15.92%

Adult RTC Admissions



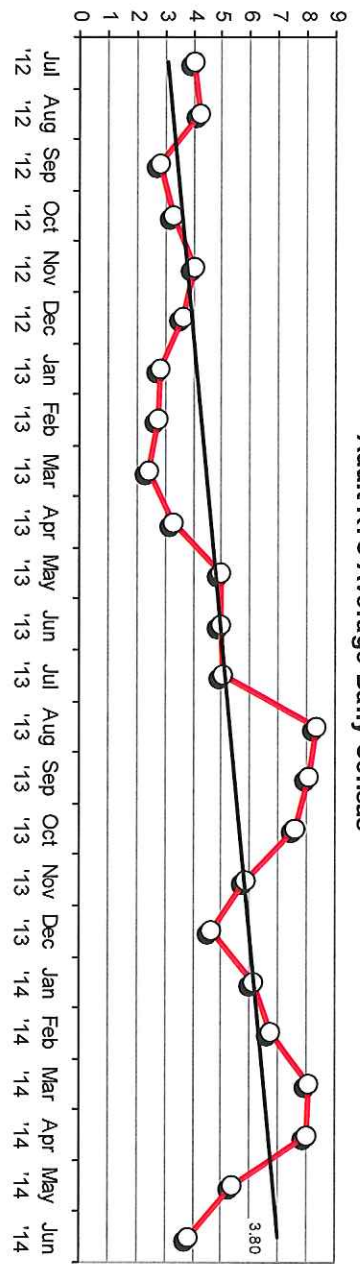
Adult RTC Admission Details		
Year	Admissions	% Change
7/12 - 6/13	8	137.50%
7/13 - 6/14	19	

Adult RTC Discharges



Adult RTC Discharge Details		
Year	Discharges	% Change
7/12 - 6/13	7	185.71%
7/13 - 6/14	20	

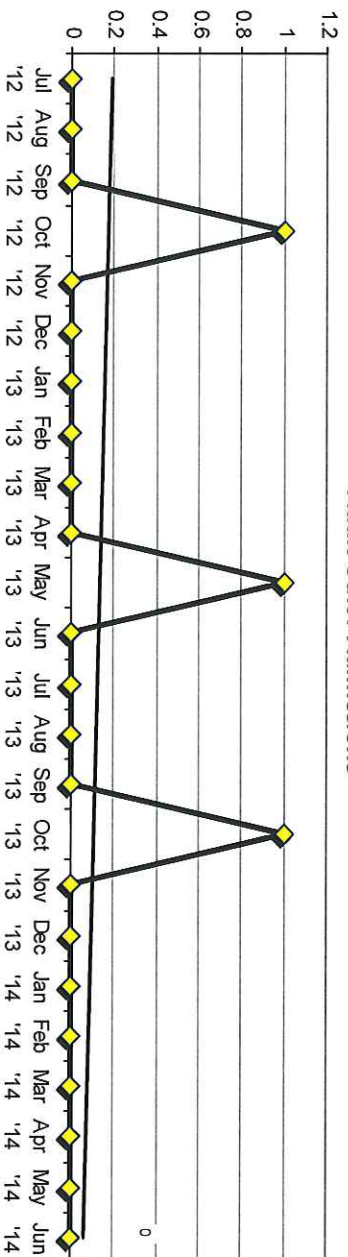
Adult RTC Average Daily Census



Adult RTC Average Daily Census Details		
Year	ADC	% Change
7/12 - 6/13	3.60	79.44%
7/13 - 6/14	6.46	

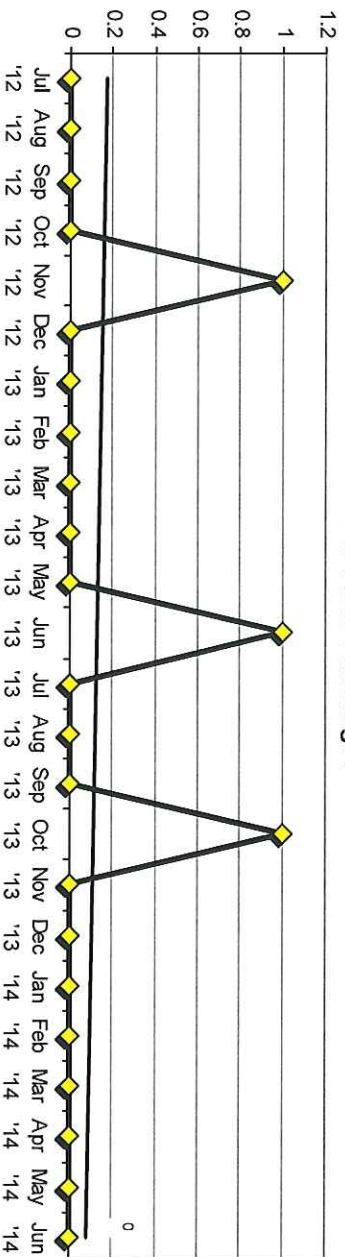
ADULT OTHER PATIENTS July 2012 - June 2014

Adult Other Admissions



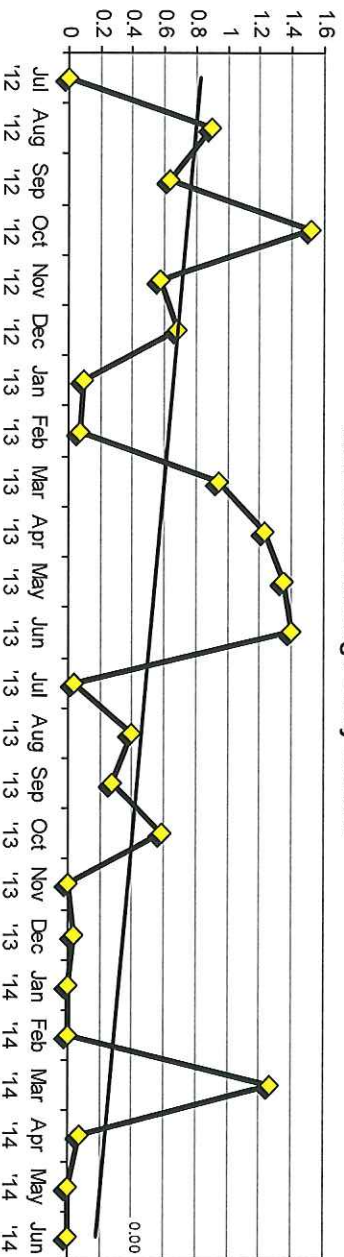
Adult Other Admission Details		
Year	Admissions	% Change
7/12 - 6/13	2	-50.00%
7/13 - 6/14	1	

Adult Other Discharges



Adult Other Discharge Details		
Year	Discharges	% Change
7/12 - 6/13	2	-50.00%
7/13 - 6/14	1	

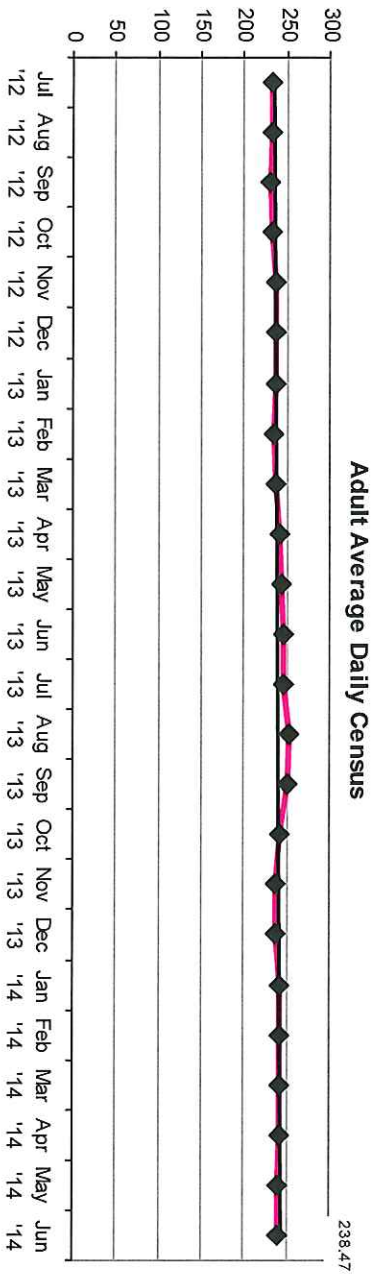
Adult Other Average Daily Census



Adult Other Average Daily Census Details		
Year	ADC	% Change
7/12 - 6/13	0.79	-72.15%
7/13 - 6/14	0.22	

AVERAGE DAILY CENSUS and LENGTH OF STAY

July 2012 - June 2014



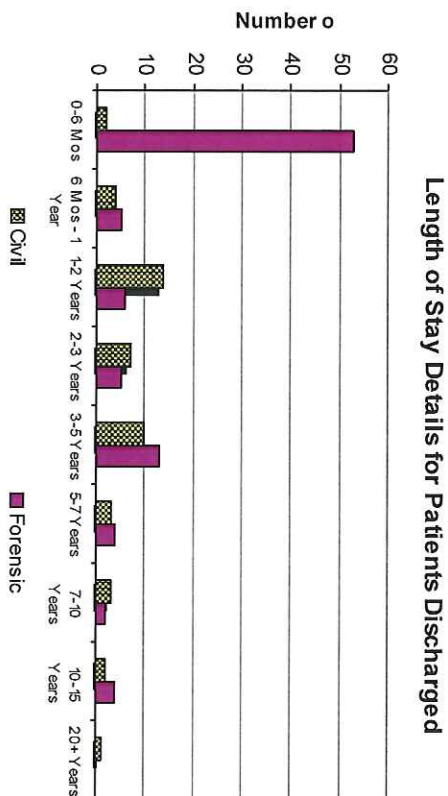
Adult Average Daily Census		
Hospital		
Year	ADC	% Change
7/12 - 6/13	237.25	
7/13 - 6/14	242.63	2.27%

Adult Civil Census						
RBHA	CAP	Peak Census	# Times Over Cap	Total Number of Days Over Cap	Highest Number of Days Consecutive	
ALTCS	6	4	0	0	0	
Cenpatco	9	13	1	730	730	
CPSA	29	27	0	0	0	
Magellan	55	56	7	224	87	
NARBHA	13	14	1	126	126	
TRBHA / Other	4	67	1	730	730	

Year	Adult Civil		Adult GEI		Adult GEI-75		Adult NGRI		Adult RTC	
	Average	Median	Average	Median	Average	Median	Average	Median	Average	Median
7/12 - 6/13	2096.40	1184	1767.60	1574	48.50	36	503.00	503	104.43	105
7/13 - 6/14	2206.50	2161	1253.92	897	44.06	46	1485.00	1485	107.15	86

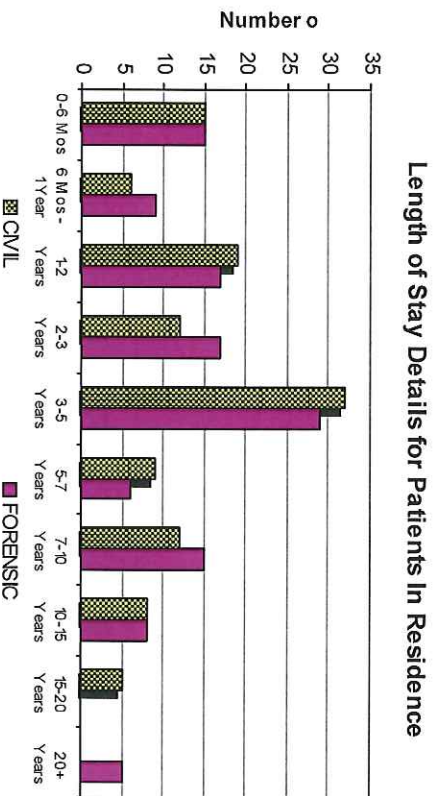
Length of Stay Details for Patients Discharged Between 7/1/2012 and 6/30/2014

Length of Stay	Civil		Forensic		Total	
	Number of Patients	%	Number of Patients	%	Number of Patients	%
0-6 Mos	2	4%	53	58%	55	40%
6 Mos - 1 Year	4	9%	5	5%	9	7%
1-2 Years	14	30%	6	7%	20	14%
2-3 Years	7	15%	5	5%	12	9%
3-5 Years	10	22%	13	14%	23	17%
5-7 Years	3	7%	4	4%	7	5%
7-10 Years	3	7%	2	2%	5	4%
10-15 Years	2	4%	4	4%	6	4%
15-20 Years	0	0%	0	0%	0	0%
20+ Years	1	2%	0	0%	1	1%
Total	46	100%	92	100%	138	100%



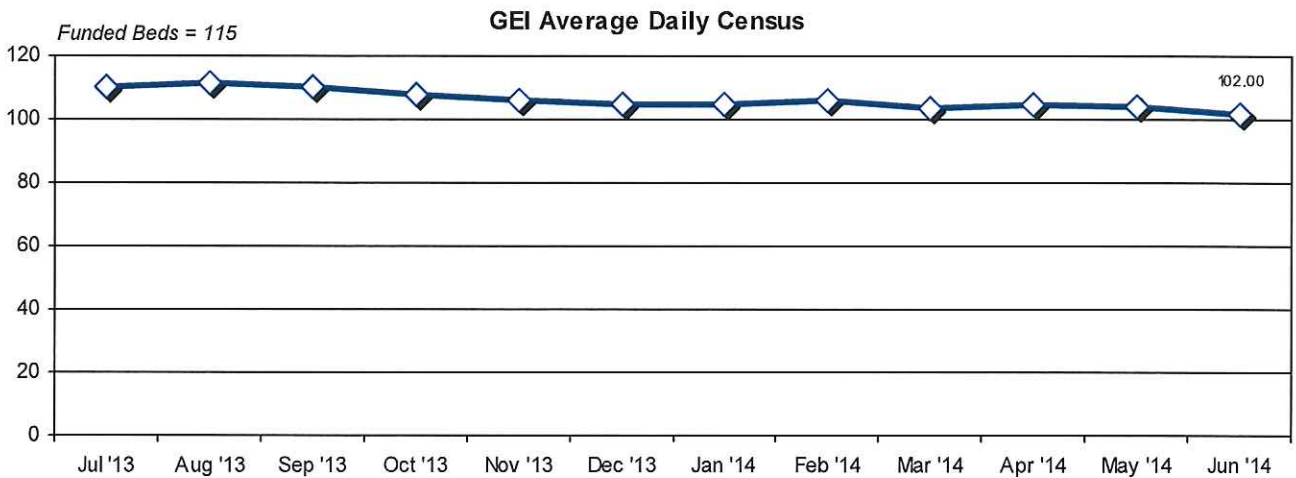
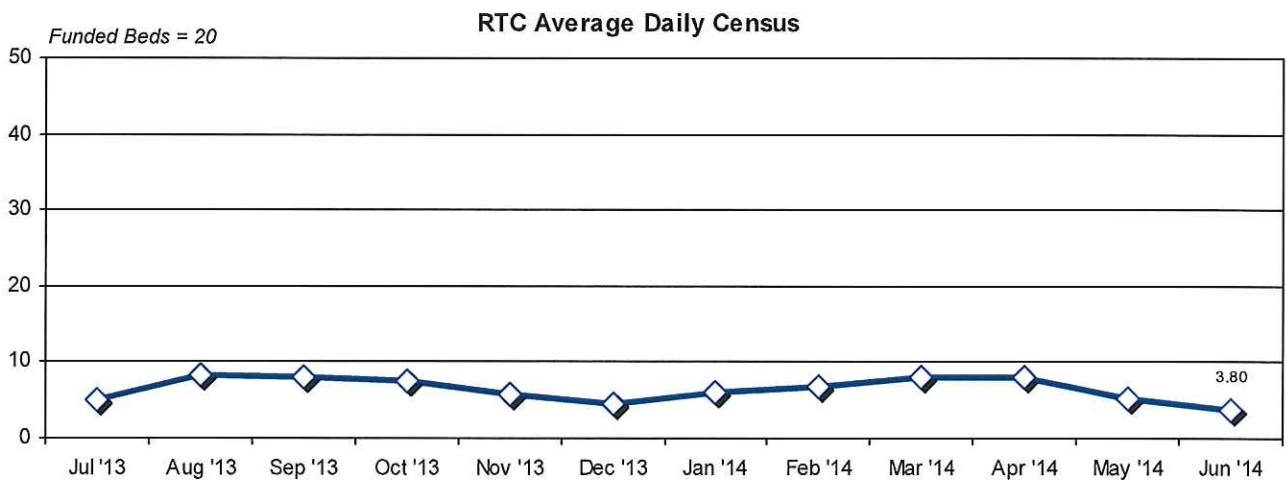
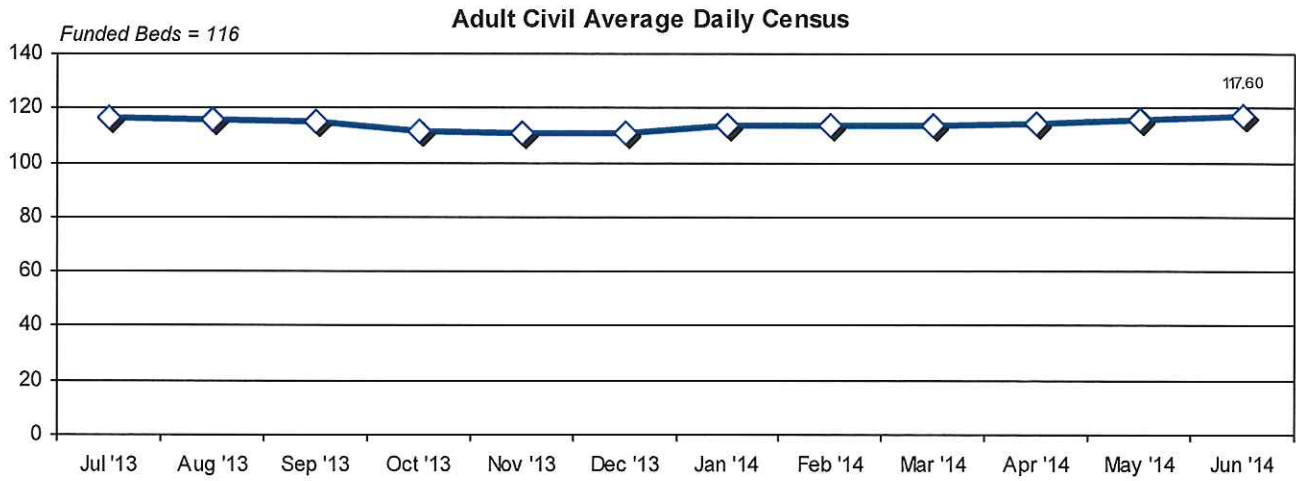
Length of Stay Details for Patients In Residence on 6/30/2014

Length of Stay	Civil		Forensic		Total	
	Number of Patients	%	Number of Patients	%	Number of Patients	%
0-6 Mos	15	13%	15	12%	30	13%
6 Mos - 1 Year	6	5%	9	7%	15	6%
1-2 Years	19	16%	17	14%	36	15%
2-3 Years	12	10%	17	14%	29	12%
3-5 Years	32	27%	29	24%	61	26%
5-7 Years	9	8%	6	5%	15	6%
7-10 Years	12	10%	15	12%	27	11%
10-15 Years	8	7%	8	7%	16	7%
15-20 Years	5	4%	0	0%	5	2%
20+ Years	0	0%	5	4%	5	2%
Total	118	100%	121	100%	239	100%



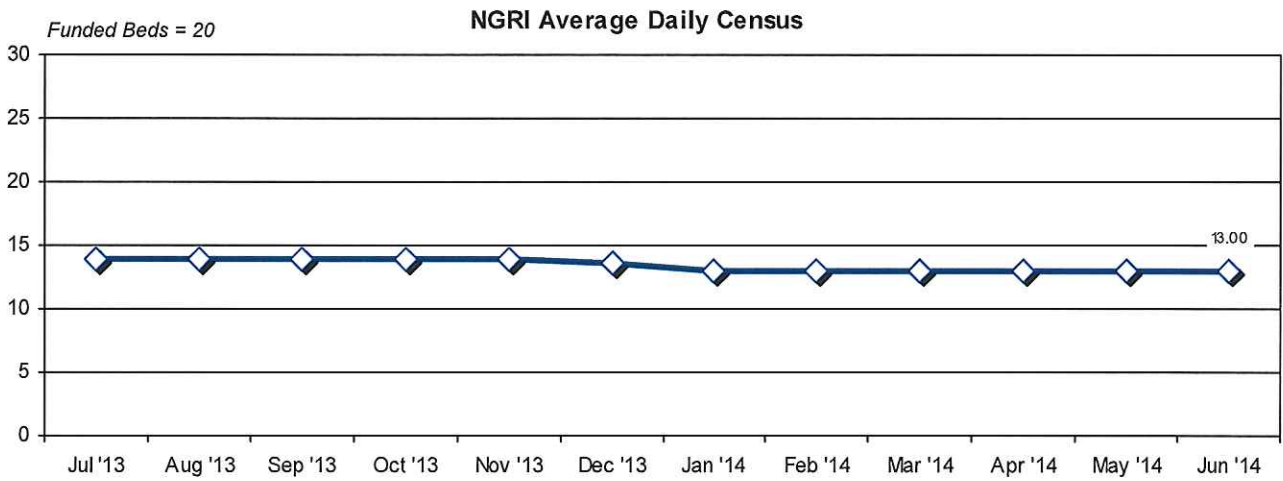
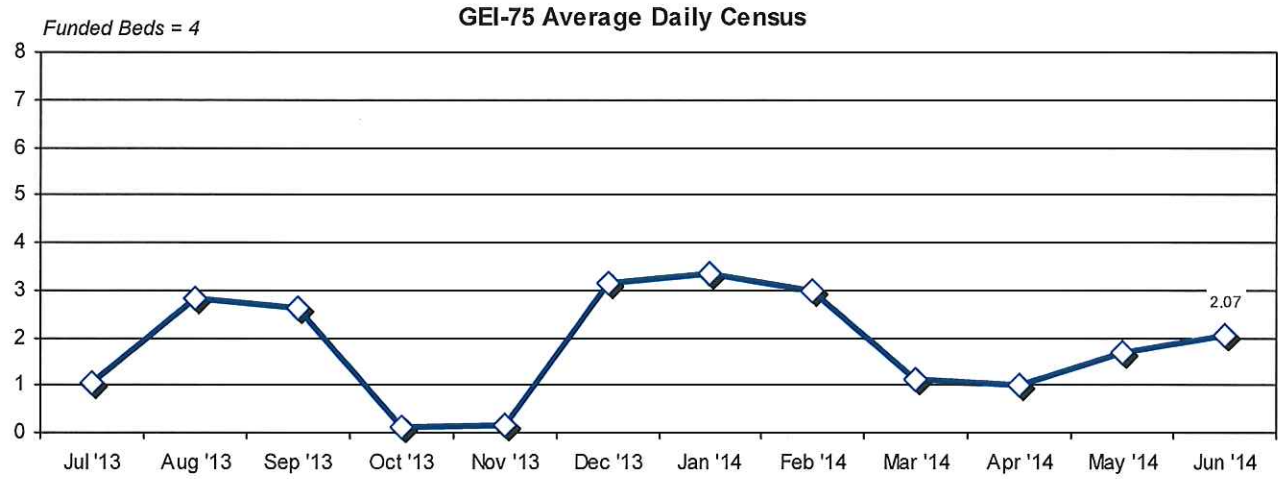


Arizona State Hospital
Average Daily Census
July 2013 - June 2014





Arizona State Hospital
Average Daily Census
July 2013 - June 2014



ARIZONA STATE HOSPITAL
FINANCIAL SUMMARY
FISCAL YEAR 2014

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

Personal Services and Related Benefits - General Fund	\$41,557,153
All Other Operating - General Fund/Az State Hosp Fund	\$13,930,686
Rental Income	\$527,248
Endowment Earnings	\$650,000
Patient Benefit Fund	\$150,000
Acptc Patient Benefit Fund	\$20,000
Non-Title 36 Revenue	\$9,195
Donations	\$30,000
Emergency Preparedness	\$66,373
AzSH Forensic Unit Debt Service	\$3,111,700
ACPTC (Arizona Community Protection Treatment Center)	\$9,728,698
Community Placement - Az State Hosp Fund	<u>\$1,130,700</u>
Total Funding	\$70,911,753

Expenditures: *

Personal Services and Related Benefits	\$48,234,745
Professional and Outside Services **	\$11,430,861
Travel (In-State)	\$98,943
Travel (Out-of-State)	\$3,497
Other Operating	\$9,241,012
Capital Equipment	<u>\$19,088</u>
Total Cost of Operations	\$69,028,146

Collections :

Patient Care Collections to General Fund	\$1,215,049
Patient Care Collections to Az State Hosp Fund - RTC	\$1,597,307
Patient Care Collections to Az State Hosp Fund - Title XIX	\$1,504,905
Patient Care Collections to Az State Hosp Fund - ACPTC	\$3,830,025
Non-Patient Care Collection to General Fund	<u>\$3,545</u>
Total Collections	\$8,150,831

* 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	\$803
	Psychosocial Rehabilitation	\$684
	Forensic - Restoration to Competency	\$666
	Forensic Rehabilitation	\$624
	Average	\$670

Rates became effective 1/01/14.

ACPTC	LRA 1-5 (Less Restrictive Alternative)	\$360
	LRA 6	\$469
	LRA 6 Community	\$182
	Pre-Trial	\$362
	Treatment	\$361
	LOA (Leave of Absence for Medical Inpatient)	\$326

Rates became effective 07/01/13