AZ DEPARTMENT OF HEALTH SERVICES

Arizona State Hospital
Annual Report
State Fiscal Year 2025

Submitted Pursuant to A.R.S. § 36-217

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ARIZONA
DEPARTMENT OF
HEALTH SERVICES
STATE HOSPITAL

December 31, 2025

The Honorable Katie Hobbs, Governor - State of Arizona;
The Honorable Warren Peterson, President - Arizona State Senate;
The Honorable Steve Montenegro, Speaker - Arizona House of Representatives.

Transmitted herein, please find the State Fiscal Year 2025 Annual Report for the Arizona State Hospital, submitted pursuant to Arizona Revised Statutes (A.R.S.) §36-217(A). Per the authorizing legislation, this report details information specific to Hospital operations, including revenues and expenditures; patient and resident demographics; admission and discharge statistics; incidents of assaultive behavior; the reporting of assaults to law enforcement and/or other regulatory entities, and other noted accomplishments. In addition, the Hospital has incorporated a summary table detailing aggregated data in key metrics comparing Arizona's performance relative to that of peer facilities within the Western Psychiatric State Hospital Association (WPSHA).

As reflected in this report, the Arizona State Hospital continues to make progress in its efforts to achieve and maintain a *'Zero Harm'* environment - having once again experienced significant year-over-year reductions in all critical safety categories, including assaults, patient falls, seclusion and restraint events and instances of self-injurious behaviors.

The Arizona Department of Health Services appreciates the opportunity to provide the Executive and Legislature with this information and will make its subject matter experts available to answer any clarifying questions you may have.

Sincerely,

Michael R. Sheldon, M.P.A.
Chief Executive Officer - Arizona State Hospital
Deputy Director - Arizona Department of Health Services

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Background and Facility Descriptions

The Arizona State Hospital (ASH or "Hospital") is a Division of the Arizona Department of Health Services (ADHS or "Department") and serves all counties and tribal regions within Arizona. Patients and residents are admitted only on an involuntary basis pursuant to a court order due to the severity of their mental illness or behavioral disorder and an inability to be successfully treated in a community facility, as a result of their involvement in the criminal justice system, and/or their propensity to pose an imminent risk to public safety should they be released to the community. Treatment at ASH is considered the highest and most restrictive level of inpatient care in the state.

ASH consists of three (3) separately licensed facilities located at 24th Street and Van Buren Street in Phoenix, Arizona: the Civil Hospital, the Forensic Hospital, and the Arizona Community Protection and Treatment Center (ACPTC). All individuals served at the Arizona State Hospital are under a court order for treatment and have lengths of stay consistent with long-term care facilities. Accordingly, programs are structured in a manner to best meet the needs of patients/residents on a long-term basis. Regardless of the admitting facility, patients or residents are provided with clinical and administrative programs designed to meet their individualized needs. This includes psychiatric care, psychosexual education (ACPTC), medical and nursing services, pharmacotherapy management, rehabilitation, social work, psychological services, dietary services, and nutritional care.

The Civil Hospital and Forensic Hospital are each licensed as a *Special Hospital* pursuant to Arizona Administrative Code (A.A.C.) R9-10-101.218 and are authorized to provide psychiatric services to individuals admitted for inpatient treatment with a primary diagnosis of a mental disorder, a personality disorder, or a significant psychological or behavioral response to an identifiable stressor per A.A.C. R9-10-225(A)(2).[1] As such, any individual whose clinical needs cannot be met by the facility are ineligible for admission to the Arizona State Hospital (A.A.C. R9-10-225(A)(4)).

The **Civil Hospital** (117 licensed beds) is certified by the Centers for Medicare and Medicaid Services (CMS) and operates in accordance with the requirements outlined in CMS' Hospital Conditions of Participation (CoPs), despite being largely unable to bill Medicaid or Medicare for services (see below). The Civil Hospital is also accredited by The Joint Commission (TJC) and adheres to its Hospital Accreditation Program (HAP) standards, and is further regulated by the state in accordance with healthcare institution (HCI) licensing rules. Civil Hospital patients are adults who are civilly-committed pursuant to Arizona Revised Statutes (A.R.S.) §36-201 et. seq., as a danger to self (DTS), danger to others (DTO), gravely disabled (GD) and/or persistently and acutely disabled (PAD). Per Title 36, and in accordance with various federal legal decisions, civilly-committed individuals must be treated in the least restrictive environment that can safely

[1] Pursuant to ARS §36-501 a "Mental disorder" means a substantial disorder of the person's emotional processes, thought, cognition or memory. Mental disorder is distinguished from: (a) Conditions that are primarily those of drug abuse, alcoholism or intellectual disability, unless, in addition to one or more of these conditions, the person has a mental disorder. (b) The declining mental abilities that directly accompany impending death. (c) Character and personality disorders characterized by lifelong and deeply ingrained antisocial behavior patterns, including sexual behaviors that are abnormal and prohibited by statute unless the behavior results from a mental disorder.

meet their needs. The Civil Hospital's goal is to rehabilitate patients and prepare them for community reintegration.

Whereas the Civil Hospital is classified as an Institution for Mental Disease (IMD; see 42 CFR Ch. IV §435.1010), Federal Medicaid and/or Medicare funding is not provided for inpatient psychiatric services beyond 15 days of a patient's admission.[2] However, Medicaid-eligible Civil Hospital patients determined to have a Serious Mental Illness (SMI) retain physical health benefits and enrollment with an Arizona Health Care Cost Containment System (AHCCCS) health plan throughout the duration of their treatment at ASH.

Civil Patient Demographics - State Fiscal Year (SFY) 2025					
Civil Campus			Total Unique Patients Served: 142		
Gender	***Percent***	***Race***	***Percent***	***Length of Stay***	***Percent***
Male	68%	American Indian	7%	< 1 year	21%
Female	32%	Asian	1%	1 to 5 years	56%
Age Group	***Percent***	African American	14%	6 to 10 years	10%
18-21	1%	White, non-Hispanic	51%	11 - 20 years	11%
22-29	15%	Hispanic or Latino	25%	21+ years	1%
30-39	38%	***County of Origin***	***Percent***	***Admission Status***	***Percent***
40-49	29%	Maricopa	48%	First Admission	48%
50-59	10%	Pima	39%	Readmit to ASH	32%
60+	7%	Other	12%	Discharged in SFY	19%

Primary Diagnostic Categories - Civil Campus	
Diagnostic Category	**Percent of Population Served**
Schizophrenia Spectrum & Other Psychotic Disorders	95.48%
Personality Disorders	2.58%
Neurocognitive Disorders	1.29%
Disruptive, Impulse-Control, and Conduct Disorders	0.6%

Length of Stay (LOS) Analysis - Civil Campus			
Patient Status	**Count**	**Median LOS**	**Average LOS**
Discharged in SFY2025	26	736 Days	956 Days
Inpatient as of SFY2025 Year End	116	1,028 Days	1,816 Days

Average Daily Census by Patient Group - Civil Campus	
Patient Group	**Average Daily Census**
Title 36 - Civilly Committed	113 Patients

[2] With the exception of enrolled and eligible individuals under the age of 21 or those over the age of 64.

The **Forensic Hospital** (143 licensed beds) is accredited by The Joint Commission (TJC) and operates as a psychiatric hospital in accordance with state licensing rules. In contrast to patients admitted under a civil commitment order, and pursuant to A.R.S. § 13-3994(E)(1), public safety and protection, rather than 'least-restrictive' criteria, is prioritized for Forensic patients. There are two distinct patient program classifications admitted to the Forensic Hospital:

> ***Pre-Trial Restoration to Competency (RTC)*:** These individuals are admitted for a short duration (approximately five months on average) to receive pre-trial evaluation and treatment with the goal of being restored to competency to stand trial for a criminal offense. Because the majority of restoration services are provided in county jails in Arizona there are, on average, fewer than three (3) RTC patients admitted to the Forensic Hospital at any given time.
>
> ***Post-Trial Forensic Rehabilitation:*** This program provides treatment to adults serving a determinate sentence for committing a violent offense and subsequently entering into a *'Guilty Except Insane' (GEI)* plea agreement as detailed in A.R.S. §13-502. Pursuant to statute, these individuals are committed to the State Hospital for a treatment duration equivalent to the time they would have received under the Department of Corrections had they otherwise been found guilty of the criminal offense. While the GEI statute became effective in 1994, and the majority of Forensic patients are classified as such, there are a small number of individuals (<10) who were found *'Not Guilty by Reason of Insanity' (NGRI)* prior to the statutory change, were sentenced to the Forensic Hospital, and remain admitted inpatient as of this Report's publication.

Due to their legal status, Forensic patients lose all eligibility for Medicaid-covered benefits for the duration of their admission and, therefore, their treatment is fully subsidized by state general fund monies. Guilty Except Insane (GEI) and Not Guilty by Reason of Insanity (NGRI) Forensic patients receive services at the Hospital pursuant to a Title 13 criminal court order for treatment and are under the jurisdiction of the Superior Courts for the term of their confinement. Release of a GEI or NGRI patient to the community prior to sentence expiration, e.g. *Conditional Release ("CR"),* is ordered by the courts and coordinated with an AHCCCS health plan for post-release monitoring

Forensic Patient Demographics - State Fiscal Year (SFY) 2025					
Forensic Campus			Total Unique Patients Served: 152		
Gender	*Percent*	*Race*	*Percent*	*Length of Stay*	*Percent*
Male	86%	American Indian	5%	< 1 year	23%
Female	14%	Asian	3%	1 to 5 years	36%
		African American	10%	6 to 10 years	24%
Age Group	*Percent*	White, non-Hispanic	63%	11 - 20 years	16%
18-29	8%	Hispanic or Latino	18%	21+ years	3%
30-39	28%	*County of Origin*	*Percent*	*Admission Status*	*Percent*
40-49	28%	Pima	38%	First Admission	59%
50-59	15%	Maricopa	24%	Readmit to ASH	17%
60-69	17%	Coconino	10%	Readmit from CR	7%
70+	5%	Other	28%	Discharged in SFY	17%

Primary Diagnostic Categories - Forensic Campus	
Diagnostic Category	Percent of Population Served
Schizophrenia Spectrum & Other Psychotic Disorders	70.0%
Bipolar & Related Disorders	15.6%
Depressive Disorders	3.8%
Substance-Related and Addictive Disorders	3.8%
Other Conditions That May Be a Focus of Clinical Attention	1.9%
Neurodevelopmental Disorders	1.3%
Personality Disorders	1.3%
Trauma & Stressor Related Disorders	1.3%
Anxiety Disorders	0.6%
Disruptive, Impulse-Control, and Conduct Disorders	0.6%

Length of Stay (LOS) Analysis - Forensic Campus			
Patient Status	Count	Median LOS	Average LOS
Discharged in SFY2025	26	80 Days	904 Days
Inpatient as of SFY2025 Year End	126	1,944 Days	2,579 Days

Average Daily Census by Patient Group - Forensic Campus	
Patient Group	Average Daily Census
Title 13 - Guilty Except Insane (GEI)	113 Patients
Title 13 - GEI 75 Day	2 Patients
Title 13 - NGRI	8 Patients
Rule 11 - Restoration to Competency	3 Patients

The **Arizona Community Protection and Treatment Center (ACPTC)** (131 licensed beds) is a state-funded Behavioral Health Specialized Transitional Facility established by the Arizona Legislature in 1997 per A.R.S. §36-3701 et. seq., and operates under the terms specified in A.A.C R9-10-1301 through R9-10-1317. ACPTC is a Title 36 civil commitment program that provides supervision, care or treatment to those individuals adjudicated as Sexually Violent Persons (SVP). All admissions and discharges from ACPTC are court-ordered. Residents enter psychosexual treatment immediately following their commitment to the program and are statutorily required to be evaluated annually. Recommendations are made to the court regarding the resident's progress and whether they would benefit from continued treatment in a 'Total Confinement' setting or within a 'Less Restrictive Alternative' (LRA) setting.

ACPTC Resident Demographics - State Fiscal Year (SFY) 2025					
ACPTC			**Total Unique Residents Served: 93**		
Gender	***Percent***	***Race***	***Percent***	***Length of Stay***	***Percent***
Male	100%	American Indian	1%	< 1 year	2%
Female	-	Asian	1%	1 to 5 years	12%
Age Group	***Percent***	African American	12%	6 to 10 years	15%
18-29	1%	White, non-Hispanic	74%	11 - 20 years	55%
30-39	5%	Hispanic or Latino	11%	21+ years	16%
40-49	10%	***County of Origin***	***Percent***	***Admission Status***	***Percent***
50-59	31%	Maricopa	72%	First Admission	80%
60-69	38%	Pima	15%	Readmit to ASH	11%
70+	15%	Other	13%	Discharged in SFY	9%

Primary Diagnostic Categories - ACPTC	
Diagnostic Category	**Percent of Population Served**
Pedophilic or Paraphilic Disorders	89.8%
Personality Disorders	4.3%
Other Conditions That May Be a Focus of Clinical Attention	4.3%
Schizophrenia Spectrum & Other Psychotic Disorders	2.1%

Length of Stay (LOS) Analysis - ACPTC			
Patient Status	**Count**	**Median LOS**	**Average LOS**
Discharged in SFY2025	8	4,709 Days	4,254 Days
Admitted as of SFY2025 Year End	86	5,512 Days	5,469 Days

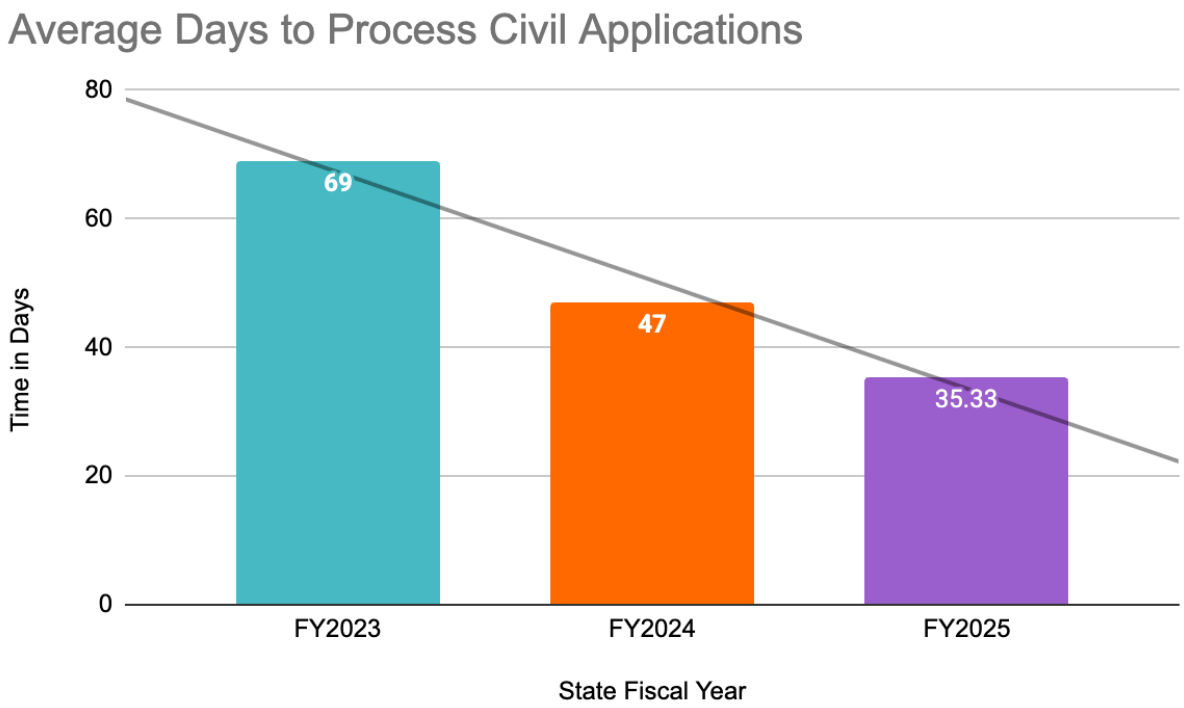
Average Daily Census by Resident Group - ACPTC	
Patient Group	**Average Daily Census**
Title 36 - Civilly Committed SVP	88 Residents

Admission and Discharge Activity

Civil patients are admitted through an application process as outlined in the ASH Utilization Management Plan (see also 42 C.F.R. § 482.30). Applications for admission are reviewed independently by three (3) Behavioral Health Medical Professionals and are compiled by the Chief Medical Officer (CMO) before an admission determination is made. ASH may request additional information from the Health Plan if there are questions about the application, before making a final decision. In the rare case when an application is denied, the Health Plan may request a reconsideration or an amended application can be re-submitted.

As indicated in last year's (FY2024) Annual Report, ASH implemented a new admissions process whereby Health Plans electronically submit a complete admissions packet (e.g., application and all required documentation) at the beginning of the admissions process. The Hospital was hopeful the new process would streamline communication between ASH and the Health Plans and reduce the processing time for applications. FY2025 was the first complete year where this new admissions process was in effect.

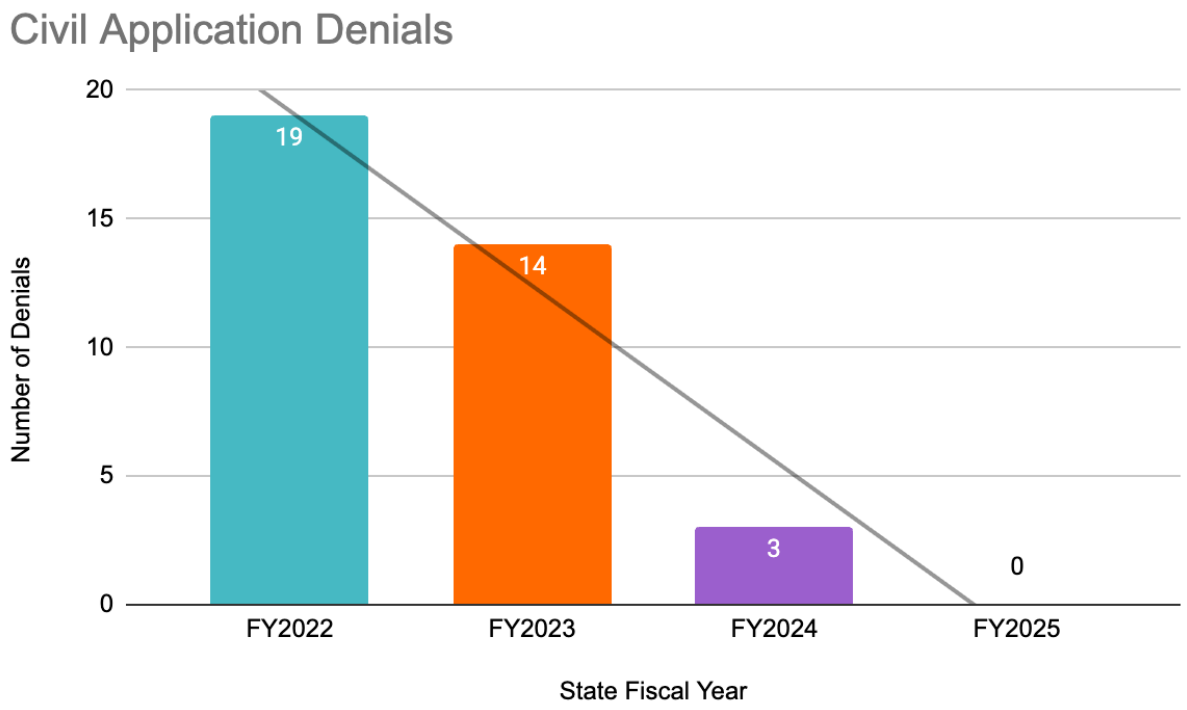
As the data indicates below, this new admissions process, combined with ASH's ongoing coordination with the Health Plans, AHCCCS, Legal Guardians, and leaders from the Department of Developmental Disabilities has **dramatically decreased the amount of time it takes to process an application**.



With an average daily occupancy rate of 97% in FY2025, the Civil Hospital ran either at, or near, full capacity throughout the reporting year. As a result, ASH advised the Health Plans to

prioritize their referred members. In practice, the various Health Plans submitted applications, which would then sit in a "holding queue" (on a first come, first serve basis) until a bed became available. Once a bed became available, ASH would notify the health plan of the first person in the queue that a bed was available. The health plan would then indicate if they wanted to proceed with that particular application or if they had another member's application that they wanted to prioritize.

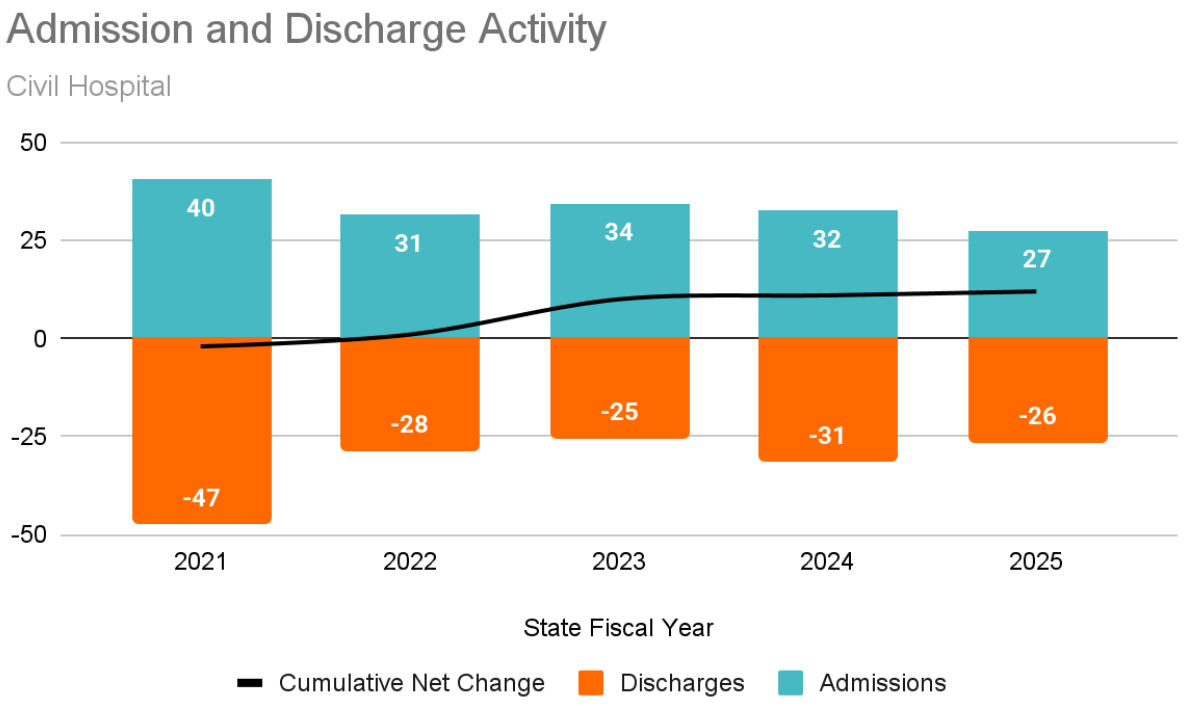
As reflected in the charts below, the number of civil admissions and discharges for FY2025 remained consistent in comparison to the past four (4) fiscal years. **In FY2025, ASH did not deny any requests for civil admission** and credits the increased collaboration with the Health Plans. As those entities became familiar with the Hospital's programs and clinical focus, they were more successful when deciding which members are best-fit candidates to refer to ASH for admission consideration. This has reduced the administrative burden of application processing and has strengthened patient experience and quality of care.



The patients admitted to ASH require a high level of care and, as a result, require careful and comprehensive discharge planning. As such, discharge coordination for civil patients begins prior to their admission and involves collaboration with system partners to achieve a goal of successful community reintegration. Once admitted, the ASH treatment team coordinates with the outpatient team (i.e., Health Plan, Case Manager, Guardian, etc.) to develop an Inpatient Treatment and Discharge Plan (ITDP) for the patient. The treatment team meets regularly with the outpatient team in effort to coordinate patient care.

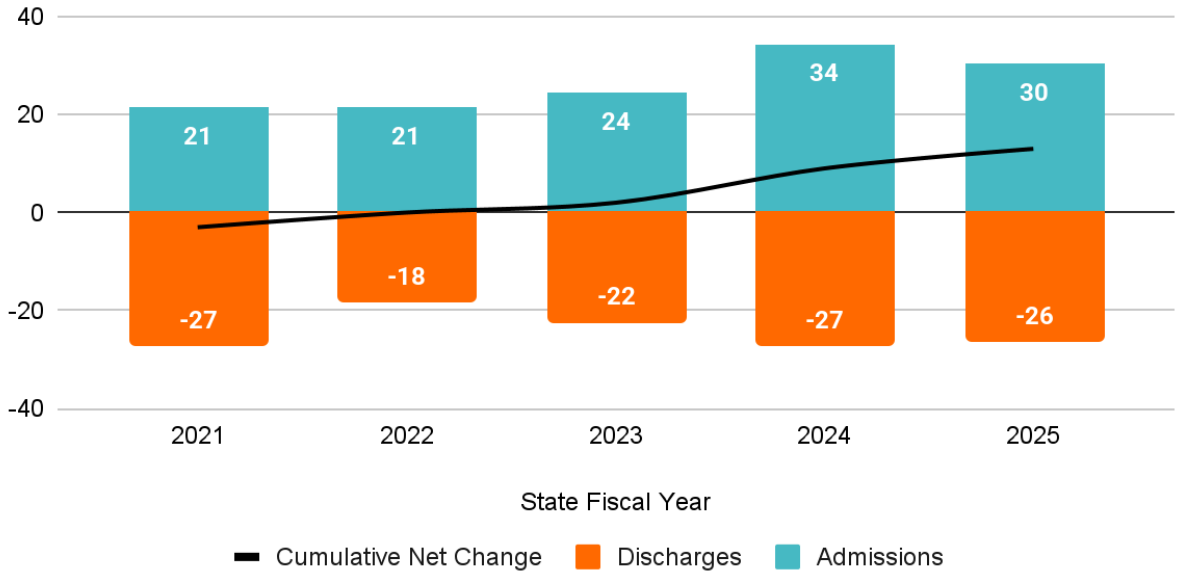
In effort to successfully navigate discharges, ASH regularly meets with AHCCCS, Health Plan Directors, Legal Guardians, and leaders at the Department of Developmental Disabilities to discuss their members. These meetings are used to address the complex treatment barriers that arise when civil patients are nearing discharge. By meeting with these leaders regularly, ASH has been able to successfully coordinate extremely complex discharges where patients are set up for success in environments with continued access to care and support. Lastly, in effort to provide more transparency, ASH worked with community providers to create public facing dashboards that highlight discharge efforts.

Admissions and discharges to the Forensic Hospital and ACPTC are largely dictated by the courts; therefore, the Administration has little control over those activities. Nonetheless, over the past several years, the Civil and Forensic Hospitals have experienced a moderate increase in the average number of patients receiving care on a daily basis; meanwhile, the ACPTC has witnessed a reduction in its daily census, as annual discharges have exceeded the number of admissions to that program.



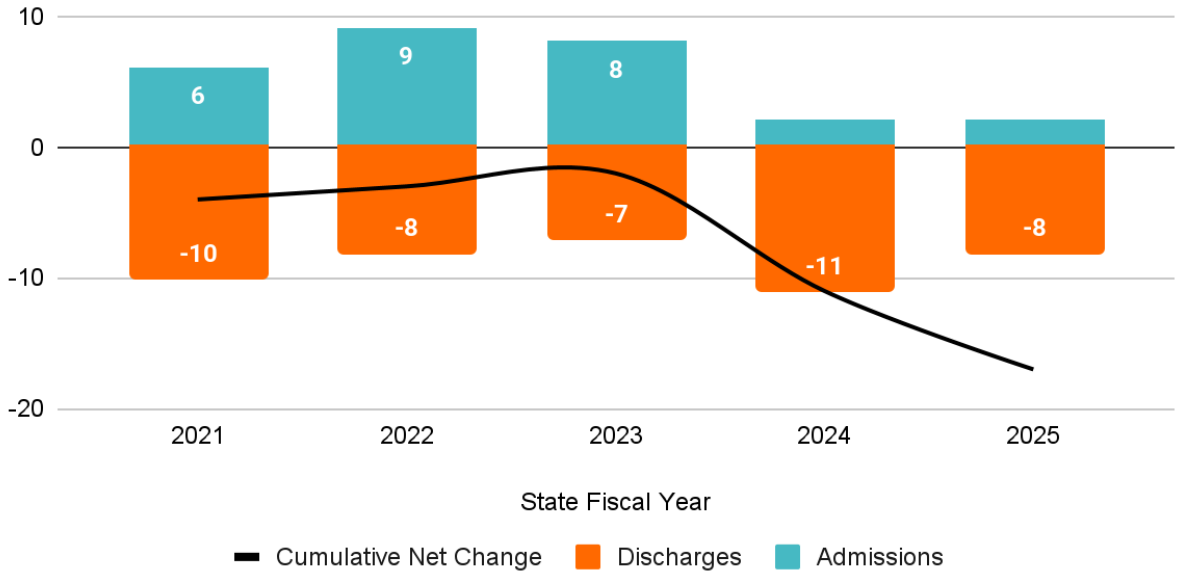
Admission and Discharge Activity

Forensic Hospital



Admission and Discharge Activity

ACPTC

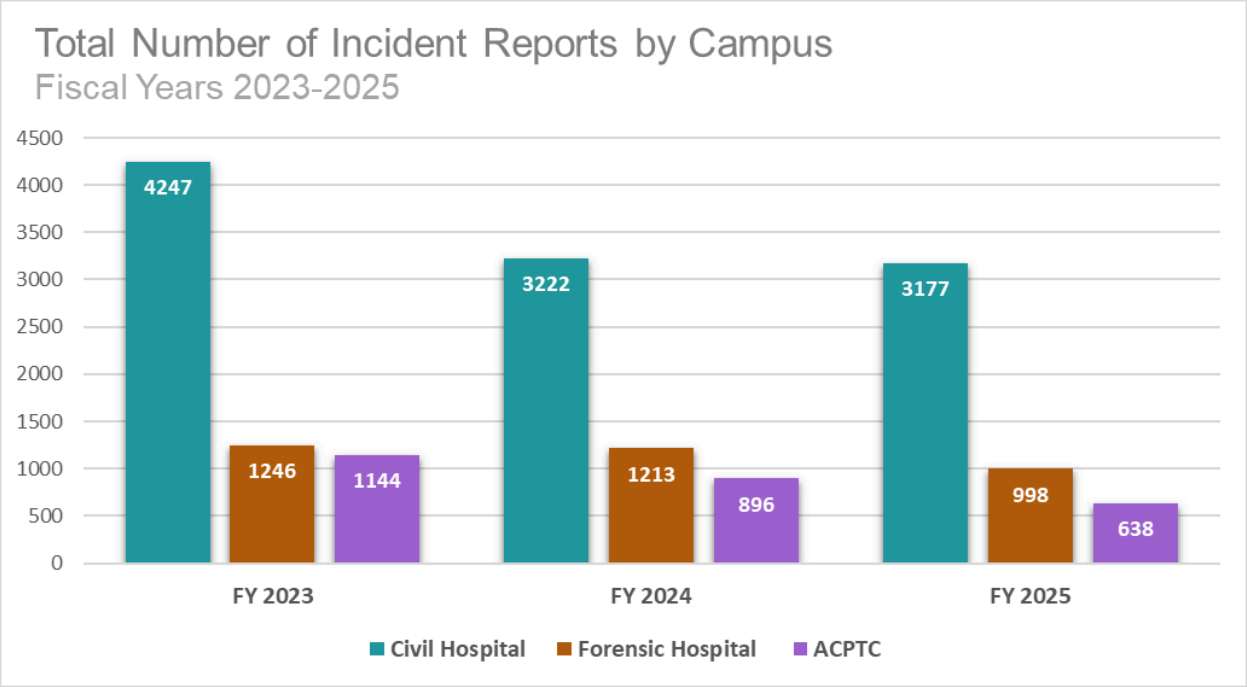


Incident Reports

The Hospital's Quality Assurance & Performance Improvement (QAPI) Team oversees the Hospital's QAPI Program, which is designed to achieve the highest quality of inpatient psychiatric services through continuous process improvement. The QAPI Program's goal is to reach and sustain *zero harm. Zero harm,* as defined by The Joint Commission (TJC), means, "*zero falls; zero complications of care; zero infections; zero missed opportunities; zero overuse; zero lost revenue; zero harm events of any kind."*

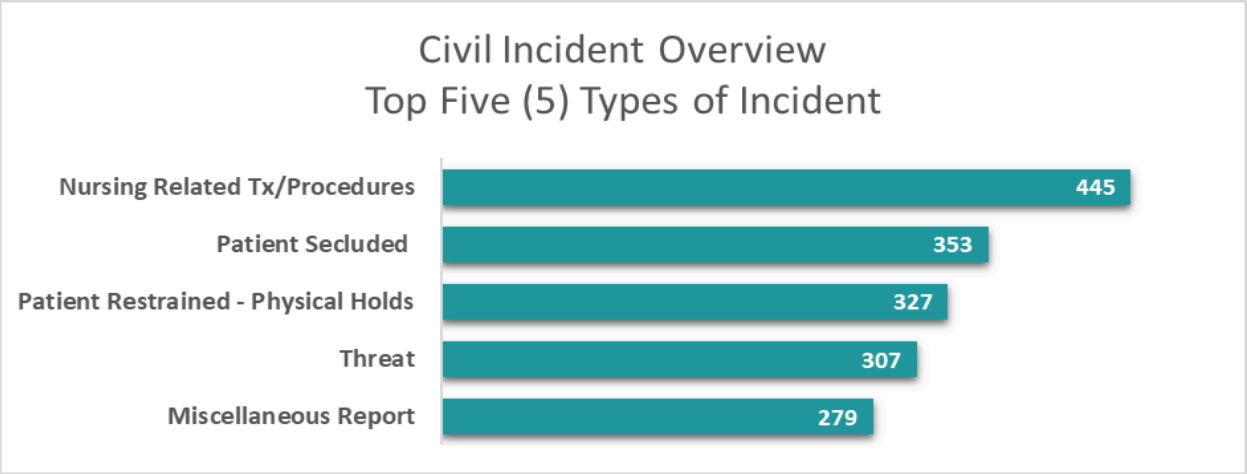
The Hospital's Incident Report System (QMS) is the main web-based repository and source for information regarding possible risk events. All significant, unusual, or irregular occurrences are documented within QMS, per Hospital policy.

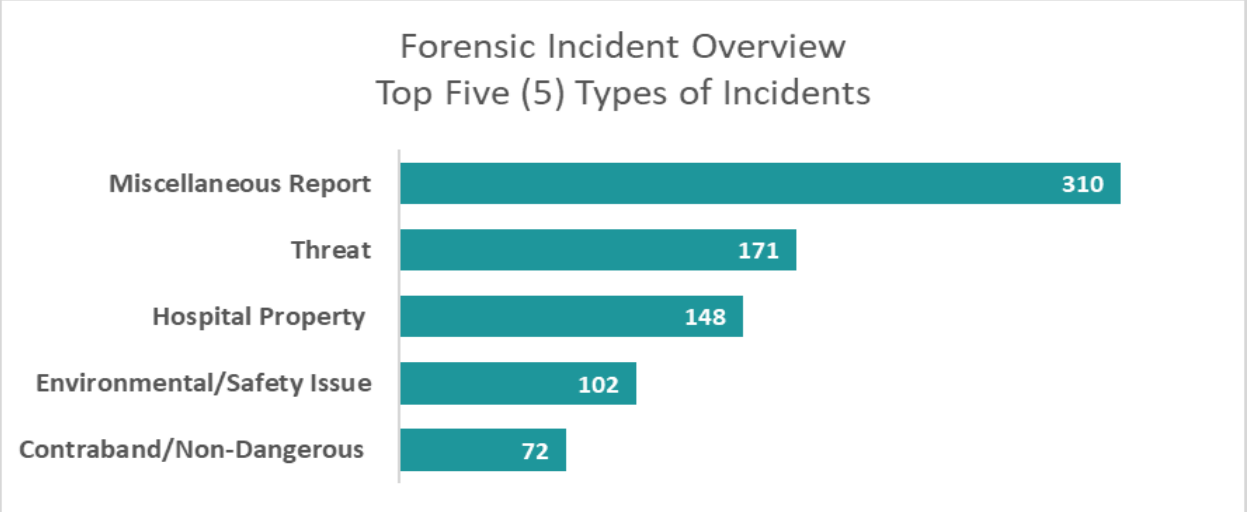
Incident Reports are written by the person having the most comprehensive knowledge of the event and other involved staff, as applicable. The Hospital's Executive Risk Management Team (ERMT) reviews each incident within one business day of submission.

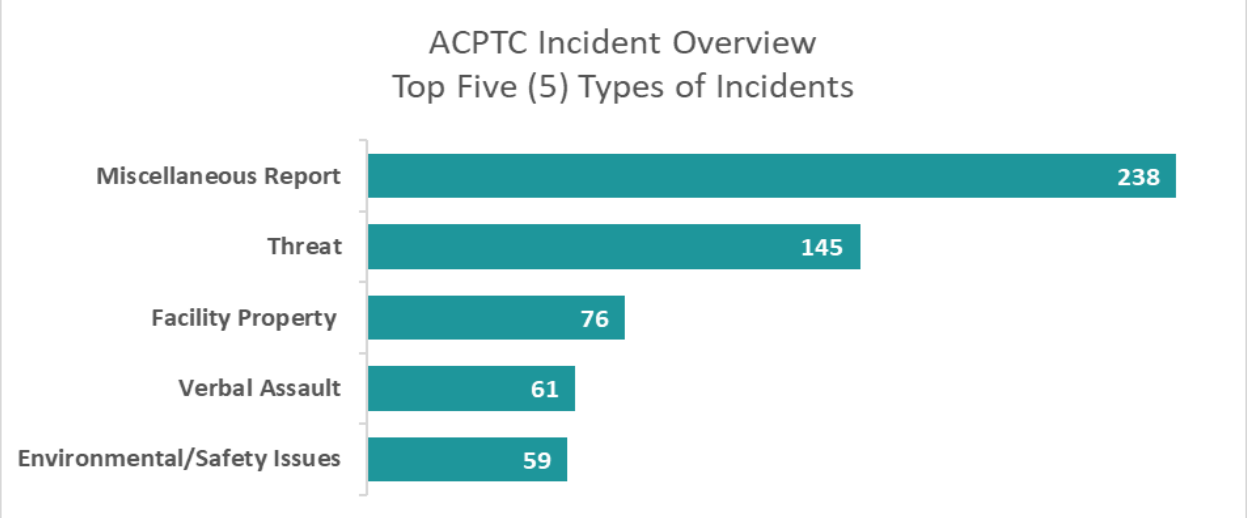


In Fiscal Year 2025, the Hospital recorded a 10% reduction in incident reports, marking a meaningful improvement in organizational safety performance. All campuses contributed to this outcome and the Hospital has multiple internal checks and balances to ensure each incident is reported as expected. The Civil Hospital reported a 1.4% decrease in total incidents, the Forensic Hospital reported a 18% decrease, and ACPTC achieved a 29% decrease compared to the prior fiscal year. These results illustrate the impact of strengthened prevention practices, improved staff training, and data-driven quality initiatives implemented across the Hospital.

Top Five (5) Types of Incidents by Facility - FY2025[3]







[3] "Miscellaneous Report" includes incidents that are out of the ordinary, unexpected, or unusual, and do not fit into a specific predefined category but still requires documentation due to its potential or actual impact on patient or staff safety, Hospital operations, security, or regulatory compliance.

Assaultive Behaviors Data

The Hospital tracks assault data in accordance with the Risk Management and QAPI plans. An assault is defined as *any unwanted physical contact between parties*, and the vast majority of assaults (>72%) result in no injury. It is also important to note that only a small number of patients engage in assaultive behavior. For example, in FY2025, ten (10) patients (or 2.6% of all patients) accounted for more than half of all assaults; meanwhile, over 55% of patients/residents had no reported assaults during this period.

The tables below detail the numbers and types of assaults that occurred during FY2025; the Civil Hospital accounted for 83.3% of all assaults, while the Forensic Hospital (5.8%) and ACPTC (10.9%) had far fewer, as evidenced in these charts. This is attributed to the acute severity of mental illnesses amongst the Civil patient population in comparison to those of the other campuses. Unfortunately, some patients are prone to highly aggressive and assaultive behavior in response to auditory, visual and/or tactile hallucinations symptomatic of their mental illness. ***In FY2025, the Hospital achieved a 25.8% decrease in total assaults compared to FY2024.***

Fiscal Year 2025 - Assaultive Behavior								
	Patient on Patient		Patient on Staff		Sexual Assault[4]		Assaults - All	
Campus	**Count**	**Percent of Total**	**Count**	**Percent of Total**	**Count**	**Percent of Total**	**Total Count**	**Percent of Total**
Civil	234	50.2%	141	30.3%	13	2.8%	388	83.3%
Forensic	20	4.3%	7	1.5%	0	0.0%	27	5.8%
ACPTC	42	9.0%	8	1.7%	1	0.2%	51	10.9%
ASH	*296*	*63.5%*	*156*	*33.5%*	*14*	*3.0%*	*466*	*100%*

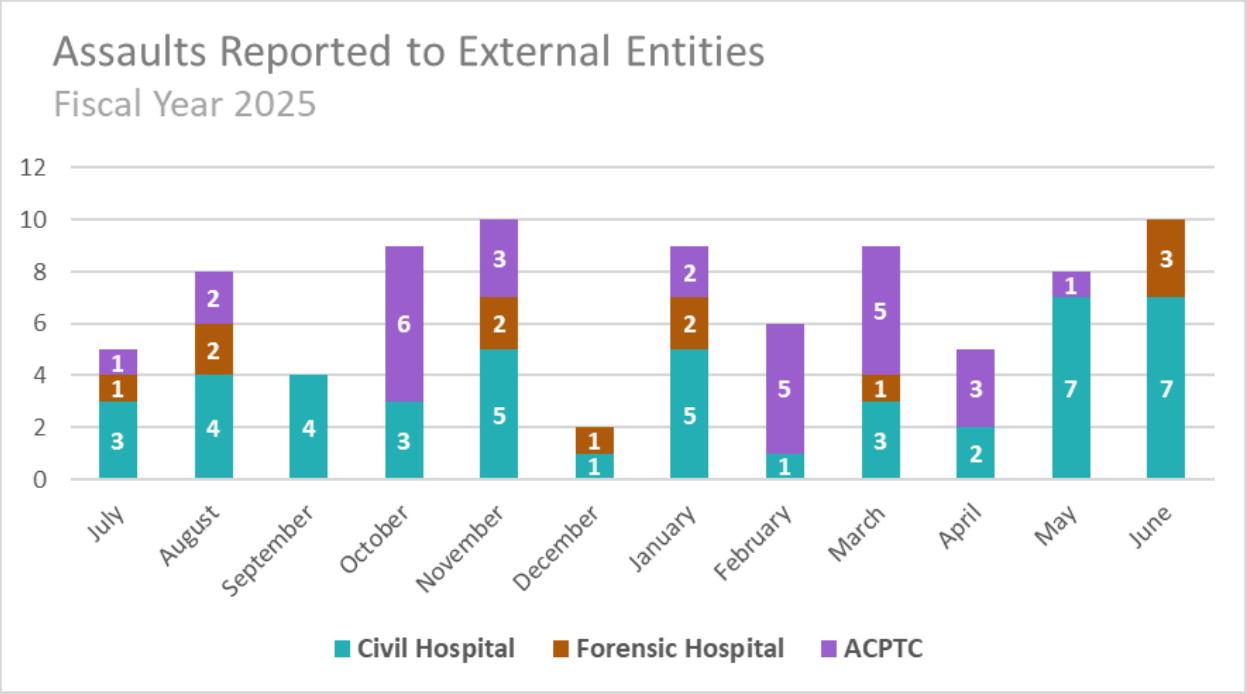
Campus	Assaults FY24	Assaults FY25	Percent Change
Civil	542	388	**- 28.4%**
Forensic	33	27	**- 18.2%**
ACPTC	53	51	**- 3.8%**
ASH	*628*	*466*	***-25.8%***

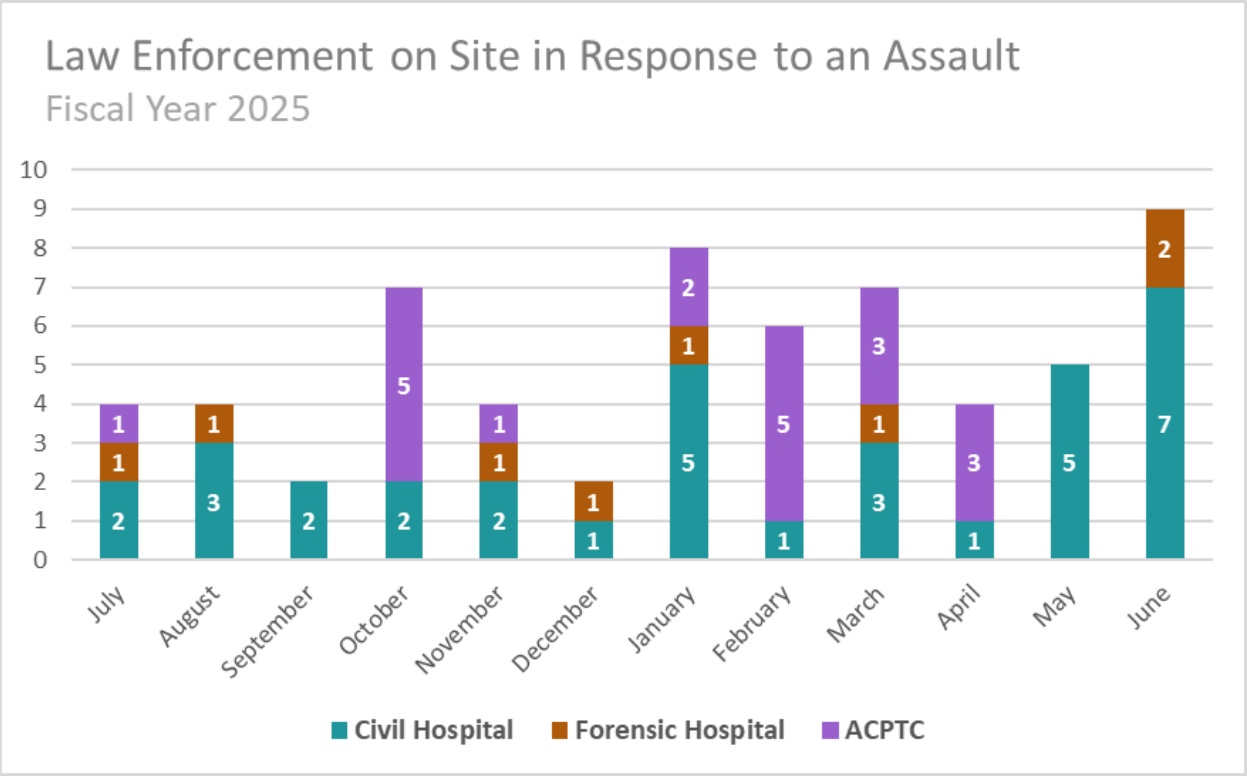
[4] "Sexual assault" is defined as sexual intercourse or sexual contact with any person without consent of such person. Sexual contact means oral sexual contact or direct or indirect touching or manipulating of any part of the genitals, buttocks, anus or female breast by any part of the body or by any object or causing a person to engage in such contact.

Assaults reported to law enforcement or other regulatory agencies

The Hospital reports assaults to external entities when the event meets reporting requirements as applicable to the facility and outlined in state law, federal regulations, The Joint Commission (TJC) accreditation standards, and the Memorandum of Understanding (MOU) between Arizona Department of Health Services and the Arizona Department of Economic Security, Adult Protective Services (APS). Patients and staff may contact the Phoenix Police Department (PD) at their own discretion, separate from and in addition to the Hospital's reporting to law enforcement.

TJC has an established process for accredited organizations to report sentinel events, as defined in TJC's Sentinel Event (SE) policy. Accordingly, not all assaults are reported to TJC, and most assaults will not meet the definition of a sentinel event. The Centers for Medicare and Medicaid Services (CMS) does not require hospitals to report assaults. State licensing also does not require facilities to report assaults, but facilities may choose to self-report assaults that are significant.





Complaints, Grievances, and Appeals

In accordance with ASH policies, Hospital patients and ACPTC residents may file complaints regarding any aspect of their care. Civil and Forensic Hospital patients may file complaints, grievances, and appeals with the ASH Office of Complaints, Grievances, and Appeals (OCGA). Processes to investigate and manage complaints, grievances, and appeal cases are outlined in Hospital policy and based on The Joint Commission (TJC) standards and 9 A.A.C. 21, *Behavioral Health Services for Persons with Serious Mental Illness* (of note, A.A.C. R9-21-102 applies to individuals receiving services pursuant to A.R.S. Title 36, Chapter 5. ASH applies the same processes for both Civil and Forensic patients).

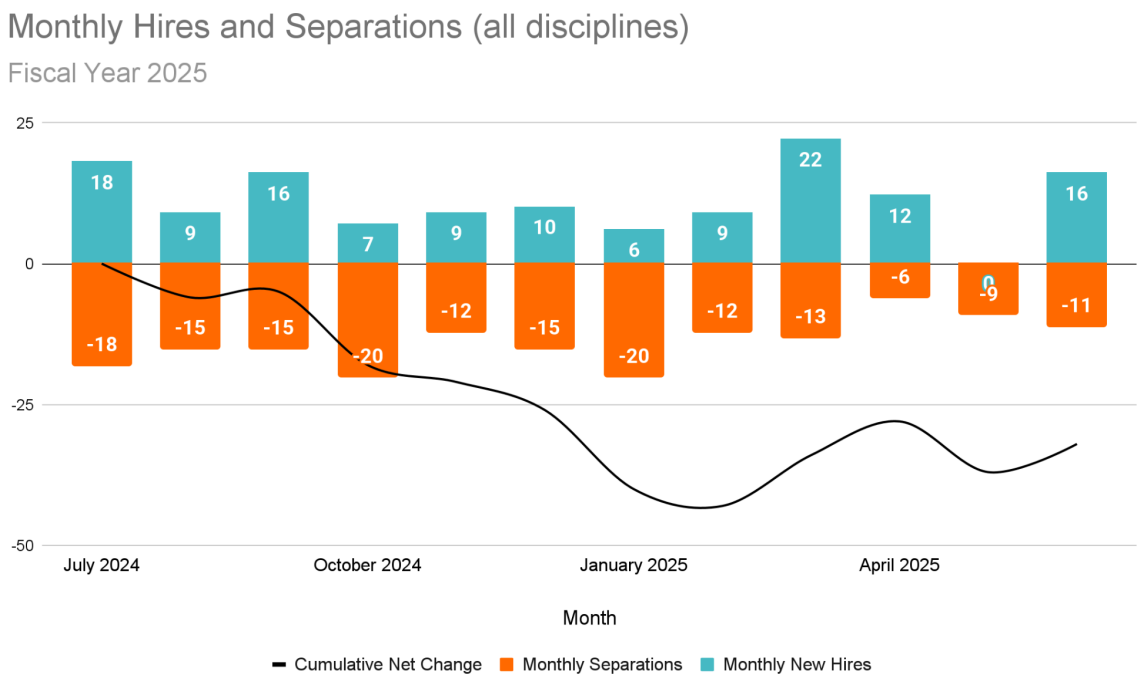
Patients and residents may seek the assistance from a unit advocate to file a complaint, grievance, or appeal, and depending on the nature of the concern, the matter may be resolved by the patient and unit staff. Patients and residents may also utilize the ASH Patient Rights Advocate for assistance during the complaint, grievance, or appeal processes. Patient complaints, grievances, and appeal cases are presented to the ASH CGA Committee (with delegated authority from the Governing Body) to make a decision regarding the recommended outcome of the case. Grievances filed with allegations of physical/sexual abuse or sexual misconduct are investigated by AHCCCS, pursuant to A.A.C. R9-21-404. ACPTC resident complaints are resolved by ACPTC clinical and administrative staff and, when necessary, by ASH leadership.

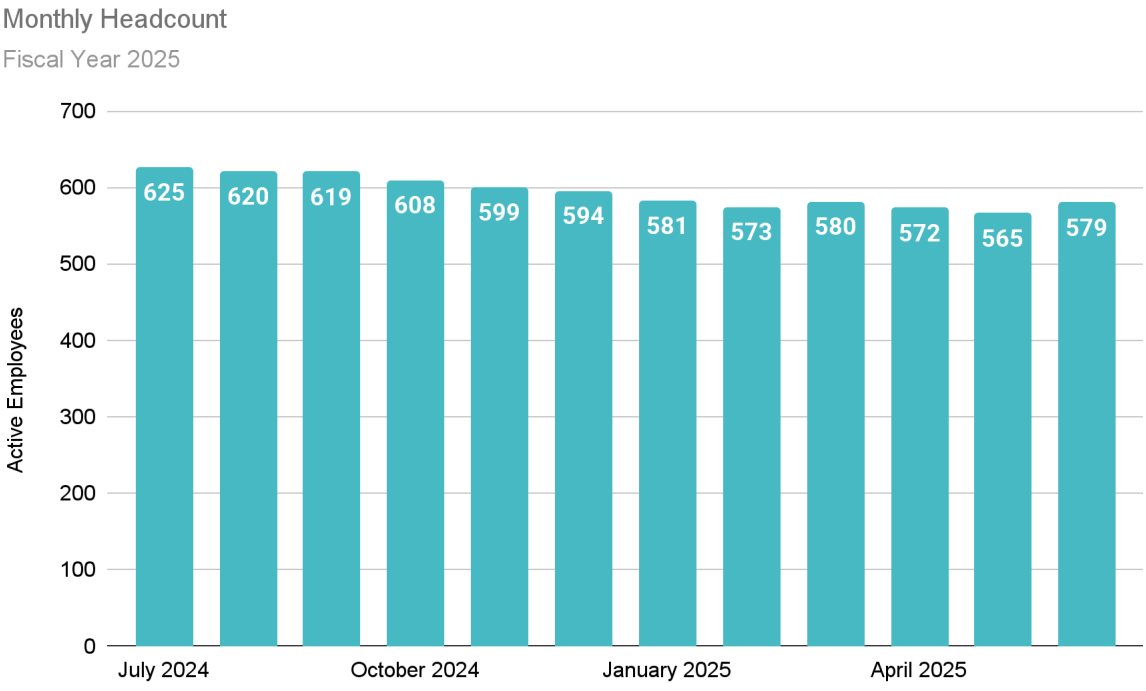
The table below details the numbers of complaints, grievances, and appeals initiated during FY2025. Similar to the previous section on assaultive behaviors, a small number of patients

account for the majority of these filings. Specifically, five (5) Civil patients accounted for 80% of all Civil complaints and two (2) Civil patients accounted for 46% of all Civil grievances; meanwhile, five (5) Forensic patients accounted for 45% of all Forensic complaints and 62% of all Forensic grievances. ***The Hospital experienced an overall 26% reduction in the number of complaints and grievances filed during FY25 compared to the prior fiscal year.***

Fiscal Year 2025 - Complaints, Grievances, and Appeals								
Campus	Complaints		Grievances		Appeals		Total Count	
	Count	Percent of Total	Count	Percent of Total	Count	Percent of Total	Total Count	Percent of Total
Civil	78	17.8%	11	2.5%	2	0.5%	91	20.8%
Forensic	157	35.9%	146	33.4%	13	3.0%	316	72.3%
ACPTC	30	6.9%	0	0.0%	0	0.0%	30	6.9%
ASH	*265*	*60.6%*	*157*	*35.9%*	*15*	*3.4%*	*437*	*100.0%*

Hospital Staffing





Updates, Initiatives, and Critical Projects

Strategic Planning: In FY2025, the Governing Body convened to develop a forward-looking Strategic Plan to guide the institution from 2026 through 2030. Using this as reference, an internal team of Subject Matter Experts (SMEs) was charged with identifying key initiatives necessary to modernize operations, enhance efficiencies and, most critically, improve the quality and safety of patient care. The resulting Plan was subsequently transmitted to the Hospital's Governing Body for review, feedback, and approval in accordance with its bylaws. The Hospital's 2026–2030 Strategic Plan establishes a comprehensive, measurable, and sustainable framework to guide future operations, firmly positioning the Hospital to lead in psychiatric care, patient safety and operational excellence in alignment with national best practices.

Academic Partnerships and Workforce Development: With the ultimate goal of attaining certification and recognition as a public teaching hospital, and in an effort to help develop and expand Arizona's healthcare workforce, during FY2025 ASH further cemented its partnerships with multiple academic institutions across the country, with an emphasis on Arizona's university and college systems. Specifically, ASH now provides clinical rotations to Psychiatric Nurse Practitioner candidates, nursing students, and internships to students pursuing degrees in healthcare administration through Arizona State University. The Hospital also supports students from the University of Arizona, Northern Arizona University, the Maricopa County Community College District, Grand Canyon University, the Arizona College of Nursing, and the Valley College of Osteopathic Medicine, among others.

Collaboration with system partners on patient admissions/discharges: The Director of Social Services, the CEO, and CMO continue to have regular meetings with appropriate high-level stakeholders, including the health plans, AHCCCS, and DDD to address the unique discharge barriers of the ASH population. These meetings have assisted in reducing the discharge wait times for those that are deemed discharge ready as well as contributing to a more collaborative approach to the admission process. ASH will continue with these coordination efforts going forward.

Orientation and Training: In FY 2025, the Hospital strengthened workforce readiness and safety by revamping its Orientation and Training programs. New Employee Orientation (NEO) was redesigned to deliver focused, meaningful training that better prepared staff for their roles. Streamlined content allowed NEO to be condensed from seven (7) days to five (5), creating more time for direct care staff to shadow preceptors and gain practical, unit-based experience. The Hospital also integrated Trauma-Informed Care (TIC) principles into NEO and Non-Violent Crisis Intervention (NVCI) recertifications, enhancing staff competence in verbal de-escalation and patient-centered care. With this renewed commitment to robust education and training, the Hospital expanded simulation–based and unit-specific learning. **Mock drills and targeted education increased by 56% from FY 2024, 77 additional training opportunities that strengthened staff preparedness and reinforced the Hospital's culture of safety.**

Assault Reduction Initiatives: The Hospital implemented the Dynamic Appraisal of Situational Aggression (DASA) in FY 2024 as a standardized evidence-based tool to support early identification of patient risk factors associated with assaultive behavior. DASA provides a brief, evidence-informed assessment that helps staff recognize emerging signs of aggression, allowing for timely intervention and improved safety for both patients and staff. Since its implementation, the Hospital has continued to explore opportunities to more fully integrate DASA into daily clinical practice, with a focus on using the tool proactively to prevent incidents before they occur. In FY 2025, the Hospital expanded this effort by sending 20 staff members, including nursing, psychology, social services, rehabilitation services, and medical, to a comprehensive DASA training. These individuals will form a multidisciplinary workgroup tasked with evaluating and enhancing the Hospital's current DASA training program. The goal of this initiative is to strengthen staff competency, embed DASA more meaningfully into treatment planning, and ensure the tool is consistently leveraged to guide individualized interventions that support patient and staff safety, and therapeutic progress.

Launch of the *Zero Harm* Dashboard: In FY 2025, the Hospital recommitted itself to the goal of *zero harm* and launched the *Zero Harm* Dashboard, a key initiative designed to strengthen transparency, enhance situational awareness, and reinforce our commitment to a culture of safety. Displayed on monitors in staff-facing areas across all campuses, the dashboard provides real-time tracking of the four (4) high-risk incident types identified by the Hospital's Quality Council, including assaults, falls, self-injurious behaviors, and seclusion and restraint (S&R) events. The dashboard also highlights progress towards corresponding KPIs, enabling teams to monitor performance and compare unit-level outcomes across the Hospital. By openly sharing safety data, the Hospital promotes shared accountability and empowers staff at every level to participate in risk-reduction efforts. When teams can clearly see trends, risks, and improvements in real time, they are better equipped to recognize success, identify gaps, and take timely, proactive steps that prevent harm.

Fall Reduction Initiatives: In FY 2025, the Hospital advanced several strategic initiatives to reduce patient falls and strengthen a culture of safety across all campuses. These efforts focused on improving staff awareness, enhancing clinical practices, and expanding multidisciplinary engagement. Key initiatives included monthly staff education on fall prevention, the implementation of yellow high-risk wristbands to improve rapid visual identification, and the integration of fall-risk factors into individualized treatment plans to ensure prevention strategies are embedded into daily care. To support accountability and continuous improvement, the Hospital implemented fall-risk documentation audits and expanded the Falls Committee to include additional direct-care staff whose front-line insights help refine interventions. **These efforts yielded significant results: falls decreased by 24.1% in FY 2025 compared to FY 2024, representing 39 fewer fall events.**

Seclusion and Restraint (S&R) Reduction Initiatives: In FY 2025, the Hospital made meaningful progress in reducing the use of S&R interventions through the intentional integration of Trauma-Informed Care (TIC) principles into day-to-day practice. Recognizing that S&R events can be retraumatizing for patients and can undermine therapeutic engagement, the Hospital prioritized strategies that emphasize prevention, de-escalation, and patient-centered approaches to care. A major component of this effort was the incorporation of TIC principles into Nonviolent Crisis Intervention (NVCI) training. By embedding trauma-informed communication, emotional regulation techniques, and patient engagement strategies directly into NVCI curriculum, staff were equipped with enhanced tools to verbally de-esculate challenging situations before they escalated to the level of S&R. While S&R are still used when necessary to ensure patient and staff safety, **this coordinated initiative had a significant impact on S&R utilization, which decreased by 28.7% in FY 2025 compared to FY 2024, representing 188 fewer S&R events.**

Data Visualization: The Hospital continues to modernize its data reporting and visualization capabilities. Most notably, ASH has utilized Tableau to create public facing dashboards on its website. ASH is currently developing similar dashboards specific to the Arizona Community Protection and Treatment Center (ACPTC) that can further the initiative for increased transparency for this population.

SonoraQuest Lab Integration: In FY2023, ASH indicated that they were in process of working with their electronic health record (EHR) vendor and SonoraQuest Lab to create a back-end integration that would deliver results and lab orders into the EHR. Despite software limitations, ASH continues to coordinate these efforts and plans to continue to pursue this advancement in the future.

Capital Projects: During FY2025, ASH completed the campus-wide replacement of its video surveillance system, marking the culmination of a multiyear project.

Independent Complaints and Grievance Oversight: In FY2025, the Arizona Department of Administration (ADOA) employed an independent ombudsman to monitor and appraise the Hospital's process for investigating complaints and grievances received from Civil and Forensic patients. The ombudsman conducted regular audits to assess the timelines, documentation quality, resolution appropriateness, and communication standards of complaint and grievance cases. Based on audit findings and highlights provided by ADOA, ASH reviewed internal procedures and implemented feedback to standardize case file documentation to bridge identified gaps and support appropriateness and timeliness of investigations according to Hospital policy and regulatory requirements.

Psychiatric Center of Excellence: In FY2025 the Hospital continued to develop partnerships with the community to expand our role in the system of care and further evolve into a Psychiatric Center of Excellence. Most notably, a new transitional shelter for adults with a Serious Mental Illness who have experienced periods of chronic homelessness was erected on the southwest corner of the Hospital's grounds and will be independently operated by COPA Health beginning in early 2026.

WPSHA

Established in 1989, the Western Psychiatric State Hospital Association (WPSHA) supports state hospitals in enhancing mental health treatment, administration, standards, and system performance. The association is dedicated to promoting high-quality services for individuals with a serious mental illness. WPSHA members collaborate on policy, operational efficiencies, and critical service-delivery issues within state psychiatric hospitals. The organization is recognized for its robust benchmarking system which promotes uniform, reliable, data-driven decisions regarding quality care and best practice treatment modalities.

Annual conferences and various committees allow for sustained collaboration, providing opportunities to learn from and support each other leading to improvements in many areas such as patient and staff safety, clinical outcomes, technology development, staff education, recruitment and retention strategies. As a founding member of WPSHA, Arizona plays a vital role in ensuring the organization's success and growth, and the Chief Executive Officer of the Arizona State Hospital serves as WPSHA's President.

Now considered the model for interstate partnership, WPSHA has expanded well beyond its original regional framework and currently comprises 33 individual hospitals from 18 respective states - recent additions include facilities in Nebraska, West Virginia and Kansas, with Michigan and Ohio also expressing interest in future cooperative agreements.

Because of significant variations among the member states with respect to populations served, overall capacity, rules, regulations and legal commitment procedures, direct comparisons between any two hospitals would be inappropriate. As such, the following tables summarize key performance indicators for the WPSHA peer facilities, providing a comparative view of the Arizona State Hospital and the organization's aggregate performance.[5]

[5] Because it is not recognized as a psychiatric hospital, Arizona Community Protection and Treatment Center (ACPTC) data is not submitted to WPSHA.

Western Psychiatric State Hospital Association (WPSHA) State Fiscal Year 2025 Data Comparison				
Metric	**WPSHA High**	**WPSHA Low**	**WPSHA Median**	**Arizona State Hospital**
Starting Salary - Psychiatrist*	$344,000	$65,000	$242,000	**$226,000**
Starting Salary - Psychiatric NP*	$188,000	$75,000	$124,000	**$148,000**
Starting Salary - PCP*	$237,000	$122,000	$229,000	**$195,000**
Starting Salary - Registered Nurse*	$119,000	$49,000	$76,000	**$71,000**
Starting Salary - BHT*	$66,000	$23,000	$42,000	**$35,000**
Starting Salary - Psychologists*	$139,000	$36,000	$96,000	**$86,000**
Starting Salary - Social Workers*	$94,000	$35,000	$67,000	**$65,000**
Starting Salary - Occ.Therapists*	$96,000	$23,000	$65,000	**$65,000**
Starting Salary - Rec. Therapists*	$93,000	$29,000	$54,000	**$48,000**
Assaults per 1,000 Patient Days (Patient to Patient)	16.07	0.33	1.83	**3.7**
Assaults per 1,000 Patient Days (Patient to Staff)	23.56	0.21	2.16	**2.6**
Physical Holds per 1,000 Patient Days	22.73	0.81	4.51	**4.24**
Mechanical Holds per 1,000 Patient Days	33.69	0.18	2.8	**2.13**
Seclusion Events per 1,000 Patient Days	22.79	0.02	2.44	**2.89**
Total Staff Injuries	440	1	70	**18**
Staff Injuries per 1,000 Patient Days	3.2	0.13	0.69	**0.21**
Unique Patients Served - Civil	720	14	218	**142**
Unique Patients Served - NGRI / GEI	500	1	64	**145**
Unique Patients Served - RTC	1708	7	264	**7**
Average Daily Occupancy Rate (All Patient Types)	99%	41%	90%	**91%**
Staffed Beds per 100,000 State Residents	26.21	3.43	12.29	**3.43**
Direct Care FTE per Staffed Bed	3.35	0.91	1.58	**1.57**

Western Psychiatric State Hospital Association (WPSHA) State Fiscal Year 2025 Data Comparison				
Metric	**WPSHA High**	**WPSHA Low**	**WPSHA Median**	**Arizona State Hospital**
Average Length of Stay - Civil (Days)	956	22	221	**956**
Average Length of Stay - NGRI/GEI (Days)	2,948	19	289	**832**
Average Length of Stay - RTC (Days)	248	56	125	**168**
Average Daily Cost per Staffed Bed (All Patient Types)**	$1,986	$638	$1,004	**$831**
Vacancy Rate - Psychiatrist***	67%	0%	20%	**20%**
Vacancy Rate - Psychiatric NP***	100%	0%	0%	**0%**
Vacancy Rate - PCP***	100%	0%	7%	**0%**
Vacancy Rate - Registered Nurse***	57%	0%	11%	**16%**
Vacancy Rate - BHT***	100%	0%	20%	**20%**
Vacancy Rate - Psychologists***	100%	0%	32%	**11%**
Vacancy Rate - Social Workers***	63%	0%	19%	**0%**
Vacancy Rate - Occ. Therapists***	100%	0%	20%	**20%**
Vacancy Rate - Rec. Therapists***	100%	0%	14%	**0%**
Annualized Staff Turnover Rate	34%	0%	15%	**30%**
Discharge Ready Patients***	129	2	12	**6**
*** Salary data adjusted for the Cost of Living Index (COLI) of the city each Hospital is located**				
**** Average Daily Bed Cost is calculated by dividing the facility's annual operating budget by its total bed capacity, multiplied by 365**				
***** Snapshot as of June 30, 2025**				

Appropriated Expenses - Budget Fiscal Year 2025

ASH Operating	**Appropriated Budget**	**Expenses**	**Surplus/Shortfall***
Personal Services	$40,042,256	$40,019,186	$23,070
Employee Related Expenditures	$15,420,642	$15,377,379	$43,263
Professional & Outside Services	$9,647,080	$8,607,466	$1,039,614
Travel - In State	$141,929	$80,665	$61,264
Food	$4,103,312	$2,622,416	$1,480,896
Other Operating Expenditures	$9,923,034	$7,770,535	$2,152,499
Capital Equipment	$11,264	0	$11,264
Non-Capital Equipment	$55,596	$54,345	$1,250
Transfers Out	$2,865,905	$1,944,110	$921,795
Total ASH Operating:	**$82,211,017**	**$76,476,101**	**$5,734,916**

Sexually Violent Persons Operating	**Appropriated Budget**	**Expenses**	**Surplus/Shortfall**
Personal Services	$6,088,693	$6,015,169	$73,524
Employee Related Expenditures	$2,570,530	$2,514,242	$56,288
Professional & Outside Services	$1,885,486	$1,546,399	$339,087
Travel - In State	$75,500	$58,503	$16,997
Food	$1,291,004	$1,063,275	$227,729
Other Operating Expenditures	$1,055,687	$705,416	$350,271
Total SVP Operating:	**$12,966,900**	**$11,903,004**	**$1,063,896**

Restoration to Competency Operating	**Appropriated Budget**	**Expenses**	**Surplus/Shortfall**
Professional & Outside Services	$900,000	$603,673	$296,327
Total RTC Operating:	**$900,000**	**$603,673**	**$296,327**

**Surplus in ASH Operating is primarily due to Supplemental Appropriation on the ASH Land Fund of 3.3M that was not utilized. In addition, another 1.5M in appropriation authority was not able to be utilized in the ASH Fund due to cash flow issues.*

Non-Appropriated Expenses Budget Fiscal Year 2025

Fund Description	BFY 2025 Expenses
DHS Donations	$48,245
ASH Charitable Trust Fund	$186,978
IGA/ISA Fund	$248,090
Total Non-Appropriated Expenses	$483,313

ASH Revenue Fiscal Year 2025

Fund Description	FY 2025 Revenue
ASH Fund	$1,229,956
ASH Land Fund	3,332,559
DHS Donations	$162,899
ASH Charitable Trust Fund	$169,000
IGA/ISA Fund	$866,997
Total ASH Revenue:	**$5,761,411**