ARIZONA DEPARTMENT OF HEALTH SERVICES

ARIZONA STATE HOSPITAL

ANNUAL REPORT

STATE FISCAL YEAR 2021

Douglas A. Ducey, Governor

Don Herrington, Interim Director
Arizona Department of Health Services

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Arizona Department of Health Services
Arizona State Hospital

Submitted pursuant to A.R.S. § 36-217

Contents

Vision & Mission Statements

The Arizona Department of Health Services (ADHS) is the state agency responsible for assessing and assuring the health of all Arizonans through education, intervention, prevention and delivery of public health services. The operation of the Arizona State Hospital is maintained by ADHS, with the ADHS Director providing direct oversight.

The Governing Body of the Arizona State Hospital is legally responsible[1] for the conduct of the Hospital and fulfills specific functions, as outlined in the Centers for Medicare and Medicaid (CMS) regulations, The Joint Commission accreditation standards and state licensing rules. Governing Body membership is composed of ADHS representatives and community representatives, as specified in the Governing Body Bylaws.

The Arizona Department of Health Services has the following Vision and Mission Statements:

- **Vision:** Health and Wellness for all Arizonans
- **Mission:** To promote, protect, and improve the health and wellness of individuals and communities in Arizona.

The Arizona State Hospital has the following Vision and Mission Statements:

- **Vision:** Quality, Compassion, and Excellence in the Provision of Psychiatric Care
- **Mission:** Provide evidence-based, recovery-oriented, and trauma-informed care to the individuals receiving care at the Arizona State Hospital in order to facilitate their successful transition to the least restrictive alternative possible.

Arizona State Hospital (ASH) Leadership

ASH leadership is responsible for the care, treatment and services that are provided to Civil and Forensic hospital patients and Arizona Community Protection and Treatment Center (ACPTC) residents. The Chief Executive Officer reports to the Director of ADHS and provides direct supervision to other members of the Executive Management Team (EMT; listed below).

- Aaron Bowen, Psy.D., Chief Executive Officer
- Katharine N. Woods, M.S., D.O., Chief Medical Officer
- Michael Sheldon, M.P.A., Chief Operating Officer
- Nancy Regan, B.S.N., M.B.A., R.N., Chief Nursing Officer
- Lisa Wynn, B.S., CPHQ, Chief Quality Officer
- Margaret McLaughlin, M.S., CHC, Chief Compliance Officer
- Shanda Payne, L.M.S.W, ACPTC Director
- Levada Coker, C.P.M., Human Resources Assistant Chief
- William Bugbee, Chief Security Officer
- Ryan Rodney, C.P.A., Chief Financial Officer
- Joseph Dick, Senior Project Manager

[1] The Governing Body does not represent the Arizona State Hospital in legal matters, but may consult with the Hospital's designated legal counsel when determined necessary to do so.

The following leadership responsibilities outlined by The Joint Commission characterize common goals:

- A culture that fosters safety as a priority for everyone who works in the hospital
- The planning and provision of services that meet the needs of patients
- The availability of resources—human, financial, and physical—for providing care, treatment, and services
- The recruitment and retention of competent staff and other care providers
- Ongoing evaluation of and improvement in performance (*The Joint Commission, Comprehensive Hospital Accreditation Manual, Leadership (LD) Chapter*)

The Chief Executive Officer (CEO) functions as the "superintendent" of the State Hospital by supervising and directing the activities of the Hospital and carrying out the purposes for which the Hospital is maintained (see A.R.S. § 36-206).

The Chief Medical Officer (CMO) is responsible for the clinical administration of the hospital pursuant to A.R.S. § 36-205, and directly manages psychiatric providers; medical providers, laboratory services, and pharmacy services; psychology, social work, and rehabilitation services, such as occupational therapy, recreational therapy and psychosocial rehabilitation.

The Chief Operating Officer (COO) is responsible for managing financial and administrative support services, vendor management, facilities, dietary services, the environment of care, oversight of the Hospital's Safety Officer and management of environmental and housekeeping services.

The Chief Nursing Officer (CNO) oversees and assures the provision of quality psychiatric and medical nursing services for patients and coordination of nursing care based on individual patient needs. In addition, the CNO oversees the Hospital's Training and Education Department and the Specialty Clinic, which includes infection prevention and control, employee health, dental services, patient transportation services, and contracted podiatry services.

The Chief Quality Officer (CQO) is responsible for providing oversight to the Hospital's Patient Rights Advocate and maintaining the hospital-wide quality management program including: quality assurance and performance improvement activities, data analytics, and incident reporting.

The Chief Compliance Officer (CCO) is responsible for monitoring hospital-wide compliance with the Centers for Medicaid and Medicare (CMS) Services regulations, Arizona State Rules and The Joint Commission accreditation standards; development of policies and procedures; managing patient complaints, grievances and appeals; and overseeing the ASH Health Records department.

The Director of ACPTC is responsible for managing the day-to-day clinical and administrative operations for the Sexually Violent Persons Program.

The Human Resources Assistant Chief is responsible for compensation and benefits, employee relations, recruitment and retention, and employee-related special investigations.

The Chief Security Officer (CSO) is responsible for overall monitoring and safety duties of the hospital, and monitoring the functionality of the hospital's phone and video surveillance systems.

The Chief Financial Officer (CFO) is responsible for tracking the Hospital's budget and coordinating with program areas to monitor and manage the budget within those respective areas.

The Health IT Architect/Senior Project Manager is responsible for managing Hospital electronic systems/operations, providing technical support in coordination with ADHS ITS staff, interfacing with electronic health records and other Hospital system vendors, and monitoring Hospital compliance with data collection, storage and reporting requirements.

ASH Licensed Facilities

The Arizona State Hospital (ASH) consists of three separately licensed healthcare facilities located on a 93-acre campus at 24th Street and Van Buren in Phoenix, Arizona. The facilities include the Civil and Forensic hospitals, each licensed as a *Special Hospital* (A.A.C. R9-10-101.216), and the Arizona Community Protection and Treatment Center (ACPTC), which is licensed as a *Behavioral Health Specialized Transitional Facility* (ACPTC is the only *Behavioral Health Specialized Transitional Facility* in operation in Arizona).

The Arizona State Hospital serves all counties within the state of Arizona and tribal communities. Treatment at ASH is considered "the highest and most restrictive" level of care in the state. Patients are admitted as a result of an inability to be treated in a community facility or due to their legal status.

The Civil Hospital operates in accordance with requirements outlined in the CMS Hospital Conditions of Participation (CoPs), The Joint Commission Hospital Accreditation Program (HAP) standards and healthcare institution (HCI) state licensing rules. The Civil Hospital is an institution for mental disease (IMD; see 42 CFR Ch. IV § 435.1010), and as such, Title XIX funding is not provided for inpatient psychiatric services beyond 15 days of a patient's (between the ages of 21-64) admission. However, Civil Hospital patients retain medical benefits and enrollment in Medicaid/Arizona Health Care Cost Containment System (AHCCCS) health plans. Hospital staff coordinate care with outpatient treatment teams to optimize medical and behavioral health care, with the goal of recovery and successful discharge into a community setting. The Civil Hospital is licensed to operate 116 beds.

The Forensic Hospital is accredited by The Joint Commission and operates as a hospital in accordance with HCI licensing rules. Forensic patients determined to have a serious mental illness (SMI) remain enrolled with AHCCCS health plans, but are ineligible for Title XIX funding of medical benefits while admitted to the Forensic Hospital. Forensic patients receive services at the Hospital under a criminal court order for treatment and are under the jurisdiction of the Psychiatric Services Review Board (PSRB). Release of Forensic patients to the community is coordinated with the PSRB and a patient's AHCCCS health plan. The Forensic Hospital is licensed to operate 143 beds.

The ACPTC facility meets requirements outlined in HCI state licensing rules, and the ASH CEO functions as the governing authority. Each resident of ACPTC is under court order for treatment as a *sexually violent person* (see A.R.S. § 36-3701(7)). The ACPTC facility is licensed to operate 100 beds.

ASH Services

Services provided at ASH are outlined in the Scope of Services posted online at https://azdhs.gov/documents/az-state-hospital/about/scope-of-services.pdf for the Civil and Forensic hospitals and at https://azdhs.gov/az-state-hospital/index.php#acptc-services for ACPTC.

Certain services are provided under contract, including pharmacy services (Cardinal Healthcare), dietary services (Morrison), and environmental cleaning and clean linen services (Crothall). ASH also utilizes available contracts for registry staffing services, primarily for Behavioral Health Technicians (BHTs).

The Arizona Department of Health Services has an intergovernmental agreement (IGA) with Valleywise Healthcare for emergency medical services and other medical/diagnostic services provided to ASH patients and residents.

ASH Patient Populations and Programs

ASH maintains population-based programs for each facility. Within each facility, patients are housed separately in accordance with legal, treatment and/or safety needs.

The Civil Adult Rehabilitation Program consists of six (6) treatment units specializing in providing services to adults who are civilly committed (pursuant to A.R.S. § 36-201 through 36-217) as a danger to self (DTS), danger to others (DTO), gravely disabled (GD) and/or persistently and acutely disabled (PAD), who have completed a mandatory 25 days of treatment in a community inpatient setting prior to admission. Medical beds are also available.

Forensic patients are court-ordered for pre- or post-trial treatment as a result of involvement with the criminal justice system due to a mental health issue.

The Forensic Adult Program consists of seven (7) treatment units specializing in providing services to adults who are under court-ordered commitments through a criminal process, for either:

- *Pre-Trial Restoration to Competency Program ("RTC")*: These patients are currently housed in one unit, which provides 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 six (6) separate units. One of these units is the Community Reintegration Unit (CRU), a free-standing building in which patients toward the end of their treatment/sentence receive care in a less structured setting as they prepare for discharge.

Arizona Community Protection and Treatment Center (ACPTC)
The Arizona Community Protection and Treatment Center (ACPTC) is located on the same grounds as ASH. The ACPTC is a statutorily mandated program (ARS §36-3701 - §36-3717). ACPTC provides care, supervision and treatment for those persons court-ordered into the program while protecting the community from sexually violent offenders. There are several types of residents at ACPTC:

- *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.

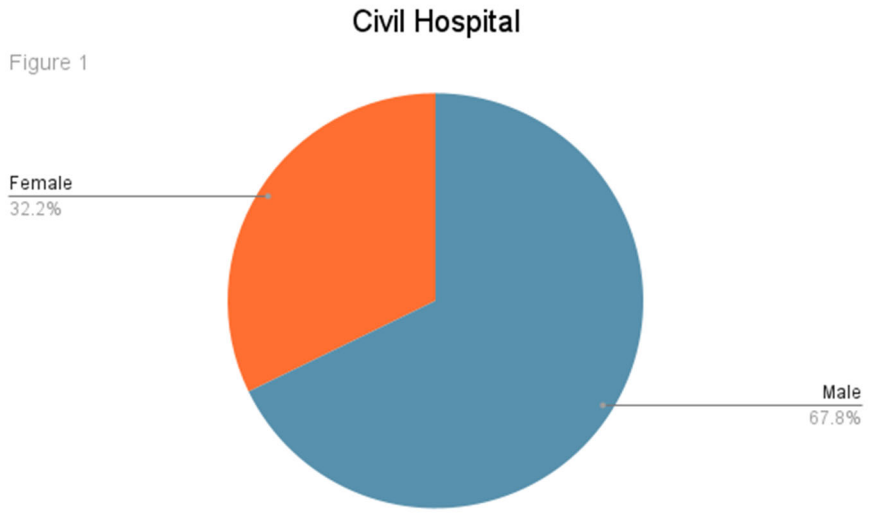
- *Less Restrictive Alternative (LRA)*: "Less restrictive alternative" means court ordered treatment in a setting that is less restrictive than total confinement and that is conducted in a setting approved by the CEO of ASH. LRA residents are conditionally released to begin community reintegration activities. 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.

ASH Patient Demographics

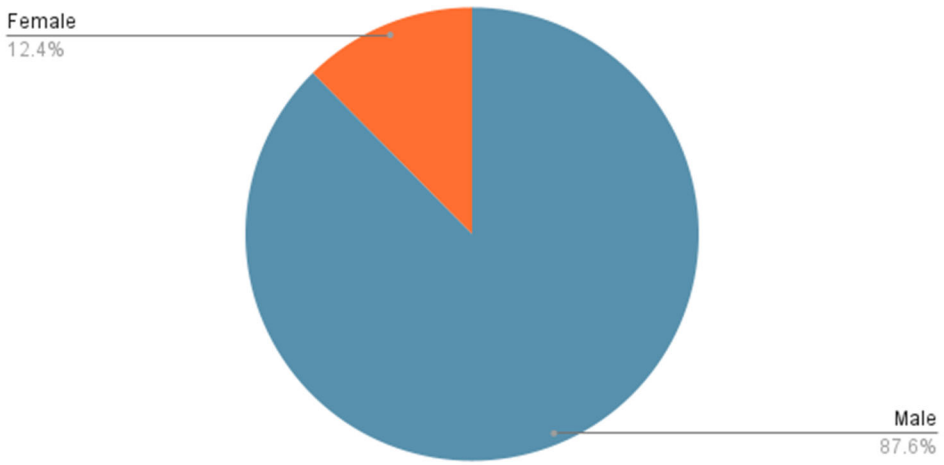
Data presented below is included in this report pursuant to A.R.S. § 36-217(A)(2) and reflects the status of individuals treated during FY 2021. Due to the low number of patients represented in certain demographic categories, the data is presented in an aggregate format to protect confidential patient information.

Gender by Facility



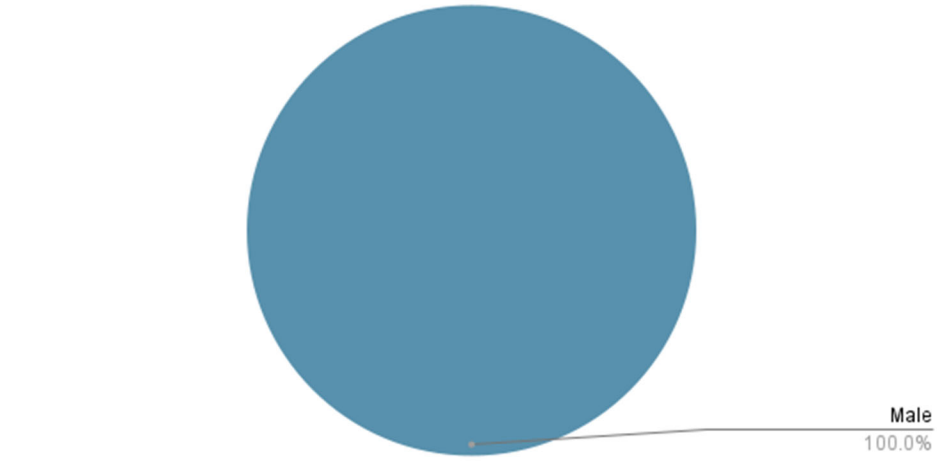
Forensic Hospital

Figure 2



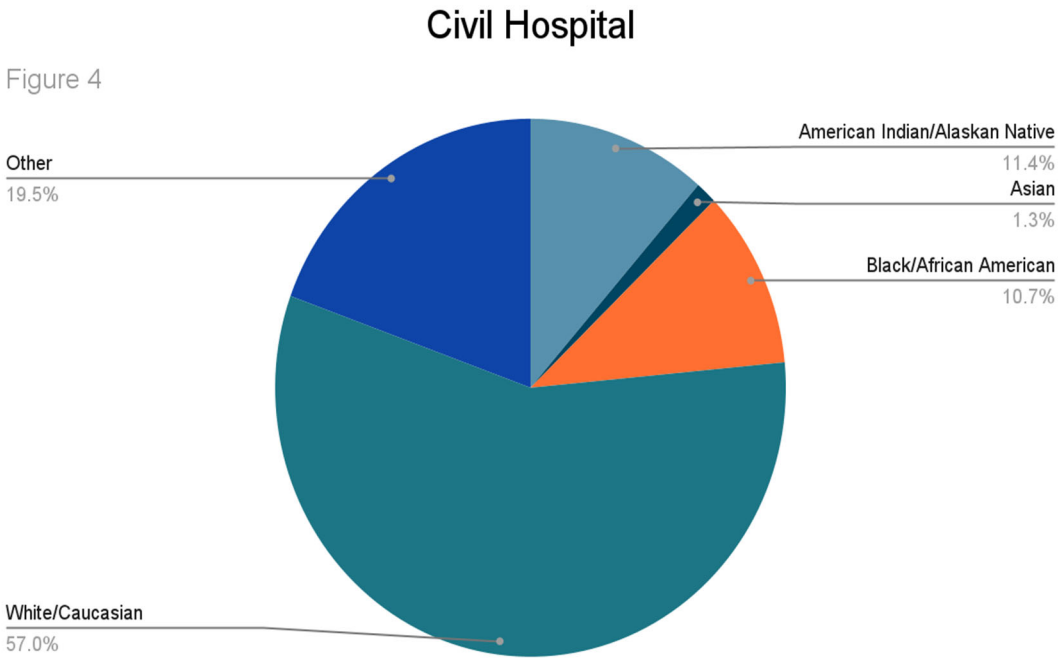
ACPTC

Figure 3

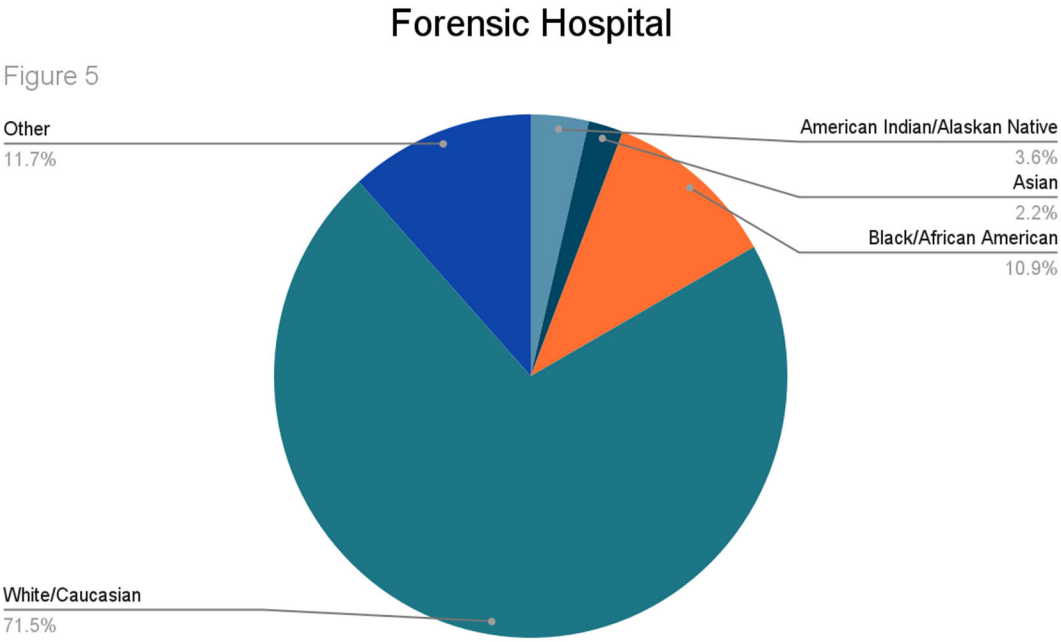


Race

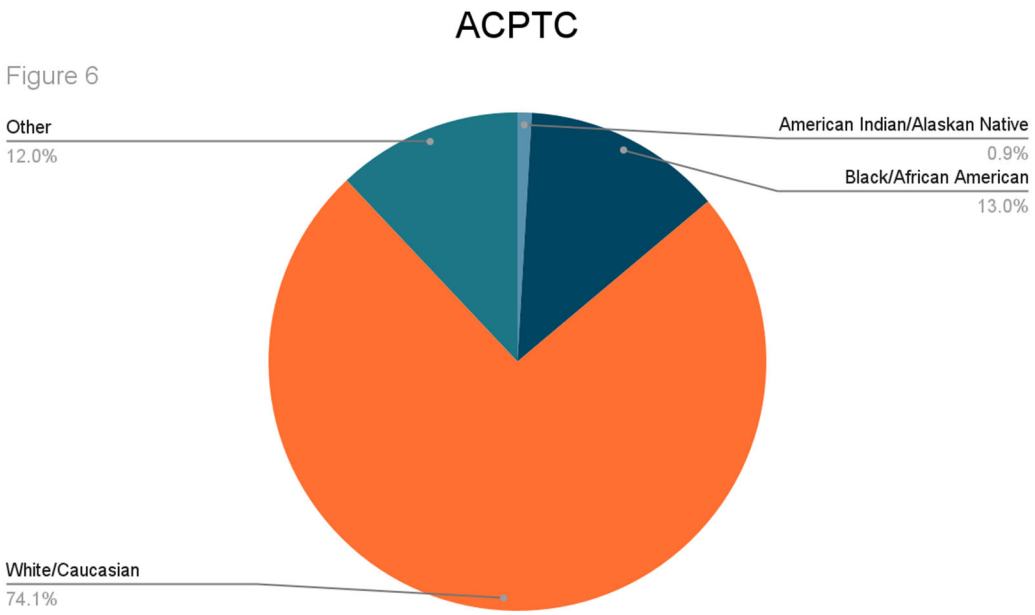
Patients self-identify their race within the following categories: American Indian/Alaskan Native, Asian, Black/African American, White/Caucasian, or Other. The following chart represents the breakdown of race among Civil patients. With regard to ethnicity, 19% of Civil patients self-identify as Hispanic.



Twelve percent (12%) of Forensic patients self-identify as Hispanic. The following chart represents the breakdown of race among Forensic patients.

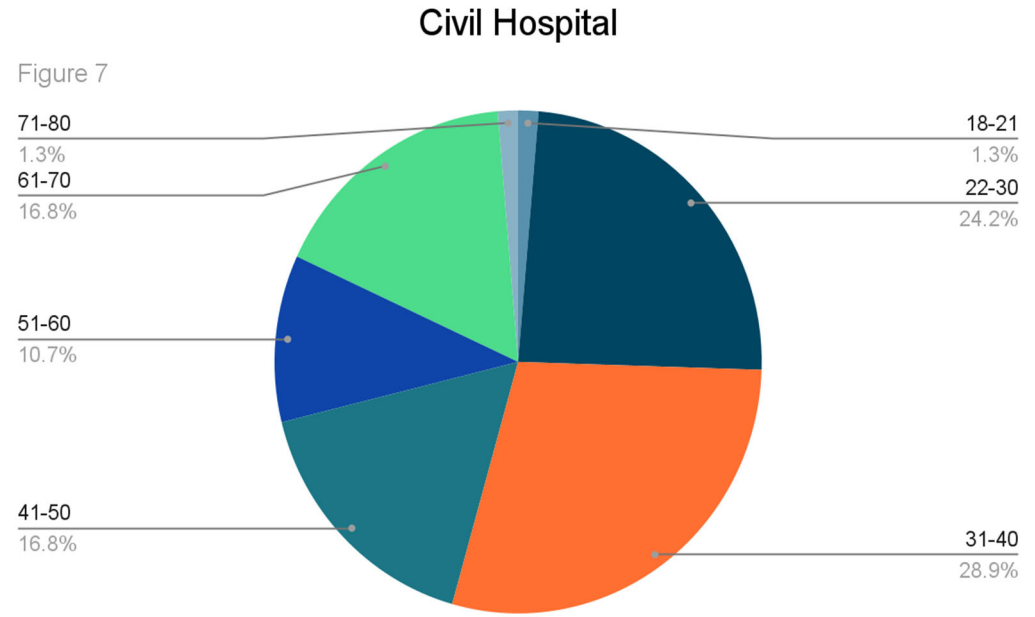


Eleven percent (11%) of ACPTC residents self-identify as Hispanic. The following chart represents the breakdown of race among ACPTC residents.



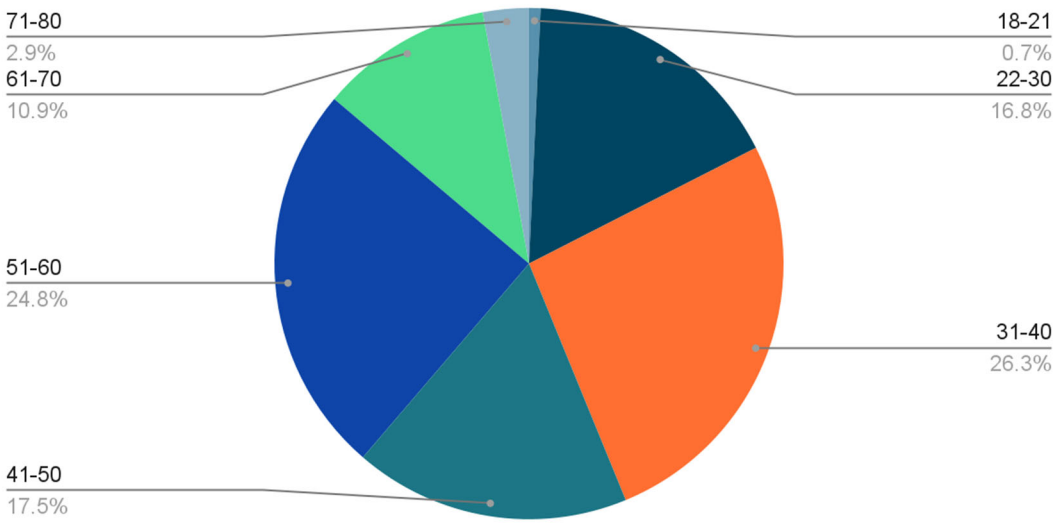
Age

The Arizona State Hospital serves individuals age 18 and older. The following charts represent patient and resident ages, within the following age ranges: 18-21, 22-30, 31-40, 41-50, 51-60, 61-70, and 71-80. While the majority of Civil and Forensic patients are in the 31-40 age range, the majority of ACPTC residents are in the 51-60 age range. The average length of stay for ACPTC residents is longer than the average length of stay for Civil and Forensic patients, and this data represents an aging population within the ACPTC facility. Subsequently, ACPTC residents are requiring more medical care services.



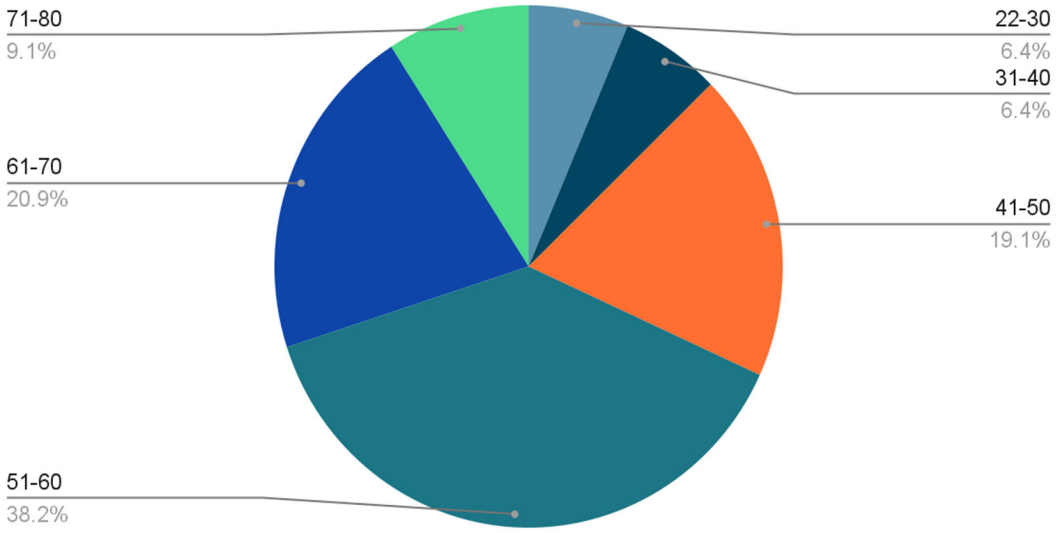
Forensic Hospital

Figure 8



ACPTC

Figure 9

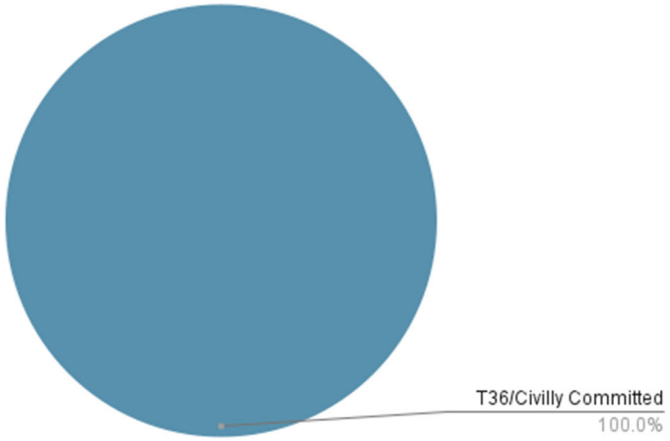


Legal Status/Program Type

The Civil and Forensic hospital patients' legal status, as well as the legal status of ACPTC residents, primarily determines the program type. Under very limited circumstances, a patient under civil commitment may be placed at the Forensic Hospital, and in this circumstance, the patient's physical location changes (i.e., discharge from Civil Hospital and admission to the Forensic Hospital), but the patient's program remains the same.

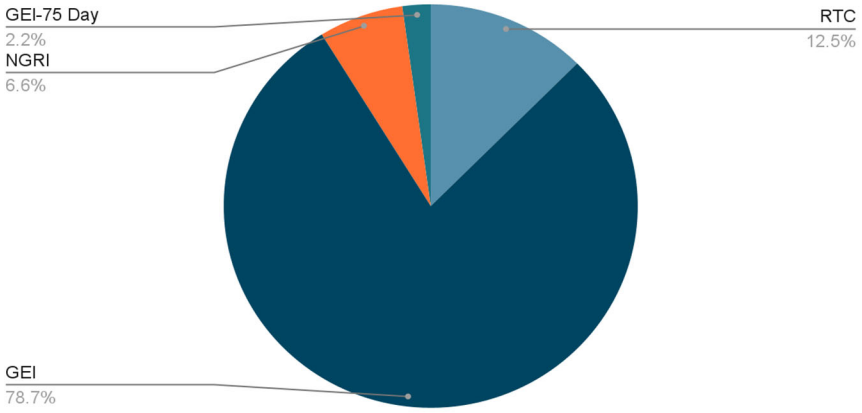
Civil Hospital

Figure 10



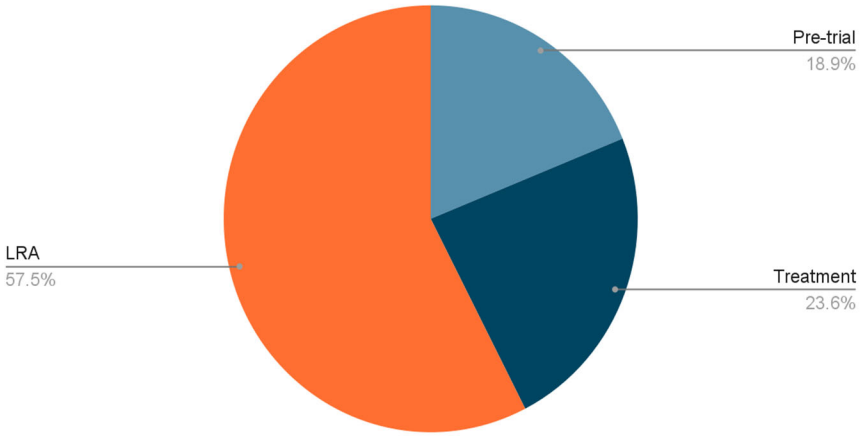
Forensic Hospital

Figure 11



ACPTC

Figure 12

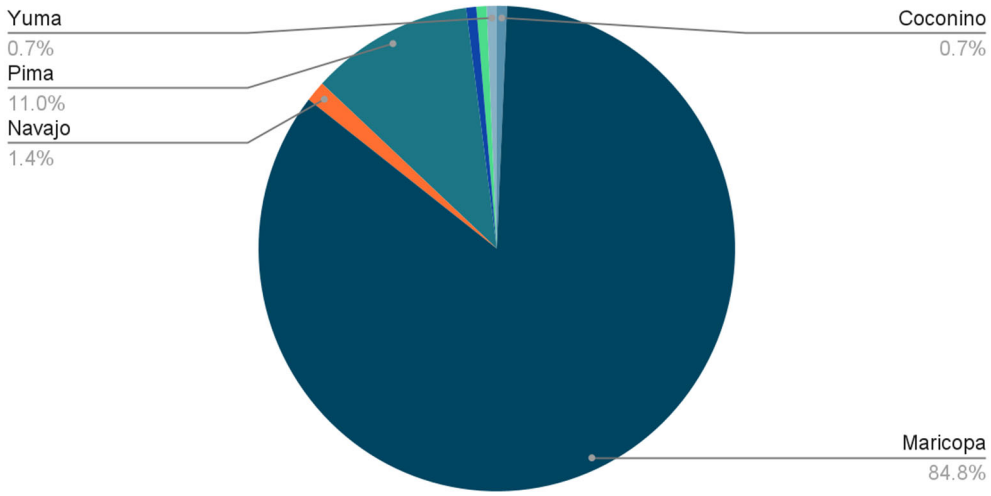


County of origin

The following data represents the county where the patient or resident was located prior to admission to ASH or County of commitment, but not necessarily the county of residence. The 55-bed limitation for Maricopa County residents applies to Civil Hospital admissions, in accordance with the Arnold v. Sarn Exit Stipulation. The bed limit is managed according to a patient's county of residence. The remaining Civil Hospital beds are used for other Arizona counties and tribal communities with limited behavioral health service resources.

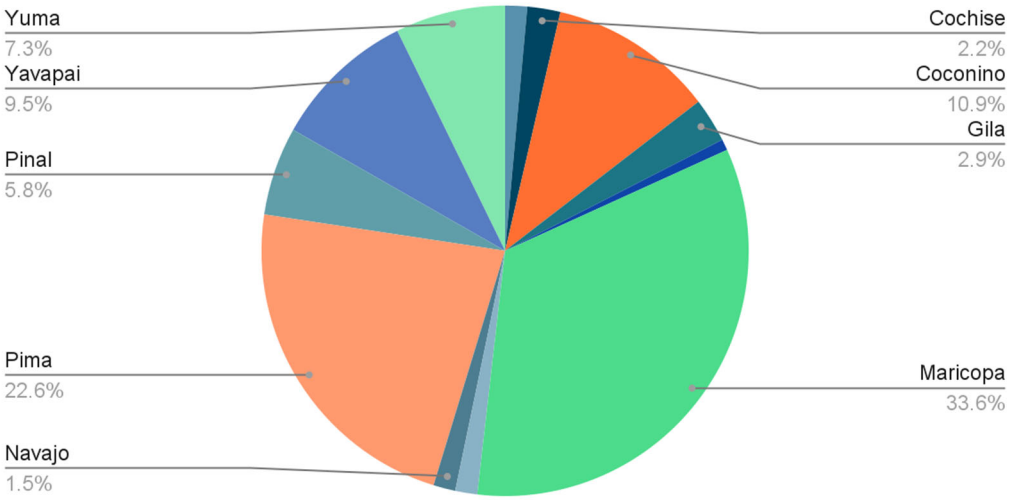
Civil Hospital - County of Origin

Figure 13



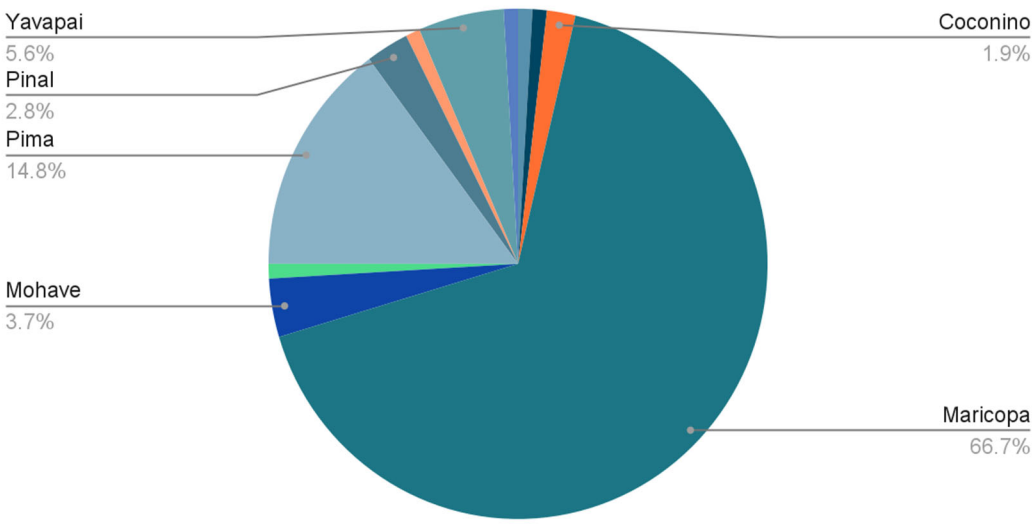
Forensic Hospital - County of Origin

Figure 14



ACPTC - County of Origin

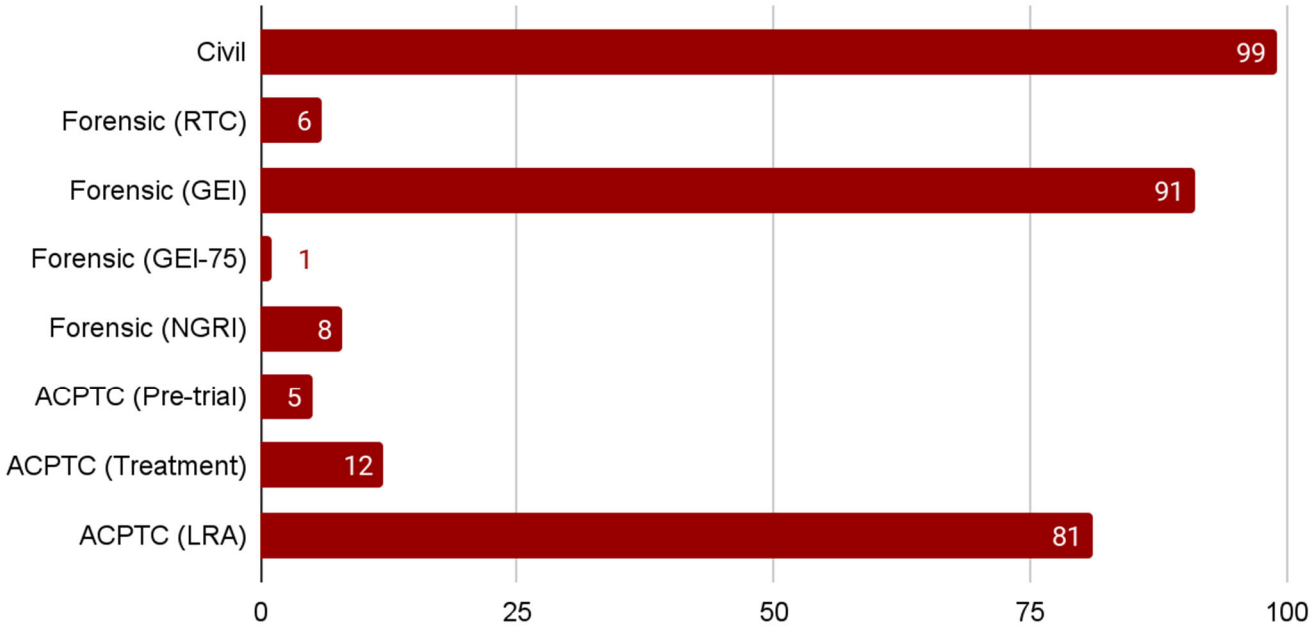
Figure 15



Census by unit

Average Daily Census by Program

Figure 16

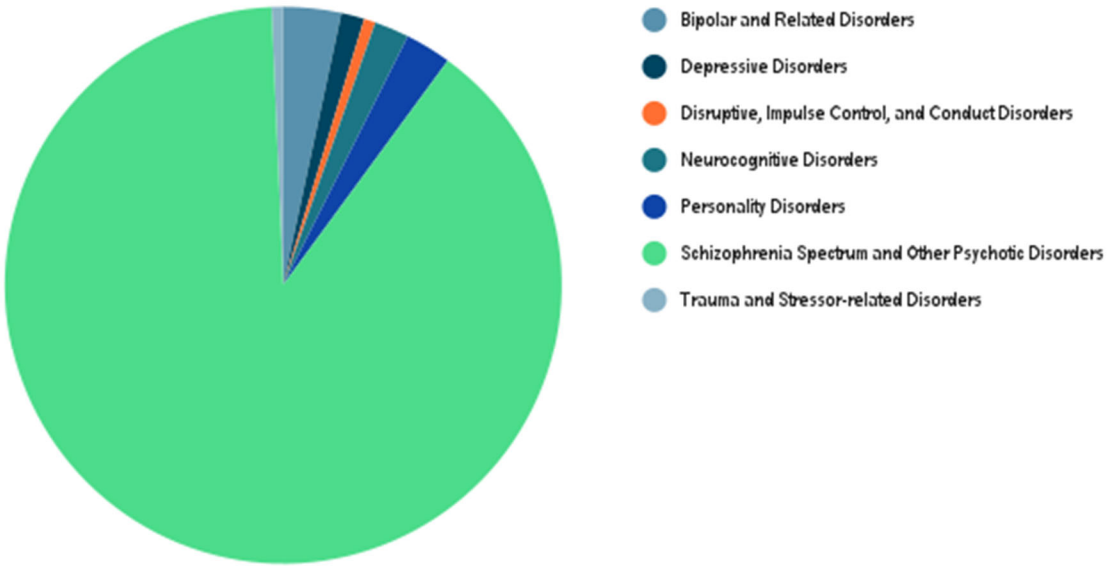


Primary diagnosis of each by category

The following data represents the primary diagnosis of current ASH patients and residents. Of note, the primary diagnosis may not be the same as the admission diagnosis.

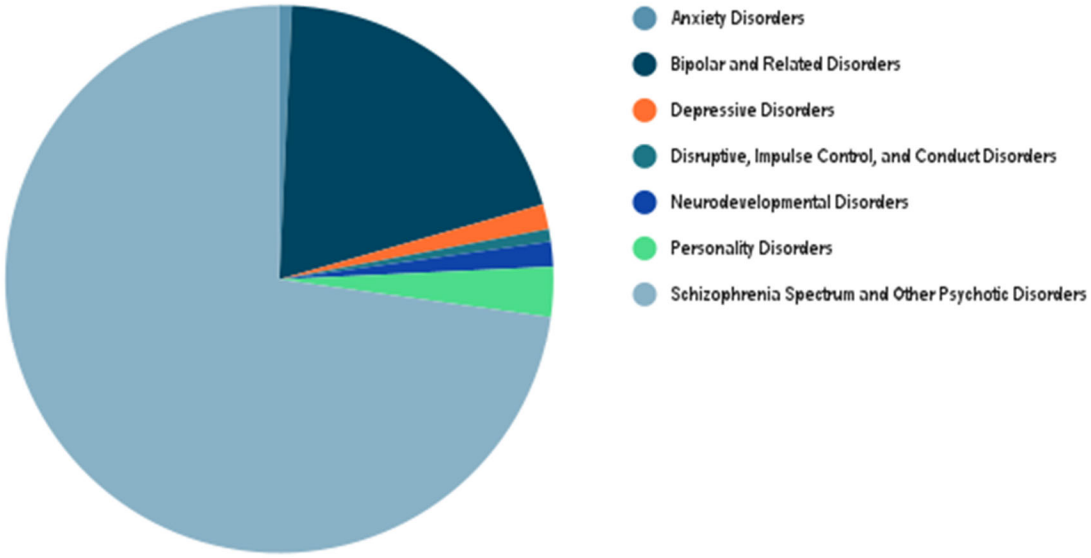
Civil Patient Primary Diagnosis by Diagnostic Category

Figure 17



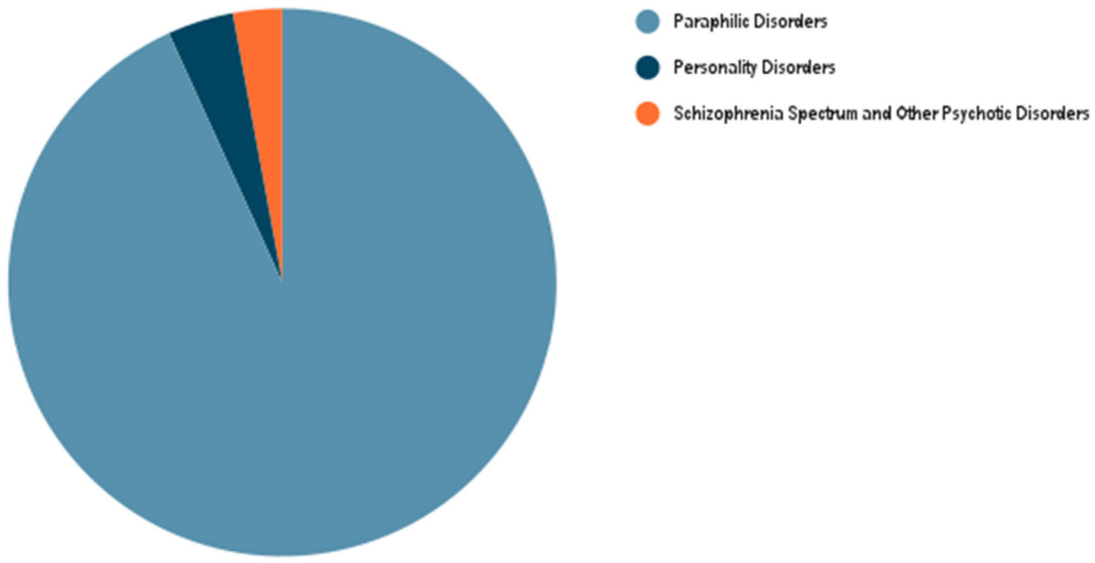
Forensic Patient Primary Diagnosis by Diagnostic Category

Figure 18



ACPTC Resident Primary Diagnosis by Diagnostic Category

Figure 19

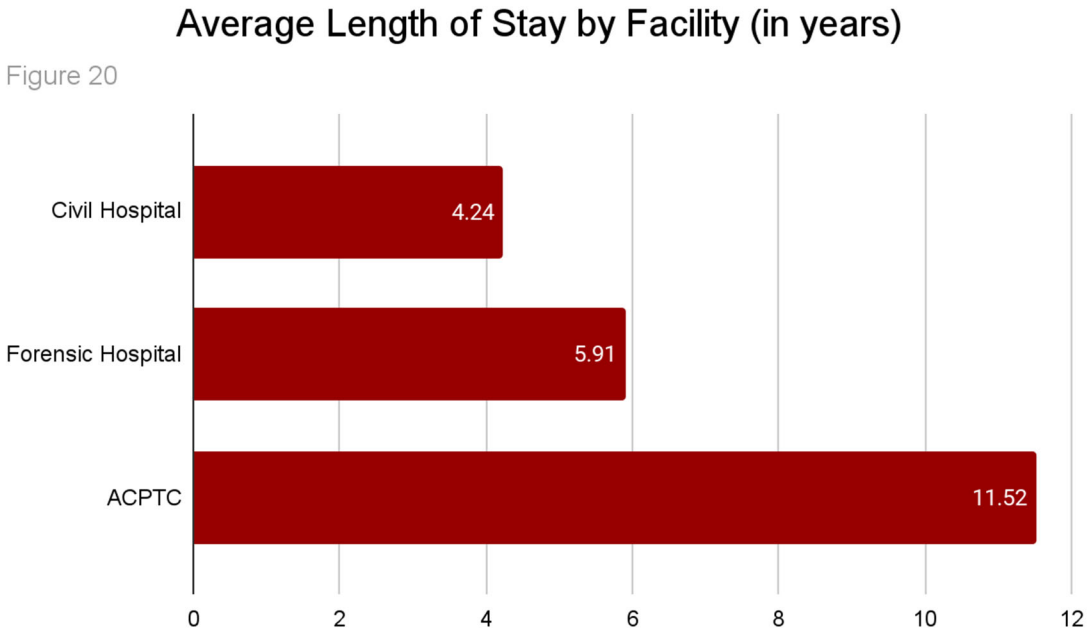


Length of stay

All patients served at the Arizona State Hospital are under court order for treatment and have lengths of stay consistent with long-term care facilities. Accordingly, patient programs and services are structured in a manner to best meet the needs of patients on a long-term basis. All patients have an inpatient treatment and discharge plan (ITDP), regardless of the patient's anticipated length of stay. Planning for discharge is initiated immediately, consistent with regulatory requirements for discharge assessments and reassessments.

Average Length of Stay by Facility (in years)

Figure 20



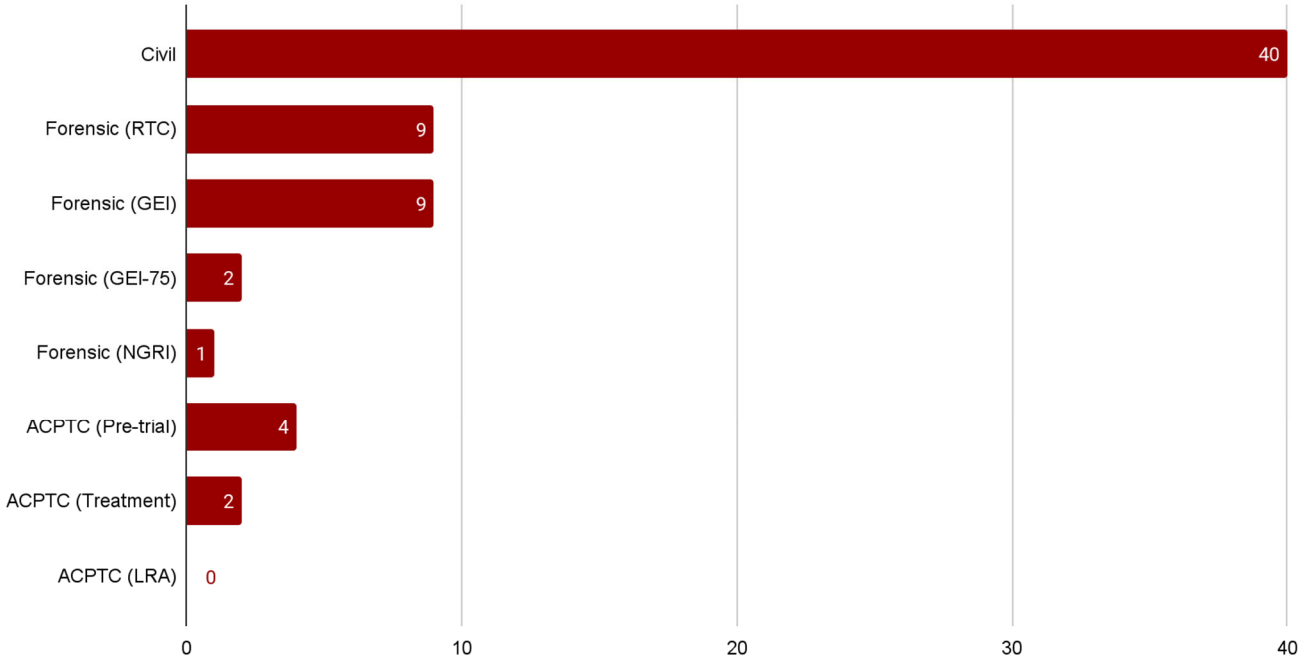
ASH Admissions

Forensic Hospital and ACPTC admissions are through a Direct Court Order, meaning that the court orders these facilities to admit individuals. Patients at the Civil Hospital may be admitted under a Direct Court Order (pursuant to A.R.S. § 36-541), but most patients are admitted through the application process. Applications are reviewed independently (without discussion of the case) by three (3) Hospital psychiatrists for a suggestion to "approve" or "deny" admission. These three recommendations are compiled by the CMO, and an admission determination is made. The Hospital may request further information, if the application is unclear, before making this determination. The determination is communicated back to the referring agency. In the uncommon case wherein the determination is to deny admission, the opportunity to request reconsideration is offered in that letter. Amended applications may also be re-submitted.

Overall, admission numbers during FY 2021 remain relatively consistent in comparison to prior fiscal years, despite health care facilities, including the Arizona State Hospital, operating under emergency procedures during the COVID-19 pandemic. Civil Hospital admissions were temporarily on hold during the height of COVID-19 spread in Maricopa County, to mitigate the spread of COVID-19 within ASH facilities.

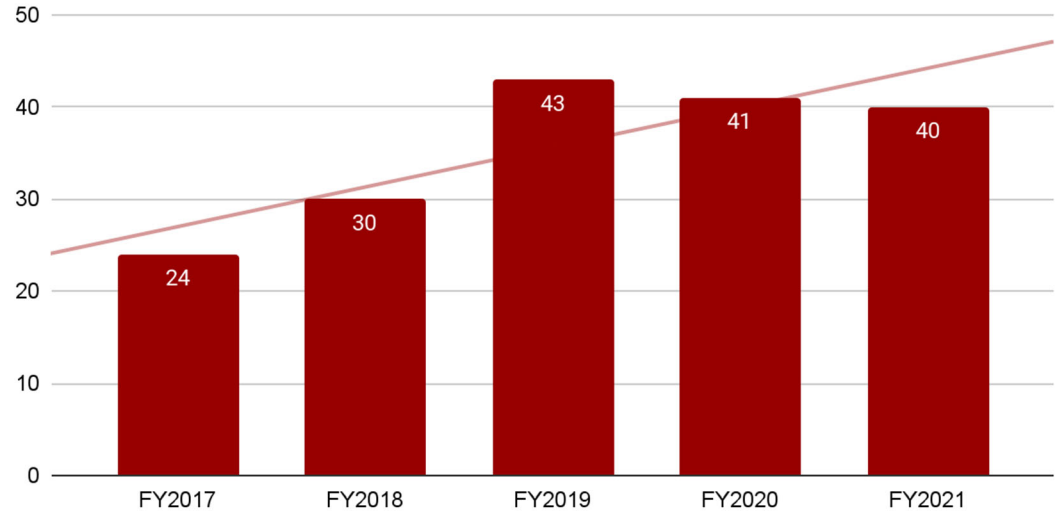
FY 2021 Admissions by Program

Figure 21



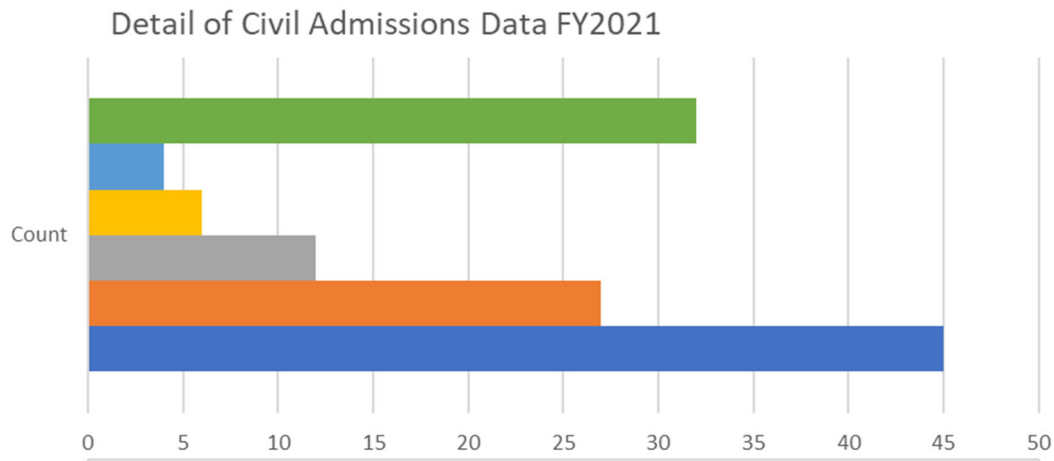
Civil Admissions

Figure 22



Details of Civil Hospital admissions are included in the charts below. As indicated in Figure 23, 71% of all applications submitted result in admission to the Civil Hospital. Of note, the number of Civil admissions included in Figure 22 includes "transfers," meaning the readmission of Civil patients who return from jail or return from a temporary admission to the Forensic Hospital (for the safety and welfare of the patient and patient's peers).

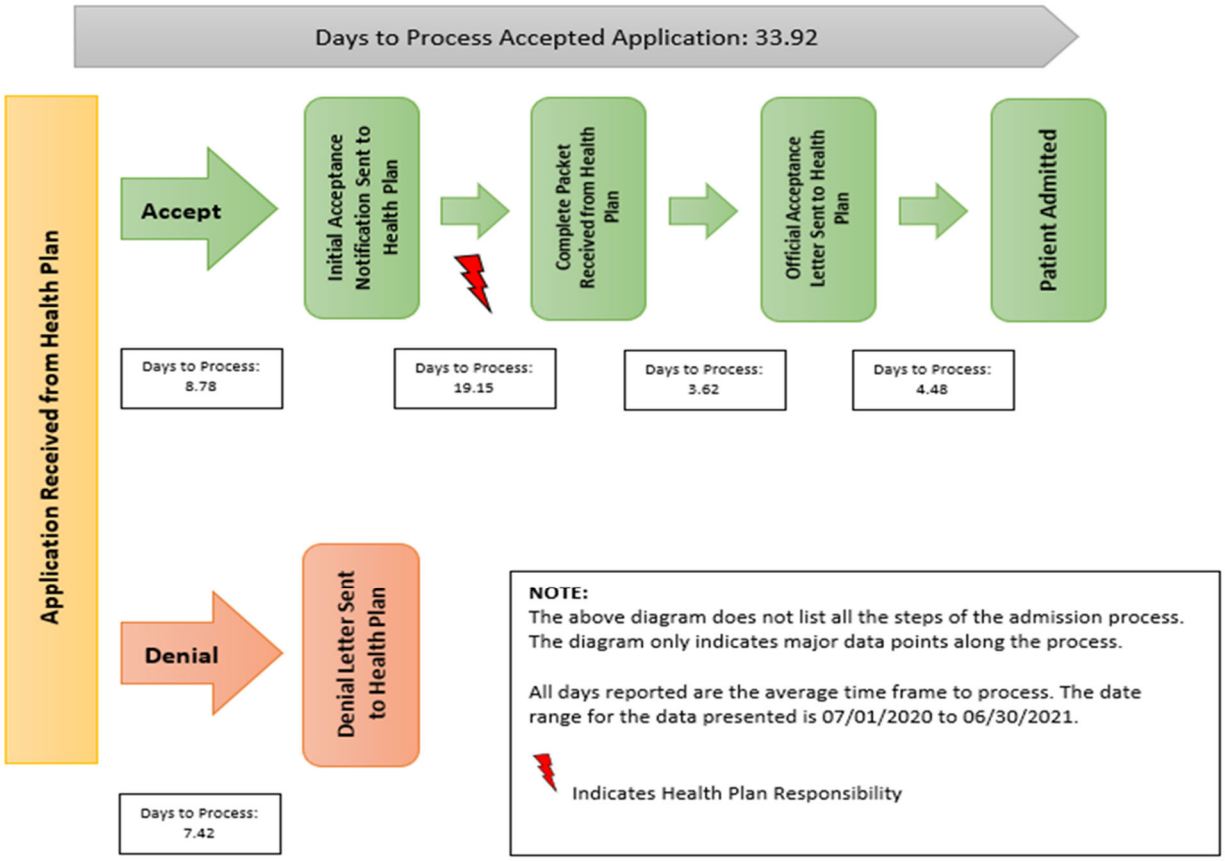
Figure 23



	Count
Total Civil Admissions	32
Total Applications Withdrawn	4
Total Applications Direct Ordered	6
Total Applications Denied	12
Total Applications Accepted	27
Total Applications Received	45

The Hospital's admissions office collaborates with Arizona Health Care Cost Containment System (AHCCCS) health plans during the application for admission process. Upon admission, the health plan provides the certification of need (CON) documenting the medical necessity for the inpatient admission. Figure 24 includes the time frames associated with each step in the application process.

Figure 24



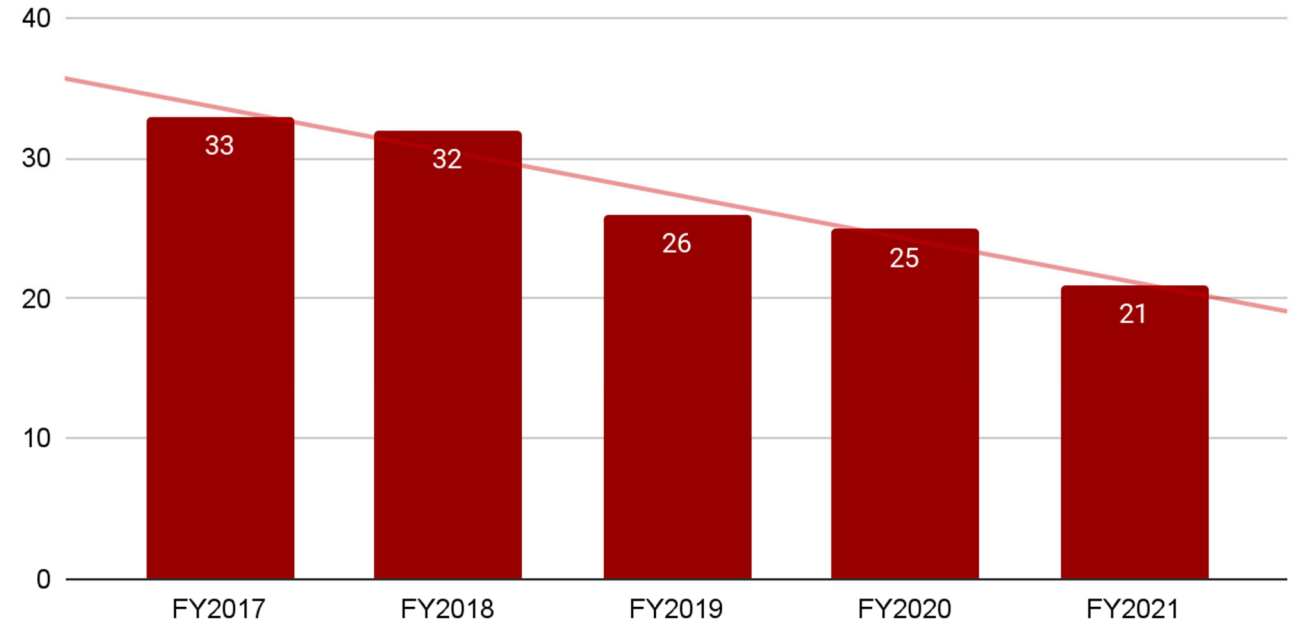
During FY 2021, 12 applications for admission were denied. The following are the reasons for denial, in accordance with state law:

- The patient/applicant was determined not likely to benefit from care and treatment at the Arizona State Hospital (ARS § 36-202; e.g., the patient does not have a behavioral health condition that can be treated at ASH).
- The Arizona State Hospital is not the most appropriate and/or least restrictive placement for the patient (ARS § 36-501.21).
- Local mandatory treatment, as outlined in A.R.S. § 36-541, has not happened.

One out of the 12 denials included another reason, in addition to the bulleted reasons above. This reason for denial specified that there were missing records, and notice was provided to the health plan of the opportunity to supply the required records.

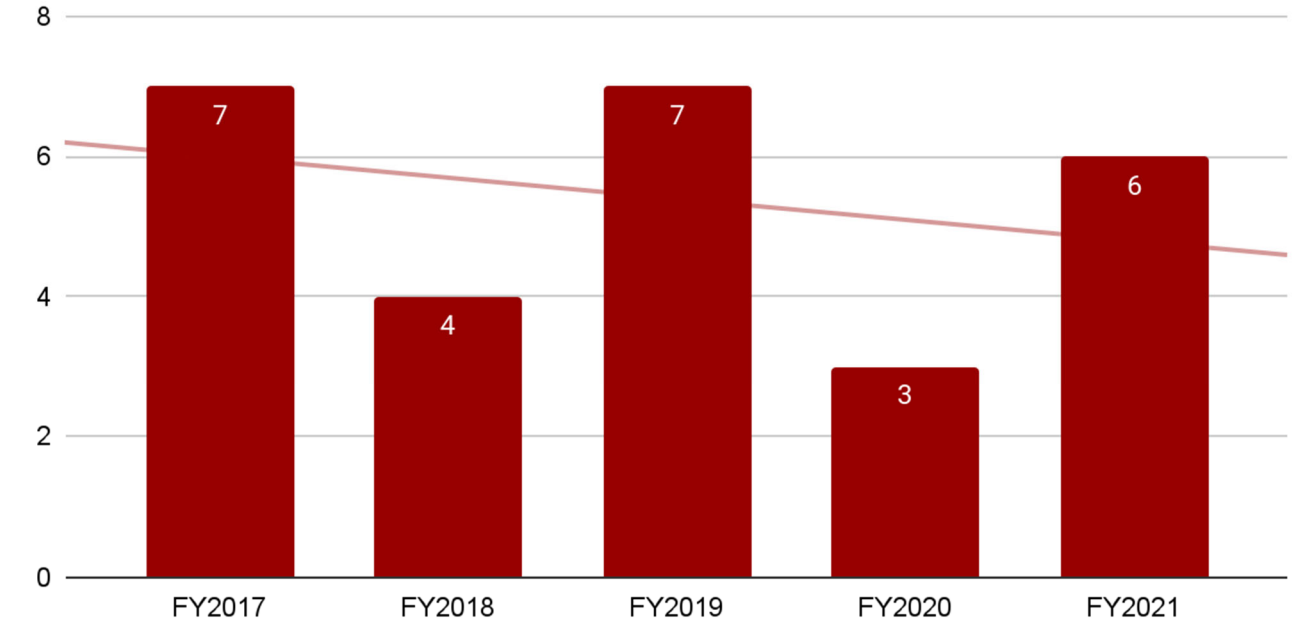
Forensic Admissions

Figure 25



ACTPC Admissions

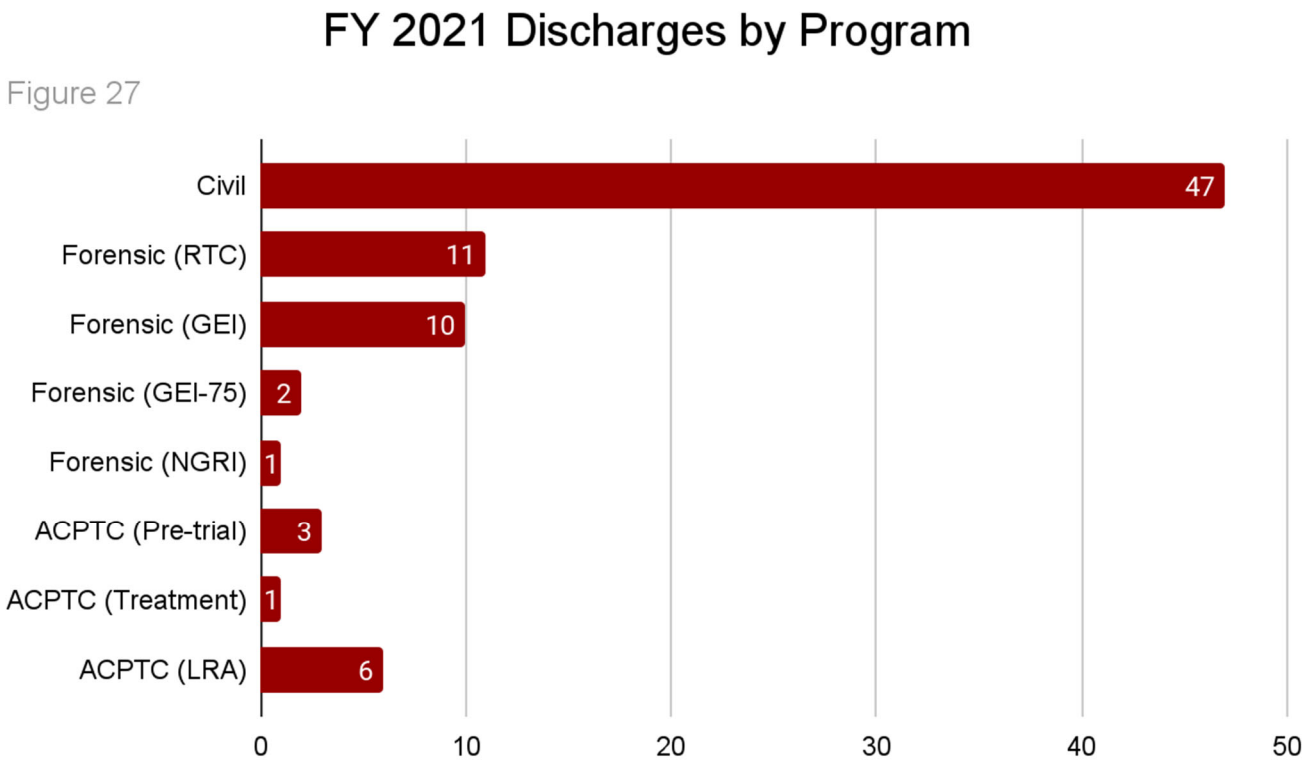
Figure 26



ASH Discharges

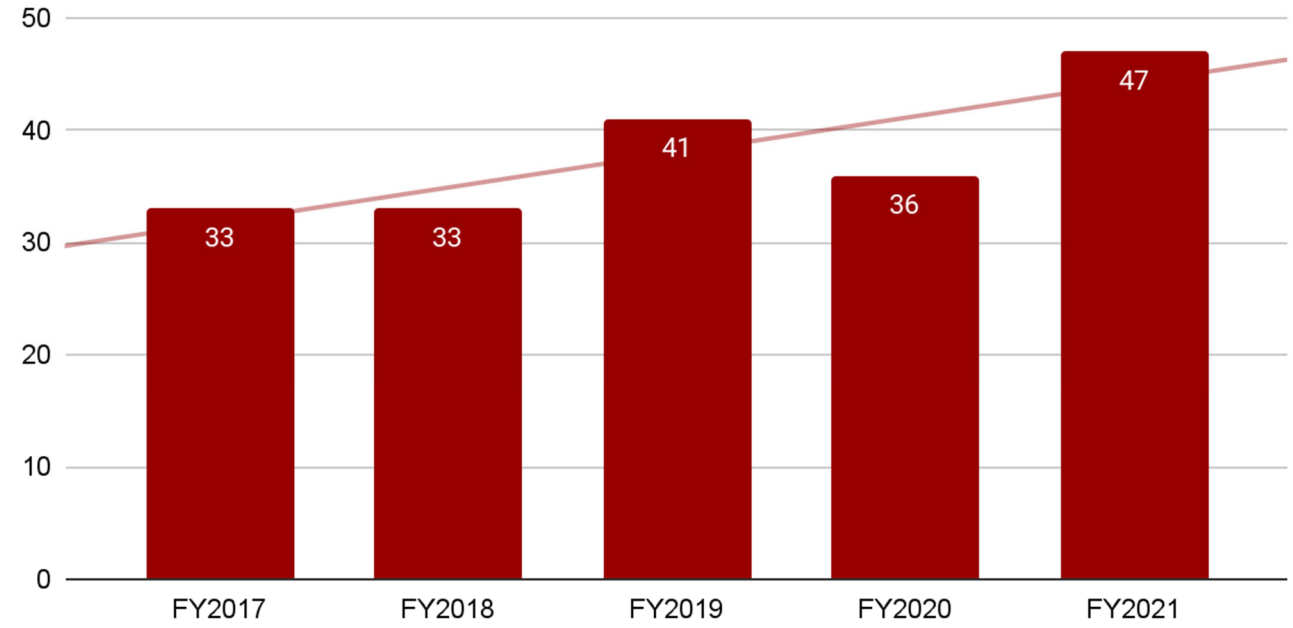
Arizona State Hospital discharges for the Civil and Forensic hospitals maintain consistent with the trend of admissions during FY 2021. Admissions and discharges at ACPTC remain low when compared to the Civil and Forensic hospitals from one fiscal year to the next.

Figure 27



Civil Discharges

Figure 28

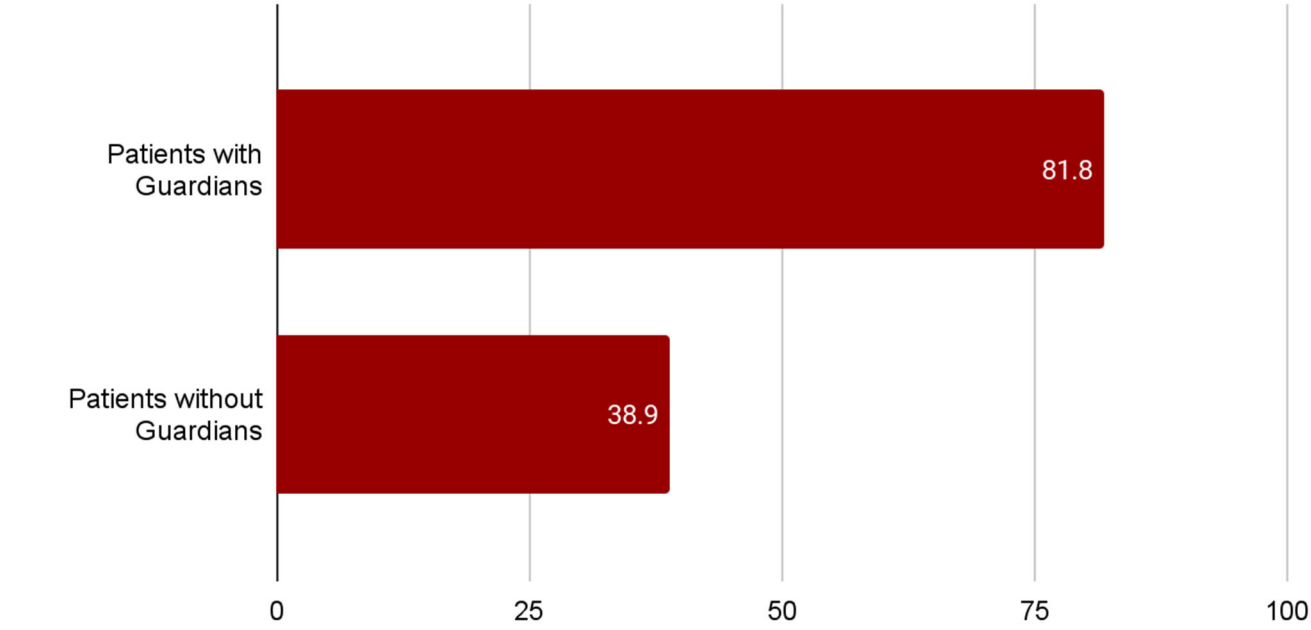


ASH treatment teams coordinate closely with outpatient treatment teams, and when applicable, patient guardians to prepare patients for discharge. A number of barriers impact ASH's ability to discharge Civil Hospital patients in a timely manner; importantly, these barriers are out of ASH's control, yet directly affect ASH's ability to discharge expediently. During FY 2021, the average amount of time from the date the patient was ready to discharge to the actual discharge date was approximately 70 days, and the range for patients who were discharged in FY 2021 was three (3) days to 439 days (median was 36 days). The most frequent reason for delays to discharge was finding an appropriate placement at a lower level of care. Appropriate placements may not be available, due to the specific psychiatric and medical needs of a patient, lack of a payment source (as the patient may not have Medicaid or Medicare benefits to cover the cost of the placement), and lack of beds available at the facilities identified for placement. In addition to delays related to placement, some delays result from legal matters that must be addressed prior to discharge. Some patients have legal guardians, and in some cases, those patients with legal guardians have a longer wait for discharge than patients without legal guardians. Legal guardians participate in the discharge planning process and may not agree with the placement options or may want the patient to try out placements through overnight stays, prior to discharge. The charts below represent discharge and placement data for Civil patients discharged in FY 2021.

Of note, the ASH Utilization Management Plan was updated in September 2021 to outline the responsibility of the Utilization Management Committee to review patients who are on the internal pending discharge list and in particular, patients for whom additional efforts need to be implemented to ensure timely discharge.

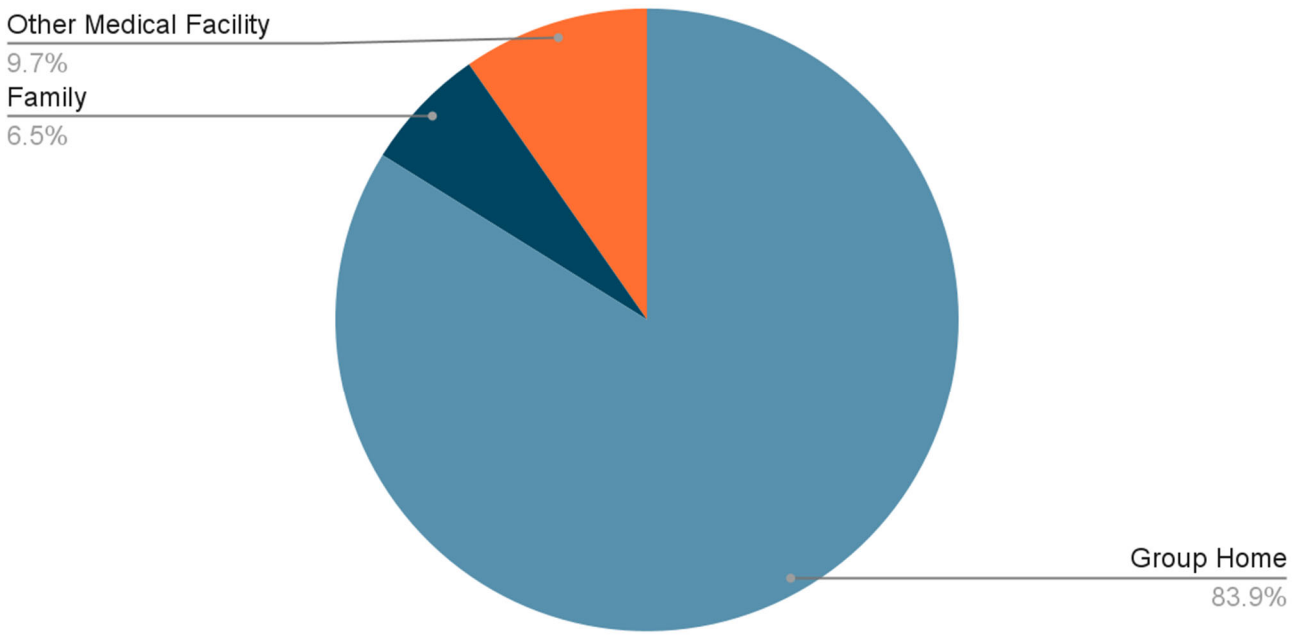
Civil Patient Average Days to Discharge

Figure 29



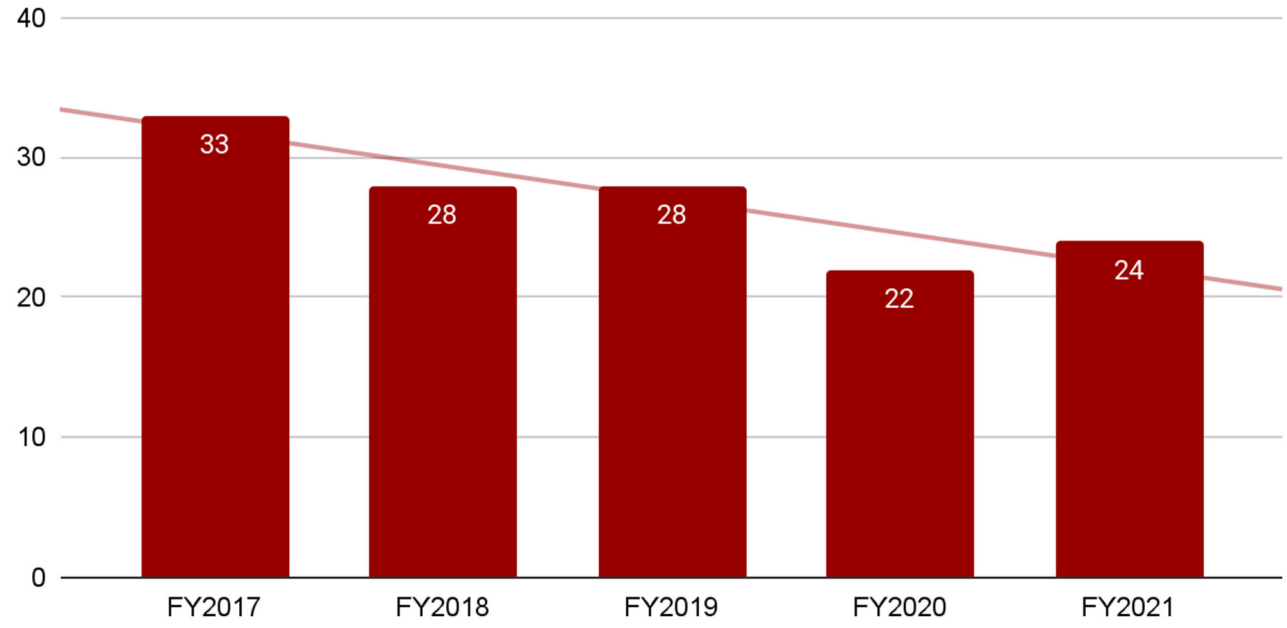
Civil Patient Discharge Placement

Figure 30



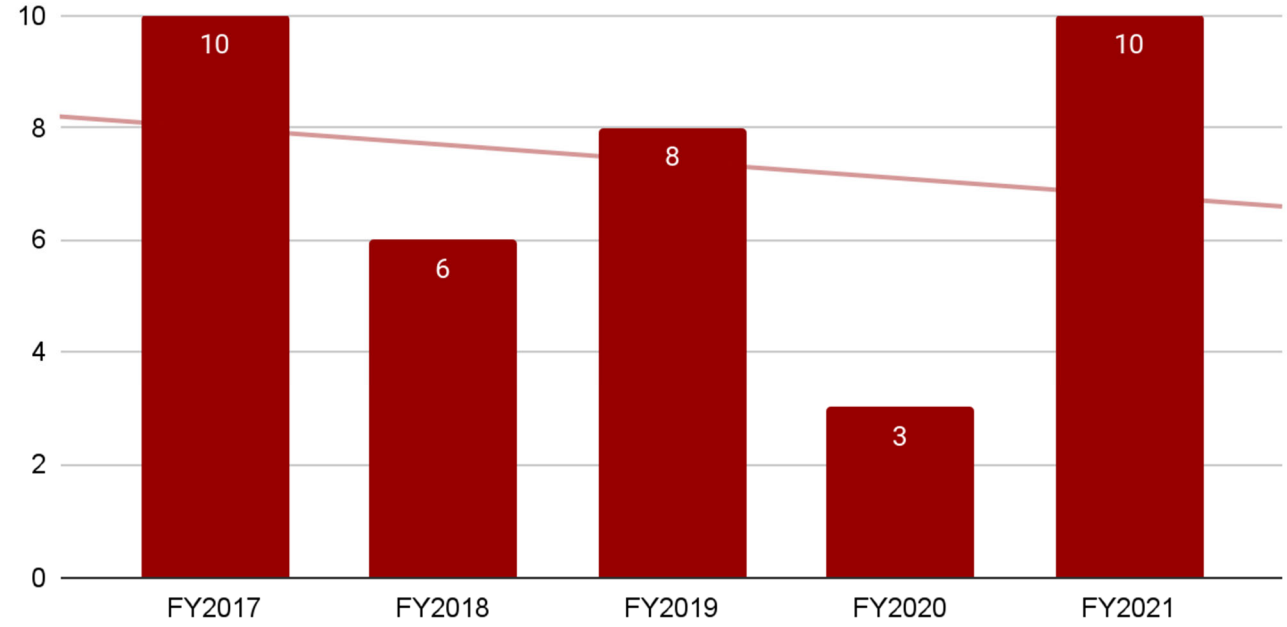
Forensic Discharges

Figure 31



ACPTC Discharges

Figure 32



ASH Quality Data - Incident Reports

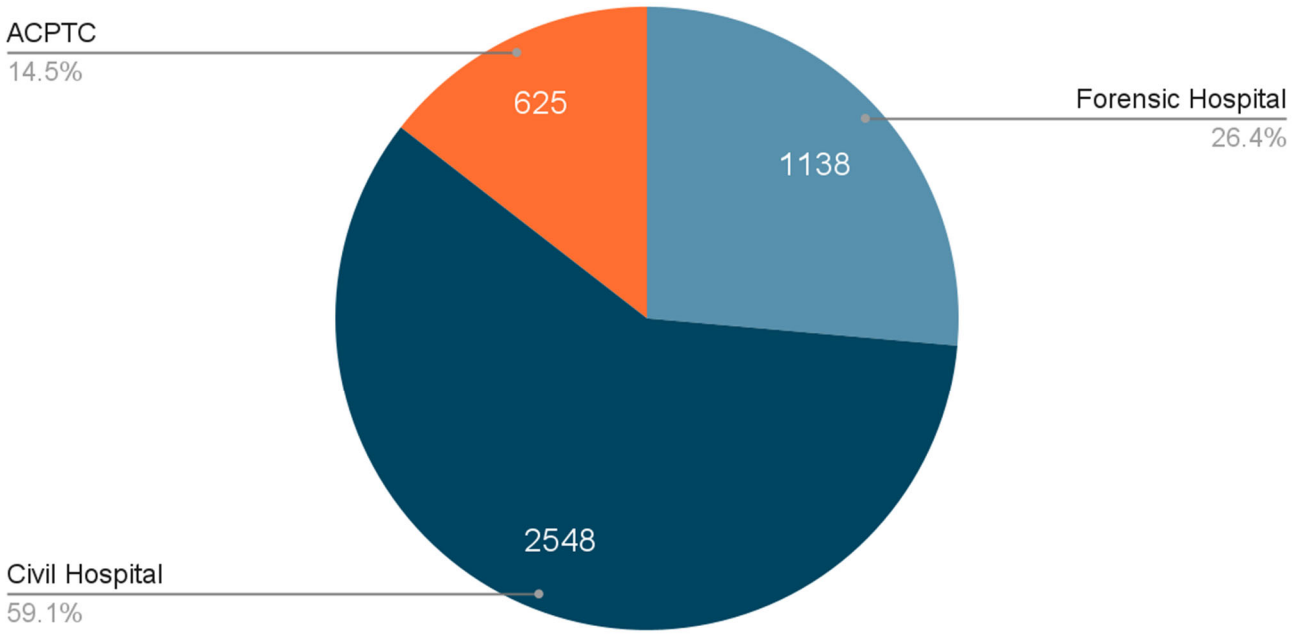
The Hospital's Quality Management Team oversees the Quality Assurance and Performance Improvement Program, (QAPI) which is a hospital-wide data driven program that seeks to achieve the highest quality of inpatient psychiatric services through Continuous Process Improvement.

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

Incident Reports are written by the person having the most comprehensive knowledge of the event, and a thorough review of each incident is conducted up to and including the Hospital's Executive Risk Management Team.

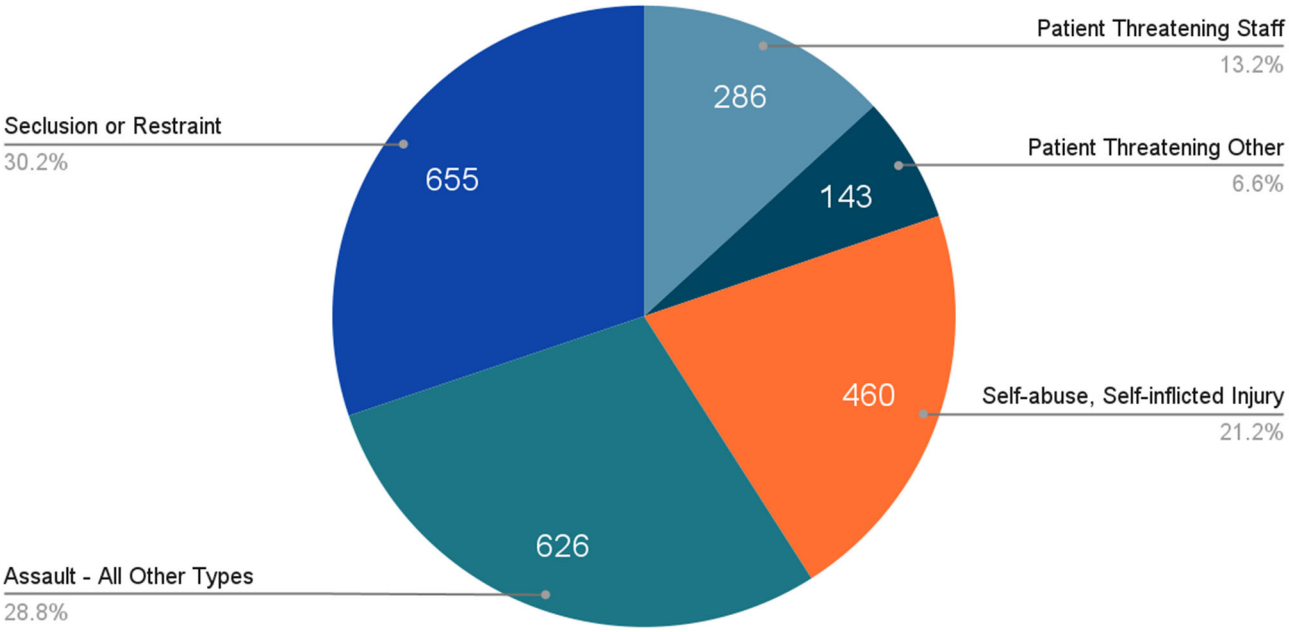
Total Incident Reports by Facility

Figure 33



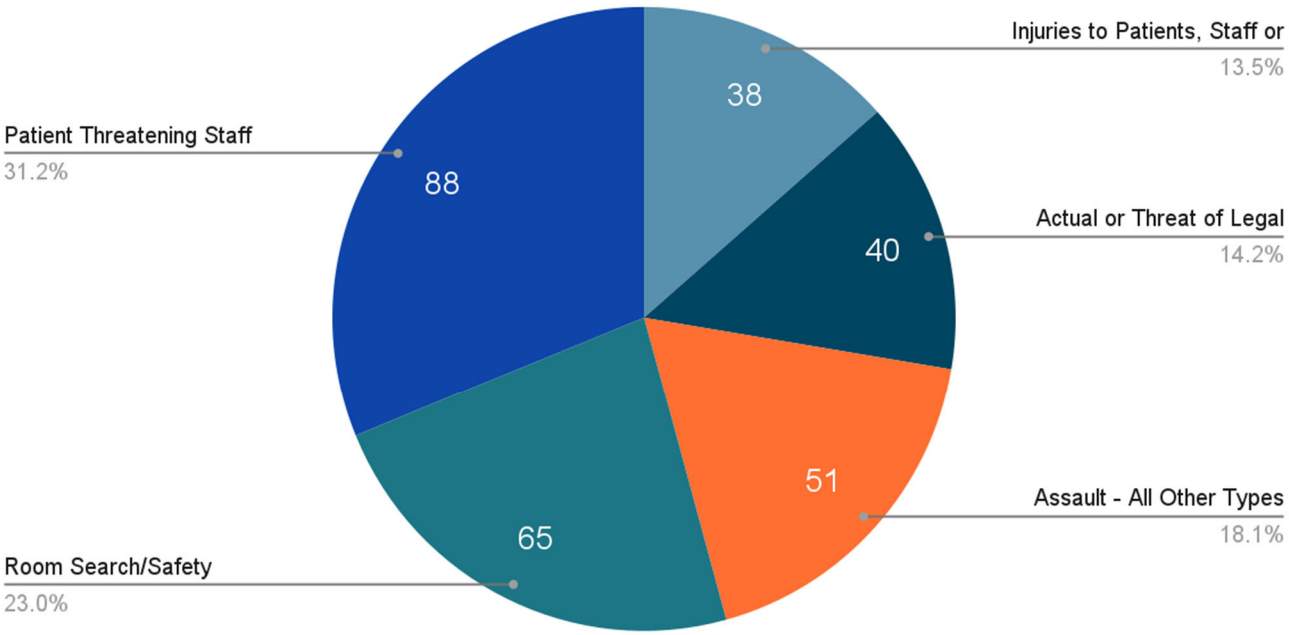
Civil Hospital - Top 5 Types of Incidents

Figure 34



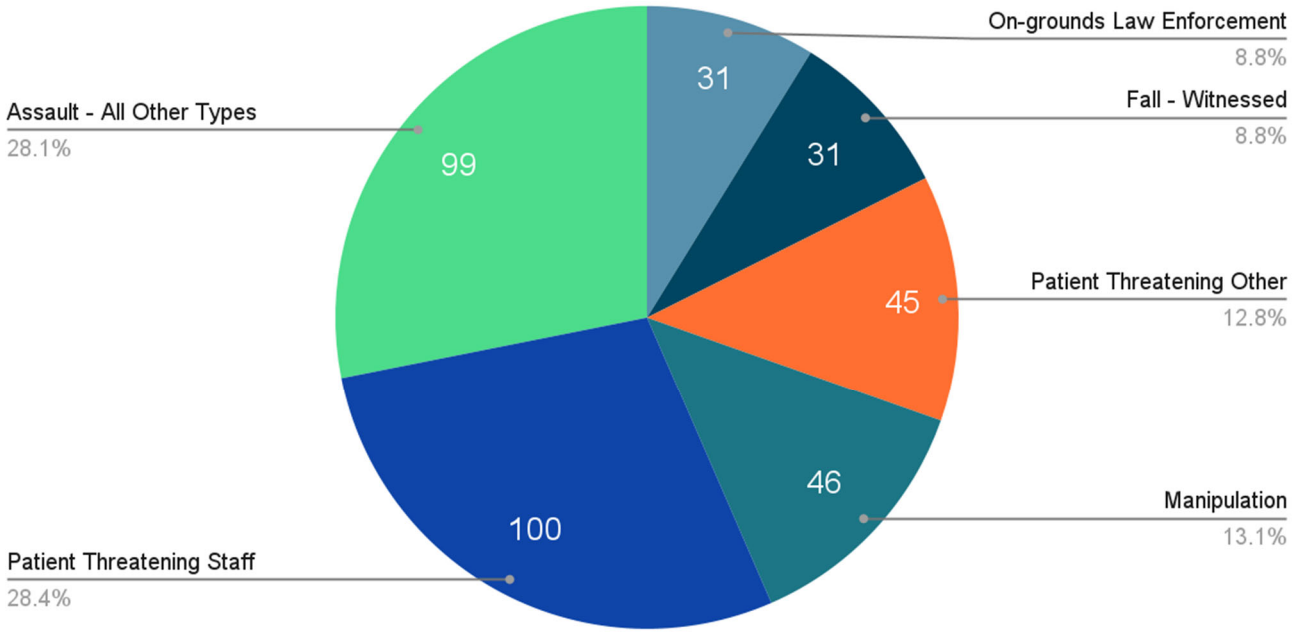
Forensic Hospital - Top 5 Types of Incidents

Figure 35



ACPTC - Top 6 Types of Incidents

Figure 36



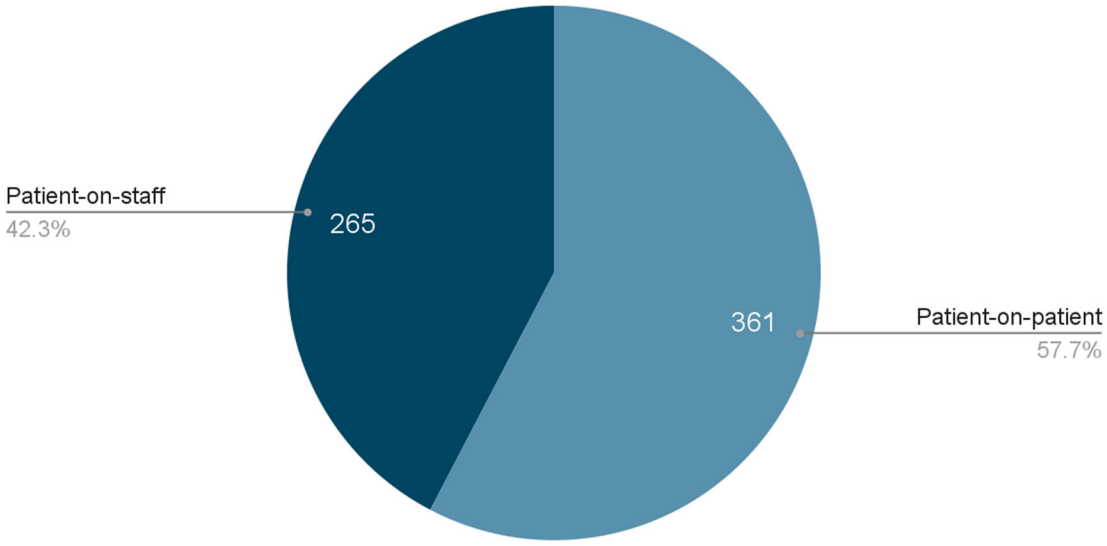
Assault Data

The Arizona State Hospital tracks assault data in accordance with the Risk Management and Quality Management plans. ASH defines "assaults" as any unwanted touch or other physical contact, including person-to-person physical contact, one person spitting on another, as well as objects thrown by one individual hitting another individual. Assaults account for approximately 18% of all incidents reported in FY 2021.

There were 677 total assaults at the Civil and Forensic hospitals in FY 2021, 386 of which were patient-on-patient assaults, and 291 assaults were patient-on-staff assaults. The majority of assaults occur on the Civil Hospital campus, accounting for 626 of the 677 total assaults (92%). Of the 626 assaults that occurred at the Civil Hospital, 22 (3.5%) required first aid and 16 (2.5%) required medical treatment. The remaining assaults (588) resulted in no injury or required treatment.

Civil Hospital Assaults

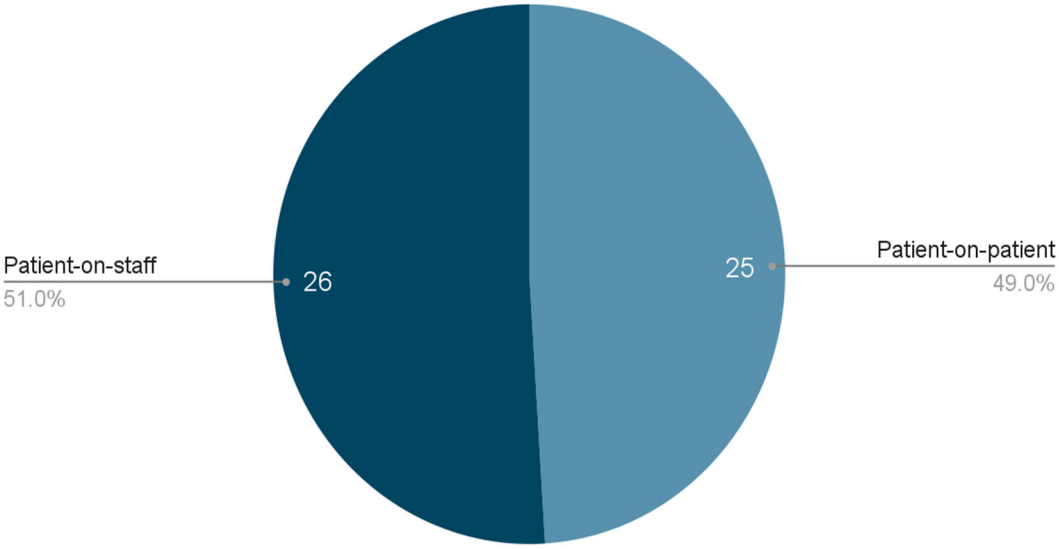
Figure 37



There were 51 assaults on the Forensic Hospital campus during FY 2021. Of the 51 assaults, six (6) required first aid and two (2) required medical treatment. The remaining assaults (43) resulted in no injury or required treatment.

Forensic Hospital Assaults

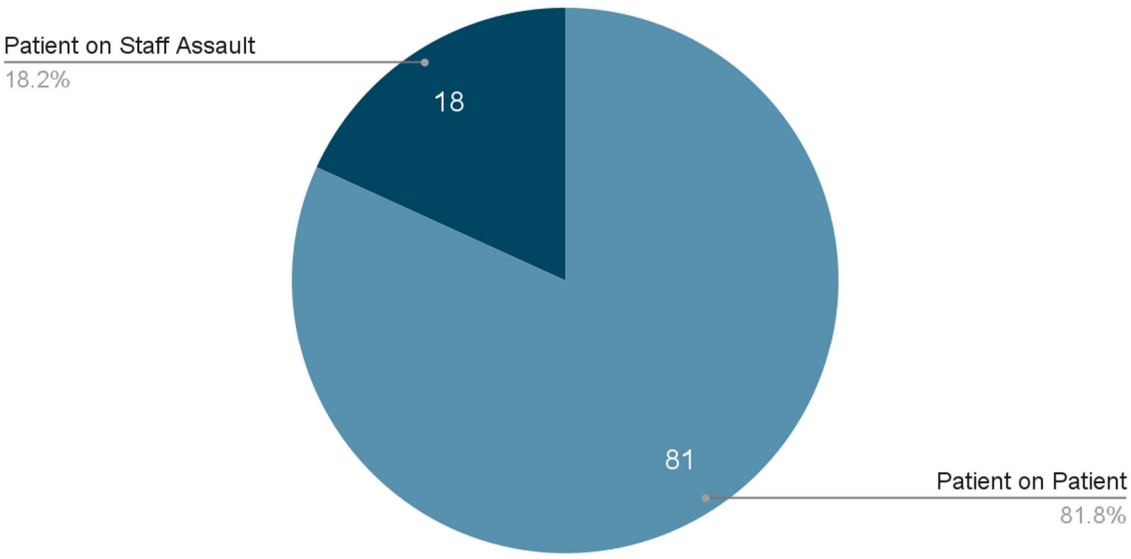
Figure 38



There were 99 assaults at ACPTC during FY 2021. Of the 99 assaults, seven (7) required first aid and three (3) required medical treatment. The remaining 89 assaults resulted in no injury or required treatment.

ACPTC Assaults

Figure 39



Sexual Assaults

Of the assaults that occurred at the Civil and Forensic hospitals, nine (9) were categorized as sexual assaults in which a patient was the victim, accounting for 1% of the total number of assaults. All nine (9) of the sexual assaults occurred on the Civil Hospital campus. There were no sexual assaults reported at ACPTC during FY 2021.

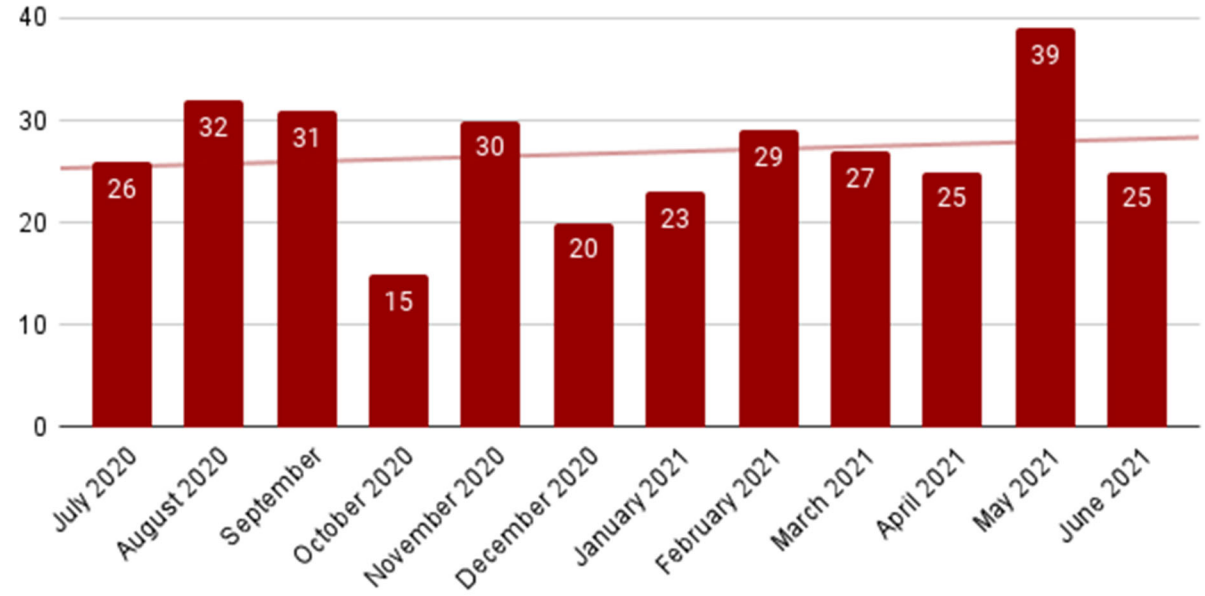
Assaults reported to law enforcement, regulatory agencies and accreditation agencies

The Arizona State 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 accreditation standards, and the memorandum of understanding (MOU) between the Arizona Department of Health Services and Department of Economic Security, Adult Protective Services. Patients and staff may contact the Phoenix Police Department, separate from and in addition to the Hospital contacting Phoenix PD.

The Joint Commission has an established process for accredited organizations to report sentinel events, as defined in The Joint Commission's Sentinel Event (SE) policy. Accordingly, not all assaults are reported to The Joint Commission, 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.

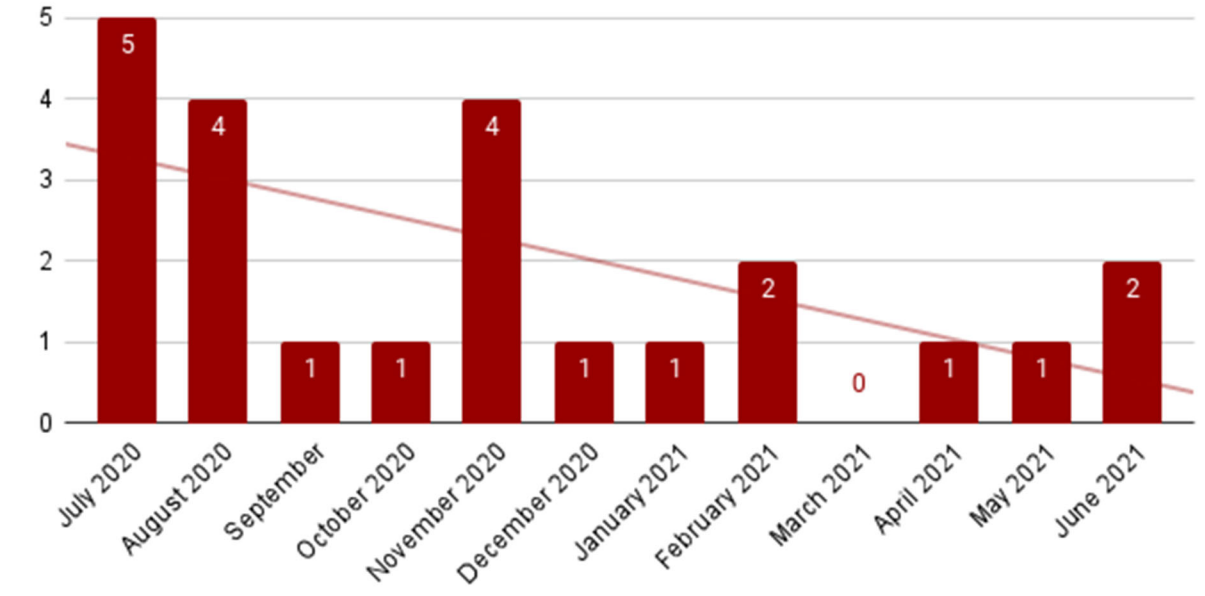
Civil Hospital - Assaults Reported to External Entities

Figure 40



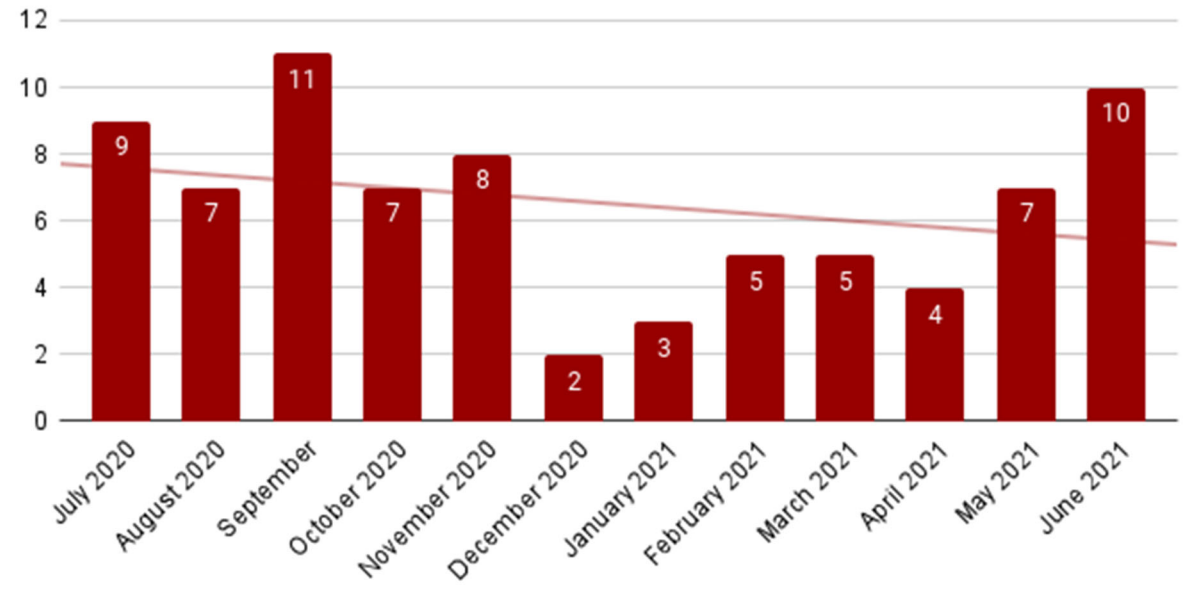
Forensic Hospital - Assaults Reported to External Entities

Figure 41



ACPTC - Assaults Reported to External Entities

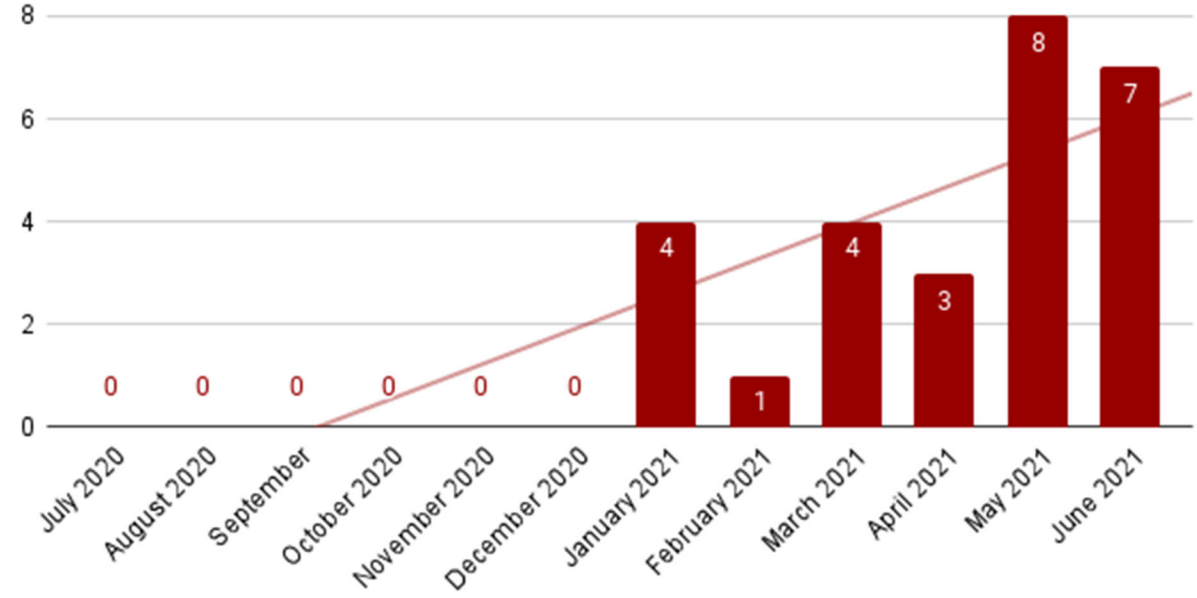
Figure 42



Number of times law enforcement was called to ASH in response to an assault

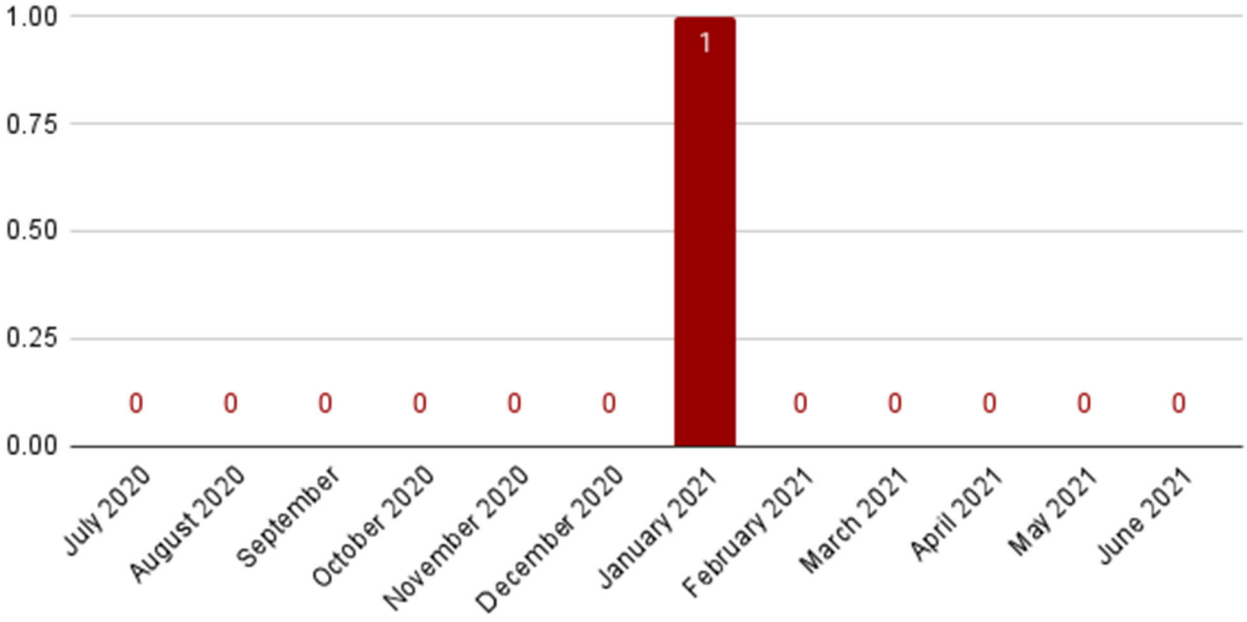
Civil Hospital - Law Enforcement Called in Response to Assault

Figure 43



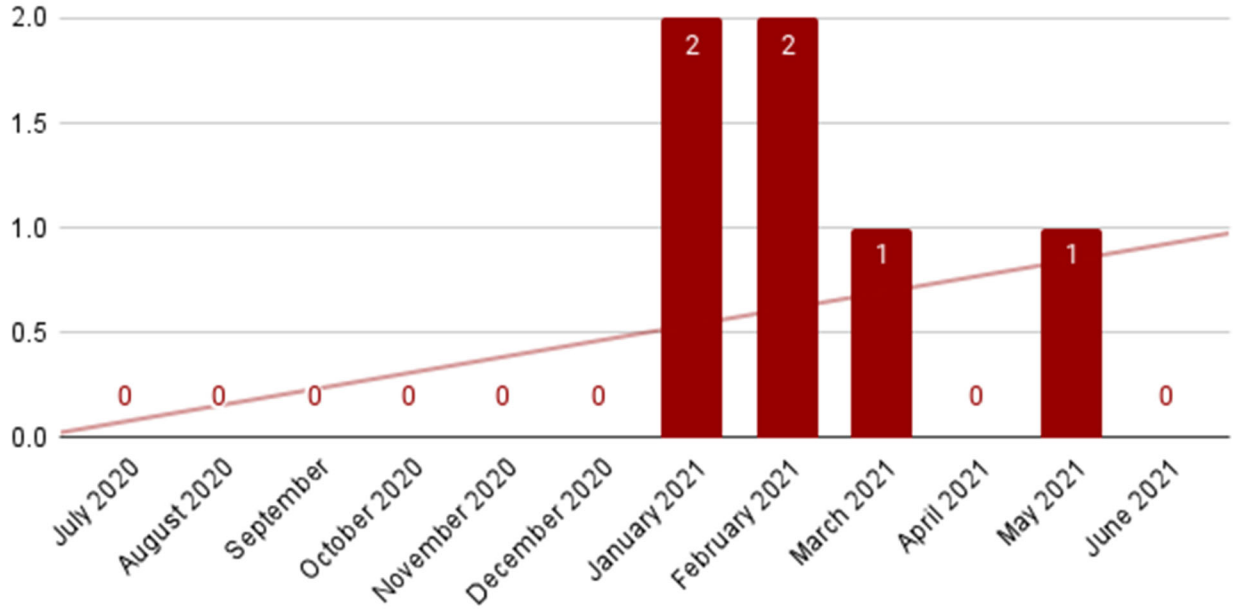
Forensic Hospital - Law Enforcement Called in Response to Assault

Figure 44



ACPTC - Law Enforcement Called in Response to Assault

Figure 45



ASH Patient Complaints, Grievances and Appeals

In accordance with ASH policies, 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. Processes to investigate and manage complaint, grievance and appeal cases are outlined in Hospital policy and based on The Joint Commission 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 complaint, grievance and appeal cases are presented to the ASH Complaints, Grievances and Appeals Committee (with delegated authority from the ASH Governing Body) to make a decision regarding the recommended outcome of the case. Resident complaints are resolved by ACPTC clinical and administrative staff, and when necessary, by ASH leadership.

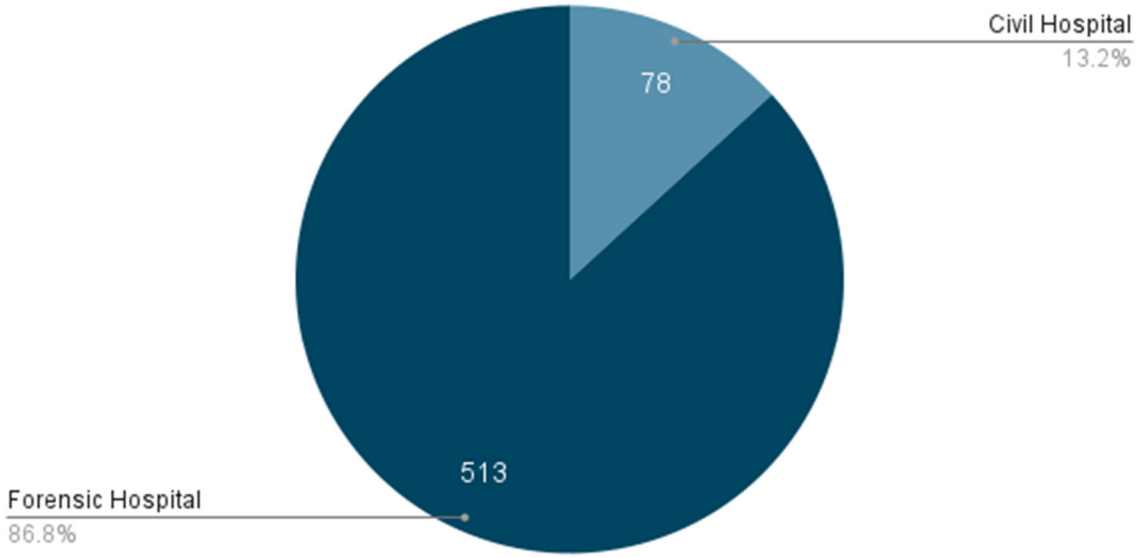
A total of two hundred and eleven (211) Civil and Forensic hospital complaints were presented to the ASH Committee and approved for closure in FY 2021. Of the 312 total complaints filed in FY 2021, 257 (82%) were from the Forensic Hospital. Of the complaints filed by Forensic patients, 117 or 46% were filed by patients residing on the Sago unit.

A total of one hundred and forty (140) Civil and Forensic hospital grievances were presented to the ASH Committee and approved for closure in FY 2021. Of the 279 total grievances filed in FY 2021, 23 (8%) were filed by Civil patients and 256 (92%) were filed by Forensic patients. Of the grievances filed by Forensic patients, 95 (37%) were filed by patients residing on the Sago unit.

Seventeen (17) of the grievances filed in FY 2021, or 6%, were allegations of physical/sexual abuse or sexual misconduct. These types of allegations are investigated by AHCCCS, pursuant to A.A.C. R9-21-404.

Civil and Forensic Patient Filed Complaints and Grievances

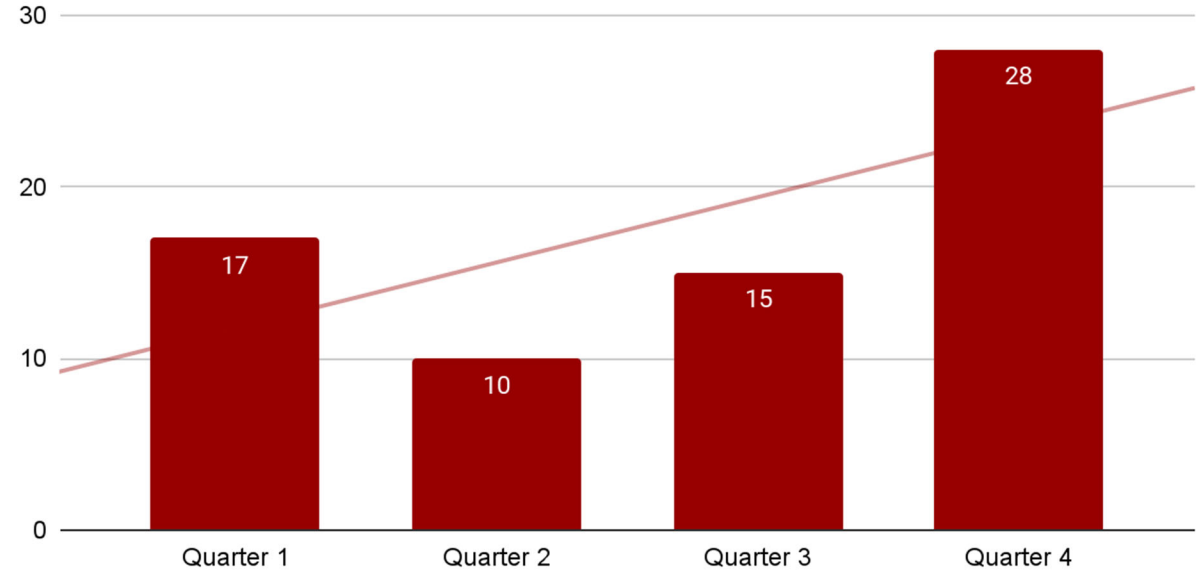
Figure 46



The number of complaints filed by ACPTC residents remains relatively low. During FY 2021, there was an increase in complaints during the fourth quarter. Complaints are categorized into one of the following: clinical care (psychiatry/psychology); mail and property; conditions of confinement; and medical care. The following represents the complaints filed by ACPTC residents during FY 2021:

ACPTC Complaints Filed by Quarter

Figure 47

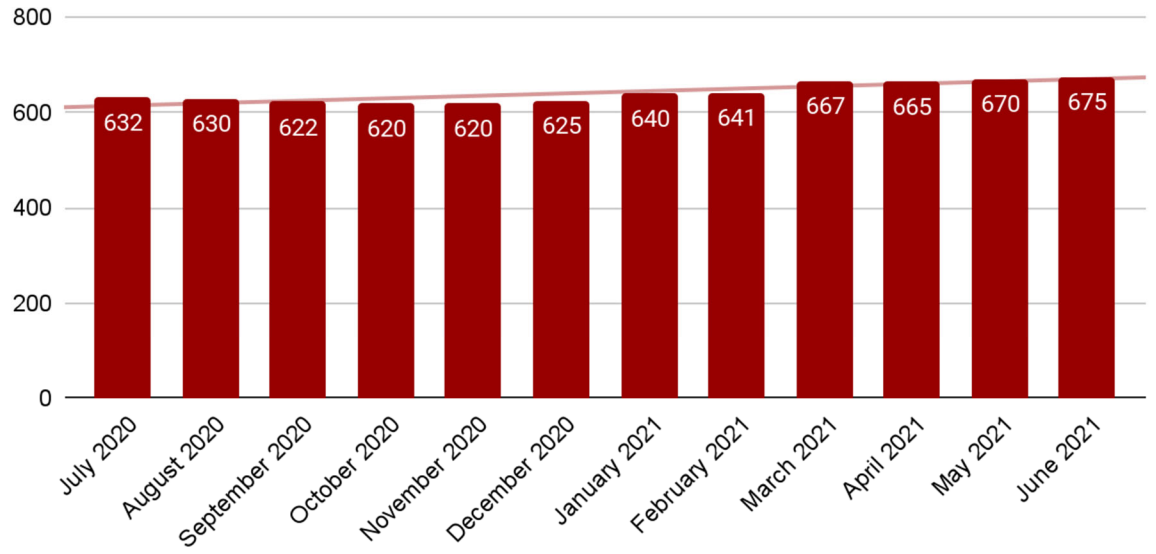


ASH Personnel

Leadership at ASH continues to closely monitor the established Hospital headcount, recruitment efforts for approved positions, and staff turnover. Data on Full-Time Employees (FTEs) for Fiscal Year 2021 is included in Figure 48. This information was taken from the last payroll record of each month during the fiscal year. Employee turnover ("Monthly Separation") per month is included in Figure 49.

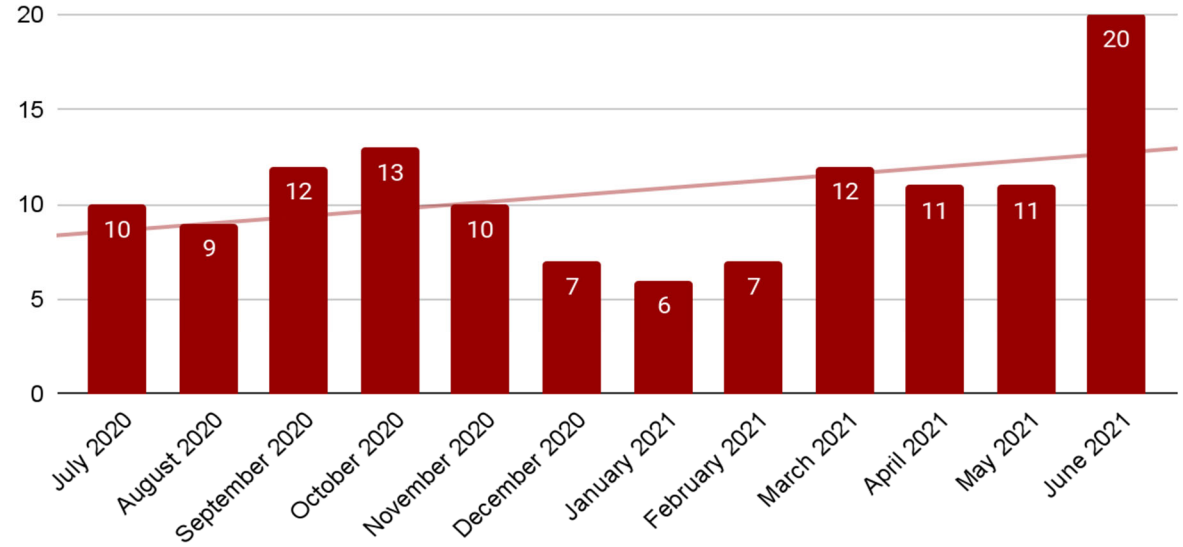
ASH Monthly Staffing Numbers

Figure 48



ASH Monthly Separation

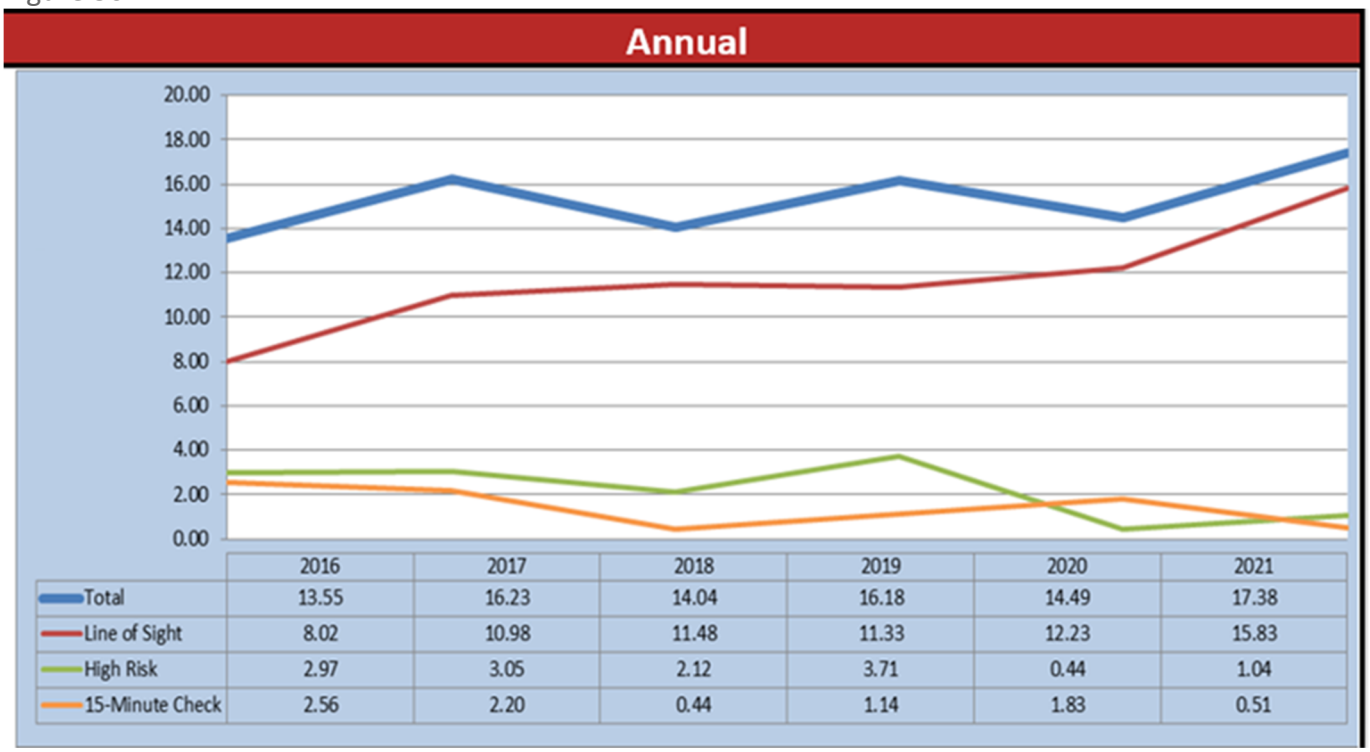
Figure 49



The state hospital currently has an approved headcount of 742, however under current appropriations the hospital can only afford to staff about 624 of those positions. At the end of budget fiscal year 2021, the hospital had a headcount of about 670, which results in a significant financial shortfall of $3.1 million per fiscal year.

Ultimately, the hospital needs additional staffing to maintain compliance with licensing, CMS and The Joint Commission standards to meet the needs of patients and maintain safety. Staffing needs can fluctuate based on the acuity of the population served. The overall acuity of the population has notably increased over the last few years, making the need for additional staffing necessary.

Figure 50



	2016	2017	2018	2019	2020	2021
Total	13.55	16.23	14.04	16.18	14.49	17.38
Line of Sight	8.02	10.98	11.48	11.33	12.23	15.83
High Risk	2.97	3.05	2.12	3.71	0.44	1.04
15-Minute Check	2.56	2.20	0.44	1.14	1.83	0.51

Over the past six years, the overall acuity rate at ASH has increased from 13.55 to 17.38, or about a 28% increase. This means that for every 12-hour shift, ASH required about 4 additional full-time employees to be adequately staffed in FY 2021, as opposed to FY 2016. Therefore, the level of funding that was adequate to maintain acuity over the previous 6 years is no longer able to sustain the appropriate staffing level at the Hospital.

ASH has been able to increase clinical staff by about 18% over that same time frame. Therefore, a decrease in overtime or registry staff that may be anticipated by an increase in full-time staff cannot be used to decrease staffing costs, as based on current acuity. ASH still needs to incur those costs to meet its clinical obligations.

As ASH anticipates exceeding the currently appropriated staffing level during the next fiscal year, a supplemental budget request is anticipated to be submitted in order to adequately fund these filled positions.

COVID-19 Response

The Arizona State Hospital, like many other healthcare facilities, has been operating under emergency procedures during the course of the pandemic. Due to ongoing, significant spread of COVID-19 in Maricopa County, the Hospital implemented a number of protocols to mitigate the impact of COVID-19 within ASH facilities and to protect patients, staff and visitors. Among those protocols was the implementation of new technology to sustain screening procedures on a long-term basis. On September 14, 2020, the Hospital implemented Welcome Check by Spinitar, a hands-free thermal scanning system that utilizes facial recognition and alerts the Administration if and when an employee, contractor, or visitor registers an abnormally-high body temperature. Fourteen (14) screening kiosks are strategically placed across the campus in high-traffic ingress areas to ensure all individuals are able to register at least once per day at the beginning of their shift. The system is easily scalable, allowing the ability to add additional kiosks as needed. Furthermore, mask stations have been set up across campus at the entrance to each occupied building.

Accreditation

The Joint Commission conducted its unannounced, triennial accreditation survey of the Civil and Forensic hospitals on May 4-7, 2021. The survey team consisted of five (5) inpatient psychiatric facility-trained surveyors, including one engineer. Survey activities included medical record reviews, staff interviews, document/policy reviews and tours of all patient care areas and ancillary buildings. The majority of findings were singular observations of non-compliance (identified in the low/limited quadrant of The Joint Commission's SAFER matrix). Deficiencies identified through the accreditation survey of ASH were consistent with the top ten standards scored as non-compliant for all hospitals accredited by The Joint Commission (*Joint Commission Perspectives*, May 2021, Volume 41, Issue 5). ASH had no condition-level findings, which would have required immediate corrective action and a follow-up survey. ASH did request an extension from The Joint Commission to complete ligature-related findings, as there are limited manufacturers of ligature-resistant hardware and fixtures and ongoing supply chain issues have impacted our ability to receive replacement anti-ligature components. ASH provides monthly updates to The Joint Commission regarding the ligature-related projects, and once complete, The Joint Commission will send an engineer for an unannounced, on-site survey to verify completion of the projects. The use of ASH's Policy Manager site to provide documentation to surveyors during the course of the survey was noted by The Joint Commission as a best practice, and this information was presented to the Western Psychiatric State Hospital Association (WPSHA) conference held on October 6, 2021. ASH was awarded accreditation for another three-year cycle, effective May 8, 2021.

Facilities Projects

The Department presented its 2021-2022 Capital Improvement Plan to the Department of Administration on July 31, 2020. ASH Administration was informed that ADOA will cover the following project costs during the current and upcoming State Fiscal Year:

- Replacing the failing drain and sewer lines at the dietary building ($52,000)

- Replacing/rerouting the sewer line at the General Services building ($50,000)
- Replacing the freight elevator at the General Services building ($115,000)

The Hospital continues to make progress in reducing year-over-year energy expenses, including that of electricity, natural gas, and domestic water. The table below summarizes performance in FY 2021 compared to FY 2020. ASH is closely looking at the increase in water use and will identify solutions to address this in the future.

State Hospital – Year over Year Energy Utilization					
Electricity (KwH)		**Natural Gas (Thermal Units)**		**Domestic Water (Gallons)**	
FY 2020	**FY 2021**	**FY 2020**	**FY 2021**	**FY 2020**	**FY 2021**
9,004,639	8,862,852	246,251	238,900	30,478,776	31,901,542
Change: -1.5%		**Change: -3%**		**Change: +4.6%**	

ASH also completed upgrading the lighting on the Civil Hospital campus and warehouse to LED, and lighting in the pharmacy was upgraded to LED during the week of March 22nd. These projects were paid for using the City of Phoenix land-lease agreement monies (LARC).

ASH also replaced the antiquated hot water boilers on the Civil Hospital campus to high-efficiency hot water heaters. This is estimated to reduce natural gas use by nearly 50% across the Civil Hospital campus.

The following summarizes major facilities projects completed in FY 2021.

Project	Location
Sewer replacement	General Services
Pigeon abatement	Civil Therapy Mall
Pigeon control - Forensics	Forensic Therapy Mall
Street light upgrade (LED)	Campus-wide
Media upgrades	Civil Day Rooms
Pigeon netting by Cholla A/H room	ACPTC - Cholla East
Pigeon netting at Dietary	Dietary Services
ACPTC generator replacement	ACPTC - Cholla Yard
Civil Rehab anti-ligature fixtures	Civil F Restrooms

Purchase of new day room tables and foot stools	Forensic Hospital
Replacement of Forensic patient furniture	Forensic Hospital
Civil fire curtains	Civil Units
Upgrade Warehouse to LED	Warehouse
LED upgrade	Civil Hospital
Upgrade Pharmacy to LED	Pharmacy
Replace all picnic tables	Campus-wide
Civil Seclusion bed replacement	Civil Hospital
Replace Forensic burlodge equipment	Forensic Hospital
Artificial turf - Civil patios	Civil Hospital
Replace Forensic exercise equipment	Forensic Hospital
Civil swimming pool - renovation	Civil Hospital
Elevator replacement	General Services

IT Projects Initiated in FY 2021

Medication Variance and Adverse Reaction Tracking: Nursing, Pharmacy and IT completed an initial scope for a web-based application to track medication variances, adverse reactions and required follow up. The estimation of effort and budget was approved, and the application went into effect on October 12, 2021.

Census Application: Nursing and IT designed and developed a tablet-based application to track patient location and behavior. The tool automatically calculates the average acuity needs of a patient and also the unit acuity based on the census updates. An application pilot was deployed at the Ironwood facility on 7/11/2021, and staff are tracking the census on iPads every 30 minutes, per Hospital policy requirements.

Contract Staff User Management: ASH Nursing contractors were provided IT application account credentials in lieu of Active Directory account credentials to access ASH applications, like Census or Employee Health. Contractor supervisors will manage account credentials, inactivation or deletion of user accounts. The application was rolled out with the Census application pilot. It currently tracks account credentials for Nursing contract/registry staff.

Employee Health Portal: Specialty Clinic and IT staff are reviewing the scope of this application, since it now includes not only TB assessment and Flu vaccine verification, but also allergy tracking, mask fit testing and exposures to sharps. Design and screen mockups are under review. The project timelines will be drafted upon design completion.

Acuity Based Staffing (ABS): (ABS): The Acuity Based Staffing application tracks acuity needs and optimizes staffing for patient care. The first phase to manage Unit Master Schedules by shift was rolled out in May 2020. The second phase of ABS is 70% completed and on hold due to a new spreadsheet pilot for acuity tools. The spreadsheet pilot initiative was successful. IT resources were assigned to complete the patient census application while awaiting the pilot results. IT was able to refocus efforts on ABS Phase 2 in mid-July 2021.

Wi-Fi upgrade: The Wi-Fi system is end of life with support ending in March 2021. CISCO offered discounted pricing for WiFi-6 in July 2020. The state was offered a 40% discount and CISCO offered an additional 33% discount. The WiFi-6 802.11ax model was purchased. The Wi-Fi upgrade project was on hold until first quarter of 2021 due to COVID-related restrictions. The project was kicked off in March 2021, and the new controllers are set up. The access points were replaced in May and June with assistance from an external vendor.

Barcode Scanners: IT is working with the EMR vendor, Netsmart to reinitiate bar code scanning of medications on patient treatment units in the medication rooms. The project went on hold in 2018, since the scanners could not address split doses. This issue has since been addressed. A pilot was planned in May 2021, but delayed due to EMR upgrades. The pilot started on the Sago on September 7, 2021.

Budget Projects

Budgeting Tool: The finance team has been using an Access database to plan and adjust the ASH budget. A project was recently undertaken to transfer this process to an online web-based platform to increase efficiency and effectiveness of the finance team's budgeting and monitoring abilities. To that end, finance teamed up with the IT department to produce this product. As this project is a big undertaking, it was split up into two distinct phases.

Phase I

The first phase involves implementing the backend databases that would be used to house the data, setting up the user interface web-based site and allowing for user inputs in the main three modules of the program. These three modules (payroll, fixed vendors, variable costs) allow for the initial budget for a fiscal year to be developed and generated. At the beginning of May, Phase I was completed and this program is currently being used to plan and generate the FY 2022 budget.

Phase II

The second phase of development will allow for budget monitoring, adjustments to the budget and analytical analysis and projections. This phase is scheduled to commence in July of next fiscal year.

Nursing Dashboard: The Nursing dashboard provides an interactive way for Nursing leadership to analyze and understand their financial data. Not only can Nursing leadership understand their budget and spending, but they can also understand the cost drivers that they can affect, in order to reach their budgetary goals.

For Nursing, the major cost driver is their staffing costs, which involve their full-time employees and registry staff that are used to supplement their staffing needs. To be successful in managing the budget,

ASH must find the right mix of overtime for employees and registry staff, while ensuring operational effectiveness. ASH has reduced the staffing cost drivers to a few Key Performance Indicators (KPI's) to assist in tracking the effectiveness of responses to this data.

In order to meet budgetary goals for the fiscal year, hourly cost variance is a vital metric. Now that this data is readily available, ASH can work on decreasing hourly FTE cost to meet the goal. This increased cost revolves around increased overtime and increased staffing levels. With this understanding, Nursing was able to analyze their increased staffing levels that arose from changing the BHT staff to 12-hour shifts. Subsequently, Nursing leadership is working on initial changes to their staffing to begin addressing this cost driver.

Operations Dashboard: The operations dashboard provides a budget overview for major items, funds availability, and utility historical and projection information. The major cost drivers of this area revolve around significant projects and the utilities that are necessary for the ASH campus. The dashboard provides the historical comparisons for the utilities and a YTD budget analysis to determine how well ASH is tracking with the budget.

Psychiatric Center of Excellence

In state fiscal year 2017, the Arizona Department of Health Services (ADHS) and the Arizona State Hospital (ASH) solicited proposals from parties interested in developing a Center for Psychiatric Excellence to allow for the enhancement and expansion of non-ASH administered behavioral health services. The intent of the Center for Psychiatric Excellence is to provide state of the art, comprehensive behavioral health services for residents of Arizona and maximize vacant or unused space on the ASH campus. Responses received in SFY 2017 did not meet the intent of the proposal. ADHS did not issue any proposals for the Center for Psychiatric Excellence in FY 2021.

Appropriated Expenditures
Budget vs. Actual

Appropriation	Budget	Actuals	Variance
Operating			
Personal Services	$ 33,376,791	$ 34,540,375	$ (1,163,584)
Employee Related Expenditures	$ 12,709,577	$ 12,962,991	$ (253,414)
Professional And Outside Services	$ 7,630,634	$ 6,884,078	$ 746,556
Travel - In-State	$ 108,153	$ 111,265	$ (3,112)
Travel - Out-Of-State	$ 3,419	$ 2,689	$ 730
Food	$ 2,954,664	$ 2,859,948	$ 94,716
Other Operating Expenditures	$ 7,154,445	$ 6,604,035	$ 550,410
Capital Equipment	$ 20,188	$ -	$ 20,188
Non-Capital Equipment	$ 143,057	$ 114,031	$ 29,026
Transfers Out	$ 1,721,972	$ 1,721,357	$ 615
Total Operating	**$ 65,822,900**	**$ 65,800,769**	**$ 22,131**
Sexually Violent Persons			
Personal Services	$ 5,590,472	$ 5,756,108	$ (165,636)
Employee Related Expenditures	$ 2,310,458	$ 2,398,079	$ (87,621)
Professional And Outside Services	$ 662,517	$ 817,222	$ (154,705)
Travel - In-State	$ 50	$ -	$ 50
Travel - Out-Of-State	$ 2,000	$ -	$ 2,000
Food	$ 214,940	$ 213,507	$ 1,433
Other Operating Expenditures	$ 1,226,382	$ 812,419	$ 413,963
Capital Equipment	$ -	$ 6,846	$ (6,846)
Non-Capital Equipment	$ 3,881	$ 1,556	$ 2,325
Total Sexually Violent Persons	**$ 10,010,700**	**$ 10,005,738**	**$ 4,962**
Restoration to Competency			
Professional And Outside Services	$ 743,316	$ 749,219	$ (5,903)
Other Operating Expenditures	$ 156,684	$ 150,781	$ 5,903
Total Restoration to Competency	**$ 900,000**	**$ 900,000**	**$ -**

Total Appropriated Expenditures	**$ 76,733,600**	**$ 76,706,507**	**$ 27,093**

Revenues
Budget vs. Actual

Revenue	Budget	Actuals	Variance
Medicaid	$ 2,354,142	$ 2,843,352	$ 489,210
Restoration to Competency	$ 859,575	$ 1,683,172	$ 823,597
Lease Revenue	$ 817,248	$ 845,488	$ 28,240
Medicare	$ 650,000	$ 629,265	$ (20,735)
Self-Pay	$ 275,000	$ 266,910	$ (8,090)
Land Earnings	$ 998,914	$ 1,026,979	$ 28,065
Other	$ 132,000	$ 135,363	$ 3,363
Total Revenues	**$ 6,086,879**	**$ 7,430,529**	**$ 1,343,650**

Non-appropriated Funds
Fiscal Year Activity

Fund	Beginning Available Funds	Revenues	Expenditures	Ending Available Funds
ISA/IGA	$ 3,152,031	$ 758,811	$ (3,611,438)	$ 299,404
Donations	$ 512,155	$ 124,422	$ (485,483)	$ 151,094
LARC	$ 118,995	$ 90,000	$ (159,088)	$ 49,907
Total Funds	**$ 3,783,181**	**$ 973,233**	**$ (4,256,009)**	**$ 500,405**