



ARIZONA DEPARTMENT OF HEALTH SERVICES

ARIZONA STATE HOSPITAL

ANNUAL REPORT
STATE FISCAL YEAR 2023

Katie Hobbs, Governor

Michael R. Sheldon, MPA
Deputy Director - Arizona Department of Health Services
CEO - Arizona State Hospital

Submitted pursuant to A.R.S. § 36-217

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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 responsible¹ 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).

- Michael R. Sheldon, M.P.A., Chief Executive Officer
- Calvin Flowers, M.D., Chief Medical Officer
- Shanda Payne, L.M.S.W., Chief Operating Officer
- Michele Dunsworth, M.S.N., R.N., Chief Nursing Officer
- Lisa Wynn, B.S., CPHQ, Chief Quality Officer
- Margaret McLaughlin, M.S., CHC, Chief Compliance Officer
- Sheridyn Miller, Psy.D., ACPTC Director
- Erica Waldrige, Deputy Chief Human Resources Officer
- William Bugbee, Chief Security Officer

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.

- Ryan Rodney, C.P.A.², Deputy Chief Financial Officer
- Joseph Dick, IT Program Manager

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 Training and Education Department and the Specialty Clinic, which includes the Hospital’s Infection Preventionist, employee health, and medical services scheduling within the Clinic and with outside medical providers.

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.

² Ryan Rodney served as the Arizona State Hospital CFO during FY2023. Jason LaForest was hired into the CFO position, effective 12/19/23.

The Deputy Chief Human Resources Officer is responsible for classification and compensation and benefits, employee relations, Arizona State Employee Record Application (ASEDRA), recruitment and retention, administrative personnel investigations, and internal/external employee complaints. This area participates in the corrective action for employee incidents, employee assistance programs, secondary employment/conflict of interest, and human resources training for employees and managers. This area works in conjunction with the department's leave coordinator regarding employees' Family Medical Leave Act (FMLA), long-term disability (LTD), short-term disability (STD), workers' compensation, and employee requests for reasonable accommodation.

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

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 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 Arizona State Hospital consists of three separately licensed healthcare facilities located on a 93-acre campus at 24th Street and Van Buren in Phoenix, Arizona. The Civil and Forensic hospitals, each licensed as a *Special Hospital* (A.A.C. R9-10-101.218), are authorized to provide psychiatric services only to individuals admitted as inpatient with a primary diagnosis of a mental disorder, a personality disorder, or a significant psychological or behavioral response to an identifiable stressor per AAC R9-10-225(A)(2).³ As such, any individual whose medical needs cannot be met by the facility shall not be admitted to the Arizona State Hospital for treatment (R9-10-225(A)(4)). The Arizona Community Protection and Treatment Center (ACPTC) is a *Behavioral Health Specialized Transitional Facility*, which is a licensed residential program. ACPTC is the only *Behavioral Health Specialized Transitional Facility* in operation in Arizona.

³ 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.

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. Due to their legal status, Forensic patients are not eligible for Medicaid covered benefits during the duration of their Forensic Hospital admission. Forensic patients receive services at the Hospital under a criminal court order for treatment and are under the jurisdiction of the Arizona Superior Courts. Release of Forensic patients to the community is coordinated with the Superior Courts 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 131 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 linen services (Crothall). ASH also utilizes available contracts for registry staffing, including Behavioral Health Technicians (BHTs) and Registered Nurses (RNs).

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, and 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.

The Forensic Adult Program is for patients who 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 Hospital 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 Arizona Superior Courts, or for those adjudicated prior to 1994 as Not Guilty by Reason of Insanity (“NGRI”). These patients are currently housed on seven (7) 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)

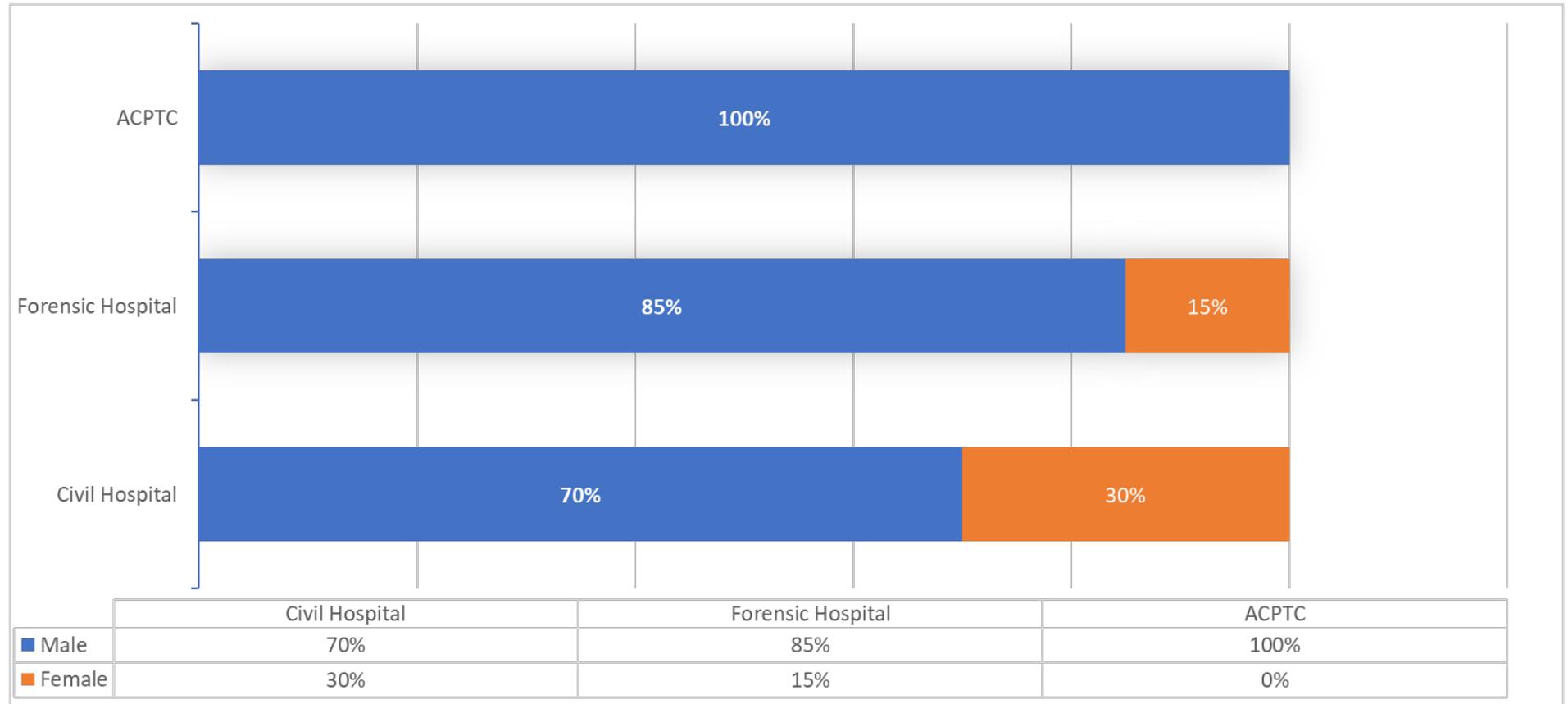
The Arizona Community Protection and Treatment Center (ACPTC) is located on the same grounds as ASH. The ACPTC is a statutorily mandated program (ARS §36-3701 - §36-3717). ACPTC provides care, supervision and treatment for those persons court-ordered into the program while protecting the community from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

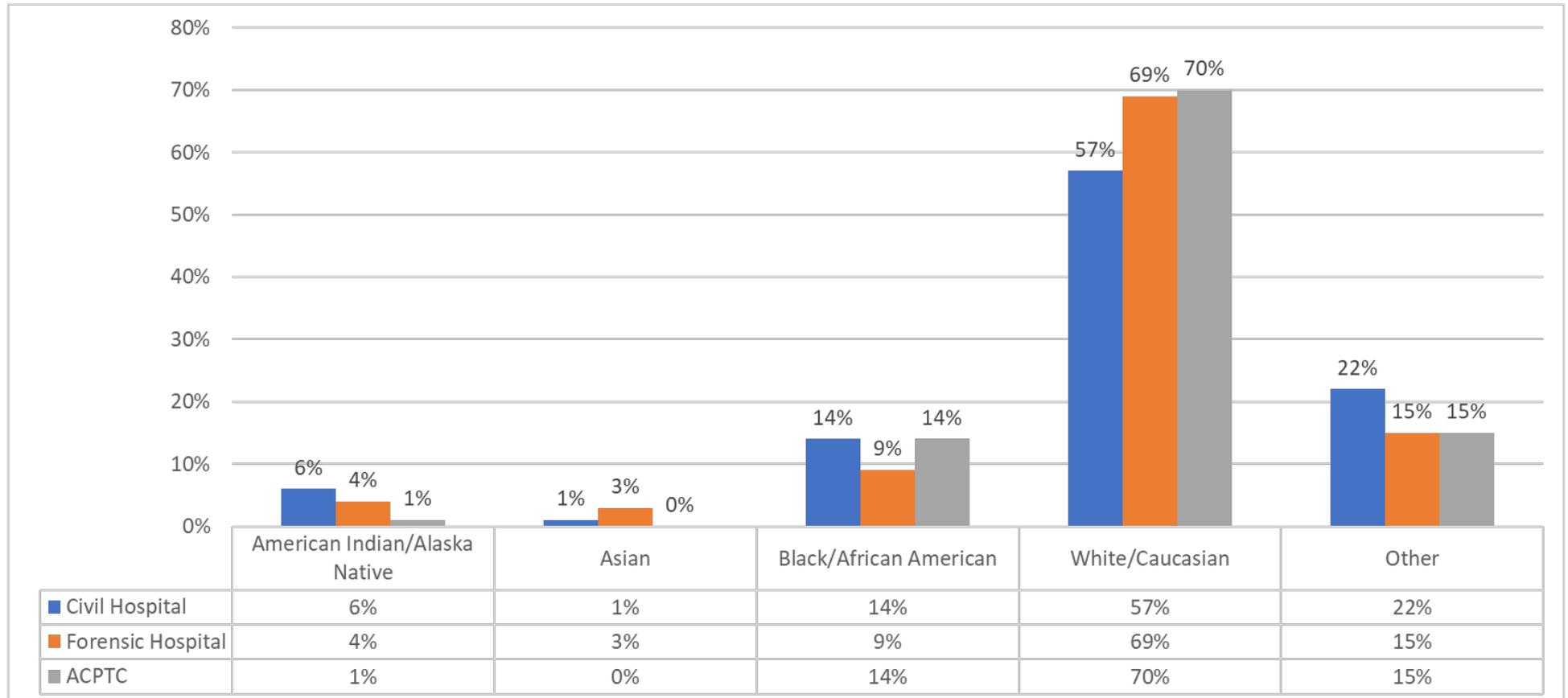
Data presented below is included in this report pursuant to A.R.S. § 36-217(A)(2) and reflects the status of individuals treated during FY 2023. Due to the low number of patients represented in certain demographic categories, the data is presented in an aggregate format to protect confidential patient information.

Gender by Facility



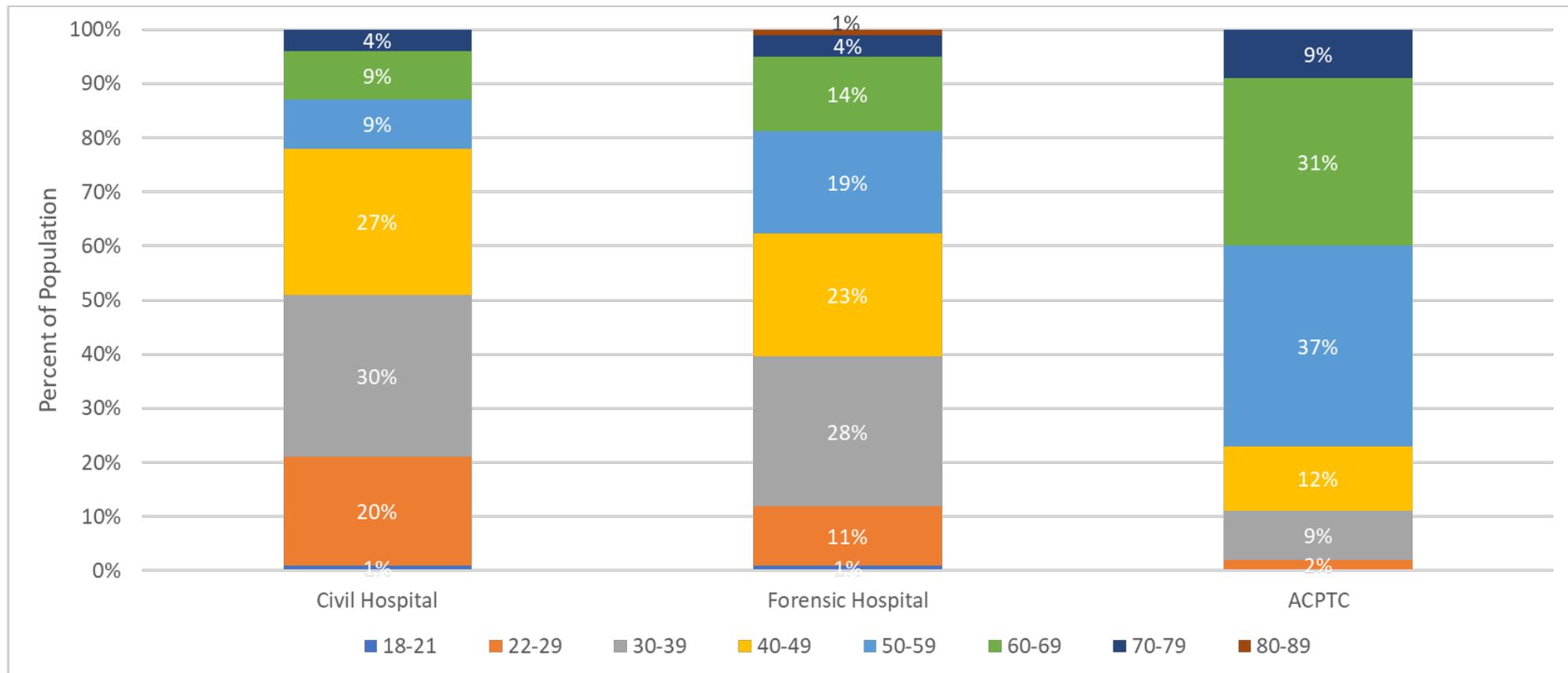
Race

Patients self-identify their race within the following categories: American Indian/Alaskan Native, Asian, Black/African American, White/Caucasian, or Other. With regard to ethnicity, twenty-six percent (26%) of Civil patients self-identify as Hispanic, sixteen percent (16%) of Forensic patients self-identify as Hispanic, and thirteen percent (13%) of ACPTC residents self-identify as Hispanic. The following chart represents the breakdown of race by facility.



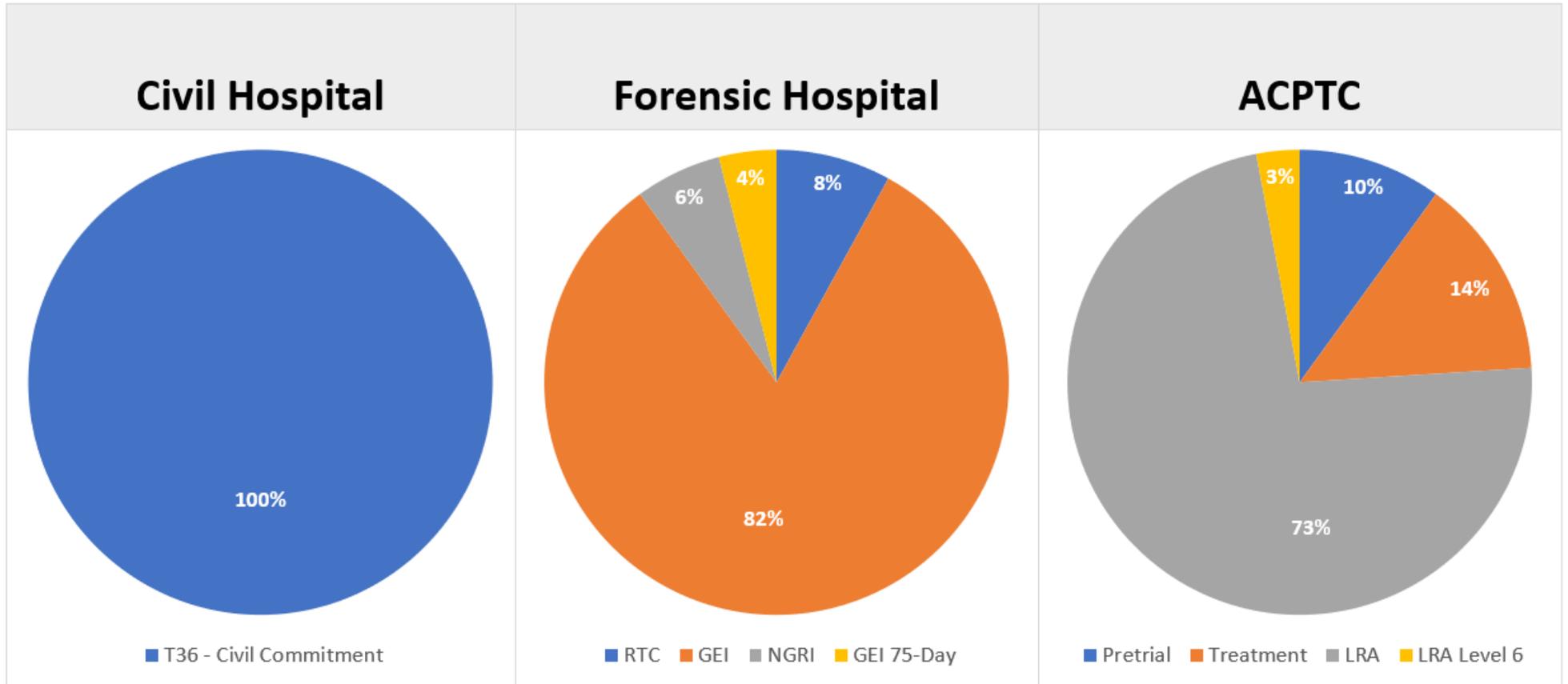
Age

The Arizona State Hospital serves individuals age 18 and older. The following chart represents patient and resident ages, within the following age ranges: 18-21, 22-29, 30-39, 40-49, 50-59, 60-69, 70-79 and 80-89. While the majority of Civil and Forensic patients are in the 30-39 age range, the majority of ACPTC residents are in the 50-59 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, more medical care services from internal and external health care providers are necessary to meet the needs of ACPTC's aging population.



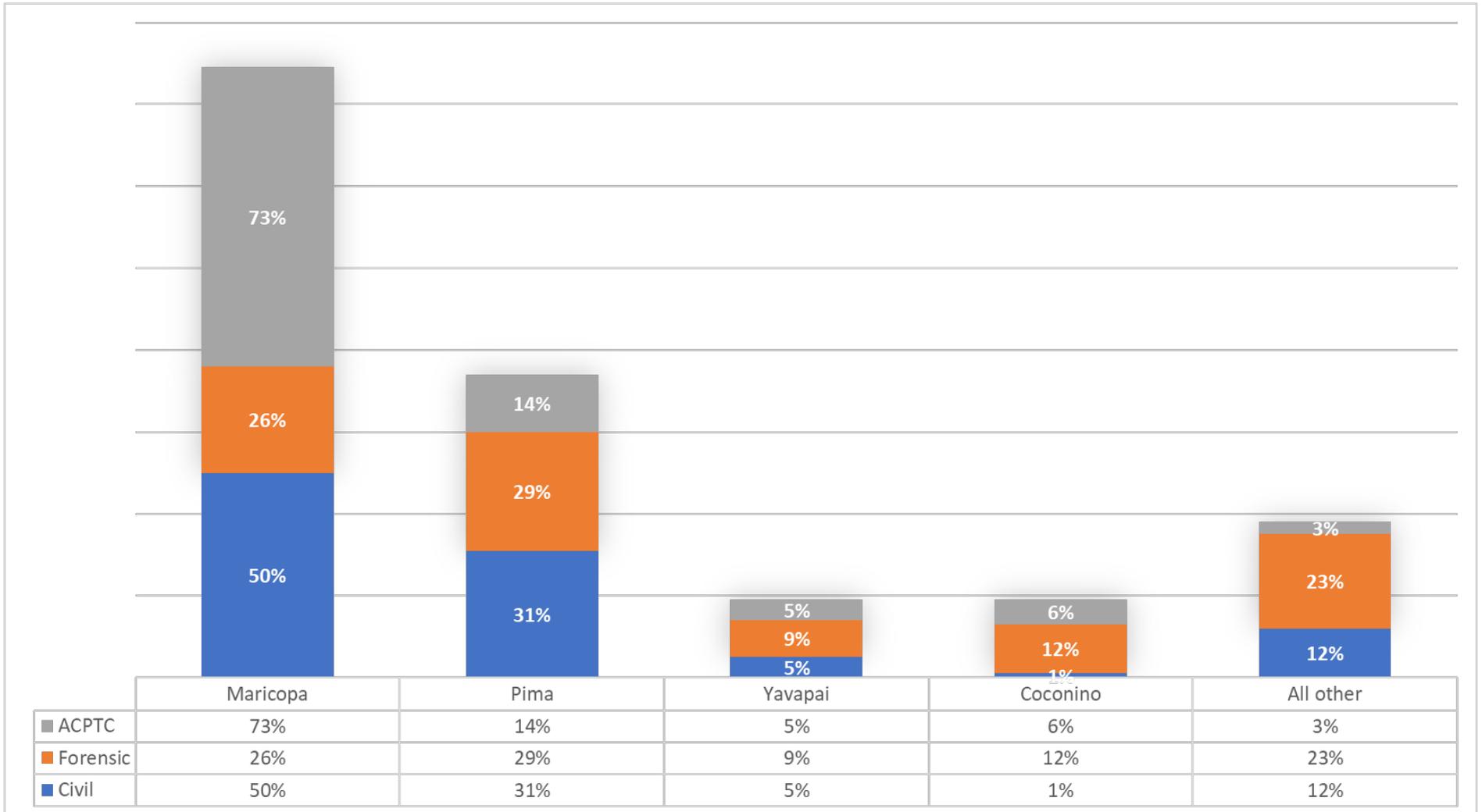
Legal Status/Program Type

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.

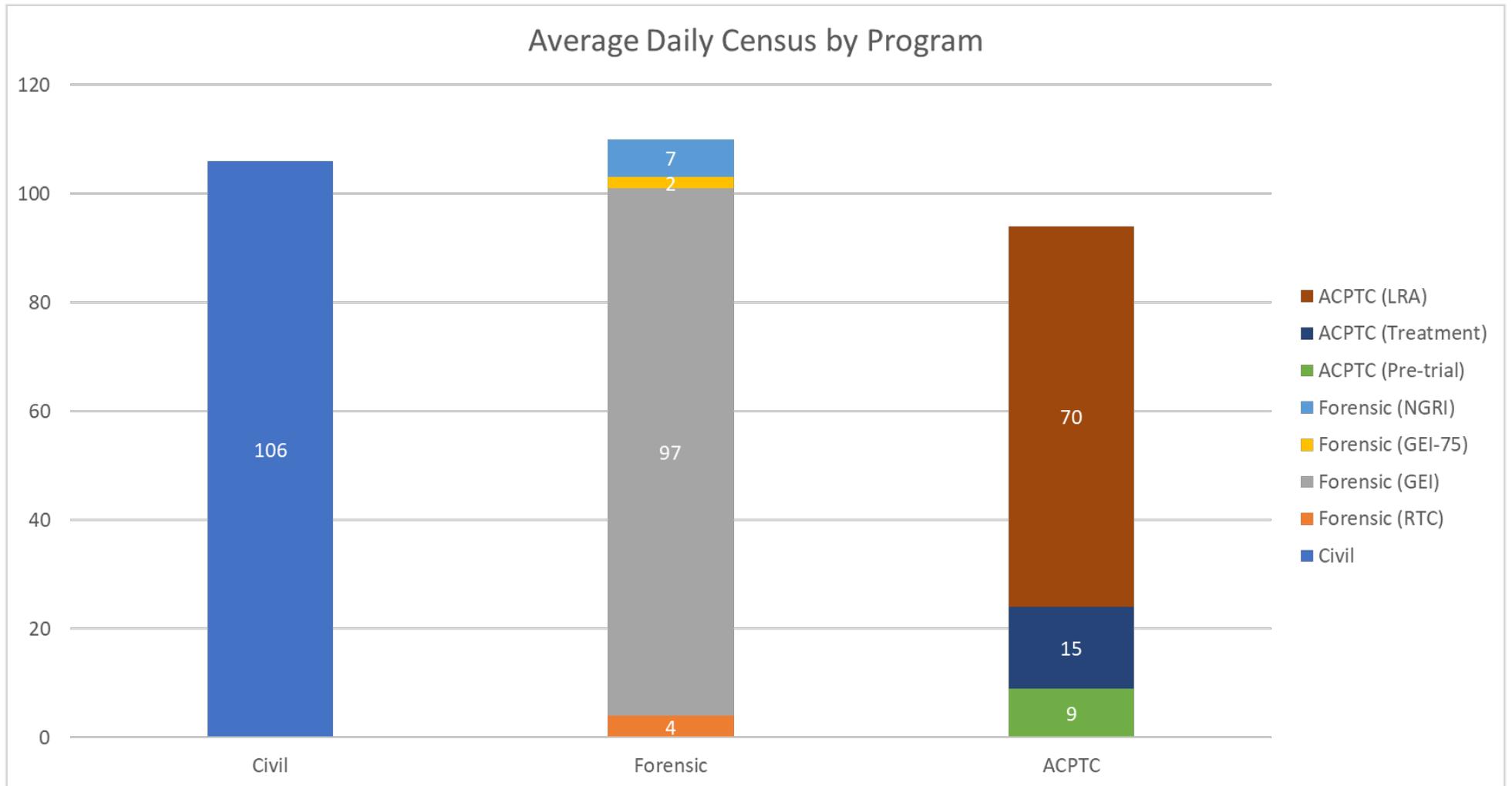


County of origin

The following data represents the original county issuing the court order for treatment, but does not necessarily represent 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.

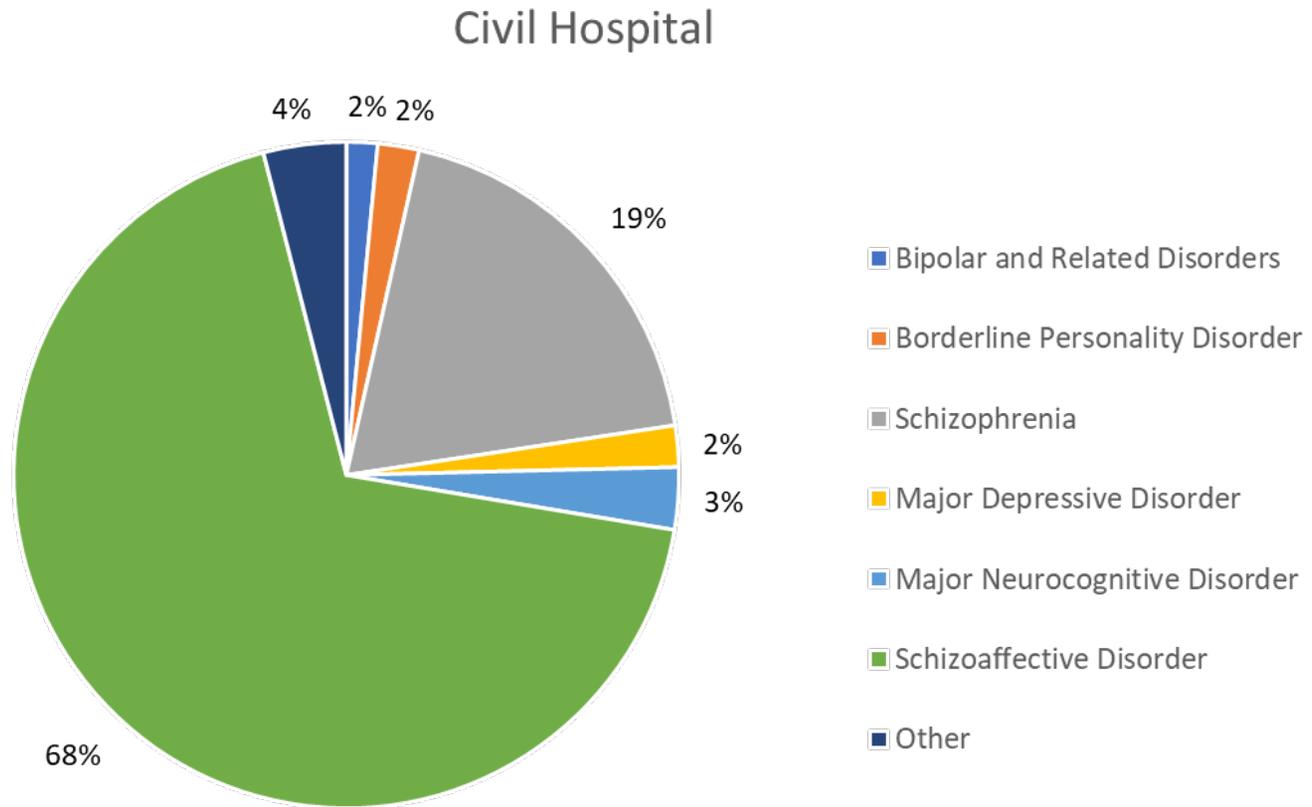


Census by program

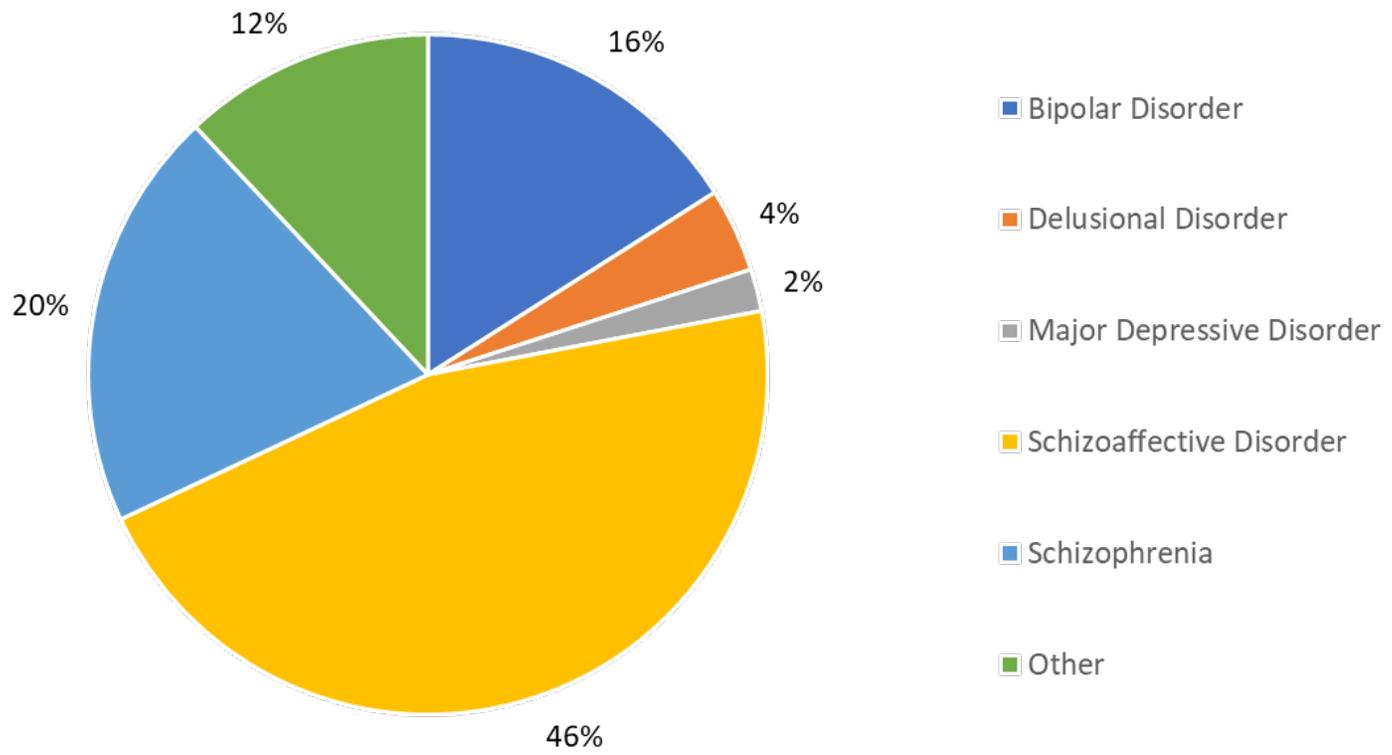


Primary diagnosis of each by category

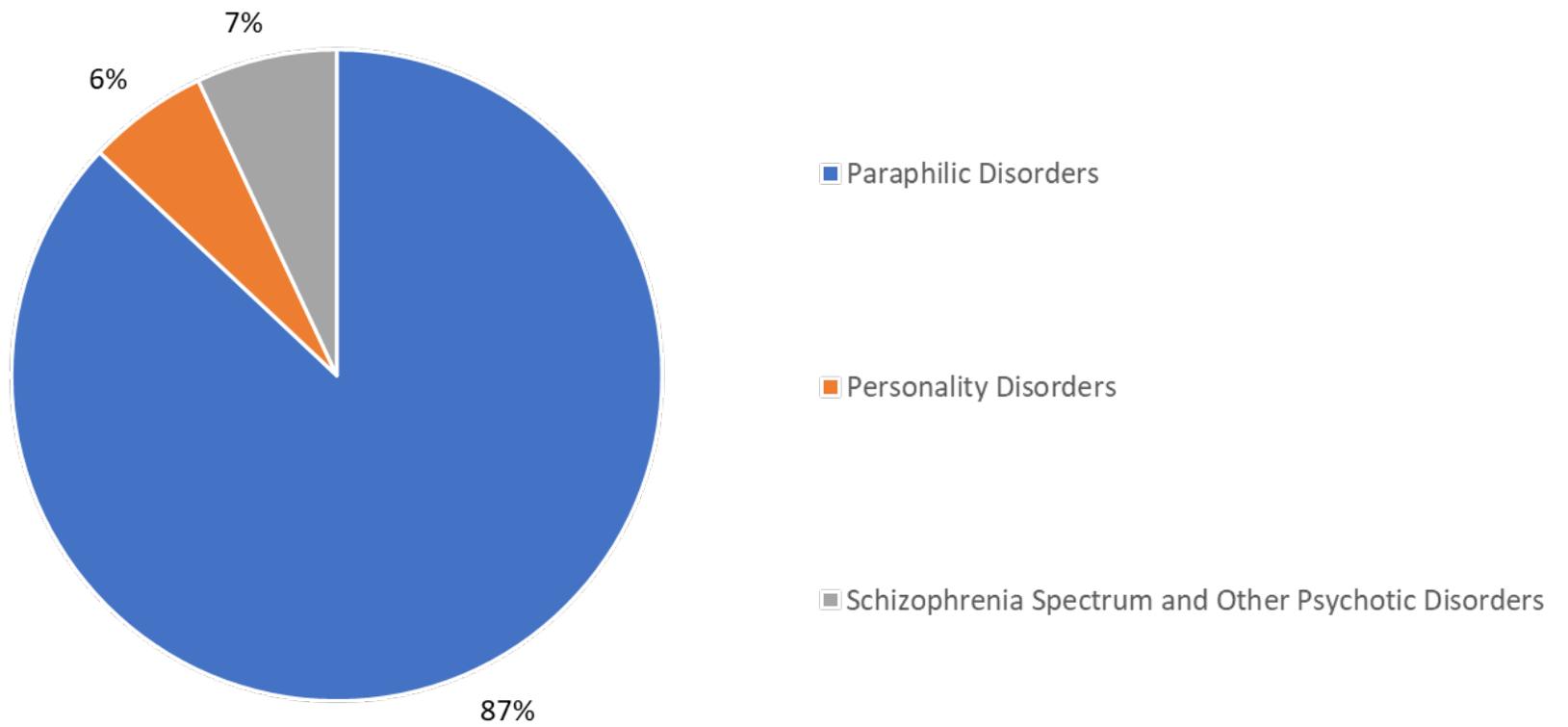
The following data represents the primary diagnosis of current ASH patients and residents. Of note, the primary diagnosis may not be the same as a patient's admission diagnosis.



Forensic Hospital

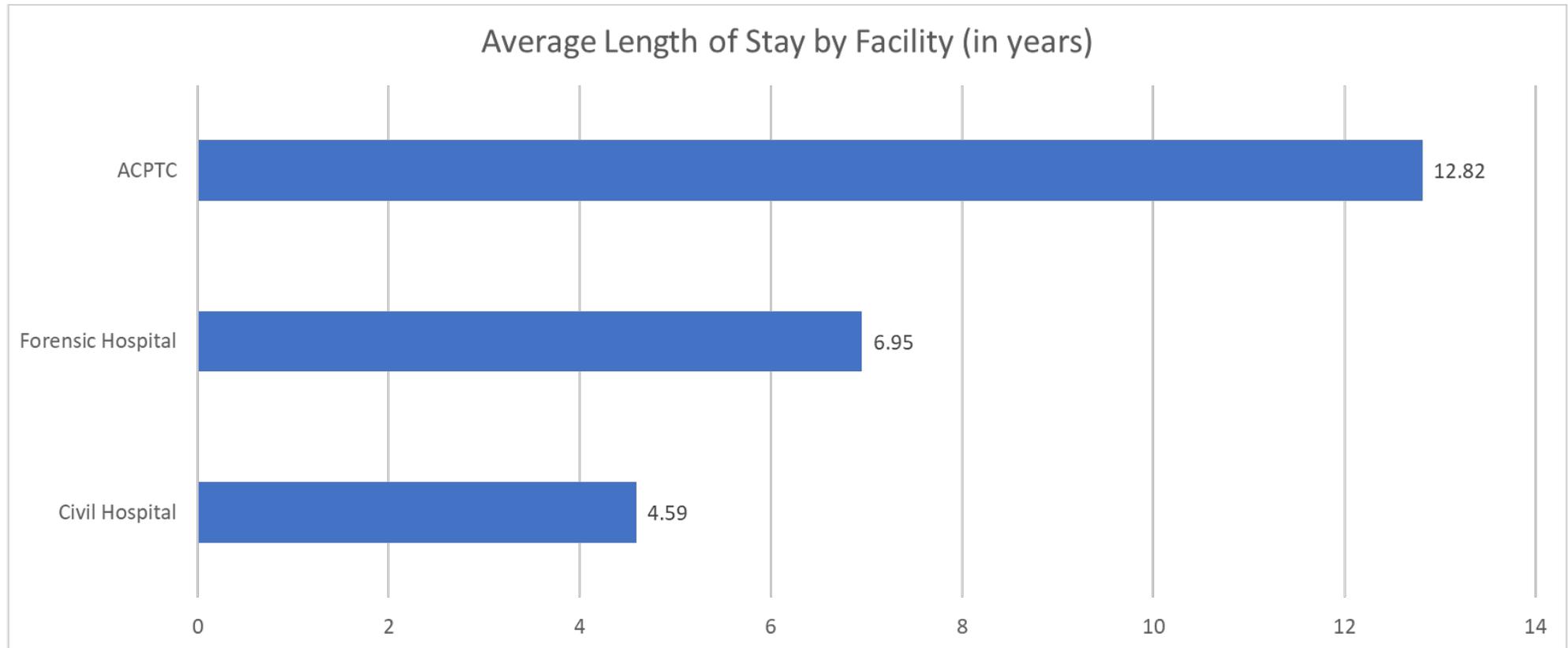


ACPTC



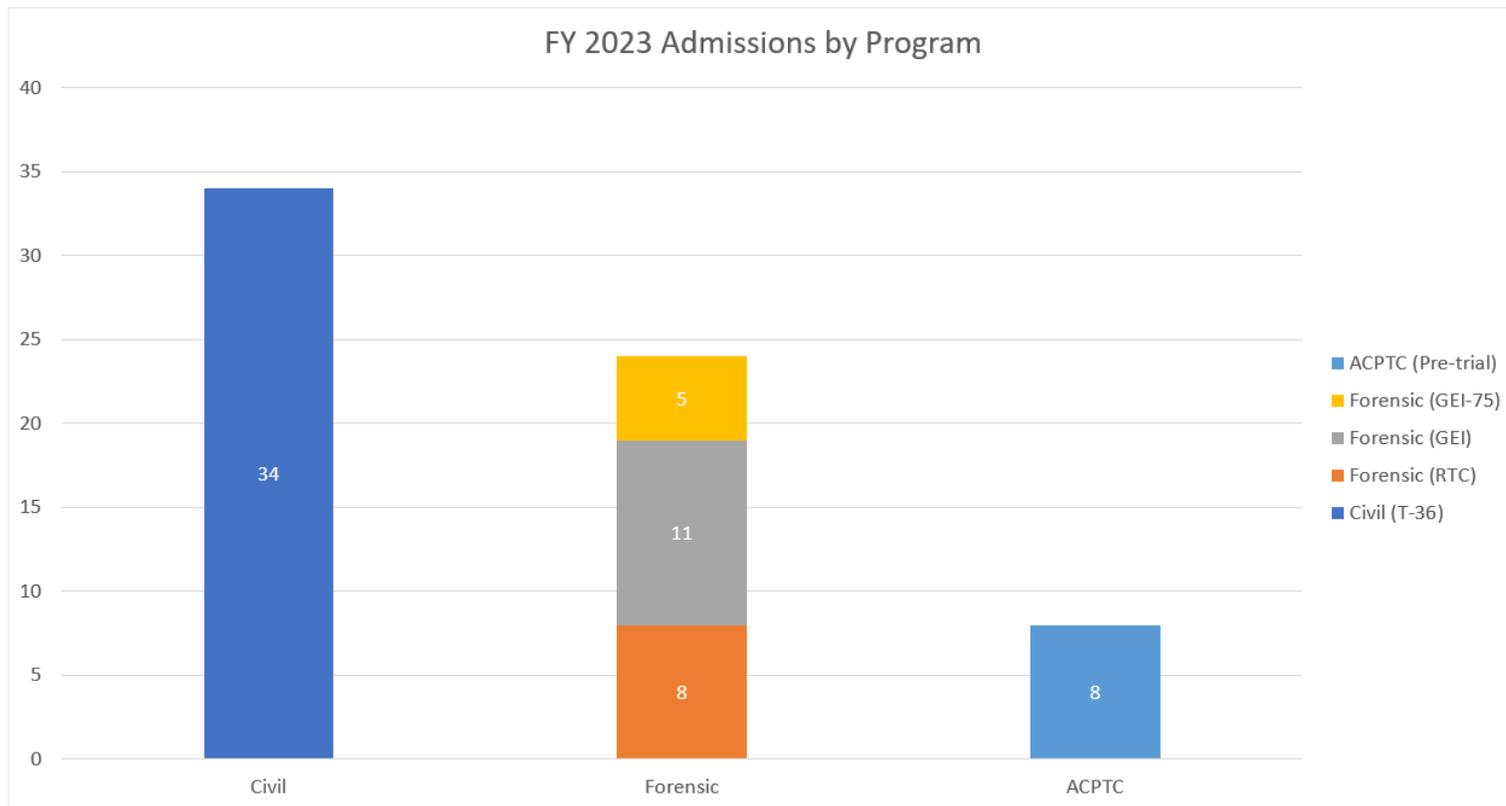
Length of stay

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, in compliance with hospital requirements for discharge assessments and reassessments. The bar graph below represents the length of stay for patients served during FY 2023.

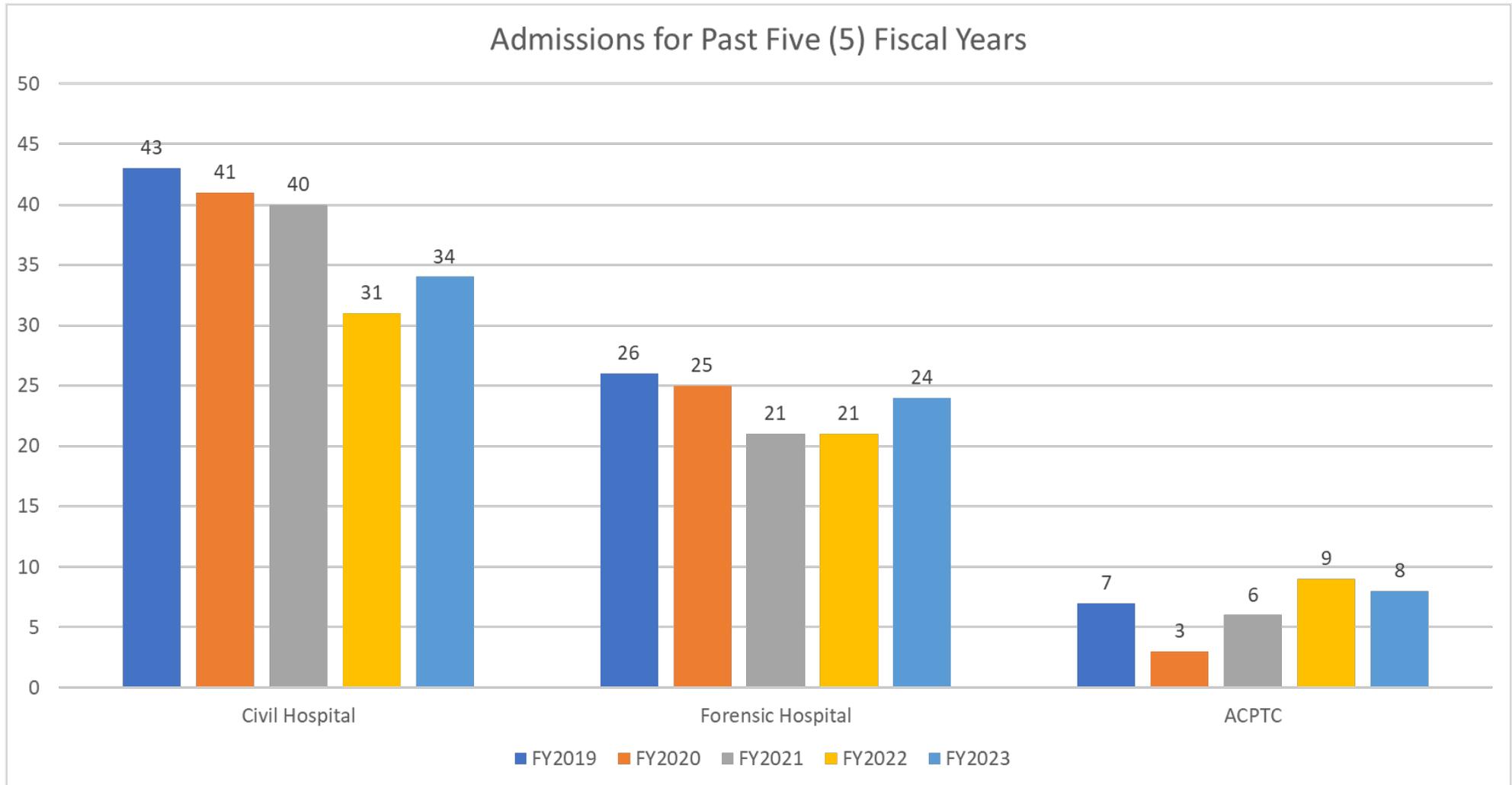


ASH Admissions

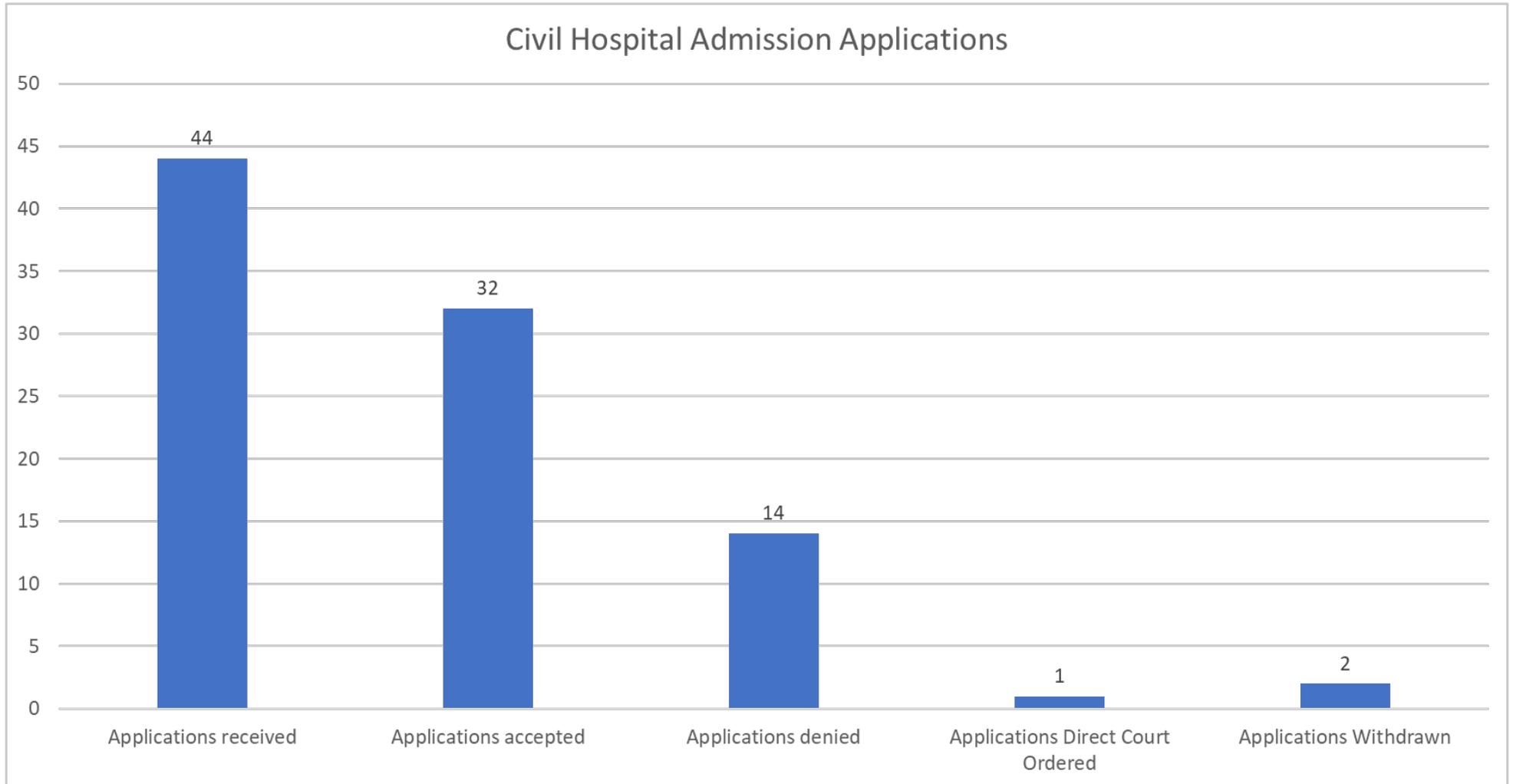
Forensic Hospital and ACPTC admissions are through a direct Court Order, meaning that the court orders these facilities to admit individuals. Patients at the Civil Hospital may be admitted under a direct Court Order (pursuant to A.R.S. § 36-541), but most patients are admitted through the application process. The application process is outlined in the ASH Utilization Management Plan (see also 42 C.F.R. § 482.30). 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.



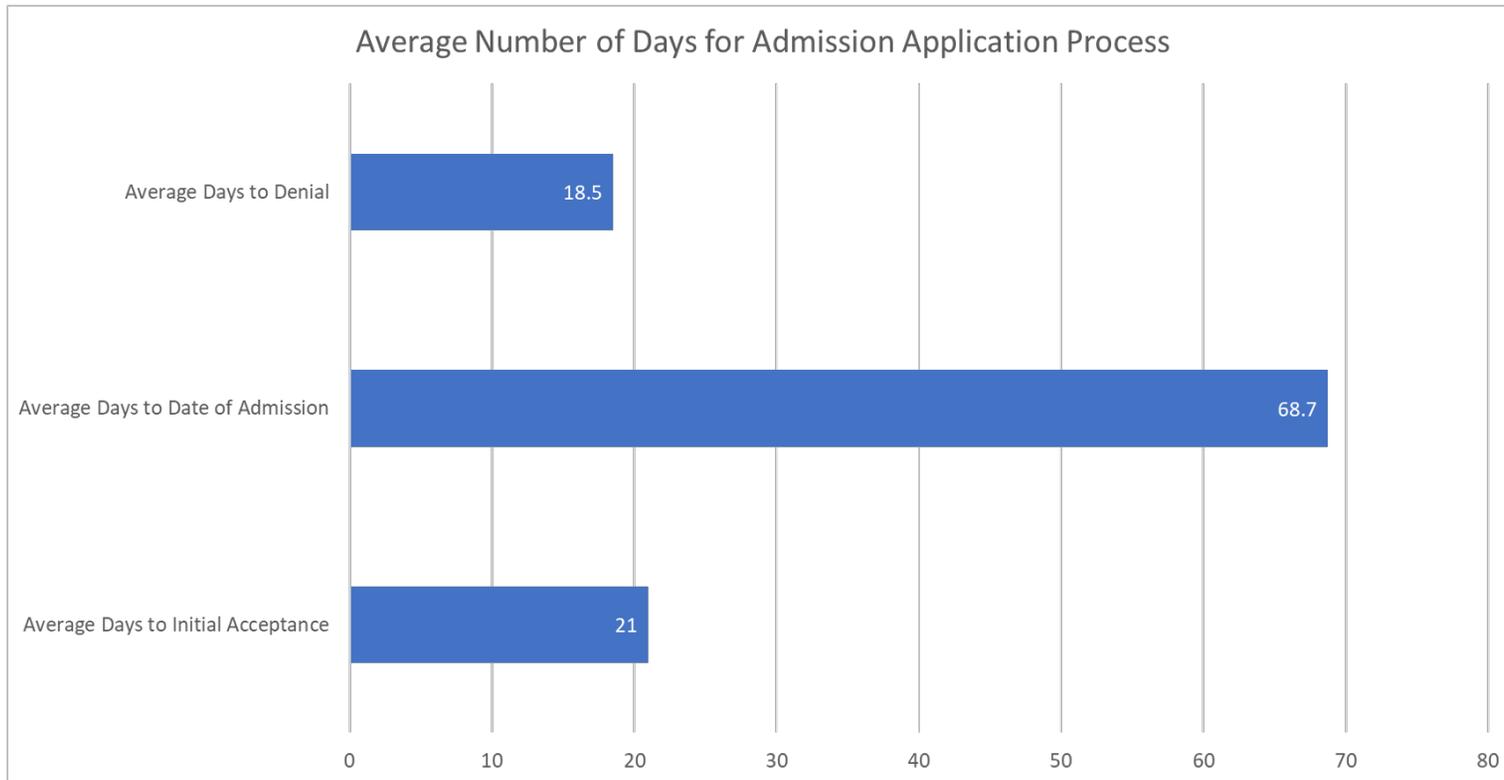
Overall, admission numbers during FY 2023 remain relatively consistent in comparison to prior fiscal years:



Details of Civil Hospital admissions are included in the charts below. As indicated in “Admission Applications” chart, 63% of all applications submitted in FY23 resulted in admission to the Civil Hospital. Of note, the number of Civil admissions 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).



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. The following chart includes the time frames associated with the application process.

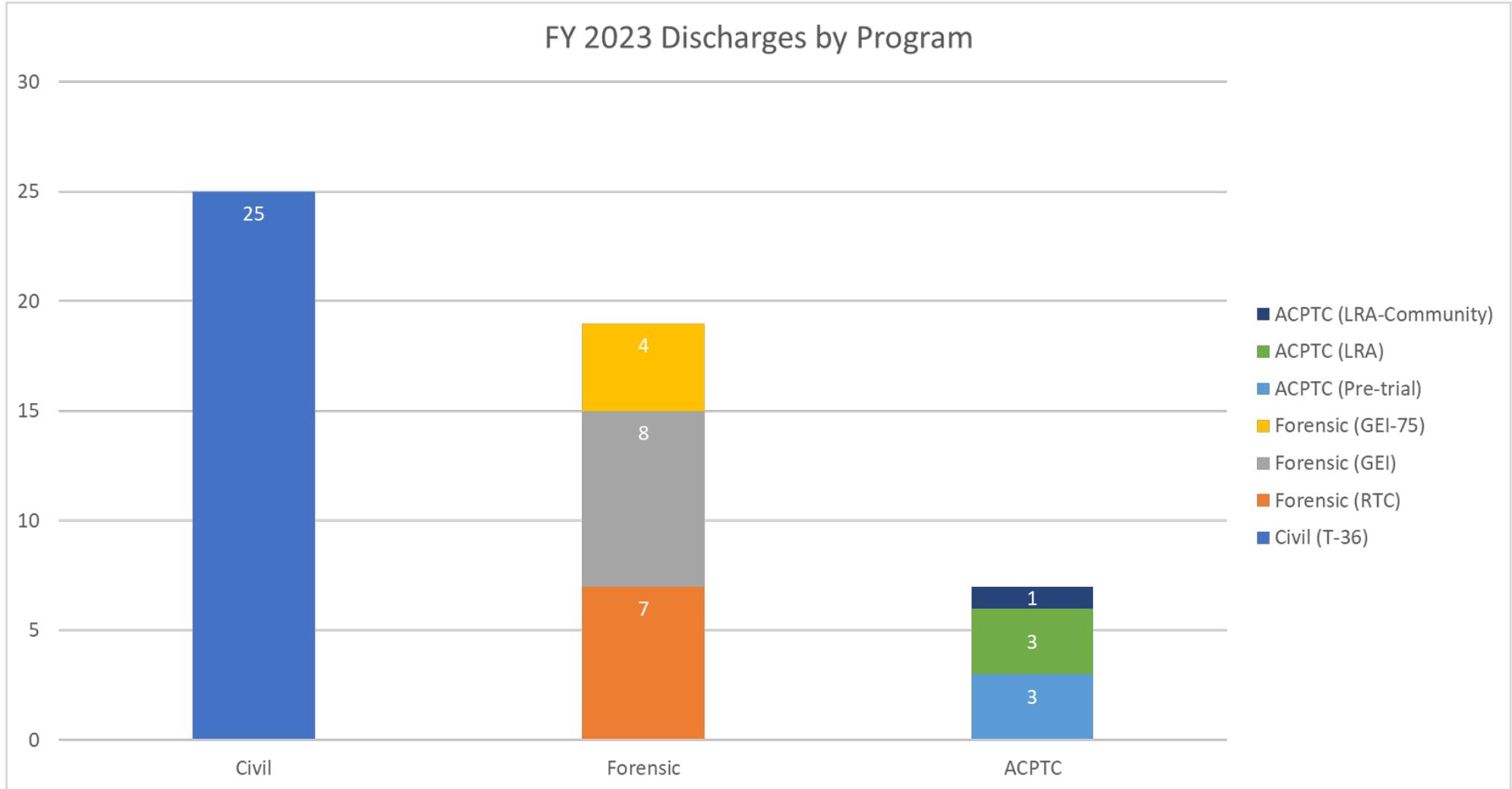


During FY 2023, 14 applications for admission were denied. The following are the reasons for denial, in accordance with state law:

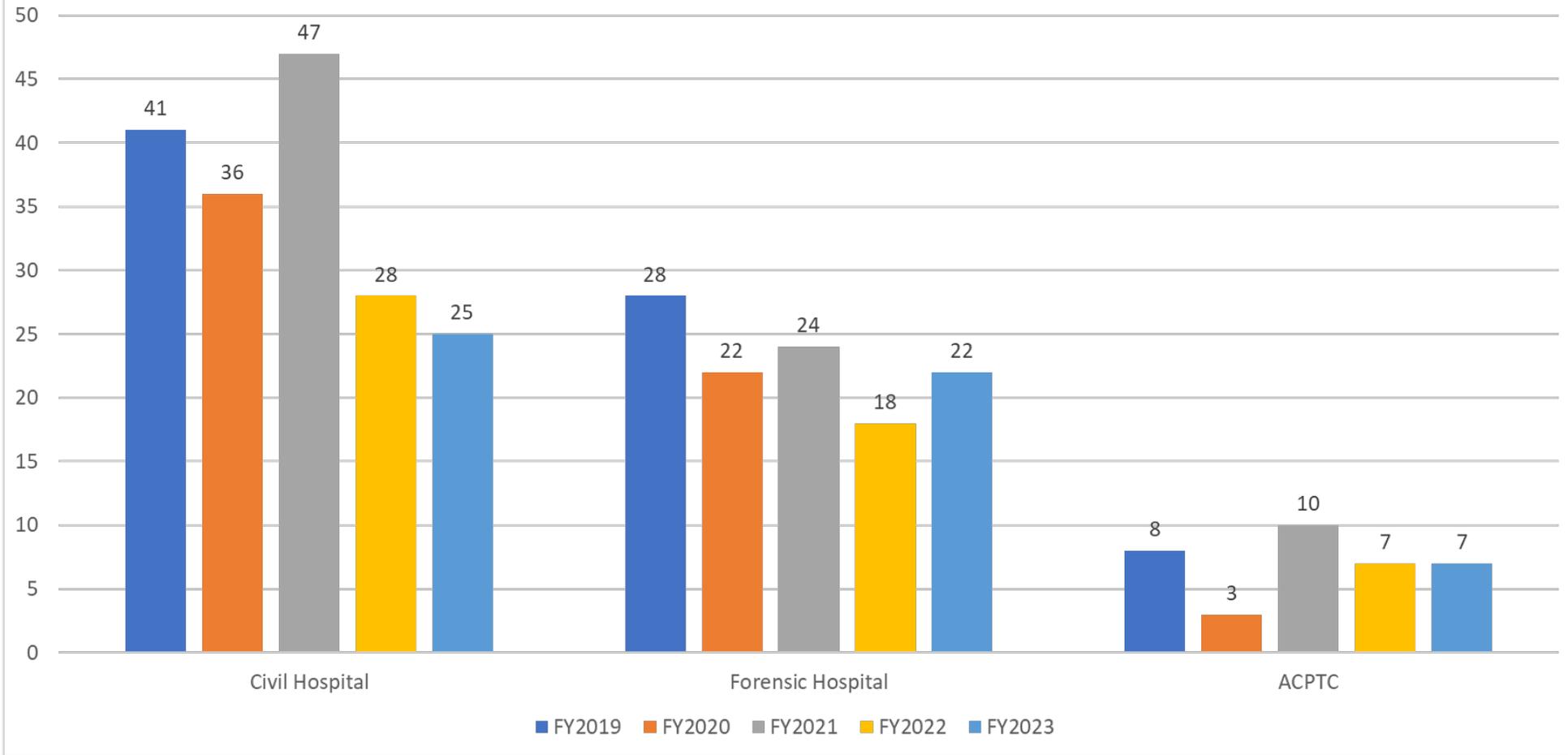
- The patient/applicant was determined not likely to benefit from care and treatment at the Arizona State Hospital (ARS § 36-202; e.g., the patient does not have a behavioral health condition that can be treated at ASH).
- The Arizona State Hospital is not the most appropriate and/or least restrictive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

ASH Discharges

Arizona State Hospital discharges for the Civil and Forensic hospitals, as well as ACPTC, remained consistent during FY 2023.



Discharges for Past Five (5) Fiscal Years



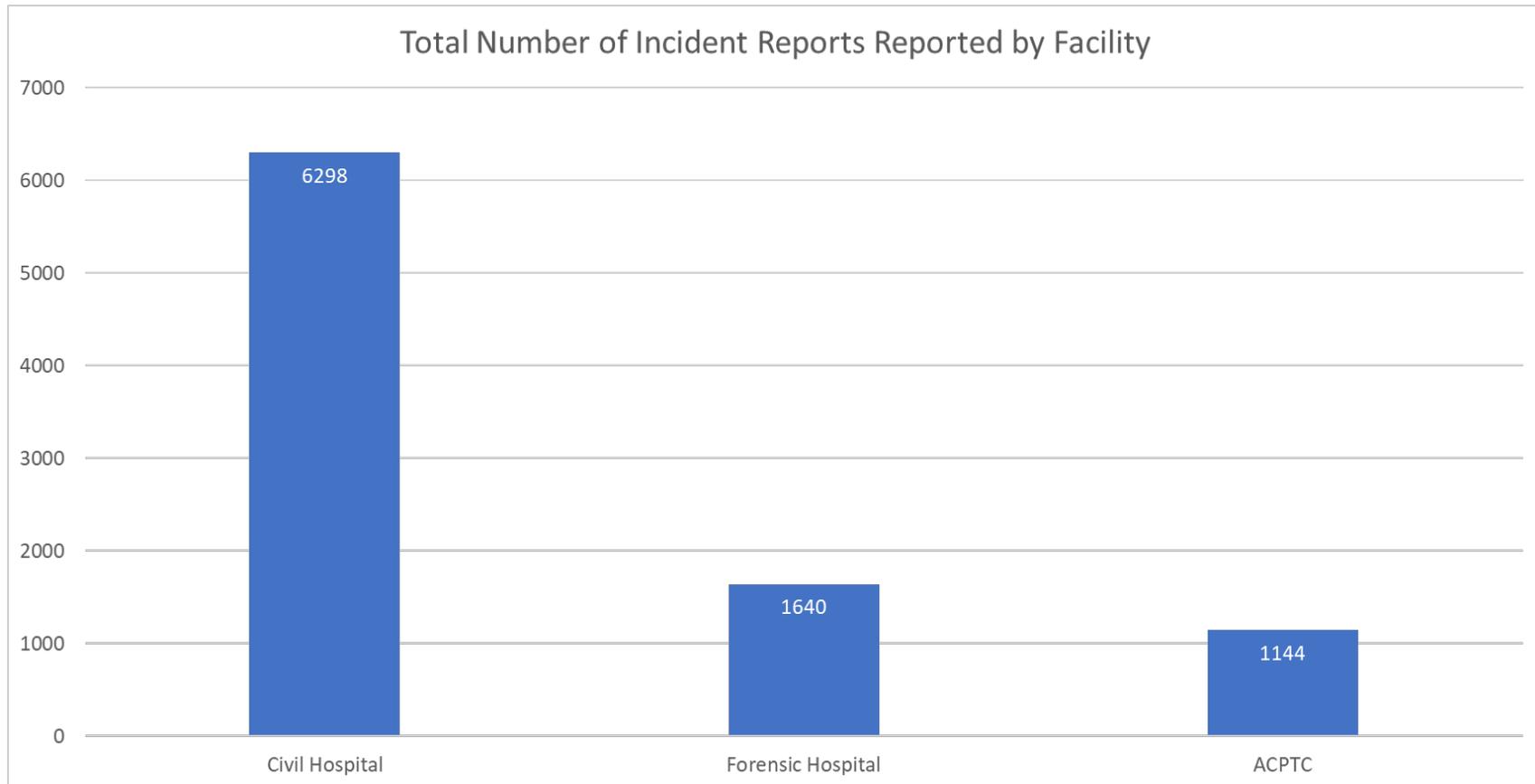
ASH treatment teams coordinate closely with outpatient treatment teams, and when applicable, patient guardians to prepare patients for discharge. A number of barriers impact ASH’s ability to discharge Civil Hospital patients in a timely manner; importantly, these barriers are out of ASH’s control, yet directly affect ASH’s ability to discharge expediently. During FY 2023, ASH collaborated closely with health plans and Regional Behavioral Health Authorities (RBHAs) to coordinate the care of patients with complex cases (e.g., limited placement options).

ASH Quality Data - Incident Reports

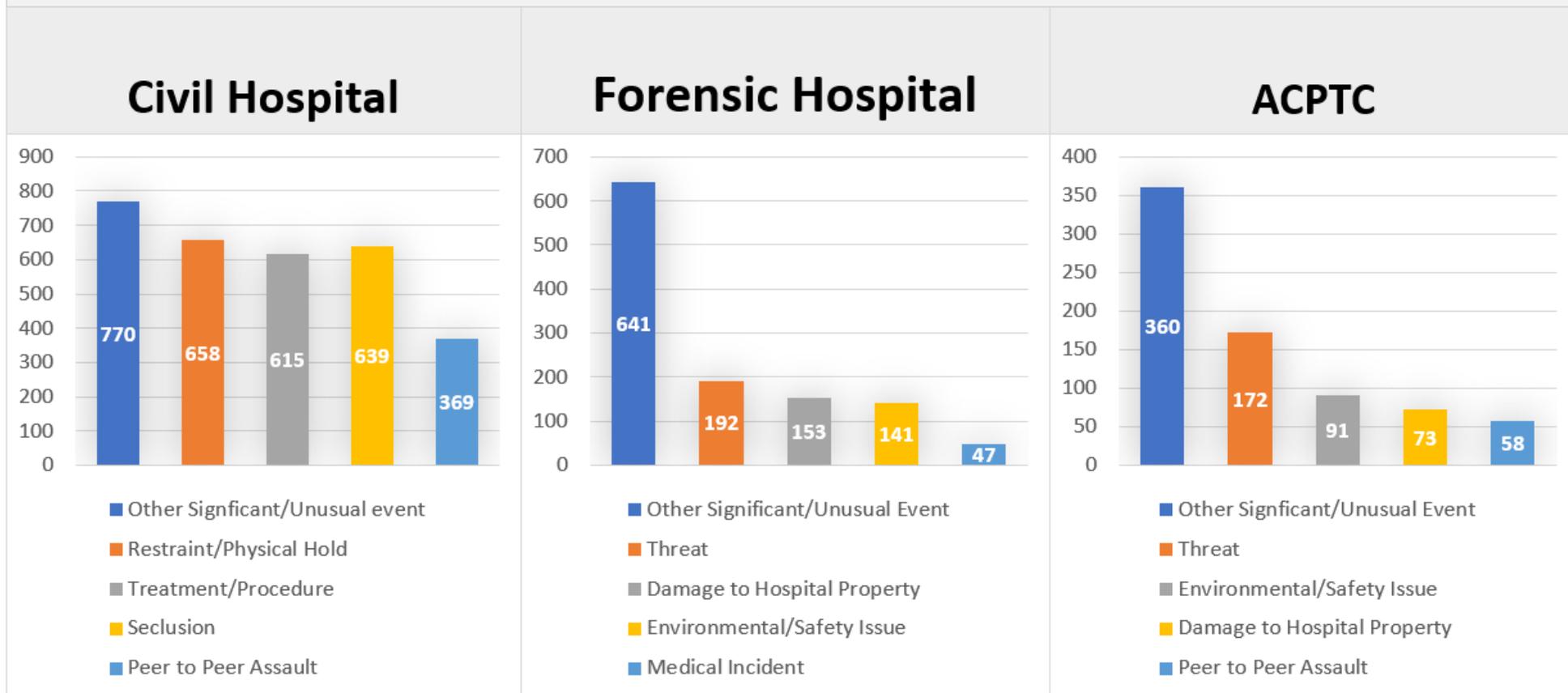
The Hospital's Quality Management Team oversees the Quality Assurance and Performance Improvement Program, (QAPI) which is a hospital-wide data driven program that seeks to achieve the highest quality of inpatient psychiatric services through Continuous Process Improvement.

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 other involved staff, as applicable. The Hospital's Executive Risk Management Team (ERMT) conducts a thorough review of each incident.

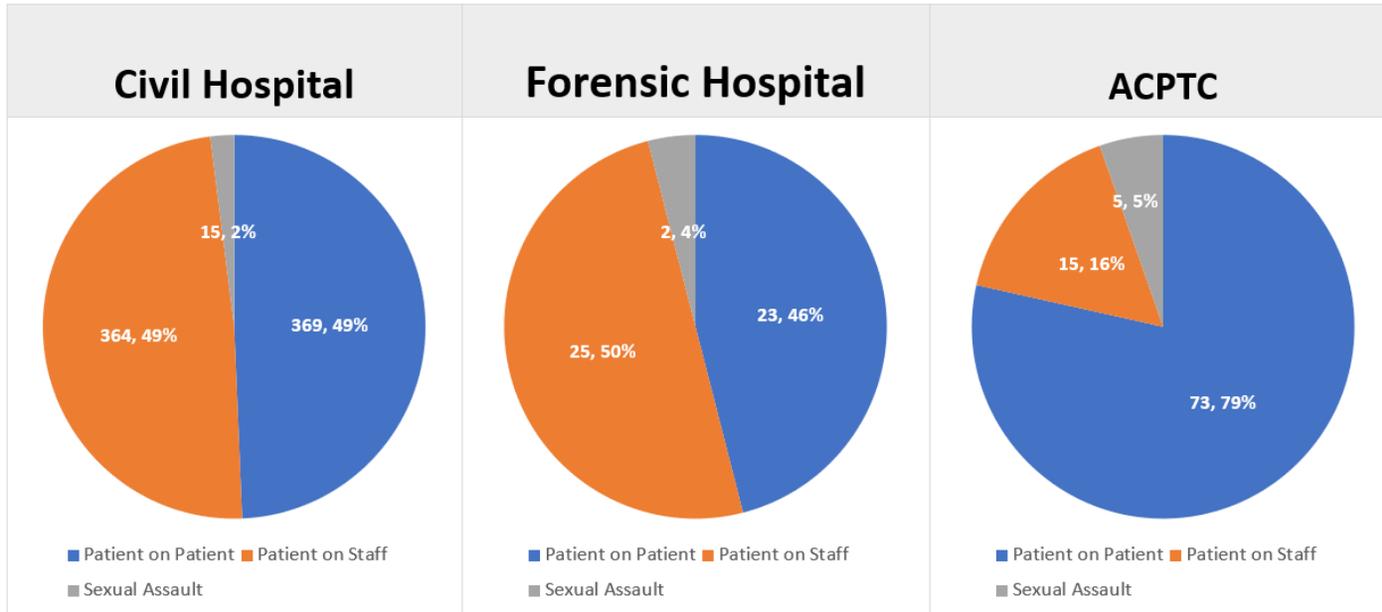


Top Five (5) Types of Incidents by Facility



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 (e.g., person-to-person physical contact, one person spitting on another, objects thrown by one individual and hitting another individual). Assaults account for approximately 10% of all incidents reported in FY 2023.



Sexual Assaults

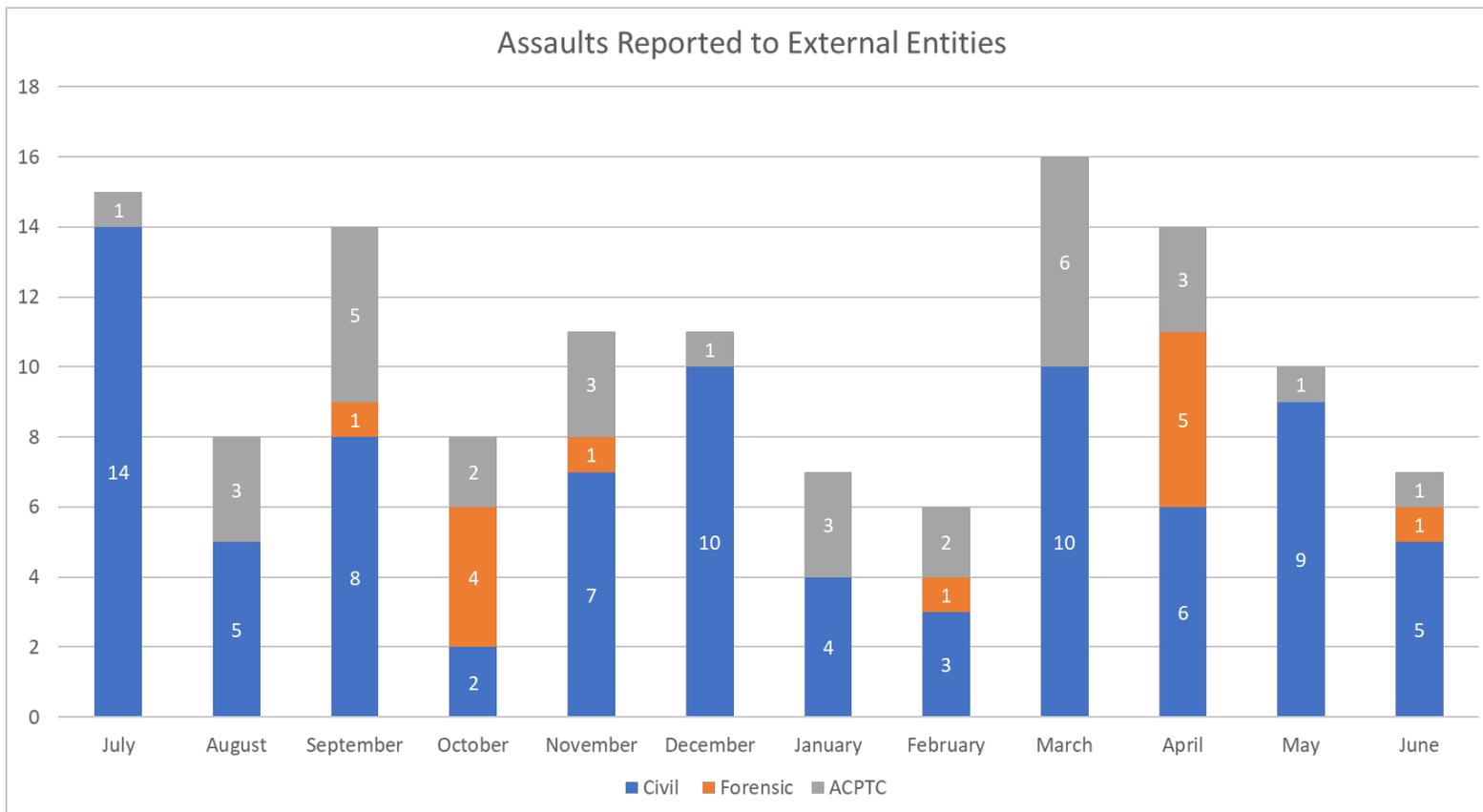
Of the assaults that occurred at the Civil and Forensic hospitals, 17 were categorized as sexual assaults⁴ in which a patient was the victim, accounting for less than 1% of the total number of assaults. There were five (5) sexual assaults reported at ACPTC during FY 2023. All allegations of sexual assault are documented as sexual assaults, pending a thorough investigation. Sexual assault data is collected, as the term is defined in Arizona statute and Hospital policy.

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.

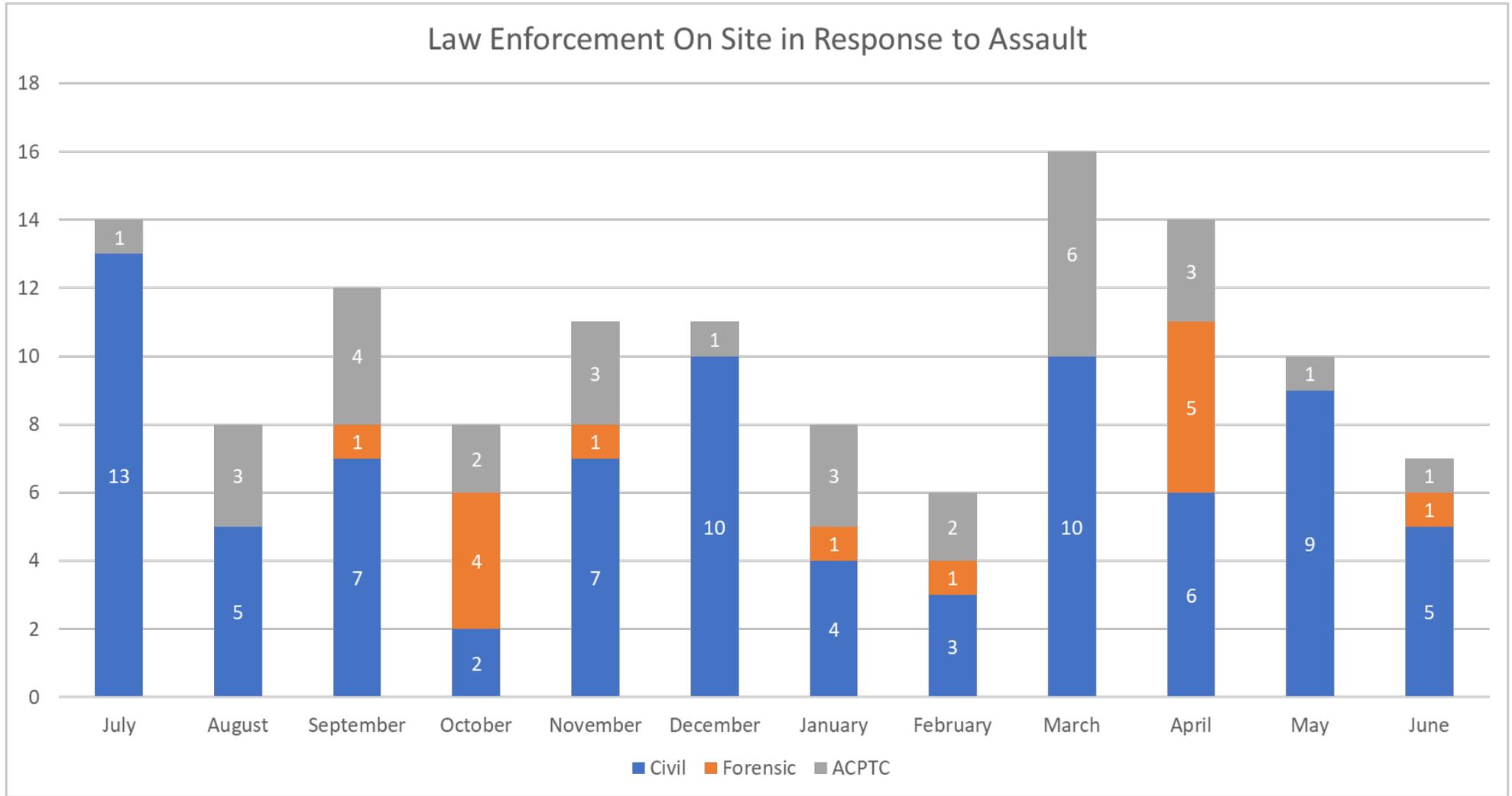
Assaults reported to law enforcement, regulatory agencies and accreditation agencies

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.



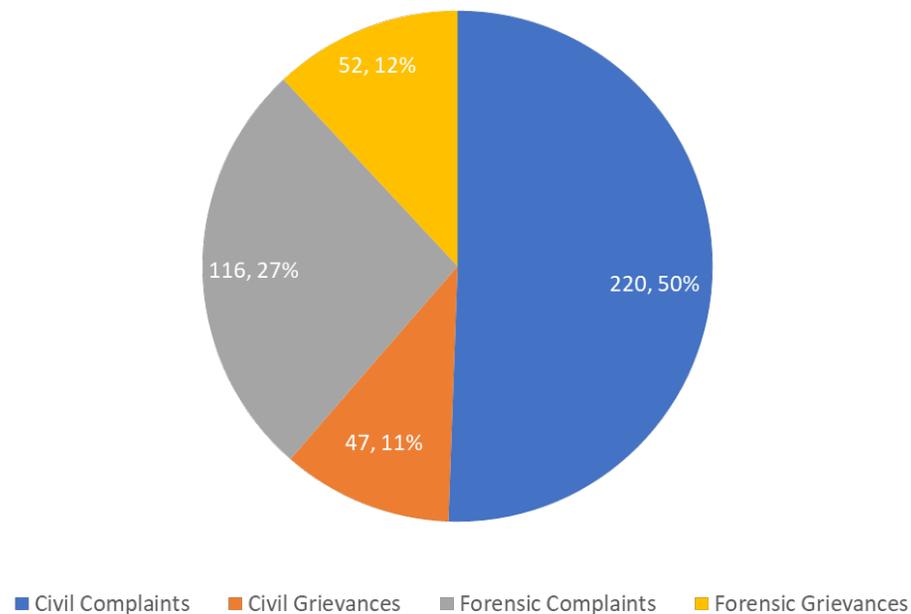
Number of times law enforcement on site in response to assault at ASH



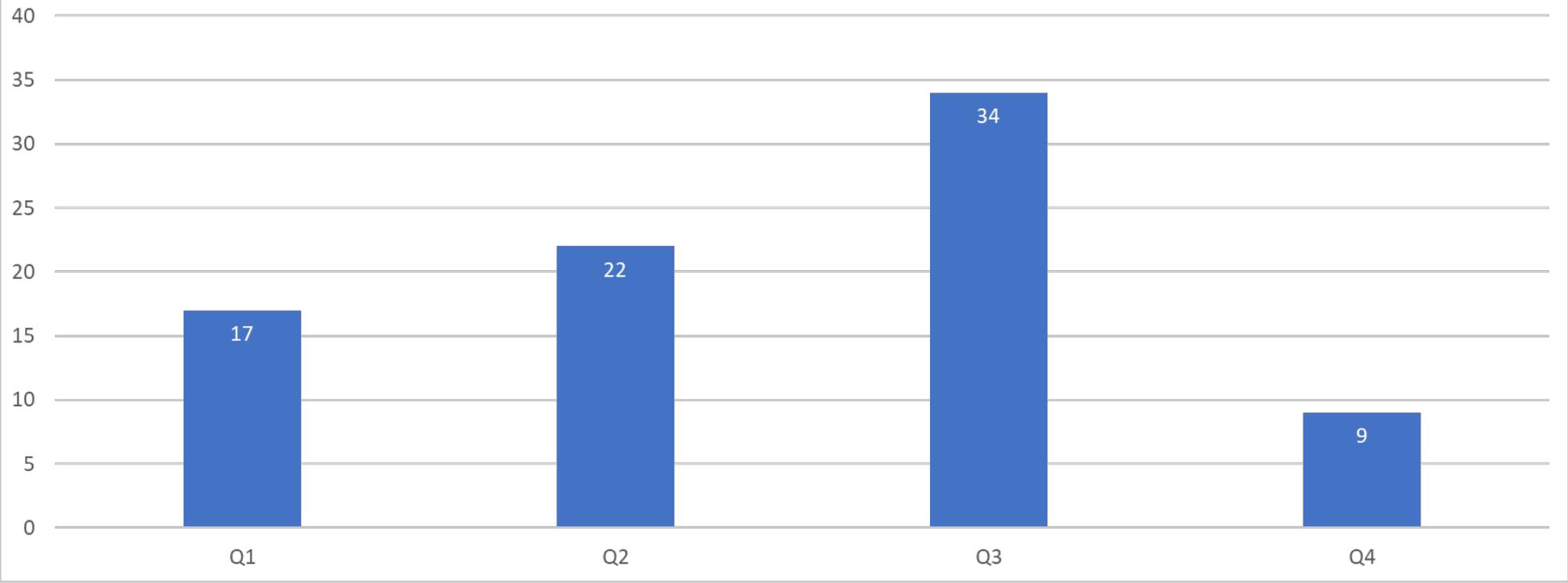
ASH Patient Complaints, Grievances and Appeals

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. However, 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.

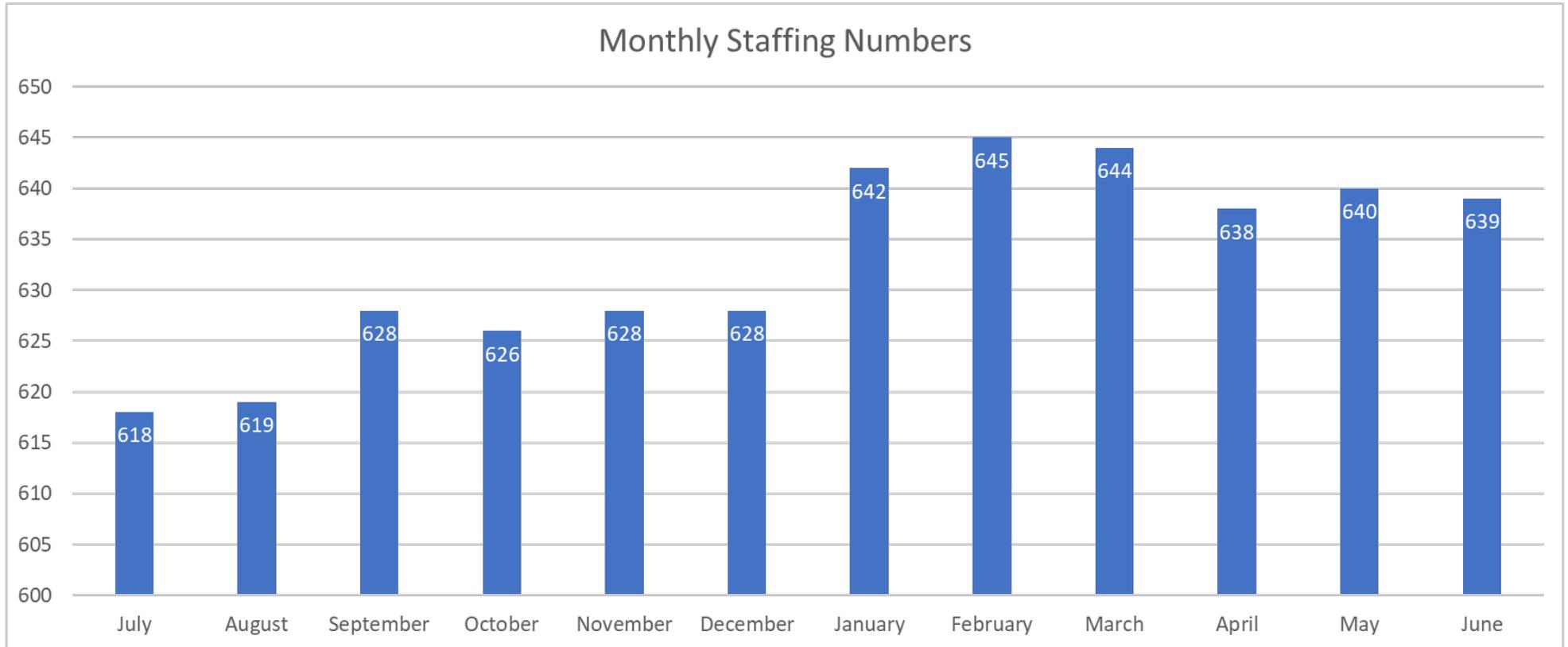


ACPTC Complaints Filed by Quarter

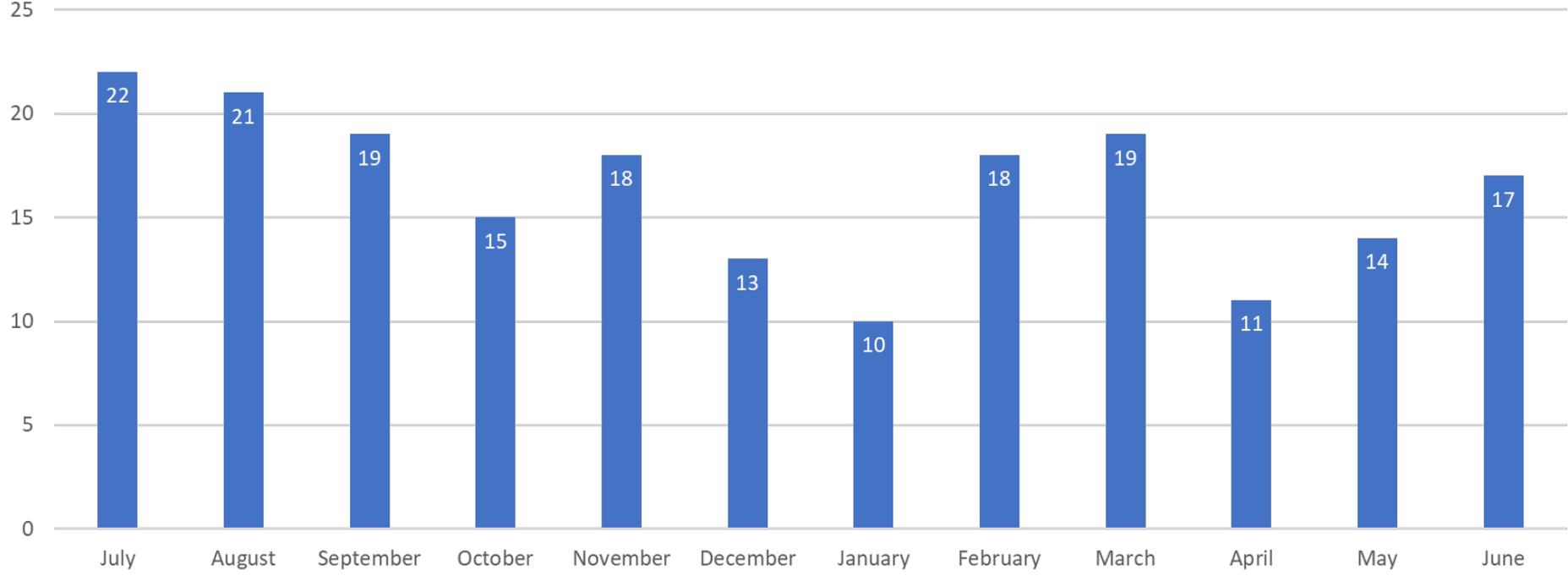


ASH Personnel

The ASH Leadership team closely monitors the established employee headcount, recruitment efforts for approved positions, employee turnover, and retention. There is an ongoing and continuous effort to reduce employee turnover and promote retention. Data on Full-Time Employees (FTEs) for Fiscal Year 2023 is included below. This information was taken from the last payroll record of each month during the fiscal year. Employee turnover (“Monthly Separation”) per month is also included below.



Monthly Separation Numbers



The Hospital maintained a \$63 million personnel budget in FY2023, which funds approximately 583 positions. Accordingly, the Hospital received a \$5.6 million supplemental appropriation to cover staffing needs.

ASH FY2023 Updates, Initiatives, and Projects

Tableau Migration: ASH modernized reporting structures and infrastructure by replacing legacy extracts and reporting tools with Tableau dashboards. Migration of all critical dashboards was completed in FY2023. ASH continues to enhance data collection, analysis, and reporting through the use of Tableau.

PSRB Transition: Effective January 1, 2023, the jurisdiction over Forensic patients admitted pursuant to a Guilty Except Insane (GEI) plea were transferred to the Arizona Superior Courts, and the Psychiatric Security Review Board (PSRB) was effectively discontinued. ASH completed all internal processes and filed all required paperwork with the PSRB during this transitory period and coordinated with the Superior Courts for operational continuity. ASH upgraded a conference room in the existing PSRB building on campus to accommodate video hearings for GEI patients, as the court expressed its intent to hold all hearings virtually.

Auditor General's Office: The Auditor General issued notification on July 25, 2022 to ASH that all necessary follow up action had been completed after ASH's submission of the 30-month follow-up. The initial Auditor General report was issued September 26, 2019, with a recommendation that ASH develop, implement, and document a structured approach for evaluating assault response and reduction strategies to support a safe environment.

ASH Admissions Portal: ASH developed the new portal to significantly improve the admissions process. The portal allows for integration with the Electronic Health Record System (MyAvatar) to automatically import documents and patient application information from the portal into MyAvatar. The process enhancements are anticipated to positively impact the timeliness of application decisions. ASH will continue to coordinate with AHCCCS Health Plans on the use of the Admissions Portal during FY2024.

MyAvatar NX Upgrade: ASH completed migration to the new electronic health record (EHR) system on August 5, 2022. The upgrade enhances the security of the EHR and improves the user interface.

SonoraQuest Lab Integration: The EHR vendor has been tasked to implement a new Order Console in MyAvatar for ordering providers to place requests for labs and services, and connect with a new lab vendor, SonoraQuest labs. The back-end integration delivers results and lab orders through an electronic interface. ASH is continuing to coordinate with the EHR vendor and SonoraQuest for further development in FY2024.

Employee Pay Increases: In the ongoing effort to retain employees and remain competitive with other healthcare employers, ASH provided a salary increase of 2%- 4% for those employees with positive scores from their annual performance appraisals. The salary increases went into effect July 9, 2022. Unlike previous years, the increase was a fixed change to the employee's annual base pay, and not a one-time payout. Effective July 28, 2022, employees also received a pay increase of at least 10% to their base salary per the FY2023 budget. All positions in recruitment were refreshed to reflect the increased pay rate.

Capital Projects: The hospital received one-time funding in the amount of \$3.9 million for certain capital improvement projects. The majority of the one-time funding (\$3.5M) is to supplement the prior year funding of \$7.1 million for replacement of the ASH video security system.

Collaboration with system partners on patient admissions/discharges: The CMO office continued monthly throughput discussion meetings with appropriate high-level stakeholders, including health plans, AHCCCS, and DDD. ASH welcomed a new CMO on May 30, 2023, who has continued these discussions with system partners.

Energy Savings: ASH has continued year-over-year reductions in the utilization of natural gas and domestic water on campus. For FY2023, we saw a 0.77% reduction in electricity, a 2.94% reduction in the use of gas, and a 2.77% reduction in the use of domestic water compared to FY2022.

Workplace Violence Prevention Program: Three ADOSH representatives arrived on-site, unannounced on May 12, 2023. ADOSH received two workplace violence-related complaints, both general complaints that patient-on-staff assaults occur, resulting in injuries. One complaint was submitted on behalf of ASH staff, and the other on behalf of EVS (Crothall) staff members. ADOSH conducted multiple staff interviews on 5/12, 5/26, and 6/13. The Closing meeting between ADOSH and ASH was held on June 15, 2023, and ADOSH reported that they had no findings. ADOSH reviewed the ASH Workplace Violence Prevention Plan, OSHA reports, and Non-violent Crisis Intervention (NVC) training requirements. ASH received a recommendation letter from ADOSH on July 7, 2023, which states that ASH should consider participating in the OSHA Voluntary Protection Program (VPP) as a Star site.

Shift Report Standardization: Based on feedback provided by staff during the Culture of Safety Survey and staff focus groups, ASH initiated a process improvement project for the Nursing shift reports. The shift reports are a method of sharing information from the current shift to the oncoming shift. The information should be shared in a consistent and structured manner. Nursing leadership, RNs, BHTs and the Quality Department collaborated to establish a standardized process. The standardized process incorporates the use of consistent documentation across treatment units, as well as a consistent structure for the shift change report. The new process was implemented on July 3, 2023 at the Civil Hospital and on July 17, 2023 at the Forensic Hospital.

Preparing Patients for Discharge: Beginning June 1, 2023, Rehabilitation Services leadership and the Performance Improvement team began collecting additional data on rehab participation by patient and by group. Focus groups were held with rehabilitation staff from both the Forensic and Civil hospitals, and meetings with Civil and Forensic patients were conducted to gather additional information. ASH determined that there are opportunities to enhance the effectiveness of current rehabilitation programming, with the primary objective of offering programming to better prepare patients for discharge. This enhancement of rehabilitation services programming will continue through FY2024.

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 2023.

Civil & Forensic Hospital and ACPTC Budgets – Fiscal Year 2023 Financial Summary

Appropriated Expenditures Budget vs. Actual

Appropriation	Budget	Actuals	Variance
Operating			
Personal Services	\$38,841,381	\$40,478,791	\$(1,637,410)
Employee Related Expenditures	\$15,411,970	\$14,957,541	\$454,429
Professional and Outside Services	\$12,811,801	\$11,701,135	\$1,110,666
Travel - In-State	\$155,640	\$161,054	\$(5,414)
Travel - Out-Of-State	\$8,245	\$9,531	\$(1,286)
Food	\$3,659,918	\$3,637,023	\$22,895
Other Operating Expenditures	\$8,606,918	\$8,093,868	\$513,051
Capital Equipment	\$109,036	\$102,368	\$6,668
Non-Capital Equipment	\$532,616	\$530,954	\$1,662
Transfers Out	\$2,086,980	\$2,187,068	\$(100,088)
Total Operating	\$82,224,505	\$81,859,334	\$365,171
Sexually Violent Persons			
Personal Services	\$6,364,328	\$6,928,140	\$(563,812)
Employee Related Expenditures	\$2,827,333	\$2,932,434	\$(105,101)
Professional and Outside Services	\$653,023	\$396,526	\$256,497
Travel - Out-Of-State	-	-	-
Food	\$16,210	\$17,567	\$(1,357)
Other Operating Expenditures	\$940,039	\$564,683	\$375,356
Capital Equipment	-	-	-
Non-Capital Equipment	\$34,888	\$30,488	\$4,400
Transfers Out	-	-	-
Total Sexually Violent Persons	\$10,835,821	\$10,869,838	\$(34,017)
Restoration to Competency			
Other Operating Expenditures	\$900,000	\$885,000	\$15,000
Total Restoration to Competency	\$900,000	\$885,000	\$15,000
Total Appropriated Expenditures	\$93,960,326	\$93,614,171	\$346,155

**Revenues
Budget vs. Actual**

Revenue	Budget	Actuals	Variance
Medicaid	\$1,713,506	\$1,292,192	\$421,314
Restoration to Competency	\$1,276,926	\$1,604,442	\$(327,516)
Lease Revenue	\$833,985	\$831,743	\$2,242
Medicare	\$118,462	\$312,859	\$(194,397)
Self-Pay	\$277,404	\$282,282	\$(4,878)
Land Earnings	\$1,741,341	\$1,435,813	\$305,528
Other	\$246,488	\$313,386	\$(66,898)
Total Revenues	\$6,208,112	\$6,072,717	\$135,395

**Non-appropriated Funds
Fiscal Year Activity**

Fund	Beginning Available Funds	Revenues	Expenditures	Ending Available Funds
ISA/IGA	\$285,545	\$831,743	\$1,778,995	\$(661,707)
Donations	\$91,965	\$157,495	\$100,927	\$148,533
LARC	\$46,502	\$136,000	\$12,206	\$170,296
Total Funds	\$424,012	\$1,125,238	\$1,892,128	\$(342,878)