

ARIZONA DEPARTMENT
OF HEALTH SERVICES

ARIZONA STATE HOSPITAL

ANNUAL REPORT

FISCAL YEAR 2017

Douglas A. Ducey, Governor

Cara M. Christ, M.D., Director
Arizona Department of Health Services

Aaron Bowen, Psy.D., Deputy Director/CEO
Arizona Department of Health Services
Arizona State Hospital

Submitted pursuant to A.R.S. § 36-217

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 services. The operation of the Arizona State Hospital is maintained by ADHS, with the ADHS Director providing direct oversight.

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 Arizona State Hospital in order to facilitate their successful transition to the least restrictive alternative possible.

Description of the Arizona State Hospital (ASH)

The Arizona State Hospital (ASH) is located on a 93 acre campus at 24th Street and Van Buren, in Phoenix, Arizona. ASH provides long-term inpatient psychiatric care to Arizonans with mental illnesses who are under court order for treatment. The hospital operates programs within a 260-bed funded facility, is accredited by The Joint Commission, and the Civil Hospital is certified to receive reimbursement from the Centers for Medicare and Medicaid Services (CMS). Also located on the campus is the Arizona Community Protection and Treatment Center (ACPTC). The ACPTC is a 100-bed funded facility that provides care, supervision and treatment for those persons court-ordered into the program as sexually violent persons.

Pursuant to A.R.S. § 36-201 through 36-217, ASH provides inpatient care and treatment to patients with mental disorders, personality disorders or emotional conditions. ASH protects the rights and privileges of each patient, including the patients' rights to confidentiality and privacy.

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. Hospital personnel provide state-of-the-art inpatient psychiatric care and are committed to treating patients and personnel with dignity and respect. Interdisciplinary care is delivered in collaboration with the patient, family, legal representatives and community providers with a focus on recovery and community reintegration.

Hospital Program Overview

ASH has three (3) separately licensed facilities: The Civil Hospital, Forensic Hospital and the ACPTC. Civil adult patients are involuntarily court ordered to ASH under Title 36 if they have not responded to a minimum of 25 days in a community hospital setting. Forensic patients are court-ordered for pre- or post-trial treatment as a result of involvement with the criminal justice system due to a mental health issue. ASH has three Population-Based Programs. Patients are housed separately in accordance with legal, treatment and/or security issues.

The Civil Adult Rehabilitation Program (116 beds) consists of six (6) treatment units specializing in providing services to adults who are civilly committed as a danger to self, danger to others, gravely disabled and/or persistently and acutely disabled, who have completed a mandatory 25 days of treatment in a community inpatient setting prior to admission. Medical beds are also available.

The Forensic Adult Program (143 beds) consists of court-ordered commitments through a criminal process for either:

- *Pre-Trial Restoration to Competence Program (“RTC”)*: These patients are currently housed on one unit providing pre-trial evaluation, treatment, and restoration to competency to stand trial.
- *Post-Trial Forensic Program*: These patients are adjudicated as Guilty Except Insane (“GEI”) serving determinate sentences under the jurisdiction of the Psychiatric Security Review Board (PSRB), or for those adjudicated prior to 1994 as Not Guilty by Reason of Insanity (“NGRI”). These patients are currently housed on six separate units.

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

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). It is a separately licensed facility under Arizona Administrative Code (A.A.C.) Title 9, Chapter 10, Article 13, *Behavioral Health Specialized Transitional Facility*, and the ASH CEO is responsible for the oversight and management of the facility. ACPTC provides care, supervision and treatment for those persons court-ordered into the program while protecting the community from sexually violent offenders. 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.

Leadership

Leadership is the key to developing and maintaining a culture of change. New ideas and perspectives are important in creating an environment for change. Overall governance for ASH is provided by the ASH Governing Body. The Governing Body is composed of the Director of ADHS, who serves as Chairperson; the Hospital's Chief Executive Officer; Chief Medical Officer; Chief Financial Officer; a member of the Medical Staff who represents the interests of the Arizona State Hospital Medical Staff; a service recipient; a family member of a service recipient; two consumer advocates (at least one of whom shall have experience in the legal system); and a psychiatrist, psychologist or other mental health professional not employed by the state of Arizona.

ASH receives overall direction from the Chief Executive Officer, who reports to the Director of ADHS. The CEO directs the various leaders of ASH, who comprise the Executive Management Team (EMT). The Executive Management Team oversees hospital operations, establishes administrative policies and procedures and directs ASH planning activities. The members of EMT as follows:

- Aaron Bowen, Psy.D., Chief Executive Officer
- Steven Dingle, M.S, M.D., Chief Medical Officer
- Michael Sheldon, M.P.A, Chief Operating Officer
- Debra Taylor, M.S.N., R.N., Chief Nursing Officer
- Lisa Wynn, B.S., Chief Quality Officer
- Margaret McLaughlin, M.S., 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
- Justin Lepley, C.P.M., M.B.A., Chief Financial Officer
- Carol Hasper, B.S.B.A., P.M.P., Senior Project Manager/IT Services

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; contracted 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, facilities management, dietary services, the environment of care, promoting the wellness and safety of the patients and staff 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 control, employee health, contracted dental services, patient transportation services, and contracted podiatry services.

The Chief Quality Officer (CQO) is responsible for 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.

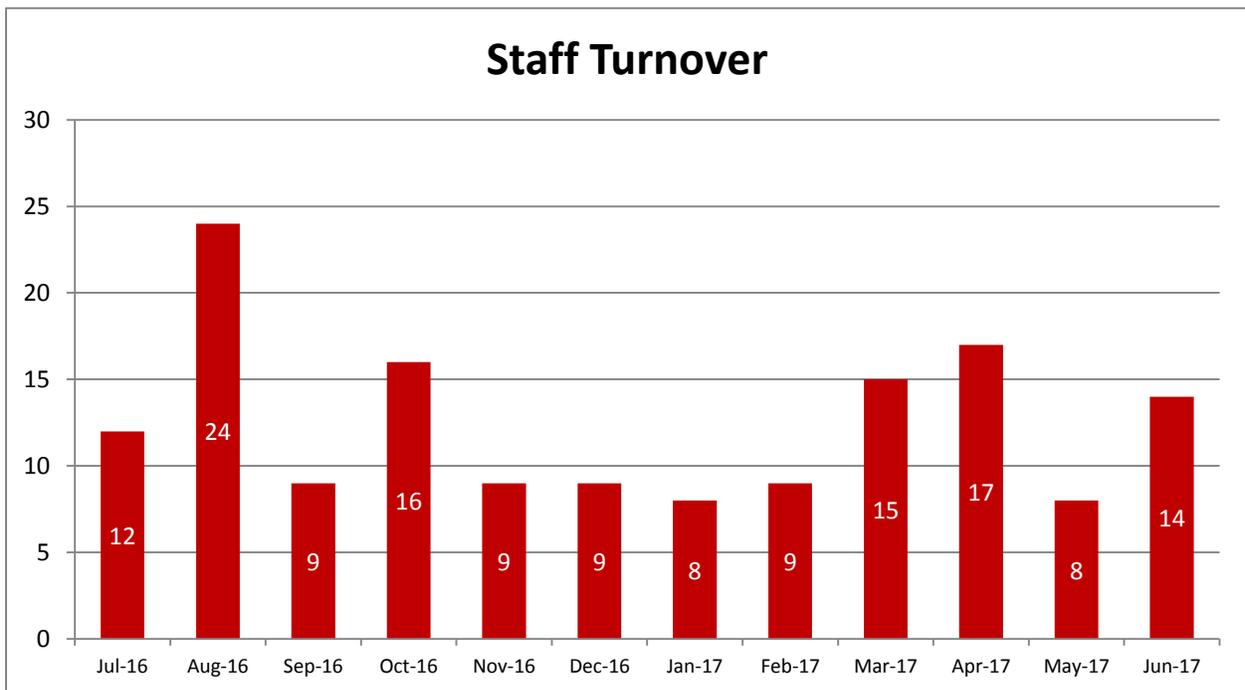
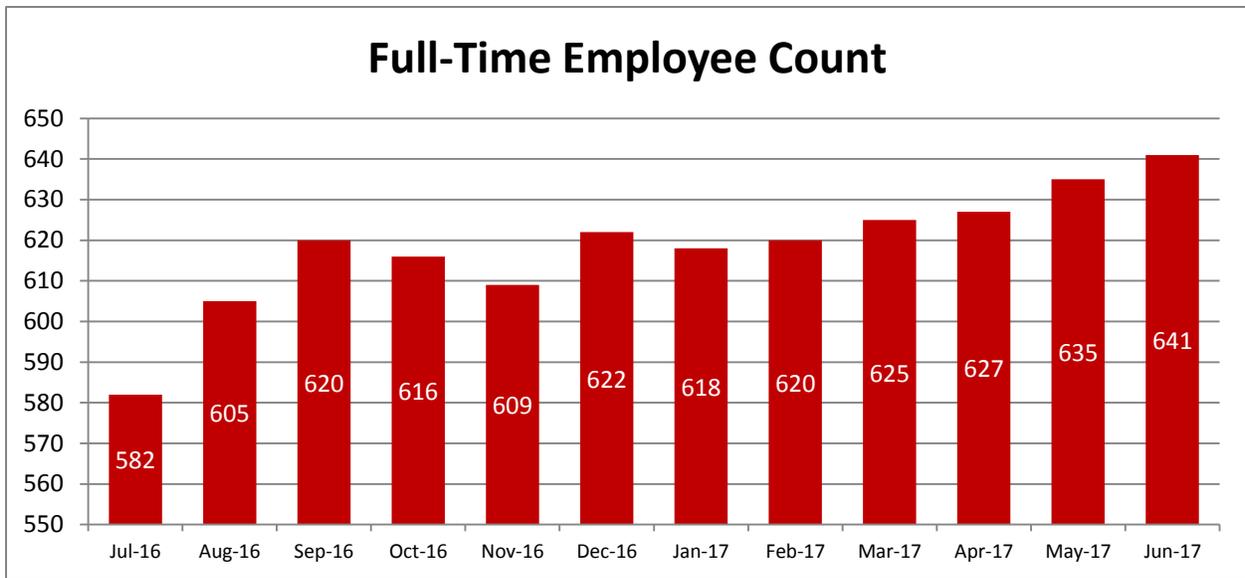
The Chief Financial Officer (CFO) is responsible for tracking the Hospital's budget and coordinating with program areas to monitor and manage the budget within those respective areas.

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

Personnel

Leadership at ASH and ACPTC continue to closely monitor the established agency head count, recruitment efforts for approved positions, and staff turnover. Data on Full-Time Employees (FTEs) for Fiscal Year 2017 is presented below. This information was taken from the last payroll

record of each month during the fiscal year. Employee turnover per month is also provided below.



Admission, Discharge, & Census Data for Treatment Programs

The table below includes the total admissions and discharges per program for ASH and ACPTC during FY 2017.

Admissions and Discharges - FY 2017		
Type	Admissions	Discharges
Civil	24	33

Admissions and Discharges - FY 2017		
Forensic (RTC)	5	5
Forensic (GEI)	19	20
Forensic (GEI-75)	8	7
Forensic (NGRI)	1	1
ACPTC (Pre-Trial)	6	9
ACPTC (Treatment)	0	0
ACPTC (LRA)	1	1

ASH collects census data by population to meet the maximum funded capacity. For FY 2017, the funded capacity and allocation of ASH beds was as follows. The funded capacity of FY 2016 was the same (260 beds).

Funded Hospital Capacity - FY 2017	
Type	Number
Total Hospital Beds	260
Forensic (Adult)	143 (58%)
Civil (Adult)	116 (42%)
Civil (Medical bed for Infection Control)	1

Funded ACPTC Capacity - FY 2017	
Type	Number
Total ACPTC Beds	100

The average daily census distribution for ASH and ACPTC for FY 2017 were as follows:

Average Daily Hospital Census and Distribution - FY 2017	
Type	Number
Civil	109
Forensic (RTC)	3
Forensic (GEI)	96
Forensic (GEI-75)	2
Forensic (NGRI)	11

Average Daily ACPTC Census and Distribution - FY 2017	
Type	Number
ACPTC (Pre-Trial)	4
ACPTC (Treatment – Full Confinement)	13
ACPTC (Least Restrictive Alternative)	80

Hospital-wide Operational & Environmental Improvements

ASH is continuously striving to create a safe and secure environment of care for the patients, staff and visitors. ASH is also continuing to pursue opportunities to utilize technology to assist staff in the delivery of care and to monitor performance improvement initiatives. The following are improvements for the past year:

- ASH has continued to enhance its Electronic Health Record (Electronic Health Record as necessary to collect data and run automated reports . In total there were 25 new reports created in FY 2017. These reports are used for quality control measurements and statistical reporting for both the clinical and financial arenas. Such reports include medication utilization reviews, which allows for effective monitoring of prescription narcotics, and patient eligibility reports, which help ensure the hospital is billing appropriately for patient care In addition, users have logged the following statistics while using the EHR:
 - Unique Patients Served – 359
 - Electronic Medication Administration Record (EMAR) Administrations – 1,445,489
 - New Orders Created – 44,615
 - Progress Notes Finalized – 174,652
 - Total Assessments Finalized – 32,601
 - Number of Times Vital Signs Taken – 99,306
 - Number of Appointments Scheduled (entered) – 11,212

- The hospital updated the ASH medication delivery system with 15 New Pyxis machines. These machines consist of top computers network systems and new dispensing cabinets below. We have also developed a new printing and scanning system for the ASH pharmacy building.

- A Collaborative Emergency Management Tabletop exercise (electrical site power loss) was conducted with ASH, ASH contracted staff, and ADOA Director and Executive Management staff on 11/15/16. The exercise identified a variety of potential environmental improvements that could further promote the hospital’s emergency response activities, including communication boards, communication contingency plans and the installation of additional signage.

- ASH identified a bed design and other bathroom fixtures that will provide a safer and more secure environment for our patients by reducing potential ligature points, and began installing this equipment across the Civil campus in FY 2017.

- The hospital continued to promote, test and refine its patient internet pilot program on the Community Reintegration Unit. This project permits patients to access pre-approved internet sites, allowing them to research health benefits, news articles, and social service providers in the community that they may interact with upon discharge.

- An Energy savings project began at the campus power plant to install new water chillers and cooling towers. Once this equipment is brought online, the Hospital’s power plant will operate more efficiently and effectively control the patient care environment.

- The hospital continued to upgrade the Quality Management System (QMS) to enhance the electronic reporting of incident reports. These enhancements allow for collection of data from the system, the ability of staff to submit and review incident reports in an

efficient manner, and immediate notification to members of the Executive Risk Management Team (ERMT) once an incident report is submitted.

Hospital-wide Condition of Existing Equipment

ASH continued to monitor critical equipment for performance and efficiency and outlined equipment needs in the 2019 Capital Improvement Plan report. These capital requests focus on the equipment that is coming closer to end of life and will need attention in the near future, including:

- Replacing five commercial-grade water softeners on the Civil Campus
- Upgrading or replacing the hospital’s video security system
- Replacing or renovating the Power Plant’s roof
- Replacing the emergency generator at ACPTC
- Replacing various HVAC and roof-mounted boilers at ACPTC

Initiatives

In conjunction with other state agencies, ASH continues to utilize the Arizona Management System (AMS) in accordance with the direction and guidance of the Governor’s Office. ASH and ADHS leadership have identified key issues with measurable goals for the Hospital, so ASH can effectively evaluate and provide a visual depiction of progress in meeting those goals. ASH has the following metrics that are reported on the ADHS scorecard:

ASH Metric	Corresponding ADHS Strategic Initiative	
Performance Metric Title	Promote and Support Public Health and Safety: Promote Healthy Relationships and Nonviolent Behavior	Improve Health Outcomes: Support State Hospital Becoming a Center of Psychiatric Excellence
Rate of Assaults per 1000 patient days		✓
Percent of Staff with Nonviolent Crisis Intervention (NVC) Training	✓	
Percent of Items in Compliance During Performance Audits		✓

In addition to the ADHS scorecard, ASH has a separate scorecard to track the following metrics:

ASH Metric	Corresponding ADHS Strategic Initiative			
Performance Metric Title	Promote and Support Public Health and Safety: Promote Health Relationships and Nonviolent Behavior	Improve Health Outcomes: Support State Hospital Becoming a Psychiatric Center of Excellence	Improve Public Health Infrastructure: Enhance Workforce Development	Maximize Agency Effectiveness: Leverage Arizona Management System to Achieve Results
Rate of Assaults per 1000 Patient Days		✓		
Percent of Items in Compliance During Performance Audits		✓		
Rate of Seclusion, Mechanical & Chemical Restraint Events per 1000 patient days on the Civil Campus		✓		
Percent of Staff with NVCI Training	✓			
Number of Employees Leaving Job Within the First 12 Months of Employment			✓	
Physical Holds lasting longer than 11 minutes on the Civil Campus		✓		
Staffing that meets the Acuity Needs of the Patients		✓		
Percent of Staff with CPR Training		✓		

ASH Metric	Corresponding ADHS Strategic Initiative			
Performance Metric Title	Promote and Support Public Health and Safety: Promote Health Relationships and Nonviolent Behavior	Improve Health Outcomes: Support State Hospital Becoming a Psychiatric Center of Excellence	Improve Public Health Infrastructure: Enhance Workforce Development	Maximize Agency Effectiveness: Leverage Arizona Management System to Achieve Results
Number of Patient Complaints within the Scope of ASH requiring action		✓		
Number of Clinical Service Hours		✓		
# of Agency FTE Count			✓	
% of Arizona Management System Adoption (metric is pending)				✓
# of Regrettable Attrition			✓	
# of Breakthroughs Achieved				✓

ASH is continuing to enhance its use of AMS through FY 2018, in accordance with the ADHS Strategic Plan.

Promoting Quality Care

In concert with the implementation of the Arizona Management System (AMS), ASH continues to focus on quality care for patients and residents of ACPTC. Activities include the continuous review and evaluation of performance indicators, key metrics on the ADHS and ASH scorecards, and presenting data/information to staff at ASH and ACPTC. ASH and ACPTC continue to refine major processes with a focus on Recovery based treatment:

- *Enhance the Patient and Family Experience* by continuing to support processes that include patient voice, choice and self-advocacy, and promoting healing and trusting relationships. Family members provide feedback on services and are provided with

education on specific topics related to mental health. Patients are members of certain ASH committees, including the Human Rights Committee (HRC). Patient forums are facilitated by the Hospital Ombudsman/Patient Rights Advocate on a quarterly basis at the Forensic Hospital, Civil Hospital and ACPTC. The forums are utilized to hear patient concerns, address progress in addressing patient concerns, and to provide a venue for direct dialogue between patients and hospital administration/leadership.

- *Addressing assaultive behavior* by reviewing incidents, evaluating data trends, and involving staff at all levels in creating solutions to identified issues. A number of activities have been implemented as part of these efforts, such as the following:
 - **Clinical Intervention, Behavioral Planning, and Nursing Care Planning:** The clinical and nursing teams provide ongoing patient care and continuous evaluation and intervention. One to one supervision (COS) is ordered to ensure safety when appropriate. EMT and IT are creating a report that will measure the number of clinical interventions after assault events in order to reduce the likelihood of future assaults by the same patients.
 - **Interdisciplinary Milieu support:** under CNO leadership the lead techs meet with nursing representatives to foster support and milieu management; Psychology and unit teams create interventions to decrease or mitigate contributing factors on a patient by patient basis.
 - **Improve Communications via Drills and in-time feedback:** Behavioral Interventionist responds to as many crisis events as possible; observing and providing real-time feedback. He also conducts drills on each unit. Information regarding drills and events is documented, complete with education provided, comments received, and changes to review going forward. This information is posted on each unit.
 - **Enhanced Rehab Programming :** The Civil Campus has expanded programming with increased mall time when the café, bank, and library will be open, and expanded programming in rehab and on the units in the afternoons and evenings.
 - **Assault and Restraint Reductions Committee:** This committee is focusing on improving the therapeutic utilization and follow-up of mechanical restraints.
 - **Desert Sage Assault reduction project:** Department and hospital leadership have begun a focused 7-step problem-solving project on the Desert Sage unit on the Civil Campus, through training with Mass Ingenuity.

Commitment to Quality Care

Quality care must be sustained on an ongoing basis. The Quality Management Department facilitates the hospital's Quality Assurance and Performance Improvement (QAPI) Committee and works with hospital leadership to identify performance indicators, present and analyze data, and collaborate on performance improvement processes.

The Quality team also manages the Incident Reporting system and conducts video reviews on all crisis events that occur in the hospital, under the leadership of the Executive Risk

Management Team (ERMT), which meets daily to address hospital incidents. In FY 2017, the Quality team conducted 375 video reviews.

The Quality team conducts Quality of Care (QOC) investigations, in collaboration with stakeholder departments, in order to foster continuous improvement in processes. In FY 2017, the Quality team conducted 82 QOC investigations.

ASH has a real-time, ongoing process for collecting data on seclusion, restraint, “Code Gray” emergency codes, assaults, and falls. The data is used to measure progress and identify quality improvement activities. ASH also compares its data with other *Western Psychiatric State Hospitals* (WPSHA). Below is the FY 2017 summary data for the Civil and Forensic hospitals:

Civil Summary - FY17								
Mon	Seclusion	Physical Holds	Mechanical Restraint	Code Gray	Patient on Patient Assault	Patient on Staff Assault	Patient Self-Harm	Falls Unwitnessed
Jul	0	10	5	18	9	8	20	2
Aug	4	21	7	27	12	16	31	3
Sep	5	36	14	22	26	17	46	6
Oct	6	41	13	37	13	25	53	2
Nov	4	31	8	33	12	22	29	1
Dec	10	44	15	47	19	31	45	2
Jan	14	50	25	46	12	22	28	5
Feb	10	65	28	60	21	31	51	3
Mar	8	54	25	62	23	42	50	0
Apr	17	59	18	61	21	41	56	3
May	10	70	22	61	21	45	35	4
Jun	4	24	9	28	27	21	27	1
Total	92	505	189	502	216	321	471	32

Forensic Summary - FY17								
Mon	Seclusion	Physical Holds	Mechanical Restraint	Code Gray	Patient on Patient Assault	Patient on Staff Assault	Patient Self-Harm	Falls Unwitnessed
Jul	0	1	0	4	2	2	3	0
Aug	1	1	1	2	2	0	4	4
Sep	3	1	0	7	2	1	1	2
Oct	1	1	1	5	0	3	1	1
Nov	0	1	1	4	6	2	1	1
Dec	0	0	0	7	2	1	1	1
Jan	0	0	0	1	0	1	1	2
Feb	0	2	2	5	0	4	0	2
Mar	0	1	1	12	3	0	0	3
Apr	0	1	0	6	4	3	1	3
May	0	0	0	1	1	0	2	1
Jun	1	2	0	7	3	0	2	2
Total	6	11	6	61	25	17	17	22

Seclusion:

- There were a total of 98 seclusion episodes with a total of 120 hours and 42 minutes.
- For the Civil Hospital, there were 28 unique patients with a seclusion episode equating to 94% of the patients secluded.
- For the Forensic Hospital, there were 4 unique patients with a seclusion episode equating to 6% of the patients secluded.

Restraint:

- There were a total of 711 restraint episodes, 516 physical holds and 195 mechanical restraints. This resulted in a total of 430 hours and 36 minutes for ASH; 879 hours and 51 minutes for Civil and 20 hours and 57 minutes for Forensic.
- For the Civil Hospital, there were 80 unique patients with a restraint episode.
 - Physical Hold Restraint: 53 unique patients, 66%
 - Mechanical Restraint: 27 unique patients, 34%Physical and Mechanical Restraints combined had a total of 80 unique patients, which means that each unique patient accounted for under the Mechanical Restraints was also accounted for under the Physical Restraints.
- For the Forensic Hospital, there were 11 unique patients with a restraint episode .
 - Physical Hold Restraint: 7 unique patients, 64%
 - Mechanical Restraint 4 unique patients, 36%
- Physical Hold and Mechanical Restraints combined had a total of 11 unique patients, which means that each unique patient accounted for under the Mechanical Restraints was also accounted for under the Physical Hold Restraint analysis.

Assault:

- There were a total of 579 assaults, 241 Patient on Patient assaults and 338 Patient on Staff Assaults.
- For the Civil Hospital, there were 537 assaults. Of the 537 assaults, 89 required first aid or medical treatment and 448 resulted in no injury or required treatment.
 - Patient on Patient Assaults: 216, 40%
 - Patient on Staff Assaults: 321, 60%
- For the Forensic Hospital, there were 42 assaults. Of the 42 assaults, 7 required first aid or medical treatment and 35 resulted in no injury or required treatment.
 - Patient on Patient Assaults: 25, 60%
 - Patient on Staff Assaults: 17, 40%

Self-Harm:

- There were a total of 488 Self-Harm incidents. Of the 488 Self-Harm incidents, 121 required first aid or medical treatment and 367 resulted in no injury or required treatment.
 - Civil Hospital: 471 Patient Self-Harm Incidents, 97%
 - Forensic Hospital: 17 Patient Self-Harm Incidents, 3%

Falls Unwitnessed:

- There were a total of 54 incidents of patient falls. Of the 54 patient fall incidents, 21 required first aid or medical treatment and 33 resulted in no injury or required treatment.
 - Civil Hospital: 32 incidents of patient falls, 60%
 - Forensic Hospital: 22 incidents of patient falls, 40%

Below is the FY 2017 summary data for ACPTC, including seclusion, restraint, “Code Gray,” assaults, self-harm and falls:

ACPTC Summary - FY17								
Mon	Seclusion	Physical Holds	Mechanical Restraint	Code Gray	Patient on Patient Assault	Patient on Staff Assault	Patient Self-Harm	Falls Unwitnessed
Jul	0	1	0	3	4	0	2	0
Aug	1	5	0	4	7	2	1	1
Sep	0	3	0	7	10	1	0	0
Oct	0	1	0	4	3	1	0	3
Nov	0	3	0	10	8	8	2	4
Dec	0	1	0	11	10	3	4	2
Jan	0	3	0	7	10	1	0	1
Feb	0	7	0	11	5	4	3	0
Mar	0	2	0	11	8	4	1	1
Apr	0	1	0	6	9	1	3	2
May	0	3	1	20	10	8	1	4
Jun	0	0	0	4	2	5	0	2
Total	1	30	1	98	86	38	17	20

Hospital and ACPTC Budgets – Fiscal Year 2017 Financial Summary

BFY17 Appropriations

General Fund	\$60,812,700
Arizona State Hospital Fund	\$9,562,000
Arizona State Hospital Land Fund	\$880,100
Total Funding	<hr/> \$71,254,800

FY17 Expenditures

Personal Services and Related Benefits	\$46,512,522
Professional and Outside Services	\$12,531,129
In-State Travel	\$94,105
Out-of-State Travel	\$7,101
Other Operating	\$10,250,656
Capital Equipment	\$129,530
Non-Capital Equipment	\$187,927
Transfers Out	\$32,319
Total Expenditures	<hr/> \$69,745,289

FY17 Revenues

General Fund	\$841,136
Arizona State Hospital Fund	
Restoration to Competency	\$596,084
Title XIX	\$1,138,080
Sexually Violent Persons	\$3,157,640
Transfers	\$5,000,000
Arizona State Hospital Land Fund	\$1,150,724
Arizona State Hospital Donations Fund	\$132,247
IGA/ISA Fund	\$751,516
Total Collections	<hr/> \$12,767,427

Daily Costs by Treatment Program

ASH	Specialty Rehabilitation	\$926
	Psychosocial Rehabilitation	\$767
	Forensic – Restoration to Competency	\$743
	Forensic Rehabilitation	\$784
	Average	\$799

Rates became effective 01/01/2017

ACPTC	Less Restrictive Alternative (LRA) Levels 1-5	\$298
	LRA 6	\$344
	LRA 6 Community	\$211
	Pre-Trial	\$305
	Treatment	\$305
	Medical Unit/Hospitalization	\$386

Rates became effective 07/01/2017