



# ARIZONA HOUSE OF REPRESENTATIVES

Fifty-fifth Legislature  
Second Regular Session

Senate: HHS DPA/SE 5-2-1-0 | 3<sup>rd</sup> Read 25-3-2-0

House: HHS DP 8-1-0-0 | 3<sup>rd</sup> Read 58-0-2-0

Final Pass: 24-0-6-0

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## **SB 1444: state hospital; administration; oversight**

**Sponsor: Senator Fann, LD 1**

**Transmitted to the Governor**

### **Overview**

Prohibits the Arizona State Hospital (ASH) administration and its employees from retaliating against a patient due to the patient or their families participation in the Independent Oversight Committee at ASH (ASH-IOC). Requires, by September 1, 2023, the ASH administration to develop and implement an innovative clinical improvement and human resources development plan. Expands membership and duties of the Joint Legislative Psychiatric Hospital Review Council (Council).

### **History**

ASH, a division of the Arizona Department of Health Services, is a 260-bed facility that provides long-term inpatient psychiatric treatment to individuals with mental illnesses, personality disorders or emotional conditions who are under a court order to receive treatment. ASH is divided into 3 separate facilities: The Civil Hospital, the Forensic Hospital and the Arizona Community Protection Center (ACPTC).

Patients receiving treatment at the Civil hospital have been court-ordered to receive involuntary treatment as a result of having been determined to be a danger to themselves or others, gravely disabled or persistently and acutely disabled. Patients receiving treatment at the Forensic Hospital are court-ordered for either pre-trial or post-trial treatment as a result of involvement with the criminal justice system due to a mental health issue. ACPTC supervises and treats persons classified as sexually violent persons ([A.R.S. Title 36, Chapter 2, Article 1](#)).

ASH-IOC oversees patients who have been determined to have a serious mental illness and who are hospitalized and receiving behavioral health services at the ASH Civil and Forensic hospitals. ASH must provide to the ASH-IOC, subject to state and federal law, information regarding: 1) Seclusion and use of restraints on patients; 2) Incident accident reports; 3) Allegations of illegal, dangerous or inhumane treatment of patients; 4) Provisions of services to patients in need of special assistance; 5) Allegations of neglect and abuse; and 6) Allegations of denial of rights afforded to patients with serious mental illness, except where a right may be restricted for the patient's safety, ASH or the public ([A.R.S. § 41-3803](#)).

[Laws 2021, Chapter 402, Sec. 3](#) created the 10-member Joint Legislative Psychiatric Hospital Review Council (Council) to review, analyze and make recommendations regarding: 1) Psychiatric hospital capacity in Arizona, including ASH's bed capacity and other public facilities; 2) The role of private facilities in addressing psychiatric treatment needs; 3) Innovative programs to ensure public safety while providing clinically appropriate treatment in the most integrated setting; 4) Legal barriers; 5) Current waiting lists; 6) Barriers to accessing appropriate inpatient care; 7) Licensing barriers; and 8) Any other issues related to inpatient psychiatric treatment. The

Council must submit a report of its findings and recommendations to the Governor and Legislature by December 31, 2021 and 2022.

**Provisions**

***Arizona State Hospital Independent Oversight Committee***

1. Forbids the ASH administration and its employees from retaliating against a patient because the patient or their family participates in the ASH-IOC meetings. (Sec. 1)
2. Requires an ASH patient or their family alleging retaliation to provide to the ASH-IOC in writing a detailed description of the retaliation and how it is connected to the patient's or their families participation in the ASH-IOC meetings. (Sec. 1)
3. Specifies that the retaliation prohibition does not preclude the ASH administration from acting against a patient who violates hospital policies or procedures. (Sec. 1)
4. Directs the ASH Superintendent and Chief Medical Officer or their designees to:
  - a) Attend and participate in scheduled ASH-IOC meetings, except for the public comment period; and
  - b) Give a report to and respond to questions from the ASH-IOC members. (Sec. 1)
5. Limits questions asked by the ASH-IOC to the ASH Administration and Chief Medical Officer, or their designees, are limited to the subjects prescribed in statute. (Sec. 1)
6. Requires the ASH Superintendent to ensure that the ASH administration:
  - a) Fully cooperates with the ASH-IOC in all aspects of its work as outlined by statute;
  - b) Facilitates ASH-IOC activities related to ASH, pursuant to ADOA rules; and
  - c) Responds to the ASH-IOC with responsive information to each inquiry or respond in writing as to why the request was denied. (Sec. 1)

***Joint Legislative Psychiatric Hospital Review Council***

7. Includes in the Council's charge the ability to review, analyze and make recommendations regarding the feasibility of transferring ASH to the Arizona Health Care Cost Containment System or an alternative oversight entity. (Sec. 2)
8. Expands the Council's membership to include:
  - a) The Director of the Arizona Department of Corrections, Rehabilitation and Reentry or their designee;
  - b) A law enforcement officer appointed by the President of the Senate; and
  - c) A person with experience as a chief executive officer or chief operating officer of a hospital, appointed by the Speaker of the House of Representatives. (Sec. 2)
9. Extends the reporting requirements of the Council to December 31, 2022, and December 31, 2023. (Sec. 2)
10. Extends the Council's repeal date from September 1, 2023, to September 1, 2026. (Sec. 2)

***ASH Clinical Improvement and Human Resources Development Plan***

11. Requires, by September 1, 2023, the ASH administration to develop and provide an evidence-based and innovative clinical improvement and human resources development plan (Plan) and the Plan's proposed budget to the following:
  - a) Governor;
  - b) President of the Senate;
  - c) Speaker of the House of Representatives; and
  - d) Chairpersons of the Senate and House Health and Human Services Committees. (Sec. 3)

<input type="checkbox"/> Prop 105 (45 votes)	<input type="checkbox"/> Prop 108 (40 votes)	<input type="checkbox"/> Emergency (40 votes)	<input type="checkbox"/> Fiscal Note
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12. Specifies that the Plan and proposed budget be fully implemented by January 1, 2025, and developed in collaboration with the ASH-IOC, the Independent Oversight Committee on Mental Health, public and private community resources, community providers and guardians, families and representatives of patients at ASH. (Sec. 3)
13. Requires the Plan to:
  - a) Identify necessary enhancements to the services, facilities and staff at ASH to provide statutorily required treatment and services to patients in ASH facilities;
  - b) Provide options and recommendations to reduce the number of patients statewide seeking admission to ASH and reduce the waiting time to be admitted to ASH;
  - c) Identify optimal levels of acuity-based staffing at ASH with full-time employees and minimal use of contract staff and ways to increase numbers of forensically trained clinical staff at both the management and staff levels;
  - d) Include a pandemic response and preparedness plan;
  - e) Collaborate with community-based treatment facilities to identify levels of service that assist in transitioning ASH patients into clinically appropriate settings and ways to increase the number of patients who successfully transition into the community with no readmission to ASH or other inpatient psychiatric facility; and
  - f) Identify an independent third-party residing outside of ASH to investigate incident reports and to whom patients, families and advocates may file complaints. (Sec. 3)
14. Specifies that the pandemic response and preparedness plan must:
  - a) Create a set of clinical metrics to significantly mitigate the effects of the COVID-19 pandemic and staffing shortages on ASH's implementation of each patient's individual treatment and discharge plan; and
  - b) Ensure continuous operation of ASH with minimal or no cessation or disruption of treatment services in the event of a new or recurrent epidemic or pandemic event. (Sec. 3)
15. Repeals requirements relating to the Plan on January 1, 2026. (Sec. 3)
16. Makes technical and conforming changes. (Sec. 1, 2)