



ARIZONA STATE SENATE
Fifty-Fifth Legislature, Second Regular Session

AMENDED
FACT SHEET FOR S.B. 1444

~~technical correction; state hospital~~
(NOW: state hospital; administration; oversight)

Purpose

Prohibits administration and employees of the Arizona State Hospital (ASH) from retaliating against a patient due to family participation in Arizona State Hospital Independent Oversight Committee (ASH-IOC) meetings and requires the ASH Superintendent and Chief Medical Officer to attend and participate in meetings. Directs ASH administration to develop and implement an innovative clinical improvement and human resources development plan. Modifies membership and duties of the Joint Legislative Psychiatric Hospital Review Council (Council).

Background

ASH is a 260-bed facility, operated and regulated by the Department of Health Services (DHS), that provides long-term inpatient psychiatric care to individuals with mental illnesses, personality disorders or emotional conditions who are under a court order to receive treatment. Statute outlines a number of administrative requirements of DHS relating to ASH, including submittal of an annual report outlining ASH finances, collecting census data for adult civil commitment treatment programs and administering the ASH Fund.

The Civil Adult Rehabilitation Program at ASH includes treatment units that specialize in providing services to adults who are civilly committed as a danger to themselves or others, gravely disabled or persistently and acutely disabled. Patients admitted to ASH under the Civil Adult Rehabilitation Program must first have completed a minimum of 25 days of treatment in a community inpatient setting prior to admission. Forensic patients at ASH 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. The Forensic Adult Program includes individuals who have been committed through a court-order as part of a criminal process for patients who either: 1) are being housed in one unit providing pre-trial evaluation, treatment and restoration to competency to stand trial; or 2) have been adjudicated guilty except insane and are serving a sentence under the jurisdiction of the Psychiatric Security Review Board ([A.R.S. Title 36, Chapter 2, Article 1](#)).

Statute establishes independent oversight committees (IOCs) under the Arizona Department of Administration (ADOA) for: 1) persons with developmental disabilities; 2) children, youth and families; and 3) the mentally ill. Each IOC must adopt guidelines that govern its operation, subject to the approval of the ADOA Director. The ASH-IOC has oversight of 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 (A.R.S. §§ [41-3801](#); [41-3802](#); and [41-3803](#)).

The Council is a 10-member committee charged with reviewing, analyzing and making recommendations regarding at least the following: 1) psychiatric hospital capacity in Arizona, including the bed capacity at the ASH 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 by December 31, 2021, and December 31, 2022 ([Laws 2021, Ch. 402](#)).

There is no anticipated fiscal impact to the state General Fund associated with this legislation.

Provisions

Arizona State Hospital Independent Oversight Committee

1. Prohibits ASH administration and employees from retaliating against a patient because the patient or the patient's family participates in the ASH-IOC meetings.
2. Requires a patient or patient's family that alleges retaliation by ASH administration to provide to the ASH-IOC, in writing, a detailed description of the retaliation and how it is connected to the patient's or family's participation in ASH-IOC meetings.
3. Clarifies that the retaliation prohibition does not preclude ASH administration from taking action against a person who violates hospital policies or procedures.
4. Requires 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 ASH-IOC members.
5. Limits questions posed by ASH-IOC members to the ASH Superintendent and Chief Medical Officer, or their designees, to only statutorily outlined subjects, including:
 - a) use of restraints;
 - b) incident accident reports;
 - c) service to patients with special needs; and
 - d) allegations of mistreatment, neglect, abuse or denial of patient rights.
6. Requires the ASH Superintendent to ensure that ASH administration:
 - a) cooperates with the ASH-IOC in all aspects of its work;
 - b) facilitates and supports the ASH-IOC's activities related to ASH, consistent with ADOA rules;
 - c) responds to the ASH-IOC with responsive information to each inquiry or respond in writing as to why the request was denied; and
 - d) does not impede the ASH-IOC in discharging its statutory responsibilities.

ASH Clinical Improvement and Human Resources Development Plan

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

8. Requires the clinical improvement and human resources development plan to:
 - a) be fully implemented by January 1, 2025;
 - b) be developed in collaboration with the ASH-IOC, the Mental Health IOC, public and private community resources, community providers and guardians, families and representatives of ASH patients;
 - c) identify necessary enhancements to ASH services, facilities and staff to provide statutorily required treatment and services to patients in each division, including treatment and services for secondary diagnoses;
 - d) provide options and recommendations to reduce the number of patients statewide who are seeking admission to ASH and to reduce the wait time for admission;
 - e) identify optimal levels of acuity-based staffing with full-time employees and minimal use of contract staff as well as ways to increase the number of forensically trained clinical staff;
 - f) include a pandemic response and preparedness plan that creates a set of clinical metrics to significantly mitigate the effects of the COVID-19 pandemic on treatment and ensures continuous ASH operation with minimal disruption of treatment in the event of a subsequent pandemic;
 - g) identify, in collaboration with community-based treatment facilities, levels of service that assist in transitioning patients from ASH into clinically appropriate settings as well as ways to increase the number of patients that have transitioned into the community without readmission to ASH or another facility; and
 - h) identify an independent third party, residing outside of Arizona, to investigate incident reports and to receive complaints from patients, families and advocates.

9. Repeals ASH development plan requirements on January 1, 2026.

Joint Legislative Psychiatric Hospital Review Council

10. Adds, to the charge of the Council, reviewing, analyzing and making recommendations on the feasibility of transferring ASH to the Arizona Health Care Cost Containment System or an alternative oversight entity.

11. Adds the following members to the Council:
 - a) the Director of the Arizona Department of Corrections, Rehabilitation and Re-entry;
 - b) a law enforcement officer, appointed by the President of the Senate; and
 - c) a person who has experience as a chief executive officer or chief operating officer of a hospital, appointed by the Speaker of the House of Representatives.

12. Extends the reporting requirements of the Council for an additional year, until December 31, 2023.
13. Delays repeal of the Council from August 31, 2023, to August 31, 2026.

Miscellaneous

14. Makes technical and conforming changes.
15. Becomes effective on the general effective date.

Amendments Adopted by Committee

1. Adopted the strike-everything amendment.
2. Clarifies that the retaliation prohibition does not preclude ASH administration from taking action against a person who violates hospital policies or procedures.
3. Provides that the ASH Superintendent and Chief Medical Officer or their designees are not required to attend and participate in the public comment period of an ASH-IOC meeting.
4. Requires the ASH Superintendent and Chief Medical Officer to give a report to and respond to questions from ASH-IOC members.
5. Permits ASH administration to respond to IOC inquiries with a written response explaining why a request was denied.
6. Removes the requirement that ASH administration support the activities of the ASH-IOC and requires ASH administration to facilitate only activities of the ASH-IOC that are related to ASH.
7. Adds the following members to the Council:
 - a) the Director of the Arizona Department of Corrections, Rehabilitation and Re-entry;
 - b) a law enforcement officer, appointed by the President of the Senate; and
 - c) a person who has experience as a chief executive officer or chief operating officer of a hospital, appointed by the Speaker of the House of Representatives.
8. Makes technical and clarifying changes.

Amendments Adopted by the House of Representatives

1. Requires a patient or patient's family that alleges retaliation by ASH administration to provide to the ASH-IOC, in writing, a detailed description of the retaliation and how it is connected to the patient's or family's participation in ASH-IOC meetings.
2. Limits questions posed by ASH-IOC members to the ASH Superintendent and Chief Medical Officer, or their designees, to only statutorily outlined subjects.
3. Removes the requirement that ASH administration respond to ASH-IOC inquiries in a timely manner.

4. Requires the ASH Superintendent to ensure that ASH administration supports the ASH-IOC's activities related to ASH.
5. Delays the dates by which:
 - a) ASH must develop and provide an evidence-based and innovative clinical improvement and human resources development plan and proposed budget from January 1, 2023, to September 1, 2023;
 - b) the ASH development plan must be implemented from January 1, 2024, to January 1, 2025; and
 - c) ASH development plan requirements repeal from January 1, 2025, to January 1, 2026.

Senate Action

House Action

HHS	2/21/22	DPA/SE	5-2-1	HHS	3/14/22	DP	8-1-0-0
3 rd Read	2/24/22		25-3-2	3 rd Read	6/22/22		58-0-2

Prepared by Senate Research

June 22, 2022

MM/sr