



# ARIZONA HOUSE OF REPRESENTATIVES

Fifty-fifth Legislature  
First Regular Session

Senate: HHS DPA 5-3-0-0 | 3<sup>rd</sup> Read 16-14-0-0

House: HHS DP 7-1-0-1 | APPROP DPA 8-5-0-0

## **SB 1716: Arizona state hospital; admission; governance**

**Sponsor: Senator Barto, LD 15**

**Caucus & COW**

### **Overview**

Establishes the Arizona State Hospital (ASH) Governing Body (Governing Body). Appropriates \$500,000 from the state General Fund (GF) in FY 2022 to the Arizona Department of Health Services (DHS) to install and maintain a surveillance system with audio and visual capability at ASH.

### **History**

ASH is under the charge and control of the Director of DHS (Director) and maintained for the care and treatment of people with mental disorders and people with other personality disorders or emotional conditions who will benefit from care and treatment. Admissions to ASH are in accordance with law ([A.R.S. § 36-202](#)). Additionally, ASH provides long-term inpatient psychiatric care to Arizonans with mental illnesses who are under court order for treatment. ASH operates programs within a 260-bed funded facility ([ASH](#)).

Forensic patients are court-ordered for pre- or post-trial treatment as a result of involvement with the criminal justice system due to a mental health issue. The Forensic Adult Program has 143 beds and consists of court-ordered commitments through a criminal process for either the Pre-Trial Restoration to Competence Program or the Post-Trial Forensic Program ([ASH](#)).

The Psychiatric Security Review Board (PSRB) maintains jurisdiction over people who have committed a violent or dangerous criminal offense and are determined to be guilty except insane (GEI). People who are placed under the jurisdiction of PSRB are committed to a secure state mental health facility and can be released to a program of treatment in the community, under conditions determined by PSRB ([PSRB](#)).

### **Provisions**

#### ***ASH Governing Body***

1. Establishes the Governing Body and outlines membership. (Sec. 2)
2. Asserts the chairperson of the Independent Oversight Committee at ASH must be invited to each Governing Body meeting, provide a written report to the Governing Body at least quarterly and must report to the Governing Body more frequently as the chairperson deems appropriate. (Sec. 2)
3. Prohibits a voting member of the Governing Body, except for the Director and Superintendent, from being employed by the State or any entity or program that directly contracts with the State. (Sec. 2)
4. Requires the Governing Body to operate ASH consistent with ASH's statutory purposes and mission and vision. (Sec. 2)

<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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5. Directs the Governing Body to adopt and maintain bylaws that include provisions to ensure ASH reports on its operations in a manner that provides institutional accountability to the public and state government. (Sec. 2)
6. States that Governing Body members, except for the Director and Superintendent, are eligible to receive compensation in an amount of \$100 for each meeting the member attends up to 12 meetings annually. (Sec. 2)

#### ***Governing Body Reporting Requirements***

7. Requires the Governing Body, by October 1, to annually submit to the Governor and Legislature a financial and programmatic report on ASH for the preceding fiscal year. (Sec. 3)
8. States the report must include:
  - a) All revenues and expenditures of the state hospital, including specific identification of administrative costs for and the number of patients served at the hospital;
  - b) A breakdown of the patients served at each facility at the state hospital;
  - c) Admissions by civil commitment;
  - d) A summary of the ASH's current strategic plans for clinical services, including the use of technology-enhanced capabilities for clinical services;
  - e) Information about ASH's use of patient-centered, evidence-based, trauma informed practices in its GEI program;
  - f) The use of contracted staff in ASH's staffing plan;
  - g) ASH's assault reduction plan; and
  - h) The status of the establishment of a psychiatric center of excellence. (Sec. 3)
9. Specifies that the report does not require the release of individually identifiable health information of any specific patient. (Sec. 3)

#### ***Master Inpatient Treatment Plans and Individualized Treatment and Discharge Plans***

10. Stipulates that within 30 days after a patient's admission, a psychiatrist must develop, document and supervise the implementation of a master inpatient treatment plan and an individualized treatment and discharge plan for each patient. (Sec. 4)
11. Requires each patient's master inpatient treatment plan and individualized treatment and discharge plans to be:
  - a) Administered by or under the supervision of a psychiatrist;
  - b) Based on evidence-based treatment and include measurable clinical goals and criteria for the patient to attain those goals; and
  - c) Reviewed and updated in consultation with the treatment team and the patient's family, guardian or designated representative as clinically necessary, but at least every 90 days. (Sec. 4)
12. Stipulates forensic patient master inpatient treatment plans and individualized treatment and discharge plans must also both:
  - a) Focus on diagnosis that resulted in the patient being committed to ASH and any changes to those diagnoses; and
  - b) Relate to the statutory criteria used by the psychiatric security review board in making its decisions as to the patient's conditional release, termination of jurisdiction over the patient or transfer of the patient to the Arizona Department of Corrections or another authorized agency. (Sec. 4)

#### ***PSRB Requests***

13. Mandates ASH to respond timely and in good faith to requests from PSRB in order to provide:
  - a) a patient with adequate time and information to prepare for a PSRB meeting; and

- b) PSRB with sufficient information on which to make an informed decision as to the matters before it. (Sec. 4)
14. States at every statutory hearing for a patient, or on request from PSRB, ASH must provide the patient and PSRB, at least 45 days before the hearing, with:
- a) A report on the patient that contains information in a form and format as requested or prescribed by PSRB;
  - b) A patient risk assessment, if clinically indicated; and
  - c) An explanation of any rule violation by the patient and why the rule violation is relevant to any recommendation from ASH. (Sec. 4)

#### ***Miscellaneous***

15. Directs ASH to admit patients based on clinical need for treatment, giving priority to the most ill patients, and must not place any limit on admission based solely on a patient's county of residence. (Sec. 1)
16. Requires ASH, subject to available appropriations, to maintain a surveillance system that includes both audio and visual capability and secure storage of the audio and visual files for at least 24 months after the date of any incident that involved a patient assault with injuries that required medical treatment. (Sec. 4)
17. Appropriates \$500,000 from the state GF in FY 2022 to DHS to install and maintain a surveillance system with audio and visual capability at ASH. (Sec. 5)
18. Contains a legislative intent clause. (Sec. 6)
19. Makes technical changes. (Sec. 1, 3)

#### Amendments

##### Committee on Appropriations

1. Strikes the requirement that ASH admit patients based on clinical need for treatment and not place any limit on admission based solely on a patient's county of residence.
2. Removes the requirement that the voting members of the governing body be confirmed by the Senate.
3. Specifies that a psychiatrist must develop and implement a master inpatient treatment plan and individualized treatment and discharge plan for each patient in addition to any requirements of regulatory and accreditation agencies.
4. Strikes the legislative intent clause.
5. Establishes the Joint Legislative Psychiatric Hospital Review Council (Council) for two years and outlines membership.
6. Requires the Council to review, analyze and make recommendations on specified items.
7. Requires the Council to report its findings and recommendations to the Legislature and Governor and provide a copy to the Secretary of State.