

Joint Legislative Psychiatric Hospital Review Council



Transition Meeting
January 4, 2023

Senator Nancy Barto, Co-Chair
Representative Beverly Pingerelli, Co-Chair



COUNCIL'S FINAL REPORT DECEMBER 30, 2021

EIGHT STATUTORY FOCUS AREAS

1. **Psychiatric inpatient capacity.**
2. **Role of private facilities to provide psychiatric services.**
3. ***Innovative* programs balancing public safety & care in the most integrated setting (*Olmstead & Arnold*).**
4. **Legal barriers to care.**



FOCUS AREAS (Cont'd.)

- 5. Housing lists for individuals living with SMI (now over 5,000?)**
- 6. Legal barriers to accessing appropriate inpatient treatment at ASH & private hospitals.**
- 7. Licensing barriers, including oversight & accountability of ASH.**
- 8. Other issues related to inpatient treatment.**



Council's Work in 2022

- 4 Meetings in 2022 focusing on statutory priority areas
 - Multiple “Planning Meetings” in 2021 -2022 with invited SMEs.
 - Presentations from agencies (ASH, AHCCCS; Mercy; ValleyWise) and subject matter experts, and FAMILY STORIES.
 - Minutes & Arizona Capitol TV
- Ongoing contacts from families & agency whistleblowers.
- December 15, 2021 – Recommendations spanning the Continuum of Care for Final Report (per statute).



COUNCIL FINAL REPORT

General

- Focus on 8 statutory areas.
- Need to ...
 - Determine 10 yr. psychiatric beds capacity need (number & type by clinical need & population).
 - “*Thoroughly*” analyze “downstream effect” of 55-person cap at ASH on the COC, jails, prisons, law enforcement.
 - Gain deeper understanding of clinical features of SMI for planning.
 - Incentivize private hospitals to participate on COC.



COUNCIL FINAL REPORT

General (Cont'd.)

- Need to ...
 - Improve direct family engagement in treatment respect for families. Consider legislation.
 - Understand capitation payments to RBHAs: how payments affect provision of services, lengths of stay, capital investment.
 - Understand experiences of individuals living with SMI and “success” on the COC.



COUNCIL FINAL REPORT

AHCCCS

- Obtain waiver for IMD exclusion.
- AHCCCS to provide summary of existing provider network statewide
 - Number of beds by type of setting;
 - Services available at each.



COUNCIL FINAL REPORT

MERCY & OTHER RBHAs

- Develop & publish “meaningful outcome” data (time series) on the BH system accomplishments for individuals ... in addition to fidelity measures from *Arnold v. Sarn*.
 - * Clinical outcomes
 - * Arrests, recidivism
 - * Evictions & “step-downs”
 - * Readmissions to BHRFs
 - * Cost per case
 - * Housing; Homelessness
 - * Treatment adherence
 - * Non-supported employment



COUNCIL FINAL REPORT

MERCY & OTHER RBHAs (Cont'd.)

- * Investigate & report**
 - Readmission rates to BHRFs (60+%) and causes.**
 - Discharges, readmissions, and justice system involvement post-discharge from Screening Agencies & Desert Vista.**



COUNCIL FINAL REPORT

Mercy & Other RBHAs (Cont'd.)

- * Investigate reasons for early discharges from Hospitals & BHRFs.
- * Develop & analyze data on discharges to homeless shelters & subsequent arrests and confinement in jail & prison.
- * Is discharge to the street ever appropriate for someone living with SMI?



COUNCIL FINAL REPORT

MERCY & OTHER RBHAS (CONT'D.)

- Detailed description of services provided & data-driven analysis of the benefit of each:

Housing

Supported employment

Inpatient care

Transportation

Services by each member of treatment team

- * Work with RBHAs to improve prison transitional housing



COUNCIL FINAL REPORT

MERCY & OTHER RBHAs (Cont'd.)

- * Collaborate w/RBHAs & ADCRR on options for transitional housing & services.**
- * Understand diagnosis & outcomes of patients denied admission to ASH.**
- * Identify number of individuals in BHRFs evicted or leaving against clinical advice or discharged due to “medical necessity” criteria or non-participation.**



COUNCIL FINAL REPORT

ASH (Cont'd.)

- * **Develop strategies to minimize *Olmstead* violations from denial of admission to Maricopa County residents under 55-person limit in *Arnold v. Sarn*.**
- * **Develop a formal, written policy on readmissions.**
- * **Clarify funding streams for ASH hospitals & funding needed to treat certain diagnoses, e.g., Autism & DD.**



COUNCIL FINAL REPORT

ASH (cont'd.)

“Arizona’s longer term bed needs must be determined in an analytically sound manner. How many beds does Arizona need given for the population living with SMI?”



COUNCIL FINAL REPORT

JUSTICE SYSTEM INVOLVEMENT:

THE ROLE OF JAILS & PRISONS IN THE CONTINUUM OF CARE

- With RBHAs, quantify & analyze post-reentry services to identify risk factors & ways to minimize recidivism.
- Analyze barriers to mental health services in jails & prisons.
- Analyze transition of care & housing from jails & prisons to reduce recidivism rates.
- With courts, probation, and parole, improve ways the COC can improve services for justice involved members & reduce recidivism.



2022 LEGISLATIVE ACCOMPLISHMENTS

SUPPORTING THE COUNCIL'S FINAL REPORT

SB 1444

- **Prohibits retaliation against ASH patients whose families participates in IOC meetings.**
- **ASH Leadership must attend IOC Meetings, cully cooperate with IOC, answer questions from the IOC with information that is responsive.**
- **Added New Council Members – ADCRR; Law Enforcement; Hospital CEO.**

2022 ARIZONA STATE BUDGET

- **Budget allocation in association with SB 1310 for \$25m in funding for five additional Secure BHRFs.**
- **RFP forthcoming for total of 6 Secure BHRFS, \$43m funding, populations under Title 36 and Title 13.**



SENATE BILL 1444

- **By 09/1/2023 ASH must develop report for governor & legislature:**
 - **Evidence-based clinical improvement & human resources improvement plan & budget for implementation no later than 1/1/25.**
 - **Identify necessary enhancements for services, facilities, and staff to provide statutorily mandated treatment, including autism, substance use disorder, autism, personality orders, and Developmental Disorders.**



SENATE BILL 1444

- **ASH PLAN**
 - Options to reduce waiting list and waiting times for admission.
 - Staffing:
 - Identify optimum acuity-based staffing levels with FTEs & minimal use of contract staff
 - Forensically trained staff at management and staff levels.
 - Emergency response plan to avoid complete closures
 - Develop transition services to transition patients to less restrictive community treatment settings.
 - Identify out-of-state 3rd party to investigate complaints filed by patients and families.



SB 1651 – AHCCCS ANNUAL REPORTING

- **Annual Report on SMI (Comparable, in part, to 2015 report)**
 - **Mortality; Complaints; Demographics; Access & expenditures by GSA; eligibility & services type; LOS; readmissions to BHRFs**
- **AHCCCS shall enter into data sharing agreement for vital records information.**
- **Per the ADA, develop by 12/31/22 methodology to track accommodations requested or complaints from members living with SMI and disabilities.**



PRIORITIES

- Follow-up on all reports recommended in the Council's 2021 Final Report and 2021-2022 legislation.
- How many psychiatric beds does AZ need across the COC?
 - Resolving the 55-person cap at ASH
 - Is Secure Residential more integrated & clinically appropriate for some patients?
- The private sector's role?
 - Tucson & Prescott private hospitals accept involuntary commitments. Why not state-wide?
- ASH – high levels of violence; chronic staffing shortages; use of registry staff; clinical care for DD and autism; governance & accountability to the legislature.
- Transitional housing from prisons



PRIORITIES

- **AHCCCS/RBHAs**
 - **Understanding capitation financing.**
 - **BHRFs use of “medical necessity” criteria; short notification period; high readmission rates.**
 - **Need meaningful clinical outcome data; not just description of processes & SAMHSA metrics.**



PRIORITIES

- **Are BHTs adequately trained, credentialed, compensated? State certification?**
- **ASH**
 - **Governance and oversight.**
 - **Streamline readmissions.**
 - **Quality of care, violence, & complaints.**
 - **Services & payment for patients with Developmental Disabilities & Autism at ASH.**