

ARIZONA STATE SENATE

RESEARCH STAFF



TO: MEMBERS OF THE JOINT
LEGISLATIVE PSYCHIATRIC
HOSPITAL REVIEW COUNCIL

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HEALTH & HUMAN SERVICES COMMITTEE
Telephone: (602) 926 -3171

DATE: January 17, 2023

SUBJECT: 2022 Joint Legislative Psychiatric Hospital Review Council Final Report

Attached is the 2022 report of the Joint Legislative Psychiatric Hospital Review Council, required pursuant to [Laws 2021, Chapter 402, Section 3](#). This report has been distributed to the following individuals:

Governor of the State of Arizona

The Honorable Katie Hobbs

President of the Senate

Senator Warren Petersen

Speaker of the House of Representatives

Representative Ben Toma

Legislative Members of the Council

Senator Nancy Barto, Co-Chair

Representative Beverly Pingerelli, Co-Chair

Senator Rebecca Rios

Representative César Chávez

Non-Legislative Members of the Council

Rick Hazelton, Chief Legislative Liaison, Arizona Department of Health Services (Designee)

Deborah Geesling, Family member of person with a serious mental illness

Josh Mozell, Mental health and guardianship attorney

Dr. Carol Olson, Psychiatry Department Chair, Valleywise Health

Dr. Sara Salek, Chief Medical Officer, Arizona Health Care Cost Containment System (Designee)

Judge Lisa Vandenberg, State of Arizona Superior Court, Maricopa County

Dr. Bobbie Pennington, Mental Health Program Director, Arizona Department of Corrections (Designee)

Vacant, Law enforcement member

Vacant, Hospital chief executive officer or chief operating officer

Secretary of State

The Honorable Adrian Fontes

CC: Senate Republican Staff

House Republican Staff

Senate Democratic Staff

House Democratic Staff

Senate Research Staff

House Research Staff

Senate Resource Center

House Chief Clerk

Joint Legislative Psychiatric Hospital Review Council Final Report

Background

[Laws 2021, Chapter 402](#) established the Joint Legislative Psychiatric Hospital Review Council (Council), originally consisting of the following 10 members: 1) two members of the House of Representatives representing different political parties, appointed by the Speaker of the House of Representatives; 2) two members of the Senate representing different political parties, appointed by the Senate President; 3) the Director of the Arizona Health Care Cost Containment System (AHCCCS) or their designee; 4) the Director of the Arizona Department of Health Services or their designee; 5) a judge of a superior court in which cases involving persons with serious mental illness (SMI) are routinely adjudicated, appointed by the Speaker of the House of Representatives; 6) a person who provides legal representation to and advocates on behalf of persons with SMI, appointed by the Senate President; 7) a family member of a person with SMI who is appointed by the Speaker of the House of Representatives; and 8) a psychiatrist who specializes in treating persons with SMI, appointed by the Senate President. [Laws 2022, Chapter 359](#) expanded council membership to additionally include the Director of the Department of Corrections or their designee, a law enforcement member appointed by the Senate President and a hospital chief executive officer or chief operating officer appointed by the Speaker of the House of Representatives.

The Council is charged with reviewing, analyzing and making recommendations regarding at least the following: 1) psychiatric hospital capacity in this state, including the bed capacity at the Arizona State Hospital (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; 8) any other issues related to inpatient psychiatric treatment; and 9) the feasibility of transferring ASH to AHCCCS or an alternative oversight entity. The Council is required to submit annual reports of its findings by December 31, 2022, and December 31, 2023, before it is repealed on September 1, 2026.

Committee Activity

January 4, 2023

The Council met to review its progress, engaged in discussion, adopted Council recommendations, and heard the following presentations:

- Review of Council's Recommendations and Progress, Senator Nancy Barto
- AHCCCS: Status of RFP for Secure Residential BHRFs, Dr. Sara Salek, Arizona Health Care Cost Containment System
- Family Experiences in Community Living Placement, Council Member Deborah Geesling
- A Family's Experiences at the Arizona State Hospital, Sommer Mutter
- Overlap Between Developmental Disability & SMI Services, Linda Mecham
- Psychiatric "Beds": The Right Bed for the Right Person; Provider Accountability Along the Continuum, Holly Gieszl and Will Humble

Council Recommendations

On January 4, 2022, the Council adopted the following recommendations:

- Follow-up on all reports recommended in the Council’s 2021 Final Report and 2021-2022 legislation.
- Require the Arizona State Hospital to provide an explanation to the Council as to why it is not providing statutorily required services to individuals living with an intellectual or developmental disability.
- Study new and existing traditional housing from prisons and other levels of care and their effectiveness in serving the serious mental illness population.
- Institute surveys for services received by the Arizona Health Care Cost Containment System and regional behavioral health authorities in the behavioral health system.
- Practice the Caregivers' Bill of Rights as directed by statute.
- Identify how many psychiatric beds does Arizona need across the continuum of care:
 - Resolving the 55-person cap at the Arizona State Hospital; and
 - Is secure residential more integrated & clinically appropriate for some patients?
- Identify the private sector’s role in accepting involuntary commitments state-wide:
 - Tucson & Prescott private hospitals accept involuntary commitments. Why not statewide?
- Consider traditional housing from prisons and other levels of care as well as having a community commitment to providing housing as a necessity for this population.
- Address each of the following with regards to the Arizona State Hospital:
 - high levels of violence;
 - chronic staffing shortages;
 - use of registry staff;
 - clinical care for developmental disabilities and autism;
 - governance & accountability to the Legislature; and
 - clinical care of developmental disabilities, autism, and other complex behavioral and medical conditions not currently being treated.
- Consider whether the Arizona State Hospital should be extricated from the Department of Health Services and operated by an appointed board.
- As it relates to the Arizona Health Care Cost Containment System and regional behavioral health authorities:
 - Understand capitation financing;
 - Investigate behavioral health residential facilities' use of “medical necessity” criteria, short notification period and high readmission rates; and
 - Receive meaningful clinical outcome data; not just description of processes and Substance Abuse and Mental Health Services Administration metrics.
- Ensure behavioral health technicians are adequately trained, credentialed, compensated and certified by the state.

- Identify how to increase and/or incentivize community support for the serious mental illness population.
- Address each of the following as it relates to the Arizona State Hospital:
 - Governance and oversight;
 - Streamline readmissions;
 - Quality of care, violence and complaints; and
 - Services & payment for patients with developmental disabilities & autism.

Attachments

- A. January 4th Council Agenda
- B. January 4th Council Minutes
- C. Review of Council's Recommendations and Progress Presentation
- D. Timeline of Secured Behavioral Health Residential Facilities Funding Handout
- E. Closing the Gaps in Care for the Severely Mentally Ill Presentation
- F. Families, Know Who You Are Handout
- G. DDD District Central Independent Oversight Committee 2020-21 Annual Report
- H. DDD District West Independent Oversight Committee 2020-21 Annual Report
- I. 2022 Council Recommendations

MM/slp

Interim agendas can be obtained via the Internet at <http://www.azleg.gov/Interim-Committees>

ARIZONA STATE LEGISLATURE

INTERIM MEETING NOTICE

OPEN TO THE PUBLIC

JOINT LEGISLATIVE PSYCHIATRIC HOSPITAL REVIEW COUNCIL

Date: Wednesday, January 4, 2023

Time: 2:00 P.M.

Place: HHR 1

Members of the public may access a livestream of the meeting here:

<https://www.azleg.gov/videoplayer/?clientID=6361162879&eventID=2023011000>

AGENDA

- 1. Call to Order
- 2. Roll Call
- 3. Approval of Minutes
- 4. ~~Transition Reports~~ Review of Council's Recommendations and Progress, Senator Nancy Barto
- 5. Presentations

Council Members' Presentations:

- AHCCCS: Status of RFP for Secure Residential BHRFs, Dr. Sara Salek
- Family Experiences in Community Living Placement, Deborah Geesling

Invited Stakeholder Presentations:

- A Family's Experiences at the Arizona State Hospital, Sommer Mutter
- Overlap between Developmental Disability & SMI Services, Linda Mecham
- Psychiatric "Beds": The Right Bed for the Right Person; Provider Accountability Along the Continuum, Holly Gieszl and Will Humble
- ~~Psychiatric "Beds": The Right Bed for the Right Person, Holly Gieszl~~
- ~~Provider Accountability Along the Continuum, Will Humble~~

- 6. Consideration and Adoption of Council Recommendations
- 7. Next Steps
- 8. Adjourn

Members:

Senator Nancy Barto, Co-Chair
 Senator Rebecca Rios
 Deborah Geesling
 Rick Hazelton
 Josh Mozell
 Dr. Carol Olson
 Dr. Bobbie Pennington
~~Dr. Pennington-Stallcup~~

Representative Beverly Pingerelli, Co-Chair
 Representative Kelli Butler
 Dr. Sara Salek
 Judge Lisa Vandenberg
 Vacant
 Vacant

~~12/28/2022~~
~~12/29/2022~~
 01/03/2023
 HH/s

For questions regarding this agenda, please contact Senate Research Department.
 Persons with a disability may request a reasonable accommodation such as a sign language interpreter, by contacting the Senate Secretary's Office: (602) 926-4231 (voice). Requests should be made as early as possible to allow time to arrange the accommodation.

ARIZONA STATE LEGISLATURE

JOINT LEGISLATIVE PSYCHIATRIC HOSPITAL REVIEW COUNCIL

Minutes of the Meeting

January 4, 2023

2:00 P.M., HHR 1

Members of the public may access a livestream of the meeting here:

<https://www.azleg.gov/videoplayer/?clientID=6361162879&eventID=2023011000>

Members Present:

Senator Nancy Barto, Co-Chair
Deborah Geesling
Rick Hazelton
Josh Mozell
Dr. Carol Olson

Representative César Chávez
Dr. Bobbie Pennington
Dr. Sara Salek
Judge Lisa VandenBerg

Members Excused:

Senator Rebecca Rios

Representative Beverly Pingerelli, Co-Chair

Staff:

Ahjahna Graham, House Research Analyst
Michael Madden, Senate Research Analyst
Maelinn Chow, Senate Assistant Research Analyst

Co-Chair Barto called the meeting to order at 2:11 p.m. and attendance was taken.

APPROVAL OF MINUTES

Senator Barto stated that if there are no corrections without objection, the Committee minutes of December 15, 2021 are approved as distributed.

REVIEW OF COUNCIL'S RECOMMENDATIONS AND PROGRESS, SENATOR NANCY BARTO

Senator Barto distributed and explained a PowerPoint presentation entitled "Joint Legislative Psychiatric Hospital Review Council" (Attachment A).

The Committee offered comments.

PRESENTATIONS

Council Members' Presentations:

AHCCCS: Status of RFP for Secure Residential BHRFs, Dr. Sara Salek

Dr. Sara Salek, Chief Medical Officer, Arizona Health Care Cost Containment System, distributed and explained a PowerPoint presentation entitled "Attachment: Timeline of Secured Behavioral Health Residential Facilities Funding" (Attachment B). Dr. Salek answered questions posed by the Committee.

The Committee offered comments.

Family Experiences in Community Living Placement, Deborah Geesling

Deborah Geesling, President, P82 Project Restoration, distributed and explained a PowerPoint presentation entitled "Closing the gaps in care for the severely mentally ill, A family's reflection" (Attachment C).

The Committee offered comments.

Invited Stakeholder Presentations:

A Family's Experiences at the Arizona State Hospital, Sommer Mutter

Sommer Mutter, representing herself, expressed her concerns with the Arizona State Hospital's mistreatment of their patients. Ms. Mutter answered questions posed by the Committee.

Overlap between Developmental Disability & SMI Services, Linda Mecham

Linda Mecham, Chair, Independent Oversight Committee, expressed her concerns regarding the dually diagnosed that are currently being served at the Arizona State Hospital. Ms. Mecham answered questions posed by the Committee.

Ms. Mecham distributed and explained handouts entitled "DDD District West Independent Oversight Committee" (Attachment D) and "DDD District Central Independent Oversight Committee" (Attachment E).

Psychiatric "Beds": The Right Bed for the Right Person; Provider Accountability Along the Continuum, Holly Gieszl and Will Humble

Holly Gieszl, Attorney, The Gieszl Firm, expressed her concerns with issues that are occurring at the Arizona State Hospital. Ms. Gieszl answered questions posed by the Committee.

The Committee offered comments.

Will Humble, Executive Director, Arizona Public Health Association, expressed his concerns with accountability and conflicts of interest at the Arizona State Hospital.

The Committee offered comments.

CONSIDERATION AND ADOPTION OF COUNCIL RECOMMENDATIONS

Josh Mozell offered a recommendation to have the Arizona State Hospital answer to why they have failed to provide intellectual or developmental disability services.

The Council discussed and accepted the recommendation proposed by member Mozell.

Senator Barto offered a recommendation to have the caregivers put in practice the Caregiver's Bill of Rights according to statute.

The Council discussed and accepted the recommendation proposed by Senator Barto.

Judge Lisa Vandenberg offered a recommendation regarding transitional housing.

Josh Mozell added additional language to the recommendation proposed by Judge Vandenberg.

The Council discussed and accepted the recommendation proposed by member Judge Vandenberg and member Mozell.

Dr. Carol Olson offered a recommendation to add other categories that individuals may have and the problem of them not being treated appropriately.

The Council discussed and accepted the recommendation proposed by member Dr. Olson.

Senator Barto offered a recommendation regarding the meaningful clinical outcome data, not just the description of processes and SAMHSA metrics.

The Council discussed and accepted the recommendations proposed by Senator Barto.

Judge Lisa Vandenberg offered a recommendation to include a commitment for providing housing as an essential for the intellectual or developmental population.

The Council discussed and accepted the recommendations proposed by member Judge Vandenberg.

Deborah Geesling offered a recommendation regarding traditional housing and the different levels of care in each different population.

Senator Barto added additional language to the recommendation proposed by member Geesling.

The Council discussed and accepted the recommendations proposed by member Geesling and Senator Barto.

The Council offered comments.

Michael Madden, Senate Research Analyst, read the proposed recommendations for consideration by the Council.

Rick Hazelton stated as a state agency, DHS won't take a position or vote on these recommendations and that he would vote present.

Senator Barto requested a motion on the committee recommendations.

Josh Mozell moved that the committee adopt the recommendations as presented on January 4, 2023 at 5:20 p.m. (Attachment F). The motion CARRIED by a voice vote.

The Committee offered comments.

There being no further business, the meeting was adjourned at 5:23 p.m.

Respectfully submitted,

Brisa Roman
Committee Secretary

(Audio recordings and attachments are on file in the Secretary of the Senate's Office/Resource Center, Room 115. Audio archives are available at <http://www.azleg.gov>)

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, fully 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.**

Attachment: Timeline of Secured Behavioral Health Residential Facilities Funding

2019	<ul style="list-style-type: none">● May 2019: Laws 2019, Chap. 270 (Health BRB) creates S-BHRFs as a provider type and describes licensure requirements.● May 2019: Laws 2019, Chap. 263 (Gen. Appropriations Act) appropriates \$3.5M to the Arizona Department of Housing (ADOH) for <i>“constructing or renovating facilities and on housing assistance, including support services, for persons who have been determined to be seriously mentally ill and to be chronically resistant to treatment.”</i>● July 2019: ADOH releases public notice, holds a public meeting and requests public comment to receive input on the use of the \$3.5M.● November 2019: ADOH announced a notice of the RFP in November 2019 with responses due in March 2020, but ultimately did not make an award.
2020	<ul style="list-style-type: none">● June 2020: ADOH determines the funds would be better administered by AHCCCS and transfers funds through an interagency service agreement to AHCCCS to issue this Request for Grant Applications (RFGA).● June/July 2020: AHCCCS releases RFGA on June 6, 2020, with applications due by July 16, 2020.● September 2020: AHCCCS awards the S-BHRF grant to one provider to construct 2 separate 16-bed facilities on separate properties (as proposed by the bidder/grantee).
2021	<ul style="list-style-type: none">● March 2021: AHCCCS and grantee modify the scope of the contract to a single sixteen unit facility as originally proposed in the HTF allocation/scope of work due to issues discovered with the originally selected properties.● 2021: Throughout the course of 2021, as part of the monitoring and oversight required in the contract, the grantee reported delays, including significant barriers in identifying appropriate properties, construction delays and price increases (grantee provided a quote of \$7-8M needed in total to complete the project).
2022	<ul style="list-style-type: none">● March 2022: AHCCCS issues a stop-work order due to inability of the grantee to complete contractual obligations. AHCCCS and grantee mutually agree to terminate the contract.● April 2022: AHCCCS begins work to re-issue the procurement, including modifications to avoid barriers encountered in the previous contract.● June 2022: Legislature passes the SFY 2023 General Appropriations Act, including \$25 million in funding for 5 S-BHRFs, and SB 1310, which expands individuals who can be served in an S-BHRF to include the Title 13 population, effective 1/1/2024. AHCCCS becomes aware of these legislative provisions as they become publicly available.● July 2022-December 2022: AHCCCS working on RFP development, with input from Subject Matter Experts, Agency Counsel, the procurement team, as well as outreach to the Courts, the Arizona Department of Health Services, and other stakeholders.
2023	<ul style="list-style-type: none">● Summer 2023: Anticipated posting of RFP.● Fall 2023: RFP process takes place.● Winter 2023: Anticipated completion of procurement.

For additional information, please see the AHCCCS [Major Decisions document](#) for this RFP. Interested parties may also sign up for [Constant Contact](#) notifications on the [AHCCCS Open Solicitations](#) web page.

AHCCCS MAJOR DECISIONS
#YH23-0008 Secure Behavioral Health Residential Facility (BHRF)
REQUEST FOR PROPOSAL (RFP)

MAJOR DECISIONS AS OF 12/9/2022

Decisions are Subject to Change

MAJOR DECISIONS FOR #YH23-0008 RFP

A. Offeror Requirements

Offerors must-

1. Be the proposed owner of the facility.
2. Construct and/or renovate-
 - a. One or more of the requested six (6) facilities;
 - b. Facilities with no more than sixteen beds per facility; and
 - c. Secure facilities, defined as limiting a patient's egress in the least restrictive manner consistent with the patient's court-ordered treatment plan.
3. Establish benchmarks/milestones to complete the development of each facility.
4. Utilize no more than seven million dollars to develop each facility.¹
5. Identify an ongoing operator of each facility who:
 - a. Provides services to persons placed in or committed to the facility pursuant to a court order issued pursuant to A.R.S. 36-550.09 or 13-4521 and not provide services to any other persons on that facility's premises;
 - b. Obtains and maintains ADHS licensure as a secure BHRF pursuant to A.A.C. R9-10-701 through R9-10-722 and provide twenty-four-hour on-site supportive treatment and supervision by staff with behavioral health training;
 - c. Obtains and maintains AHCCCS registration as a secure BHRF provider type; and
 - d. Ensures that the facility is developed and operated in a manner that complies with all other Federal and State requirements related to the operation of a licensed secure behavioral health residential facility.
6. AHCCCS is considering requiring the awarded contractor to hold an escrow account for the project.

¹ AHCCCS will be utilizing three funding sources: the American Rescue Plan Act (ARPA) State and Local Fiscal Recovery Fund, funding previously transferred from the Department of Housing, and the SFY2023 secure BHRF General Fund Appropriation, for a total of approximately 43.6 million. The [SFY 2023 General Appropriations Act](#) includes \$25 million in funding for secure BHRFs which currently is authorized to be utilized through 6/30/23; however, AHCCCS will be requesting a legislative extension for timeline to spend this general fund allocation given workforce shortages and supply chain issues due to the COVID-19 pandemic.

B. Offeror Options

Offerors may-

1. Elect to operate the facility or contract with an eligible operator;
2. Contract with an unrelated third party development consultant to develop the real estate on a turnkey basis;
3. Bid on one or more of the facilities;
4. Serve:
 - a. Persons persons placed in or committed to the facility pursuant to a court order issued pursuant to A.R.S. 36-550.09;
 - b. Persons placed in or committed to the facility pursuant to a court order issued pursuant to A.R.S. 13-4521; or
 - c. Persons placed in or committed to the facility pursuant to a court order issued pursuant to A.R.S. 36-550.09 and 13-4521.
5. Propose to serve either persons placed in or committed to the facility pursuant to a court order issued pursuant to A.R.S. 36-550.09 or 13-4521 with the intent to expand service delivery to the other population in the future.

C. AHCCCS Awards

AHCCCS intends to award contracts to one or more offerors six total facilities, with a minimum of one facility in the Northern Geographic Service Area (GSA), one facility in the Southern GSA, and three facilities in the Central GSA.²

Depending on responses, more than one award may be made.

² Counties assigned to each GSA are:

Central: Gila, Maricopa, and Pinal

North: Apache, Coconino, Mohave, Navajo, and Yavapai

South: Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, and Yuma



Closing the gaps in care for the severely mentally ill

A family's reflection



Community Mental Health Act

"With respect to mental illness, our chief aim is to get people out of state custodial institutions and back into our communities and homes without hardship and danger."

-John F. Kennedy

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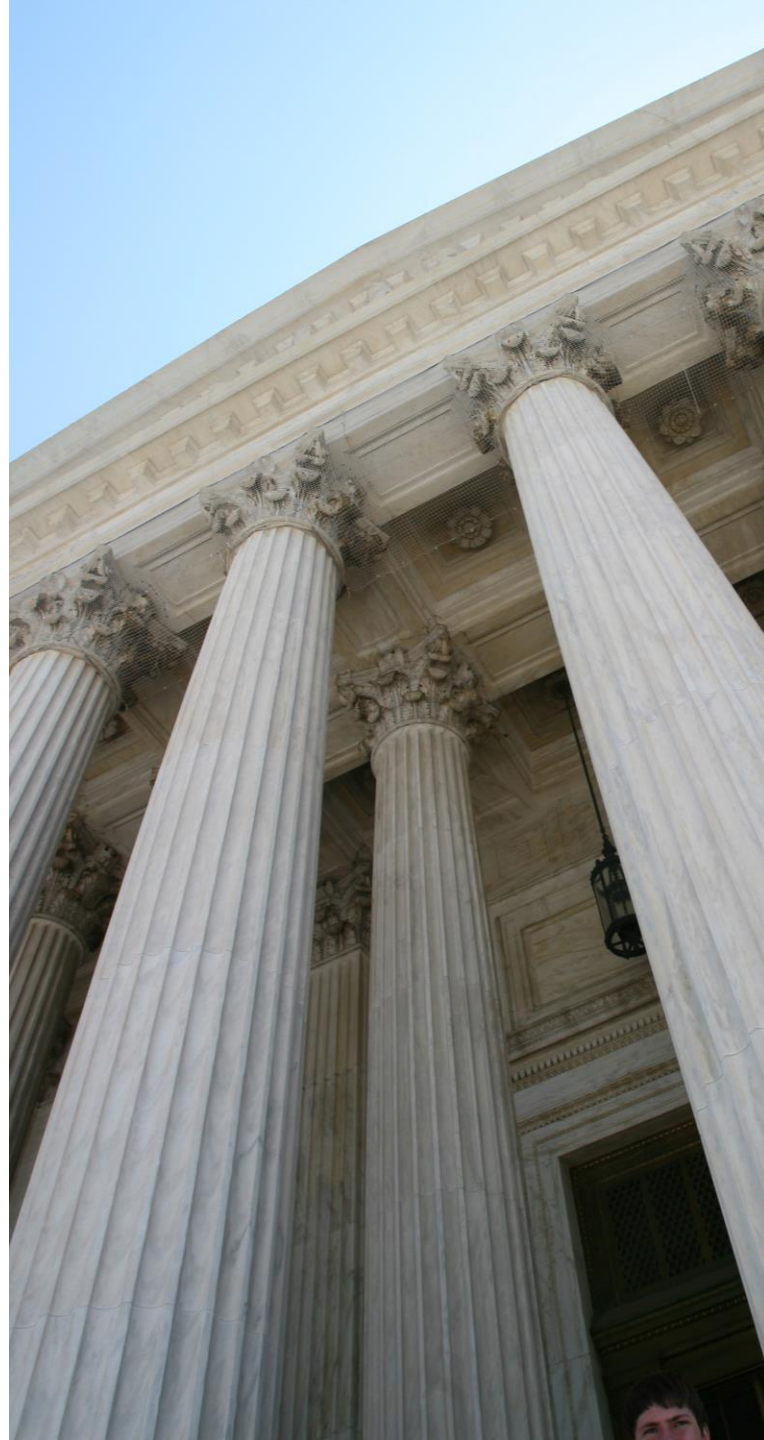
Arnold vs Sarn

"Looking back on it, I think we were not enough. The constructs that were intended to be created, the housing opportunities, employment opportunities, the kind of respect piece that had been lacking from our system is still compromised. You know, dignity, respect, or honor serving people with disabilities in a non-patronizing way."

-Chick Arnold, "Forty years later, legacy of Arnold v. Sarn lives on" by Amy Silverman, ACIR October 20, 2021



Olmstead Decision 1999



The Supreme Court held that people with disabilities have a qualified right to receive state funded supports and services in the community rather than institutions when the following three part test is met:

- The person's treatment professionals determine that community supports are appropriate;
- the person does not object to living in the community; and
- the provision of services in the community would be a reasonable accommodation when balanced with other similarly situated individuals with disabilities.



SAMHSA's working definition of recovery defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

The Recovery Model, Reducing Stigma

Managed Care, addressing gaps for the severely mentally ill



Diagnosis and
Prognosis

Safe Discharge for
Everyone



Caregiver, Family, &
Guardianship Bill of
Rights

Confidence In and For
Frontline Staff





“The moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life the elderly; those who are in the shadows of life, the sick, the needy and the handicapped.”

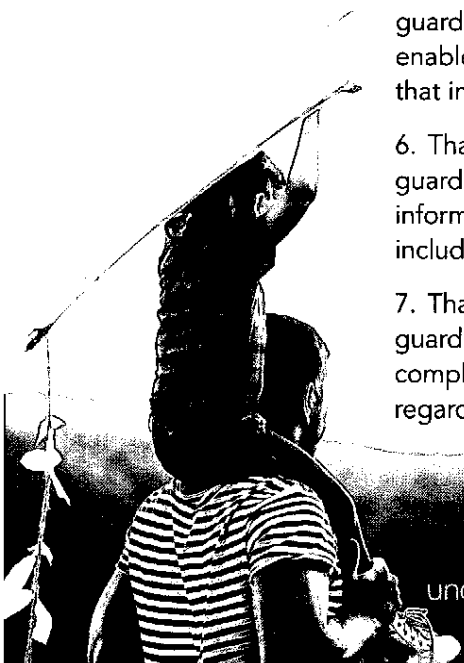
-Vice President Hubert Humphrey

Families, Know Who You Are

Parents have dreams for their children. Not one of those dreams includes their child being sentenced to a life long battle against a debilitating brain disorder. In 2016, Arizona's legislature passed the first of its kind Bill of Rights Resolution for families, caregivers, and guardians of individuals with a serious mental illness. With unanimous consent, the Arizona Senate and House of Representatives affirmed the crucial role that caregivers play in accessing care for their loved one:

Whereas, family members, caregivers and guardians of an individual with a serious mental illness are recognized as being an integral part of that individual's treatment team; and Whereas, federal and state laws allow many routine and often critical communications between behavioral health care providers and a patient's family members, caregivers and guardians; and Whereas, current rules, policies and practices among behavioral health care providers fail to consider the critical role played by actively involved family members, caregivers and guardians in the effective treatment, care and supervision of individuals with a serious mental illness; and Whereas, family members, caregivers and guardians are often excluded from decision making due to the misinterpretation of federal patient privacy laws, resulting in a lack of family engagement in patient intake and treatment decisions and discharge planning; and Whereas, it is in the best interests of individuals with a serious mental illness for their behavioral health care providers to have access to any critical medical information and history known to family members, caregivers and guardians as this knowledge will enhance treatment; and Whereas, existing federal and state laws allow for family members, caregivers and guardians of an individual with a serious mental illness to share critical medical information and history with that individual's behavioral health care providers; and Whereas, it is not in the best interests of an individual with a serious mental illness to be discharged to a family member, caregiver or guardian without first equipping that family member, caregiver or guardian with sufficient information and resources to provide adequate supportive and ongoing care. Therefore Be it resolved by the Senate of the State of Arizona, the House of Representatives concurring:

1. That the Members of the Legislature recognize that family members, caregivers and guardians of an individual with a serious mental illness have the right to communicate with all providers of behavioral health care services for that individual.
2. That the Members of the Legislature recognize that family members, caregivers and guardians of an individual with a serious mental illness have the right to be treated with respect and compassion when seeking the appropriate treatment and care for that individual.
3. That the Members of the Legislature recognize that it is essential for the treatment team of an individual with a serious mental illness to make every effort to establish a complete medical history that includes information received from family members, caregivers and guardians and to actively include family members, caregivers and guardians in treatment planning.
4. That the Members of the Legislature recognize that family members, caregivers and guardians of an individual with a serious mental illness have the right to receive access to approved information during discharge planning if there is an executed release of information on file or if a valid guardianship is in place.
5. That the Members of the Legislature recognize that family members, caregivers and guardians of an individual with a serious mental illness should receive information that will enable them to effectively evaluate the safety and security of their homes on discharge of that individual into their care.
6. That the Members of the Legislature recognize that family members, caregivers and guardians of an individual with a serious mental illness have the right to expect to receive information relating to support services available in the community at all levels of service, including family support, education, counseling and grief counseling.
7. That the Members of the Legislature recognize that family members, caregivers and guardians of an individual with a serious mental illness have the right to file a grievance, complaint or concern without fear of retaliation and to expect to receive information regarding the process of such filings.



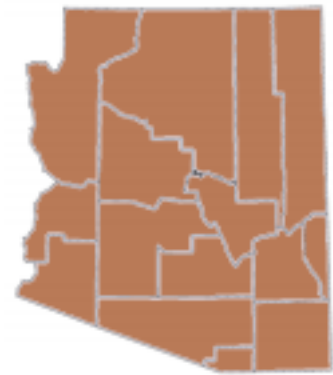
Caregivers Bill of Rights

unanimously affirmed by the Arizona Senate and House of Representatives, 2016
P82 Project Restoration, Inc. | P82homes.org

DDD DISTRICT CENTRAL INDEPENDENT OVERSIGHT COMMITTEE

Division of Developmental Disabilities

2020-21 ANNUAL REPORT



Arizona Department of Economic Security



DISTRICT CENTRAL

Membership 2020

Karen Van Epps, Chairperson, Family member, Advocate

Carol McNulty, Vice Chair, Family Member Advocate

Eva Hamant, Parent, Advocate

Mandy Harman, Member

Linda Mecham, Parent/Educator, Advocate

Andrea Potosky, Parent

Debbie Stapley, Parent

Lisa Witt, School Psychologist, Family Member

Eduarta Yates, Parent

Sherry Howard-Wilhelmi, Family Member

Marlene Riggs, DDD Non-voting Member

Heidi Reid-Champigney, Family Member, withdrew from committee

The District Central IOC reviews by law, all incidents of abuse, neglect and human rights violations of the members who reside in Central Phoenix.

The District Central IOC is now overseen by the Department of Administration.

Octavia Lamb is the liaison for the District Central Independent Oversight Committee.

July 2020 through June 2021: The following issues were discussed at the regular last Monday of the month at 10 AM. District Central does not meet in December.

It has been suggested that DDD needs a complex care unit for members who do not fit into the existing programs offered by the Division. If a family member or DD member are experiencing barriers and want to circumvent their services, there needs to be a special unit.

There is concern about the lack of oversight of especially community residential services. Because the State runs very few services, the community is depended on for nearly all programs. United Healthcare has such a system. Some future planning should be employed to address the need and support of these community programs, especially residential. There is a need for appropriate Long Term Care homes for members with behavioral issues.

Electronic Visit Verification (EVV) was introduced. This system is employed for HCBS services for staff to sign in and out electronically.

There is a severe shortage of support coordinators. There is tremendous turnover which is detrimental to the continuity of services. The SC is the only connection to DDD (gatekeeper).

Incident reports are now sent electronically They are read on Google shared drive. The committee still requests more information for each incident report.

An IOC member requested information regarding a pain scale in the Division that may be a reason for behavioral outbursts from non-verbal members. It was discovered that DDD doesn't have this. Our committee is requesting that such a scale be developed to better understand behavioral episodes that may be the pain communication.

Article IX was released in May for comment. The language was written to align with Behavioral Health terminology. The DC IOC firmly rejected the proposed Rule and worked with an Article IX group to remove the behavioral health terminology and return to the original intent of Article IX. This is the "Bill of Rights" for members and is the basis for all protections for members.

There is still concern about the wages of direct care workers. The pay is not commensurate with the work and challenges required of them. Agencies are having a difficult time filling staffing ratios.

Supported Decision-Making (SDM) was once again introduced during the last legislative session. The committee believes that the SDM process is an effort to discourage families from seeking guardianship. Currently a member can invite anyone they want to attend his/her meeting to help in decision making. A law is not necessary.

Respectfully Submitted,

Karen Van Epps, District Central IOC Chairman

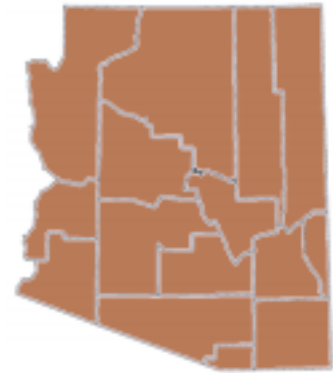
The following are issues that have been repeatedly submitted year after year in the District Central Annual Reports. (years 2004-2019)

1. Need for guardianship and public fiduciaries
2. Adult Developmental Homes (ADH) need to be monitored
3. Program Review committees (PRC) need professional members.
4. Need for Behavioral health/DDD programs
5. Client funds, need to monitor funds when handled by DDD. (Can't go over \$2,000)
6. DD members do not belong in nursing homes.
7. Not enough support coordinators
8. Difficulty in hiring and retaining direct care staff
9. Oversight of community programs

DDD DISTRICT WEST INDEPENDENT OVERSIGHT COMMITTEE

Division of Developmental Disabilities

2020-21 ANNUAL REPORT



Arizona Department of Economic Security

District West
Independent Oversight
Committee
2020/2021 Annual Report
Maricopa County (West Area)

INTRODUCTION AND BACKGROUND:

The Independent Oversight Committee (IOC) formerly the Human Rights Committees, supported by the Arizona Department of Economic Security (DES), were established into law under A.R.S. 41-3801 and functions as an independent advisory and oversight committee to the Division of Developmental Disabilities (DDD). Independent Oversight Committees (IOC) were established to promote and protect the rights of members with developmental disabilities who receive services from the Division of Developmental Disabilities.

District West IOC is located on the west side of Maricopa County and extends south including portions of the Gila River Indian Reservation, to North Phoenix, and West to the border of Arizona. In 2020/2021 District West served over 11,000 members.

District West IOC continues to be one of the fastest growing districts in membership for the DES and DDD. The monthly meetings are held virtually due to the COVID-19 pandemic since 2020. The usual meeting place is at the Peoria DES office in Peoria Arizona. The committee meets on the fourth Tuesday of month for approximately two hours.

RESPONSIBILITIES AND DUTIES OF THE INDEPENDENT OVERSIGHT COMMITTEES:

The Independent Oversight Committees (IOC) are made up of dedicated volunteers, who donate their time to serve the members within their districts. The IOC operates under the Open Meeting Laws of Arizona and follows specific IOC Guidelines created by their district. The District West Committee met nine times this year.

The committee provides independent oversight, review, research and makes recommendations to the Department of Developmental Disabilities. The committee reviews incidents of including Physical Abuse, Sexual Abuse and Other Abuse, Neglect, Accidental Injury, Missing Clients, Emergency Measures, Human Rights Violations, Medication Errors, Death, Suicide, Hospitalization, Incarcerations, Theft and Property Destruction. The committee members also review Behavior Plans (BPs) and make recommendations for changes.

DISTRICT WEST HUMAN RIGHTS COMMITTEE MEMBERSHIP:

The District West Independent Oversight Committee (IOC) is composed of dedicated community members including parents, family members, professionals, and paraprofessionals who volunteer their time and knowledge to advocate for DDD members.

Current members for the 2020/2021 year are: Diedra Freedman (De) (Chairperson), Bernadine Henderson (Vice Chairperson), Pat Thundercloud, Brad Doyle, Cynthia Macluskie, Laurene Zemis, Julie Heineking, Pam Grady. All the current members have appointments by the Arizona Department of Administration or the Division of Developmental Disabilities if appointment was prior to August of 2019.

Due to the COVID-19 pandemic, there had been some decline of volunteers to the committee. Laurene Zemis and Pam Grady had tendered their resignations in late fiscal 2021.

Recruitment efforts are slow with the mitigation strategies in place due to COVID 19. Recruitment will continue during this crisis.

DISTRICT WEST INDEPENDENT OVERSIGHT COMMITTEE VOLUNTEER

HOURS: The District West IOC volunteered over 500 hours of their time in 2020/2021

INCIDENT REPORTS

District West IOC received a total of 6786 Incident Reports (IRs) for over 11,000 members from July 1st, 2020, to June 30th, 2021.

In February 2021 the District West IOC began to receive all Incident Reports by accessing a secure Google Drive. This platform allowed the members to access all the Incident Reports at any time. DDD has created a platform where the timeliness of receiving current Incident Reports is no longer a concern. There are 14 types of Incident Report, including Physical Abuse, Sexual Abuse and Other Abuse, Neglect, Accidental Injury, Missing Clients, Emergency Measures, Human Rights Violations, Medication Errors, Death, Suicide, Hospitalization, Incarcerations, Theft and Property Destruction.

Behavior Plans

District West IOC reviewed a total of 579 Behavior Plans in 2020/2021.

Bernadine Henderson and Pat Thundercloud continue to participate in the Program Review Committee (PRC) meetings and have volunteered over 300 hours as IOC members in 2020/2021. They consistently are involved in attending the PRC meetings and are advocates for the process.

2022 Psychiatric Hospital Review Council Recommendations

– Adopted 1-4-23 –

- Follow-up on all reports recommended in the Council’s 2021 Final Report and 2021-2022 legislation.
- Require the Arizona State Hospital to provide an explanation to the Council as to why it is not providing statutorily required services to individuals living with an intellectual or developmental disability.
- Study new and existing traditional housing from prisons and other levels of care and their effectiveness in serving the serious mental illness population.
- Institute surveys for services received by the Arizona Health Care Cost Containment System and regional behavioral health authorities in the behavioral health system.
- Practice the Caregivers' Bill of Rights as directed by statute.
- Identify how many psychiatric beds does Arizona need across the continuum of care:
 - Resolving the 55-person cap at the Arizona State Hospital; and
 - Is secure residential more integrated & clinically appropriate for some patients?
- Identify the private sector’s role in accepting involuntary commitments state-wide:
 - Tucson & Prescott private hospitals accept involuntary commitments. Why not statewide?
- Consider traditional housing from prisons and other levels of care as well as having a community commitment to providing housing as a necessity for this population.
- Address each of the following with regards to the Arizona State Hospital:
 - high levels of violence;
 - chronic staffing shortages;
 - use of registry staff;
 - clinical care for developmental disabilities and autism;
 - governance & accountability to the Legislature; and
 - clinical care of developmental disabilities, autism, and other complex behavioral and medical conditions not currently being treated.
- Consider whether the Arizona State Hospital should be extricated from the Department of Health Services and operated by an appointed board.
- As it relates to the Arizona Health Care Cost Containment System and regional behavioral health authorities:
 - Understand capitation financing;
 - Investigate behavioral health residential facilities' use of “medical necessity” criteria, short notification period and high readmission rates; and
 - Receive meaningful clinical outcome data; not just description of processes and Substance Abuse and Mental Health Services Administration metrics.
- Ensure behavioral health technicians are adequately trained, credentialed, compensated and certified by the state.

- Identify how to increase and/or incentivize community support for the serious mental illness population.
- Address each of the following as it relates to the Arizona State Hospital:
 - Governance and oversight;
 - Streamline readmissions;
 - Quality of care, violence and complaints; and
 - Services & payment for patients with developmental disabilities & autism.