

Fiscal Note

BILL # SB 1716

TITLE: ~~Arizona state hospital~~ NOW: Arizona state hospital; admission; governance

SPONSOR: Barto

STATUS: As Amended by House APPROP

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Description

The bill would establish the State Hospital Governing Body, set requirements for Arizona State Hospital (ASH) patient treatment plans and reports to the Psychiatric Security Review Board (PSRB), require ASH to maintain a video surveillance system with audio and visual capabilities, and establish the State Hospital Governing Body and the Joint Legislative Psychiatric Hospital Review Council.

Estimated Impact

The bill would generate one-time General Fund costs for replacing the video surveillance system and ongoing General Fund costs for storing surveillance files and compensating Governing Body members. The Department of Health Services (DHS) estimates one-time costs would be between \$2.3 million and \$5.9 million and ongoing costs of \$606,000. We do not have enough information to independently estimate the costs of replacing the video surveillance system.

Analysis

ASH currently provides 360 beds for long term treatment of persons diagnosed as seriously mentally ill who are under court order for treatment. ASH includes distinct programs for civilly committed patients, patients who are not yet fit to stand trial, have been ruled guilty except insane or guilty by reason of insanity, post-trial individuals with plans for conditional release into the community, and sexually violent persons.

Patient Surveillance

ASH currently utilizes multiple video-only surveillance systems throughout its 3 distinct campuses. These video systems were implemented at different points in time, use different platforms for monitoring ASH patients, and are capable of storing up to 3-4 weeks of footage.

The bill would require ASH to maintain a surveillance system that includes both audio and visual capabilities and require the hospital to securely store surveillance files for at least 24 months after the date of an incident that involved a patient assault with injuries that required medical treatment. These requirements would be subject to available appropriations.

DHS estimates that the one-time costs of replacing the current video-only system with a system that includes both video and audio could generate costs between \$4.1 and \$7.7 million, which includes costs of a storage system capable of retaining up to 24 months of footage. Last year, DHS reported having \$1.8 million available within its existing funds to replace the system and that the remaining \$2.3 million to \$5.9 million cost would require an additional appropriation. The bill appropriates \$500,000 for replacing the surveillance system.

In addition to the one-time transition costs above, DHS estimated last year that retaining audio files could cost an additional \$50,000 per month, or \$600,000 annually. Storage costs could increase above this amount to meet the bill's requirements for storing footage after incidents involving a patient assault.

Governing Body

ASH is operated by a Superintendent/Chief Executive Officer, who reports to the DHS director. The DHS director also appoints other members of the ASH Governing Body. The Governing Body's current bylaws do not include compensation to members for their participation.

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JLBC

The bill would establish a State Hospital Governing Body in statute consisting of up to 7 members appointed by the Governor, including the DHS director, the ASH superintendent, and up to 5 members of the public. The governing body would be required to provide members, with the exception of the director and superintendent, with \$100 in compensation for every meeting attended for up to 12 meetings per year. The compensation requirements would generate costs of up to \$1,200 for each eligible member, or \$6,000 in annually.

Patient Treatment Plans

ASH maintains certification through the Centers for Medicare and Medicaid Services (CMS) and accreditation through The Joint Commission, which require the hospital to meet certain requirements for developing patient treatment plans.

The bill would require ASH to develop a master inpatient treatment plan and an individualized treatment and discharge plan for each patient within 30 days of admission. Based on our understanding that these requirements are consistent with the hospital's current practices to receive certification and accreditation, we do not expect codifying the treatment plans in statute will generate any additional costs.

Psychiatric Security Review Board

The Psychiatric Security Review Board (PSRB) oversees the treatment and release of persons the Superior Court has found guilty except insane if the crime was such to cause or threaten death or serious physical injury. Persons under the board's jurisdiction are committed to ASH for treatment. The Board's responsibilities also include conducting hearings for GEI persons to determine appropriate actions for ongoing treatment, transfer to the Department of Corrections, conditional release, and continued monitoring after release into the community. In 2019, the Board had jurisdiction over 114 people and conducted 102 statutory hearings.

The bill would require ASH to respond timely and in good faith to PSRB requests, provide patient reports at least 45 days before statutory hearings, and would require the patient's treating psychiatrist to appear as a witness before the board at each hearing regarding the patient's conditional release. To the extent that meeting these requirements changes the hospital's current practices and increases workload for ASH staff, costs would increase. DHS has not provided its perspective on whether the requirements would increase its costs.

Joint Legislative Psychiatric Hospital Review Council

The bill would establish a Joint Legislative Psychiatric Hospital Review Council to make recommendations on inpatient psychiatric treatment, including hospital bed capacity, waiting lists, programs that ensure public safety, and barriers to providing appropriate treatment. We do not expect the council's establishment to generate additional costs.

In total, we estimate the bill could generate up to \$5.9 million in one-time costs for opening unused beds and replacing the surveillance system and up to \$606,000 in ongoing costs for storing audio files and compensating members of the Governing Body for meeting attendance. These costs would be paid by the General Fund.

Local Government Impact

None