

### The Utah Territorial Insane Asylum Established 1885







Adults 152 Beds

State of the Art Facilities





Forensics: 124 Hospital Beds 22 Jail-based beds & Outreach program

Pediatrics 72 Beds





#### CIVIL COMMITMENTS

- 1. Patients are referred from Local Mental Health Centers.
- 2. LMHA's allocated civil beds by the Legislature.
- 3. Civil Court Commitments no longer than 6 months per review.
- 4. Discharge Plans identified before admission occurs.





#### FORENSIC COMMITMENTS

- 1. District Court orders evaluations & treatment
- 2. Varying legal commitments:
  - 1. Not Competent to Proceed
  - 2. Guilty But Mentally Ill
  - 3. Not Guilty by Reason of Insanity
- 3. 80% 90% Not Competent to Proceed
- 4. Statute & Settlement Agreement requires short admission time frames.
- Outreach program & Jail-based Program provide system efficiencies.





#### FORENSIC DEMAND HISTORY

1970's – 1987 Utah State Hospital Forensic Program 30 Bed Unit

Security was minimal

Most Court Evaluations completed at Hospital

1980 – 1987 growth in Forensic population doubled from 30 to 60 beds.

1987 - 2000 Continued increase in demand 87 patients (60 bed capacity)





#### FORENSIC DEMAND GREW EXPONENTIALLY

2000 New 100-bed facility. 500% growth **Court ordered evaluations** began occurring in the jails. 2015 Forensic Wait List grew 100 individuals waiting over 6 months for a bed. 2017 **Forensic Settlement** Agreement Signed requiring admission within 14 days



#### USH OUTREACH PROGRAM

USH identified some individuals referred to the hospital could be restored quickly without inpatient treatment.

Redirect back to court within 60 days.

Efficiency in bed utilization and cost.





#### JAIL – BASED RESTORATION PROGRAMMING

Nationally, Jail Based Competency Restoration Programs have proven successful

Individuals restored without hospitalization but need more than 60 days for restoration services.



#### USH Forensic Wait List Actual vs. Estimated w/ o Alternative Programs

Actual Wait List
Estimated Wait List w/o Alternative Programs



## **Forensic Crisis Summary:**



- LITIGATION: Many states began experiencing litigation due to the inability to meet the growth in Forensic Court Commitments.
- LOSS OF CIVIL BEDS Many states converted civil beds into Forensic Beds. This essentially criminalizes mental illness which we try to avoid by strengthening our crisis response system in the community and preserving Civil Beds.
- USH EFFICIENCIES: Ongoing compliance with a June 2017 Federal Court Settlement Agreement.
- COVID-19 IMPACT: USH continues to maintain compliance with Settlement Agreement. Only a few special conditions that were quickly resolved.

#### **Projected Referrals**



#### PROJECTED GROWTH IN REFERRALS

YEAR	Projected	Actual
2011	98	94
2012	106	101
2013	114	98
2014	124	143
2015	134	125
2016	146	158
2017	158	183
2018	171	176
2019	185	221
2020	201	200
2021	217	
2022	235	
2023	255	
2024	276	
2025	299	

#### Analysis of 5-year Forensic Bed Need



**Scenario 1**: this assumes no growth in the demand placed on the forensic services of the hospital despite a long history of growth over time and a predicted growth in the population of Utah. This scenario is unrealistic but places a lower boundary on the three other scenarios under consideration.

**Scenario 2**: this assumes a growth in Forensic referrals in line with population growth and does not consider any historical growth in referral rates.

**Scenario 3**: this assumes the growth in referral rates based on a linear extrapolation of historical rates and assuming population growth rates are no larger than in the past.

**Scenario 4**: this assumes the growth in referral rates based on an exponential extrapolation of historical rates and assuming population growth rates are no larger than in the past.



### Analysis of 5-year Civil Bed Need



**Scenario 1**: this assumes no growth in the demand placed on the civil services of the hospital despite pre Covid-19 access issues and a predicted growth in the population of Utah. This scenario places a lower boundary on the two other scenarios under consideration.

**Scenario 2**: this assumes a growth in Civil referrals in line with population growth and does not consider any historical growth in referral rates.

**Scenario 3**: this assumes the growth in referral rates based on overall growth in mental health illness in Utah over the last six years.



### USH FUTURE FORENSIC BED CAPACITY NEED



An analysis of the implications of future demand scenarios on bed capacity over the next five years Illustrates the need for a minimum of 30 additional forensic beds over the next five years combined with wider changes across the mental health system.

Staff beds per 100,000 state population (2019 data):

Utah	10.63
Western States:	15.60

### Current Recruitment and Retention Challenges

- COVID impact defunded Hospital FY20 request for recruitment and retention (\$881,000 GF ongoing).
- This funding was identified to address compensation strategies to address challenges with staffing shortages.

## **Recruitment and Retention Challenges**

### High Vacancy and Turnover Rates

Psych Tech86RN/LPN18Total104



### **Recruitment and Retention Challenges**

**Current USH Salary Comparison** 

**FY21 DHRM Market Data** 

Position Title	US	USH Hourly Wage		DHS Agency Median		(Median)		US Bureau of Labor		
Daughistais Technisis	ć	11 22	ć	12 50	ć	14.02	ć	14 10		
Psychiatric Technician	<u>ې</u>	11.33	<u> </u>	12.50	>	14.93	<u> </u>	14.18		
Social Worker	\$	20.85	\$	22.94	\$	22.51	\$	23.85		
Custodian I	\$	9.00	\$	10.25	\$	11.95	\$	11.03		
Food Service Worker I	\$	9.21	\$	10.51	\$	11.18	\$	11.79		
Psychologist	\$	39.33	\$	47.19	\$	37.34	\$	46.15		

### **Recruitment and Retention Challenges**

High Overtime Costs FY19 1.1M FY20 1.4M

COLA's have not kept up with competing private sector Targeted Funding has helped decrease impact in past years Compensation Plans work best with flexibility in approach

# **Budget Challenges**

Special Session budget cut 48% reduction in Medicare Bed Days Insurance Collections down FY20 Inflationary costs: Medications, Food, Utilities COVID Impact

**Current Forecast Deficit** 

(\$597,900) (\$873,000) (\$22,300) (\$149,400) (\$500,000)

(\$647,259)