



USAAV - Forensic Mental Health Coordinating Council Subcommittee: Need for beds at the state hospital

State of Utah
Utah State Hospital
September 30, 2023

To: Health and Human Services Interim Committee
From: Dallas Earnshaw, Superintendent, Utah State Hospital
Subject: Long-term need for adult patient beds at the state hospital

Purpose

As required by UCA 63M-7-303(3), the Department of Health and Human Services submits the following report on behalf of the Utah Substance Use and Mental Health Advisory Council.

(3) The council shall report:

(a) with the assistance and staff support from the state hospital, regarding the items described in Subsections (1)(l) and (m), including any recommendations, to the Health and Human Services Interim Committee before October 1 of each year; and

(b) any other recommendations annually to the commission, the governor, the Legislature, and the Judicial Council.

(l) study the long-term need for adult patient staffed beds at the state hospital, including:

(i) the total number of staffed beds currently in use at the state hospital;

(ii) the current staffed bed capacity at the state hospital;

(iii) the projected total number of staffed beds needed in the adult general psychiatric unit of the state hospital over the next three, five, and 10 years based on:

(A) the state current and projected population growth;

(B) current access to mental health resources in the community; and

(C) any other factors the council finds relevant to projecting the total number of staffed beds; and

(iv) the cost associated with the projected total number of staffed beds described in

Subsection (1)(l)(iii); and

(m) each year report on whether the pay of the state hospital employees is adequate based on market conditions.

Executive summary

Though the Pandemic presented the hospital with unique challenges, the Utah State Hospital (USH) continued to achieve and sustain ongoing improvement in internal efficiencies and performance in the forensic and civil programs. Length of stays have decreased and admission rates have kept up with demand. Outcomes regarding access to civil beds are now being monitored to assist in better identifying future adult civil bed needs. Further improvements can be achieved with increased community and hospital resource availability and improvements in coordination of care across the system.

Access barriers to USH beds issues are exacerbated by ongoing delays in discharge of patients who are ready and waiting for discharge placements. Access issues are also impacted by patients who are more suited to a low acuity step down facility because they have complex legal and psychiatric statuses and are unable to be discharged into the community. Both of these consume constrained resources at the Utah State Hospital and are delaying timely admissions for new patients.

The adult civil referral tracking system has been improved to better identify current need for adult civil beds as well as assisting in making projections for future adult civil bed needs. This helps us better know what system changes can be made and what resources are needed to provide the best and most timely care possible for patients. Our future success will require improved levels of engagement across the wider mental health system. The latest analysis of improved performance has been reviewed with the local mental health authorities' executive leadership and a plan of action to resolve the current causes of delay is being developed.

Demand for all services continues to grow even while discharges continue to be delayed. There is no guarantee access to both civil and forensic beds can be sustained over the next 5-10 years without strategic investments to the Utah State Hospital. These investments must help sustain the improved efficiencies within the hospital and changes to the wider mental health system and partners. An efficient way to increase capacity is to build a low acuity step down facility rather than simply expanding the number of forensic and civil beds at the Utah State Hospital.

Recommendations

1. Consider alternatives to address the needs of 28 patients with very complex legal and mental health status who are expected to have significant length of stays and are not able to be discharged into the community. These individuals would benefit from a lower acuity step down facility at the Utah State Hospital. The number that would benefit from a step down facility increases by approximately 3 additional individuals each year. This step down facility is a more cost-effective solution to managing future demand than building additional forensic or civil bed capacity. A 60-bed low acuity step down facility on the Utah State Hospital campus would ensure timely access to care for both forensic and civil patients over the next 5-10 years.

2. Establish additional in-community capacity, primarily residential or supported housing services, for patients waiting to be discharged from the adult civil units. This will ensure timely access to the adult civil beds from the local mental health authorities and better manage future bed needs by creating internal efficiencies in bed utilization.
3. Continue efforts to improve internal efficiencies such as ongoing studies of the impact of best practices on lengths of stay. Determine if further improvements in lengths of stay can be achieved.

Primary report

For ease of aligning the report with statute, the following numbered and lettered list corresponds with the citations in the statute referenced above.

(I)

- (i) There are currently 276 adult civil and forensic beds “in use” at the state hospital (152 adult civil beds and 124 forensic beds).
- (ii) The current bed capacity at the state hospital is 306 adult civil and forensic beds (152 adult civil and 154 forensic beds). 30 of the forensic beds are funded but not in operation due to staffing shortages.
- (iii) The current bed capacity of 306 beds meets the projected total number of beds needed for the next 3 years. These 306 beds will be fully operational when the 30-bed forensic 6 unit opens within the next year. Utah has 10.29 staffed beds per 100,000 population compared to the average of 14.45 beds per 100,000 population for the Western states (2023 Western Psychiatric State Hospital Association data). The Western states for this data source include AK, AZ, CA, CO, HI, ID, MT, ND, NM, NV, OR, SD, UT, WA, and WY.

In the next 5 years, projections indicate there will be a need for at least 30 additional beds. This is based on referral and potential waitlist data for forensic and civil patients. See [Presentation 8.1 v2.pdf](#).

In the next 10 years, projections indicate there will be a need for at least an additional 60 beds. The bed need could increase depending on referral rates, ongoing community resource discharge barriers, and improved accuracy in data collection of civil bed needs.

- (A) Regarding the state's current and projected population growth (U.S. Census Bureau), Utah has experienced high growth rates and currently ranks 4th highest growth in the country:
 - 2.44% in 2020
 - 1.72% in 2021
 - 1.25% in 2022
 - 1.64% in 2023 (projected)
- (B) The legislature and county mental health authorities have worked diligently with community stakeholders to increase funding and resources for mental health resources. Notable increases include residential service capacity, outreach teams, receiving centers, homeless services, and suicide prevention services.

While these increases have helped markedly, ongoing community assessment still indicates significant gaps in services as well as delays in discharge at the Utah State Hospital. The Gardner Institute, in coordination with the Utah Hospital Association, has provided a detailed report of community gaps in services for the mental health continuum of services in Utah. The [2023 report](#) is in a final draft review process and will be available to the legislature and public by the 2024 legislative session.

(C) Other factors the USAAV Forensic Mental Health Coordinating Council (FMHCC) Subcommittee finds relevant to projecting the total number of beds include unknown variables in the future related to proposed changes to both the civil commitment and forensic mental health laws in this and future legislative sessions. There are efforts to increase access to diversion opportunities in the judicial system to help people access mental health care before adjudication. This could increase the need for both community and inpatient mental health services outside of jails and prisons.

(iv) Currently the operational cost of a 30-bed unit is \$4.8 million. 306 beds are currently funded. Once the final 30 beds are fully staffed and open, this will manage projected growth for 3 years. By 2027, another 30 beds will be needed. The cost of an additional 30 beds will be another \$4.8 million plus inflation, unless a low acuity step-down facility is built which is anticipated to be slightly more cost effective. The average cost per day at the Utah State Hospital is \$714 compared to Western Psychiatric State Hospital Association (WPSHA) average daily rate of \$899.

(m) Staff recruitment has been slow but improving following recent salary increases. Retention and turnover data will be better assessed in the next year. The current turnover rate for the is 36.2% compared to the Western Psychiatric State Hospital Association (WPSHA) median rate of 22.5%. Direct care and entry level recruitment has significantly improved. With temporary budget-dependent incentives for employment, professional positions (psychology, social work, and nursing) have seen significant recruitment success as well. However, salaries continue to lag behind the regional market. For example, a registered nurse at the Utah State Hospital makes a base salary of \$71K per year compared to the WPSHA median rate of \$98K.

Difficulty with doctor recruitment has been a major barrier to opening vacant funded beds. For example, a psychiatrist at the Utah State Hospital makes a base salary of \$259K per year compared to the WPSHA reported median of \$295K. The Utah State Hospital has a psychiatrist vacancy rate of 11.8%. Other states are struggling as well with a median vacancy rate of 29.1%.

We continue to work with the Division of Human Resource Management to identify staffing positions that have been recommended for review and update with the goal of bringing targeted professional wages to comparable market rates.