Utah Department of Health & Human Services

Utah State Hospital Bed Report

State of Utah
Utah State Hospital
August 2026

To: Utah Behavioral Health Commission 26B-5-7, Health and Human Services Interim Committee

From: Dallas Earnshaw, Superintendent, Utah State Hospital

Subject: The long-term need for adult patient staffed beds at the state hospital 26B-5-703(2)(l)

Purpose

As required by 26B-5-703(2)(l), the Department of Health and Human Services (DHHS) submits the following report regarding the long-term need for adult patient staffed beds at the Utah State Hospital to the Behavioral Health Commission:

(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's current and projected population growth;

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

(C) any other factors the committee 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

(2)(l)(iii);

Executive summary

DHHS has worked in-house with the Office of Informatics and Data Systems to provide projections for adult patient bed needs at the Utah State Hospital.

The Utah State Hospital currently has a total of 378 beds. 306 adult beds are split between 152 civil patient beds and 154 forensic patient beds. The pediatric unit contains 72 beds, which is adequate for the foreseeable future.

Based on projections that account for Utah's continued population growth, the hospital will need a significant increase in adult beds to meet future demand.

Key Projections:

- **2028:** An additional **18 to 30 beds** will be needed.
- **2030:** An additional **20 to 33 beds** will be needed.
- **2035:** An additional **26 to 41 beds** will be needed.

These projections highlight a growing need for mental health resources in Utah, particularly for forensic beds. The estimated need for forensic beds is substantially higher than for adult civil beds.

Primary report

Directly related to requirements of 26B-5-803(1)(j&k):

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

(i) There are currently 152 adult civil beds and 154 forensic beds in use at the Utah State Hospital.

(ii) The current bed capacity at the state hospital is 152 Adult Civil and 154 Forensic beds.

(iii) The following table shows the yearly growth rate based on data from the past 5 years and projections based on population growth rates over the next 3, 5, and 10 years.

Bed Location	Growth Rate	2028 Need	2030 Need	2035 Need
Adult and Forensic Beds	9.5%	18 to 30 beds	20 to 33 beds	26 to 41 beds

*Estimates are based on the current, linear growth rate. If the historical exponential growth trend

continues, the 2035 needs will likely be higher than the estimates provided in this chart.

(A) The state's current and projected population growth shows that Utah has experienced high population growth rates and currently ranks 4th in the country:

- 2.52% in 2020
- 1.68% in 2021
- 1.54% in 2022
- 1.54% in 2023
- 1.75% in 2024

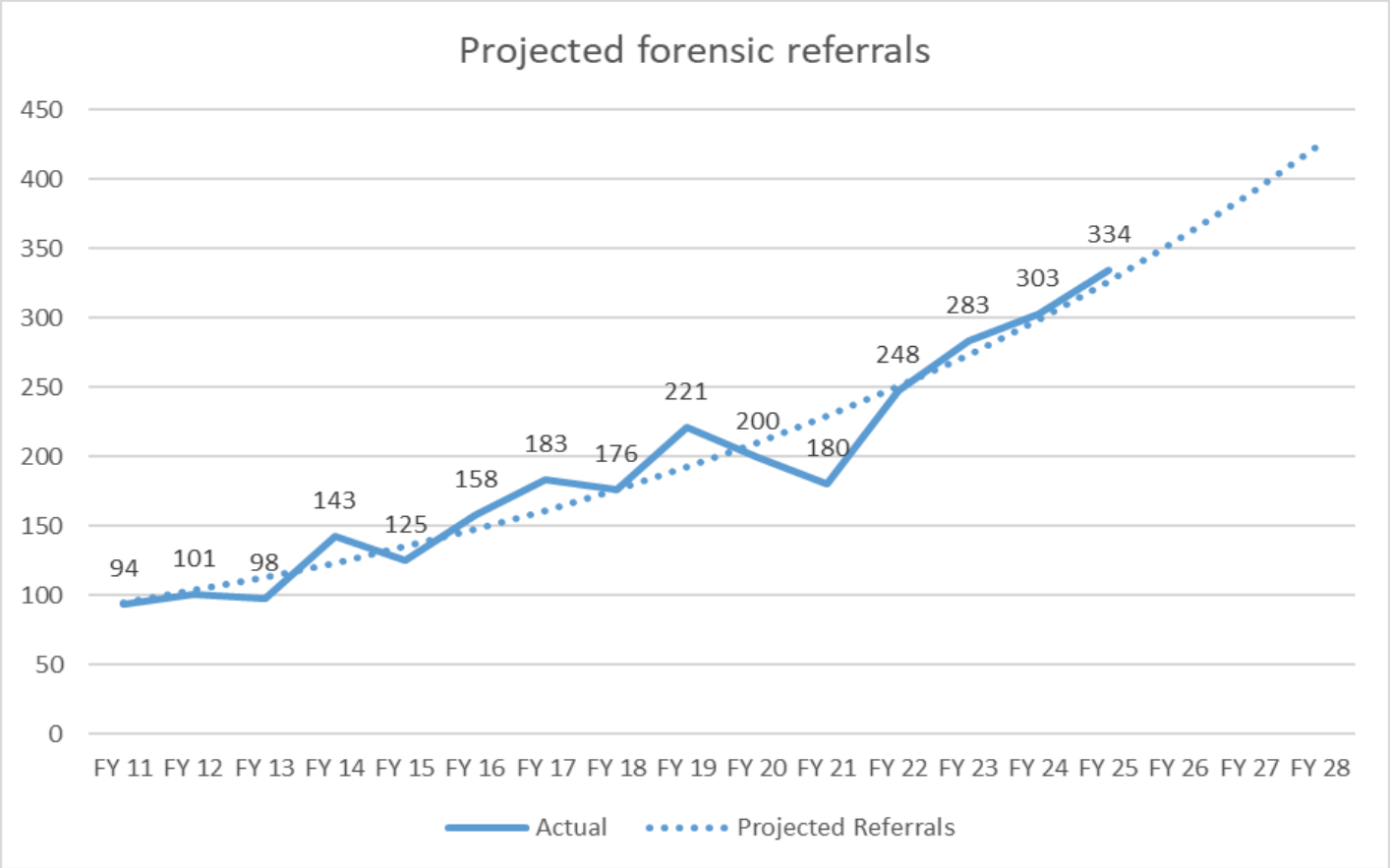
(B) The legislature and county mental health authorities have continued to work diligently with community stakeholders to increase funding and access to mental health resources. Notable increases include residential service capacity, outreach teams, receiving centers, homeless services, and suicide prevention services. While these resources have helped significantly, ongoing community assessment still indicates significant gaps in mental health services and delays in state hospital discharges. The Gardner institute, under the direction of the Utah Hospital Association, published a detailed report of community gaps in Utah's mental health services. (Utah Behavioral Health Assessment & Master Plan - Kem C. Gardner Policy Institute)

The Office of Substance Use and Mental Health (SUMH) serves as a central hub for community mental health resources in Utah. The SUMH website provides direct access to critical services, including the Utah Crisis Line, Healthy Minds Utah, and contact information for county treatment authorities and local behavioral health providers. Additionally, SUMH publishes key data and reports, such as the Utah Student Health and Risk Prevention (SHARP) survey and information on the Youth Access to Tobacco program. All official resources and reports are consolidated on the SUMH website: https://sumh.utah.gov/.

(C) Several other factors are driving the projected need for more inpatient beds at the Utah State Hospital. Historically, a steady increase in court referrals for forensic competency treatment has been the primary driver. In the past two years the increase has slightly outpaced original projections indicating a more critical need to expand available beds. This growth, which mirrors national trends, has been consistent for over a decade and resulted in a 255% increase in referrals since 2011, as shown in the chart below:

Efforts to improve diversion from the justice system will shift more people toward community mental health services and increase system efficiencies. Additionally, the new presidential Executive Order "Ending crime and disorder on America's streets" is focused on loosening civil commitment criteria and holding patients in jails or prisons if other secure inpatient beds are not available. Federal and State agencies are currently working to interpret and implement this executive order.

(iv) The current operational cost of a 30-bed unit is $5 million. The operational cost for an additional 30 beds in 2028 will be another $5 million (adjusted for inflation). The Utah State Hospital proposal is to consolidate all forensic patients within the same forensic building. This



will free up space in the adult service area to develop a transitional treatment program and address the growing complexity of patient needs. This transitional program initiative involves the phased implementation of specialized beds over the next decade, designed to improve

patients' outcomes and increase operational efficiency.

This recommendation is the result of an eight-year strategic collaboration with QFI Consulting Ltd., an international firm specializing in healthcare operational efficiencies. Our analysis identified a sustained increase in patients with highly complex needs who require specialized, longer-term care focused on community reintegration after stabilization. The proposed program would provide this transitional care and free critical high-acuity beds for forensic and adult civil patients.

USH Compensation Overview: Balancing Recruitment Success with Market Realities

While recent data indicates that while the Utah State Hospital has been successful at filling many positions, a significant portion of its workforce is compensated at rates below the current market median according to the Labor Commission. This success in recruitment is attributed to some increases in salary over the last several years and strategic initiatives included in the Utah State Hospital's Compensation Plan such as sign-on bonuses, career mobility opportunities, and tuition reimbursement. These successes have occurred despite underlying compensation challenges that could impact long-term retention and equity. A review of the hospital's compensation against 2024 National Compensation Association of State Governments (NCASG) data and comparable wage data from the Western Psychiatric State Hospital Association (WPSHA) 2024 benchmarking report reveals that while some professional roles meet or exceed market rates, many other critical positions, including nurses, psychiatric technicians, and support staff, lag behind.

A detailed analysis of the current National Compensation Association of State Governments (NCASG) market comparison data highlights these disparities. While medical doctors and psychologists at the Utah State Hospital are compensated competitively, the situation is reversed for many other essential roles.

For instance, nursing staff, who are a cornerstone of patient care, consistently fall below market compensation levels. Registered Nurses are compensated at a rate 12.2% below the market, with Senior Registered Nurses at a 6.2% deficit. This trend extends to nursing leadership, with Nursing Directors facing a 13% gap compared to their peers. Similarly, Licensed Practical Nurses are paid 9.1% less than the market rate.

Another area of concern is the compensation for Psychiatric Technicians. While the state hospital reports excellent hiring rates for these roles with a decrease in turnover compared to

previous years, the entry-level Psychiatric Technician position is compensated at 16.9% below the market median. This suggests that non-monetary incentives or other factors may be driving recruitment and retention in the short term, but the significant pay gap remains a long-term risk.

The Chief Security and Enforcement Officer and campus police officers are compensated at 20.9% below the market. Campus police have one of the hospital's highest turnover rates with officers leaving for positions in cities, counties, jails, and other agencies that offer higher salaries. Campus police have been prioritized in previous targeted funding requests due to these factors.

Office technicians and secretaries face substantial pay discrepancies, with positions like Administrative Legal Secretary and Executive Secretary falling short by 36.6% and 29.9%, respectively. Pharmacists, another critical role, face compensation deficits of 13.8% and 11.1% for the Pharmacy Director.

Concerns about high turnover in food service and custodial positions are likely linked to compensation. The data shows that many of these roles are paid less than the market rate, with deficits of up to 26.7% for a Food Service Supervisor II and 12% for a Custodian.

The success of the hospital's compensation plan in retaining staff, despite these clear pay disparities, may be influenced by several factors. Employee surveys show improvements in safety and morale, which might indicate the culture and work environment help attract and retain staff. The state's "Pay for Performance" program may also impact employee morale and pay equity.

The Superintendent uses the hospital's compensation growth plan to submit annual legislative requests for staff wage increases. These requests are based on factors such as wage disparities with market rates, employee retention, recruitment difficulty, the criticality of certain roles, and licensing requirements.

Furthermore, the hospital's ability to attract and retain staff may be linked to broader economic trends. Public sector employment can become more attractive during periods of economic uncertainty when private sector opportunities may be less stable. As the private sector adjusts to market demands, the gap between government and private compensation can become more pronounced, potentially impacting the hospital's ability to compete for talent in the long run.

In conclusion, while the Utah State Hospital has had recent success in maintaining a full staff, a

proactive approach to compensation is necessary to continue that success. The existing data clearly indicates that many key positions are underpaid when compared to the market. It is crucial to address these compensation deficits to support long-term stability, employee morale, and day-to-day hospital operations.

Recommendations

The Utah State Hospital will require funding for additional beds to meet current and future patients' needs. Based on this study and additional review, we recommend the following actions:

- The most immediate need is to consider a proposal for a 30-to-60-bed low acuity treatment unit. Approvals for funding and building 60 additional beds could take 3-5 years, which aligns with the projected need for a 30-bed treatment unit in 2028.
- Continue to monitor internal efficiencies in the forensic and adult civil units and use the information to explore the effectiveness of current treatment plans.
- Improve internal and external processes to discharge patients and move them back into the community.
- Expand appropriate "in community" capacity, primarily residential services, for patients waiting to be discharged from the adult civil units. This will help make discharging and moving patients back into their communities more efficient. Decreased access to outpatient services directly impacts the state hospital's operational and discharge efficiencies. It can result in delayed bed days at the hospital which decreases accessibility and increases admission wait times. Gaps in any part of the state's service delivery system has an impact on the other levels of care throughout the mental health system.
- Provide targeted investment in more effective prevention and diversion programs. This is worth further investigation but is outside the scope of this report.
- Continue to monitor and update the Utah State Hospital compensation growth plan and related requests for wage range increases in coordination with statewide human resource analysis and wage comparisons.
- The Utah State Hospital has recently updated the Hospital Campus Master Plan. This will help address larger system needs for Utahns with mental health disorders over the next 15 years.