

Department of Health

1

Mental Health and Vulnerable Adult Task Force



Wyoming
Department
of Health

June 30th, 2025

Wyoming Life Resource Center and Wyoming State Hospital

2



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Department of Health Facilities

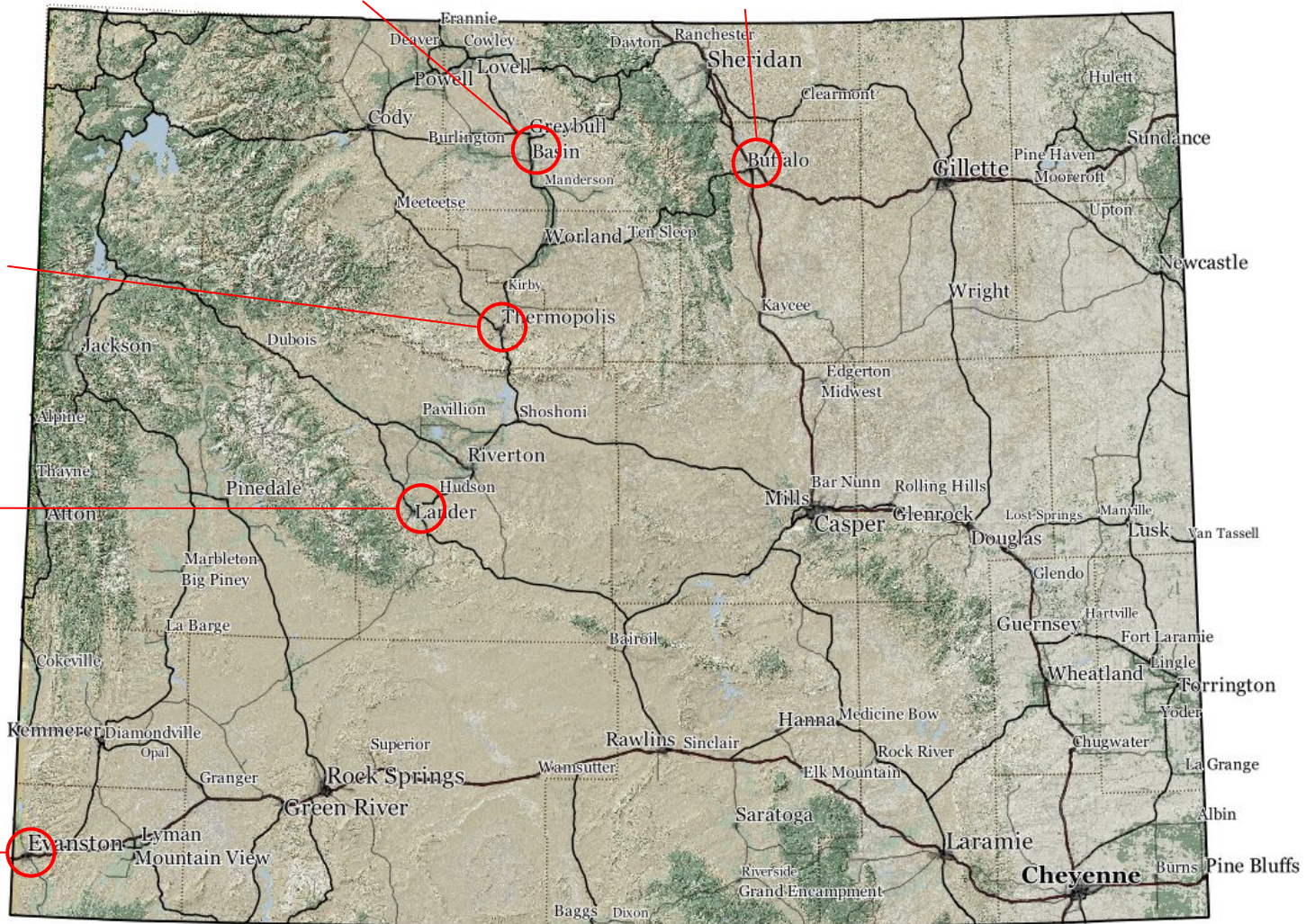
Wyoming Retirement Center (WRC)

Veterans' Home (VH)

Pioneer Home (PH)

Life Resource Center (WLRC)

State Hospital (WSH)



Safety net mission: “One campus, long streets”

	Type of Care		
	Acute	Step-down	Long-term
ABI/DD with exceptionally difficult behaviors	WSH	WLRC	
Title 25 - Civil Commitments	WSH		
Title 7 - Forensic Psych	WSH	WSH	WSH
Gero-Psych	WSH	WLRC/WRC	WLRC/WRC
High Medical		WLRC/WRC	WLRC/WRC
“Hard to Place” (e.g. prior sex offenders)			WLRC/WRC
“Emergency Placements”	Both	Both	Both

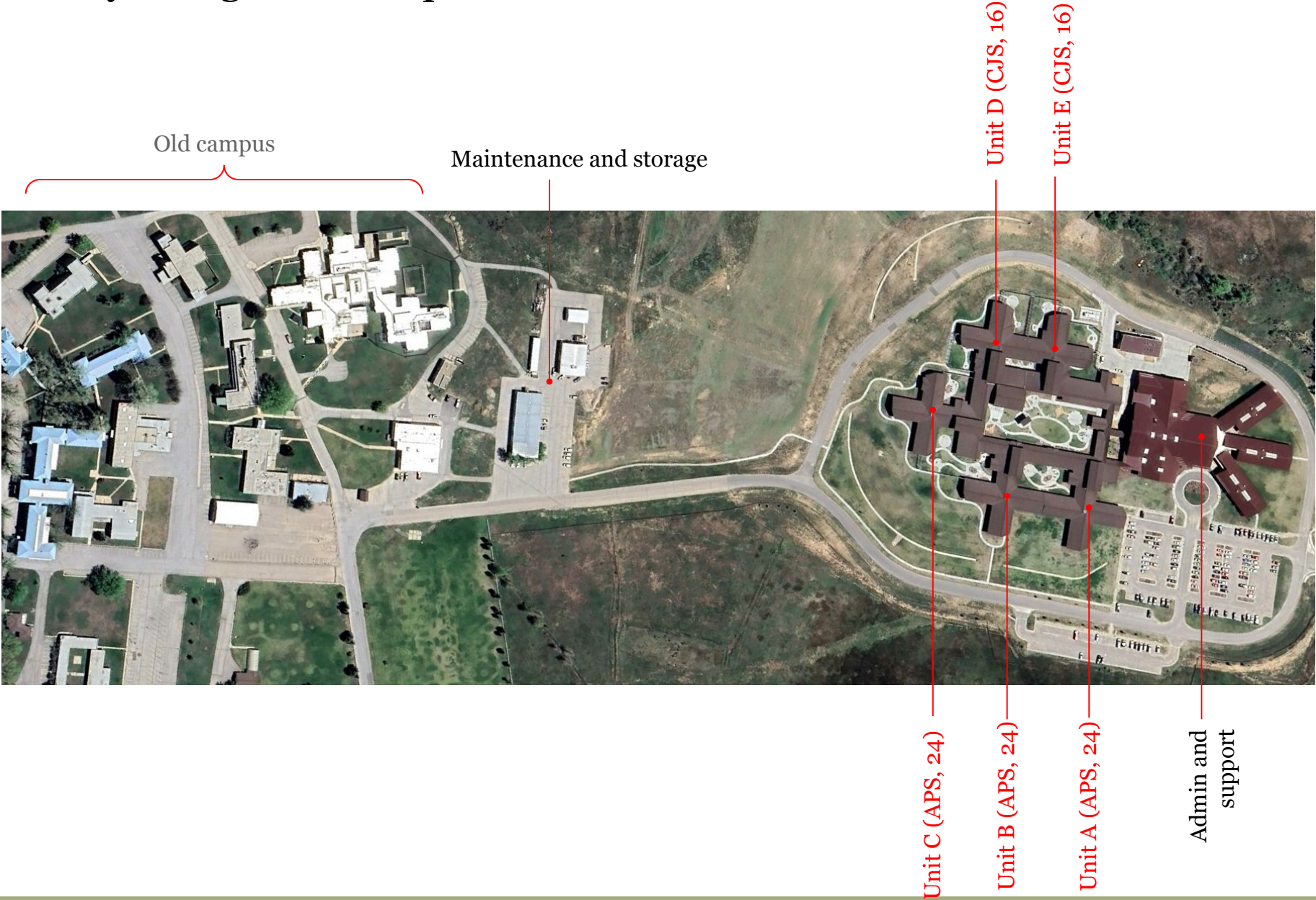
Wyoming State Hospital

5

Psychiatric hospital, 104 beds

- **Staffed capacity:** ~ 80 beds (250 FTE)
- **Census:** 80
- **Budget:** \$91M biennial
- **Primary issues:**
 - Nurse staffing
 - Difficulty in discharging to lower levels of care

Wyoming State Hospital



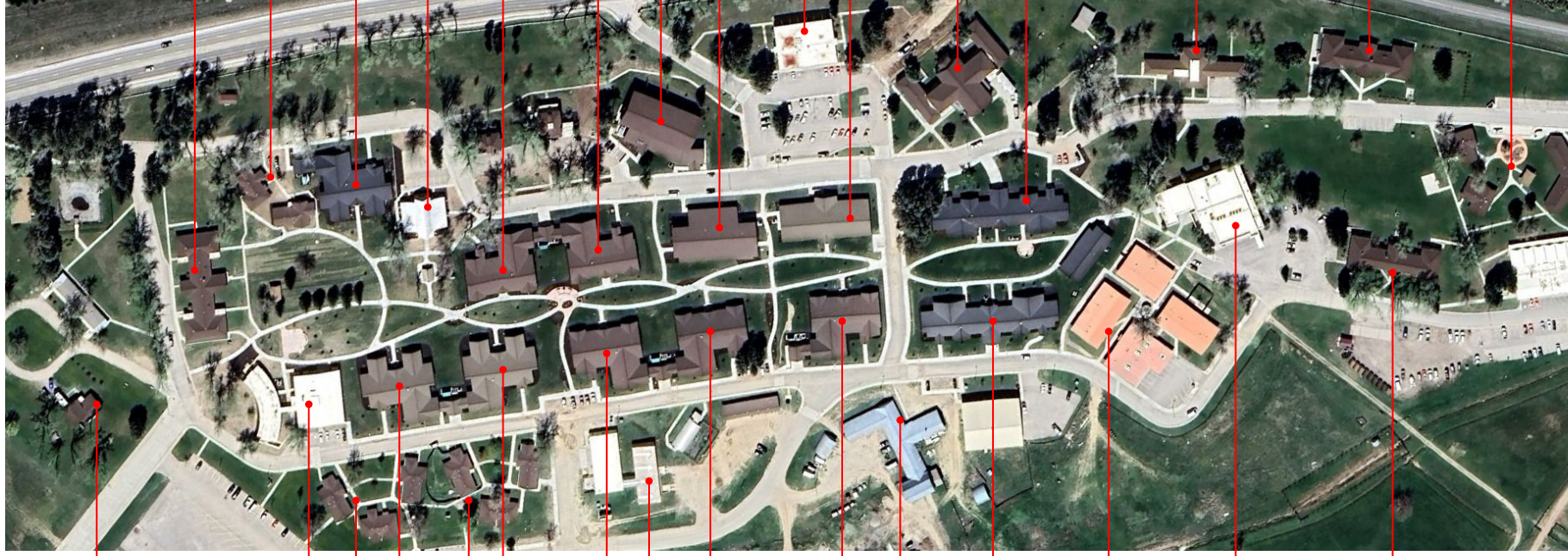
Wyoming Life Resource Center, Lander

7

Intermediate Care Facility (ICF, 50 beds) and Skilled Nursing Facility (SNF, 50 beds)

- **Census:** 48 (35 ICF, 13 SNF)
- **Budget:** \$65.6M biennial
- **Primary issue:**
 - Direct service professional staffing
 - Difficulty in discharging to lower levels of care

Wyoming Life Resource Center



Staff housing

Smith (Storage)

102/104 (Vacant)

Staff training, activities

Opal (SNF - 10)*

Meadowview (ICF - 5)

Sapphire (SNF - 10)

Chapel

Meadowview (ICF - 14)

Jade (SNF - 10)

Sagebrush (SNF - 10)*

Sunflower (SNF - 10)

Buttercup (ICF - 10)

Storage

Recreation/Pool

Clover (ICF - 10)

Day programming

Aster (ICF - 10)

Administration

Health care center

Horse arena

DFS offices

Juniper (ICF - 10)

Blue Spruce (ICF - 10)

Meadowview (ICF - 7)

McGhee (Vacant)

Kitchen/cafeteria

Hunt (Storage)

Jones (Storage)

500s (ICF - 3, offices)

Staffing Issues in Facilities that Impact Mental Health

9



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Nursing related vacancy rates (May 2025)

10

Classification	Facility	Vacancies	Total	Vacancy rate
Certified Nursing Assistant (CNA) HSHSo4 - 09	Life Resource Center	143	215	67%
	Pioneer Home	1	7	14%
	Retirement Center	22	38	58%
	Veterans' Home	0	5	0%
	Veterans' Skilled Nursing	14	19	74%
	Wyoming State Hospital	24	151	16%
Licensed Practical Nurse (LPN) or Registered Nurse (RN) HSNUo6 - 10	Life Resource Center	7	24	29%
	Pioneer Home	0	3	0%
	Retirement Center	12	18	67%
	Veterans' Home	5	9	56%
	Veterans' Skilled Nursing	4	11	36%
	Wyoming State Hospital	22	56	39%

Contract labor costs

SFY	Facility					Total contract labor cost
	State Hospital	Life Resource Center	Pioneer Home	Veterans' Home	Retirement Center	
2019	\$3,947,634	\$1,652,004	\$3,209	\$385	\$852,602	\$6,455,834
2020	\$2,638,941	\$1,285,465	\$9,628	\$33,829	\$1,136,018	\$5,103,881
2021	\$770,551	\$757,518	\$35,502	\$44,829	\$1,223,051	\$2,831,450
2022	\$577,220	\$140,000	\$45,986	\$1,230	\$1,811,172	\$2,575,608
2023	\$1,630,286	\$542,906	\$23,387	\$203,026	\$3,560,429	\$5,960,034
2024	\$3,131,451	\$3,883,414	\$1,285	\$1,074,177	\$4,856,612	\$12,946,938
2025	\$2,420,570	\$3,690,177	\$82,512	\$3,126,988	\$7,512,880	\$16,833,128

- These contract labor expenses are funded almost entirely from 100-series vacancy savings

Impacts on Mental Health - Example

12

- **Facilities are part of continuum, admitting from and discharging to community.**
 - State Hospital, in this example, is required by W.S. 7-11-301 et. seq. to:
 - Conduct forensic evaluations in criminal cases;
 - Restore people to competency for trial;
 - Accept long-term commitments in case of a judgment of Not Guilty by reason of Mental Illness (NGMI)

Impacts on Mental Health - Example

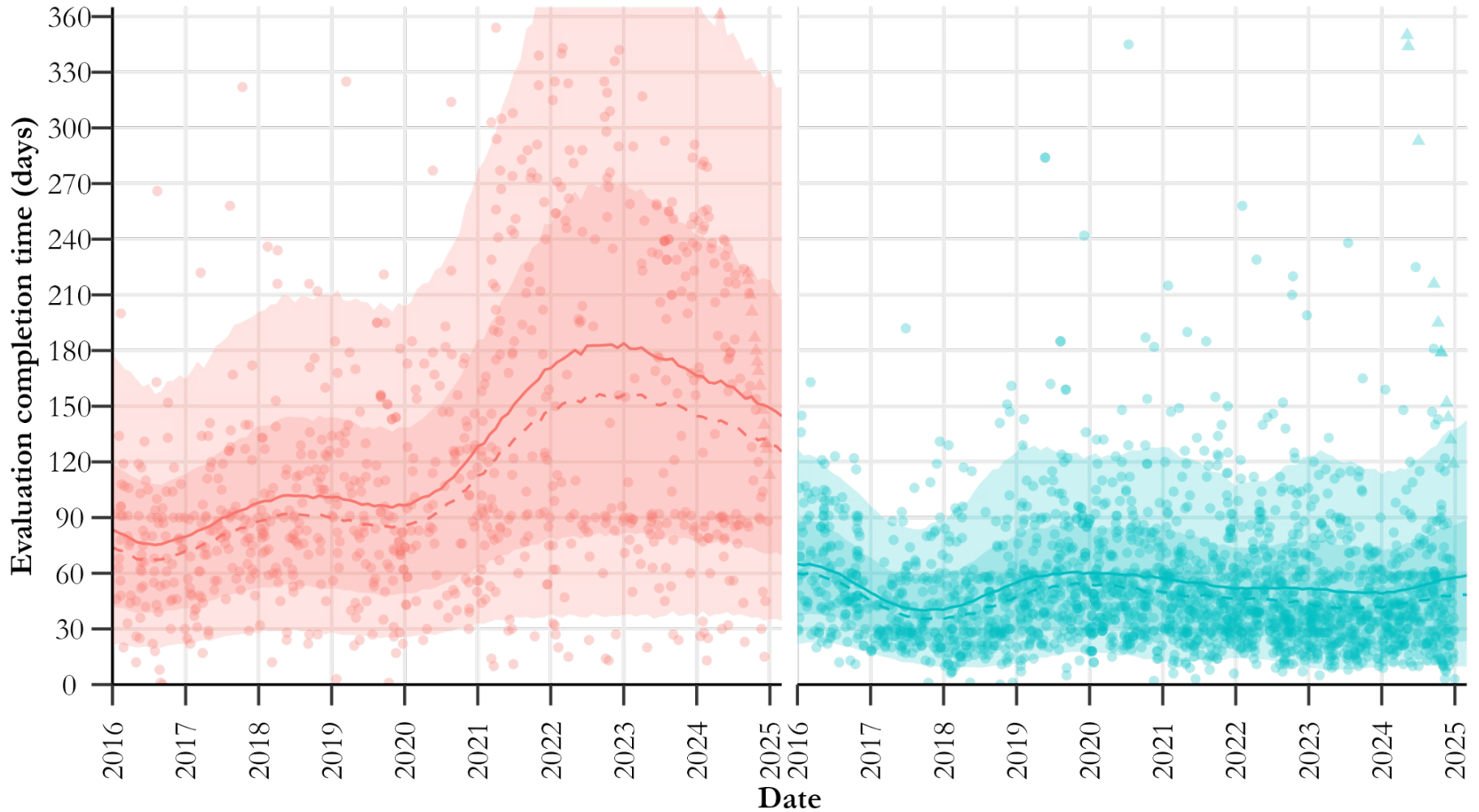
13

- **When facilities can't take clients, community system backs up.**
 - In this example, people awaiting evaluation or restoration by the State Hospital are staying in county jails longer than they should.
 - The Department does not directly compensate sheriffs or jails like we do for hospitals or providers in the Title 25 process.

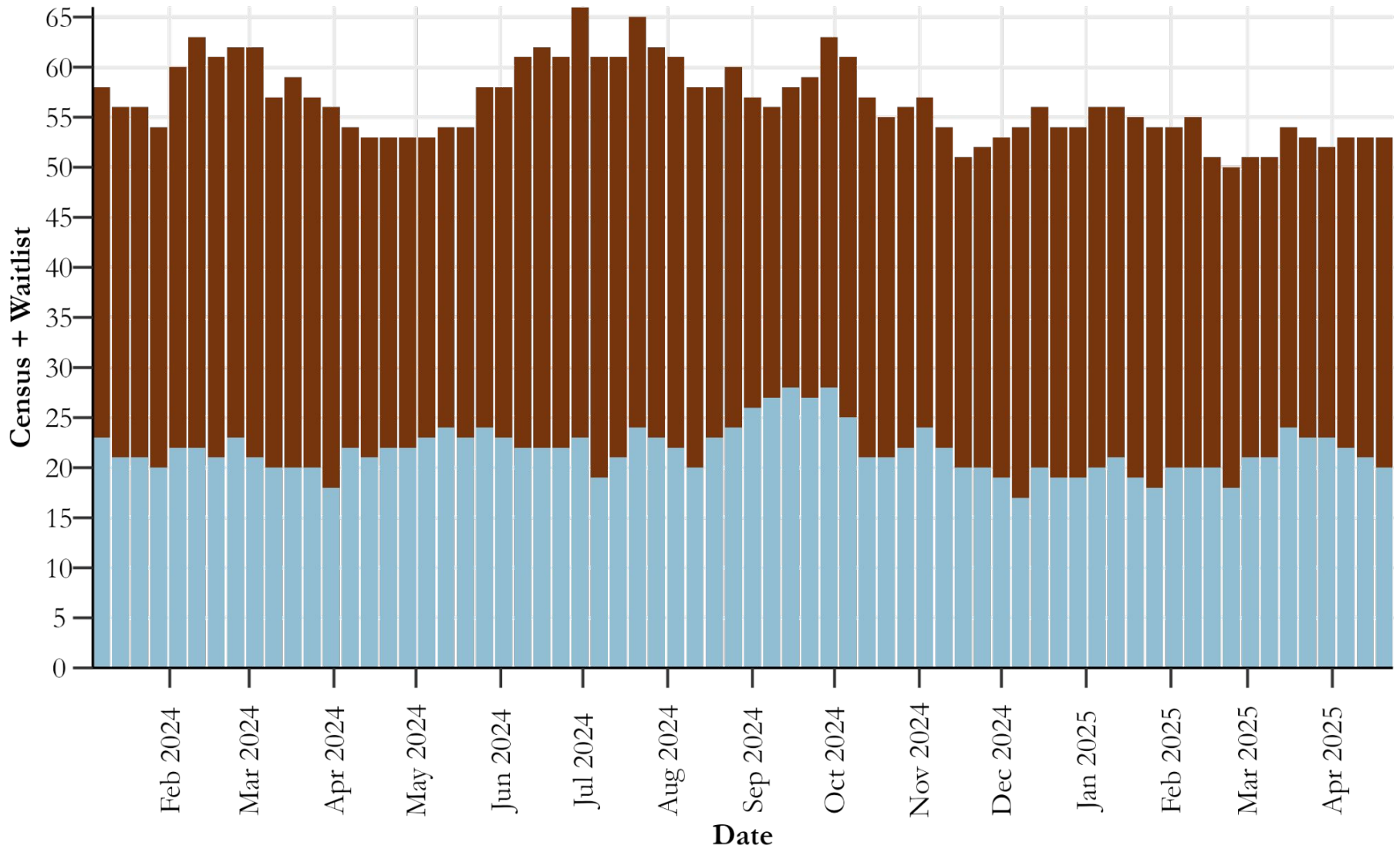
Inpatient wait times have fallen slightly; outpatient wait times are steady.

IN

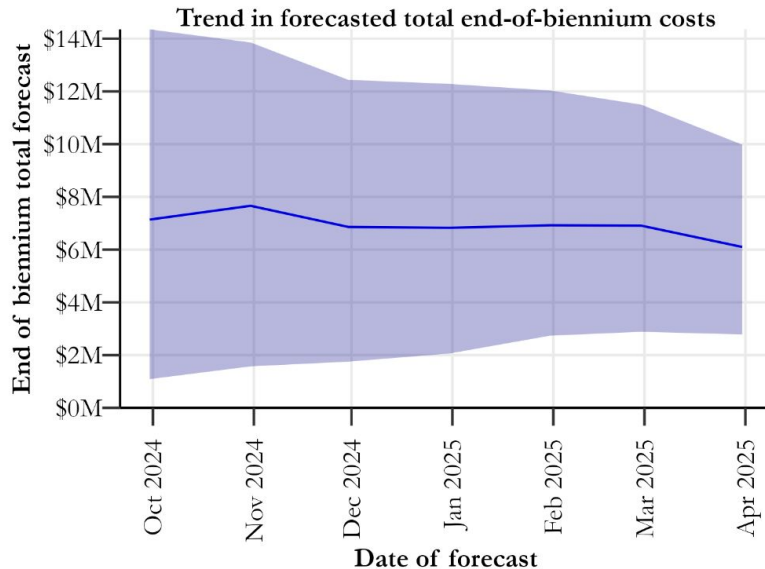
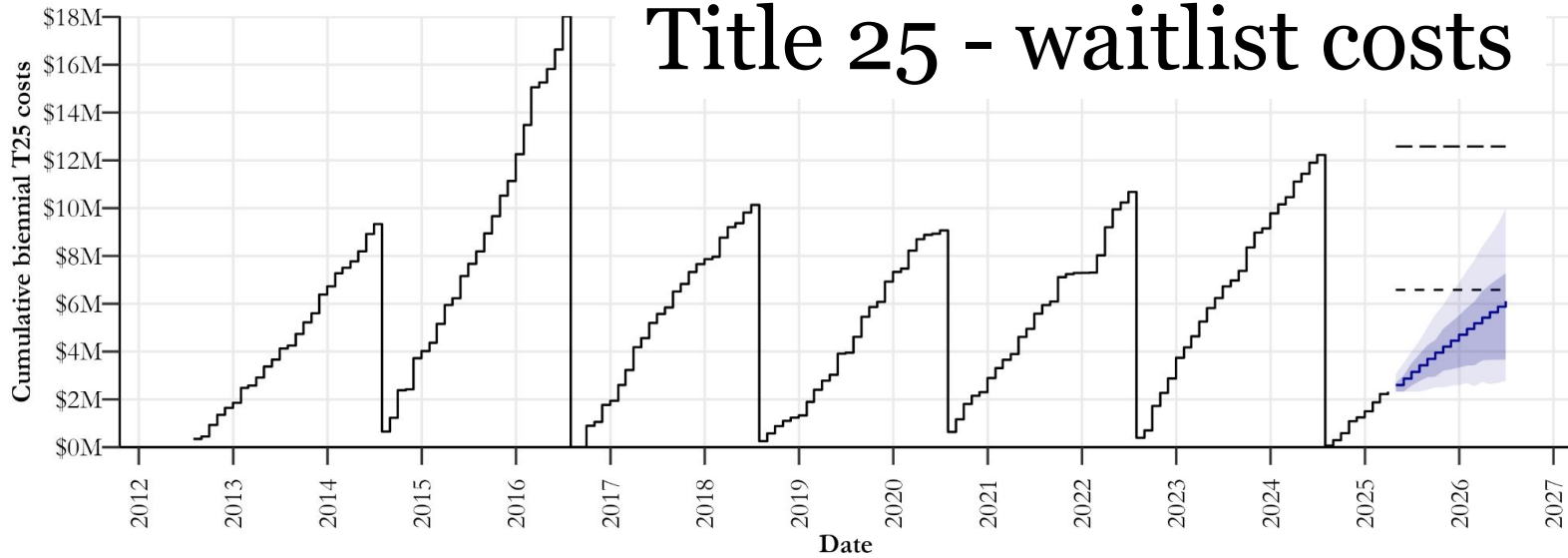
OUT



T7 WSH inpatient waitlist has shrunk slightly since 2024



Title 25 - waitlist costs

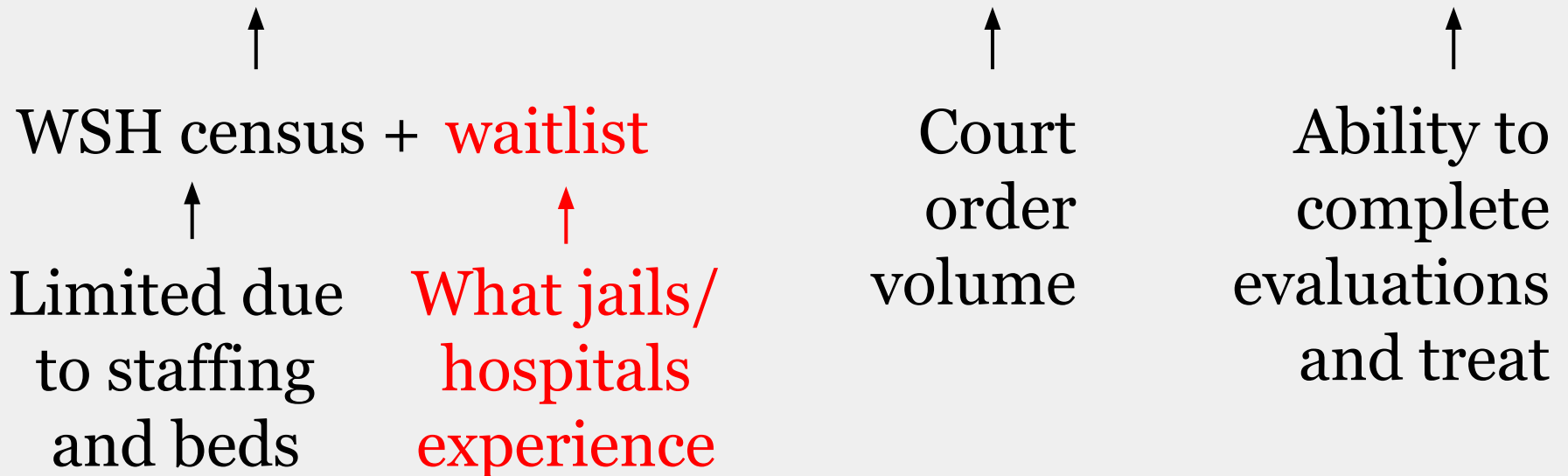


Parameter	Estimate
Standard budget	\$6,579,887
Exception budget	\$0
Reserves	\$6,000,000
Total funds available	\$12,579,887
Cumulative cost to date	\$2,323,451
Projected cost	\$6,101,736
95% lower bound	\$2,785,091
95% upper bound	\$9,980,961
Probability of exceeding standard budget	36.0%
Probability of exceeding total funds available	0.3%

Why is there a capacity problem?

17

$$\begin{array}{l} \text{Average} \\ \text{number of} \\ \text{people in the} \\ \text{system} \end{array} = \begin{array}{l} \text{Average} \\ \text{arrival rate} \\ \text{into the} \\ \text{system} \end{array} \times \begin{array}{l} \text{Average} \\ \text{length of} \\ \text{stay} \end{array}$$



Why is there a capacity problem?

18

■ **Reduced supply**

- Staffing difficulties since COVID
 - Currently 35% nurse positions vacant, 13% CNAs/DSPs vacant
 - 80 / 104 beds staffed
 - Current average daily census ~ 77 (both civil and criminal)

■ **Increased demand**

- Court order volume increased from ~20/month in 2016 to ~37/month today.
- Mostly outpatient

RECAP: Liability/Insurance Issues for Facilities for Adolescents with High Behavioral Needs

19



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Provider liability - problem

20

- Anecdotally, one reason private providers won't take high-needs kids is **liability due to behavioral challenges**.
- Need specific details before we can come up with solution:
 - What is the liability?
 - Damage to property?
 - Injuries to staff and other patients?
 - Medical malpractice?
 - How do insurers react?
 - Premium increases?
 - Termination of coverage?

Provider liability - problem

21

- **Different insurance problems will have different solutions**
 - Some amount of malpractice / tort exposure may be able to be capped in statute;
 - Property damage is a different issue; a damaged or destroyed facility has to be rebuilt by somebody, at some cost.
 - Staff injuries, etc. -> interaction with worker's compensation.

Example

22

- **If malpractice/liability is the primary issue:**
 - State self-insured risk pool could act as **reinsurance** for providers who take high-needs kids.
 - Could be:
 - Attached to liability for specific kids?
 - Facility-wide coverage, with provision that facility will take all comers?
 - Would need appropriation/fund to A&I risk management.

Example

23

- **If malpractice/liability is the primary issue:**
 - Cap malpractice liability in new statute provisions.
 - Limits the tail of risk.
 - Existing provisions for contracted physicians working for the State [W.S. 1-39-110(b)].
 - Would not affect potential federal civil rights suits.
 - Ensure providers have skin in the game
 - Deductibles
 - Require participation in Quality Improvement program.

Existing statute

1-39-110. Liability; health care providers.

(a) A governmental entity is liable for damages resulting from bodily injury, wrongful death or property damage caused by the medical malpractice of health care providers who are employees of the governmental entity, **including contract physicians, physician assistants, nurses, optometrists and dentists who are providing a service for state institutions or county jails, while acting within the scope of their duties.**

(b) Notwithstanding W.S. 1-39-118(a), for claims under this section against a physician, physician assistant, nurse, optometrist or dentist who is employed by a governmental entity or who is deemed to be a public employee of the state by virtue of a contract pursuant to W.S. 35-31-101 through 35-31-103, based upon an act, error or omission occurring on or after May 1, 1988, **the liability of a governmental entity shall not exceed the sum of one million dollars (\$1,000,000.00)** to any claimant for any number of claims arising out of a single transaction or occurrence nor exceed the sum of one million dollars (\$1,000,000.00) for all claims of all claimants arising out of a single transaction or occurrence.

Next steps

25

- Is this still a problem?
 - Task force and stakeholder group did not move this forward.
- If defined, can sketch out potential solution
 - Rough-in model with assumptions
- Once sketched out, need detailed design work
 - Can we find existing experience?
 - Actuarial contractors?